



NEWS

VICTORIAN ALCOHOL & DRUG ASSOCIATION

November 2007

ENEWS – daily electronic news, views and drug information
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VAADA AGM – 16th Nov, VicHealth

VAADA will be holding its AGM on the 16th of November between 2.00pm and 4.00pm, at VicHealth, Ground Floor, 15–31 Pelham St, Carlton South. Moyra Rainer will be speaking on the operation of the Charter of Rights and Responsibilities in relation to the AOD sector.

Those interested in attending contact Chris at 9416 0899 - email cmcdonnell@vaada.org.au.

Language Services for AOD Agencies

The Drugs Policy and Services Branch (DPSB) have provided resources for its funded Alcohol and Other Drug (AOD) services to access the Department of Human Services (DHS) Language Services Credit Line ('credit line'). Translation services are delivered by their contracted provider 'ONCALL' Interpreters and Translators.

Both on site and telephone based interpreting services will be delivered by 'ONCALL' via 'credit line'.

For metropolitan based services this will involve calling 'ONCALL' and quoting a PIN and an AOD suffix contained within a letter sent by DPSB confirming the new arrangements to funded agencies.

For rural based agencies the same process applies but the PIN number suffix will represent the region in which the service is located.

Service Caps

The amount of translation services available to agencies is determined by an annual budget allocation provided by DPSB to 'credit line'.

Services are then set a monthly cap on the amount of access they have to 'ONCALL' language services. Once the monthly budget is reached the credit line closes.

Any bookings made after that time during the month will be offered a couple of alternatives by 'ONCALL': either

- Reschedule to a later time; or
- Accept an invoice from 'ONCALL' to deliver translation services

Some large users of language services, such as hospitals and some community health centres, may have a direct allocation of funds made to them to access these services.

Bookings can be made sixty days in advance and AOD services will be able to make bookings from 1 November 2007 and interpreting services will become available as of 1 December 2007. Services are available 24 hours a day, 7 days a week.

The booking processes are explained in more detail at the following website <http://www.dhs.vic.gov.au/multicultural/html/langservices.htm>

Language Resources/Training

Service providers wishing to more effectively meet the needs of clients and communities from culturally and linguistically diverse backgrounds can access training, professional development and resources from the Centre for Culture Ethnicity & Health (CEH).

Their training calendar can be accessed at: <http://www.ceh.org.au/education/index.html>

In addition there are a number of free resource available from the Diversity Unit webpage contained on the Multicultural Strategy website, including; The DHS Language Services Policy; Health Translations Directory; and Find Your Language.

Of particular use is 'Making the Connection' which is available in a CD format for individuals and agencies and as a DVD with training notes in a train-the-trainer format for group sessions.

DVD/CDs and resources can accessed at: <http://www.dhs.vic.gov.au/multicultural/connections/index.htm>

Month in Review

VAADA CEO's Meeting

VAADA recently convened a meeting of its member CEOs/Managers Network, which was held at the Mary of the Cross Centre. The discussion was broad ranging and covered a number of issues that have recently come to the attention of member agencies.

Communications

There was a general discussion around how communications between AOD agencies and DPSB could be improved.

DHS reviews

Several members expressed interest about how the Blueprint will interact or be influenced by a number of reviews and policy papers that have been released or are underway, including:

- The Dual Diagnosis Strategy
- The Quality Framework
- The Mental Health Strategy
- The Residential Rehabilitation Review

Members were also seeking clarification around the release date for the findings from the Blueprint review.

Portfolio Structure

Network members were still unclear about the relationship structure between the different sectors within Minister Neville's newly created Mental Health portfolio, in particular where AOD services sit.

Data collection

Participants discussed how DHS aggregate data does not reflect their experience of the coal face demand for AOD services, which regularly outstrips agencies capacity to deliver services.

VAADA noted that it is investigating alternate means of collecting data, which are better able to capture the demand for drug treatment services that AOD agencies are reporting.

Future meeting dates and times

The 3rd of December was set as a tentative date of the next CEO network meeting.

"Cost of Service" analysis tool

VAADA has adapted a VCOSS price review tool for use in the AOD sector, and wishes to run a pilot of the tool in CCCC services.

VAADA has already discussed trialling a draft version of the tool with 4-5 member agencies, including rural/regional agencies.

Following the trial of the draft, VAADA hopes to enlist other services in using the tool to analyse how agencies use their funding.

Federal Comorbidity Initiative

The Commonwealth Co-Morbidity Initiative, which will fund AOD NGOs to build their capacity to work more effectively with dual diagnosis clients. VAADA has been approached to undertake work to support agencies' capacity building activities as part of this initiative.

