



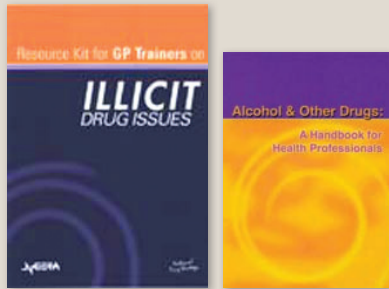
**NCETA's 07-08  
ANNUAL REPORT  
& Retrospective  
Review (2004-2008)**



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GP Resource Package



Workforce Development TIPS Kit



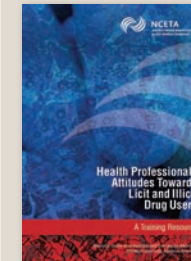
Information & Resource Kit for AOD issues in the workplace



Mentoring Kit



Attitudes toward licit and illicit drug users



2nd Summer School on Inequalities & Addiction



Drug Diversion Training Evaluation

## 2004

First International Summer School on Inequalities and Addiction



Training Evaluation Kit



Training Kit for AOD issues in the workplace



Clinical Supervision Kit



Training and Capacity Building Workshops

Alcohol Action in Rural Communities Workshops

Stress & Burnout



## 2005

Alcohol & work: Patterns of use, workplace culture & safety



24/7: Work-related Alcohol & Drug Use. A national forum.



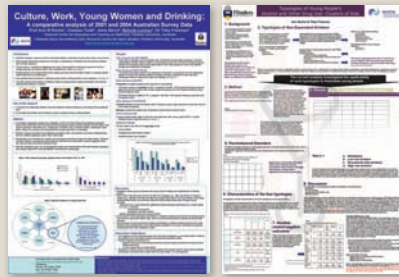
Satisfaction, Stress & Retention



## 2006



Presentations 2007



"Thinking Drinking" Conference Report



Young People & Alcohol. The role of cultural influences.



Rural & Remote Indigenous AOD Workers' Wellbeing, Stress and Burnout Project



2007

2008

Young people and Alcohol



SANDAS Forum



Drug detection in schools: Evidence, impacts and alternatives



Wellbeing, Stress & Burnout



# A CENTRE OF EXCELLENCE

The National Centre for Education and Training on Addiction (NCETA) is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field. NCETA's core business involves the promotion of Workforce Development (WFD) principles, research and evaluation of effective practices.

## OUR PRINCIPLES

We are committed to:

- harm minimisation
- national and international research
- research dissemination
- an evidence-based approach to workforce development and practice change
- research based on sound theoretical models
- a multidisciplinary approach
- working in partnership.

## OUR MISSION

The Centre's mission is to advance the capacity of human services organisations and workers to respond to alcohol and other drug related problems.

## OUR AIMS AND GOALS

1. To provide leadership on issues relating to the AOD workforce.
2. To raise awareness and understanding of workforce development and its implications for AOD strategy.
3. To identify and promote best practice in developing and managing the workforce in the AOD field.
4. To identify new and emerging issues.

## OUR STAKEHOLDERS

NCETA works with a wide range of professionals involved with AOD issues in both government and non-government sectors including:

- alcohol and other drug specialist workers
- health workers (medical practitioners, nurses, psychologists)
- volunteer workers in a variety of community groups (e.g., parent and family groups, church groups, counselling support groups)
- police and law enforcement professionals
- welfare professionals (social workers, youth workers and other community-based workers)
- teachers and academics.

## CHAIRPERSON'S REPORT



**Professor Paul Worley**  
Dean  
School of Medicine  
Flinders University,  
South Australia

I am pleased to present NCETA's Annual Report for 2007-08. NCETA completed a very productive year in 2008. Numerous research activities were undertaken that resulted in several important reports and publications. These reports spanned a wide range of alcohol and drug issues. Two research reports in particular, the 'Drug Testing in Schools' and 'Young People and Alcohol: The role of cultural influences' are notable for their emphasis on effective prevention strategies. In addition, several significant workplace-related research projects were completed.

Workforce development is the core tenet of NCETA's current research strategy. This is a challenging area of research with a wide target audience. Over the last 4 years, NCETA has contributed to the elevated the status of workforce development and assisted it to become a priority area in the national agenda. In 2002, NCETA described workforce development as:

*'...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers'.*

This definition was adopted by the Intergovernmental Council on Drugs (IGCD) and integrated into the NSW and Victorian AOD workforce strategies. Much like NCETA's focus throughout the 2004-2008 period, this definition moves beyond the elementary provision of training and education and embraces systemic capacity building approaches. In this regard, NCETA has been instrumental in providing frontline workers, AOD organisations, and government with policy guidance and practical resources which are easily accessible, unique and evidence based.

## CHAIRPERSON'S REPORT continued



An example of the innovative and quality resources produced by NCETA is the new series on effective dissemination methods released early in 2009. This project involved a comprehensive review of methods, implementation, and costs. Translating research into practice and policy is often difficult for both researchers and practitioners.

Appropriate research translation often requires the development of different resources and presentation styles, and workplace capacity is often a barrier to implementing evidence based research into practice. NCETA is at the forefront of producing documents tailored to different audiences, and the resources produced from this extensive systematic review are a testament to this.

NCETA's work reflects the harm minimisation principles endorsed by The National Drug Strategy 2004-2009. As part of its focus on strengthening the workforce, NCETA has also produced ground breaking research and resources aimed at assisting generic workplaces to adopt drug and alcohol policies which benefit both employers and employees. Workplaces are well placed to implement broad interventions aimed at reducing harm from alcohol and other drug use within Australia, and the resources which have been produced by NCETA demonstrate original and fundamental ways of achieving this. Resources developed by NCETA have been welcomed by industry, government and union representatives alike.

