



ADCA *news*

ALCOHOL AND OTHER DRUGS COUNCIL OF AUSTRALIA

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Strong Support for Drug Action Week 2010



The alcohol and other drugs (AOD) and non-government organisation (NGO) sectors across Australia are again showing strong support for Drug Action Week (DAW) 2010.

This year, planning is well advanced for the national launch of DAW on Monday, 14 June, with the week-long official awareness raising program scheduled to run from Sunday, 20 June through to Saturday, 26 June.

In addition to some 50 events already registered for DAW, there has been a steady flow of enquires from various organisations, communities and individuals that intend signing up to be a part of the campaign, which this year has **"Looking After YOUR Mind!"** as the supporting tag line.

This builds on the success of DAW's previous theme of **"Alcohol is a Drug-TOO!"**, and turn the focus onto the effect that alcohol and other drugs have on our health and wellbeing.

The effect that alcohol has on young brains is so concerning that the National Health and Medical Research Council says for young people aged under 18 – not drinking at all is the safest option.

The Council also says earlier initiation of drinking is related to increased alcohol consumption in adolescence and early adulthood, and that these patterns in turn are related to the possibility of damage to the developing brain and development of alcohol-related harms in adulthood.

Drug Action Week also provides the opportunity for communities to raise awareness about the impact of alcohol and other drugs on a person's mental health, as well as other issues like the use of inhalants.

Research has shown that people who use illicit drugs are more likely to have a mental health issue than the general population, and that there is no safe level of inhalant use.

"Drug Action Week is a chance for the whole community to debate, inform, educate and inspire a change in the way we handle alcohol and other drugs issues," said the Chief Executive Officer (CEO) of the Alcohol and other Drugs Council of Australia (ADCA), Mr David Templeman.

"Drug Action Week provides communities with a platform to raise awareness of AOD matters and work towards solutions to improve health and wellbeing."

In 2009, some 648 activities were registered in support of DAW with communities in remote, rural, regional and metropolitan areas taking part.

Last year the creativity of activity organisers abounded with a Greatest Athlete competition in Wollongong in New South Wales, a Mega Health Concert in Katherine in Western Australia, a Young People and Cannabis Workshop in Launceston in Tasmania, and a Street March in Halls Creek in the Northern Territory.

ADCA encourages organisations from across the alcohol and other drugs, health, education, law enforcement, media, and community sectors to get involved again in 2010 and register an event on the Drug Action Week website at www.drugactionweek.org.au.

Following on from the highly successful campaign in 2009, a feature this year will once again be the presentation of the National Drug and Alcohol Awards in Brisbane on Friday, 25 June. To nominate for the Awards, secure your tickets for the Awards Dinner, and find out about accommodation options, log onto www.drugawards.org.au. A special article on the Awards also appears on page 12 of this Issue.

An initiative of ADCA, DAW is once again strongly supported by the Department of Health and Ageing (DoHA).



Australian Government
Department of Health and Ageing

EDITORIAL

By Fiona Healy, FebFast CEO & Founder

What an amazing journey FebFast has had since the idea of taking a month off from alcohol was first discussed amongst friends at a pre-Christmas barbeque in 2006.

In February 2007, my friend and I decided to follow through on the challenge. Our sponsors were generous with their cash. The thought of giving up alcohol for such a long time was alien to them, and they admired our will power. We raised \$910.

The funds were raised to benefit a service that was helping young people who were having problems with substance use. YSAS (the Youth Substance Abuse Service) in Victoria was selected as an appropriate recipient.

This initial experience was enough to inspire me to turn the idea into an annual community event. That's when the real work began.

I had no money and no alcohol and other drugs (AOD) sector expertise. A friend loaned me \$2000 to build the FebFast website, and I approached Middletons Lawyers for pro bono support to create the formal framework for the FebFast Trust.

YSAS and the Australian Drug Foundation (ADF) were consulted as FebFast was developed. The objective was to raise awareness and educate participants about their personal alcohol consumption, while also generating funds to support initiatives that reduce AOD-related harms in young people.

By July 2007, FebFast Ltd. was a registered charity. We had only about \$500 in the bank, and considered whether we should hold off from launching a campaign for February 2008 until we had found a financial sponsor. We decided to press on without one.

The first community campaign was launched with a New Year media release in 2008 and attracting 1400 participants and raising \$350 000 – an amazing first result.

Later in 2008, FebFast's first national grants program was launched to fund research, prevention and service delivery concerning young people and substance use. Still running

today, the grants program is overseen by a committee of sector experts who assess applications from across Australia.

While FebFast attracted 2100 participants last year, the Victorian bushfires along with the GFC had an impact on the campaign's fundraising capacity. Nevertheless, the \$353 000 raised was a good result.

FebFast communicates with participants before, during and after its campaign to keep people motivated and informed.

Several participant surveys have also been conducted. Interestingly, 41 per cent of the 2009 participants joined to regain balance in their drinking behaviour, while 19 per cent wanted to improve their physical health.

Post program surveys have reported participants experience weight loss, psychological benefits, and improved physical health status.

People also use the month off alcohol for reflection, and make decisions about personal control and responsibility for future drinking behaviour.

And there is also the ripple effect of participants engaging family and friends in discussions about alcohol. and its place in their family or in the community more broadly.

While FebFast 2010 is almost over, more than 7200 people have registered, and so far have raised more than \$700 000.

Over the past two years, FebFast has donated funds to 13 organisations across Australia. Our 2010 grants program will be open for expressions of interest later this year for organisations working in research, prevention or service delivery concerning young people and substance use.

Please keep an eye on our website at www.febfast.com.au for further details.