VAADA will provide more information on the initiative over the coming weeks as it becomes available from the Department of Health and Ageing.

Launch of the wider impact of alcohol consumption on others study

The Alcohol Education and Rehabilitation Foundation (AER) recently announced funding for a study to measure the harm caused to third parties by alcohol misuse.

At a launch of the research at Turning Point the head of the research project, Professor Robin Room indicated that within the Australian context the study is unique, and that unlike studies looking into the impact of the harm caused to others by 'second hand' tobacco smoke and gambling addictions, there has been no similar, comprehensive analysis of 'second hand' alcohol harms.

Professor Room, indicated that the project will bring together all the available research on the economic and social costs to others of alcohol consumption and that the research will be supplemented by a series of surveys to fill in gaps in current knowledge.

It is hoped that the research will provide a greater understanding of how drinkers' behaviour affects their families, friends, employers and the wider community."

The two-year research project has been commissioned by the AER Foundation and the team will include, the National Drug Research Institute (NDRI), the University of Queensland as well as an international advisory group.

YOUR SAY

Chloe Duncan – VAADA Policy Officer NHMRC Australian Alcohol Guidelines

This October the National Health and Medical Research Council (NHMRC) released a draft of its revised Australian Alcohol Guidelines for public consultation.

The existing Australian alcohol guidelines were endorsed in 2001. Research undertaken since then has increased understanding of the social costs of alcohol consumption, and indicates that rates of risky drinking among young people have increased more or less steadily since the mid-80s¹. This has led to a couple of key changes between the 2001 guidelines and the new draft guidelines.

Firstly, the number of guidelines has been greatly reduced, from twelve in 2001 to three in the drafted guidelines. The three draft guidelines comprise a general guideline for low-risk alcohol use, targeted at the whole population; a guideline addressing alcohol use among people under 18 years of age; and a guideline addressing alcohol use among pregnant and breastfeeding women².

Secondly, the recommended drinking levels have been lowered between the existing and proposed guidelines. The existing guidelines recommend that men drink on average no more than four standard drinks a day or 28 a week; and no more than six at any one occasion. Women are advised to drink no more than two standard drinks a day or 14 a week; and no more than four on any one occasion³.

By comparison, the proposed guidelines recommend that, in order to avoid the risk of immediate or long-term harm, both men and women should drink two or fewer drinks on any one day. Young people, pregnant women, and breastfeeding women are all advised not to drink alcohol at all under the draft guidelines, where previously they had received slightly less stringent guidelines.

The rationale for the reduction in recommended drinking levels is a new conception of the relationship between alcohol consumption and risk. The existing guidelines are based on a 'stepped' approach to risk of incurring harms while drinking, where drinking up to a certain number of drinks carries a low risk of harm, drinking up to another number of drinks carries a moderate risk of harm, and so on.

The draft guidelines, on the other hand, are based on the premise that any alcohol consumption carries a risk of harm, and that the risk increases progressively with the amount consumed. The number of 'two or fewer drinks a day' is calculated as the point at which, compared to not drinking, the risk of incurring alcohol-related injury or disease is low, and at which the lifetime risk of alcohol-related death is less than one in 100. It is also the point before which the 'risk curve' begins to steepen, indicating a higher risk of harm per drink.

The guidelines have been criticised for setting such an unrealistically low level of safe drinking that they will be ignored by the public⁴. However, the purpose of alcohol guidelines is not to influence the public directly. Both the existing guidelines and the draft guidelines are intended to be "technical documents" aimed at researchers, policymakers, educators, community groups, and people in the alcohol industry, and are "not aimed primarily at the general public"⁵.

Further, while some members of the general public may be interested in using the guidelines to inform their alcohol use, actual levels of public understanding and use of the guidelines are unknown⁶. Generally speaking, guidelines and alcohol education have been rated as among the least effective policy interventions in terms of reducing alcohol consumption⁷. These interventions may increase the public's knowledge of and attitudes towards alcohol, but, despite this, typically do not affect drinking practices⁸.

If the Australian alcohol guidelines are not to be completely ignored, they are best seen as a statement of consensus among the AOD community about how people best use alcohol in their lives. This consensus can then be used by the AOD community as the foundation for a whole range of policy interventions aimed at modifying problematic alcohol use among the public. It is likely that a consistent message about alcohol would help the AOD sector in its advocacy, policy and prevention work, as well as in frontline services – so long as this consistent message really does reflect the sector's views about alcohol use.