I commend NCETA on the quality and diversity of its research outputs throughout 2004-2008, and look forward to its future work in workforce development and AOD capacity building, as well as its further expansion into research which explores the social context of alcohol and other drug use and the harms which arise from it.



## DIRECTOR'S REPORT



**Professor Ann Roche**  
Director  
NCETA

This NCETA Annual Report marks the end of our most recent three year funding period. We have taken this opportunity to present an overview of the work of NCETA over the past couple of years. In this sense, this is a special issue in that we have collated material on our major projects over recent times.

### A RETROSPECTIVE

To provide a more representative sample of our work, we decided to present this Annual Report as a Retrospective. It highlights key projects and activities over a longer period of time than would usually be covered in an Annual Report. We hope in this way to provide a better indication of the range and nature of NCETA's work, particularly as many projects undertaken by NCETA often have a long gestation period.

Large research projects undertaken by NCETA often involve intricate design phases and challenging data collection periods and analysis. These intensive research phases are followed by synthesizing the findings and

presenting them in various formats for different audiences. For Centres such as NCETA, there is also the crucial component of presenting our work in formats that are appropriate for the field. This involves the production of resources, kits, packages, information sheets, workbooks, and a variety of tools. In addition, there is the dissemination phase – probably the most important element of all our work – and it includes conference presentations both nationally and internationally, workshops, meetings, committee work, and submissions.

### POSITIVE EVALUATION

During 2007, NCETA underwent its periodic independent evaluation. The evaluation report states that 'excellence and leadership have been demonstrated in various ways. NCETA has established a new program of work which has included the production of materials integrating research with resource development and dissemination. The centre has built a national and emerging international reputation as a specialist group in workforce development' (Australian Institute for Primary Care, 2007).

## DIRECTOR'S REPORT continued

### KEY AREAS OF ACTIVITY

Activities of particular importance in the period covered in this report include our work in the following areas:

1. Workforce development – one of our most challenging areas. We have broken new ground in this area and highlighted the importance of issues such as worker wellbeing and stress and burnout, clinical supervision
2. Dissemination – we completed a major project on dissemination that comprised a systematic review, economic analysis and collation of 20 key theories of professional practice change
3. Workplace AOD research
4. Indigenous workers' needs
5. Young people and alcohol
6. Co-morbidity
7. Police and law enforcement.

### NCETA'S IMPACT

This report also addresses the increasingly important issue of Impact. The various ways in which the work of NCETA has made an impact across policy, programs, interventions and research are highlighted.

Relative to its size, NCETA has established a reputation for "punching above its weight". We produce a disproportionately large number of publications, workshops and presentations. This, combined with the unique work undertaken by NCETA represents a positive return on investment.

This has been a period characterised by high levels of creativity, innovation and productivity. We look forward to the next phase of the Centre's work where we expect to make further original and valuable contributions to the AOD field.

I would like to take this opportunity to acknowledge the outstanding work of our small, but dedicated and professional team at NCETA shown on pp 14-15. I would also

like to pay special thanks to our Board of Management and our partners within the AOD field for ongoing support and collaboration. This input has been invaluable to us and we look forward to working together in the future.

### HIGHLIGHTS

There have been some major highlights for the Centre over recent years. We have won some important grants and produced some key materials that have been of significance to the field in various ways. These include:

- Running several successful national conferences and summer schools, including:
  - » *24/7 Work-related Alcohol and Drug Use Conference*, June 2006, in which the Hon. Robert J Hawke participated.
  - » *2nd International Summer School on Inequality and Addictive Behaviours 'A Fair Go For All?: Policy Responses to Alcohol, Drug and Gambling Issues'*, September 2006.

## DIRECTOR'S REPORT continued

- Developing innovative, practical resources
  - » *Workforce development 'TIPS' (Theory Into Practice Strategies): A resource kit for the alcohol and other drugs field.*
  - » *Clinical supervision resource kit for the alcohol and other drugs field.*
  - » *A major resource kit for GP trainers on illicit drug issues.*
  - » *Responding to alcohol and other drug issues in the workplace: An information and resource package.*
- NCETA's workforce development approach was used as the basis for the Canadian Centre of Substance Abuse (CCSA) website on workforce development
- Reports
  - » *Drug testing in schools: Evidence, impacts and alternatives.*
  - » *Young people and alcohol: The role of cultural influences.*

### NCETA's 2007/08 Core Funding

	AGDHA (\$)	SA DoH (\$)	Flinders (\$)
Total	\$482,490	\$241,000	\$75,000

### 2007-08 Publication Highlights

*'Conventional understandings of publication merit do not account for the considerable effort required and contribution made via the development of workforce development resources at NCETA' (Australian Institute of Primary Care, 2007).*

A total of 23 publications were produced by NCETA during 2007-08. The full list of publications may be found on p48. Select examples include:

Alati, R., Dunn, N., Roche, A. M., Dennerstein, L., Darlington, S., Guthrie, J. et al. (2007). Moderate alcohol consumption associated with wellbeing in women through the menopausal transition. *Climacteric*, 10(6), 491-499.

Berry, J. G., Pidd, K., Roche, A. M., & Harrison, J. H. (2007). Prevalence and patterns of alcohol use in the Australian workforce: findings from the 2001 national drug strategy household survey. *Addiction*, 102(9), 1399-1410.