On behalf of FebFast Ltd, and its Board, I would like to express our very sincere thanks to the AOD sector for its support in helping us to establish and promote this program to the public.



PARTICIPANT FEEDBACK

"It made me realise what a habit drinking alcohol was, and how factors like where you are, and who you are with influence a decision to drink. The Febfast sheet with tips on it for helping you get through the month was very good."

"This month of abstinence has allowed me to really take note of the 'total' that alcohol can take - ie feeling tired, sleeping poorly, being a bit cranky at times. It has given me time to reassess how much I drink and why I drink and to realise that a walk or a cup of tea can help to de-stress just as much as a glass of wine. I have exercised more than I normally would and lost 1 kg (okay, it's not much, but it's something!). I intend to keep the alcohol for weekends only and be much more moderate than I have been for years."

"I feel that I am a better parent (I am a sole parent of a 4-year-old). The healthier I am, the more energy I have to give to her."

"I don't enjoy drinking a lot in one session in the way I used to. Amazing what a single month can do!"



From the CEO's desk

As ADCA progresses into 2010, we are doing so with the knowledge that the important role our National Peak plays in advocating for the alcohol and other drugs (AOD) sector, has been affirmed by the highest levels of Government.

The boost to funding secured at the end of last year, and ongoing negotiations to confirm additional long-term funding puts ADCA in a position of being confident about our impact and effectiveness in reducing social harm caused by alcohol and other drugs.

To this end, we recently completed a draft response to the Department of Health and Ageing (DoHA) 2010-2015 National Drug Strategy Consultation Paper. This response was distributed to the ADCA Board, State/ Territory AOD Peak bodies, and the Chairs of ADCA's Working Groups for further comment and input in late February.

ADCA has since developed a list of 22 recommendations spanning areas of increased representation and inclusion in consultation on Governmental committees for the NGO sector, further financial support for research, the high impact that any eHealth system will have on the AOD NGO sector, and evidence on the state of the AOD workforce and organisational capacity.

With the anticipated endorsement by the ADCA Board, the submission will be lodged in early March with DoHA for consideration.

This latest submission comes on top of several significant contributions late last year spanning issues of:

- effective regulation of supply of licit pharmaceutical drugs
- AOD/ Mental Health comorbidity issues that may foster suicide
- how alcohol and other drugs affect youth violence
- alcohol licensing, and
- Indigenous AOD issues that exacerbate Indigenous incarceration.

The House of Representatives Standing Committee on Family, Community, Housing and Youth is now conducting public hearings for its Inquiry into the impact of violence on

young Australians, and the Chair, Ms Annette Ellis MP, has invited ADCA to appear and give evidence on 10 March.

This is yet further recognition at the highest level of Government of ADCA's standing as the National Peak representing and advocating on behalf of the AOD/ NGO sectors.

We will be invited to make an opening statement in support of the original submission, and then be asked to respond to questions which Committee members may ask.

We are pleased to continue to develop relationships with others working to reduce harm such as FebFast (see Page 2), who are currently overseeing a very successful campaign. The annual FebFast this year has attracted more than 7200 participants to raise much needed funds for frontline AOD services as well as smaller grassroots organisations working in prevention, research/ service delivery concerning young people, and substance use.

Our own annual Drug Action Week (DAW), this year from June 20 to 26, is also gaining momentum with the launch of this year's interactive website and the new theme of **"Looking After YOUR Mind!"**

This change in theme provides communities with the chance to examine the effect of misusing alcohol and other drugs has on health and well-being – and in particular our minds. There has been an enthusiastic response to the theme, and we look forward to supporting event organisers with information and free awareness resources as they prepare for DAW 2010.

As part of DAW this year, we have recently developed a new partnership with the Royal Life Saving Association of Australia. With drowning statistics reaching alarming new levels and up to 40 per cent of adult drowning incidents related to alcohol, this partnership gives us another inroad into the community to take action against the misuse of alcohol and other drugs.

David Templeman
ADCA Chief Executive Officer

Mental Health Needs Early Care

By Professor Patrick D. McGorry, MD, PhD, FRCP, FRANZCP; Australian of the Year 2010; Professor of Youth Mental Health, University of Melbourne; Executive Director, Orygen Youth Health, Victoria, Australia; and founding member of the National Youth Mental Health Foundation (headspace) board.

Ailments of the mind are emerging from the shadows, yet people afflicted by them get a raw deal in our lopsided health system

Every 15 minutes someone, somewhere in Australia attempts suicide. Every four hours someone dies as a result.

Suicide is the leading cause of death in people under 30, causing more deaths than road accidents, though efforts to reduce this carnage are puny in comparison with attempts to reduce the road toll. Are the lives of those who commit suicide so much less valuable?

Similarly, 90 per cent of people with physical illness gain ready access to quality care, while only 35 per cent of those with mental ill-health do. This figure drops to 15 per cent for young men and people in rural and remote areas, especially indigenous people.

This, despite compelling evidence that early intervention for young people costs a third as much as standard late intervention and has better outcomes.

While mental ill-health is their standout health problem – contributing at least 60 per cent to their disease burden – we don't have a health system that works for them. Our mental health system offers late intervention, providing little more than a combination of acute risk management and palliative care, marooned within a beleaguered acute health system that's poorly linked to primary care.

The solution? Transformational change. Australia needs a modern, unified system with early intervention at its core and a major focus on children and young people up to 25, as well other key points in the life span.

We made a half-hearted attempt in the 1990s at building a system to replace the 19th-century mental hospitals, but it's been eroding ever since.

Federal and State politicians and policy-makers, and ultimately the community, have been let down by timid and non-evidence-based advice from influential advisers who have actively retarded reform and have sat by as our fragile system slid into crisis.

