

Healthy Communities Alcohol, Tobacco and Other Drugs Advertising Competition

Entry Form



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Advertising Competition**

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(Closing Date 30th April)

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You are invited to submit short film advertisements around the themes of Lesbian, Gay, Bisexual and Transgender (LGBT) Alcohol, Tobacco or Other Drugs (ATOD) use.

The competition is open to anyone with a connection to queer/LGBT people and/or communities in Queensland.

Ads must be no longer than 90 seconds and be innovative and relevant to a Queensland LGBT audience.

Advertisements will be aired during ***The Tropical Alternative Film Festivals (TAFF)*** and Brisbane LGBT Film Festivals that run throughout Queensland during 2012 and other Healthy Communities events.

The competition is open to all LGBT people residing in QLD

First Prize: \$1,000

Second Prize: \$500

Third Prize: \$250

Multiple entries by individuals/collaborators will be accepted

THE BRIEF:

Your brief is to create a short film advertisement that says something about or contributes to the themes of Alcohol Tobacco and other Drug use and LGBT Queenslanders and their communities.

We have listed some examples here of messages you can follow to meet the brief or you can make up your own. Feel free to choose one of the messages or go with something else. These examples are here to get you thinking. Applicants will NOT be penalised or judged less if they choose to make up their own message. It's all about what's relevant to YOU and your community! If one of the messages strikes a chord with you, go for it. If you already have an idea that's not in here, then go for that!

Please Note: *This is not solely an anti drug campaign, it is rather an attempt to open a dialogue within QLD LGBT communities .The ads can be thought provoking, simple ,complex, serious or humorous. You can play it safe or think way outside the box. Be as innovative and creative as you want to be!!*

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Brief Examples:

- In the real world, LGBT take Alcohol, Tobacco and Other Drugs (ATOD)
- Some people who take ATOD develop problems, whilst others don't.
- It has been argued that ATOD use in LGBT is normalised and that it is a part of LGBT culture.
- What would the world be like for LGBT if there weren't any ATOD?
- ATOD use can have a huge impact on LGBT people and those around them. What are these? Also and not everybody wants or knows how to talk to people about their ATOD use, or has the skills to do so when approaching someone they care about who they consider is taking too much ATOD.
- Do people in LGBT communities want to talk about problematic ATOD use?
- How do LGBT people talk about drug uses, problematic or not?
- The relationship between ATOD use and sex in LGBT communities.
- Some LGBT people think that there aren't enough drug and alcohol free LGBT events to attend in their area
- There are extra pressures placed on LGBT people that may increase their ATOD use to cope with life's pressures.
- What are the positives of ATOD use in LGBT communities
- JUDGEMENTS: Drugs are often "graded", or people make judgments, rightly or wrongly as to which are acceptable drugs and which are not. For example some people consider alcohol an acceptable drug, while view heroin as not. Some feel that smoking tobacco is more acceptable than taking ecstasy. Whilst others see marijuana as an acceptable drug but see alcohol a huge social problem.
- LEGAL Questions: Should all drugs be made legal or all illegal...or should some be legal and some illegal. How would this impact on LGBT Communities
- If LGBT are taking more drugs than the heterosexual community, why is this so?
- Young people and drugs: where's their voice? What's their opinion?
- Drug use can be different in the cities than in regional, rural and remote communities.
- What are the perceptions of drug use in LGBT communities? Is the perception that lesbians drink more and gay men? Is the perception that transgender people take more drugs than LGB? Do gay men take more party drugs than lesbians?

