Many health facilities treating an ever-increasing number of poly-substance users are experiencing the frustration associated with under-reporting of substance use by patients. For many patients the under-reporting is linked to an unwillingness to admit the extent of their addiction or dependency, others are shameful, but it is becoming more apparent that for many the issue is more one of normalisation and a perception that their use is average.

Several assessment tools such as AUDIT and ASSIST provide valuable information on what substances are being used but this information and results are rarely available in real-time or directly utilised in direct care-planning. Fairfax Media has partnered with the Global Drugs Survey, created by Adam Winstock, a Consultant Addiction Psychiatrist and researcher based in London, in an effort to build a snapshot database of substance use throughout Australia. It is hoped that this will provide a comparison with global use.

Dr Winstock said last year’s survey was responded to by approximately 15,000 people globally and supported the under-reporting, confusion and dishonesty. The survey found that almost 40% of respondents did not acknowledge the impact of their substance use and over 20% believed their drinking patterns and usage was average or less than average.

It is hoped that by providing a globally-accessible survey a more comprehensive understanding of substance use and patterns can be developed instead of focusing on information obtained from a much smaller and restricted group who are often both sick and disadvantaged. The Australian Institute of Health and Welfare has released a report showing that almost 50% of the drug treatment episodes in 2010 to 2011 were for alcohol problems, and had increased by 145,600 treatment episodes in one year.

The survey asks a range of questions about use of specific drugs, what happens if you are caught with them, new drug trends and the consequences of drug use. It will also ask about the short- and long-term benefits and harms of different drugs.

Drugs covered by the survey include cocaine, ecstasy, cannabis, ketamine, mephedrone, alcohol, tobacco, "legal highs" and prescription medicines such as temazepam and opioid painkillers.

The survey does not require personal details and is electronically secure. It takes approximately about 20 to 25 minutes to complete.

A President’s Perspective

Welcome to DANA Unwrapped!

With 2012 all but gone it is timely to acknowledge, and reflect on, some of the achievements of DANA over this last twelve months - before we look forward to 2013.

The organising of the annual conference immediately comes to mind. It was great success. Thank you to the conference organising committee, led by Ros Burnett, for the time and effort that they put into providing this conference for us.

And, thank you to everyone who participated in the DANA Satisfaction Survey earlier this year. If you haven’t already done so, visit the DANA website and read the results of the survey. Search for “DANA – Remaining Relevant to the Future Needs of Members” or scroll back through DANA News until you find the article.

So far we’ve been able to address several issues raised by DANA members. The process for welcoming new members into DANA has been reviewed and revised with new membership ‘packages’ being introduced in September. We’ve also put some Key Performance Indicators around the process to make sure that new members connect with DANA and reap the benefits of membership as quickly as possible.

Credentialling also emerged as an issue. A further survey was undertaken in September and demonstrated overwhelming support for DANA to move forward with this project. I should add that those people who were not in favour of the project also provided really useful feedback with some cautions that we’ve taken on board. Thank you to all participants. A working party and Credentialling Advisory Committee is being formed as I write.

“Networking” and “Professional Development” are really important to DANA members. To make sure that all DANA members have this opportunity, whether they live in Darwin or Dunedin, we are establishing a working party to get our own members-only moderated forum off the ground. Keep an eye on the website for more information about this in 2013.

Did you know that DANA is also a member of, and active participant in, several allied organisations e.g. Coalition of National Nursing Organisations (CONNO), Nursing Advisory Committee (NAC), National Alliance for Action on Alcohol (NAAA), Australian Professional Society on Alcohol and Other Drugs (APSAD). We also have partnerships agreements with several of these organisations and also with Alcohols and other Drugs Council of Australia (ADCA), and most recently with the Addiction Practitioners’ Association, Aotearoa-New Zealand, DAPAANZ. These relationships mean that DANA members are able to access a range of professional development activities at special rates.