Clearly, our governments, especially our health departments, need generational change to get up-to-date advice.

Specifically, there are huge, demonstrable benefits from investing in early intervention and evidence-based care.

Finally, the large number of mentally ill Australians are only just finding their voice. Like all diasporas they have enormous hidden power that can be awakened and channelled.

Fifteen years ago we thought mainstreaming them within acute health services would solve all our problems. But the gravitational pull of planet Acute Health has sucked resources away from community mental health just when they're most needed. We only have a community mental health system, meagre as it is, thanks to the one-off cash injection from mental hospital closures.

Even this minimalist system has withered, reinstitutionalised and retreated into the bowels of the acute hospital. In cancer and cardiac medicine when people present with warning signs of serious illness, the doors swing open to fast-track care, while in mental health they slam shut.

At Orygen Youth Health, a Melbourne-based mental health service for young people, we're forced to turn away more than 1000 young people with serious mental health problems every year. These are not troubled teenagers but young people with complex disorders and substantial levels of risk.

Headspace, the National Youth Mental Health Foundation, is the Federal Government's innovative first step towards designing and funding community mental health services for young people more directly.

Headspace centres, one-stop shops for teenagers and young adults, provided care for more than 20,000 young people, 93 per cent of whom are very positive about their care, reporting they've benefited greatly. Unfortunately, national surveys suggest another 750,000 young people need help.

Despite the best endeavours of state and territory governments, notably in Victoria and the Australian Capital Territory (ACT), I doubt mental health reform and investment can be progressed at that level.

Victoria recently produced a visionary 10-year reform framework that outlines a pathway for the whole nation. Nonetheless, it's most unlikely the state will be able to devote the resources needed to translate this vision into reality anytime soon.

Alternatively, the commonwealth could assume responsibility for the mental health system. One option is a Repatriation-style parallel system of both acute hospital and community care such as that available to veterans.

As well, the commonwealth could focus on rescuing and expanding community mental health care, linking it to

primary care and the non-governmental sector. The rescue operation could also pluck triage and emergency presentations from the frantic world of emergency departments, with relief on both sides.

Regardless, the mental health system must move to a system of governance independent of acute health and primary care. Our highly successful Headspace experience is a model of how this could be achieved.

Our most pressing goal as a nation is implementing the top two recommendations of the National Health and Hospitals Reform Commission Report. The first is to strengthen and expand the one-stop shop Headspace model.

This means more funding to fulfil the potential of each existing Headspace site. On average a Headspace site needs about \$1 million a year recurrently to deliver its programs and run the site, rather than the \$500 000 available at present. While eventually Australia will need 200-300 of these services, we think it's feasible to add another 30 as the next stage of a national rollout.

Second, action on the recommendation to systematically roll out across Australia our highly influential and cost-effective Early Psychosis Prevention and Intervention Centre model is overdue. Though it's been held back by poor advice to government, the model's been adopted in hundreds of locations worldwide and is the most evidence-based approach in the mental health field.

Australia needs up to 60 early psychosis services, resembling a relatively low-tech version of the comprehensive cancer centre concept in metropolitan centres. They can be developed on a smaller scale in regional as well as metropolitan centres, and the recurrent cost of this nationally would be about \$300m.

Once established, however, this model rapidly saves money. Annual costs of care prove to be one-third of those of late intervention in standard public mental health care, yet the outcomes are much better, especially in terms of return to work and quality of life.

A no-brainer? You bet.

Furthermore, Access Economics – in a report commissioned by Headspace and Orygen – showed the \$10bn-\$30bn costs associated with mental ill-health in young people can be dramatically reduced by national implementation of cost-effective early intervention models that soon pay for themselves. Scaling up to full coverage boosts cost-effectiveness by a factor of 10.

This year we have an unprecedented opportunity to reach the tipping point in mental health. I expect to see the mental health diaspora emerge as the awakening giant in health and society, as well as policy-makers adopting new advice based on evidence and best buys. I also envision the advent of the transformational change we have sought for at least the past 10 years.

Professor McGorry was the author of this article which was published on Page 14 of the *The Weekend Australian* newspaper on Saturday, 6 February 2010.

On 25 January, Prime Minister Kevin Rudd MP, announced that Professor Patrick McGorry from Victoria was the 2010 Australian of the Year.

Also recognised were Ms Maggie Beer from South Australia as the Senior Australian of the Year, Trooper Mark Donaldson VC of Western Australia as the Young Australian of the Year, and Ms Ronni Kahn of New South Wales as Australia's Local Hero.

Prime Minister Rudd said that for the past 50 years, the Australian of the Year Awards program had honoured those who inspire us, and do us proud as a nation.

"This year, I am again awed by the achievements and contributions of the Award recipients, who demonstrate that greatness comes in many forms and all Australians have the potential for greatness within us," the Prime Minister said.

"Professor McGorry, a world-renowned youth mental health service which has placed Australia at the forefront of innovation in the early intervention and treatment of mental illness, and is passionate about caring for young people with mental health issues."

Prime Minister Rudd paid tribute to the profound effect of Professor McGorry's work, and thanked him for raising awareness of the major problem of youth mental illness in our community.

"The incredible influence of his work, the number of young Australians and their families whose lives have been improved, and the value of his contribution to the nation cannot ever fully be measured," the prime Minister said.

"With this award, we recognise that we have in Professor McGorry a leader whose drive, compassion, and commitment to understanding and treating youth mental illness has helped shaped not only lives, but our national approach to mental health intervention, prevention and treatment. He is truly a worthy recipient, and I congratulate him on being named Australian of the Year 2010."



