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Dovetail

By the sector, for the sector.

ISSUE 06



Dovetail

*supporting the youth alcohol and
drug sector in Queensland*

December 2011 Issue 6

The primary function of the Dovetail Magazine is to help create a sense of unity amongst workers in the youth alcohol and drug sector in Queensland by sharing stories, information and experience across the state.

DOVETAIL TEAM: Jeff Buckley, Cameron Francis, Leigh Beresford, Ben Dougherty, Nicole Appleby

EDITOR / DESIGNER: Ben Dougherty

CONTRIBUTORS: Ben Dougherty, Leigh Beresford, Cameron Francis, Jeff Buckley, Dr. Michelle Blanchard, Jazba Singh, Monica Barratt, Eliana Hrakis, Hayley Johnston, Jacques Jefferson, Dr Kees Nydam, Coral Walker, Gayle Speight, Cheryl Nevin, Scott Patterson, Nicole Blackley, Karen Holzheimer, Richards Doodson, Warren Sharrock, Di Macleod, Lauren Trask, Ben Hamley and Meg White.

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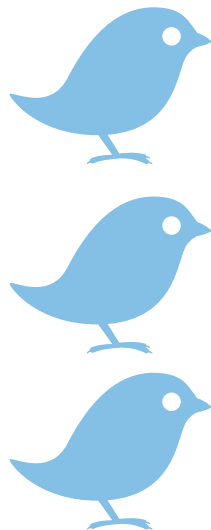
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*cover and contents image - courtesy of The Edge, the
iStreet Project and The State Library of Queensland*

TWEET TWEET!

by Leigh Beresford

ATTENTION ALL READERS
.....BY THE TIME YOU FINISH
READING THIS ARTICLE
YOU WILL KNOW HOW
TO SET UP A TWITTER
ACCOUNT. YES REALLY!



“I’m sure my laptop needs therapy after the abuse I’ve thrown at it over the years, mainly for not being able to read my mind!”

Welcome to Issue 6 of the Dovetail Magazine. In this edition we are highlighting technology, something that simultaneously fascinates and frustrates me. I’m sure my laptop needs therapy after the abuse I’ve thrown at it over the years, mainly for not being able to read my mind! As the least tech savvy member of the Dovetail team I was given the task of telling you a little about my experience with technology and road testing some of the most popular online communication tools.

I first sat in front of a computer in the early nineties with no typing or computer skills. It seems crazy but initially I was even afraid to turn it on, because I knew, after that, I had no idea how it worked. It was like every key was some sort of self destruct button. I must have called the help desk 20 times on the first day and I cringe at the thought of some of my ridiculous questions.

Thankfully I am a little more adventurous these days. In fact a few years ago, prior to going overseas for an extended period, I was advised to download Skype and open a Facebook account. These applications were new to me, but one of my work colleagues helped set them up on my extremely resilient laptop. It was brilliant to instantly be able to share photos and information with friends and family. Staying connected to what was happening back home was a real bonus and it was in a way that had never before been possible. Receiving news from home was a little more complicated 20 years earlier when I was travelling across Africa, where I would stand in line for hours at one of the larger city’s main post office, hoping and praying there would be at least one letter from my family. Facebook and Skype would have certainly saved me a lot of time, though I did meet some interesting people in the queues along the way!

For those that don’t know, Skype is most popularly used for communicating face-to-face over the internet. Most new computers come with a camera embedded into the top of the screen, so all you need to do is download the Skype application and you are set up to make and receive video calls. Facebook on the other hand is like a personal website where you can post photos, communicate with friends and even report on the most mundane aspects of your life (please don’t though!). In theory, you can choose how public your life is online.

Social media is also becoming an important tool for communication across the sector for workers and young people. It is a great way to engage, connect and share information. As these tools become more important for individuals we are seeing them also being utilised by the media, advertising, even politicians (Kevin Rudd has over a million followers on Twitter!) and political movements. Twitter is for making a comment, starting a discussion, even rallying people together for a common cause and broadcasting information. During the Queensland Floods you might remember that the Queensland Police responded to the panic and misinformation hitting the airwaves (or the net cables!) by using Twitter and Facebook to continually update the public and therefore more tightly control what was being reported. At the Drugs and Young People Conference in May of this year I saw for the first time how a Twitter feed can create instant discussion about the topics being presented.

All aspects of our society are involved in social media in some way. Large corporations as much as small local businesses, and world leaders and celebrities as much as average Joe or Jane, so it’s no surprise that services in the community are ‘joining the conversation’. We’ve heard of services using Facebook and Twitter for engaging young people and creating campaigns and Skype for communicating with remote workers or even clients.

To sum up, social media need not be feared! If you are experiencing anxiety around logging in though, just begin slowly. Observe for a long time, and give it time for your confidence to grow before hitting ENTER on that first Tweet or post, especially if you are representing a service or a group of people (we’ve all seen those Twitter slip ups in the headlines!).

leigh@dovetail.org.au

TWEETING!

Now I will show you how to Twitter (or Tweet if you want to use the correct lingo)!

1. Go to <https://twitter.com/signup>
2. Fill in your full name and select a username
3. Enter a password
4. Enter your email address
5. Pick sources that interest you, search for friends, and click follow to get their tweets (This is where you click @DovetailQLD!)

Additional Info . . .

Tweets are short messages of no more than 140 characters and can contain links

The # symbol, called a **hashtag**, is used to mark keywords or topics in a Tweet (For e. g., if you’ve ever watched Q and A and wondered how people get their comments published – this is how. They have referenced the program in their tweet by writing #qanda as a part of their comment). This also means you can follow topics by searching the particular hashtag the topic might be using.

Write to someone by writing the @ symbol before someone’s Twitter name in your post.

You can see what people are talking about via # or @ by checking into what is **‘trending’**. An interesting visual representation of this can be found here: <http://trendsmap.com>

Send a private message by using the message tab.

To **Retweet** or “RT” just hover your cursor over the tweet you want to share and click the retweet link – (we found this a good way to get started, we didn’t jump right in and start tweeting, we followed a lot of people to start with and then re-tweeted items of interest. As we gained more confidence we started tweeting ourselves).

Ta-Daa!!! It’s that simple.

If you get stuck there is a help centre...I love this....HELP!!! <https://support.twitter.com>

Good luck from Leigh!



TAKING FLIGHT

A LOT HAS BEEN HAPPENING AT DOVETAIL HEADQUARTERS SINCE WE LAST PUT PEN TO PAPER. IT'S HARD TO BELIEVE BUT DOVETAIL IS OVER TWO YEARS OLD! JUST LIKE A REGULAR TWO YEAR OLD DOVETAIL HAS FOUND ITS FEET, TRIED ITS HAND AT A BUNCH OF DIFFERENT THINGS AND IS FIGURING OUT WHERE IT FITS IN THE WORLD.

Thank you to all of the services that have requested **Dovetail training**. In the last 6 months we have brought Hothouse's *Bridging the Gap* training to Townsville ATODS and also to School Based Youth Health Nurses in Inala and a workshop on *Motivating Change* to mental health workers on the Gold Coast. Training in *Working with Intoxication* and *Professional Boundaries and Practice in Frontline AOD* was delivered to Chill Out Zone workers from Gold Coast and Brisbane and Cameron Francis has presented his famous (it really is!) *Emerging Drugs Seminar* for the Centre for Drug and Alcohol Studies. Volatile Substance Misuse workshops have been delivered in Mt Isa, Gladstone and for Brisbane's Inner Urban Youth Interagency and Dovetail assisted in the delivery of YARI (Youth At Risk Initiative) Star training at the Gold Coast and Rockhampton and presented at the annual School Leavers Conference on the Gold Coast. Finally, *Dovetail information talks* have appeared in Longreach, Clear Mountain, Townsville, Beenleigh, Gold Coast, Toowoomba, Cooktown, and Brisbane. In short, it's nice to be wanted! Hopefully this will continue and we'll get to see even more of our incredibly large state in 2012.

You may have noticed our **website** has been evolving since our grand update in May of this year. New to the site is our **video gallery**. Here you will find a database of useful youtube videos for the Youth AOD sector as well as clips produced by the Dovetail team to help with your everyday practice. So every once in a while you might want to dim the lights, grab some popcorn and a soft drink (or some trail mix and a fruit juice!) and check out the useful resources being produced here in Australia and abroad. While you're there subscribe to Cameron Francis's weekly blog / digest. It's one of the most popular things Dovetail has to offer (you told us so in our annual survey recently!). So if you work with young people or have anything to do with AOD and aren't on the list already, sign up! You won't regret it.

Just in case we didn't have enough on our plate we are also organising our inaugural Youth Alcohol and Drug summit. The **Dovetail Summit 2012** will be aimed at key Youth Alcohol and Drug stakeholders from across the state and will take place in March 2012. We want to ensure that all areas of the state and all parts of our sector are represented. The Dovetail Summit 2012 will also be the official launch of **6 good practice guides**, which will be the result of over a year's work undertaken by the Queensland University of Technology and a number of services across Queensland as part of Dovetail's **Service Practice Improvement Toolkit** project. You have probably heard this mentioned if you've been an audience member in any of Dovetail's presentations or been privy to any of our flyers and info sheets. So as of March next year you'll no longer have to ask yourself "What is this SPIT thing all about anyway?"

In addition to the above we will continue to offer **mini grants** until June 2012, and remember you can always get in contact with us for **support and assistance** with any question, query, or concern about the Youth AOD sector and the work that you do.

info@dovetail.org.au
www.dovetail.org.au
 07 3837 5621

ONTRACK

FOR A LOT OF US THE INTERNET IS THE FIRST PLACE WE GO TO FOR INFORMATION ON ANY MANNER OF SUBJECT SO IT IS NO SURPRISE THAT IT IS ALSO THE FIRST PLACE WE VISIT WHEN IN NEED OF HEALTH AND MEDICAL ADVICE. ONTRACK PRESENTS US WITH THE NATURAL EVOLUTION OF THIS DIGITAL CULTURE, GIVING US THE ABILITY TO SEEK AND THEN PARTICIPATE IN TREATMENT FOR A VARIETY OF AOD AND HEALTH ISSUES. FOR OVER TWO YEARS ONTRACK HAVE BEEN HELPING AUSTRALIANS MAKE STEPS TO MANAGE ISSUES WITH ALCOHOL, DEPRESSION AND MENTAL HEALTH. BEN DOUGHERTY SPOKE TO JENNIFER CONNOLLY, RESEARCH MANAGER AT THE INSTITUTE OF HEALTH AND BIOMEDICAL INNOVATION AT QUT, ABOUT THE PROJECT AND ITS FUTURE.

What is OnTrack?

OnTrack is an online psychology service, developed with funding support from Queensland Health, that aims to help Australians improve their mental health and wellbeing by improving access to evidence-based psychological services. OnTrack offers free, confidential access to self-assessment, information, and online treatment for a variety of mental health concerns including depression, alcohol use, comorbidity of depression with alcohol use and a program for young people having odd or unusual experiences.

Why is this approach important?

Up to two thirds of people with mental health problems don't access any kind of help or support. The barriers to accessing treatment are numerous and include: lack of services in rural and remote locations, waiting lists in the public health sector, high costs of private treatment, inability to travel, busy schedules, and stigma associated with needing mental health treatment. The problem is especially high in rural areas, where specialist services are difficult to access and the person may know the therapist or not want to be seen visiting their office. Electronic health programs like OnTrack overcome these barriers by offering free and confidential access to treatment programs that were written by psychologists, and are based on the types of treatment people would get in traditional face-to-face therapy. OnTrack makes psychological treatments available to everybody, regardless of where they live, how much they earn or how mobile they are. This technology is also useful for busy people who have trouble finding time for regular appointments. They can log on and work through the program at times that suit them. There are also some people who find the idea of talking to someone about their problems unappealing or confronting, and prefer something they can work through themselves at their own pace.

Who is OnTrack targeted at?

OnTrack targets people with a range of mental health concerns including depression, alcohol use, comorbidity of depression with alcohol, support of families and friends of someone with a mental illness, young people having odd or unusual experiences and those recovering from natural disasters. OnTrack's Get Real program was specifically developed for young people aged 14 years and over who are having odd or unusual experiences or are in the early stages of psychosis. OnTrack's other programs are targeted to adults aged 18 and over, but can be used by younger people under the supervision of an appropriate adult or health professional.

How might OnTrack be useful to workers in Youth Alcohol and Other Drug work?

Workers in the Youth Alcohol and Other Drug sector may find OnTrack useful in a number of ways. They can refer clients aged 14 and over to the Get Real program if they are concerned that they may be experiencing early psychotic symptoms related to drug use. Clients under 18 cannot be referred directly to OnTrack's alcohol program, but

youth workers are welcome to register as a practitioner and use parts of the alcohol program in sessions with younger clients. If depression is also of concern the youth worker can also opt to use parts of the depression program in sessions as they deem appropriate. OnTrack's practitioner registration allows health professionals access to all of OnTrack's programs. This might be particularly useful for youth workers who lack confidence in areas of mental health treatment. The programs are highly structured and guide the user through the stages of delivering an evidence-based intervention.

How successful has OnTrack been?

