

NewsPoint

JUNE 2009

HERE TO MAKE A DIFFERENCE

A newsletter produced by Turning Point Alcohol and Drug Centre to highlight issues relating to alcohol and drug treatment and the activities and concerns of the organisation.

Turning Point strives to promote and maximise the health and wellbeing of individuals and communities living with and affected by alcohol and other drug-related harms.

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Turning Point
Alcohol & Drug Centre

NEW SELF-HELP WEBSITE

Stimulant users have long reported a reluctance to enter formal treatment, suggesting that mainstream alcohol and drug services have not been orientated to their particular needs. In response, Turning Point established a pilot program specifically targeting methamphetamine users, Access Point, which has proven successful in attracting previous non-treatment seekers. A new website meth.org.au provides additional support.

“Some people will continue to opt for a self-help approach, particularly if they’re young or haven’t been using for very long”, says project officer, Linda Jenner. “Meth.org.au is a practical resource for those users who haven’t yet experienced serious meth-related problems and are likely to benefit from early intervention and relevant self-help advice.”

“While there’s a lot of information on the web about methamphetamine, there are no specific self-help sites,” Linda says. “In creating meth.org.au, we’ve bundled together relevant information in one place and produced what we believe is a useful, informative and engaging website.” Linda points out that the site is targeted towards the younger user and has a funky urban colour palette with a city street theme.

The site, funded by the Australian Government ATS Grants Program, has a number of interactive elements including:

- a self-assessment tool: the ASSIST, developed by the World Health Organisation, which generates feedback for the participant about their use of a range of drugs;
- an on-line brief intervention derived from evidence based materials;
- an optional SMS and email sign-up to receive automatic weekly tips and brief intervention information each week;
- a direct link to CounsellingOnline – a live, text-based, chat-style counselling service for people who want personal support;
- resources and information for alcohol and drug, and other health and frontline workers to help them respond more confidently to users of methamphetamine in their practice;
- useful links and resources for families and friends of methamphetamine users;
- an avatar, or animated figure, who can help the website user to navigate the site.

NEWS IN BRIEF

Turning Point Graduate Studies mid-year intake is now open. If you missed the opportunity to enrol at the start of the year, you can apply now for entry into the Graduate Certificate and the Graduate Diploma in Alcohol and Other Drug Studies.

Online study options are available and students may elect to specialise in Dual Diagnosis, Advanced Counselling or Research streams. Course information and the Postgraduate Student Information Handbook are available on the Turning Point website. Contact Shirley Gill on (03) 8413 8720 or shirleyg@turningpoint.org.au for further information. Applications close end of June, 2009.

Diary alert! Turning Point is pleased to announce that our 2009 Symposium will be held on 18th August at VicHealth in Carlton. We hope you can join us for a day of presentations, workshops and discussion on emerging trends in the AOD sector. Topics covered will include pharmaceutical misuse, alcohol outlet density and system development in China. The Symposium is a great opportunity to network with colleagues and find out more about the work we are doing at Turning Point. Stay tuned...

A new cannabis self-help booklet has just been published. *Effective Weed Control* is a guide for people who are having problems with their cannabis use and want to make positive changes to their lifestyle. The booklet works well as a companion to Turning Point's Clinical Treatment Guideline 06: *Effective Weed Control (Working With Cannabis Users)*. It is an ideal resource for clinicians to give their clients as "take home" information. Price is \$2.50 and orders can be placed by downloading the new catalogue from the Turning Point website: http://www.turningpoint.org.au/library/catalogue_web.pdf

The Psycheck manual, which has been available to download free of charge from psycheck.org.au is now available to buy in hardcopy. This training manual includes the screening tool and clinical treatment guidelines as well as a CD-ROM with training resources and videos. More information is available on the Turning Point catalogue.



Over-the-counter codeine study

Pharmaceutical misuse in Australia is gaining increasing attention in the health sector with the National Drugs and Poisons Schedule Committee recently suggesting some pain relievers sold in pharmacies should be more tightly controlled. One of the groups of commonly misused pharmaceuticals for which harms are likely to occur is over-the-counter analgesics, specifically those containing codeine and ibuprofen.