Professor McGorry (centre) was presented with his Award by Prime Minister Rudd (left), and National Australia Day Council Chair, Adam Gilchrist, at a public event on the lawns of Parliament House in Canberra.

Dr Norm Stamper Reviews His "Down Under" Experience

By Dr Norm Stamper PhD, author of *Breaking Rank: A Top Cop's Exposé of the Dark Side of American Policing* (www.normstamper.com).

Dr Stamper was a police officer for 34 years, serving as Chief of the Seattle Police Department from 1998 to 2000. He was also Executive Director of Mayor Pete Wilson's Crime Control Commission for three years. He is a major proponent of significant drug law reform believing the "war on drugs" has actually been a war on people.

Dr Stamper, from the Law Enforcement Against Prohibition (LEAP) organisation in the United States of America (US), was brought to Australia in October 2009 by the Australian Drug Law Reform Foundation (ADLRF). While here, he addressed the Australian Parliamentary Group for Drug Law Reform in Canberra, and met with police and other public and private figures around the country.

On his return home, Dr Stamper reviewed his "Down Under" experience for ADCA News:

"Back on American soil only after a couple of weeks and already I'm missing your beautiful country, and the wonderful new friends I met there. I spent most of October (2009) in Australia on a two-pronged mission to firstly learn about your drug laws, policies and programs, and secondly to urge you to please, please reject my country's approach.

I spoke to universities; law schools and medical schools; think tanks; user groups; public health officials and frontline providers; police managers and police unions; elected and appointed representatives of cities, States, and the Federal Government; drug policy researchers; television, radio, and print journalists; and families and friends of loved ones lost to drug abuse and/or drug laws.

An hour after I checked into my hotel in Sydney I was met by the first of my assigned "buddies", there to help me navigate four States and six cities. (Thank you, Leah McLeod, for your extraordinary organizing efforts.)

First stop, the Opera House. I'd told American friends that if I was going to Sydney I simply had to see the Opera House. What a delight to learn I'd be speaking there, along with two exceptional co-panelists, Dr Alex Wodak and the barrister Greg Barns during the "Festival of Dangerous Ideas".

Dangerous? What about our collective presentation, each of us favoring an end to the drug war, could possibly be labeled dangerous? The full house audience enthusiastically agreed with the direction we advocated.

Many Australians were surprised to learn that, unlike your country, the US does not embrace harm minimisation – yet. As you've taught the world, clean needle and syringe exchanges, supervised injection sites, and methadone clinics save lives.

"Trials" in Australia have proven themselves, many times over. Yet, in only a handful of American cities have our politicians shown the wisdom and the will to permit, much less encourage and fund, such programs.

In Melbourne, it was all about drink driving and alcohol-fuelled violence, a taste of which I witnessed on a beautiful, sunny Sunday morning.

I'd walked from my hotel to catch a glimpse of the thousands of runners in the Melbourne Marathon as they made their turn onto Flinders Street. I got tired just watching the race so I bought a coffee (you Australians work wonders with that drug) and wandered west.

Staggering out of a drinking establishment at 9.30am, three young drunks, one still swigging from a beer bottle, almost bumped into me. They were loud, obnoxious, physically threatening.

When a frail looking man of Middle Eastern appearance attempted to walk by them they blocked his path and taunted him. They called him a terrorist. The man managed to sidestep his ridiculers and hurry safely down the sidewalk.

The incident put me in mind of a conversation I'd had with Dr Wodak and a Detective Superintendent in Sydney. It was then that I first heard the term "glassing". My response, once the Superintendent defined the practice, was amazement.

In the US, such incidents rarely happen in bars or taverns. I half-jokingly suggested that our drunken rowdies use knives and guns but, in fact, liquor licensees realise that what happens in their establishments can seriously jeopardize their livelihood. In Seattle, we've closed bars permanently, because of persistent patron misconduct.

Of course, it helps that our minimum drinking age is 21, and alcohol establishments close by 2am.

On to Perth where I was met with the disturbing news that Western Australia's Premier is keen on more or less "re-criminalizing" minor cannabis cases. Having already written on the topic in my Huffington Post blog, I'll spare you details of my take on this development. Needless to say, the Premier's initiative is jarringly out of step with the way the rest of the world, even the US, is going.

Next up was Brisbane where in addition to a full slate of well-attended public and private meetings, I was asked to help launch the "Safer Cannabis Use Guidelines" promulgated by the Nimbin Health and Medical Research Council.

Competing against a major fire for media attention, we garnered exactly no reporters at a news conference. A shame since the Guidelines are excellent. Recognising that millions of Australians use cannabis, these suggestions are designed to reduce associated "health, social, legal and economic risks."

It was also in Queensland that I "petted" kangaroos in the Currumbin Wildlife Sanctuary one afternoon, only to feast on roo that same evening. My lovely hosts, Ruth and Simon, made a point of educating me about the vital role tourists play in preparing the animals for consumption - who knew the act of "petting" a kangaroo tenderises its meat? Thanks to Simon, I'm this close to becoming a vegetarian.

My final home base was Canberra where the estimable Michael Moore showed me around the nation's capitol, introducing me to lawmakers and Ministers, and setting up meetings with terrific community based organisations, media, Members of Parliament, and a major Parliamentary committee.

On Saturday morning, Michael and his wife Helen picked me up at my hotel for a ride through the pleasant countryside to Cooma where I was scheduled to address 350 Rotarians.

My expectation, as I gazed out at a sea of service club members and their spouses, was that, given my "radical" views on drug policy, this gathering would turn into the true "festival of dangerous ideas".

But the reception could not have been warmer. Not only were there no boos (Rotarians, constitutionally fun-loving yet polite and dignified, don't do boos), the speech was greeted with fervent applause.