In the 22 months since the launch in November 2009, OnTrack has had over 22,000 unique visitors to the site and has over 2,100 registered users. These numbers continue to grow. Three of OnTrack's programs have been evaluated in research studies (OnTrack Depression, OnTrack Alcohol and OnTrack Alcohol and Depression), and all have shown positive outcomes for users, with lower levels of depressed mood and alcohol consumption reported three months after starting the program. Feedback from users has also been positive. For example, one client/user commented "This program allows me to deal with an old problem in a new way". Another commented "I had a very stressful day and really wanted to drink but decided to do the program instead. I don't feel like I need a drink now. I feel like I have someone with me supporting me even though I am by myself."

What is the future of OnTrack?

The great thing about technology is that it is always advancing, which allows us to do more and more. We have lots of exciting ideas at OnTrack. The next addition will be a program to support people recently diagnosed with diabetes, to assist them in implementing health behaviour changes. We plan to also work towards integration between online and phone technologies, and are exploring the possibilities of providing some form of therapist support to people who feel they need more than what is offered online.

Jennifer Connolly is the Research Manager of OnTrack at the Institute of Health and Biomedical Innovation (QUT)
www.ontrack.org.au
www.ihbi.qut.edu.au

“OnTrack, and other digital technologies like it, make sure that everyone is able to get help in a way that best suits them.”





BLOCKED

Internet filtering, drug websites and harm reduction in Australia
By Monica J. Barratt

THE FEDERAL GOVERNMENT HAS PROPOSED LEGISLATION MANDATING THAT INTERNET SERVICE PROVIDERS (ISPS) BLOCK ALL WEBSITES HOSTING REFUSED CLASSIFICATION CONTENT. ACCORDING TO THE AUSTRALIAN COMMUNICATIONS AND MEDIA AUTHORITY (ACMA), REFUSED CLASSIFICATION CONTENT INCLUDES "CHILD ABUSE AND CHILD SEXUAL ABUSE MATERIAL, DEPICTIONS OF BESTIALITY, MATERIAL CONTAINING EXCESSIVE VIOLENCE OR SEXUAL VIOLENCE, DETAILED INSTRUCTION IN CRIME, VIOLENCE OR DRUG USE, AND/OR MATERIAL THAT ADVOCATES THE DOING OF A TERRORIST ACT". PRESENTLY, ONLINE CONTENT THAT IS BROUGHT TO THE ATTENTION OF THE ACMA CAN BE REFUSED CLASSIFICATION, BUT ONLY WEBSITES HOSTED IN AUSTRALIA CAN BE ISSUED WITH A NOTICE FORCING THEM TO SHUT DOWN. WEBSITE OWNERS CAN EASILY BYPASS THESE LAWS BY HOSTING THEIR WEBSITES IN OTHER LESS RESTRICTIVE COUNTRIES. UNDER THE PROPOSED LEGISLATION, ISPS WOULD BE REQUIRED TO BLOCK ALL SITES THAT MEET THE DEFINITION OF REFUSED CLASSIFICATION.

IN 2011, THE AUSTRALIAN LAW REFORM COMMISSION BEGAN A REVIEW OF THE NATIONAL CLASSIFICATION SCHEME, INCLUDING WITHIN ITS INVESTIGATION THE DEFINITION OF REFUSED CLASSIFICATION. THE NATIONAL DRUG RESEARCH INSTITUTE (NDRI) HAS RECENTLY RESPONDED TO THE ISSUES PAPER BY CONSIDERING THE POTENTIAL PUBLIC HEALTH IMPACTS OF THE PROPOSED INTERNET FILTER FOR PEOPLE WHO USE DRUGS.

The status of drug-related online content in Australia

The definition of refused classification in the *Classification (Publications, Films and Computer Games) Act 1995* is broad and relies on an evaluation of whether the material would “offend against the standards of morality, decency and propriety generally accepted by reasonable adults”. Media that “depict, express or otherwise deal with matters of... drug misuse or addiction” and/or “promote, incite or instruct in matters of crime” may be refused classification, subject to the extent to which they would ‘offend reasonable adults’. These laws indicate that print publications, films, games and online content deemed to instruct in or promote drug use may be banned in Australia. Indeed, the books *E for Ecstasy* and *PIHKAL: Phenethylamines I Have Known and Loved* were refused classification in the 1990s due to drug-related content.

The Australian government currently provides indirect funding for the development and maintenance of Australian websites that aim to provide instruction in drug use for the purposes of harm reduction. If members of the public complained about these websites, and the ACMA deemed their content to be ‘offensive to reasonable adults’, such Australian-based sites could be issued with take-down notices under existing law. Although the federal government has not yet targeted overseas or local websites that provide instruction in drug use, local websites “set up by a community organisation to promote harm minimisation in recreational drug use” or an online “university newspaper which includes an article about smoking marijuana” could technically be refused classification under the current system. This power would be extended to overseas websites under the proposed legislation.

Use of drug websites in Australia

Most evidence suggests that illicit drug use is increasingly occurring in an environment saturated with internet technologies. About 28% of Australians aged 20 to 29 years and 25% of those aged 18 to 19 years reported the use of any illicit drug in the past 12 months in the most recent National Drug Strategy Household Survey (2010). These young adults were more likely to report recent drug use compared to both younger (14% of 14-17 year olds) and older (19% of 30-39 year olds; 13% of 40-49 year olds) groups. The most recent Australian Bureau of Statistics data indicate that young adults, who are the most likely to use illicit drugs, report high levels

of internet access: over 90% of Australians aged 15 to 34 years reported internet use in 2008-09 and almost all of this use occurred regularly (either weekly or daily). People who use drugs are also increasingly reporting the internet as an important source of drug-related information. In contrast to this general trend, ecstasy users recruited at dance events in 2006-07 in three Australian cities reported either never (45%), rarely (33%) or sometimes (13%) accessing the internet for drug information.

“The vast majority of Australians who use illicit drugs and participate in online drug discussion do so to reduce the risks of their use.”

NDRI’s recent research involved engagement with the users, moderators and administrators of 40 internet forums where drugs were discussed in Australia. We recruited 837 drug users who recently participated in online drug discussion to complete an online survey, and 27 of these respondents also completed in-depth qualitative interviews. Nearly three quarters of the drug users who responded to our survey were male and their average age was 23. Over the 18 month data collection period (2007–2008), NDRI also engaged in online participant observation and saved records of interactions between drug users in public internet forums. To better understand how forums were run, we also approached forum moderators and administrators and engaged them in discussions about how they deal with drug-related content on their websites.

We asked survey respondents whether they had searched or browsed different types of websites or online forums in the past 6 months. As shown in Figure 1 (p. 12), pill report websites were the most commonly reported (82% of 778). Over half of those who reported accessing websites for drug information reported use of Wikipedia (56%), other drug harm reduction websites and forums (56%), and Google or other search engines (54%) to access drug information. Half the sample (50%) reported accessing dance or music websites and forums to obtain drug information. Other website types, including government websites, were considerably less popular.

Harm reduction through online drug discussion

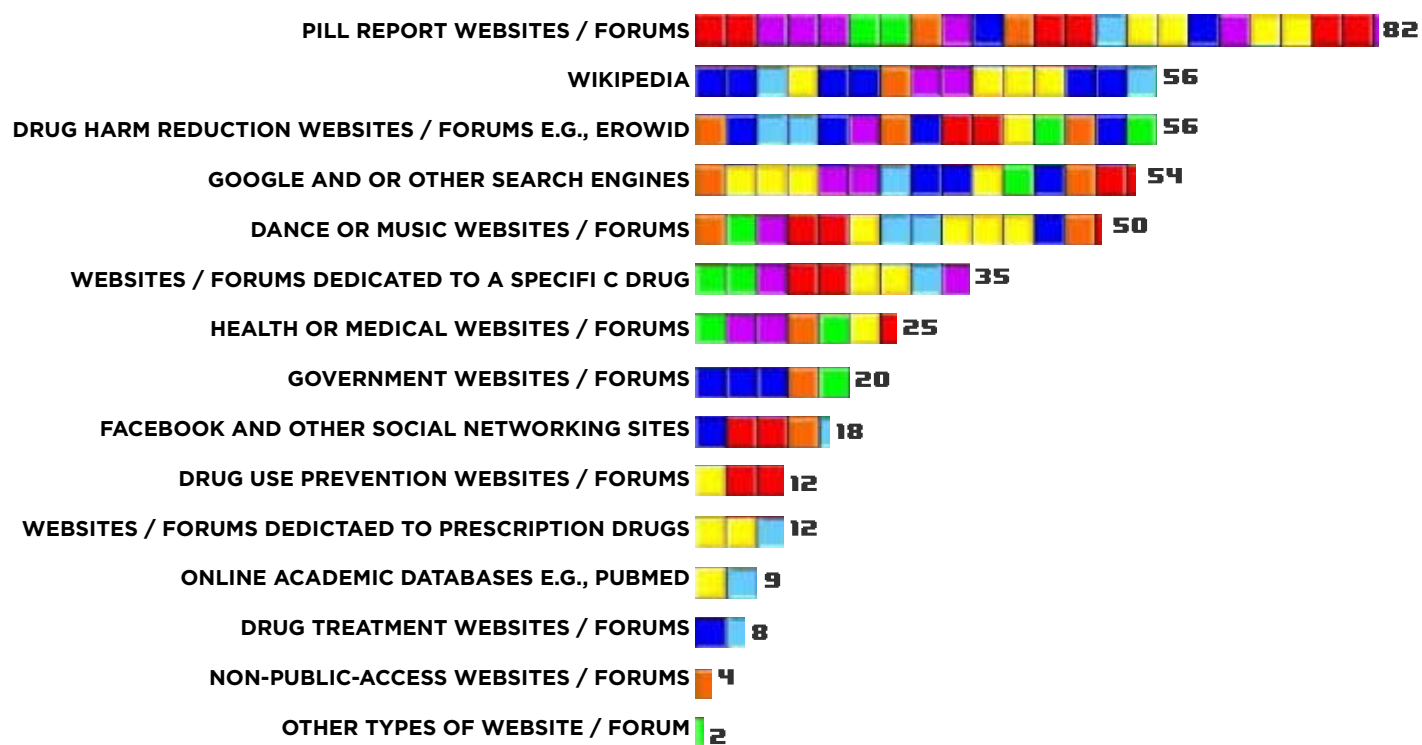
NDRI’s research suggests that

- The vast majority of Australians who use illicit drugs and participate in online drug discussion do so to reduce the risks of their use
- They value the increased accessibility and anonymity afforded by online communications and content
- The most common drug practices researched online included new drug types, dosage and drug purity
- Forum rules and practices encouraged accurate information and discouraged sourcing of drugs

We asked survey respondents if they had performed specific activities ‘when reading or participating in online drug discussion’. Almost all respondents (88%) had read or participated in online discussion for the purposes of *reducing harm*. This category included ‘learnt how to use drugs more safely’ and ‘learnt how to avoid bad experiences with drugs’. A similar proportion of the sample (80%) reported reading or participating in online discussion for the purposes of *enhancing effects*. This category included ‘learnt ways to enhance drug effects’ and ‘found out about new ways to get high’. Only 20 respondents who reported seeking information to enhance effects had *never* engaged in harm reduction. This group represented just 3% of all respondents who had ever tried to enhance drug effects through online research. These results indicate that internet forums play an important role in harm reduction practices by reaching people seeking to enhance their drug experiences.

We also conducted qualitative online interviews with 27 drug users who were involved in online drug discussion. According to these interviews, the main advantage of using online forums to discuss drugs was accessibility. For example, ‘collective responses’ were given more weight than the opinions of individuals when gathering information (e.g., “if it’s online, you’re more likely to get a collective response”). The benefits of online drug discussion were often set in contrast to other sources of drug information such as friendship groups, which were usually described as limited by lack of expertise. The importance of accessing other drug users was mentioned (e.g., “Here are people who have also been through what I have”) and accessing a wide variety of

Figure 1: Websites/forums searched or browsed for drug information in the past 6 months



Source: 778 online survey respondents in 2007-08

people, experiences and opinions was also highly valued (e.g., “I could talk to guys in pubs all my life and still never find one person who’s heard of 2C-B”).

The other advantage of the internet for discussing drugs was perceived anonymity of accessing the information and interacting with people online. Interviewees described how online drug discussion protected them from divulging their own use of drugs to people in their everyday lives, whom they believed would be more likely to pass negative judgement or stigmatise them.

In terms of which drug practices were affected by online drug discussion, we classified interviewee responses into eight categories (from most to least popular): (1) trying new drug types; (2) dosage; (3) content and purity; (4) combining and mixing; (5) settings of use; (6) methods of use; (7) preparing and extracting; and (8) drug sourcing and access. Consistent with concerns that some authorities have about the internet, most interviewees discussed discovering drugs they had not heard of through the internet. Typically, interviewees described finding out about new drug types online as a trigger for their curiosity, although there were also cases where interviewees described *avoiding* particular types of drugs after researching them online. Only three of 27 interviewees mentioned finding out about how to access drugs online.