DANA has also been an active contributor to the policies that affect treatment. The DANA ‘voice’ has been heard in various submissions such as the response to the “Victorian Alcohol and Other Drug Treatment Principles” consultation paper, the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Foetal Alcohol Spectrum Disorder, Drug and Alcohol Services of South Australia Acute Sector Drug and Alcohol Protocols and New Zealand’s “Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012 –2017”.

DANA is also pleased to endorse “Alcohol, Tobacco and Other Drugs: Clinical Guidelines for Nurses and Midwives” Version 3, 2012 edited by Charlotte de Cresigny and Jacky Talmet, both DANA members.

The Standards Expert Reference Group (SERG) completed Stage 2 of their work resulting in the DANA Standards and Competencies document; with country specific documents for Australia and New Zealand. This work will be integral to the development of a DANA credentialling program.

We were especially delighted that the DANA application to the national nursing consortium: practice standards endorsement committee for recognition of the Aotearoa New Zealand Addiction Speciality Nursing Competency Nursing Competency Framework: a knowledge & skills framework for nurses working in the addiction treatment specialty (January 2012) was successful.

Thank you to Jane Dowling (Western Australian Representative) for continuing to provide us with DANA Unwrapped! Thank you to the entire Management Committee of DANA who willingly volunteer their time for the benefit of us all. And finally thank you to everyone for their ongoing support of their DANA colleagues.

Be sure to join us from the 19th to the 21st of June 2013 at the annual conference to be held in Auckland New Zealand. We are delighted to be partnering with Te Ao Maramatanga, the New Zealand College of Mental Health Nurses for our first off-shore venture and the 1st Australasian Mental Health and Addiction Nursing Conference. Submissions for abstracts have already opened. Find out more by visiting http://www.danaonline.org/ and clicking on ‘conference’

Please keep checking the DANA website and newsletter for updates.

Wishing you a safe and happy Festive Season!

Colleen Blums
DANA President
Prevalence of Low-Level Mental Health Disorder

Mental health problems and alcohol are often interrelated and few seek help from health professionals early in their illness (Whitford and Groves 2009).

The emergency department (ED) has been identified as a high yield setting for alcohol screening (Babor et al 2007). It is probable many people who present to ED (usually for a somatic injury/insult) with mental health and alcohol use comorbidity will not be detected; and most attendees will be discharged with no follow up or after care. It is likely that for some, their mental state will deteriorate further, with consequent increased use of alcohol and other substances resulting in significant health deterioration and increased morbidity.

An exploratory study was undertaken at a public Brisbane hospital ED between February and May 2011 to measure the prevalence of low level anxiety and mood disorders, risky alcohol consumption (non-dependent) and its comorbidity in attendees. Mental health data were collected using the Kessler non-specific psychological distress scale (K10); and alcohol consumption was measured using the Alcohol Use Disorders Identification Test (AUDIT). Of the total sample of 708 participants, the results showed 19.5% were affected by moderate/high non-specific psychological distress; and 35% of the sample consumed alcohol at hazardous and harmful levels. Of those in our target group with moderate/high physiological distress, 58% were found to consume alcohol at hazardous or harmful levels.

The results from this study suggest the prevalence of mental health disorders is higher in the ED than found in the general population. Also, the K10 scores found in our sample were higher for all gender/age groups than those found in the 2007 Australian National Survey of Mental Health and Wellbeing (Australian Bureau of Statistics 2008). Most patients with a psychiatric disorder traverse the emergency health system undetected (Saliou et al 2005) and in a majority of cases the presence of a psychiatric disorder is only revealed through systematic assessment of all patients. Arguably, if those people who present to ED who have low level psychological distress +/- non-dependent at-risk alcohol consumption are identified early and provided with follow up care and support, health improvement can be enhanced and further deterioration maybe prevented.

References

By Petra Lawrence and Paul Fulbrook

DANA gratefully acknowledges permission from the ANJ to reproduce this article which appeared in the ANJ September 12 volume 20 number 3.