Bywood, P., Lunnay, B., & Roche, A. M. (2008). *Effective dissemination: A systematic review of implementation strategies for the AOD field*. Adelaide: National Centre for Education and Training on Addiction.

Bywood, P., Lunnay, B., & Roche, A. M. (2008). *Effective dissemination: An examination of the costs of implementation strategies for the AOD field*. Adelaide: National Centre for Education and Training on Addiction.

Bywood, P., Terao, H., & Roche, A. M. (2008). *Effective dissemination: An examination of theories and models of change for research dissemination in the AOD field*. Adelaide: National Centre for Education and Training on Addiction.

## DIRECTOR'S REPORT continued

Bywood, P. T., Lunnay, B., & Roche, A. M. (2008). Strategies for facilitating change in alcohol and other drugs (AOD) professional practice: A systematic review of the effectiveness of reminders and feedback. *Drug and Alcohol Review*, 27(5), 548-558.

Lawrinson, P., Roche, A. M., Terao, H., & Le, P.-P. (2008). Dispensing opioid substitution treatment: practices, attitudes and intentions of community-based pharmacists. *Drug and Alcohol Review*, 27(January), 47 – 53.

Pidd, K., & Roche, A. M. (2008). Changing workplace cultures: An integrated model for the prevention and treatment of alcohol-related problems. In D. Moore & P. Dietze (Eds.), *Drugs and Public Health* (pp. 49-59). Melbourne, Australia: Oxford.

Roche, A. M., Bywood, P., Borlagdan, J., Lunnay, B., Freeman, T., Lawton, L. et al. (2008). *Young people and alcohol: The role of cultural influences*. Adelaide, South Australia: National Centre for Education and Training on Addiction, Flinders University.

Roche, A. M., Pidd, K., Berry, J. G., & Harrison, J. E. (2008). Workers' drinking patterns: the impact on absenteeism in the Australian workplace. *Addiction*, 103(5), 738-748.

Roche, A. M., Pidd, K., Bywood, P., Duraisingam, V., Steenson, T., Freeman, T. et al. (2008). *Drug testing in schools: Evidence, impacts and alternatives* (ANCD research paper No. 371.784). Canberra: Australian National Council on Drugs.

Roche, A. M., Pidd, K., Bywood, P., & Freeman, T. (2008). Methamphetamine use among Australian workers and its implications for prevention. *Drug and Alcohol Review*, 27(3), 334-341.

Trifonoff, A., & Nicholas, R. (2008). A compendium of alcohol and other drug-related resources for law enforcement in Australia: Adelaide, National Drug and Law Enforcement Fund (NDLERF).

## BOARD OF MANAGEMENT 2007-08

1. **Professor Paul Worley**  
Dean, School of Medicine,  
Flinders University, South Australia
2. **Dr David Filby, APM**  
Executive Director, Health System Improvement and Reform,  
South Australian Department of Health
3. **Professor Ann Roche**  
Director, National Centre for Education and Training on  
Addiction, Flinders University
4. **Dr Ken Pidd**  
Deputy Director, National Centre for Education and Training  
on Addiction, Flinders University
5. **Dr John Howard**  
Director, Clinical Services, Training and Research  
Ted Noffs Foundation
6. **Ms Bronwyn Simondson**  
Registrar, Flinders University
7. **Mr Shane Connolly**  
Deputy Chief Police Officer,  
Investigations and Support in ACT Policing,  
Australian Federal Police
8. **Ms Virginia Hart**  
Assistant Secretary, Drug Strategy Branch  
Australian Government Department of Health and Ageing
9. **The Honorable Trish Worth**





## GOVERNANCE

Established in 1992, NCETA is a collaborative venture between Flinders University and the South Australian Department of Health. Since 1999, NCETA has been funded by the Australian Government Department of Health and Ageing through the National Drug Strategy. NCETA is located within the School of Medicine at Flinders University in South Australia.

### OUR ROLE

NCETA is one of three national research centres in the AOD field. The other centres are the National Drug and Alcohol Research Centre (NDARC) in Sydney and the National Drug Research Institute (NDRI) in Perth.

NCETA works in partnership with various stakeholders in the AOD field. We undertake, commission, disseminate, and translate research for organisations and professionals in the AOD workforce. Throughout 2008, NCETA collaborated with and contributed to the

research, work programs, and dissemination activities of many institutions, researchers and front-line individuals, committees, and journals. This year, NCETA has had opportunity to:

- partner with individuals and organisations
- provide project management and evaluation
- conduct, commission or collaborate on research
- translate and disseminate research findings, and
- identify the need and potential for change and facilitate the capacity of others to develop related projects.

### COLLABORATORS 2007-08

Opportunities to collaborate with other members of the AOD field are invaluable as they allow the sharing of information which enriches the quality of work produced by NCETA and the field. As such NCETA would like to acknowledge the following individuals, institutions and organisations:

### Organisations

Aboriginal Drug and Alcohol Council SA Inc;  
National Indigenous Drug and Alcohol Committee

Aboriginal Health Council of South Australia

Adelaide City Watch-house nurses

Alcohol Education Rehabilitation Fund

APSAD

Australian National Council on Drugs

Centre for Behavioural Research in Cancer, Cancer Council Victoria  
Cooperative Research Centre for Aboriginal Health

