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Drug Action Week 2010 on Target

The alcohol and other drugs (AOD) sector and aligned community stakeholders across Australia are to be congratulated for once again participating in **Drug Action Week (DAW) 2010 – now in its 14th year!**

By 31 May, some 600 registrations had been lodged on the DAW website, and progressive distribution of promotional materials to enhance awareness of DAW had begun.

An initiative of the Alcohol and other Drugs Council of Australia (ADCA), DAW is scheduled to run from Sunday, 20 June to Saturday, 26 June.

This national event is strongly supported by the Department of Health and Ageing (DoHA), and other stakeholders such as the Alcohol Education Rehabilitation Foundation (AERF), Campbell High School in Canberra, DHL Express, Media Monitors, the Rural Health Education Foundation, the Pharmacy Guild of Australia, and television networks.

DAW 2010 will be officially launched at Campbell High School in Canberra on Tuesday, 15 June 2010, and will focus on this year's theme **"From Alcohol is a Drug – TOO! to Looking After YOUR Mind!"**

A prominent guest speaker and Patron of ADCA will be Professor Ian Webster AO.

"It is encouraging to note that recent events like the Global Financial Crisis have not dampened support for DAW," said Mr David Templeman, Chief Executive Officer (CEO) of ADCA. "Once again registrations have reached the 600 target and ADCA expects the total could reach 650 by mid-June."

To enhance with the large demand for DAW promotional materials, and supporting information, DoHA has entered into an additional strategic partnership which offers DAW organisers the chance to receive free National Illicit Drugs Campaign handouts to support their events. To obtain these materials, email nationaldrugscampaign@health.gov.au or order online at <http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/Content/campaign-resources>.

"ADCA is pleased to be working with the National Illicit Drugs Campaign," Mr Templeman said. "These additional resources enable event organisers to provide resources to satisfy the increasing demand created by the continuing success of DAW."



DHL Express is delivering this year's DAW promotional materials - seen here is the Canberra-based team (standing from left): Matthew Inglis, Richard Harris, Robert Moffat, Harry Singh, Hugh Burgess and Hugh McFadden. Kneeling are Ronald Jackson (left) and Chris Worland.

"Drug Action Week 2010 has built on the success of the past two years during which the campaign focussed on the theme of **"Alcohol is a Drug – TOO!"**. This year, we have changed tact to highlight the concerning mental health aspects of alcohol and other drugs use, and added the tagline of **"Looking after YOUR Mind!"**.

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.

Underpinning these main themes for 2010 are the sub-themes of:

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Drug Action Week 2010 on Target

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- Alcohol and other drugs in Sport on Monday, 21 June
- Prevention and Treatment on Tuesday, 22 June
- Alcohol and binge drinking on Wednesday, 23 June
- Indigenous people and rural Australia on Thursday, 24 June; and
- Alcohol and other drugs and Mental Health "Comorbidity" on Friday, 25 June.

In support of these sub-themes, ADCA has revised and developed new factsheets which are available from www.drugactionweek.org.au, and have been included on a DVD-ROM produced by ADCA and distributed to all event organisers.

"Nationally, DAW has helped raise awareness of the significant burden drug and alcohol use places on all

Australians," Mr Templeman said. "Last year's record 648 events along with the substantial national and local media coverage informed communities and individuals of the need to think about safer ways to minimise harm from the use of alcohol and other drugs.

"DAW would not be possible without the long-standing support of the Minister for Health, and DoHA's Drug Strategy Branch," Mr Templeman said. "ADCA was very pleased to sign a three-year funding agreement with the Department earlier this year, which now allows ADCA to engage in long-range planning for the future of DAW."

For more up to date information on Drug Action Week 2010, log onto the website at www.drugactionweek.org.au.



Australian Government
Department of Health and Ageing

2010 National Drug and Alcohol Awards Finalists Decided

A total of 76 entries were received for the 2010 National Drug and Alcohol Awards (NDAA) with a record number of 21 nominations in the Excellence in Prevention and Community Education Category.

With judging completed in all Categories, arrangements are well in hand for the NDAA Presentation Dinner in Brisbane on Friday, 25 June, where the Category Winners, the Prime Minister's Award, and the NDAA Honour Roll will be announced. The Finalists are:

Excellence in Law Enforcement:

Victoria Police (Assertive Youth Outreach Service); Queensland Police Far-North Queensland (Weed it Out); and Mt Isa Police (Liquor Accord & Enforcement).

Excellence in Alcohol and other Drugs Media Reporting:

Ms Kirrilly Burton (Sydney) for her clinical feature "The New Face of Drug Addiction" which analysed the issue of prescription opioid abuse in Australia and was published in *The Medical Observer*; Goolarri Media Enterprises (Broome) for six television community service announcements to raise awareness and educate Indigenous youth on alcohol-related harm across the Broome and the Kimberley Region of Western Australia; and the Brisbane Indigenous Media Association for communication resources to promote healthier lifestyles and raise awareness of the health risks associated with alcohol and drug use.

Excellence in Research:

Dr Adrian Carter; Drug Trends Project; and Dr Kylie Lee.

Excellence in Services to Young People:

The Loft Youth Arts and Culture Centre, Newcastle; Hello Sunday Morning, Melbourne; and Bush Mob, Alice Springs.