Petra Lawrence is a Queensland DANA member

Petra Lawrence is a PhD Candidate and Research Assistant in the Nursing Research and Practice Development Centre at The Prince Charles Hospital in Brisbane

Paul Fulbrook is a Professor of Nursing, Deputy Director in the National Centre for Clinical Outcomes Research at the Australian Catholic University and Nursing Director Research and Practice Development in the Nursing Research and Practice Development Centre at The Prince Charles Hospital in Brisbane

Page 3
As we know from our work addiction is a significant health and social problem. Perhaps we didn't know that it is also one of the largest preventable causes of disease globally. Neuroscience promises to:

- revolutionise our understanding and ability to treat addiction;
- lead to recognition of addiction as a 'real' disorder. Quoted often of late “addiction is a brain disease, and it matters” (Alan Leshner National Institute of Drug Abuse 1997);
- help provide medical treatment, reduce stigma and with it discrimination.

However, neuroscience raises numerous social and ethical challenges:

- If addicted individuals are suffering from a brain disease that drives them to drug use, should we mandate treatment?
- Does addiction impair an individual's ability to consent to research or treatment?
- How will neuroscience affect social policies towards drug use?

This book, Addiction Neuroethics, addresses these challenges by examining ethical implications of emerging neurobiological treatments, including: novel psychopharmacology, neurosurgery, drug vaccines to prevent relapse, and genetic screening to identify individuals who are vulnerable to addiction.

This is essential and compelling reading for academics, clinicians, researchers and policy-makers in the fields of addiction, mental health and public policy.

Adrian Carter is NHMRC Postdoctoral Fellow, Addiction Neuroethics Unit, UQ Centre for Clinical Research, The University of Queensland, Brisbane, QLD Australia.

Wayne Hall is MHRM Australian Fellow, Addiction Neuroethics Unit, UQ Centre for Clinical Research, and at the Queensland Brain Institute, The University of Queensland, Brisbane, QLD Australia.


DANA is delighted to endorse “Alcohol, Tobacco and Other Drugs: Clinical Guidelines for Nurses and Midwives. Version 3. 2012”.

There is a long history behind this resource, throughout which DANA members have been involved. In 2000, under the leadership of Charlotte de Crespigny, the Flinders University School of Nursing and Midwifery and Drug and Alcohol Services Council (DASC) were given permission by NSW Department of Health to build on their NSW package titled: Alcohol and other drugs, policy for nursing practice in New South Wales: clinical guidelines 2000-2003, June 2000. The SA package was subsequently developed and published by Flinders University and DASC in 2003, titled:


This package was funded and distributed widely by SA Health/DASC. It was officially launched by SA Minister for Health, the Honourable Lea Stevens, at the First International Alcohol, Tobacco and Other Drug Nursing and Midwifery Conference: ‘Making the World of Difference’, convened by DANA and Flinders University School of Nursing and Midwifery, Adelaide, April 2003.

Subsequently the SA package was acquired by WA Health, NT Health and Tasmanian Health Departments, and has been widely used since.

A revision of the Clinical Guidelines was initiated by SA DANA members, Jacky Talmet and Charlotte de Crespigny. Following extensive review by clinical experts Version 3 is now available electronically through the DASSA website - professional resources page www.dassa.sa.gov.au and through the DANA website.

Thank you Charlotte and Jacky!
Samaritans Purse Operation Christmas Child

Operation Christmas Child is a unique project of Samaritan’s Purse that brings joy and hope to children in desperate situations around the world through gift-filled shoe boxes, It provides an opportunity for people of all ages to be involved in a simple hands-on project that has the power to transform children’s lives. In 2011, Australia and New Zealand delivered almost 300,000 gift-filled shoe boxes to South East Asia and the South Pacific. This year the number of shoe boxes from Australia and New Zealand will reach 3 million. A total of 15 Samaritans Purse Shoeboxes of Love have been donated by DANA South Australia members and sent to the distribution centre at Holden Hill. Thank you DANA South Australia and well done.