All public internet forums we accessed were moderated, usually by volunteers. In some cases, moderators aimed to ensure that content reflected a harm reduction ethos of moderate and informed drug taking, while in others, any drug discussion that involved instructions or personal admissions was prohibited (e.g., “if someone just wants to get high or looking for a quick buzz they get called out pretty quickly”). Moderators also referred forum users to trusted information sources or invited experts (ambulance officers, drug educators) to answer drug-related questions. Forum rules also prohibited people using the forums to source drugs and people who did so were usually warned or banned from using the forums.

How will people who use drugs be affected?

The most popular drug websites are those that are most likely to be refused classification under the proposed internet filtering policy. *Pillreports.com* contains information about the content and purity of pills sold as ecstasy, as well as stories

“Interviewees described how online drug discussion protected them from divulging their own use of drugs to people in their everyday lives, whom they believed would be more likely to pass negative judgement or stigmatise them.”

from users about their experiences and interaction between users that could be classified as instructional or promotional. Drug harm reduction websites, including *Erowid.org* and *Bluelight.ru*, contain explicit instructional materials, including instructions developed by drug users about the most effective and safest ways to consume drugs, and personal narratives detailing drug experiences designed to assist and educate other drug users. *Wikipedia* also contains detailed peer-written instructional material. *Google* offers gateways to websites based on global popularity, thereby reinforcing the most popular drug websites to searchers. These international sites are not currently affected by Australia’s classification system. If the proposed ISP-level filtering system was adopted using the current definition of refused classification, these sites could be added to the blacklist.

Such action could have negative consequences. Instructional drug discussion and information is likely to move from public to private channels of communication. Most Australian drug users, who are not experienced internet users (i.e., they are not likely to implement technical fixes that bypass the filter) will have limited or no access to: archives of peer-driven drug information, anonymous social support, official rules and social norms that regulate discussion, and wide and varied voices not otherwise accessible through real-world networks. Furthermore, blocking websites where people discuss drug use will hamper efforts to monitor drug users in order to produce interventions that are responsive to new drug trends. This action will also remove the possibility of engaging with online communities to produce better public health outcomes.

While we did find evidence that Australian drug users accessed information in order to find out about new drugs, we also found that almost all respondents reported going online to find information on how to prevent *harmful* outcomes. Importantly, many sought and found relevant information about reducing risks that was not available from official information sources. Blocking sites which contain ‘detailed instruction in drug use’ would ignore the complexity of balancing the potential negative and positive consequences of such websites.

Our research suggests that banning drug websites would likely have a negative effect on the overall health of Australian drug users. The definition of refused classification should be examined from a public health perspective. Specifically, the inclusion of ‘detailed instruction in drug use’ in the definition of refused classification requires reevaluation in light of the evidence presented here. It would be unfortunate if well-intentioned policy changes inadvertently increased harm by decreasing access to websites that may assist in reducing harm.

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For full reference list please email the editor.

Monica Barratt is a Research Fellow and PhD student with the National Drug Research Institute at Curtin University.
www.monica barratt.net



UNDERSTANDING TECHNOLOGIES

to help young people grow up safe, healthy and resilient

DR. MICHELLE BLANCHARD AND MS JAZBA SINGH GIVE US AN OVERVIEW OF AN INNOVATIVE APPROACH TO RESEARCH AROUND YOUNG PEOPLE, THEIR RELATIONSHIP WITH TECHNOLOGY AND THE AFFECTS ON MENTAL HEALTH. THE ESTABLISHMENT OF YAW-CRC (YOUNG AND WELL: COOPERATIVE RESEARCH CENTRE) AND YAW-NET (YOUNG AND WELL: NETWORK) AIMS TO HELP SHAPE THE WAY WE DELIVER HEALTH MESSAGES AND HEALTH INTERVENTIONS TO YOUNG PEOPLE.

Aims and Objectives of YAW-CRC

In December 2010, the Australian Government Cooperative Research Centres Program announced a \$27.5 million investment towards the establishment of a world-class research centre that works with young people to develop and trial new technologies designed to improve mental health and promote wellbeing. Led by the Inspire Foundation the Young and Well Cooperative Research Centre (YAW-CRC) is the first of its kind. It brings together 72 partners in an enviable mix of world class youth researchers across 18 universities, industry and business, and mental health and youth advocates across the non-government and government sectors. Driven by the vision and passion of young people, the federal government's investment is matched by over \$80M in cash and in-kind contributions from YAW-CRC participants. Never before have the Australian youth and mental health sectors united so cohesively behind a single vision: to use technologies to ensure that young Australians are given the opportunity to grow up safe, healthy and resilient.

The Approach

The research conducted by YAW-CRC is underpinned by a belief in the strength and capacity of young people. A Youth Brains Trust of young people aged 12 to 25 from around Australia provide strategic direction to YAW-CRC with their voices valued alongside those of seasoned mental health reformers. Interactive technology allows for the delivery of information, health interventions and services in a variety of static and interactive formats. These formats include traditional text-based content, audio and visual podcasts, 'serious' gaming, online forums, mobile phone applications, diagnostic screening, treatment and direct links to service providers.

The Programs

YAW-CRC's research agenda has been developed in partnership with young people and those who care for them. It focuses on achieving change through collaboration and partnership between researchers and end-users. YAW-CRC's work is organised into three separate research programs:

Program One: Safe and Supportive: explores technologies as settings to promote cybersafety and strengthen the resilience and wellbeing of young people

Program Two: Connected and Creative: examines how technologies can enable the good mental health of young people who are vulnerable or marginalised

Program Three: User-driven and Empowered: investigates how technologies can facilitate good mental health for young people experiencing mental health problems

"Members of YAW-NET are united by a common interest in gaining a better understanding of how technology can be used to improve the wellbeing of young people."

These three comprehensive, but complimentary research programs will deliver:

- the first consolidated Australian data on young people's technology use
- DigiEd education and training program for over 350 leaders in youth, technology, cybersafety, mental health and wellbeing
- proven online services and tools used by young people and professionals for cybersafety, mental health and wellbeing, available through an Online Wellbeing Centre and Online Clinics
- resources that support parents, the community and professionals to respond to the cybersafety and mental health needs of young people

How can YAW-CRC help those who care for young people?

Technology has significantly changed the way in which young people interact with one another and the world around them. The majority of young Australians use the internet to source information, engage, construct and maintain social networks. But young people's online behaviour is often not well understood resulting in a 'digital disconnect' between young people's use of technology and the

knowledge and concerns that parents, professionals and community members share about this use. For youth workers across the field, YAW-CRC's programs and resources provide a great space to connect with research, young people and others in the field to work to close this gap. It also provides a chance to use technology to work with young people around wellbeing issues. This opportunity did not exist – even 10 years ago – in the capacity that it does now.

Join YAW-NET

Alongside YAW-CRC's programs, a Youth and Wellbeing Network (YAW-NET) has been established. YAW-NET consists of youth, health and community sector organisations and academics with a mandate and mission to use technology to improve wellbeing. This will facilitate adoption and application of research outputs through networks that reach over 1 million young people in Australia.

Members of YAW-NET are united by a common interest in gaining a better understanding of how technology can be used to improve the wellbeing of young people. Youth, health or community organisations, individual researchers, early career researchers, practitioners, policymakers, parents, educators and young people's input is welcome at any level.

Members of YAW-NET receive benefits such as access to new research and evidence based programs and services developed by YAW-CRC and opportunities to participate in education and training programs, contribute to the development and dissemination of new initiatives and collaborate with YAW-CRC participants, in addition to the YAW-CRC newsletter. Signing up to YAW-NET requires no formal commitment or contribution to YAW-CRC. Members will be added to YAW-NET's newsletter mailing list and informed of opportunities as they become available. It is then up to each member how much they would like to get involved.

Dr. Michelle Blanchard is the Youth and Sector Engagement Manager for the Young and Well Cooperative Research Centre. Jazba Singh is the Research Assistant at the Young and Well Cooperative Research Centre.
www.yawcrc.org.au

GOOD GAME

EVER SINCE PAC-MAN AND SPACE INVADERS APPEARED IN THE 1980S VIDEO GAMES HAVE CONTINUED TO GROW IN POPULARITY. ONCE CONSIDERED JUST THE DOMAIN OF GEEKY YOUNG MALES, IT'S NOW WIDELY UNDERSTOOD THAT VIDEO GAMES ARE PLAYED BY A VARIETY OF PEOPLE: FROM THE VERY YOUNG PLAYING WITH MUM'S IPAD, THROUGH TO THE GRANDMA PLAYING SOLITAIRE ON HER LAPTOP. LIKE ANY NEW TECHNOLOGY, THERE ARE CONCERNS ABOUT THE HARMFUL IMPACTS OF VIDEO GAMES. THE MEDIA HAVE FOCUSED ON THE IMPACT OF VIOLENT VIDEO GAMES, PARTICULARLY AFTER TRAGIC INCIDENTS LIKE THE COLUMBINE HIGH SCHOOL MASSACRE. THERE ARE ALSO CONCERNS YOUNG PEOPLE MAY BECOME "ADDICTED" TO VIDEO GAMES. THERE IS EVEN A DEDICATED VIDEO GAME REHAB SERVICE NOW OPERATING IN EUROPE. THESE KINDS OF CONCERNS HAVE CAUSED ALARM FOR PARENTS AND OTHERS INTERESTED IN THE WELLBEING OF YOUNG PEOPLE. IN RECENT TIMES HOWEVER, A GROWING BODY OF RESEARCH IS SHOWING THAT VIDEO GAMES MAY HAVE THERAPEUTIC POTENTIAL, TO PUT IT MORE BLUNTLY, THEY MIGHT EVEN BE GOOD FOR YOU! CAMERON FRANCIS SPOKE WITH DR DANIEL JOHNSON, HEAD OF QUT'S GAME EXPERIENCE LAB AND A SENIOR LECTURER IN THE BACHELOR OF GAMES AND INTERACTIVE ENTERTAINMENT ABOUT THE PUBLIC CONCERN AROUND VIDEO GAMES. DANIEL COMPLETED HIS DOCTORATE ON THE PSYCHOLOGY OF HUMAN-COMPUTER INTERACTIONS AND VIDEO GAMES, AND IS AN ASSOCIATE FELLOW OF CAMBRIDGE UNIVERSITY'S WELL-BEING INSTITUTE.

Cameron Francis: Let's start with the concerns people have regarding video game violence. Can violent video games make you violent?

Daniel Johnson: Have computer games been linked successfully to any of the violent tragedies that have occurred in the world, be it Columbine or other similar things? No. What happens is, a tragedy occurs and the media reports a link to video games which is then widely re-reported and cited. After Columbine, the CIA did a massive investigation, after which they came out and said that there's just no link. You've got a situation where the general public are not so aware of the difference between correlation and causation. If a kid commits a violent act, there's a really high chance they've played violent video games before. A lot of games can be defined as violent.

There's a lot of research that asks "do games lead to increased violence?" and there's two really clear camps, one that's convinced there is a link and one that's convinced there is not. There is a problem however around defining aggression and defining an aggressive act in an experimental situation. There's a study where one group plays a violent video game while another plays a non-violent video game. The groups can then punish other participants for mistakes with a blast of white noise, similar to Milgrim's experiment on authority*. They showed that people who played the violent game blast more white noise than people who hadn't played the violent game. One problem with that is; is blasting someone with white noise a truly violent act? Also, the violent game was a really competitive, adrenalin-filled game. You come out of that environment and you're pumped up, you're in competitive mode. The non-violent game in the study was really peaceful. It's different from the other game in more ways than whether it's violent or not. Trying to do a truly controlled study where you have the violent version and the non-violent version is nearly impossible. It's really hard to isolate the effect of violence, or the effect of competition, or excitement, or so many other factors.

I have seen what I consider to be fairly convincing research showing that if you measure personality type *as well as* whether you've played violent games, and then you look at antisocial or aggressive behaviour, there *is* an effect from violent media. You get a very clear indication of a link, but once you account for personality type, that link disappears. So what this suggests is that it's about the person that plays the games, not the games.

There's a lot of other correlational research looking across society at the number of violent crimes committed versus the number of video games played. Where video game play increases, violent crime decreases. It's not conclusive but if video games *were* such a strong force you wouldn't expect this to occur. There was also some really good research looking at violent video games in the spectrum of all possible predictors of violent behaviour. Looking at predictors of antisocial behaviour, violent video game playing rates considerably lower than things like genetic influences, the presence of firearms, personality, poverty, childhood physical abuse and domestic violence to name just a few. The score that violent video game playing gets as a predictor of serious aggressive behaviour is very small. So if there *is* an effect and it is this small compared to everything else, should we even be focussing on it? It's basically rock and roll music all over again. Next time you have a spare moment do an internet search on things that have been linked to the decay of society through history and you might be surprised to find the culprit has been television, the telephone, the automobile, the printing press and even writing itself. This is the same again, just aimed at video games.