Department of Human Services, Victoria

Drug and Alcohol Policy Section, South Australian Police

Drug and Alcohol Services South Australia

Encounter Youth

Family Drug Support South Australia

Flinders Medical Centre

Intergovernmental Committee on Drugs

Mental Health Council of Australia

National Cannabis Prevention and Information Centre

National Drug and Alcohol Research Centre

National Drug Law Enforcement Research Fund

National Drug Research Institute

National Indigenous Drug and Alcohol Committee

National Police  
Drug and Alcohol  
Coordination  
Committee (NPDACC)  
- Drug and Alcohol  
Services of South  
Australia

Network of Alcohol and  
Drug Agencies

Pharmacotherapies  
Research Unit,  
Waranilla

Queensland University  
of Technology  
SANDAS

Second Story, Child  
and Youth Health

South Australian  
Ambulance Service

South Australian  
Department of  
Education

Southern Adelaide  
Health Service

Turning Point Alcohol  
and Drug Centre

University of South  
Australia

University of Tasmania

Victorian Alcohol and  
Drug Agency

Western Australian  
Network of Alcohol and  
Other Drug Agencies

Western Australian  
Police

Yunggorendi First  
Nations Centre for  
Higher Education and  
Research

### **Individuals**

A/Senior Sergeant  
Tim Pfitzner, South  
Australian Police

Alwin Chong and  
Shane Pilot, Aboriginal  
Health Council of  
South Australia

Associate Professor  
Michael Baigent,  
Flinders Medical Centre

Associate Professor  
Janet McIntyre and  
team

Christy Spier,  
Encounter Youth

Dr Clarissa Hughes,  
University of Tasmania

Dr Hugh Grantham,  
South Australian  
Ambulance Service

Dr Lester-Irabinna  
Rigney, Yunggorendi  
First Nations Centre for  
Higher Education and  
Research

Dr Nicole Lee, Turning  
Point Alcohol and Drug  
Centre

Dr Denise de Vries,  
Flinders University

Ms Jan Burgess, South  
Australian Department  
of Education

Ms Jan Warren, South  
Australian Department  
of Education

Mr Jon Deakin, Flinders  
University ARC funded  
Indigenous health  
research project

Ms Kath Ashton,  
Family Drug Support  
South Australia

Ms Kelly Harper,  
Second Story, Child  
and Youth Health

Lesley Edwards,  
Kerry Boss, Andrew  
Biven, Andris Banders,  
SANDAS

Mr Colin Dillon,  
Queensland University  
of Technology

Mr David Crosbie,  
Mental Health Council  
of Australia

Mr Don Hayward, Drug  
and Alcohol Services  
South Australia

Mr Mick Gooda,  
Cooperative Research  
Centre for Aboriginal  
Health

Mr Roger Nicholas,  
National Drug Law  
Enforcement Research  
Fund

Mr Scott Wilson,  
Aboriginal Drug and  
Alcohol Council SA Inc;  
National Indigenous  
Drug and Alcohol  
Committee

Ms Amy Cleland,  
University of South  
Australia

Ms Coralie Ober,  
National Indigenous  
Drug and Alcohol  
Committee

Ms Donna Bull

Paul Dillon, National  
Cannabis Prevention  
and Information Centre

Professor Margaret  
Hamilton, Department  
of Human Services,  
Victoria

Rob O'Brien, Southern  
Adelaide Health  
Service

Senior Sergeant Jane  
Reed, South Australian  
Police

Sgt Michele Smith,  
South Australian Police

Shelley Toepfer and  
Jenny Nicholson,  
Adelaide City Watch-  
house nurses

Toni Hendry,  
Pharmacotherapies  
Research Unit,  
Waranilla

Vicki White, Centre for  
Behavioural Research  
in Cancer, Cancer  
Council Victoria

## STAFF 2007-08

1. **Professor Ann Roche**  
Director
2. **Dr Ken Pidd**  
Deputy Director, Research
3. **Mr Allan Trifonof**  
Deputy Director, Projects
4. **Ms Stacey Appleton**  
Finance Officer
5. **Dr Joseph Borlagdan**  
Senior Research Officer
6. **Ms Karen Brandon**  
Administration Assistant
7. **Dr Petra Bywood**  
Senior Research Officer
8. **Ms Vinita Duraisingam**  
Project Manager/Psychologist
9. **Ms Angella Duvnjak**  
Research Assistant
10. **Dr Toby Freeman**  
Research Officer
11. **Ms Lisa Lawton**  
Project Support Officer
12. **Mr Brian Marshall**  
Project Manager



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**13. Dr John O'Connor**  
Senior Research Officer



13

**14. Dr Femke Piljman**  
Senior Research Officer



14

**15. Ms Anje Scarfe**  
Research Assistant



15

**16. Ms Victoria Shtangey**  
Statistician



16

**17. Ms Tania Steenson**  
Project Support Officer



17

**18. Ms Amanda Tovell**  
Project Officer



18

**19. Mr Huw Walmsley-Evans**  
Research Assistant



19

**20. Ms Nina Wang**  
Administration Assistant



20

**21. Ms Donna Weetra**  
Aboriginal Project Officer



21

**22. Ms Paula Wilson**  
Project Officer



22

**23. Mr Steven Trickey**  
IT Support



23





## COMMITTEE MEMBERSHIP 2007-08

NCETA staff are actively involved in a wide range of professional bodies and our work in this area is crucial to developing and maintaining good networks and working relationships with a wide range of partners.