Save The Date….New Zealand Awaits

DANA members in South Australia were treated once again to a remarkable professional development session on Tuesday 2nd of October at the Lion Hotel North Adelaide This event was generously sponsored by Reckitt Benckiser. The inestimable Bernie Cooper was the master of ceremonies and did a great job of filling in for State Representative, Trish Gibbs, while Trish was representing DANA at the Australian College of Mental Health Nurses Conference in Darwin. The first stellar guest speaker for the evening was Michael Wallace, Nurse Practitioner Candidate and Clinical Nurse at Eastern DASSA. He gave an illuminating and inspiring presentation on the Role of the Nurse Practitioner in Drug and Alcohol Services South Australia. Michael described the pioneering journey that he and other Nurse Practitioners in other states have made and are making. While it has not been an easy process, the benefits in time for Drug and Alcohol Nursing as a whole will be major. The second stellar guest speaker for the evening was Dr Rose Neild, Senior Consultant at Northern DASSA. She presented on Working with Mothers with Substance Use Issues. In the presentation, Dr Neild made a complex area easier to understand. Her overall message was the need for empathy and understanding when working with this population, and this was well received by the audience. In addition, Mignon Augustaczak Clinical Liaison Specialist from Reckitt Benckiser presented an update on the introduction of Suboxone film. The evening was well attended by 25 members, the cuisine was unsurpassed and the presentations were fascinating.
Wanting to further explore a trend that emerged in the DANA Satisfaction Survey conducted earlier in the year, in September 2012 DANA ran an on-line survey to determine if DANA members (and non-members who chose to participate) were interested in Credentialling for Drug and Alcohol nurses. Participants were invited to share their comments and ideas.

Some of the questions that were asked included:

- Are you a DANA member?
- Do you consider a credentialling program for Drug and Alcohol Nurses as being important?
- Do you consider that a credentialling program would be of benefit to you?
- Before committing to participate, what specific questions would you like answered about the proposed DANA credentialling program?
- Would you be prepared to volunteer to be a member of a special interest group to develop this process on behalf of DANA?
- What should be included as part of the credentialling process?
- What type of clinicians/roles would you see making up a committee that assesses applications for credentialling by DANA?
- Who should be invited to be a part of the DANA credentialling committee?
- The results of the first four (4) questions asked in the DANA Credentialling Survey (2012) have been summarized. You will find the document on the DANA website [http://www.danaonline.org](http://www.danaonline.org) under the tab labeled ‘publications’.

All responses (positive and negative) are reported verbatim. Regardless of whether a response favours or opposes credentialling, it will be taken into consideration in order to ensure that a future DANA Credentialling program is developed in line with best practice, knowledge and experience, and meets the needs of participants.

Many thanks to all of the nurses who shared their views in the 2012 DANA Credentialling Survey.

You’re feedback is important to us. We will keep you informed about the next steps to be taken.

Troubled by emails going to your spam folder?
Be sure to the DANA email address (dana.mail2access@gmail.com) to your contact list. This will prevent DANA emails going to spam.
Addiction Nurses Seminar Series
“The Journey to Advanced Practice in Addiction Nursing”

Following on from the three successful seminars held to date this FREE 1 day event is next to be held in Auckland:

Friday December 7th 2012, 9.30am - 4.00pm
Awhina Conference Room, Waitakere Hospital Site,
Lincoln Road, Auckland

Awhina Campus and Conference Centre maps

This one day seminar is open to all nurses working in the addiction field.

The aims are to foster relationships, enhance skills, encourage advanced practice and nurse practitioner development, share journeys and ideas for enhancing skills, hear about new and planned initiatives and explore career opportunities.