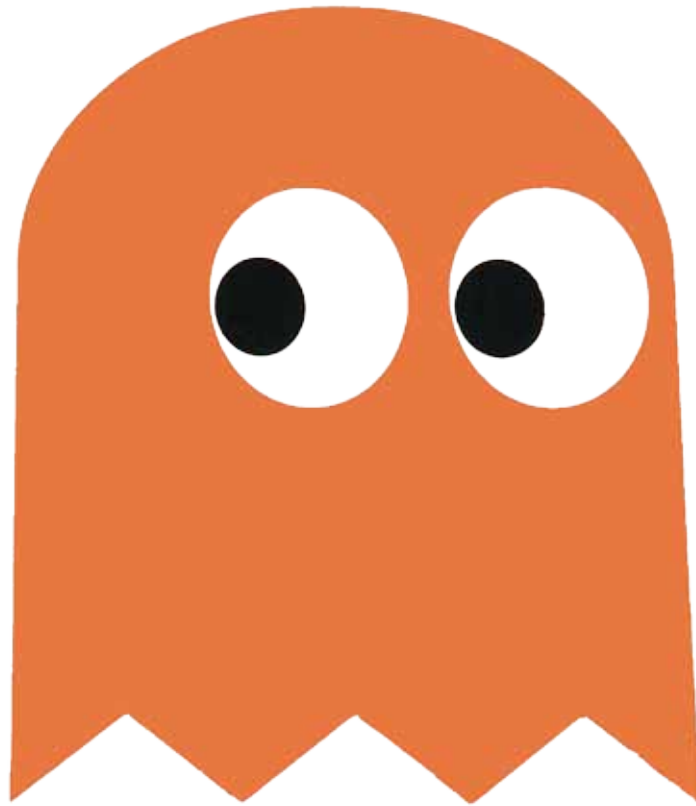
CF: Is it a fear of technology?

DJ: Yes, it is. This is not to say that we should *not* moderate what our kids are playing and this is not to say that we should play video games at the exclusion of other activities. I would no more tell parents to let their kids read books 24/7 than I would tell them to let their kids play video games 24/7. They need to get outside and live life, obviously. And of course not all media is appropriate for all ages.



“After Columbine, the CIA did a massive review and investigation and came out and said there’s just no link. You’ve got a situation where the general public are not so aware of the difference between correlation and causation. If a kid commits a violent act, there’s a really high chance they’ve played violent video games before.”

“There are some real benefits to reading, there are some real benefits to playing video games. If you have nothing wonderful or great in your life, you may become over-reliant on one thing for providing that positive experience. On the flip side of this there’s also some really interesting research showing the *positive* impacts of video games.”



CF: What are your thoughts on the idea that video games can be addictive?

DJ: I can't say that video game addiction *doesn't* exist. But, I've just run a study with a questionnaire that assesses video game addiction by using and modifying questionnaires for drug addiction and it just doesn't work. You end up with multiple choice responses like: "Sometimes I lie to family or friends to conceal how often or how long I play video games." "I continue to play video games even when spending too much money for online fees". "I repeatedly make unsuccessful efforts to cut back or stop playing video games." I think it shares *some* of the characteristics to addiction to a real substance, but I don't think it's going to be a one-to-one mapping that some people are expecting it to be. I've never come across anyone who's had true withdrawal from playing video games. I *have* known people who have used it as an escape.

CF: Is it true that now in the Netherlands there's a video game rehab?

DJ: Yes! My feeling about it is; just as there are people that turn to drugs and alcohol to fill a void or distract themselves from what is happening in their personal life, people could also turn to video games to serve that purpose. The notion that you might become addicted to video games the same way an alcoholic is addicted to alcohol though? I'm not so sure.

There's a lot of research looking at Self Determination Theory**. The study would look at the point at which video game play goes from a healthy enjoyable activity to a problematic, unhealthy activity. Studies have found the transition from healthy play to unhealthy play is consistently predicted by 'low need satisfaction' in other areas of life. Again, it's not the games that are causing the problem. The games fill a need. If you have low need satisfaction in every other area of your life, for you, playing video games may not be a fun hobby, it becomes a compulsion and obsession. There are people who watch too much TV. There are people who spend too much time reading. There are some real benefits to reading, there are some real benefits to playing video games. If you have nothing wonderful or great in your life, you may become over-reliant on one thing for providing that positive experience. On the flip side of this there's also some really interesting research showing the *positive* impacts of video games.

CF: I'm interested in the therapeutic potential of video games, beyond just engaging young people. A lot of youth services put a Playstation in the drop-in centre, but what of therapeutic games?

DJ: You ask any gamer and they'll tell you that it's an incredibly satisfying activity. There's this idea of Csikszentmihályi's*** notions of "Flow". Video games perfectly create this psychological state. It involves things like loss of time, losing sense of self, becoming completely engaged, clear feedback and goals. Being in a 'flow' state is really good for you. The research into "Self Determination Theory", which I touched on earlier. This is all to do with intrinsic motivation and "need satisfaction", and basically it shows that playing video games provides this "need satisfaction". As long as it's not done to a pathological level, video games can be very good for you. Most recently we've seen research which has looked at impacts on depression, anxiety, stress and mood after playing video games. They compared the impact of taking anti-depressants and playing certain video games and showed a really strong, clear, positive effect from playing video games.

"As long as it's not done to a pathological level, video games can be very good for you."

CF: So these weren't games designed specifically for depression?

DJ: No. These were regular video games. They were all of the puzzle game variety. To be fair, the work was funded by a video game company, so they used that company's video games. We're about to do some work to extend beyond the kinds of video games that they used. They did show an effect however, and the effect extends to measures of chemicals and EEG readings, so it wasn't just subjective measures. They've shown conclusive evidence of a positive impact on depression, anxiety and stress. This is unsurprising to gamers, completely under reported in the media, but really significant. What we're talking about is evidence of games being able to work in a fashion similar to anti-depressants, or Cognitive Behaviour Therapy. Under what conditions and which games, all that sort of thing is yet to be determined. There is also work being done on the idea of "gamifying" otherwise tedious activities.

CF: What do you mean by "gamify"?

DJ: Turning anything into a game. We are doing stuff with banks, a lot of health services are approaching us. "Gamification" is being explored in spaces like that. Can you manage binge drinking and that sort of thing? I think it's too early to say *how* it will work, but I think whether it will work is not the question. At the level of engagement, I don't think there's any argument. What we're looking at now though is; does engagement equal better outcomes? So being more engaged will occur, but will it affect the behaviour? That's yet to be determined. Similarly with educational games, there is really clear evidence that people prefer to learn through these "gamified" environments, but are they learning more? I've seen some research that says they are more engaged, but they're also a little more distracted from the actual content. We're working on a project at the moment to tease that out, to find the 'sweet spot'.

* The Milgram experiment was a series of notable social psychology experiments which measured the willingness of study participants to obey an authority figure who instructed them to perform acts that conflicted with their personal conscience.

** Self-determination theory ("SDT") is a macro theory of human motivation and personality. SDT focuses on the degree to which an individual's behavior is self-motivated and self-determined.

*** In his work, *Flow: The Psychology of Optimal Experience*, Mihaly Csikszentmihályi outlines his theory that people are most happy when they are in a state of flow. It is a state in which people are so involved in an activity that nothing else seems to matter.

Dr. Daniel Johnson is the head of the Game Experience Lab and a Senior Lecturer in the Bachelor of Games and Interactive Entertainment at QUT. www.qut.edu.au

iSTREET

by Ben Dougherty

THE EDGE, AT THE STATE LIBRARY OF QUEENSLAND (SLQ) LAUNCHED AN EXCITING NEW PROJECT RECENTLY AT THE INALA CIVIC CENTRE CALLED THE ISTREET SKILLS XCHANGE. I ARRIVED AS PROCEEDINGS WERE JUST GETTING UNDER WAY. AS I MADE MY WAY TOWARDS THE CROWD I NOTICED SOME PUZZLED LOOKS AS PEOPLE BEGAN TO INSPECT THE MAIN FOCUS OF THE LAUNCH, A FRESHLY DECORATED WHEELIE BIN. FAR FROM YOUR AVERAGE FRONT YARD VARIETY THOUGH, THIS SUPER WHEELIE BIN IS HOME TO A PORTABLE RECORDING STUDIO, EDITING SUITE, DJ BOOTH, INTERNET AND WHATEVER ELSE PARTICIPANTS CAN DREAM OF MAKING IT. IT CAN ALSO BE SEEN AS A POWERFUL METAPHOR FOR WHAT WE MIGHT UNWITTINGLY DISCARD AS PEOPLE AND AS A SOCIETY. THE ISTREET LAB HAS BEEN ROLLING AROUND INALA DURING THE PAST MONTHS IN ITS QUEST TO BECOME A MOBILE HUB OF COMMUNITY DEVELOPMENT AND, WITH ANY LUCK, LABS LIKE IT WILL POP UP IN MANY MORE COMMUNITIES IN QUEENSLAND.

Much more valuable than the bin itself though is the expertise that SLQ and partners have brought to the project in the form of mervin (sic) Jarman. For Jarman a chance trip to London, and subsequent exposure to digital technologies, altered the path of his life forever and caused a chain of events that resulted in the invention of the *Container Project*. He established the *Container Project* in his own community of Palmers Cross in Jamaica and it went on to garner strong support locally and on an international scale through UNESCO/ IPDC (The United Nations Educational, Scientific and Cultural Organization's). Although the *Container Project* utilises a much larger receptacle (a shipping container) to house its technological goodies, Inala's iStreet Lab seeks to inspire the same enthusiasm, support and sense of empowerment as its older cousin across the globe. I was privileged enough to be able to speak to mervin Jarman between lab sorties about the iStreet Project, its target audience and the idea of community. Prepare to be inspired.



What was your main aim when you invented the iStreet Project?

The main objective was to give something to young people outside of the mainstream. I'm talking about the young people who are considered by most to be the hardest to reach, in a Jamaican context 'Bad Boys and Girls'. My focus is on those young people who get discarded in some way as useless, or good for nothing, or having no ambition, that sort of thing. This is how I was described in my youth. I have used technology to escape from a state of disillusion and no self-esteem to become one of the leaders in community arts activism and social engagement. This is what I envision for young people participating in the iStreet program.

What are the three R's in regards to this project?

Recycle refers to the use of a 240L wheelie bin that has been outfitted and transformed into a multimedia studio branded the iStreet Lab. This recycling of objects is part of a deeper philosophy of recycling one's self. It is about changing people who have been marginalised, who are seen as having no future, society's outcasts. The project is about giving hope, not through empty promises of deliverance, but by finding supportive ways to unlock the potential that exists within us for individual and collective transformation. The local knowledge that exists in homes and on street corners is valuable, a critical resource that can be recycled and must not be wasted.

Reach starts with where people are at in a geographical sense. One can wheel the lab down uneven streets and through winding alleyways. A mini recording studio can be set up on a street corner. Education can go to them, to their familiar space where they are comfortable and most likely to benefit from the process. A kind of "tek it to dem attitude!" Reaching people on their turf is key to reaching them in a more fundamental way, offering alternatives to dead-end jobs, discrimination, drugs, crime and violence.

The action has to **Relate** to the people, they are not just learning about computer codes. Just as important are social codes like respect, trust, co-operation, sharing, punctuality and social responsibility. These codes for how we relate to each other are repeated and reinforced through daily practice. How people relate to technology is also important. If they relate to it as creative masters then tremendous possibilities open up for building communities and for creating knowledge for economic and social benefits. This is what makes the iStreet Lab so attractive. It shifts that understanding of yourself and of our own capacity. For me it really isn't about the technology. Technology was just a tool that I could use. It is first and foremost about the people.

In what ways have you seen the iStreet project affect (or transform) a community in the other places it's been done?

I am the first transformation! But my community of Palmers Cross in Jamaica is one of the really great success stories of this process.
(More on this: <http://tinyurl.com/6u67ldd>)

There's so much talk about belonging to a 'global community', but what I love about your story is that you brought the global community to your own community. What was so powerful about your experience with digital technology that made you want to bring it back to your community?

It struck me that the 'Super Highway', as it was being coined, was being touted as the pathway to the future for all humanity, *but*, I did not see my street on it. I was a 'street rat' and I could not find myself in this new paradigm and so I set out to create my space, which you could say is now ultimately the iStreet Project, representing every isolated and marginalised street corner around the world.

"One can wheel the lab down uneven streets and through winding alleyways. A mini recording studio can be set up on a street corner."

It seems that everywhere in the world we have a bad habit of labelling young people. What do you see in young people that might be unfairly labelled?

I see me! We are so talented! I could expound on the number of abilities that I possessed and also witnessed in other people as a young boy roaming the streets, the artistic flare that surrounded me, the designers, musicians, dancers, entrepreneurs. Young People are exciting bundles of energy when if channelled can make major contributions to society. They are all capable of creating a reality that most ordinary people can only dream of. I see extraordinary human beings!

How has the reaction of the Inala community been to you and the new iStreet Lab so far?

So far we are having reasonable feedback. The youth in training have been exceptional, but that is not news to me. What is also exceptional is the fact that their community is coming forward in supporting what they are doing and even their peers are in awe. They are the 'new sensation' and this can only be positive for the community as their presence grows and more and more young people start to get involved. My colleagues have reassured me that we are in it for the long haul! It is our intention to support the development, delivery and sustainability of this project to remain a feature in the Inala community.

Have you got any advice for someone who is new to working with young people?

Never pre-judge the situation. 'Stop, look, and listen'. You don't have the answers unless you know the question and even then it's not one size fits all. Young people are first individuals with their own values, needs and dreams. *Never* disrespect that and never under estimate their potential.

What makes a great community?