Staff Member	Committee	Position
<b>Belinda Lunnay</b>	SA Branch - Public Health Association of Australia	Executive Committee Member
<b>Brian Marshall</b>	Chronic Diseases Program of the Cooperative Research Centre for Aboriginal Health	Program Leader
<b>Ken Pidd</b>	Management Committee of the South Australian Construction Industry Drug and Alcohol Program Alcohol and Other Drugs Council of Australia (ADCA) ADCA - Occupational Health and Safety Reference Group Impact of Alcohol and Other Drugs in the Workplace Project, Workplace Services (SA) and DASSA Flinders University Advisory Committee for the Culture of Alcohol in Australian Rules Football (CAARF)	Member Board Director Chair Member Member
<b>Ann Roche</b>	Of Substance Addiction Drug and Alcohol Review Australasian Professional Society on Alcohol and Other Drugs (APSAD) NSW Workforce Development Council National Cannabis Strategy Research Reference Group Kettil Bruun Society National Cannabis Information Centre (NCPIC) NHMRC Alcohol Guidelines Expert Panel Australian Government Initiative, REDI Resilience Education and Drug Information Training kit reference group Public Health Association of Australia	Editorial Board Assistant Editor Member: International Editorial Board Immediate Past President Member Member Member Consortium Member Member Member Member
<b>Anje Scarfe</b>	Public Health Association of Australia Health Promotion Association of Australia Australian Child Restraint Resource Initiative	Member Member Member
<b>Chelsea Todd</b>	Australian Psychological Society European Academy of Occupational Health Psychology	Associate Member Student Member



## FINANCIAL REVIEW

During the period covered by this review, NCETA successfully tendered for numerous externally funded projects. This success is demonstrated by the growth in competitive funding that NCETA has won since 2002/03. Accessing external funding is necessary to secure the longevity of the Centre; it ensures research conducted is reflective of current community concerns and directions in the AOD field; and provides valuable opportunities for NCETA to collaborate with external organisations, both public and private.

A table of competitive funds obtained during the 2007/08 period may be found below.

### GRANTS FROM EXTERNAL SOURCES 2007/08

<b>National Competitive Grants and Tenders</b>			
<b>Project</b>	<b>Funder</b>	<b>Total grant awarded</b>	<b>Funds received 2007-2008</b>
Drug testing in schools	ANCD	\$79,471.26	\$45,346.00
Alcohol and Work 2004 NDSHS Reanalyses Alcohol	AGDHA	\$41,118.25	\$33,257.54*
Audit of alcohol and other drug (AOD) tertiary training courses & analysis of training needs of police officers.	WA Police	\$30,000.00	\$10,000.00
Cultural drivers of risk taking behaviour and their affects on 'low risk', 'risky' and 'high risk' use of alcohol among 14 - 24 year old Australian drinkers	Drinkwise Australia	\$550,626.61	\$193,748.20
Alcohol and Drug Workers' Comorbidity Scholarships	AGDHA	\$2,092,066.96	\$115,693.00
Indigenous AOD Workers' Wellbeing, Stress and Burnout Project	AGDHA	\$264,683.00	\$85,039.00
<b>Total</b>		<b>\$3,057,966.08</b>	<b>\$449,826.20</b>

**AGDHA** – Australian Government Department of Health and Ageing; **ANCD** – Australian National Council on Drugs

\* These funds were received in June 2007

## STRATEGIC REVIEW

In 2003, NCETA undertook a review of its strategic directions which resulted in the Centre's emphasis formally shifting from training and education to workforce development. This change broadened NCETA's role and focus and developed the Centre's research role and capacity. This was underpinned by a recognition that workforce development was not just about focusing on individual workers but that it also involved a multi-faceted, systemic approach to building capacity and sustainability within the AOD workforce. Key strategies for the 2004-08 period were identified and it was established that NCETA would implement the strategies across three inter-related levels of the AOD field:

- systems
- organisations, and
- individuals.

Descriptions of these three levels, together with examples of projects that correspond with our work at each of these levels, are outlined in the table below.

Tier	Activity	Key Tasks	Example project
<b>Systems</b>	1. Monitor key developments in the field.	<ul style="list-style-type: none"> <li>• Keep abreast of national and international developments.</li> <li>• Identify and raise awareness of needs, trends, and 'hot spots'.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Survey of Specialist Treatment Agencies</li> </ul>
	2. Keep decision makers well informed.	<ul style="list-style-type: none"> <li>• Contribute to policy, and strategy development.</li> <li>• Disseminate the latest national and international developments and information to government, key industry decision makers, and the AOD workforce.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Review of Education and Training</li> <li>✓ School Drug Detection &amp; Screening</li> <li>✓ WFD Literature Review</li> </ul>
	3. Identify points of leverage and potential intervention strategies.	<ul style="list-style-type: none"> <li>• Identify parts of the system where change could make a significant, measurable impact.</li> <li>• Provide advice on strategies to improve the effectiveness of the AOD workforce (e.g. legislation, policy, resources, support mechanisms).</li> </ul>	<ul style="list-style-type: none"> <li>✓ Dissemination Project</li> <li>✓ Cultural Drivers of Youth Drinking</li> </ul>