Invited speakers include:
Daryle Deering - “Pathway to advanced practice: How can the Addiction Nursing Framework help”
Steph Anderson and Moira Gilmour - “Insights from within the expanding role of AOD nursing”
Victoria Oliver - “Where am I on the addiction nursing pathway?”
Louise Leonard - “Nurse Practitioner - Alcohol and Other Drug - what is involved”

We invite other nurses to showcase their work.
Please contact Elly Richards (Elly.Richards@waitematadhb.govt.nz) and/or Klare Braye (klare.braye@matuaraki.org.nz) to arrange this

To register on-line click on this link Registration - Nurses Seminar
If you have any problem registering contact patricia.rainey@matuaraki.org.nz
Registrations close one week prior to each event

Certificates of attendance and dapaanz credits are awarded at completion of the day for professional development and recognition portfolios (PDRP)
Alcohol Dependent Patients

Title; Alcohol Dependent Patients with repeat admissions to hospital: who are they and why do they keep returning?

Key words: Alcohol dependence, repeat admissions, in-patient management, discharge planning, treatment barriers

Authors: Mr Darren Smyth, Dr Stefanie Leung PhD and Professor Robert Batey

Background
Alcohol use disorders are one of the leading causes of morbidity in Australia. The impact is wide-ranging and extensive, resulting in considerable burden on both the individual and on the healthcare system as a whole. In general hospital settings, alcohol dependent patients account for a high proportion of all admissions and are often frequent users of inpatient services. However, despite repeated access to hospital services, patient outcomes do not appear to improve.

Aims
This study aimed to retrospectively characterise patients repeatedly admitted to Royal Prince Alfred Hospital, Australia, with an alcohol-related diagnosis, and to quantify the financial cost associated with these frequent admissions.

Methods
Hospital discharge data was used to identify patients with an alcohol-related admission to Royal Prince Alfred Hospital (RPAH), Australia, on ≥3 occasions between January 1st and December 31st 2009. Three or more admissions per year to a general hospital was deemed an appropriate marker of extensive disability related to alcohol use. Information regarding patient demographics, cost weightings, specialty medical teams, diagnoses and procedures ordered was collected.

Results
1337 alcohol-related admissions to RPAH were recorded during 2009, with 74 patients admitted ≥3 times. Patients with repeat admissions were significantly older (mean age = 50 vs 42 years) and had significantly shorter stays in hospital (mean length of stay = 5 vs 7 days) than patients with discrete admissions. Drug and alcohol assessments were conducted in only 31% of all repeat admissions, with poor compliance (< 50%) by the most common admitting teams (Emergency, Drug and Alcohol, Psychiatry and Gastroenterology). Subsequently, alcohol dependence was identified in only 51% of all admissions. The total cost to the hospital for care of the 74 patients with repeat admissions during 2009 was in excess of one million Australian dollars.

Conclusion
Alcohol abuse and dependence continue to be poorly identified and managed in hospital admissions. Widespread implementation of in-depth drug and alcohol assessments for all alcohol-related admissions could prove an invaluable tool for appropriate care formulation for and case management of chronic alcohol dependent patients.

DANA gratefully acknowledges permission from the ANJ to reproduce this article which appeared in the ANJ September 12 volume 20 number 3.

Darren Smyth is the NSW Regional DANA Representative.

A Course For Inspiring Leaders

Be inspired and inspire others with the knowledge and confidence this online course provides. The Graduate Certificate in Leadership and Management consists of four subjects studied over two semesters by Distance Education, with support from your tutor. Active learning includes online activities and networking with colleagues.

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Graduate Certificate in Leadership

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1800 26 55 343
www.nursing.edu.au
If you haven’t done so, take some time to explore the NPS MedicineWise Australia website.

MedicineWise is an independent not-for-profit organisation so you know that you are getting unbiased information. There are sections on the website for individual consumers, health professionals and those interested in research.

The extensive information available for nurses include a monthly *Nurse Update*; a digest of evidence-based information. Examples of information in a recent issue:

- program on type 2 diabetes including case studies, and links to further information
- details about how to register for a Type 2 diabetes webinar for nurses
- cough and cold medicine warning for children
- Nursing Insight Group
- new medication safety (online) learning program
- latest issue of *Australian Prescriber* featuring Long-acting beta2 agonists, the medical management of endometriosis and the management of cystic fibrosis in adults.