Excellence in Treatment and Support:

UnitingCare Moreland Hall, Bluebelly ATS Website; The Corrections Project, Dr Sandra Sunjic NSW Justice/ Health; and Gold Coast Drug Council Inc.

Excellence in School Drug Education:

South Australia Cross-sector *Adolescents and Alcohol Initiative* (38 Government and Independent schools involved); *Making the Link: Promoting Helpseeking for Cannabis and Mental Health* (Williamstown High School); and *Drug Education in Victorian Schools Pilot Project 2008-09* (Department of Education and Early Childhood Development).

Excellence in Prevention and Community Education:

The PuP Program (Parents under Pressure); ReSet Manly Drug Education and Counselling Centre; and Groote Eylandt Health Promotion Films.

To find out more about the Awards, organisations and individuals are encouraged to log onto the NDAA website at www.drugawards.org.au or call the NDAA Event Manager on 02 6215 9802, or send an email to info@drugawards.org.au.

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 – 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) – extend an invitation to the AOD and Non-Government Organisation (NGO) sectors, as well as the wider community, to join them 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.

EDITORIAL

'Modern Awards & the National Employment Standards: Some basic facts...'



By Sam Biondo,
Executive Officer,
Victorian Alcohol and Drug
Association (VAADA)

Australia's employment and industrial relations landscape is rapidly changing. The alcohol and other drugs (AOD) sector is also affected by such changes.

Through the *Fair Work Act 2009*, the Federal Government has introduced a new "safety net" of minimum conditions that apply to all Australian employees.

The safety net is comprised of two elements. The first relates to Modern Awards (reducing the actual number of awards from about 1700 to about 122), and the second relates to the "National Employment Standards" (NES), of which there are 10.

Both changes commenced on 1 January 2010¹ and are intended to consolidate the thousands of existing industry awards into occupation award categories to reduce confusion, and establish easily understood minimum employment entitlements.

THE NATIONAL EMPLOYMENT STANDARDS²

The NES is comprised of 10 minimum standards of employment and underpins all Awards and Agreements. It consists of:

- **Maximum weekly hours of work** – 38 hours per week, plus reasonable additional hours.
- **Requests for flexible working arrangements** – allows parents or carers of a child under school age or of a child under 18 with a disability, to request a change in working arrangements to assist with the child's care.
- **Parental leave and related entitlements** – up to 12 months unpaid leave for every employee, plus a right to request an additional 12 months unpaid leave, plus other forms of maternity, paternity and adoption related leave.
- **Annual leave** – four weeks paid leave per year, plus an additional week for certain shift workers.
- **Personal / carer's leave and compassionate leave** – 10 days paid personal/ carer's leave, two days unpaid carer's leave as required, and two days compassionate leave (unpaid for casuals) as required.
- **Community service leave** – unpaid leave for voluntary emergency activities and leave for jury service, with an entitlement to be paid for up to 10 days for jury service.

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Visit www.gamblinghelponline.org.au or phone 1800 858 858 for more information and help.



gamblinghelponline.org.au

Gambling Help Online is an initiative of the Ministerial Council on Gambling (MCG) and is funded as part of an agreement between all State and Territory Governments and the Australian Government.

EDITORIAL 'Modern Awards & the National Employment Standards: **Some basic facts...**'

Continued from Page 3

- **Long service leave (LSL)** – a transitional entitlement for certain employees who had certain LSL entitlements before 1 January 2010 pending the development of a uniform national long service leave standard.
- **Public holidays** – a paid day off on a public holiday, except where reasonably requested to work.
- **Notice of termination and redundancy pay** – up to four weeks notice of termination (five weeks if the employee is over 45, and has at least two years of continuous service), and up to 16 weeks redundancy pay, both based on length of service.
- **Provision of a Fair Work Information Statement** – employers must provide this statement to all new employees. It contains information about the NES, modern awards, agreement-making, the right to freedom of association, termination of employment, individual flexibility arrangements, rights of entry, transfer of business, and the respective roles of Fair Work Australia and the Fair Work Ombudsman³.

MODERN AWARDS

Modern Awards, together with the National Employment Standards (NES) and the national minimum wage orders which occur yearly, make up a new safety net for employees covered by the national workplace relations system. Modern Awards however, will NOT apply where a Workplace Agreement is in place.

Modern Awards can contain terms relating to:

- minimum wages, including piecework rates
- types of employment (eg full-time, part-time, casual, shift)
- overtime and penalty rates
- work arrangements (eg rosters, variations to working hours)
- Provisions for annualised salaries with appropriate safeguards
- allowances (eg travel allowances)
- leave, leave loading and taking leave
- superannuation
- employing outworkers and the work they perform
- industry-specific redundancy scheme; and
- consultation, representation and dispute settlement procedures.

As these Modern Awards come into effect, previous awards will be set aside. There are transitional arrangements applying to most awards and particularly in the Social and Community Services area⁴.

While Modern Awards generally commenced operating as of 1 January, 2010, this is not the case with respect to key

matters such as minimum wage rates, penalties and loadings (including casual loadings). Minimum wage rates and penalties do not commence until 1 July, 2010 until which time, existing minimum wages, penalties and loadings will continue to apply.