Excessive use of strong pain relievers has been recognised for many years and a number of reports have emerged of people being admitted to hospital in a serious condition after taking large quantities of products containing codeine. Despite this, not much has been done to educate or inform people of serious harms such as life threatening stomach damage and kidney failure which can occur as a result of frequent and excessive use.

Turning Point is currently conducting research into the misuse of pharmaceuticals to learn more about dependence on non-prescription codeine-based pain relievers. A study being carried out by Clinical Researcher, Dr Suzanne Nielsen, is examining the mental health and co-morbidities of people who misuse these drugs. The study aims to inform the development of interventions used to reduce misuse, dependence and other related harms caused by over-the-counter pain relief products.

Suzi and her team have been undertaking a web-based survey over the past few months that will conclude at the end of June. The next stage of the project involves face to face interviews with people who have developed dependence on products such as Mersyndol, Panadeine and Nurofen Plus, as well as interviews with health professionals and people working in the AOD field who have had experience dealing with non-prescription codeine users.

If you are interested in participating in this study and are willing to attend a face to face interview, please contact Dr Suzanne Nielsen on 03 8413 8413.

Alcopops debate

In April 2008, the Federal Government sharply increased the excise rate on pre-mixed spirits (or alcopops) and the subsequent twelve months have been spent trying to win support for this tax in the Senate, which has seen alcopops become the focus of much debate.

In particular, the Distilled Spirits Industry Council of Australia (DSICA) has funded a series of reports that have cast doubt on the effectiveness of the tax. Initially, DSICA made the argument that the reduction in alcopop consumption following the tax change had been completely replaced by an increased consumption of straight spirits, even claiming as early as July 08 that the new tax had resulted in higher consumption levels.

Given what we know about the relationship between alcohol consumption and price, this seemed an unlikely result. Dozens of studies, both internationally and within Australia have demonstrated that consumers respond to price changes in alcohol much the same way they do to price changes in any product – when the price goes up, consumption goes down. Thus, with the increase in the price of alcopops, researchers expected a sharp reduction in consumption of these beverages, offset by small increases in consumption in other beverage categories, but producing an overall reduction in total alcohol consumption. In fact, this is exactly what happened.

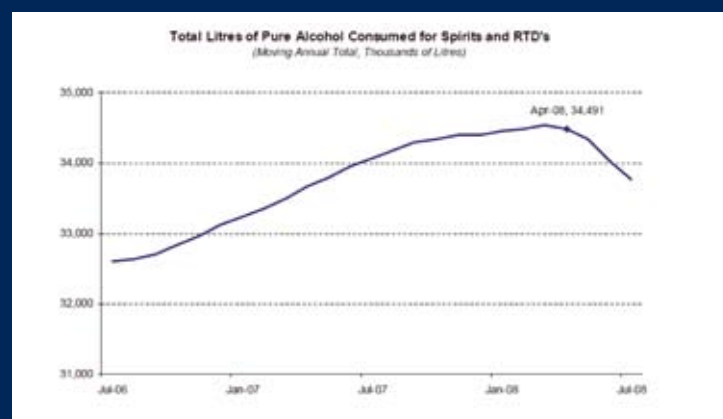
A study of the best available consumption data (based on the three months following the tax change and the equivalent three months in 2007) by Chikritzhs et al. showed a 26 % reduction in the number of standard drinks consumed via alcopops following the tax change, offset by an 11% increase in the number of standard drinks consumed via spirits, with little change in beer and wine consumption. Figure 1 demonstrates the overall reduction in spirits consumption seen following the tax change. The best estimate of the impact of the alcopops tax was an overall reduction in consumption of around 64 million standard drinks over three months (May-July), roughly a 3% reduction.

The alcohol industry and other opponents of the tax have countered that even if consumption has gone down, there's no evidence that binge-drinking or alcohol-related harm have been reduced. Strictly, this is true – the aggregate consumption data reported by Chikritzhs et al. tell us nothing about whose drinking has changed. A report commissioned by DSICA claimed that the alcopop tax had no impact on alcohol-related hospitalisations amongst young people, but this report was seriously flawed, dismissed as 'shoddy' by the secretary of the Department of Health and Ageing, and allowed no real conclusions to be drawn.

