

Quality framework submission

VAADA submitted a draft submission commenting on the Department of Human Services' draft quality framework for the Victorian AOD sector, *Shaping the Future: The Victorian Alcohol and Other Drug Quality Framework*.

VAADA's draft submission was informed through consultation with its membership and is a synthesis of a broader sector response and is not reflective of one particular view.

VAADA's membership generally supported the principles represented in the standards of the new quality framework, which were generally described as positive.

Though member's expressed support for the proposals expressed in the draft quality framework, concerns were raised in relation to other elements of the draft.

Some on the areas of concern VAADA noted in member consultations, included:

- it was unclear how many of the minimum requirements would need to be implemented
- some of the proposed minimum requirements appeared redundant in the context of existing accreditation processes
- agencies were not adequately funded to implement some of the minimum requirements

VAADA received comments that DHS's earlier *Service Quality Framework*¹ more effectively articulated a framework to improve service delivery within agencies than the current draft document does.

¹ Department of Human Services. (2002). *Service Quality Framework*. Melbourne: Victorian Government Department of Human Services.

Some members expressed a desire for more leadership and a clearer model of implementation from DHS. They felt that this could be achieved by incorporating details from the earlier framework or from existing accreditation programs.

VAADA draft submission requested that clarification be given in future drafts of the proposed framework, as to which services it will apply to. In particular, future drafts of the framework needs to make clear whether it will only apply to funded agencies, or will it encompass legislated agencies, such as drink driving programs.

Other issues raised in its submission included:

- The involvement of consumers in planning processes around the AOD system
- The development of quality frameworks that are mindful of CALD communities
- That agency obligations to contribute to the establishment of the service evidence base not come at the expense of service delivery
- That the relationship between existing continuous quality improvement (CQI) regimes and future minimum requirements be clarified

Addiction Medicine: Bridging the Gap

On Friday the 28 June, VAADA and the Victorian Alcohol and other drugs Inter-hospital Liaison Association (VAILA), held *Addiction Medicine: Bridging the Gap Between Evidence and Practice*. The conference held at VicHealth was held as part of Drug Action Week® and attracted 110 delegates.

The feedback from those who attended was very positive. Presentations from the conference will be posted on the VAADA website when available.

Month in Review

Shadow Cabinet meeting

The VAADA Board and secretariat were invited by the Victorian Parliamentary Liberal Party to make a presentation to its Shadow Cabinet on drug related issues.

The Shadow Cabinet meeting held on the 18 June 2007 provided VAADA with an opportunity to highlight to the Shadow Cabinet the importance of harm minimisation in framing drugs policy, and the effectiveness of drug treatment.

Some of the areas covered in the presentation included:

- An overview of the various drugs that are misused in the community
- A definition of harm minimisation and its historical context within Victoria
- An overview of the Victorian Drug Treatment Sector, its effectiveness, and the return it provides the community for the money invested in it
- The impact and cost that problematic drug use has on community infrastructure
- An overview of prevention strategies

Following the presentation, time was made available, in which Shadow Cabinet members had an opportunity to raise any queries that they may have had around the presentation.

DAW® politician visits

As part of Drug Action Week® 2007 VAADA facilitated many visits to its member agencies by politicians. Many others have contacted VAADA seeking alternative appointment times and other activities.

VAADA would like to thank all politicians who visited agencies during the week and the agencies who hosted their visits.

DCPC public hearing into the misuse of pharmaceuticals in Victoria

VAADA presented evidence to the Drugs and Crime Prevention Committee public hearing as part of its *Inquiry into the Misuse/abuse of Benzodiazepines and other Pharmaceutical Drugs in Victoria*.

VAADA Executive Officer (Sam Biondo) and Policy Officer (Chloe Duncan) highlighted the need for a focused approach to research in this area. In particular, they noted that specific research is needed around the impact licit drugs have on CALD communities, the elderly and indigenous communities.

They also urged that regulatory measures should be proactive in minimising the harms caused by licit drugs, rather than relying on reactive measures, for harms that are already entrenched in the community.

Their evidence noted the importance that monitoring programs can have in minimising the harms caused by pharmaceutical abuse. They emphasised that such programs should focus on tracking prescribing practices, rather than creating dossiers on patients.

VAADA highlighted that more funding was needed in rural and regional areas and for AOD services to increase their capacity to work with those who misuse pharmaceuticals.

Call for submissions from VAADA members

VAADA is currently drafting submissions to:

- The 'Stronger Community Organisations Project' call for submissions on issues facing the community sector (available through the Department of Victorian Communities website, <http://www.dvc.vic.gov.au>); and
- The NCETA review on drug detection and screening in schools (see <http://www.nceta.flinders.edu.au/>)

VAADA members are warmly encouraged to submit comments for inclusion in the VAADA submissions.