On 1 July, 2010, transitional provisions regarding these matters commence. This will involve a consideration of whether the rates of pay, penalties and loadings in the modern award are higher or lower than in the awards they are replacing. If there is a difference, the difference is phased in over a five-year period commencing 1 July, 2010, so any changes could be gradual.

As well as a groundbreaking pay equity case before the Federal Court, which is looking at pay rates in the Social and Community Sector, there will also be a safety net wages case in 2010.

The outcome of these will influence the level of any difference in wage rates between the Modern and Existing Awards. In the first instance, only after the outcome of "safety net wages case" is known will we be able to calculate any wage differences and therefore any differentials which need to be the subject of transitional provisions.

A NOTE FOR EMPLOYERS

Modern Awards and transitional provisions are not intended to reduce an employee's take-home pay. There is a principle within the Modern Award which requires that an employee should not be any worse off overall, than they were prior to the new award.

On this basis, employers should be aware that their employee's overall take-home pay is not reduced. Please note that under the *Fair Work Act 2009*, penalties of up to \$6600 for an individual, and \$33 000 for a corporation, may apply to a breach of a term of a Modern Award or the National Employment Standards (NES).

For information on the award modernisation process, contact Fair Work Australia on 1300 799 675. The Fair Work Infoline on 13 13 94 can provide further information on Modern Awards or other rights and obligations under the national workplace relations system

The Ombudsman can also help you determine correct entitlements under a Modern Award, and assist you in complying with workplace laws. Refer to <http://www.fwo.gov.au/Pages/default.aspx>.

¹ This article can only provide a brief glimpse into aspects of the changes. It is advised that individuals and organisations seek out more detailed information and advice on the impact of changes both personal and organisationally. Information is freely available from Fair Work Australia see (<http://www.fwa.gov.au>).

² See <http://www.fairwork.gov.au/Pages/default.aspx> reference to National Employment Standards.

³ See <http://www.fairwork.gov.au/Pages/default.aspx> reference to Fair Work Information Statement.

⁴ * In the SACS sector, current Award rates of pay will continue to apply until such time as the ASU Pay Equity case is decided by Fair Work Australia. See Australian Services Union UMAG Autumn 2010 "Introduction of Modern Awards".



From the CEO's desk

The Federal Government released the *Australia's Future Tax System* (Henry Review) and its response to the review in early May 2010.

The review concluded significant debate over reforming the way alcohol is taxed within Australia culminating in two final recommendations.

Recommendation 71: All alcoholic beverages should be taxed on a volumetric basis, which, over time, should converge to a single rate, with a low-alcohol threshold introduced for all products. The rate of alcohol tax should be based on evidence of the net marginal spill over cost of alcohol.

Recommendation 72: The introduction of a common alcohol tax should be accompanied by a review of the administration of alcohol tax, to ensure that alcohol taxpayers do not face redundant compliance obligations.

Unfortunately, the Government's response was poor. In responding to the Henry Review, the Government stated they would not:

"Change alcohol tax in the middle of a wine glut and where there is an industry restructure underway (see Rec 71)."

The Alcohol and other Drugs Council of Australia (ADCA) cannot understand the lack of action on alcohol tax reform when Government has been so focussed on health reform.

ADCA was astonished that the priority appears to be supporting the alcohol industry and forgetting about the 3000 Australians who die every year from alcohol related harm.

Increasing price and removing tax inconsistencies have been proven to reduce alcohol-related harms, and we can't believe that they have missed this historic opportunity to reduce the cost of alcohol on Australian communities.

ADCA believes that the Government's stance shows it has not listened to evidence-backed public health opinion, including its own Preventative Health Taskforce.

The Preventative Health Taskforce's strategy *Australia: The Healthiest Country by 2020* specifically discussed commissioning independent modelling under the auspices of the Treasury and the Department of Health and Ageing (DoHA).

It should be noted that such modelling was undertaken by the Henry Review, as well as other groups, all of which reported that shifting to volumetric taxation would reduce the \$15.3 billion cost to Australia caused by excessive alcohol taxation.

This means that the inconsistencies which allow a 750ml bottle of wine to sell for less than a bottle of water, and the

ridiculous situation where cask wine is taxed at only 6 cents per standard drink will remain and continue to burden our community.

The effectiveness of volumetric taxation was highlighted by recent Australian Bureau of Statistics (ABS) statistics showing the dramatic decline in apparent consumption of RTD spirits of 30 per cent after the introduction of the RTD taxation amendments.

This was a part of a small overall decrease in alcohol consumption of 0.1 per cent across all categories between 2007-08 and 2008-09 (ABS 2010).

Since the Government's announcement, it has been encouraging to see the Alcohol Education and Rehabilitation Foundation (AERF) Director, Mr David Crosbie, reaffirming his organisation's position "...that volumetric tax is a core part of the solution for positive change in the way Australians drink."

In respect of steps taken by the Government to increase tobacco taxation, as specified by the Henry Review and the Preventative Health Taskforce, ADCA was encouraged by this positive action. It is however, a shame that the Government let the wine producers sectional interests win out over the health and societal benefits that would occur from alcohol tax reform.