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Calendar of Events

November 15	<i>An update on current research on drug & alcohol use in pregnancy</i> Presented by the Women's Alcohol & Drug Service (WADS). This research forum aims to promote discussion, cooperation and collaboration, by offering health professionals and overview of research and guidelines currently conducted in the drug and alcohol and pregnancy sectors. The seminar will be held at the Royal Women's Hospital, 132 Grattan Street Carlton. For more information contact wads@thewomens.org.au or phone 9344 3631.
November 16	<i>Talking Point Seminar – Alcohol and other drug related brain impairment. Challenges and opportunities: The Australian context.</i> Presented by Sonia Berton, CEO arbias. In this one hour session, Sonia Berton will discuss the endeavours by arbias in raising the awareness of ABI, a highly prevalent but little known disorder that affects as many as one in ten Australians. The seminar is free, bookings essential, ring 8413 8413 or email info@turningpoint.org.au
November 20-21	<i>Turning Point Victorian Alcohol and Drug Worker Training - Working with groups</i> This workshop targets workers with little or no background in group interventions or prior group training, but assumes prior knowledge and skills in counselling, interviewing, assessment and core alcohol and drug issues. To be held at Central Gippsland Health Service, Sale. For more information contact Sandra Roeg or Margret Petrie: Sandra.Roeg@turningpoint.org.au or Margret.Petrie@turningpoint.org.au
November 21	<i>Working with Interpreters</i> presented by the Centre for Culture Ethnicity and Health. This workshop is presented in partnership with ONCALL and is tailored for workers who want to improve their skills in working with interpreters and clients who have low English language proficiency. When: Wednesday 21 November, 9.15am to 1.30pm. Where: Centre for Culture Ethnicity and Health, 81 to 85 Barry Street, Carlton. Bookings or enquiries to enquiries@ceh.org.au or phone 03 9342 9700.
December 6-7	<i>Turning Point Victorian Alcohol and Drug Worker Training - Working with groups</i> This workshop targets workers with little or no background in group interventions or prior group training, but assumes prior knowledge and skills in counselling, interviewing, assessment and core alcohol and drug issues. To be held at the Regal, Warrnambool Function Centre. Warrnambool. For more information contact Sandra Roeg or Margret Petrie: Sandra.Roeg@turningpoint.org.au or Margret.Petrie@turningpoint.org.au
Advance Notice February 21 & 22	<i>Towards a healthy community</i> is a 2-day conference being held to celebrate the role and contributions of non-government, not-for-profit organisations in South West Victoria in helping to create a healthy community. Conference speakers will focus upon such issues around alcohol & drug addiction, family violence, mental health and disability as well as issues such as barriers to accessing services, the benefits of collaboration between providers in all sectors. More information registration forms can be found at www.communitysouthwest.com or other enquiries can be directed to John Coxon at jcoxon@aspire.org.au .

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It is therefore crucial that the sector provide the NHMRC with feedback on the guidelines. VAADA, in collaboration with the Australian Drug Foundation, will be drafting and circulating a position paper for sector comment in coming weeks. We warmly encourage members of the AOD community to provide us with feedback on the position paper. Feedback will be incorporated in a submission on the draft guidelines to the NHMRC.

1 Moodie, R. (2007). 'The Australian Alcohol Guidelines: Is it time for a new direction?'. Melbourne: Premier's Drug Prevention Council. Accessible at http://www.health.vic.gov.au/pdpc/downloads/rob_moodie.pdf.

2 For more details on the draft guidelines, see NHMRC (2007) *Australian guidelines for low-risk drinking: Draft for public consultation, October 2007*. Canberra: Australian Government. Accessible at http://www.nhmrc.gov.au/consult/ files/draft_australian_alcohol_guidelines.pdf.

3 NHMRC (2001). *Australian Alcohol Guidelines: Health risks and benefits*. Canberra: Commonwealth of Australia. Accessible at <http://www.nhmrc.gov.au/publications/synopses/ files/ds9.pdf>.

4 Cresswell, A. (2007). 'New drinking rules "unrealistic"'. *The Australian*, 29/10/2007; Cresswell, A. (2007). 'Two-drinks rule confronts a few hiccups'. *The Australian*, 3/11/2007.

5 NHMRC, 2007: p 17.

6 The Australian Institute of Health and Welfare gathered data about public awareness of the guidelines through the 2004 National Drug Strategy Household Survey, but as yet no analysis of this information has been published.

7 Babor, T.F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Gruenewald, P., Hill, L., Holder, H., Homel, R., Osterberg, E., Rehm, J., Room, R., & Rossow, I. (2005). *Alcohol: No Ordinary Commodity. Research and Public Policy*. Oxford University Press.

8 Babor et al, 2005.