Submissions for 'The Stronger Community Organisations Project' close on the 13 July, while those wishing to comment on the NCETA review should do so by 20 July.

Those wishing to comment can contact Chloe Duncan on (04) 9416 0899 or cduncan@vaada.org.au.

YOUR SAY

Sue Miers AM Spokesperson NOFASARD

Foetal Alcohol Spectrum Disorder – what we know and what we need to tell

“Commonly infants, children and adults with FASD are dismissed as just reflecting ‘nurture’ not ‘nature’. Popular belief would have us think that these children are just the garden variety of Children of Alcoholics and their behaviours are easily explained by the chaotic rearing environments in which they grew up.....

Thus, the essence of understanding patients with FASD is that they are not just the children of alcoholics or the adult children of alcoholics where the behaviours are learned and reflective of that chaotic and or abusive home environment – The FASD population of patients are presenting clinical features related to the teratogenic effect of alcohol on the developing brain, irrespective of the home-rearing environment.” (O’Malley 2007)ⁱ

It is well known that alcohol is a neurotoxin but perhaps not so well known that it is one of the most dangerous teratogens.ⁱⁱ There are a significant number of animal studies and too many to list here, that demonstrate the adverse affects of varying levels of alcohol during all stages of foetal development. It is unfortunate that these studies have not been cited in Australian literature reviews examining the effects of prenatal exposure to alcohol.

Alcohol freely crosses the placenta of a pregnant woman and as a result the developing foetus has the same blood alcohol level as the mother and because the foetus cannot break down the alcohol the way an adult can its blood alcohol concentration remains high for a longer period of time.ⁱⁱⁱ The developing brain in particular, is sensitive to exposure to alcohol throughout gestation and specialists studying the effect of alcohol on brain development have not yet found a level of exposure that can be considered safe, so the only responsible message for pregnant woman is: “No alcohol in pregnancy is the safest choice”.

There has been recent controversy about the terminology Foetal Alcohol Spectrum Disorder (FASD), an umbrella term that is now being used by the health profession to more accurately describe the range of disabilities that may affect people who have been exposed to alcohol during pregnancy.

FASD is not a diagnostic term in itself but it includes the range of diagnoses that fall under

the spectrum i.e. Foetal Alcohol Syndrome (FAS), partial Foetal Alcohol Syndrome (pFAS), Alcohol Related Neurodevelopmental Disorders (ARND) and Alcohol Related Birth Defects (ARBD).^{iv}

The estimated incidence for FASD in the western world is 1/100 live births^v but there have been very few studies to determine the prevalence in Australia and those studies that have been undertaken mainly relate to children diagnosed with FAS not the whole spectrum. These studies, give the impression that it is rare and predominantly a problem in Indigenous communities and I believe this must be questioned on both counts. The reality is that FASD has no cultural, social or economic boundaries and this disability will be found wherever alcohol is part of the culture.

What appears to be not readily understood by health professionals in Australia is that the clinical facial features necessary for a diagnosis of Foetal Alcohol Syndrome (FAS) only occur in a very small window early in pregnancy^{vi} and only represent about 10–20 per cent of newborns who have been adversely affected by prenatal exposure to alcohol. FAS is usually cited as being the severe end of the spectrum and whilst this might be the case in relation to the clinical diagnostic features it does not represent the severe end in relation to life outcomes for affected individuals.^{vii}

Irrespective of the lack of “facial features” foetal exposure to alcohol disrupts normal development of the brain and other neurological structures with a wide variety of consequences.^{viii} While some children with FASD have physical disabilities, many of the effects are not visible and may include problems with learning, memory, attention, problem solving, behaviour, vision and hearing. Children/adults with FASD may not understand social situations and their behaviour is often interpreted as problematic, rather than a symptom of an underlying condition and this often leads to inappropriate responses such as punishment.^{ix}

Diagnosis is the first step to provide families with the support they need, but most importantly, can help prevent the start of a cycle of deterioration and failure that leads to the development of secondary disabilities.