While the public health sector was a strong supporter of the Government's binge drinking campaign, and will continue to back this initiative, there was a strong feeling by the entire AOD community that the Government's \$60 million binge drinking campaign would not be the only response to a problem affecting all Australians and costing \$15.3 billion annually.

The lack of action on alcohol tax reform shown by the Government makes it imperative that the rest of the Preventative Health Taskforce's alcohol recommendations such as reforming alcohol advertising, licensing, labelling and community education be addressed as a matter of urgency.

Failure to implement taxation reform seriously jeopardises the ability of the Government to reach its aim of reducing harmful alcohol consumption by 30 per cent by 2020. Sadly, we will continue to see hospitals addressing this harm because of the lack of commitment in prevention.

The AOD sector can rest assured that ADCA will continue its strong advocacy campaign in these areas to achieve reform for the health and wellbeing of all Australians.

David Templeman
ADCA Chief Executive Officer

The International Harm Reduction Association (IHRA), the Conference Consortium, and Liverpool John Moores University hosted the Harm Reduction 2010: IHRA's 21st International Conference in Liverpool, England, from 25 to April.



Since 1990, the annual international harm reduction conferences have grown in importance and become the main meeting point for all those interested in harm reduction around the world. Each year, the conference takes place in a different part of the world and covers the latest topics and debates from the field.

As had been the case in the previous 20 events, the 2010 conference included high profile keynote speeches, plenary sessions, major sessions, symposia, workshops, training events, a film festival, poster exhibitions, exhibition areas, satellite meetings, social and networking events, and the annual IHRA award presentations.

The conference theme for 2010 was "Harm Reduction: The Next Generation". With a substantial body of evidence shows the feasibility and effectiveness of harm reduction in a wide variety of social and cultural settings, the focus was on what was needed as we moved through to the third decade of harm reduction?

How adequate are the models of harm reduction that have been developed? Is the "comprehensive package" of harm reduction for HIV sustainable in low and middle income countries? How can we expand harm reduction to cater for all psychoactive drugs?

When we "scale-up" harm reduction, should we just replicate and expand pilots and projects or work to integrate harm reduction into health systems? How does harm reduction intersect with, and change, drug control systems? What new opportunities are there for harm reduction in terms of human rights, security, development and other sectors?

This theme was reflected throughout the conference program which embodied:

- Young People – who are both directly and indirectly affected by drug use around the world, and must be engaged in the global harm reduction and drug policy dialogue.
- New Populations – including regions such as Africa and Latin America, which have often been overlooked by harm reduction advocates and policies.
- New Interventions – including the need to address non-injecting use, and to move beyond a focus on opiates and develop effective responses for stimulant users and emerging drugs and trends.
- New Challenges – including the need to improve global resourcing for harm reduction, and to improve quality as well as coverage around the world.

In essence, IHRA aimed to use Harm Reduction 2010 as an opportunity to look back over the last two decades and more, and reflect on the successes and challenges that had been faced, in order to move forward.

For Harm Reduction 2010, the 21st international conference, organisers returned to Liverpool, the city which hosted the first event back in April 1990. Liverpool has a proud history of both public health and harm reduction. It was the first city in the world to appoint a Medical Officer of Health back in 1847 and, in the 1980s, developed the "Mersey Harm Reduction Model" for reducing drug related harms.

Liverpool opened the "Mersey Drug Training and Information Centre" (MDTIC) in 1985 – a drop-in centre which provided honest information about safer drug use, and in 1986, opened one of the world's first formal needle and syringe exchange programs (in a converted toilet!). As such, Liverpool contributed significantly to the adoption of harm reduction across the United Kingdom and Europe, which then helped to establish harm reduction around the world.

Harm Reduction 2010 saw the launch of the "International Harm Reduction Academy", a partnership delivered by IHRA and the Conference Consortium, to provide the opportunity for conference delegates, including those from Australia, to enhance their conference experience, and obtain an internationally accredited Certificate in Professional Development.

Dark Clouds Lift for Harm Reduction



**By John Ryan,
Chief Executive Officer,
Anex**

People from all over the world converged on Liverpool in late April for the 21st birthday of the international harm reduction conference.

It was just after the opening of European airspace, post the volcanic ash cloud, and many delegates' flights were delayed or cancelled. More than a thousand people still made it for four days of intense harm reduction discussion.

The United Kingdom (UK) was in overdrive for their election, the country gripped by the novel experience of their first

ever televised prime ministerial candidates' debate. Political discussion was plumbing the depths of The Biggest Loser in the daily press.

The Government was in caretaker mode which meant that there was no politician at the opening session. Instead, the head of the UK National Treatment Agency, Paul Hayes, took on the role.

His speech acknowledged the many achievements of harm reduction, its early adoption in the local area and he then pointedly commented that harm reduction should change its goal, and aim for abstinence as its end point. It might have been a sign of the changing times, especially the expected and eventual triumph of the Tories.

There were other interesting perspectives on harm reduction. Franz Trautmann from Trimbos Institute pointed out that whilst harm reduction may well have gained legitimacy in Europe and with European governments, supply control was still getting the vast majority of the dollars. Harm reduction has moved well beyond just needle and syringe programs. It was becoming the guiding principle of demand reduction too.