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CRITERIA

In order to be selected for screening and to be eligible for one of this year's prizes the following guidelines apply

- Only ads that are able to be classified for public viewing will be accepted
- If offensive themes or language is used that would not pass a general screening classification or if you are unsure of the content of your ad, please contact the Ad Competition Coordinator (Shane Garvey 07 3017 1777) or http://www.classification.gov.au/www/cob/classification.nsf/Page/IndustryFestivals_and_Community_Screenings
- Ads that are racist, sexist, LGBT-phobic will not be accepted for entry under any circumstances.
- Only Ads of reasonable quality will be shown and film submission does not guarantee your Ad will be selected for screening
- All Ads submitted will be considered for the awards on offer through TAFF
- The Ad judging panel will decide Ads for screening and the winners are final
- Only Ads received on or before the closing date will be accepted

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SUBMITTING YOUR AD

People with a connection to queer/LGBT people and/or communities in Queensland are invited to submit Ads. These Ads must be no longer than 90 seconds. A panel of Judges will select First, Second and Third place. Other suitable Ads that did not win a prize category will also be chosen and they will be shown at screenings across the regional film festival sites and may be screened in other locations.

1. By submitting ads for the competition you give permission for your film to also be screened at TAFF Presents events throughout 2012 and on the TAFF website for 2012 along with screening on Brisbane 31 (local TV network) as part of TAFF Presents for 2012. (TAFF Presents will be smaller screenings of the films throughout the year)

Technical Requirements

- Only high quality preview DVD in PAL format (Region 4 (Australia); Region 0 (Worldwide); or Region All) will be accepted
- NTSC preview DVD's cannot be shown.
- Preview submissions must be labelled with film title, running time, director's name and full contact information
- A completed entry form must accompany all entries
- If you are submitting more than one entry, please photocopy and complete a separate form for each submission
- Submissions in languages other than English must be subtitled
- Films submitted may not be withdrawn from entry after acceptance by the 2011 TAFF Short Film Competition (please contact the film coordinator for exemptions).

Entries should be made using the prescribed entry form and accompanied by the entry fee (cheques and postal notes should be made payable to 'Queensland Association for Healthy Communities'). PayPal payments are available upon request, please speak with Festival Coordinator Amanda Dean on 07 3017 1733 to arrange.

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The 2012 TAFF “Ad Competition” Guidelines and Entry Form

What the judges are looking for.

To be accepted for screening our panel of judges are looking for:

- CONCEPT

Were looking for original Ads that contributes to the dialogue around the themes of Alcohol Tobacco and other Drugs and Queensland LGBT people and communities.

- CONTENT

Where not looking for blockbusters, just Ads of good technical quality, with good composition and story line.

- CONTEXT

Submissions should be of interest to gay, lesbian, bisexual, queer, transgendered, or intersex people

DATES TO REMEMBER

Monday, 30 April, 2012: Competition closes

Tuesday, 1 May, 2012: Winners and Ads screening list announced

Please post DVD entries to:

Healthy Communities
Attention: Shane Garvey
PO Box 1372
Eagle Farm BC QLD 4009
Australia

Please note that DVD's will not be returned unless accompanied by a prepaid satchel.

Entrants will be notified of selection status no later than 1st May 2012

Entrants Name
Ad Title
Running Time of Ad
Email
Postal
Daytime Phone

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After Hours

Blurb about your Ad. Maximum 1 paragraph

Entrant Declaration

- I agree to my submitted ad being used as promotions for the TAFF and acknowledge it may be transferred to another medium suitable for radio, TV, video, internet or cinema trailer
- I certify that all rights and clearances have been obtained and that no Copyrights are infringed by my entry
- I acknowledge that TAFF tours the Ads in other regions of Queensland throughout the year and consent for my Ad to be considered for the tour screenings plus any other Healthy Communities events during 2012
- I agree to abide by the guidelines of the 2012 TAFF Ad Competition as contained in this document.
- I confirm that the above information is correct, to the best of my knowledge

If your ad is selected for screening do you give permission for TAFF to sell your ad as part of a Best of 2012 TAFF Short Film package fundraiser for the Healthy Communities Fund

<http://www.qahc.org.au/fund>

YES/NO

Entrant Authorisation: I certify I am authorised to enter this AD into the 2012 Ad Competition.

Signature.....Date...../...../.....

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Background and Research

Healthy Communities neither condemns nor condones alcohol, tobacco or other drugs (ATODS) use. Instead, we recognise that ATODS use is a part of LGBT lives. Our research indicates that ATODS use can have both negative and positive effects in the LGBT community. Healthy Communities takes a realistic harm minimisation approach to ATODS use, for example, drinking in moderation causes less harm than binge drinking: using sterile injecting equipment is more ideal than sharing needles, as it reduces the spread of HEPC and HIV etc.