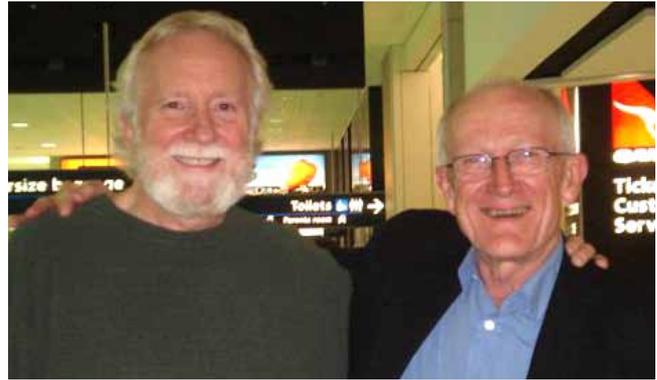
The real test, of course, is what one hears after. Many people throughout that afternoon and into the evening's dinner, a musical "celebration of the sixties", approached to let me know they too favour a robust regulatory model as an alternative to prohibition. Among them, a Federal Police Officer, an economist, and even a representative of a commercial drug company.

While the Australian people seem ready for fundamental drug policy reform, a good number of politicians are behind the curve. As with many US politicians, they seem to be misreading both the research and their constituents, or they're gripped by fear and/ or inertia.

Yet I did meet several key government officials who acknowledged failures in current policy, and who professed an openness to negotiate a new course. Especially encouraging were the many police officers along the way who spoke of disillusionment with prohibition, and their desire for change.

I was a cop for 34 years, the first 28 in the Mexican border city of San Diego, and the last six (1994-2000) up near the Canadian border as Seattle's Chief of Police. As a frontline warrior in the drug war, I witnessed evidence of the utter failure of American policy.

Since my retirement, I have been studying various approaches to drug control, and I've become an active member of Law Enforcement Against Prohibition, the National Organisation for the Reform of Marijuana Laws, and the Drug Policy Alliance.



Dr Norm Stamper (left) was farewelled at the Sydney International Terminal by John Mills, Treasurer of the Australian Drug Law Reform Foundation which sponsored his visit.

All too familiar with the heartbreak of unregulated drug trafficking, I've seen children lose their lives to drugs, their families torn asunder. I've pulled bodies, sober and intoxicated, out of wrecked automobiles at crashes caused by alcohol, and mourned along with the multitudes, the drug overdose deaths of well-known musicians and other beloved artists.

While I agree that it's "never about the drugs", but rather an individual or a family's underlying social and psychological issues, powerful chemicals, including alcohol, have contributed too much suffering in your country and in mine.

But the drug war is far worse. Here in the US we're keenly aware of the limitations of prohibition - we tried it for 13 years with alcohol. For starters, it doesn't work. And it guarantees death, disease, public corruption, crimes of violence and predation.

It's the worst possible model on which to base drug policy. Yet this knowledge hasn't stopped our leaders from the delusional pursuit of "zero tolerance".

American taxpayers have spent one trillion US dollars since 1971 when President Richard Nixon pronounced drugs "Public Enemy Number One", and declared all out war on them.

Tens of millions of Americans, disproportionately poor and young, black and Latino, have been incarcerated, many for years, many for minor possession arrests. Tens of thousands have lost student loans, been evicted from public housing, and watched their prospects for meaningful employment go up in smoke.

What do we have to show for this "investment"? Illicit drugs are more readily available, at lower prices and higher levels of potency, than when President Nixon made his famous declaration. Moreover, a 2008 study by the World Health Organization (WHO) shows that despite our harsh penalties, drug use rates are much higher in the US than in most other nations.

Why would any country look to us for guidance? After four decades of the US led global "war on drugs", I believe you Australians are poised to show the rest of the world what enlightened drug policy looks like. Many of us in the US are hoping and praying you'll do just that."

New Comorbidity Resource for AOD Workers

**By Dr Katherine Mills PhD, Senior lecturer,
National Drug and Alcohol Research Centre,
University of New South Wales, Sydney**

Over recent decades, a large body of research has documented the extent to which mental health conditions co-occur with alcohol and other drug (AOD) use.

There has also been growing recognition of the significant challenges faced by AOD workers when treating clients with co-occurring mental health conditions.

To assist those working with clients who have co-occurring mental health conditions, the Australian Government Department of Health and Ageing (DoHA) funded the National Drug and Alcohol Research Centre (NDARC) to develop *"Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings."*

WHAT IS THE PURPOSE OF THE GUIDELINES?

The purpose of the Guidelines is to provide AOD workers with up-to-date, evidence-based information on the management of comorbid mental health conditions in AOD treatment settings.

They are based on the best available evidence and draw upon the experience and knowledge of clinicians, researchers, consumers and carers from around Australia.

The Guidelines aim to:

- increase AOD workers' knowledge and awareness of mental health conditions
- improve the confidence and skills of AOD workers working with clients with comorbid mental health conditions
- provide guiding principles for working with clients with comorbid mental health conditions
- improve AOD workers' ability to identify mental health conditions
- provide practical information on the management of comorbid mental health conditions
- provide information regarding the treatment of comorbid mental health conditions
- provide information regarding referral processes, and
- provide resources that may be used to facilitate all of the above.

WHO WERE THE GUIDELINES DEVELOPED FOR?

The Guidelines have been developed primarily for AOD workers working in both the government and non-government sector, including nurses, medical practitioners, psychiatrists, psychologists, counsellors, social workers, and other AOD workers.

However, a range of other health professionals may also find them useful.

In writing the Guidelines, it was recognised that those working in the AOD field differ greatly in terms of their roles, education, training and experience.