Trautmann suggested that as harm reduction ages, and proves to be a successful approach, it is also becoming mainstream. This mainstreaming may be eroding some of its early passion for people and it risked losing its humanitarian commitment.

This lead nicely to another speaker from the Netherlands, Eberhard Shatz of the Rainbow Foundation. He noted the phenomenon of foreign drug users in Netherlands as "refugees from their own country's drug policy". He challenged delegates to consider if harm reduction is just harm management and if it is actually a control tool for government, ameliorating the most negative consequences of our emphasis on supply control and its funding.

He pointed out that in Holland it was police arguing for drug consumption rooms, because they removed drug users from the street and therefore reduced a visible issue in the community.

Shatz threw up many challenges: Do services fit drug users? Has harm reduction been implemented sensitively for stimulant users or young people or old people or any of the variety of human kind that has needs for harm reduction. These challenges are most often not met, something of a one size fits all approach prevails.

The conference went well beyond HIV, injecting and pondering the trajectory of harm reduction. There were major and plenary sessions on harm reduction and HCV, tobacco and alcohol.

Tobacco was particularly timely, as the conference was being held at the same time as Aussie cigarette prices went up. Sweden has shown itself to be a model of effective policy, though it is not being adopted in the EU.

Sweden allows snuss, a chewing tobacco, and their smoking numbers are the lowest in Europe. The negative health consequences of snuss are minimal compared to smoking, so why haven't more taken up the Swedish approach? One explanation offered was the zero tolerance approach of the "anti- tobacco zealots" among us in the public health field.

The efficacy of naloxone to prevent fatal overdose was demonstrated yet again. Most importantly it is clear that peer distribution of naloxone is feasible and effective. For family and friends of drug users and people who use drugs themselves, it seems like the lack of availability in Australia is causing deaths, unnecessarily.

The conference saw the launch of some very important reports. The international Centre for Science in Drug Policy released a report into the violence associated with drug law enforcement, and it would be no surprise to many people living in the poor parts of Kingston Jamaica, the Mexico/ United States (USA) border, or any number of big cities around the world, the research found that law enforcement may actually increase violence (www.icdsp.org).

Harm reduction services are spreading internationally. The Reference Group to the United Nations on HIV and Injecting Drug Use compiled the most comprehensive global picture of harm reduction. NSPs have now been introduced in 82 countries but less than 10 per cent of IDUs access NSPs per year, and globally there are only 20 needles per IDU per year distributed from NSPs.

Bradley Mathers reported (www.idurefgroup) that there are now 151 countries reporting injecting drug use, with 11-21 million people who inject, of whom three million are HIV positive. Opioid substitution treatment may be in 73 countries, but only 65 countries have both essential harm reduction interventions.

The largest populations of injecting drug users can be found in what were previously anti harm reduction countries, the USA, China and Russia. There are very positive signs from the USA and China to suggest that a more evidence based approach will prevail.

Sadly, many people will die as the wheels of government slowly move to tackle injecting drug use. The drug scene growth and dynamism continues to outstrip the slow pace of effective governmental action. In Russia it is estimated that 10 000 people die from a drug overdose per year, and yet methadone is not to be found there.

Whilst it may well be the case that there is an increased number of countries supporting harm reduction in principle, practice still falls far short of what is required to make a real impact on drug related harm.

The host of the conference, the International Harm Reduction Association (www.ihra.net) released their "3 cents" report. The report shows that in 2007 about \$160 million was spent on low and middle income country harm reduction, of which only about a third was actual spending on harm reduction services.

The best estimate is that this is about five per cent of what is required. Figures worse than Australia, which was not part of the study, but we are clearly struggling here with only three per cent of the overall drug budget going to harm reduction.

The conference demonstrated the core tenet of harm reduction, evidence based presentations were the mainstay. But the emotional was also revealed, by some speakers and at the conference film festival.

The film, Ben: Diary of a Heroin Addict, won the film festival award. Ben's mum accepted the honour, and in fact honourable could be her middle name. Ben's life as shown on the film was gruelling, interviews with his family and friends neglected any quantitative research. The film showed that at the heart of drug problems is human frailty and without compassion for individuals affected, we are nothing but barbarians.

Harm reduction is growing up and spreading out. In Europe it is so mainstream that it is informing and supporting police and drug treatment. In many poorer and middle income countries, it is being adopted as the only effective way to tackle growing HIV transmission from drug injection.

Australia, once a harm reduction world leader, is neglecting many innovations adopted elsewhere that could be transferred down under to save lives.



Revised/ New Alcohol and Inhalants Policy Positions Endorsed

ADCA continues to progress the revision of its standing policy position papers, and to identify issues for the development of new documents.

At its May 2010 meeting, the ADCA Board endorsed two papers – a revised policy position on alcohol, and a new policy position on inhalants.

These positions were developed in close consultation with the ADCA Board, the ADCA Federal Council, the respective ADCA Working Groups, ADCA Members, and strategic stakeholders across the AOD/ NGO/ related sectors.

ADCA's Chief Executive Officer (CEO), Mr David Templeman, said that while in the majority of cases the principles behind ADCA's existing policy positions remain extant, the supporting data needs to be updated. Each policy position is designed to be a stand-alone document that can be quoted separately.