There are also Drug Use Evaluation (DUE) kits to promote best practice in aged care. Of particular interest:

- Opioid therapy for chronic pain
- Laxatives in chronic constipation
- Hypnotic medicines for the management of insomnia

You will also find special resources for nurse practitioners. Based on Quality Use of Medicines principles, these modules will support nurse practitioners in selecting the most appropriate treatment in consultation with their patients and assisting them to using their medicines safely and wisely.

NPS collaborate and consult with industry experts and internal and external content experts to produce quality online learning resources for health professional students and practicing health professionals. These resources promote and support quality use of medicines.

The full extent of the resources available is too extensive to list. You need to explore the website, but be warned you could spend hours doing so!

http://www.nps.org.au/
Winner announced
I am sure everyone would agree that the 2012 conference was a fantastic event. The presentations were thought provoking with the presenters themselves full of energy and passion.

We hope that you took away useful information that you have been able to apply in your work environment.

A big congratulations to Jeanne Dwyer, from Joseph’s Corner in Victoria who has won a free registration to the 2013 conference. The lucky winner was drawn from entries that were submitted by completing the 2012 conference evaluation form.

It’s hard to believe that we are already in planning mode for the 2013 event. We were thrilled to get over 100 evaluation forms. The feedback from our 2012 delegates is already helping us plan for the 2013 event.

Save the dates – 3-5 June, 2013
Keen to attend next year’s conference? Mark these dates in your diary now 3-5 June, 2013.

More information will be released by October. But we can tell you that it will be held in Brisbane with the venue soon to be announced.
In the meantime check out our website.

2012 presentations
The 2012 speaker’s presentations have now posted on the website at http://www.winterschool.info/

Stay up-to-date
We hope that our regular email updates provide you with information that you can share with your colleagues and other sector stakeholders.
Those interested can subscribe to our e-newsletter by visiting http://www.winterschool.info/
A Safe Festive Season Surprise
Virgin Strawberry Daiquiri

The perfect drink for a hot summer day, a virgin daiquiri (strawberry or whatever fruit suits your fancy) is tangy and thirst-quenching. Plus, because it's fruit-flavored and blended, you're less likely to notice the missing alcohol. Go for fresh strawberries over frozen; the flavor will be much better.

**Ingredients:**
- 30 mls fresh lime juice
- 150 grams frozen strawberries in syrup (or fresh, if available)
- Cracked ice

**Preparation:**
Fill a blender with cracked ice. Add lime juice, strawberries, and sugar. Blend until smooth, then pour into a chilled glass. Garnish with a licorice stick, or an extra strawberry (if you have one) or an orange slice.

Non-alcoholic Champagne

If you're in the mood to celebrate but want something besides sparkling apple cider, why not try mixing up a batch of your own alcohol-free champagne? This concoction is ideal for any elegant festive occasion.

**Ingredients:**
- 1/3 cup sugar
- 2/3 cup water
- 1 cup grapefruit juice
- 1/2 cup orange juice
- 3 tablespoons grenadine syrup
- 800 mls chilled ginger ale

**Preparation:**
Combine sugar and water in a saucepan over low heat. Stir until sugar is dissolved. Bring to boil and boil ten minutes. Cool. Add sugar syrup to grapefruit and orange juices. Chill thoroughly. Add grenadine and ginger ale just before serving. Makes about 1 ½ litres.

Refreshing Fruit Punch

1 litre orange juice
1 litre pineapple juice
1 cup strong tea, cooled
1.25 litre lemonade
1.25 litre ginger ale
chopped mint/spearmint
chopped fruit

**Method:**
1. Make cup of tea.
2. When tea has cooled, add to punch bowl.
3. Add in other ingredients and stir.
4. Serve with chopped herbs, fruit and ice.
Lassi

Plain Lassi - According to many Indian cookbooks, whole-milk yogurt makes the best plain lassi. With other yogurts, some people may wish to add a little sweetener or salt. A sprig of mint or an edible flower adds an artistic touch.