Sharing and caring. A community is one that has commonalities where the values are shared and complemented, is rich in diversity with people who love and respect each other. A great community is one that is selfless!

What's the best thing about your job?

The reinvention of myself over and over! Bringing about a sense of change in the lives of all of the people I come in contact with. This gives me a real peaceful place to lay my head! And that is really the bestest* thing!

* Bestest: mervin Jarman describes the meaning in the Jamaican dialect as: "bring about extreme happiness and fulfillment!"

mervin Jarman is a community activist, social entrepreneur and former "bad boy" from Palmers Cross, Jamaica.
www.edgeql.org.au
www.slq.qld.gov.au
<http://istreetbhae.ning.com>
<http://www.container-project.net>
www.youtube.com/user/iStreetLab

BEATING THE RUSH

A web-based brief intervention for amphetamine use.

ELIANA HIRAKIS SHARES WITH US THE INCEPTION OF A PROJECT DESIGNED TO IMPLEMENT AND ASSESS ONLINE TREATMENT SPECIFICALLY FOR THOSE EXPERIENCING PROBLEMS AROUND AMPHETAMINE USE.

The Problem with Amphetamines

A proportion of Australians use amphetamine type stimulants (ATS). Amongst regular users there are well documented harms including: aggressive or violent behaviour, deterioration in social and occupational functioning, physical health problems (stroke, cardiovascular pathology, dental problems), injection risk behaviour, sexual risk behaviour, financial problems, unemployment, insomnia, depression, weight loss, psychotic symptoms, legal problems, and blood borne virus risk.

Why a Web-Based Intervention?

Many substance users experience barriers to treatment access and retention in treatment can be very low, with rates of dropout within the first month of treatment often reaching 50%. Non face-to-face methods for treatment delivery have been suggested to reduce barriers to treatment entry and to increase treatment retention. The increased availability of the Internet suggests that, rather than continue to rely upon traditional treatment delivery methods, web-based interventions may provide an additional method for the dissemination of information and treatment to ATS users.

Web-based interventions offer many advantages for people who may be reluctant or unable to attend treatment services. The ability to access treatment without the need to travel to a clinic is attractive to many, which can also reduce cost where services are not government funded. The Internet allows for interventions to be delivered to individuals with restricted mobility, time, and access to mental health services including geographical distance. Seeking anonymous treatment online may also alleviate fears of stigmatisation.

Evidence to date provides preliminary support for the effectiveness of web-based Cognitive Behaviour Therapy (CBT) interventions for reducing substance use and harms associated with use, as well as reducing barriers to treatment entry. Despite the evidence to suggest the usefulness of web-based interventions in treating substance use, no previous research has been located that investigates whether CBT delivered via the Internet is an effective

intervention for treating amphetamine use. Additionally, of particular interest is the potential role that Contingency Management (CM)* may have on treatment success. CM is a form of CBT, and when it has been combined with more traditional cognitive behavioural interventions CM has been associated with increased frequency and duration of abstinence from psychostimulants, and better retention in treatment compared to traditional CBT alone.

The Development of “Beating The Rush”

I came across the idea of online treatment for substance use from my work at the Alcohol and Drug Information Service, a statewide telephone counselling service in Queensland. Many clients which phoned the service were located rurally or remotely. They described numerous barriers to face-to-face treatment access and would often enquire about any online resources they could access. Barriers to accessing traditional face-to-face treatments were also identified by those living more locally, which included childcare and work commitments.

Although the government has set up numerous initiatives to assist clients to better access treatment, particularly those in rural and remote locations, there appeared to still be potentially great benefit to providing access to evidence-based treatment online. Web-based interventions provide an innovative way of disseminating evidence-based treatment to those who may be unwilling or unable to present for face-to-face treatment.

Working with my PhD supervisor, Dr Leanne Casey, we identified that amphetamine use was a significant problem in Australia. Through this process, the “Beating The Rush” project was conceived. Leanne had already developed an online treatment program for problematic gambling called “Improving the Odds”. She has been of great assistance in the development of this project.

What is “Beating The Rush”?

The aim of this study is to establish whether a web-based CBT intervention is effective in the treatment of amphetamine use and its associated harms and whether the addition of CM has additional benefit. We will be looking at any changes in the amount and frequency of amphetamine use, alcohol and other drug use, and psychological dependency. We will also look for any changes in depression, anxiety and stress, as well as drug use risk taking behaviours and social functioning. We

will also be looking at treatment retention and treatment satisfaction. We predict that participants who undertake the Internet-delivered CBT intervention will show greater reductions in their use of amphetamines, reductions in harms associated with their use, higher rates of abstinence, and will remain in treatment longer..

We are looking to recruit 200 participants aged 14 years and over, who have used amphetamines in the past month, to complete a web-based intervention for the treatment of amphetamine use. Those who visit the website will be able to access information about the treatment program. Participants will also be able to access general information about amphetamines and about Internet-based treatment. If participants choose to participate in the treatment program, they can select an option to register and complete a consent form in order to gain access to the program. The web-based intervention will consist of five sessions of CBT. There are video demonstrations of the treatment strategies, audio recordings of relaxation strategies and other relevant information. There are also cartoon characters named Jess and Pete to assist with demonstration of how to apply the treatment strategies. CM procedures will involve receipt of vouchers and entries into a prize draw upon completion of online treatment sessions.

Upon signing up, participants will be randomly assigned to start treatment immediately or to start in five weeks time. A comparison of results of those who receive treatment and those who don't initially receive treatment will allow us to determine whether the program has any impact at all on amphetamine use and associated harms. Once the five-week waiting period has passed, participants will have immediate access to the treatment program. Participants will not be excluded from accessing other forms of treatment during this waiting period.

* CM; monetary incentives for remaining in treatment

For more information visit www.beatingtherush.com.au (online early 2012)

Eliana Hirakis, Clinical Psychologist and President of the AUstralian Association of Cognitive Behaviour Therapy for QLD

Dr Leanne Casey, Lecturer, School Psychology, Griffith University

“Many substance users experience barriers to treatment access and retention in treatment can be very low, with rates of dropout within the first month of treatment often reaching 50%.”



A close-up, low-angle shot of a person wearing a grey hoodie. Their arms are crossed over their chest, and their head is tilted down, with only the lower half of their face visible. The background is a textured, light-colored wall.

MAKING THE “UNSAFE” SAFER

AN ARTICLE ON AOD FACILITIES
RESPONDING TO PAST SEXUAL VIOLENCE

By Di Macleod

OVER THE YEARS, THE CO-EXISTENCE OF MENTAL HEALTH AND ALCOHOL AND OTHER DRUG (AOD) ISSUES HAS BEEN FORMALLY RECOGNISED AND RESEARCH, TRAINING, POLICY AND PRACTICE HAS EVOLVED IN THE AREA OF "DUAL DIAGNOSIS". HOWEVER, WHETHER WORKERS IDENTIFY IT OR NOT, RESEARCH SHOWS THAT THE ISSUE OF UNDERLYING TRAUMA (OFTEN SEXUAL VIOLENCE) WILL EXIST FOR A SIGNIFICANT PERCENTAGE OF CLIENTS WHO PRESENT AT AOD AND MENTAL HEALTH SERVICES.

Unfortunately, sexual violence is not always acknowledged in AOD services because the issue of AOD is prioritised and the focus is on maintaining recovery. Nevertheless, the impact of previous sexual violence must be taken into account because a client's experience of past trauma can significantly impact their ability to recover from substance use. Over time, AOD agencies have been working to address possible barriers to effective treatment for their clients. Implementing trauma-informed care and universal safe practice (Fig 1) can help to remove some of the barriers for survivors of sexual violence who are being treated for AOD issues.

Prevalence of sexual violence

In the general population it is commonly recognised that:

- 1 in 3 females are abused before the age of 18 (UNIFEM, 2003)
- 1 in 7 males are abused before the age of 18 (Briere & Elliott, 2003)
- 1 in 5 women and 1 in 20 men have experienced sexual violence since the age of 15 years (ABS, 2005)

Intersection of issues

Research shows:

- A history of child abuse and AOD use independently predict increased risk of physical and sexual assault in adulthood
- The linkages between abuse, mental health and AOD problems are particularly acute for women
- Women who experienced any type of sexual abuse in childhood were roughly three times more likely than non-abused girls to report drug dependence as adults
- The greatest prevalence of AOD and mental health problems were evident in clients who had experienced both child sexual abuse and adult sexual assault
- People with AOD and/or mental health problems were more likely to experience repeated sexual victimisation

- The intersection of AOD and sexual violence is further complicated because the use of substances may have preceded the assault, occurred during the assault, or developed as a coping strategy in response to the trauma the victim experienced

Research and statistics would suggest that for clients in AOD settings, past sexual violence should be an expectation rather than an exception. The reality is that people, particularly women, with AOD issues are at greater risk of experiencing sexual violence, and people who experience sexual violence are at a greater risk of AOD issues. Many clients find themselves in what Najavits (1998) describes as a "circular self-perpetuating cycle". This is where their experience of sexual violence leads them to AOD use. Their use of AOD then increases their vulnerability to subsequent sexual violence, which then leads to re-traumatisation and an escalation in their AOD use. This pattern is really a negative downward spiral as both use of AOD and vulnerability increase in every cycle, further compounding the issues.

Treatment implications

If clients are using AOD to cope with traumatic memories and/or symptoms, then withdrawal from AOD is likely to intensify these. At this point clients can become overwhelmed with memories and emotions and want to leave AOD programs. It is the point where relapse is most likely to occur.

Past Sexual Violence - to ask or not to ask?

In many services an informal "don't ask don't tell" may exist in relation to past experiences of sexual violence. However, ignoring the issue doesn't mean it is nonexistent. It won't just go away. Not asking means that the opportunity to address the trauma is missed which silences the client and ignores their experience. Keel (2005) found that disclosures of sexual violence increase dramatically once clients in AOD or mental health facilities are directly questioned about past abuse.

AOD services are encouraged to consult and develop appropriate questions during screening, but also to recognise that however appropriate the screening process is, it doesn't mean that survivors will automatically disclose. Survivors need to feel "safe" before talking about an "unsafe" subject and most need to build trust over time with a worker before choosing to disclose. Questions about the subject of sexual violence should also be considered at other points during assessment, treatment and rehabilitation to give further opportunities for disclosure.

Proceed with caution because a number of safety factors need to be built in to programs *before* asking about sexual violence. It can be harmful to facilitate a disclosure without

adequate support. Research shows that disclosure of child abuse, when no specialist counselling is available, can contribute to relapse.

Some important considerations are to be aware of are: your timing, when the issue is raised, how the issue is raised, and also that workers possess the training and expertise to deal with any disclosure that might occur. Also consider the implications of *not* addressing past sexual violence. There could be ramifications such as poor treatment compliance, re-traumatisation, gaps in your service delivery, recovery, relapse issues, and much more.

The case for Universal Safe Practice

Common practices in AOD settings may trigger traumatic responses for survivors that can result in non-compliant behaviour, withdrawal from services and relapse. Therefore, implementing practice which minimises re-victimisation is essential. Given the prevalence of sexual violence and the fact that many people (particularly women) are victims/survivors, The Gold Coast Centre Against Sexual Violence (GCCASV) advocates for trauma-informed care and Universal Safe Practice (Fig 1, p. 26) to be implemented *whether or not* a history of sexual violence is disclosed. Because such a significant percentage of the population really does need extra safe care it makes sense to provide that extra safe baseline level of care to everyone.

There are numerous guidelines and tip sheets for workers responding to a disclosure of sexual violence and post disclosure circumstances. However, best practice should not be reserved only for disclosure situations, because the reality is that many survivors do *not* disclose. Workers will often be unaware that they are supporting clients who have experienced sexual violence. Instead of creating a safe environment for *some* why not create a safe environment for *all*? This can be achieved by introducing the concept of Universal Safe Practice to protect vulnerable clients.

AOD agencies who implement Universal Safe Practice will be able to maximise safety and minimise harm for all clients as well as establish a sense of autonomy and control for survivors. Universal Safe Practice is designed to enhance the emotional and physical safety of all clients whether they have experienced sexual violence or not.

Now is the time to move from acknowledgement to action.
Ask “How effective am I, or, how effective is my workplace in responding to the significant population of survivors we are working with?”



Fig 1: Principles of Universal Safe Practice

Some simple suggestions for workers to implement Principles of Universal Safe Practice

- **Show respect** by being courteous, being punctual, introducing yourself (don't shake hands unless client offers first), asking clients how they wish to be addressed, acknowledging everyone is an individual, being aware of culturally appropriate (and inappropriate) behaviour, showing acceptance and being non judgemental
- **Build trust** by building rapport, don't rush, take adequate time, displaying empathy, care and concern, following through on everything you say you will do and not promising anything you can't deliver
- **Maximise choice and control** by asking the client where they want to sit, whether they want the door open or closed, recognising the client as the expert on their own life, focussing on empowerment, providing information and exploring options so that the client can make an informed decision and make the best choices for themselves, and agreeing to a support person being present if the client expresses a desire for one
- **Communicate effectively** by checking if an interpreter is required, listening, monitoring verbal and body language, refraining from "why" questions (as "why" can imply blame), checking that what has been discussed has been understood and communicating hope for the future
- **Get consent** by never assuming and asking every time, passing on all relevant information so the client can give informed consent, always being aware of boundaries and remembering that any touching is inappropriate
- **Utilise specialist support** by building relationships with local specialist workers, consulting, knowing your limitations and being confident in referral

What can AOD services do?