As such, the Guidelines do not assume that all AOD workers will be able to address comorbidity to the same extent. At a minimum, however, it is suggested that all AOD workers should be "comorbidity informed"; that is, knowledgeable about symptoms of common mental health conditions and how to manage these symptoms if they arise.

HOW WERE THE GUIDELINES DEVELOPED?

The Guidelines were developed based on a comprehensive review of the best available evidence and the experience of an expert panel of academic researchers, clinicians, consumers and carers.

In developing the Guidelines, we relied, where possible, on evidence from well-designed research studies. Where this evidence was not available, recommendations were based upon appropriate clinical experience.

Prior to publication, the Guidelines were reviewed by a number of key stakeholders with expertise in the field and feedback was sought from AOD workers in non-government treatment services across Australia.

ARE THE GUIDELINES USEFUL AND RELEVANT TO CLINICAL PRACTICE?

In May 2009, prior to the publication of the Guidelines, non-government organisation (NGO) AOD treatment services nationally were invited to provide feedback on a draft of the Guidelines. Copies of the Guidelines were sent to 77 services that expressed interest in participating in the study, and some 74 surveys were returned.

The feedback received was overwhelmingly positive, indicating that the Guidelines are acceptable to the AOD sector. Overall satisfaction with the Guidelines was high.

The majority of respondents thought that the Guidelines would be useful and would assist with clinical decision making. In particular, respondents indicated that the Guidelines effectively illustrated links between the theory of responding to comorbidity and the practical aspects of responding (86 per cent).

The majority (84 per cent) reported that the Guidelines would enable them to respond to comorbidity-related issues with greater confidence, and 93 per cent indicated that they would use some of the things they learnt from the Guidelines in their work.

WHERE CAN YOU GET A COPY OF THE GUIDELINES?

In December 2009, hardcopies of the Guidelines were distributed to all AOD treatment services across Australia.

The Guidelines, and other resources, are also available for download from <http://ndarc.med.unsw.edu.au/comorbidity>.

AOD workers may provide feedback on the Guidelines via a short online survey at this site. This information may be used to inform revisions to any future editions of the Guidelines.



High Court Decision and Comment on Licensing Appeal – an ADCA Perspective

High Court of Australia, Canberra

On Tuesday, 10 November 2009, the High Court of Australia handed down a unanimous verdict upholding the appeal of C.A.L Pty Ltd, trading as Tandara Motor Inn, in their defence of a negligence case brought by Ms Sandra Scott and the (Tasmanian) Motor Accidents Insurance Board.

Ms Scott and the Motor Accidents Insurance Board (the appellants) charged that Tandara Motor Inn was negligent in allowing Ms Scott's husband to consume alcohol at Tandara Motor Inn's licensed premises, and then allow Mr Scott to attempt to ride a motorbike from the Inn to his house. During this ride, Mr Scott incurred a fatal accident.

Mr Scott's drinking companion had arranged with the Licensee to lock the motorbike that Mr Scott was riding in a storeroom, hold onto the keys, and enable Mr Scott to telephone his wife to arrange to be picked up as there was concern about a police breathalyser unit being in operation.

During a three-hour period at Tandara Motor Inn, Mr Scott consumed approximately eight rum cans. When the Licensee told Mr Scott that he was refused service and offered to call Ms Scott, Mr Scott became verbally aggressive and demanded the motorbike back. Upon receiving the motorbike, Mr Scott left the licensed premises and attempted to ride home.

There are a number of conflicting legal issues raised by this case:

- "autonomy" or the individual's right to freedom
- personal responsibility
- legal causality
- "exceptional" circumstances
- civil liability
- responsible service of alcohol, and
- licensing laws.

Under Tasmanian Liquor Licensing Legislation (State of Tasmania, 1990), a licensee is statutorily required to ask people to leave the premises who are:

- acting in a violent, quarrelsome or disorderly manner; or
- is using disgusting, profane or foul language.

Under contract law, there can be no contract without consideration. Thus, there is no contract between the publican and the deceased in respect of the motorbike.

The High Court of Australia upheld the appeal on three bases:

1. Firstly, the High Court decided that there was no Causation on the part of the licensee.

The Licensee had no legal right to retain possession of the motorbike. However, providing Mr Scott with possession of the motorbike did not cause him to attempt to ride home whilst intoxicated.

The Cole v South Tweed Heads Rugby Club (Cole v Sth Tweed) is directly precedential here. Ms Cole was run over by a car approximately one hour after leaving the South Tweed Heads Rugby Club, where she had been drinking and eating food for seven hours. In Cole v Sth Tweed, the Court ruled that a duty of care was owed by Sth Tweed to Ms Cole. However, the Court ruled that Ms Cole's refusal of free transport home, or the offer of a taxi caused a break in the chain of causality. The majority verdict believed that once Ms Cole had left the premises, she was autonomous.

2. Secondly, the Court ruled that any duty of care was not breached. This overturned the Tasmanian ruling that the duty of care was breached. The High Court found contrary to the Tasmanian ruling, Mr Scott had already been verbally abusive, and it was reasonably foreseeable that verbally abuse could escalate into physical. That would be in breach of the Licensee's statutory duty to ensure the premises was orderly, see Tasmanian Liquor Act quoted above.
3. Thirdly, the Court found there was no specific duty of care. The Court did not argue that there is a general duty of care, for example a duty to ensure that the premises were physically safe, to ensure that equipment such as kegs, and gaming equipment are in safe working order.