Mint - This is the classic Persian lassi. Finely mince a few leaves of fresh mint and mix well into plain lassi. You can also steep sprigs of fresh mint in boiling water and use this liquid, once it has cooled, to dilute the yogurt. Sweeten or salt as desired. Garnish with a sprig of fresh mint.

Pistachio-Honey - Sweeten plain lassi with honey (try an interesting honey such as wildflower) and mix in some finely chopped or ground pistachios.

Cardamom-Rose Water - To a serving of plain lassi, add a small pinch of cardamom powder and 1/4 to 1/2 teaspoon rose water. Open the cardamom pods by placing on a cutting board and pressing with the flat side of a knife handle. Remove the seeds and use a small mortar and pestle to pulverize. Sweeten the lassi, if desired. Garnish with one or a few organic (unsprayed) rose petals, if available.

Mango - This is most people's favorite. Try equal parts yogurt, mango pulp and water for a thicker dessert drink. Try 1/4 part each of mango pulp and yogurt to 1/2 part water for a more fluid mango lassi. Sweeten to taste as desired. Grate some fresh nutmeg on each serving.

Other Fruit - In a blender, mix one kind of fruit with plain lassi. Sweeten to taste. Try banana or peach and sprinkle a little cardamom powder on each serving. Try strawberries with real maple syrup.

Savoury - To plain lassi, add a pinch of ground cumin or ground black pepper and a squirt of lemon juice. Mix well and salt to taste. (For proportions, try 1/2 teaspoon lemon juice, 1/4 teaspoon cumin and a pinch of black pepper for two servings of lassi.)

Another combination is ground cumin and fennel seeds; the fennel should be 1/3 or 1/4 of the mixture. Try adding a little ginger juice. Chop some fresh, peeled ginger, gather inside a ball of cheesecloth, and squeeze. All these ingredients are known for promoting digestion.

Note: The cumin and fennel seeds may be roasted for stronger flavor and aroma. Put a small skillet on medium heat and toast the whole spice, shaking the skillet frequently. When you can smell the spice, immediately remove the pan from the heat and grind the seeds in a mortar and pestle or coffee/spice grinder reserved for spices. A peppery nasturtium blossom would be a suitable garnish for a savoury lassi.

Nice Ice (Fruit Mocktail)

Serves: 5 prep time 5 minutes
(plus 5 hours freezing time)

375ml (1 ½ cups) fresh orange juice
½ x 250 g punnet strawberries, washed, hulled, halved
160ml (2/3 cup) cold water
2-3 drops red liquid food colouring (optional)
750 ml (3 cups) chilled lemonade
60 ml (1/4 cup) blackcurrant fruit juice syrup (Ribena brand)

1. Pour 250ml (1 cup) of the orange juice into an ice-cube tray. Place the strawberries in a second ice-cube tray. Combine the water and red food colouring in a jug. Cover the strawberries with the coloured water and place both ice-cube trays in the freezer for 5 hours or until set.
2. Pour lemonade evenly among serving glasses. Pour Ribena evenly among serving glasses. Divide remaining orange juice evenly among serving glasses, pouring it down the side of each glass. Set aside for 1 minute or until settled.

Top each glass with the strawberry and orange ice cubes. Add a few coloured straws and serve immediately.
Kiwi, Lime & Mint Cooler

Serves 8

In a large jug, dissolve ½ jug (110g) caster sugar in ½ cup (125 ml) boiling water, then place in an ice bath or fridge to chill. Peel and roughly chop 4 gold and 4 green kiwi fruit, then blend until smooth with the cooled syrup, 1/3 cup (80ml) lime juice (from 3-4 times), ½ firmly packed cup mint leaves and 2 cups ice cubes. Pour into a jug and top up with 1 cup (250ml) sparkling water, or divide among glasses and top up with sparkling water. Serve with extra mint.