With the alcopops tax now having been in place for twelve months, it should soon be possible to undertake a more rigorous and measured analysis of the impacts the tax has had on rates of binge-drinking and alcohol-related harms. All that can be said with any confidence now is that overall consumption has fallen. Research generally shows that when population level consumption falls, so too does binge-drinking and harm-rates, but further analysis is needed.

At this stage the Government has failed to confirm the alcopops tax through the Senate, but is expected to try again in the coming weeks. Whether or not their attempts are successful, it seems clear that they have spent a significant amount of political capital on a measure that will most likely produce relatively small public health gains. Alcopops make up less than 15% of the alcohol consumed in Australia, less than a quarter of the amount of beer or wine consumed. To produce substantial health gains through alcohol taxation, a broader approach is required, covering all beverages. In particular, taxation rates for alcoholic beverages should be largely based on their alcohol content, with higher taxation rates for high risk products and tax breaks for very low alcohol products such as light beer. The current review of the Australian taxation system being undertaken by Ken Henry is explicitly considering the current alcohol taxation system, and hopefully the outcomes of this review will render the alcopops tax debate obsolete by proposing a more consistent and public-health oriented framework for alcohol taxation.

Figure 1 – The impact of the alcopops tax on total alcohol consumption from spirits



Source: AC Nielsen unpublished data.

References

Chikritzhs, T. N., Dietze, P. M., Allsop, S. J., Daube, M. M., Hall, W. D. and Kypri, K. (2009). The "alcopops" tax: heading in the right direction. *Medical Journal of Australia* 190(6): 294-295.

AOD withdrawal guidelines

Turning Point is pleased to announce that the Alcohol and Other Drug Withdrawal Practice Guidelines are now available for download on the Turning Point website.

Funded by the Mental Health and Drugs Division of the Victorian Department of Human Services and developed by the Health Services Research and Evaluation Program, the guidelines reflect the changing patterns of AOD use and advances in understanding of drug withdrawal syndromes, assessment and care. These guidelines outline current best practice for the management of AOD-dependent clients accessing withdrawal care for alcohol, amphetamine-type substances, benzodiazepines, cannabis, nicotine and opioids.

Clinical guidelines seek to direct clinical practice by recommending recognised, evidence-based treatment interventions. Drawing on current literature and clinical practice expertise, the Withdrawal Practice Guidelines provide guidance for clinical decision-making in the context of individual client requirements, withdrawal setting, treatment availability and service protocols.

The principles of withdrawal care are centred around the three dimensions of AOD withdrawal - biological, psychological and social (bio-psychosocial). The Guidelines also recognise that withdrawal has the greatest potential long-term behaviour change when it is part of a broader continuum

of care, including pre-admission and post-withdrawal planning, follow-up support and linkages with a range of relevant services.

The guidelines are suitable for use by clinicians in three settings:

- Residential and community AOD withdrawal services
- Inpatient and other acute facilities
- Primary care clinics

The guidelines also acknowledge the increased recognition and responsiveness of the Victorian AOD sector to treating clients with co-occurring AOD and mental health issues.

The development of the guidelines was completed in consultation with key experts in the AOD field, under the guidance of a Clinical Expert Advisory Group. To download a copy, please go to: http://www.turningpoint.org.au/library/lib_aod_withdrawal_guidelines.html

Anyone can end up having a problem with alcohol or drugs

24 hours 7 days a week
FREE counselling on the internet when you visit counsellingonline.org.au

Or pick up the phone and call DirectLine on **1800 888 236**



Turning Point
Alcohol & Drug Centre

HERE TO MAKE A DIFFERENCE

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Support Turning Point

JOIN THE MAILING LIST OR UPDATE YOUR DETAILS

I would like to be included on the Turning Point mailing list to receive information about initiatives and events.

I would like my details to be updated.

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State

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MAKE A DONATION

I enclose a cheque or money order made payable to Turning Point Alcohol and Drug Centre, being my donation of:

\$20 \$50 \$100 \$200 Other amount _____

(Donations of \$2 or more are tax deductible)

OR please debit my Bankcard Mastercard Visa

Card Number

Expiry Date:

/

Signature

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