The two comprehensive, evidence-based papers, supported by factsheets which summarise ADCA's key positions, are available in full by logging onto the ADCA website at <http://www.adca.org.au/content/view/24/190/>.

SUMMARY – ALCOHOL POLICY POSITION

ADCA further believes that the level of funding committed by the federal Government to reducing alcohol-related harms remains insufficient when considered in the context of the harms and costs alcohol misuse causes Australian communities.

ADCA is concerned about the considerable disparity of money collected by governments from alcohol tax, and the amount allocated towards alcohol misuse prevention. Allocating more money for prevention and treatment would reflect the Government's serious commitment to reducing alcohol-related harm and changing Australia's drinking culture.

The policy position looks at a number of strategies which have been adopted in Australia to reduce the harms associated with alcohol misuse.

In relation to alcohol taxation and pricing, ADCA recommends that the ad valorem WET and other product-based tax distortions be replaced with a consistent, progressive volumetric taxation regime, with tax rates being based on alcohol content for all alcoholic beverages.

ADCA further believes that both the physical and economic availability of alcohol should be restricted and regulated to a greater degree. State and Territory Governments should create risk-based licensing approaches.

ADCA further recommends that self-regulation of alcohol advertising and promotion be replaced with a system of alcohol advertising and promotion that is regulated by Federal Government, and independent of the alcohol industry. Further, governments at all levels should resource the collection and evaluation of data on alcohol sales and consumption to inform best practice as well as policy and program development.

SUMMARY – INHALANTS POLICY POSITION

In recent years, prevalence of inhalant misuse has increased and ADCA believes that more needs to be done to raise awareness and educate about inhalant misuse and to address and reduce associated harm. Currently, there is a deficit of comprehensive data regarding inhalant misuse.

Data collection faces the problem that a large number and variety of products fall under the inhalants category, and that many inhalant users may fall outside of the demographic covered by the surveys, ie they are not attending school, are younger than the target age, or not living at home.

ADCA recommends that quantitative and qualitative research and evaluations be undertaken to inform further policy and intervention programs.

Governments at the Federal and State/ Territory levels have acknowledged the issue of inhalant misuse as an important one and have provided a range of responses, including the establishment of a Taskforce to address the issue at a national level.

Recommendations from the Taskforce are being implemented by the National Inhalant Abuse Coordinating Group under the direction of the Intergovernmental Committee on Drugs. This has already resulted in the creation of the National Inhalants Information Service (NIIS), managed by ADCA, and the current development of clinical practice guidelines.

Substantial efforts have been made to address the issue of petrol sniffing in Indigenous communities with the implementation of the Petrol Sniffing Strategy 8 Point Plan. However, ADCA believes that more needs to be done to ensure the *National framework for addressing inhalant abuse in Australia* is fully implemented.

The complex nature of inhalant misuse requires a range of interventions that address individual and community health, family, and socioeconomic issues. It is imperative that the age and cultural background of people who use inhalants need to be considered when implementing intervention strategies.

Coordinating the National Drug Strategy: Where to from here?



**By Dr Caitlin Hughes,
Drug Policy Modelling
Program, National Drug
and Alcohol Research
Centre, University of
New South Wales**



When we think about illicit drugs or alcohol we tend to focus on drug and alcohol use itself – who is using drugs, how much are people using and what can we do about it.

How can we prevent the uptake of alcohol and drug use in young people? What kinds of treatment work best? How should police best use their resources? These are the nuts and bolts of Australian alcohol and drug policy.

Yet above all, this sits Australia's advisory system comprised of health and law enforcement ministers and non-government representatives. The complex system of structures and processes of governance and coordination of Australian alcohol and drug policy is just as worthy of our attention.

This is especially true right now when the National Drug Strategy (NDS) is going through a period of critical review pre the imminent release of the 2010-2015 strategy.

The National Drug and Alcohol Research Centre's Drug Policy Modelling Program (DPMP) has just completed an analysis of the coordination of Australian illicit drug policy.

Coordination involves both structures and processes. We found that the processes are more important than the structures themselves. There are a number of important processes to good coordination, including transparency and participation.

Transparency is critical to the functioning of the bodies: to engender support for the peak advisory structures and to steer Australian drug policy. Australia has done well to improve transparency of processes but more work remains to be done.

For example, discussions are held behind closed doors and documentation of the discussions and outcomes is poor. Many documents produced by or for the structures are never released to the public. Limiting public access to such information does not appear justified, especially given that we want a well-informed and educated public on this important social problem.

Participation is another core principle of good coordination and governance processes. Since the adoption of the first National Campaign against Drug Abuse in 1985, there has been a shift away from small advisory groups comprised

primarily of health and law enforcement ministers and bureaucrats, to increasingly engaging non-government representatives including the drug treatment sector, research and volunteer and community organisations.

Engaging more stakeholders is clearly a positive, but also has challenges. For example, the appointment in 1998 by the then Federal Government of the Australian National Council on Drugs (ANCD) led to confusion regarding the roles of this and the existing advisory bodies.