Refuse to contribute to the silence and invisibility of sexual violence by:

- Providing workers with information about sexual violence and its impact
- Moving beyond acknowledgement to action
- Conducting a client focussed safety audit of current policies and practice and modify accordingly
- Introducing Universal Safe Practice
- Creating gender responsive programs
- Thinking about collaborative partnerships with sexual violence services
- Collaborating with sexual violence services to develop appropriate screening tools
- Implementing service policies, procedures and protocols reflecting best practice responses
- Developing integrated models of care to attain seamless service delivery across a range of agencies
- Identifying and maintaining options for specialist referral and outreach
- Educating workers – increase skills and capacity building through workforce development
- Sharing AOD expertise through cross-sector training with the sexual violence sector

Conclusion

The prevalence of trauma such as sexual violence has been acknowledged in the client base of AOD services. Now is the time to move from acknowledgement to action. Ask "How effective am I, or, how effective is my workplace in responding to the significant population of survivors we are working with?" Then consider what action your service can take to improve treatment for all clients. Recognise that adopting trauma-informed care and universal safe practice as a baseline standard of care will be beneficial to the vulnerable clients AOD services work with.

For full reference list please e-mail the editor.

*Di Macleod is the Director of the Gold Coast Centre Against Sexual Violence Inc.
www.stopsexualviolence.com*

Agency checklist for survivor safety

As part of the risk management and quality control, all AOD agencies will have certain safety procedures in place. However, the application of Universal Safe Practice filters through all internal systems influencing the environment, workers, polices and practice.

The public area has

- posters & brochures on display about sexual violence and material that can be taken away and read later
- a waiting room that cannot be seen from outside of the service
- seats in the waiting room that are not too close together
- music, TV or radio in the waiting room
- separate bathrooms - clearly identified

Front desk and administrative staff

- are educated about sexual violence and its impact
- have established a few "routine responses" that are survivor friendly
- often become "accidental counsellors" so this must be reflected in their professional development
- always keep clients in the waiting room informed about likely length of wait

Programs

- flexible programs
- gender responsive individual support/counselling
- gender specific program options
- voluntary participation in groups

Confidentiality and Privacy

- policies are clear and available for clients to read and take away
- limits of confidentiality are clearly stated
- recognition that private and confidential does not always equal "safe" for survivors (e.g. closed and/or locked doors)

The counselling/support/treatment area

- is situated in a quiet area without clients walking past
- is away from the staff room
- is soundproof
- has windows
- has comfortable furniture
- Does NOT have material which depicts violence

A DANGEROUS COMBINATION

CONTRIBUTORS JAQUES JEFFERSON, HAYLEY JOHNSTON, DR KEES NYDAM, CORAL WALKER, GAYLE SPEIGHT, CHERYL NEVIN, SCOTT PATTERSON, NICOLE BLACKLEY, KAREN HOLZHEIMER, RICHARD DOODSON AND WARREN SHARROCK PROVIDE US WITH SOME INFORMATION ON PRE-NATAL ALCOHOL EXPOSURE (PAE).

The aim of this article is to update clinicians working in the Alcohol and Other Drug (AOD) field about alcohol consumption and pregnancy within an Australian context. Women of child bearing age who binge or drink alcohol at harmful levels risk significant negative health consequences that can impact on their unborn child. Hazards linking Pre-natal Alcohol Exposure (PAE) and the developing foetus from the time of conception should be of concern for the general community, and of particular focus for AOD workers. Considering that Foetal Alcohol Spectrum Disorder (FASD)* is preventable it is imperative that health professionals can competently assess at-risk women. Ideally health workers should be able to provide a range of interventions to help reduce or prevent alcohol related negative health consequences especially as; FASD is now regarded as the leading cause of preventable, non genetic intellectual disabilities in general populations where alcohol is used.

Some evidence suggests that the effects of FASD may be dose related where others argue that even one drink can affect the foetus. The consensus among leading health professionals is that the safest option for women planning pregnancy is to abstain completely.

Alcohol is teratogenic (can interfere with embryonic development). It can potentially affect over 1000 gene and cellular events critical to the developing foetus. Individuals affected by PAE have varying degrees of physical and neurological effects. Birth defects associated with FAS may relate to critical gestational timing. For example craniofacial abnormalities have been clearly associated with exposure early in pregnancy, whereas behavioural deficits have not been as closely connected with a critical period of pregnancy. Clearly more research is needed. (See Fig 1.)

Research conducted since 1968, when the syndrome was first described in medical journals, has shown that although a number of the facial features may diminish as the person matures, central nervous system dysfunction including the long term intellectual and behaviour problems and psychological and social maladjustment may remain throughout life.

Research shows that a proportion of young Australian women of child bearing age are drinking at risky to hazardous levels. Approximately half of pregnancies are unplanned and many women are not aware of their pregnancies until 6 to 8 weeks after conception. This increases the exposure of the foetus to alcohol and the chance of a FASD baby (Fig 1). Supplementary to this, some women in Australia are not aware that females metabolise alcohol differently to men, further contributing to the hazard of exposing the foetus, which has no ability to metabolise the alcohol.

Experts feel that FASD is under-diagnosed and therefore may be more prevalent than the data indicates (1 in 100). There are currently no clinical tests or biomarkers to differentiate at-risk women. There are however some demographic factors associated with FASD including low socio-economic status and poor nutrition. There are also indications of intergenerational incidences of FASD in families in particular community groups.

Research indicates that early diagnosis of FASD can lead to greatly improved outcomes regarding the secondary effects resulting from the interplay between primary disabilities, psycho-social and environmental influences. Alternatively, non-diagnoses of FASD may have major long-term impacts for individuals, families and society. This includes; early childhood and adolescent mental health issues (e.g., depression, anxiety and psychosis), Increased risk of suicide

Physical Features	Other Possible Features
98% are under normal height and weight	Loss of intellectual functioning(IQ)
95% Facial anomalies	Mild to severe vision problems
89% Mental and Motor Retardation	Dangerously high pain tolerance
84% Microcephalic	Severe loss of intellectual potential
98% are under normal height and weight	Motor coordination problems
80% Speech impediments	Mental Retardation
72% Hyperactive	Dyslexia
58% Slack muscles	Serious maxilo-facial deformities
51% Shortened and bent little finger	Immune system malfunctioning
46% Genital deformities	Behavioural problems
44% Spinal dimple	ADD/ADHD
35% Hair growth on back of neck	Extreme impulsiveness
30% Pigeon Chest	Poor judgement
29% Heart defects	Little or no retained memory
25% Eye problems	Deafness
20% Hearing problems	Little or no capacity for moral judgment
20%Swallowing/Feeding problems	Lacking capacity for interpersonal empathy
16% Small teeth	Sociopathic behaviour
13% Underdeveloped fingers	Epilepsy
12% Hernia	Tremors
10% Kidney defects	Cerebral palsy
9% Hip deformities	Asthma
7% Concave chest	Complex seizure disorder
7% Cleft palate	Mild to severe vision problems
	Loss of intellectual functioning

Table 1

Some of the physical and neurological features/effects that may be present for FAS and to lesser degrees PFAS, ARBD and ARND.

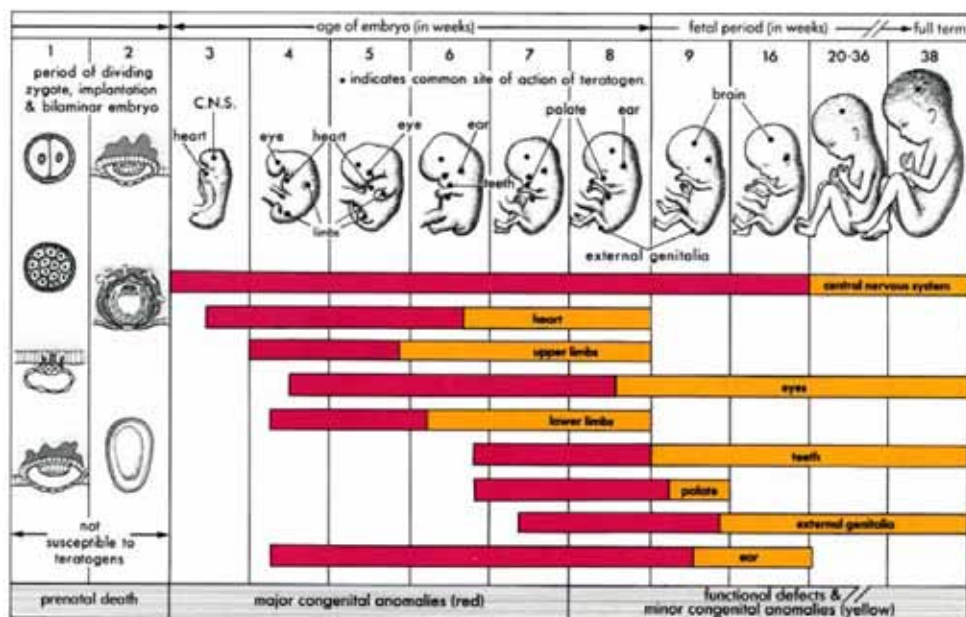
and substance abuse, and education related issues (e.g., disruptiveness, low academic achievement, expulsion, poor attention span, short term memory and difficulty with social interaction).

Alcohol consumption in Australian society is seen as the cultural norm. Pregnancy is frequently unplanned, and pregnant women are often unaware of the pregnancy for some time following conception. Due to this current risk of FASD in Australia it is very important for workers and clinicians to consider the drinking habits of their young female clients.

* FASD is an umbrella term encapsulating all conditions relating to individuals who have had PAE. This includes Foetal Alcohol Syndrome (FAS), Partial Foetal Alcohol Syndrome (PFAS), Alcohol Related Birth Defects (ARBD) and Alcohol Related Neuro-developmental Disorder (ARND).

For full reference list please email the editor.

Fig 1



Hayley Johnston, Jacques Jefferson, Dr Kees Nydam, Coral Walker, Gayle Speight, Cheryl Nevin, Scott Patterson, Nicole Blackley, Karen Holzheimer, Richards Doodson and Warren Sharrock, Bundaberg ATODS

INSIGHT



DR. CARLA SCHLESINGER, STATEWIDE SERVICES DIRECTOR OF QLD HEALTH'S ALCOHOL AND DRUG SERVICE, TALKS TO LEIGH BERESFORD ABOUT THE CURRENT CHANGES THAT ARE TAKING PLACE IN THE WORLD OF ALCOHOL AND OTHER DRUG TRAINING FOR WORKERS ACROSS QUEENSLAND AND THE INCEPTION OF INSIGHT, THE NEW FACE OF QUEENSLAND HEALTH'S EDUCATION, TRAINING AND PROFESSIONAL DEVELOPMENT UNIT FOR ALCOHOL AND OTHER DRUG SERVICES.

How did InSight come into being?

Following consultation with Alcohol, Tobacco and Other Drug (ATOD) sites across Queensland on sector education and training, we found some key problem areas. Firstly there was a lack of systematic education and training being delivered across the state. Different ATOD services provided different education and training, particularly induction training. Sites requested a standardised approach to education and training. Secondly, many staff wishing to attend training in key areas (such as motivational interviewing) needed to come to Brisbane, creating a Brisbane-centric model and a lack of timely training for staff in regional, rural and remote areas. Finally, sites had difficulty finding the resources needed to send their staff to Brisbane to receive training so we negotiated a new model to address these gaps.

“We recognise that although we share similarities with other states and territories, Queensland has specific geographical, population and workforce issues.”

A number of models were floated as solutions. Essentially a ‘hub and spoke’ model was agreed upon for the sector, with Brisbane housing the hub site (InSight), and other ATOD service sites across Queensland operating as potential spoke sites. This model allowed for a systematic process that resolved the tyranny of distance, heavy use of resources, and needs for timely local delivery.

We now have spoke sites stretching from south-east Queensland to the top end, and we regularly meet to ensure a quality standard of delivery and sufficient support. Linkages were voluntary, and to be a spoke site, it was a condition that the service had a basic infrastructure to support training and education delivery. The spoke sites include ATOD services in Cairns, Townville, Mount Isa, Brisbane, Rockhampton, and just recently we started negotiations with Ipswich and the Gold Coast. Many of the spoke sites also provide education and training to other sites in their geographical vicinity that lack the necessary educational infrastructure.

This model is the first of its kind for our sector, and has allowed autonomy of sites whilst having a highly coordinated approach to education and training. In other words, we’ve utilised a bottom-up framework based on local knowledge and solutions matched with a top-down evidence-based approach to workforce development.

What education and training will you provide?

Services require an education model that supports induction and core skills training through to specialist skills training, whether through our own delivery processes or links and partnerships with key tertiary institutions. Professional development is also critical to the model and could include support for sites to provide clinical supervision, mentorships and preceptorships.

But initially, sites really need good induction training for new staff; so this has become our first phase of work. Recently we’ve received funding to create an online induction program from the Alcohol and Other Drug Treatment Services Unit. This will allow staff to access evidence-based information in a timely fashion when they enter employment in an ATOD service.