Tier	Activity	Key Tasks	Example project
<b>Organisations</b>	1. Promote a workforce development approach.	<ul style="list-style-type: none"> <li>Identify barriers and facilitators to effective work practices in priority professions and sectors.</li> <li>Provide advice and guidance on systemic strategies for WFD.</li> <li>Disseminate emerging information to key decision makers in relevant sectors and government.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Clinical Supervision</li> <li>✓ Training Evaluation</li> <li>✓ Mentoring project</li> <li>✓ Worker Wellbeing Projects</li> <li>✓ WFD Theory Into Practice (TIPs) Strategies</li> </ul>
	2. Foster increased awareness and understanding of WFD principles and practice	<ul style="list-style-type: none"> <li>Demonstrate the practical benefits of adopting a broad range of workforce development strategies.</li> <li>Raise organisational understanding of the need for evidence-based, systematic approaches to practice change and WFD.</li> <li>Provide advice on evidence-based strategies to support workers' wellbeing and effective practice.</li> <li>Manage projects which build organisational capacity in specialist AOD, and non-specialist, industry.</li> </ul>	
	3. Manage projects aimed at supporting effective AOD work practice and wellbeing of the AOD workforce	<ul style="list-style-type: none"> <li>Improve understanding of key WFD challenges</li> <li>Identify solutions which trial and evaluate best practice approaches to WFD interventions.</li> </ul>	
<b>Individuals</b>	1. Influence and support frontline work practice	<ul style="list-style-type: none"> <li>Establish projects in targeted areas which: <ul style="list-style-type: none"> <li>» provide WFD tools and resources</li> <li>» identify evidence-based strategies for effective work practice and practice change.</li> </ul> </li> <li>Impact on practice through projects designed to: <ul style="list-style-type: none"> <li>» produce generic tools</li> <li>» support improved conditions.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Handbook for Health Professionals</li> <li>✓ GP Resource Package</li> <li>✓ Drug Diversion Training Evaluation</li> <li>✓ Stress &amp; Burnout Resources</li> <li>✓ Workplace Training &amp; Consultancy</li> </ul>

## PROJECTS

**This section provides a brief summary of the following select projects undertaken by NCETA during 2007-08.**

1. Drug Detection & Screening in Schools	21
2. Rural and Remote Indigenous AOD Workers' Wellbeing, Stress and Burnout	24
3. Cultural Drivers of Drinking Among 14 – 24 year olds	26
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## 1. DRUG DETECTION & SCREENING IN SCHOOLS (2007-2008)

### Description

This project examined the positive and negative impacts and implications of the range of drug detection and screening measures currently available and assess the viability and effectiveness of alternatives to drug detection and screening programs for schools.

The project commenced in early May 2007 and the final report was released in March 2008.

### Funder

Australian National Council on Drugs

### Project team members

Ann Roche  
Petra Bywood  
Ken Pidd  
Toby Freeman  
Vinita Duraisingam  
Tania Steenson  
Roger Nicholas  
Hiroe Terao  
Paula Wilson

### Acknowledgements

Victoria White from the Cancer Council, Victoria provided the project with data from the Australian Secondary School Students' Alcohol and Drug Surveys and undertook some specific analysis on our behalf.

### Deliverables

- ANCD monograph: 'Drug Testing in Schools: evidence, impacts and alternatives'.
- Conference presentations
- Peer-reviewed publications



### Project Methodology

The project involved a literature review, analysis of existing datasets on patterns and prevalence of AOD use by school-aged persons; submissions from a range of key informants; and a survey which explored general public perceptions in regards to drug testing in schools.

### Written submissions

Written submissions were also invited. A total of 33 written submissions were received. Two thirds of submissions received (n=33) were opposed to drug testing in schools.

### Online survey

A total of 284 online surveys were received. The majority of survey respondents (71%) were opposed to testing in schools.



## PROJECTS continued

### Literature review

A comprehensive literature review was undertaken to collate and synthesise evidence from existing Australian and international literature pertaining to drug detection and screening programs and alternative drug deterrent programs implemented in schools. The evidence base for this review was collected from a wide range of sources, including: electronic databases; peer-reviewed journals; websites; grey literature; and experts in the content area. Relevant papers were critically appraised according to levels of evidence and criteria for methodological quality.

### Reports, conference presentations and peer-reviewed literature

#### Reports

Findings from the literature review, analysis of existing datasets, submissions process and online survey were synthesised and critically analysed. These findings were published in the ANCD monograph: 'Drug Testing in Schools: evidence, impacts and alternatives'. This report was launched in March 2008 and generated considerable media interest. The report was translated into Czechoslovakian and was also used to determine New Zealand's policy in this area.

#### Conference presentations

Ann Roche gave a conference presentation at the International Drug Policy conference in Lisbon in April 2008 and a poster presentation at the International Harm Reduction Conference in Barcelona in May 2008.

### Peer-reviewed publications

A paper titled 'Drug Testing in Schools: Policy Implications and Considerations of Punitive, Deterrence and / or Prevention Measures' was published in the International Journal of Drug Policy (currently available online).

### Project Findings

The project found that there was a strong case to be made against implementing drug testing in schools for the following reasons:

- Prevalence of drug use by school children is declining.
- The highest prevalence of drug use occurs among high risk and vulnerable groups of children including the poorer academic performers and Indigenous students.
- Implementing a punitive system of detection would likely result in further marginalisation of these children.
- Even though there are a number of methods that can be used to test for drugs, the accuracy of the testing regimes is limited and the cost is prohibitive.

## PROJECTS continued

- There is little available evidence that has assessed the effectiveness of drug testing programs as a deterrent of drug use or as a means of reducing drug-related harm, and available evidence is of poor quality.
- Further, there was evidence that implementing a drug testing program within the school environment may actually cause harm. These harms included:
  - » damage to the child-school or child-parent relationship and loss of school connectedness
  - » truancy to avoid testing and school exclusion for positive tests. This is particularly pertinent for students who are at risk and most in need of a supportive educational environment
  - » reduced participation in healthy activities
  - » conversion to other less detectable, but potentially more harmful substances
- » diversion of school resources from educational programs to manage a drug testing program
- » psychological distress and embarrassment due to unwarranted invasion of privacy
- » breach of confidentiality where students may be required to declare use of prescribed medication
- » false sense of a drug-free environment, where children with problematic drug use evade tests or are not detected and, therefore, not referred to appropriate treatment.
- A wide range of moral and legal issues relating to consent, duty of care, privacy and confidentiality act as serious concerns, if not impediments to the implementation of a school drug testing program.
- An effective array of school-based prevention interventions are now available to schools that focus on building positive relations and developing pupils' sense of connectedness with the school.
- Effective mechanisms already exist to target and intervene in appropriate ways with high risk students and/or their families.
- The majority of survey and submission respondents were opposed to drug testing in schools.

