



# NEWS

VICTORIAN ALCOHOL & DRUG ASSOCIATION

August 2007

ENEWS – daily electronic news, views and drug information  
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## Drug testing in schools

VAADA made a submission to the National Research Centre's (NCETA) call for submissions on Drug Detection and Screening in Schools

VAADA's consultation with its membership has led it to conclude that schools should not implement drug detection and screening policies, except in limited circumstances and as a last resort.

The submission is sceptical of the efficacy of school drug testing policies to detect illicit drug use within schools, or to act as a deterrent to drug use among students.

Other concerns raised in consultations centred around the lack of research examining the effects that drug testing programs have on school communities, or at the effectiveness of testing to alleviate problematic drug use.

Many VAADA consulted with noted that drug testing is a blunt instrument, which is unable to distinguish between experimental drug use and problematic drug use. Furthermore, it was felt that such programs were unlikely to detect the drug that is most likely to negatively impact on students – alcohol.

Concerns were expressed that the introduction of testing regimes within schools would change their emphasis, from places of education, to places of interdiction.

Testing programs risk further alienating and isolating some of the most vulnerable and socially disconnected segments of school populations.

VAADA's submission questions what follow up will ensue if a student is detected using drugs. Will a student with a positive reading be expelled, or will the post detection process expose them to the criminal justice system? Both these options seem unlikely to improve outcomes for these students.

The submission expresses concern about the lack of credible post detection options in the current debate, which would aim to improve outcomes for students rather than make them worse.

Other concerns raised in the submission relate to the diminishment of community that is a likely consequence of drug detection policies. Rather than fostering a culture that encourages students to trust their peers, teachers and parents, there is the risk that such policies will create a culture where suspicion and paranoia are the norms.

VAADA's submission questions where funding for drug testing programs will come from. Will resources that were earmarked for education be diverted to drug testing? And what will the impact of this be on government (and smaller private) schools which have smaller budgets than their private counterparts.

Members consulted by VAADA consider that a better alternative to drug detection is drug education. Such drug education should be

- Delivered by properly qualified staff
- Aimed at a range of developmental levels
- Evidence-based, and focused on the effects of and risks associated with use of specific drugs and polydrug use
- Aimed at reducing the harms associated with problematic alcohol drug use, which may involve reduction of alcohol/drug use or abstinence
- Non-stigmatising

To be effective, drug education within schools must be linked to a comprehensive welfare, health and well being strategy, which offers students a range of supports to help them deal with problematic alcohol and/or drug use. A full copy of the submission can be found at [www.vaada.org.au](http://www.vaada.org.au)

## Month in Review

### **Victorian Alcohol Action Plan (VAAP)**

In September 2006, the Victorian Government tabled its response to the Parliamentary Drugs and Crime Prevention Committee's (DCPC) *Inquiry into Strategies to Reduce Harmful Alcohol Consumption*. Recommendation 11 of the DCPC Inquiry proposed the development of a new alcohol framework as the means for coordinating Government action on alcohol. As part of its response to the DCPC Inquiry, the Government indicated its commitment to develop a whole of government Victorian Alcohol Action Plan (VAAP).

The VAAP will detail the Government's future direction in alcohol policy and is being led by the Minister for Health. The Drugs Policy and Services Branch of the Department of Human Services is responsible for its development, with contributions from a whole of government steering group.

The Taskforce will assist the Government in the development of the VAAP by:

1. Providing advice on seven key priorities for action
2. Identifying good practice strategies as case studies for addressing alcohol-related harm
3. Providing comments on the development of draft VAAP documents.

### **Membership:**

The Taskforce will comprise of the following:

- Mr Peter Allen (Chair) - Victorian Government;
- Professor Robin Room - Centre for Alcohol Policy;
- Professor Jon Currie - St Vincent's Hospital;
- Dr Yvonne Bonomo - St Vincent's Hospital;
- Mr Hadley Sides - City of Stonnington;
- Mr David Murray – YSAS
- Mr Bill Stronach – ADF
- Mr Todd Harper - VicHealth;
- Professor George Patton - Centre for Adolescent Health;
- Dr Rodger Brough - South West Healthcare;
- Ms Yvette Pollard - beyondblue;
- Ms Sue Maclellan - Liquor Licensing;
- Commander Stephen Fontana - Victoria Police
- Mr Sam Biondo - VAADA

### **SCOP submission**

VAADA recently tendered a submission on the *Stronger Community Organisations Project* to the former Department for Victorian Communities.