The next phase will focus on core skills training which will link with accredited training. Currently many workers enter the sector with little prior alcohol and drug training which can cause variable service delivery across the state. So it was agreed by ATOD services state-wide that regardless of one’s professional discipline (whether it be psychology, social work, nursing or something else), new employees will need to acquire core competencies specific to the alcohol and drug sector.

The final phase will centre on specialist skills training. This will involve enhancing the multidisciplinary approach to our work as well as our specialist areas. We want a workforce that can perform the core skills as well as specialist multidisciplinary skills to enhance holistic client care.

Where would training around engaging and working with young people fit in?

We are currently assessing where this will fit into the mix and what specialist training we can link to. For example, Hothouse’s ‘Bridging the Gap’ training is a good example of specialist training targeted at those working with young people. Part of our job will be to source the best programs from around the state and country, so watch this space!

How will workers be supported during and after completing the training phases?

All of these phases are wrapped around wider professional development opportunities, namely clinical supervision and mentoring. It’s one thing to do training, but how do you know you’ve acquired the skills? We need to ensure the training is supported by high quality accessible professional development opportunities so workers can advance their career in a self-determined way.

Can the non government sector participate in this too?

Yes, absolutely. The NGO sector is important to us and we need to work together to provide education and training opportunities to our entire workforce. We’re currently working with the Queensland Network of Alcohol and other Drugs Agencies (QNADA), the peak body for the non-government alcohol and drugs sector in Queensland. It has been great working with QNADA to develop this model and service the needs of NGOs across Queensland.

Will the training be accredited against any national awards?

At the moment there are no national expectations or mandates around core alcohol and drug qualifications. Although we’re very interested in the progress of training in AOD at the national level, we are also focused on our own Queensland workforce. We recognise that although we share similarities with other states and territories, Queensland has specific geographical, population and workforce issues. So we intend to align to national expectations but have also been consulting within our state sector to establish important standards around induction and core-skills training needs.

What’s the next step for InSight?

Currently we’re creating the induction package as well as a suite of training and professional development packages. Soon we will begin to undertake ‘Train the Trainer’ sessions with spoke sites, to enable each site to roll out their own training relevant to their region’s issues. We will be officially named InSight in 2012, at which point the title Alcohol and Drug Training and Resource Unit (ADTRU) will disappear. It’s exciting times!

Dr. Carla Schlesinger is the Statewide Services Director at QLD Health, Metro North Health Services District, Alcohol and Drug Service.

InSight can be reached via 07 3837 5655 and INSIGHT@health.qld.gov.au



COMMUNITY DOOR NETWORK SPACES

By Jeff Buckley

DO YOU SOMETIMES FEEL LIKE YOUR WORK OVERLAPS INTO SO MANY AREAS THAT IT'S HARD TO KEEP TRACK OF WHAT'S GOING ON? I KNOW WHAT YOU'RE THINKING... IF ONLY THERE WAS SOMEWHERE WHERE YOU COULD KEEP ALL OF YOUR WORK-RELATED PLANNING, EVENTS AND DISCUSSION THREADS IN THE ONE PLACE WITHOUT HAVING TO JUMP BETWEEN 5 DIFFERENT CALENDAR PROGRAMS OR APPS... GRRRR!!!

Well there are a number of ways that technology can support and drive collaboration and workforce innovation, whether it be from supporting your team to communicating across vast distances, or helping you share information and ideas with other managers. The Queensland Council of Social Services (QCOSS) "Community Door" website might just be the answer. Funded by the Queensland Government and accessible to everyone, www.communitydoor.org.au is chock-full of free community sector related information, tools and resources which is constantly updated by the nice people at QCOSS. It even tells you how to set up your own community organisation... in 5 different languages!!!

Of particular interest is a platform within the Community Door site called 'Network Spaces'. 'Network Spaces' provides users the opportunity to share information and communicate in a way that does not needlessly fill e-mail inboxes and allows for open interaction. Think Facebook; minus Farmville and the stalking of ex-partners, or a more community sector oriented version of LinkedIn, without the need to pay for a professional upgrade to really make it worthwhile.

Thankfully, it works just like other familiar social networking platforms. You firstly sign-up an account and establish a professional profile. You then add your bio, some info about your current job(s), some basic contact details and a spunky (corporate) photo and you're up and running. You can also add in some of your professional interests, expertise and objectives. Then you connect up to those 'Network Spaces' that interest you, your work and voila! You're connected! Simple huh?

Worried that all this sounds like a dating site? Don't be. It's a simple professional networking and communication platform (without all of the lying about your income and age and experience and stuff). Dovetail recently signed up to the 'Young People Space' to check out the possibilities and we can already see the potential for using the discussion board and the shared calendar to keep each other informed of what's happening both across the state *and* across the sector. If you're interested in checking out this free statewide resource and using the 'Young People Network Space' to stay connected to various happenings across the youth sector, then check it out!

www.communitydoor.org.au

PEER LEADERSHIP

SINCE THE WRITING OF THIS ARTICLE BOTH LAUREN TRASK AND MARIA MODEL HAVE MOVED ON FROM THEIR ROLES AT AOD SECTOR PEAK, THE QLD NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES (QNADA) AND BRISBANE YOUTH SERVICE (BYS), RESPECTIVELY. BUT SOME MONTHS AGO LAUREN TOOK SOME TIME OUT AS COMMUNICATIONS AND RESEARCH COORDINATOR TO TALK TO MARIA ABOUT ONE OF THE LATEST INVENTIONS AT BYS; THE PEER LEADERSHIP PROGRAM.

How did you come to work at Brisbane Youth Service?

I was after something creative and something that incorporated and supported networking. Things like partnership building and working together are really important so I wanted a position that values training and recognises the impact professional development can have on an individual, the service and even the sector. In March 2009, Brisbane Youth Service (BYS) advertised for an Improved Services Coordinator. They were explicit about the importance of innovation, creativity, and the development of linkages across the wider sector, which were all things I was interested in. The training programs I've had the opportunity to develop over the past two and a half years have made a real difference. It's been an amazing, albeit slightly rocky road!

Tell us a bit about the Peer Leadership Program.

The program was created following extensive research into existing peer based programs in Australia and overseas. It became apparent that there wasn't anything widely available for youth that are at risk. Existing resources mainly targeted schools and school aged children. BYS is renowned for the production of quality resources aimed towards 'at risk' young people. The majority of young people accessing BYS require an innovative approach to learning and BYS is in a position to provide just that. Although there are many similarities regarding the issues young people face, there are a lot of issues that are unique to the young people that attend BYS.

How did clients contribute to the development process?

Young people are often in situations where they can provide support to their peers. They have a knowledge and skill base that we knew we could build upon and formalise and it would also provide young people with the opportunity to become more active participants in service delivery at BYS. So the young people at BYS identified areas of knowledge and skill that *they* would like to see included in the Peer Leadership Program. Basic counselling and communication skills were included so that the young people can support their peers and feel more confident when approached by their peers. Relationships were identified as another big and pressing issue. Young people were often not sure how to react or what to say when someone engages with them around relationship issues. Other topics young people identified for inclusion were managing emotions personally as well as how to support others experiencing strong emotions. Alcohol and other drugs and mental health issues were also common themes that were identified. Evaluations showed that the co-morbidity unit in the Peer Leadership Program was actually one of the most popular and useful components.

Is the program specifically designed for BYS clients?

The Peer Leadership Program was created for young people 16-26 years of age but it could be relevant to any age group because of the topics covered. The Peer Leadership Program is structured around people's experiences and its flexibility allows for as much discussion the group is willing to have. We are now up to the stage of trialling young people as peer leaders. In other words we have graduates of the program participating in the day-to-day running of the BYS Drop-in space and off-site activities.

In an ideal world, can you tell us what would be happening with such a fabulous piece of work?

In an ideal world this program would be used at youth services across the country to support and encourage young people's engagement in the running of their organisations. I would like to see this program being evaluated for use with services that focus on AOD as well as Mental Health and main stream services. To follow on from this program it would be useful to formalise a youth participation package to support organisations in creating their own peer support programs with ideas, documents, policies and so on.

Choose two people you'd like to sit next to at a dinner party. What would you recommend they do to influence the non government AOD sector?

It would have to be Lauren Trask from QNADA! And she can bring a friend as she would know the best person to target! Besides the wonderful company Lauren can bring to the table she might also bring her excellent knowledge of current issues and major players in the sector!

Dovetail has been assured that no payments were made to illicit the above response!

*Brisbane Youth Service
www.brisyouth.org
The Queensland Network of Alcohol and Other Drug Agencies
www.qnada.org.au*

BEING 'LIKE'ABLE

BEN HAMLEY FROM SMART ARTZ
GIVES US A CRASH COURSE IN SOCIAL
'INTERWEBBING'.

'Meaningfully engaged'

Have you seen these words before? Have you ever had this written into one of your project objectives? If you have you might well have looked to social media for the answer to creating a more meaningful engagement. To do this we must turn our attention to education, integration and the context in which social technology can be used. We must understand what being social really means.

Social technology is the backbone of the information age. In the coming years the information we create, share and collect will become the foundation for our new businesses. Social Technology makes it easier to communicate and engage with our audiences and partners around the globe. It is not just about marketing anymore, it's transparent, real-time, relevant information sharing.

Over the last year we have seen the emergence of large-scale collaborative consumption across the globe. The movement has seen people sharing cars, resources, anything really. We must turn our attention to matters a little deeper than 'what is social media?' My hope is that this article can clarify some of the misunderstandings about social media, and give you some strategies for making the most of your future experiments online.

Why? How? What?

Here are some questions to get you started: What is the purpose of your organisation? How can your stakeholders contribute to your business and tell your story with you? And what will be required to do this?

These are the questions we need to ask first. The tools you choose can come later. Don't concern yourself with trying to figure out



what to share first. Start with understanding which part of your organisation will be shared and why you want to make this connection available. The reason for this should be communicated in the content you choose to share. Don't be afraid to be explicit when describing your purpose for sharing information. If you want comments, ask for them. If you set clear expectations then you will face fewer problems in the future. Once you're clear on *why* you're sharing you can start to consider which platforms will work best for you and whether you need to build additional programs or 'apps' to generate the contacts and content you're seeking.

Be 'Like'able

We often get so carried away by the alluring reach of 'how many friends we have' and 'getting people to like us' that we sometimes forget to do anything that will have any impact on the people who are already there. Everyone has an equal opportunity to be heard on social media so you'll need ambassadors if you're going to stand out. Make some friends (I'm not going to explain how to do that!) and begin generating some conversations and stories.

Connect offline to online

Generating original content is a very expensive task (and writers always seem to have a worrying depressive tendency!). But there is still hope! Whether you are at a conference, a meeting, or an event; whenever you are working with more than one person at the same time you have an enormous capacity to generate content. Platforms such as Posterous (<http://posterous.com>) allow whoever you are working with to e-mail content directly to a blog, that you can moderate, before it is automatically posted to your other platforms (Facebook, Twitter, etc). This works particularly well if you are posing a question or brainstorming new ideas. (See bottom right to participate in a related social technology experiment!)

When you connect your online audience to your offline work they will feel as though they are authentically connected to the real work that you do. This builds trust (through transparency) and rapport (through experience). This is also true in reverse; your offline collaborators who generated the content will feel ownership over their contribution when it is posted online and will be much more likely to refer their friends to your page.

Be consistent and surprising

Social media performs at its best when you set expectations and enforce them. Consistency is key to any social strategy for one almost counterintuitive reason. When you are sure that you know what your audience is expecting, you can surprise them. And the more disruptive the event, the more likely it is to be shared sooner and with greater emotional intensity (Rimé, 1998). Just make sure it's a pleasant surprise!

Also when planning your policy or strategy, make sure you clarify your tone of voice. Are you talking as your organisation? Or as a spokesperson for your organisation? It should be obvious. If it's not, make it obvious.

Empower individual stories

Communicate your purpose well and allow people to aspire to it. The most powerful examples of using social media have come from organisations that embrace their audience and let users create the content. In Australia, organisations like Hello Sunday Morning (HSM) have been entirely built by the content of the users of their website. HSM was built up from one person, to a community of over 2260 users and a total of over 1,000,000 words in blogging, all using Wordpress, Facebook and an idea.

Viral videos are often held up as one of the hallmarks of the social movement, clocking up millions of views, sometimes over night. But outside of 'cats doing funny things', the most brilliant executions of 'social video' have come from brands that empower (or just allow) their audience to participate in creating the content. (Search YouTube for 'Old Spice man internet responses' to see what I mean!)

So - what does the future hold?

Harnessing Chaos

We're long past the point where social media can be 'controlled'. As we move towards a world where ubiquitous computing is becoming commonplace, the amount of information we generate, consume and require for our day to day business will become immense. Our real world life

is becoming more closely intertwined with the digital world every day. Ray Kurzweil* believes that by 2025 we will arrive at a point where human intelligence merges with machine intelligence. Wild predictions aside however, the communities in which we operate online, whether we are using social media or not, are just as present in the real world. We must never forget that.

In the future, curating the right information, sharing efficiently and putting information into context to disseminate knowledge will be one of our greatest challenges.