## PROJECTS continued

### 2. RURAL AND REMOTE INDIGENOUS AOD WORKERS' WELLBEING, STRESS AND BURNOUT (2007-2010)

#### Description

Indigenous Australians are at high risk of health and social problems associated with AOD use. Additionally, due to geographical constraints and cultural barriers, they are often marginalised in terms of access to health care services and other forms of social inequities. However, there is limited research available on Indigenous AOD issues; the experiences, impact and/or wellbeing of Indigenous AOD workers; and the capacity of Indigenous programs to attract and retain AOD workers and health workers generally.

This project focuses on rural and remote Indigenous and non-Indigenous AOD workers and generic health workers. (Generic health workers were also included in the project as

many of them are also engaged in a substantial amount of AOD work within rural and remote regions). Anecdotal evidence indicates that Indigenous AOD workers are subject to a greater range of stressors and pressures in their work roles than their non-Indigenous counterparts. This project, therefore, aimed to: identify key antecedents and consequences of stress, burnout and wellbeing among rural and remote Indigenous and non-Indigenous AOD and generic health workers; and, develop an information base and range of tools designed to enable the development of strategies to improve rural and remote worker wellbeing and ameliorate stress and burnout.

The project was initially conducted over a two year period and also formed part of Flinders University's in-kind contribution to the Cooperative Research Centre in Aboriginal Health. A comprehensive literature review was undertaken. Themes which emerged from the literature review informed an online survey and submission process, and development of protocols, procedures and questions for face to

face and telephone interviews. Feedback has been very positive in regard to the project and the processes used. Some organisations have requested workshops to address issues related to stress and burnout.

#### Funder

Australian Government Department of Health and Ageing

#### Project team members

Donna Weetra  
Allan Trifonoff  
Toby Freeman  
Ann Roche  
Amanda Tovell  
Brian Marshall

#### Acknowledgements

Steve Ella, Associate Professor Kate Conigrave and Mr Steve Childs are acknowledged for their assistance and collaborative efforts on this project.

## PROJECTS continued



### Deliverables

- Final Report
- Summary reports
- Peer-reviewed publications
- Evidence-based strategies, guidelines and recommendations document
- Workforce Development Monograph
- Workshop and Conference presentations.

### Progress to date

This project has been extended until March 2010. Final reports and products stemming from the project will be produced in late 2009 and early 2010.

### Literature Review

The literature review explores aspects of Indigenous alcohol and other drug services, workforce development issues, and related factors. The literature review involved collation and synthesis of relevant work, identification of information lacking to-date and highlights scope for improved workforce development practices at individual, organisational and systems levels.

### Data collection

Survey and field data methodology included a combination of:

1. Online survey and written submissions
2. Telephone interviews and site visits
3. Focus Groups.

### Reports, conference presentations and peer-reviewed literature

#### Articles

Weetra, D. (2008). Indigenous AOD Workers: We invite you to have your say! *Intouch*, 25(7), 1.

#### Conference presentations

Marshall, B. (2008). *Indigenous AOD workers wellbeing, stress and burnout, 2007 – 2009*. Paper presented to the SANDAS and NCETA Forum: Creating a Healthy Work Culture, Adelaide, February, 2008.

Roche, A. M. (2008). *Indigenous AOD workers' wellbeing, stress and burnout 2007 - 2009*. Paper presented at the Close the Gap: Healthy Mind, Body and Place, 5th NSW Aboriginal Drug and Alcohol Network Symposium, Tamworth, August, 2008.

Roche, A. M., Weetra, D., Freeman, T., & Trifonoff, A. (2008). *Indigenous AOD workers wellbeing: An examination of individual, organisational & systems factors*. Paper presented at the ADAN Leadership Group Meeting, Sydney, October, 2008.

Roche, A. M., Weetra, D., Tovell, A., Freeman, T., & Trifonoff, A. (2008). *Indigenous AOD workers wellbeing: An examination of individual, organisational & systems factors*. Paper presented to the Aboriginal Drug and Alcohol Council, Port Augusta, October, 2008.

Roche, A. M., Weetra, D., Tovell, A., Freeman, T., & Trifonoff, A. (2008). *Indigenous AOD workers' wellbeing: An examination of individual, organisational and systems factors*. Paper presented at the Flinders Aboriginal Health Research Unit Seminar, Bedford Park, August, 2008.

Weetra, D. (2008). *Indigenous AOD Workers Wellbeing, Stress and Burnout 2007 – 2009*. Paper presented to the NCETA Board of Management Meeting, Bedford Park, July, 2008.

## PROJECTS continued

### 3. CULTURAL DRIVERS OF DRINKING AMONG 14 – 24 YEAR OLDS (2007-2009)

#### Description

NCETA won a competitive grant in 2006 to undertake a 30 month project examining cultural influences impacting on young people's drinking. The aim of the project was to explore the cultural drivers of risk-taking behaviours, or avoidance thereof, that result in 'low risk', 'risky' and 'high risk' alcohol use among 14-24 year old Australians. This project also funded the PhD study being undertaken by Belinda Lunnay.