VAADA's submission highlighted a number of demographic trends within the community (highlighted in the recent census) that are likely to impact on social services and affect their future delivery, including:

- Ageing
- Social isolation
- Household and personal debt
- Immigration and isolation
- Development in outer growth corridors
- Changes in employment conditions

These changes indicate a society that is becoming increasingly individualistic, pressurised and anomic. These broader societal shifts see a decline in traditional community cohesion and support.

### **Strategies for strengthening community organisations**

VAADA considers that meeting these challenges will require government to lead with new policy visions and investment in the future of the community sector rather than its rationalisation.

Many of the negative effects of less connected communities could be averted, by ensuring that the community sector remains strong and vibrant.

### **The goal: vibrant community organisations**

VAADA's membership believes the following are features that vibrant community organisations should be supported in obtaining:

- Good client engagement
- Good pay and conditions for staff
- Stronger cross sectoral connections
- A policy contribution which influences and is adopted and implemented by government
- Real, equal partnerships with government and business
- Engagement with families of clients where appropriate
- Commitment by Government to meet community demand for services

A full copy of the submission can be found at [www.vaada.org.au](http://www.vaada.org.au)

## YOUR SAY

### Dr Richard Cash - Principal Researcher *arbias* Ltd

#### Alcohol and Substance Related Brain Impairment: New Identification and Treatment

Alcohol and substance related brain impairment are profound, and in most cases irreversible conditions resulting from alcohol and drug use. The cognitive deficits associated with these conditions present as a continuum of impairment, although the ramifications of even mild deficits can be life changing. The true prevalence of these conditions is difficult to establish, although their contribution to complexity within provision of alcohol and drug treatment and support services is becoming better understood.

The symptoms of alcohol and substance related brain impairment can range from mild deficits such as difficulties with memory, to severe impairment where most aspects of a persons thinking, emotions, behaviour, relationships and capacity for self-care are significantly affected. The direct effects of cognitive impairments are compounded by the high rates of associated problems, including psychiatric illness, homelessness, involvement with the Criminal Justice System, and chronic difficulties with obtaining access to services.

Alcohol, by far the most commonly used substance in Australia, poses the most significant risks to the cognitive health of the community. Cognitive impairment relating to alcohol use develops progressively and is related to the duration and degree of a person's alcohol use. People who drink at levels that constitute a 'high risk' to health (for males this equates to 6 or more standard drinks per day, for females, 4 or more standard drinks per day) for longer than 10 years are at risk of developing cognitive impairment. Rates of alcohol use in Australia indicate that as much as 10% of the population is consuming alcohol at levels which put them at risk of brain impairment.

Alcohol and substance related brain impairment are often termed 'invisible conditions' – unlike physical disability the person does not appear to be impaired yet they may have considerable difficulties functioning in the community without support. The 'hidden' nature of cognitive impairment poses significant challenges for clinicians engaging in substance use interventions. Identification of ABI can be problematic and often hampered by insight and awareness deficits.

Obtaining accurate diagnoses and formulating appropriate interventions are frequently challenging for workers without specific training and/or experience with ABI.

*arbias* (Alcohol Related Brain Impairment Australian Services) has recently developed an Identification Checklist to assist clinicians in screening clients for potential ABI. This checklist guides clinicians through an appraisal of lifetime risk factors to trigger further assessment (i.e. Neuropsychological Assessment). This checklist is intended for use by clinicians and workers in a variety of roles within drug treatment as well as the disability, welfare, housing and employment sectors.

A comprehensive professional development program has also been developed by *arbias* which addresses both knowledge and skill acquisition, to equip workers from a variety of backgrounds to better meet the treatment and support needs of people with Alcohol and Substance Related Brain Impairment.

Copies of the Identification Checklist, a wealth of information resources relating to ABI, and further details on the professional development programs are available via the *arbias* website ([www.arbias.org.au](http://www.arbias.org.au)).

In 2005 the Department of Human Services commissioned Turning Point Alcohol and Drug Centre to produce a set of clinical resources to respond to cognitive impairment within drug treatment and forensic support services. In 2006, DHS released the 'Clinical Treatment Guidelines for Alcohol and Drug Clinicians - Co-occurring acquired brain injury/cognitive impairment and alcohol and other drug use disorders' as an online resource.

These treatment guidelines contain detailed guidance on assessing and providing cognitively appropriate treatment interventions for clients with co-morbid cognitive impairments. The guidelines also contain a literature review addressing alcohol and substance related brain impairment, and a Key-Informant report identifying key aspects of ABI-sensitive treatment delivery.