.................................And for Munchies

Salted Caramel Slice

BASE
¾ cup plain flour
½ cup brown sugar
120g unsalted butter, chopped
½ tsp ground cinnamon

FILLING
50g unsalted butter, chopped
¼ cup golden syrup
½ tsp ground cardamom
1 stick cinnamon
¼ tsp ground cloves
1 Earl Grey tea bag
395g can condensed milk

TOPPING
220g dark chocolate
30g unsalted butter
1 tsp salt flakes (Maldon Sea Salt)

Preheat oven to 160°C. Line base of a 20cm slice tin with baking paper.

Add flour, sugar, butter and cinnamon into a food processor and process until combined. Press mixture evenly into prepared pan. Smooth surface and bake for 14-16min or until lightly golden.

To make filling, add butter, golden syrup, cardamom, cinnamon, cloves and tea bag into a small saucepan over a medium heat. Cook, stirring occasionally, until butter has melted. Gradually bring to the boil and cook for 1min. Remove and discard tea bag.

Add condensed milk to the pan and cook, stirring, for 2-3min or until mixture has thickened and slightly darkened. Remove cinnamon stick from pan and discard. Pour mixture over base. Bake for 8-10min or until bubbling and lightly golden. Remove from heat. Set aside to cool until caramel is firm.

To make topping, put chocolate and butter in a large heatproof bowl set over a saucepan of simmering water and heat until almost melted. Remove from heat, then stir until smooth. Spoon topping over filling, smoothing surface with back of spoon. Sprinkle salt flakes over topping, then refrigerate for at least 4hrs or until set. Cut slice into thin wedges and serve.
Editor Express

Welcome to another issue of DANA Unwrapped.

It’s both rewarding and exciting to see the growth in opportunities within the DANA networks. Each year this culminates in our conference, this year held in Melbourne and planning well underway for next year’s conference in New Zealand. The quality of presentations is guaranteed to inspire attendees and encourage transition of the information to a workplace reality.

There is a steady increase in requests for participation and comment in items, policy and procedure, events and education pertaining to nursing and the alcohol, tobacco and other drug field. This demonstrates an acceptance and respect for the professionalism of DANA and recognition of it as a cohesive and current professional body.

We welcome and need your input for inclusion in our newsletter. Articles or ideas for articles can be submitted as a word document to jadowling@iinet.net.au

Look

DANA Archiving Project

DANA is presently working on a project where we are archiving all of our historical documents.

If you have any old DANA documents or photos from previous DANA events/conferences that you would like to be included in the DANA archives, then please send an electronic copy through to our Two DANA Life members who are managing this project: Meredith Adams at maadams@bigpond.net.au or Jennifer Holmes at Jennifer.Holmes@sydneymsic.com

We would appreciate any contributions to help make these archived records complete

Groan Factor.....Don’t Tell Anyone But......

Be Careful of what you wish for....

Two men were adrift in a life boat following a dramatic escape from a burning freight vessel. While rummaging through the boat’s provisions, one of the men stumbled across an old lamp.

Secretly hoping that a Genie would appear, he rubbed the lamp vigorously. To the amazement of the castaways, a Genie did appear! This particular Genie, however, stated that she could only deliver one wish, not the standard three. Without giving much thought to the matter the man blurted out, “Make the entire ocean into beer!”

Immediately the Genie clapped her hands with a deafening crash, and the entire sea turned to the finest brew ever sampled by mortals. Simultaneously, the Genie vanished to her freedom. Only the gentle lapping of beer on the hull broke the sudden stillness as the the two men considered their circumstances.

The other man looked disgustedly at the one who’s wish had been granted. After a long, tension-filled moment, he spoke: “Nice going! Now we’re going to have to pee in the boat!!”