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* Ray Kurzweil is an author, inventor and futurist known for advocating life extension technologies and other futurist issues.

Ben Hamley is a Project Manager at Smart Artz and was one of the Foundation For Young Australians' 'Young Social Pioneers' in 2011. www.smartartz.org.au

EXERCISE!

Here's an example of how you can help your audience contribute. Because I work for a youth-led creative agency, I want to know what challenges you face in communicating with young people.

Its simple - finish this sentence...

Step 1: "I want to know what young people think about...."

Step 2: Send this question in an email to **dovetailsocial@posterous.com** (include your @twitterusername in the subject line of the email for bonus points! - I'll send a tweet about your question from <https://twitter.com/#!/BenjaminHamley>)

Finally visit <http://dovetailsocial.posterous.com> for more details and the results!

ARAM BARRA

CHATS WITH JEFF BUCKLEY ABOUT HIS WORK AT ESPOLEA AND THE EMPLOYMENT OF MODERN COMMUNICATION STRATEGIES.



Dovetail Qld - Hi Aram congratulations on being the first friend in Dovetail's Google+ circle! You're just like Tom from MySpace! :O)
21 Oct 2011



Aram Barra - XD It's my absolute pleasure! 21 Oct 2011



Dovetail Qld - Can you tell us a little about your job and the organisation you work for? 21 Oct 2011



Aram Barra - I work for a youth-led organisation based in Mexico City called Espolea that works with young people in the defense of human rights across Latin America. We focus on three permanent agendas: gender equity and equality, HIV and AIDS, and drug policy and harm reduction. My job is to supervise all three permanent programs and direct the drug policy program. So my time is spent on research and analysis, delivering workshops, public speaking and generating spaces for young people to express opinions regarding the subject. It is a lot of work, but it is fun and I genuinely think it assists in voicing the needs of the most affected communities of young people... and that makes it all worth it!
23 Oct 2011



Dovetail Qld - That sounds like a big job and one with an endless amount of possibilities and challenges. What is the current situation in Latin America in relation to drug policy and harm reduction? And what are the current rates of infection for HIV / AIDS? 22 Oct 2011



Aram Barra - Often Latin America is seen as the region leading a shift in the drug policy paradigm that has ruled much of the world for the past 100 years or so. I wouldn't necessarily be that optimistic, yet it is true that there are several countries taking steps towards abandoning this old regime and opting to face the drug phenomenon with different and often innovative approaches. Harm Reduction is a debate that has become quite polemic amongst regional experts. More and more we are seeing projects implemented (many of them youth led) that are experimenting with 'harm reduction strategies'.

Young people in Colombia and Mexico have developed interesting experiments applying harm reduction in party-scenes and in Brazil there has been a very successful harm reduction program for crack users in Rio's favelas*.

This is particularly interesting when you bring it back to the HIV debate. The UNAIDS's regional head, Dr César Antonio Núñez, has shared with me in an interview, their interest as a UN program to develop further work looking at the correlation between *any* drug use and HIV. It is estimated that among 18 reporting countries in the region, there were approximately 1.4 million people living with HIV and AIDS at the end of 2009. Of these an estimated 92,000 were newly infected during 2009 and an estimated 58,000 people died of AIDS. Almost a quarter of people living with HIV are under the age of 25, and young people aged 15-24 represent 45% of all new HIV infections. In Latin America and the Caribbean, about 420,000 young people are HIV-infected. Brazil, the region's most populous nation, accounts for about one third of HIV infections in Latin America. Unprotected sex between men remains an important factor in the pandemic, as well as sex work, migration and of course, drug use.

**Stats are from UNAIDS 2007, 2008 and 2010. 23 Oct 2011



Dovetail Qld - Your work context is super complex, particularly as it covers such a large region, crosses country boundaries and population groups and engages right across the political spectrum. What have been your most significant learnings personally since being in this role?
24 Oct 2011



Aram Barra - The context is indeed complex. I think my biggest learning so far has been regarding collaboration. Latin America is a very large region with humongous populations. Young people account for up to 20% of the total population with a growing tendency. These young people are diverse. Some are politically active and some are not, some have access to the internet and some do not. They differ in indigenous background, sexual identity and gender, migration, and whether they have a job and are in a working union or not, whether they form part of *any* type of community based organisation or not. It is a very diverse population. Yet it is through collaboration that we can construct common spaces with focused political agendas and, more importantly, particular actions.

In general, Latin Americans love to debate politics and this is a key step towards collaboration. A second learning is that we need to maintain a constant and informed debate. Sometimes these dialogues may be disrupted by several factors including distance and time. A third learning has been to make the most out of information and communication technologies and complement these with face-to-face meetings and actions whenever it is possible.

25 Oct 2011



Dovetail Qld - Interesting that you identify collaboration, ongoing debate and use of communication technologies as key ingredients to your work. They all inter-relate so closely don't they? When we first met you at the Drugs and Young People Conference in Melbourne we were impressed with your use (and integration) of a range of technologies. Can you tell our uninitiated readers about these platforms, how you use them in your work and about any other programs or applications that you find really useful?

(PS: "Humongous" - Love it! Haven't heard that word in ages :O).
25 Oct 2011



Aram Barra - He he he. They inter-relate and work together quite effectively indeed! I am no expert in the matter but I would perhaps define social networks as key for social activism because: they allow you to host your own information or other media (independence); they permit you to maintain constant communications with partners regardless of distance (strategic communication or dialogue); they encourage that you share experiences, best practices and other strategic information (collaboration) and finally; they allow you to create pressure groups upon which to push politicians or other decision makers towards a particular goal. In this sense Avaaz.org and Change.org are interesting new platforms that represent huge advocacy efforts at a global scale.

At Espolea we use networks indistinctly. It really is all about who likes what network personally and we take it from there. Personally, I enjoy how easy it is to keep contacts in Facebook and thus I keep contact with a lot of people around the world without having to e-mail them all once every two months or so. Twitter, on the other hand, I like for its immediacy. I regularly use it to reach out to more people faster or to learn from what is happening in x or y meeting right away. It is also how we often report live from conferences or other political venues to the rest of our team. The best thing about these though is it keeps me company at all times of the day! Of course this last point may awaken several critiques on social networks. I have heard many of them. However, my main argument is we need to think of all these networks as tools that help us in our work or in our relationships and not as a nostrum that will solve all our problems just by existing.

25 Oct 2011



Dovetail Qld - Where do you think this new technology is heading? What's the next big thing?

27 Oct 2011



Aram Barra - Twitter is pretty cool because it allows direct communication with people. This is particularly relevant for advocacy efforts as you can contact a politician, decision maker or even a news editor or reporter directly and skip other bureaucratic paths that either take longer or lose the key message along the way. However, this probably won't last forever. As more people join the network, the more "noise" there is, which can interfere with getting your message across. When that happens, something else will come in and work in the way Twitter currently works.

There are hundreds of other networks and platforms that are born and die everyday. The focus and means of communication between them change as well and depending on your purpose and your target group, you will communicate in different places. I currently use Facebook, Twitter, Instagram, Google+, WhatsApp, Foursquare, Viber, Airbnb, Flickr, Tumblr, LinkedIn and Orchestra. I find that in each of them people see/read/write according to different interests or purposes. Thus, I have friends on Instagram that I do not have on Facebook, or I collaborate through Orchestra with teams that don't necessarily have Twitter.

28 Oct 2011



Dovetail Qld - Sounds like a very pragmatic approach!

Have you got any final advice for any worker or service that wants to use social media in their work with young people but doesn't know where to start?

28 Oct 2011



Aram Barra - Jump in and play around, they don't bite! While it is true that age might be an initial obstacle towards understanding how to work a particular platform, I have seen many 'adults' out there that are way more proficient than I am in exploiting every bit of digital space. Practice makes perfect. There is a book that just came out some weeks back called 'Digital AlterNatives with a Cause' which may be downloaded for free here <http://bit.ly/pU64At>, although I think it is also worth to try to get it physically. It is a good compendium of ideas for action and how to connect for a social cause :)

29 Oct 2011



Dovetail Qld - I've looked into that and the research shows that over 60% of Twitter and Facebook users are over 35 year of age, and that the main users of Twitter are in the 35-44 yr age bracket. So there's no excuse in saying that they're just spaces for young people! I've really enjoyed chatting with you Aram, sounds like you've got a really interesting and challenging job. Many thanks Aram from the Dovetail team, hasta luego!

31 Oct 2011



Aram Barra - Thanks for the chat :)

31 Oct 2011

*Aram Barra is a Program Director for Espolea
www.espolea.org*

THE WHITE STUFF

THE RULES OF THE FUTURE

As a high school student I was introduced to a harsh and foreign land called The Future. On reflection, I understand the farce was an attempt to push me in the direction of good choices, but for my already avoidant and anxious personality it was an acquaintance that did me no favours.

"The Future," I was told, "Is governed by a very rigid, very narrow rule set. It is unavoidable, inescapable and relentless. Its governance is absolute."

The first rule of The Future states that the choices you are making today, the actions you are taking right now, create the parameters within which you will enjoy or endure your whole existence. You are laying the foundations of your entire life—you are creating your experience of forever. And the second: Get it right. You only have one chance.

Of course, the general thrust of this code is good advice. The general thrust of it suggests an awareness of consequences. It wants everyone to look ahead and work towards the image of life that will be most fulfilling. But as a sinister prophecy it can lead to total catatonia.

Under the auspices of my bitter future, I was tempted to drop out of school on a weekly basis between 2003 and 2005. It was The Future that overwhelmed me and The Future that led me to question my long-term plans. When my peers chose to pursue business instead of art, it was The Future they bowed to. When they were caught misbehaving and gave up thereafter, it was The Future they thought they were avoiding.

I suspect that very little has changed.

Between October and December, I get e-mails from all sorts of young people asking what to do next. Most of my pen pals ask about journalism. They want to know if they have what it takes. They want to know what the competition is like, what the turnover rate is like, how easy it is to keep the job week in, week out. They are weighing the costs and the benefits of investing. They are mitigating risks where they can. They're very seriously trying not to ruin their whole life with the wrong choice. And they're usually panicking because they've realised their brief is to make an adult decision for an adult existence, with only a childhood and adolescence to inform it.

They say things like, "Which university will get me into journalism?" or, "I want to write but I don't know if I want to be a journalist, who else can you be if you're good at words? I need to know by tomorrow!"

Sometimes they don't care about journalism at all, they just write because they know I will write back. The most revealing e-mail I received said, "I don't know what to become." And this is the question we need to stop forcing on everyone, regardless of age, but particularly our very precious and impressionable younger kin. It is so important that we temper messages of ambition and aspiration with realism, not the bleak and desperate realism people seem to favour, but the stuff grounded in the reality of genuine possibility.

It's critical that we—as educators, parents and, I'll go there, society in general—stop creating this false burden for adolescents. It is critical that we stop trying to control their success and shape their plans. We need to change the model. We need to be telling them not to "become" anything. We need to be telling them to BE, right now, whoever it is that feels right—to spend their time doing the things that electrify them and innately push them on, regardless of the most likely job titles and the QTAC deadline. We need them to know that an organic approach that follows their interests is the one that will lead directly to their personal summit.

At the moment, we're wasting time. We're wasting valuable resources. Instead of fixating on which section of the battalion these kids can fit into in the future, instead of intimating to them that there's some list of pre-requisites for success in the real world, we need to be dealing with what's authentic and what's present. We need to be showing them how many paths there are to take, especially for those nurturing a passion, not insisting that they just hurry up and choose the "right" one.

I spend a lot of my time trying to undo the messages people have given to young adults. I toil and toil to un-do a lot of the hard work perpetrated by the well meaning and misguided. I invite you to join the cause, though I imagine many of you are already there. The key message here is not to get in line, not to act now, not to worry about the future and feel defeated when mistakes are made today. The key message here is the truth: There is no time sensitivity to discovering your fire. There is no immediate

"The Future," I was told, "Is governed by a very rigid, very narrow rule set. It is unavoidable, inescapable and relentless. Its governance is absolute."

need to unlock your future, and certainly no legitimate way of forcing it out the night before your preferences go to the big university database in the sky.

The real world is not a stark, merciless landscape of cold winds and jagged edges. It's a wonderland. It takes the blunt shapes and drab palettes of school and peer groups and adolescent anguish and it maims them. It ruins and destroys them. The uniformity ends. The real world is hyper-coloured. It's built around a confusing swirl of fractals. It is an explosion of options and possibility and hope. It is the spiritual homeland of destiny, not disaster. That's The Future we need to introduce. That is The Future my peers and I would have benefitted from knowing as we faced the stresses of QCS and unfortunate hormone imbalances and the constant savagery of mathematics assessment.

Consequences are important things for young people to understand, certainly. But manufactured fatalism? Unforgiving lines on a map? That shuts a lot of brains down. It shuts down struggling brains, it shuts down brilliant brains, it shuts down the logical mind and the creative mind. Even when it prompts good outcomes, it can stunt growth.

So again, join me. Undo the work of those with good intentions but heavy hands. Remind everyone around you about all the chances they have today. Tell them there is no real pressure, no prescribed path. The only rule is infinity.

Meg White is a young, full-time journalist, regular contributor to the Dovetail Magazine and sub-atomic force of angst.





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