A clearer demarcation of roles and responsibilities for each body has gone some way to ameliorating such problems, with the Alcohol and other Drugs Council of Australia (ADCA) taking the lead as the national peak and advocating on behalf of non-government organisations across the alcohol and other drugs (AOD) sector.

One lesson is that there is no one ideal or simple way of bringing people to the table. Nor is there "one right way" of doing it, but there are a number of core principles that can be used to identify what is necessary. Processes must provide opportunities for all key stakeholders to participate.

Processes must be:

- equitable – enable all stakeholders to put forward their views and have them considered
- consensus oriented -based on open dialogue and compromise
- responsive – enable timely response to emerging issues
- be seen as legitimate by both those inside and outside the formal advisory arenas, and
- transparent and accountable.

Achieving all these objectives is inevitably a challenge and involves striking a balance between the need to engage a broad range of stakeholders and ensuring there is a capacity for swift and effective responses.

The coordination of NDS 2004-2009 has received criticism. Based on our analysis we would suggest that some changes are warranted. Yet in the next iteration of the strategy a simple expansion of the current advisory system is not the answer. Rather the emphasis should be on enabling better processes.

Australian Governments need to ensure equity of access; determine, in consultation the appropriate interest groups to include and exclude; whether there are any justifiable limits to transparency; and most importantly, how to balance the needs for participation versus effective and responsive governance. Failure to focus on process improvement is likely to lead to continued dissatisfaction.

These are not easy issues to resolve, but it is suggested that by addressing them, Australia will have more participatory and more effective governance processes for drug policy. Better governance should lead to reduced drug and alcohol-related harm.

The DPMP Report is available at www.dpmp.unsw.edu.au.

ADCA Calls for Lifting of MSIC Trial Status

The Alcohol and other Drugs Council of Australia (ADCA) has written to the Premier of New South Wales (NSW), Ms Kristina Keneally MP, and the Leader of the Opposition in NSW, Mr Barry O'Farrell MP, advocating for the lifting of the trial status of the Medically Supervised Injecting Centre (MSIC) in Kings Cross in Sydney.

The Deputy Premier and Minister for Health, Ms Carmel Tebbutt MP, Deputy Leader of the Opposition, Mrs Jillian Skinner MP, and the Mayor of Sydney, Ms Clover Moore, have also been made aware of ADCA's strong recommendation.

The letters were developed in consultation with Ms Annie Madden, Executive Officer of the Australian Injecting and Illicit Drug Users League (AIVL); Mr John Ryan, Chief Executive Officer (CEO) of the Association for Prevention and Harm Reduction Programs Australia (Anex); Ms Hester Wilson, Acting Director at MSIC; Dr Ingrid van Beek; Professor Ian Webster AO; and Professor Peter Baume.

In summary, ADCA's letters expressed the following arguments in support of lifting the trial status:

"... ADCA is aware that there is increasing support for a change of status for the Medically Supervised Injecting Centre (MSIC) in Kings Cross from a trial commenced almost a decade ago to become part of the state's mainstream response to drug-related harms in the public health field both nationally and internationally.

"ADCA believes that lifting the trial status and providing the MSIC with some much-needed certainty around its existence would adequately acknowledge the now significant body of scientific evidence that the MSIC has been successfully achieving its objectives and providing a vital health service to individuals and the wider community of Kings Cross.



"ADCA and its strategic partners hope that the extensive evidence for the MSIC's effectiveness as a harm reduction strategy, and the strong and increasing community and public support for it expressed over a number of years, will prompt recognition at the highest political level and lead to the lifting of the MSIC's trial status.

"This would put an end to the MSIC being politicised, particularly as each four-year evaluation period (which coincides with the electoral cycle) draws to an end..."

It should be noted that on 25 February, the Premier expressed her support for the MSIC in *The Sydney Magazine* of *The Sydney Morning Herald* and was quoted as saying "...that she would like to see it as part of ongoing services for people with drug addictions."

In response to ADCA's letter, the Office of the Premier has advised that the matter is under consideration – at 31 May ADCA was still awaiting a formal response.

On 15 April, the Deputy Leader of the Opposition, Ms Skinner, responded saying "I have been contacted by many individuals and organisations in the community about this important matter, so I know it is one that attracts strong views on both side of the debate. You may be aware that the MSIC is a conscience vote issue for Members of the NSW Liberals and Nationals."

On 17 May, the Leader of the Opposition, Mr O'Farrell, wrote stating "While I accept that the MSIC has reduced street death from heroin, I remain concerned it has not met its goal of providing a pathway for users to access services to end their addiction. The Legislation is due to come back to Parliament in 2012. It will be dealt with as a conscience vote – as it has on previous occasions."

ADCA is aware that the MSIC trial at this stage is not scheduled to finish until the end of 2011.



NDSIS Update



Jane Shelling,
Manager National
Drugs Sector
Information Service

WORKFORCE DEVELOPMENT

Workforce Development has come to be seen as an umbrella term for a wide range of strategies, activities, policies and programs that can be put in place for both individuals and increasingly for organisations as well.

Actions can support the planned advancement from where you are now to where you want to be in the future.

The National Drugs Sector Information Service (NDSIS) can play a role in assisting individuals and organisations to achieve their workforce development goals.