Defence counsel however argued that there was a narrow duty of care between the licensee and Mr Scott due to an agreement in relation to the motor cycle. The Court rejected that Mr Scott was "vulnerable" or suffered a reduction in his capacity. The court rejected that there was a duty of care as the arrangement with respect to the motorbike was informal. The goal was to store the motorbike to avoid Mr Scott being breathalysed.

Any duty of care conflicts with Mr Scott's personal autonomy. The serving of alcohol does not constitute vulnerability, such as that between teacher/ pupil or ward/ guardian.

This supposed duty of care conflicts with other torts of assault and battery to keep Mr Scott from possessing the motorbike, of false imprisonment from keeping the motorbike from Mr Scott's possession.

The duty also conflicts with the law of bailment. The argued duty of care involving not returning possession of the motorbike to Mr Scott clashes with s45 of the *Criminal Code (Tas)*, giving Mr Scott the right to use force to obtain the keys and the motorbike.

A number of other summaries and articles have been published on this case and from public health institutes such as Victoria Health, and the Cancer Council of Victoria.

There are recent precedential cases considered by the High Court from New South Wales in *Cole v Sth Tweed Heads Rugby Club* in 2004, and another considered in 1950 from Queensland, *Roggenkamp v Bennett*, both cases discuss the principle of personal autonomy as opposed to the policy of Responsible Service of Alcohol.

Personal Autonomy is discussed as:

- Autonomy is seen as a central value in the Western liberal legal tradition. This is the idea, frequently referred to in tort cases, that persons should be free to make their own decisions about how they will act, especially where they would be subject to legal obligations. (*Whiting, C 2007*)

The last applicable common law doctrine is "volenti non-fit injuria", to a willing person, no injury is done. If someone willingly places themselves in a position where harm might result, knowing that some degree of harm might result, they cannot then sue if harm actually results. From *Roggenkamp v Bennett*:

- In order to establish the defence, the plaintiff must be shown not only to have perceived the existence of danger, for this alone would be insufficient, but also that he fully appreciated it and voluntarily accepted the risk. The question whether the plaintiff's acceptance of the risk was voluntary is generally a question of fact, and the answer to it may be inferred from his conduct in the circumstances. (*High Court, 1950*)

Cole v Sth Tweed discussed *volenti non-fit injuria* in general terms, noting that:

- Unless intoxication reaches a very high degree (higher than that achieved by the appellant in this case), the criminal and the civil law hold a person responsible for his or her acts. Save in extreme cases, the law makes intoxicated people legally responsible for their actions. As a general rule, they should not be able to avoid responsibility for the risks that accompany a personal choice to consume alcohol. (*High Court, 2004*)

In delivering his verdict, Chief Justice French made noted that:

- "I express no opinion on more general questions about the duty of care owed by publicans to their customers or to persons other than their customers. The resolution of these questions in future will be likely to require consideration of the liquor licensing laws and the civil liability statutes of the relevant State or Territory." (*High Court, 2009*)

The point made by Chief Justice French shows that the judicial branch considers that the wider issue of "Responsible Service of Alcohol" to more properly be a question for the legislative branch of the state to resolve. The underlying issue is that the legal and social policy arguments around responsible service of alcohol and what "ought" to happen cannot stand against the legal principles of the tort of negligence, without provoking serious loss of autonomy for the general public in future.

Further media articles have shown that the High Court's judgement in this case does not prevent Liquor Licensing authorities enforcing Responsible Service of Alcohol (RSA) principles.

This is because RSA is enshrined incorporated within State/ Territory Liquor Licensing legislation. Rather, this decision has upheld the principle of personal autonomy and called for political and legislative reform to provide liquor licensees with greater clarity as to how RSA should be managed within licensed venues.

To clarify the situation, it is appropriate for public health bodies such as the Alcohol and other Drugs Council of Australia (ADCA) to promote evidence-based solutions for Governments to:

- consider legislative reform of alcohol licensing laws, with a view to creating consistent "best practice" liquor licensing legislation across State/ Territory jurisdictions
- investigate potential harmonisation of licensing laws with civil liability principles; and
- examine comparable duties of care and RSA legislation from similar international jurisdictions such as Canada, the United Kingdom and other countries.

From research across State/ Territory jurisdictions, it appears that there are some inconsistencies in each State/ Territory's approach to Liquor Licensing, and further work needs to be done to develop a "best practice" approach to Liquor Licensing.

It is encouraging to note that the National Preventative Health Taskforce's alcohol key action points discuss a potential harmonisation of different State/ Territory Liquor Legislation.

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NDSIS Update



Jane Shelling,
Manager National
Drugs Sector
Information Service

DVDS FOR EDUCATION AND RESEARCH

All ADCA members are welcome to borrow DVDs for education and research purposes to show both staff and clients. All of the videos, DVDs and other electronic resources held in the National Drugs Sector Information Service (NDSIS) collection, can be searched on the Drug database www.adca.org.au/drug. Simply specify the type of resource you require on the drop down menu.

6: 6 mates, 6 stories [videorecording (DVD)]

Melville, W.A.: City of Melville, 2007

Accompanied by a booklet of lesson outlines. Creator, Janet Armarego; producer, Nick Heydon; director, Johnie Stanley; Writers, Lis Hoffmann and Tony Nicholls.

This DVD is based on a booklet titled Who said it's easy being a guy? – a health and drug education resource for young men which was revised in 2002 and is still in use in schools and other organisations. The city obtained a grant to produce the DVD of short films aimed at young men. As Janet explains: 'As a result of continued positive feedback received about the booklet, we decided to extend the reach of the program to target young men who are less inclined to read.'