Guidelines are available for download from: [http://www.health.vic.gov.au/drugservices/pubs/cl\\_in\\_treat.htm](http://www.health.vic.gov.au/drugservices/pubs/cl_in_treat.htm)

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## Calendar of Events

August 15	<p><b><i>"Moving Forward with Family Work: Key Policy Directions for the Future" a FADNET Forum</i></b> - Following the success of our recent National Conference and taking up issues raised by conference speakers, this forum will be held from 9.30am to 12.30pm (followed by lunch) at SHARC/Family Drug Help, 140 Grange Road, Carnegie. The Forum will take the form of a presentation from Maria Bohan, CEO Carers Victoria about working strategically for those you "represent", then group discussion based on some notes to be provided prior to the forum. For catering purposes we would appreciate an RSVP to <a href="mailto:jcain@maryofthecross.org.au">jcain@maryofthecross.org.au</a>.</p>
August 16	<p><b>ANEX - The Charter of Human Rights and Responsibilities Workshop</b> to be held on Thursday 16<sup>th</sup> August 2007 from 9.30am to 12.30pm. for further information visit <a href="http://www.anex.org.au/events.htm#">www.anex.org.au/events.htm#</a> Places are limited so book now to secure your place!</p>
August 23 & 24	<p><b><i>Teamwork Training Services - Group Facilitation: Practical ideas and processes for new or experienced group facilitators</i></b> to be held on August 23 &amp; 24 from 9.00 – 5.00 at The University of Melbourne, Hawthorn Campus. A practical two-day workshop offering discussion, theory, practice, new resources and activities for people working with groups. Suitable for new and experienced facilitators. Learn a planning process, how to maximise participation, use ice-breakers effectively, create interest and variety, balance individual and group needs, deal with difficulties, etc. Cost: \$330 for both days (includes GST, manual and lunches). For more information contact: Liz Olijnyk or Tony Norquay 03 9817 4094/ 03 97274848, Email: <a href="mailto:info@teamtraining.com.au">info@teamtraining.com.au</a> or Website: <a href="http://www.teamtraining.com">www.teamtraining.com</a></p>
August 24	<p><b><i>Hepatitis C - How to achieve good practice</i></b> Presented by Hepatitis C Council of Victoria in partnership with Whitehorse Community Health Service and the Equal Opportunity Commission of Victoria - to be held from 1.30pm to 4.30pm in the Seminar Room, Ground Floor, Whitehorse Community Health Service, 43 Carrington Rd, Box Hill. A FREE interactive workshop for health, drug and alcohol, community and welfare workers in the Eastern region of Melbourne. The Forum will explore the issue of attitudes and stigma, how can workers implement best practice in their workplace, and how to make your organisation hepatitis C friendly. Afternoon refreshments will be provided. RSVP essential by Monday 20th of August. Ring Genevieve Dickson on 9380 4644 or fax 9380 4688 or email:<a href="mailto:info@hepcvic.org.au">info@hepcvic.org.au</a></p>
August 30 & 31	<p><b><i>Eastern Drug &amp; Alcohol Service (EDAS) - Introduction to Motivational Interviewing</i></b> . 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) &amp; the EDAS. To be held at St Vincent's Hospital. For further information contact Helen Mentha on <a href="mailto:Helen.Mentha@iechs.org.au">Helen.Mentha@iechs.org.au</a> or 9818 6703. Cost (inc. GST): \$242 Early Bird (closes July 13); \$297 full registration; \$242 full time students.</p>
September 3 & 4	<p><b><i>ANEX Conference - Illegal drugs and mental health – how do we respond?</i></b> The association between illegal drugs and mental health problems confronts families, service providers, policy makers, researchers, health and medical professionals and many other stakeholders. The ANEX Illegal Drugs and Mental Health Conference will focus on improving the capacity of frontline, primary and secondary prevention services to respond to mental health issues among people who use illegal drugs, and improve referral pathways to specialist care. Visit the website for more information <a href="http://www.anex.org.au/conference">www.anex.org.au/conference</a></p>

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These two new resources offer a range of valuable tools to identify and meet the needs of clients who experience cognitive impairment as a result of their alcohol or substance use. It is hoped that greater familiarity with issues of alcohol and substance related brain impairment will also allow clinicians working with 'at risk' individuals to raise awareness of risk behaviours and implement effective early interventions, allowing more people to avoid the profound consequences of acquired brain impairment.