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Calendar of Events

July 13	Talking Point Seminar – Preventing and treating blood borne viruses and STIs for Koori people in prison Presented by Joanne Harrison & Michael Murray (VACCHO), Mark Saunders (Australian Research Centre in Sex, Health and Society, Latrobe University); John Whyte & Angela Clarke (Onemda VicHealth Koori Health Unit, Melbourne University) The seminar is free, bookings essential, ring 8413 8413 or email info@turningpoint.org.au
Commencing July 17	Turning Point Alcohol and Drug Centre - From GO to WHOA: Psychostimulant Training Course for Health Professionals. The aim of the project is to assist health professionals to manage and treat users of psychostimulants. A series of one-day courses are being delivered. Course locations and dates are Sale - 18th July, Melbourne - 27th July, and Warrnambool -15th November. Further information is available online at www.turningpoint.org.au Contact kieranc@turningpoint.org.au or 8413 8704
August 2	Centre for Adolescent Health - Skin Deep - Self harming young people explained What does this mean and why do they do it? Speakers include: Prof George Patton - Centre Adolescent Health; Dr Andrew Chanen -ORYGEN Youth Health; and Janet Stone - Centre Adolescent Health. To be held at RCH Parkville from 9.00 to 12 noon. For further information contact Merran Guest on 03 9345 6671 or merran.guest@rch.org .
30 and 31 August	Eastern Drug & Alcohol Service (EDAS) - Introduction to Motivational Interviewing . This workshop will be presented by Helen Mentha, Clinical Psychologist, and the Inner East Community Health Service, in collaboration with Nexus Dual Diagnosis (St Vincent's Hospital) & the EDAS. To be held at St Vincent's Hospital. For further information contact Helen Mentha on Helen.Mentha@iechs.org.au or 9818 6703. Cost (inc. GST): \$242 Early Bird (closes July 13); \$297 full registration; \$242 full time students.

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Without competent therapists, psychologists and psychiatrists who have been specially trained in FASD affected family members experience problems with day to day life that they might otherwise avoid. Without appropriate residential and transitional services our young adults are often destined to fail and many end up with employment problems, mental health or addiction issues or in the judicial system.

At a time in history when people with disabilities are demanding their rights to be fully participating members of their communities, people with FASD are still struggling to be understood for the disabilities they have. Their disability is seldom recognized, seldom treated effectively and seldom connected to service dollars and this issue has human rights implications.

Throughout Canada and the United States, there are up to 70 diagnostic and support services dedicated to the early diagnosis, management and support of people affected by this highly prevalent yet little known or understood condition. Yet in Australia, there have historically been no multi disciplinary diagnostic or support services that have enabled this condition to be diagnosed or appropriately and adequately managed. I would like to take this opportunity to congratulate **arbias Ltd**,

a national organization based in Victoria, who provide a specialist services in alcohol and other substance related brain impairment and who have recently announced the development of Australia's first Foetal Alcohol Spectrum Disorder (FASD) diagnostic and support service. Hopefully their leadership will be taken up by other appropriate professionals and agencies in this country to reduce the enormous suffering that this largely hidden disability is currently causing. For further information or support please contact sue@nofasard.org or sberton@arbias.com.au Or visit their websites www.nofasard.org or www.arbias.org.au

ⁱ Kieren D O'Malley (2007) *ADHD and Fetal Alcohol Spectrum Disorders (FASD)* Nov Science Publishers New York

ⁱⁱ Stratton, K.; Howe, C.; and Battaglia, F. 1996. *Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment*. Washington, DC: Institute of Medicine, National Academy Press. <http://books.nap.edu/html/fetal>

ⁱⁱⁱ Gillen P (no date) in *Effects of Alcohol on a Fetus* US Department of Health and Human Services http://www.fasdcenter.samhsa.gov/documents/WYNK_Effects_Fetus.pdf

^{iv} *The FASD Canadian Guidelines for Diagnosis and Identifying Fetal Alcohol Spectrum Disorders in Primary Care* <http://www.cmaj.ca/cgi/content/full/172/5/628>

^v Sampson P, Streissguth S, Bookstein F, Clarren S Dehaene P, Little R, Hanson J and Graham J. (1997) Incidence of Fetal Alcohol Syndrome and Prevalence of Alcohol Related Neurodevelopmental Disorder. *Teratology* Vol.56, No. 5:317-326.

^{vi} Kotch, L.E., and Sulik, K.K. *Experimental Fetal Alcohol Syndrome: Proposed Pathogenic Basis for a Variety of Associated Facial and Brain Anomalies*. *Am J Med Genet* 44(2): 168-176, 1992. Kathleen K. Sulik (2005) *Genesis of Alcohol-Induced Craniofacial Dysmorphism* *Experimental Biology and Medicine* 230:366-375 (2005)

^{vii} Streissguth, A; Barr, H; Kogan, J; Bookstein, F; Understanding the Occurrence of Secondary Disabilities in Clients with Fetal Alcohol Syndrome and Fetal Alcohol Effects Final Report 1996 Centers for Disease Control and Prevention

^{viii} *FASD and ADHD: The nuts and bolts of diagnosis and treatment in the real world*. Matthei Phil in *ADHD and Fetal Alcohol Spectrum Disorders* O'Malley 2007.

^{ix} Ann P. Streissguth, Helen M. Barr, Fred L. Bookstein, Paul D. Sampson & Heather Carmichael Olson (1999) *The Long-Term Neurocognitive Consequences of Prenatal Alcohol Exposure: A 14-Year Study* *Psychological Science* 10 (3), 186-190.