Don't beat about the bush! [videorecording (DVD)]

Beyondblue presents the ABC Landline - Rural Depression Program

BeyondBlue; Australian Broadcasting Corporation
Hawthorn West, Vic.: Beyondblue, 2008

Don't beat about the bush! DVD featuring: a 20-minute segment on rural depression produced by the ABC Landline team; the TV CSA featuring Tim Fischer; *beyondblue* CSAs focusing on rural men/alcohol and depression.

Fighting the dragon with luck [videorecording (DVD)]

[Fitzroy, Vic.]: Resolution Media, 2008

Fighting the dragon with luck is an uplifting documentary about recovering heroin addicts who attend a local community pharmacy for opiate replacement therapy. Seen through the eyes of six former addicts the ... documentary retraces stories of hopeless addiction, survival through broken dreams, a new hope and eventual recovery.

Ice: out in the cold [videorecording (DVD)]

Curtin, A.C.T.: Rural Health Education Foundation, 2007

The program provides strategies for treatment, management, and dealing with problems related to use of illicit drugs such as "Ice" in rural and remote areas. Finally, it explores various strategies to build resilience and preventing substance abuse, particularly among young people.

HIV/AIDS update: holding the ramparts

[videorecording DVD]

Curtin, A.C.T.: Rural Health Education Foundation, 2008
Location: AV HIV

The vital role of counselling and support is discussed, particularly in rural and remote Australia where access to services is limited. The program also looks at anticipated future developments in management and treatment.

Stories of hope and recovery: personal accounts of depression, anxiety and related disorders

[videorecording (DVD)]

Hawthorn, Vic.: BeyondBlue, 2008

Accounts by: Jeff Kennett, Jessica Rowe, Gary Hamilton, Craig Hamilton, Nathan thompson, Vicki Katsifis, Lyn Chaplin, John Konrads and Grant Blashki.

Therapeutic journeys: alcohol counselling skills: working with binge drinking. [videorecording (DVD)]

Mount Lawley, W.A.: Sushi Productions, 2009

This program features a clinical psychologist interviewing a 24 year old male client Ben, who is experiencing problems related to binge drinking. Ben has been referred into counselling because of a number of problems associated with his drinking, particularly on weekends. The interview illustrates: general counselling skills - listening skills, empathy, use of questions ; Alcohol and other drug assessment; Motivational interviewing; problem solving and short-term goal setting; normalising relapse.

Samson & Delilah [videorecording (DVD)]

[Australia]: Footprint Films, 2009

Presented by Screen Australia Indigenous Department, New South Wales Film and Television Office, Australian Broadcasting Corporation, Adelaide Film Festival, Northern Territory Film Office, Scarlett Pictures and CAAMA Productions.

Samson and Delilahs world is small an isolated community in the Central Australian desert. When tragedy strikes, they turn their backs on home and embark on a journey of survival. Lost, unwanted and alone, they discover that life isnt always fair, but love never judges.

Don't Wait – Nominate NOW! for the 2010 National Drug and Alcohol Awards

The clock is running down to nominate for the 2010 National Drug and Alcohol Awards (NDAA).

This year sees the inauguration of the "**Excellence in Creating Healthy Sporting Communities**" Category which is sponsored by the Australian Drug Foundation.

This new Award is designed to recognise sporting associations, codes or clubs which are taking steps to manage and prevent the harms caused by alcohol and other drugs.

The Awards to be presented at the NDAA Presentation Dinner on 25 June 2010 are:

- Prime Minister's Award for Excellence and Outstanding Contribution to Drug and Alcohol Endeavours
- National Drug and Alcohol Honour Roll
- Excellence in Prevention and Community Education
- Excellence in Treatment and Support
- Excellence in Research
- Excellence in Services to Young People
- Excellence in Law Enforcement
- Excellence in Alcohol and other drug Media reporting
- Excellence in School Drug Education, and
- Excellence in Creating Healthy Sport Communities.

To find out more about the Awards, tickets for the Awards Dinner, and accommodation options, organisations and individuals are encouraged not to wait – act **NOW!** and log onto to the NDAA website at www.drugawards.org.au or contact the NDAA Event Manager on 02 6215 9802/ info@drugawards.org.au, or Jagdish Dua at Ted Noffs Foundation on 02 9305 6621/ duaj@noffs.org.au.

It should be noted that **nominations for the 2010 Awards will close on Friday, 16 April 2010** to enable the Judging Panels to assess the entries and agree on finalists.

As has been said many times before, many excellent people in exceptional organisations work to prevent and reduce alcohol and other drugs (AOD) use and associated harm in Australia. However, they are often the forgotten achievers who receive little recognition.

The awards were initiated by the Ted Noffs Foundation, the Australian National Council on Drugs (ANCD), the Alcohol and other Drugs Council of Australia (ADCA), and the Australian Drug Foundation (ADF). The 2010 awards are being coordinated by the Ted Noffs Foundation and DRUG ARM (Australasia). The collaborating organisations acknowledge the support of the Prime Minister and sponsors.

NDAA DINNER TICKETS

Tickets for the 2010 NDAA Presentation Dinner, to be held at the Citigate Hotel in Brisbane on Friday 25 June 2010 are **now on sale**. The collaborating organisations extend an invitation to the AOD and Non-Government Organisation (NGO) sectors, as well as the wider community, to join us in celebrating the work of the outstanding contributors to the sector.

ACCOMMODATION OPTIONS

For your accommodation needs, log onto www.mirvachotels.com for options at the Citigate Hotel. When booking advise that it is for the NDAA Dinner and ask for the special accommodation rate. More details are available under NDAA Dinner Ticket Sales at www.drugawards.org.au.

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The views expressed by contributors to *ADCA News* are not necessarily those of ADCA. All URLs were correct at the time of printing. While contributions are welcome, final content is at the discretion of the Editor.

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