What the research tells us

In 2009, Healthy Communities undertook a research project entitled, *States of Mind*, which looked at Mental Health & Alcohol, Tobacco and Other Drug Use in Queensland LGBT Communities. The full report can be downloaded at:

http://www.qahc.org.au/files/shared/states_of_mind_report_040810.pdf

Some of the findings from the *States of Mind* Report were:

Major Report Themes

- hetero-normative mainstreaming
- normalisation
- homophobia

Alcohol, Tobacco & other Drugs

Alcohol

- Alcohol was reported as the most widely used drug.
- Almost half of respondents (48%) reported high levels of harmful drinking.
- Nearly a quarter of respondents (22%) reflected alcohol dependency.
- Lesbian rates of harmful drinking were over twice that of general women's population.
- There were no significant differences between lesbian and gay male rates of harmful drinking and alcohol dependency.

Tobacco

- 19.5% of LGBT respondents indicated that they were smokers, roughly the same as the national average (19.4%).
- 26.8% of lesbian respondents reported smoking, exceeding that of gay male respondents (18.3%) and that of the general women's population
- Gay male respondents reported *smoking* and *daily smoking* at roughly the same rates as the general male population.

Illicit drug use

Ever used

The 5 most commonly *ever* used illicit drugs reported by LGBT community respondents were:

- Cannabis (52.8%)
- Ecstasy (31.4%)
- Methamphetamine powder (27.5%)
- Amyl nitrate (24.4%)
- Cocaine (21.8%)

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- These rates exceeded that of the general population
- Lesbian respondents reported using cannabis significantly more than gay male respondents in their lifetime.
- Gay men reported using significantly more methamphetamine (crystal), ketamine, GHB, other opiates and amyl nitrate than lesbian respondents in their lifetime.

Used in last 12 months

The 5 most commonly used illicit drugs in the *last 12 months* reported by LGBT community respondents were

- Cannabis (28.4%)
- Ecstasy (15.2%)
- Amyl nitrate (10.4%)
- Methamphetamine powder (10.0%)
- Cocaine (5.6%)
- These rates exceed that of the general population
- Cannabis use was roughly similar between gay and lesbian respondents.
- Amyl nitrate use in the last 12 months was the only significant difference reported with more gay men than lesbians using this substance.

Reasons for use

Drug and alcohol use is normalised in LGBT communities, and is associated with coping with stressors, socialising, seeking sexual partners and use during sexual activity.

Some of these stressors include:

- expectations to succeed
- over performing
- stereotyping
- coming out
- being single
- isolation
- loneliness
- low self esteem
- menopause
- gender inequality
- homophobia
- internalised homophobia
- family rejection
- violence and abuse
- transitioning

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- transphobia
- internalised transphobia

Drug and alcohol use also had positive effects as it was seen to facilitate connection to friendship circles and the celebration of LGBT community and culture

Mental Health & Well-Being

- Stress, anxiety, depression, self harm and suicide were the most common mental health issues. Almost half reported high to extreme levels of psychological distress. A quarter of respondents had attempted suicide and a third had self harmed in lifetime.
- Diagnosed psychiatric disability is the most common form of disability
- Levels of depression, psychological distress, self harm and suicide were greater than the general population.
- LGBT communities demonstrated significant well being, positive mental health and sources of coping & resiliency

Mental health risk & protective factors

- Risk factors were homophobia, coming out & acceptance, social isolation, contemporary life and role pressures, stereotyping, hetero-normative mainstreaming, social exclusion, rejection by family/friends, relationship breakdown and their interactions with other life stresses
- Alcohol, cannabis and illicit party drug use can also be a cause or influence of mental health problems
- Protective factors for mental well being were friends/friendships, partners, LGBT community & social participation, creative expression and exercise/healthy lifestyles

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Mental Health and Alcohol, Tobacco & other Drugs (ATOD) Services