- Individuals can study externally both formally and informally and receive:
 - the extra bonus of help from the NDSIS with literature searches, remote electronic journal access and the ability to borrow books.
- Organisations can plan their workforce development and receive:
 - NDSIS provided, targeted literature searches and full text articles delivered promptly, and
 - monthly current awareness publications tailored to your specific information needs that can be distributed amongst the team.

If your organisation is assisting a group of alcohol and other drugs (AOD) workers to complete a formal course of study and you would like them to enjoy the unique study benefits the NDSIS can provide, contact us about a limited group membership at a reduced cost.

Alternatively, you may wish students to be supplied with a one off study "brick" of specified articles. Workforce Development information, or encouraging research and study, send an email for help to jane.shelling@adca.org.au.

FURTHER READING ABOUT WORKFORCE DEVELOPMENT

For full text follow the links or email us your request to ndsis@adca.org.au.

Core competencies for health promotion practitioners. February 2009, 8 p. Australian Health Promotion Association www.healthpromotion.org.au/issues/

Allsop, Steve J. **Evidence-based practice or imperfect seduction? Developing capacity to respond effectively to drug-related problems.** Volume: 28 (5). September 2009. Drug and Alcohol Review 541-549p.

Cultreth, John R. **Factors impacting the development of substance abuse counseling supervisors.** Volume: 29 (1) October 2008. Journal of Addictions & Offender Counseling 22-35p

Deakin, Edwina. **Training needs assessment of NGO alcohol and other drugs agencies in NSW: for Network of Alcohol and Other Drug Agencies** 83 p. www.nada.org.au/downloads/WFD/TNA2007.pdf

McEneaney, Kevin E. **Strengthening the addiction workforce: combating recruitment and retention challenges will require bolder initiatives.** Volume: 6 (7) December 2008. Addiction Professional 23-25p.

Roche, Ann M. **Achieving professional practice change: from training to workforce development.** Volume: 28 (5) September 2009 Drug and Alcohol Review 550-557p.

Roche, Ann M. **New horizons in AOD workforce development.** Volume: 16 (3) 2009 Drugs: Education, Prevention and Policy 193-204p.

Roche, Ann M. **Setting the scene: alcohol and other drugs workforce development issues and imperatives** Adelaide NCETA 2010 www.nceta.flinders.edu.au/

Rose, David. **Quality initiatives in the alcohol and other drug treatment sector.** Volume: 14 (2) August 2008 Australian Journal of Primary Health 58-63p

Willis, Katie **Developing the capacity and skills for national implementation of a drug law enforcement performance measurement framework.** Hobart: NDLERF Date: 2008 www.ndlerf.gov.au/pub/Monograph_34.pdf

YOU'LL FIND AN ADCA BOOTH AT THESE CONFERENCES:

- * Australian Winter School
- * National Indigenous Drug and Alcohol Committee (NIDAC)
- * Drug and Alcohol Nurses of Australasia (DANA)

Stop by and say hello!

National Alliance for Action on Alcohol (NAAA) Wants More Members

The National Alliance for Action on Alcohol (NAAA) has been created to provide member organisations with a strong, unified voice in the national alcohol policy debate.

Formed on 25 February 2010 with 27 organisations, the NAAA is now looking to broaden its scope of membership and attract organisations that wish to advocate for evidence-based policy changes to help to reduce the \$15.3 billion per annum toll alcohol consumption costs Australian society.

Since its inception, the NAAA has responded to the Henry Review on alcohol taxation, and provided support for updated modelling showing that taxing alcohol by content, not by type, can reduce the harms caused by excessive alcohol consumption.

Recognising that there is no single solution (and that members may over time wish to identify and act on other issues) the NAAA's initial focus is on advocating for:

- reforming alcohol taxation
- buying-out by government of alcohol sponsorship in sports and the arts
- increasing investment in prevention

- strengthening the regulating of alcohol advertising
- introducing health information labelling on alcohol products and including point-of-sale promotions, and
- tightening controls on the sale and supply of alcohol.

NAAA is not intended to be a large, new organisation but rather a genuine alliance, and joining NAAA does not constrain individual member organisations from undertaking their own action in relation to alcohol issues.

The NAAA aims to build the widest possible membership, so as to enable organisations from all sectors to play a role, and have maximum impact.

At this stage, membership is for organisations, not individuals. The only caveat, as set out in our terms of reference, is that members "...will have no direct financial relationship with the alcohol industry or any of its organisations and the alcohol industry shall have no role in policy development."

There is no membership fee to join the NAAA. The main consideration for supporting organisations is that they can support and work within the parameters of NAAA's terms of reference.

Organisations will have the opportunity to provide input to NAAA position papers, at regular NAAA meetings and teleconferences. To express interest in joining the NAAA please email either brian.vandenberg@vichealth.vic.gov.au or mwalker@phaa.net.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.

Editor: Brian Flanagan, Manager ADCA Strategic Communications and Policy, brian.flanagan@adca.org.au

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ADCA office contact details:

PO Box 269 Woden ACT 2606

1st Floor 17 Napier Close Deakin ACT 2600

Tel: 02 6215 9800 Fax: 02 6281 0995

Email: adca@adca.org.au

Web: www.adca.org.au