LGBT Perceptions of Services

- ATOD services were considered by LGBT as not equipped to effectively treat and or have sufficient knowledge of LGBT issues. ATOD concerns and service access is less than mental health concerns and service access
- Cost, hetero-normativity & homophobia and attitudes of self reliance were the major access barriers
- Treatments and interventions (both medical and psycho-social) are often not effective and are highly medicalised with little social support
- Overall satisfaction & personal experiences with mental health and ATOD services is poor
- More early intervention and prevention is needed, especially for young people and regional communities
- More counselors for free peer-based pre-transitioning support service and a funded non-medicalised resource/informal drop in centre needed for transgender individuals and more medical specialists
- More LGBT awareness training for professionals, peer support, more services with an LGBT component and LGBT specific ATODS services needed.
- Friends, partners and LGBT communities/services are the main sources of support

Mental Health & ATOD Services Perceptions and Findings

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- LGBT clients were generally invisible in mental health & ATODS services. LGB clients were seen in services, but rarely. Transgender clients were seen even more rarely.
- There was inconsistency in treating LGBT holistically or confidently. Sexuality and gender identity was often not seen as relevant or related when considering mental health or ATODS needs and issues.
- Overall, sexuality or gender identity is largely neglected in services. It is particularly absent at the point of intake. When it does arise and is recorded, which it is usually only on more in-depth assessment and it's consideration in treatment planning remains extremely rare. Risk was an important factor motivating its recording.
- Services providers were often, but not always uncomfortable in asking or raising sexuality or gender identity. This was for many reasons. These included the sense of privacy and concern over offending clients, general anxiety or discomfort, not seeing sexuality or gender identity as relevant, not feeling confident for knowing how to ask and lacking LGBT specific information and knowledge.
- A significant proportion of service providers felt there were barriers to providing both mental health & ATODS services to their LGBT clients and many were equally unsure. These barriers included concerns over cultural competency and specific knowledge of LGBT issues, their lack of training and resources in their organisation and lack of knowledge on where to refer clients.
- Service providers felt that LGBT clients did experience a range of specific needs that needed to be taken into account in their care.
- Services providers did identify many of the same issues in their LGBT clients that were identified by the community – depression, anxiety, stress, and many of the causes of these issues – homophobia, lack of acceptance, isolation, social exclusion, coming out stresses, identity issues for transgender people, discrimination and late reporting for ATOS issues.
- Service providers perceived that gaps existed in their services for LGBT clients. Many were either not aware of the strategies in place to address LGBT clients specific needs or didn't feel their organisation as a whole was competent in dealing with these issues and needs. A range of strategies were identified to address this situation with a particular focus on training, information and knowledge, organisational practice & workforce diversity. Barriers to these recommendations were also identified.

National Drug Survey Results:

The 2010 National Drug Strategy Household Survey report

(<http://www.aihw.gov.au/publication-detail/?id=32212254712&tab=2>) found the following (age standardised rates):

Smoking

- 32.9% of homosexual/bisexual people smoked compared to 17.6% of heterosexuals

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- (3rd highest of social characteristics following Aboriginal & Torres Strait Islanders (A&TSI) and singles with dependent children)

Risky Alcohol Consumption

- 28.6% of homosexual/bisexual people drank at risky levels over their lifetime compared to 20.3% of heterosexuals
 - (3rd highest of social characteristic following A&TSI and remote/very remote)
- 24.5% of homosexual/bisexual people has drunk at risky levels on single occasions (at least weekly) compared to 15.9% of heterosexuals
 - (2nd highest of social characteristics following remote/very remote)

Illicit Drug Use

- 33.8% of homosexual/bisexual people recently used illicit drugs compared to 14.1% of heterosexuals
 - (highest of any social characteristics)
- Specific recent use of illicit drugs
Homosexual/Bisexual v. Heterosexual (non aged-standardised)
 - Cannabis 26% v 10%
 - Ecstasy 10.8% v. 2.8%
 - Meth/amphetamines 7.1% v 1.9%
 - Cocaine 4.4% v 2.1%

* Transgender and intersex people were not identified in the survey.