#### Funder

Drinkwise  
Australian Government Department  
of Health and Ageing

#### Project team members

Ann Roche  
Petra Bywood  
Joseph Borlagdan  
Belinda Lunnay  
Toby Freeman

#### Deliverables

- Stage 1 – Complete
  - » Report launched March 2008: Young people and alcohol: The role of cultural influences.
- Stage 2 - Final report, key findings and recommendations. Due 30 June 2009.

#### Project Methodology

The project comprises two stages of research.



#### STAGE 1

A comprehensive literature review was undertaken from January to September 2007. The literature review employed both quantitative and qualitative methodologies to explore two themes:

1. patterns and prevalence of drinking amongst young Australians amidst changing social and family dynamics
2. diverse definitions of 'youth' and 'culture' in existing research.

The literature review highlighted the need to adopt a more contextual and critical definition of terms such as 'youth' and 'culture' to gain a more complete understanding of young people's drinking. Specifically, the need to understand young people's drinking as part of a complex, dynamic, and fluid cultural context was identified.

## PROJECTS continued

The report, 'Young People and Alcohol: The Role of Cultural Influences', was published in March 2008 and was positively received and widely distributed.

### STAGE 2

Field work research and data collection commenced in September 2007. Ethnographic observations, in-depth interviews and focus groups were completed in January 2009.

#### Ethnographic interviews

Protocols, policies and procedures were developed to ensure that observations were conducted in a safe and ethical manner; and, to ensure that themes elicited by the literature review were revisited in the observation process.

Observations of 12 events were undertaken. Events that sold alcohol and had the identified age group (14-24 year olds) attending were selected. Events were generally held throughout the 2007-08 summer season; primarily celebratory; and attracted large numbers of people annually.

#### In-depth interviews

Stakeholder interviews were undertaken with people and/or groups identified as key 'shapers' of cultural norms and social behaviours concerning alcohol use. Interviewees fell into six categories and are representative of both genders.

- People in contact with drinking youth (i.e., bar staff, security, police, taxi drivers, emergency workers)
- Event organisers
- Key adult figures (i.e., parents, teachers, employers)
- Youth orientated marketing and advertising agencies
- Adolescent mental and physical health workers
- Young people
  - » 14-17
  - » 18-21
  - » 22-24.

#### Focus Groups

Focus groups allowed us to canvass a range of issues generated from the ethnographic observations. Groups were stratified by age (14-17, 18-21, 22-24 years), gender, location, education, and employment.

Interviews were conducted either in person or via phone and questions which reflected findings from the observational studies and literature review were developed. Snowballing techniques were employed to recruit participants.

#### Reports, conference presentations and peer-reviewed literature

##### Reports

**Stage 1:** 'Young People and Alcohol: The Role of Cultural Influences' was launched in March 2008. Copies of the book have been widely disseminated and have been well received.

**Stage 2:** Results from interviews and observations will be triangulated and a report which incorporates the themes from the literature review; secondary data analysis and field work analysis will be produced to present findings from the study.



## PROJECTS continued

### Conference presentations

A substantial number of conference and workshop presentations have resulted from the work undertaken on the project to-date. See the Dissemination section of this report for more details.

### Project Findings (Stage 1)

#### Patterns and prevalence of drinking

- Age of initiation of alcohol consumption has been decreasing and young Australians aged 18-24 report the highest prevalence of risky alcohol consumption of all age groups
- By 18 years of age, approximately 50% of both males and females are risky drinkers
- Most young people aged 12-17 had no difficulty obtaining alcohol
- The most popular beverage types for 14-24 year olds are bottled spirits, liqueurs and pre-mixes in cans and bottles, and regular strength beer for males

### Consumerism

- Alcohol is culturally significant because it:
  - » has symbolic value that communicates identity
  - » is central to new rites of passage
- The commercial market exploits the increasingly non-linear transition from youth to adulthood.

### Market forces

- Young people are exposed to an extensive array of market forces that operate at a global level and include marketing, advertising, promotions, sponsorship, branding and product development
- New products are constantly evolving creating a constant sense of dissatisfaction with old products
- The introduction of the following types of products and promotions have made alcohol products more appealing to young people:
  - » 'designer drinks'
  - » increased alcohol content in products
  - » re-commodification of alcohol products to mimic psychoactive drugs

- » theme pubs and bars
- » youth-oriented packaging
- » lifestyle and image advertising, including sexualised advertising.

### Leisure and lifestyle

- An idealised notion of freedom in leisure exists in Australian culture
- Lack of appropriate leisure options can result in drinking as relief from 'leisure boredom' - a phenomenon that crosses geographical boundaries
- The impact of Australia's drinking culture on young people's behaviour is reflected in large-scale national, school leaver, and sporting celebrations. Risk taking is expected as part of young people's rite of passage into adulthood, and nationalism is expressed at these events in the form of excessive alcohol consumption. Despite an awareness of alcohol-related harms, a sense of dislocation from consequences is common.
- There is an intrinsic connection between alcohol and sport in Australia.

## PROJECTS continued

### Technology and social networks

- Young people's social networks are more fluid, temporal and complex than ever before
- Access to communication technologies (e.g., mobile phones, the internet, social networking sites *Facebook* and *MySpace*) has created new ways for young people to interact socially, to access broader social networks, and to arrange their leisure time
- Communication technologies have been found to positively correlate with increased alcohol use and impact on young people's drinking decisions:
  - » by facilitating the organisation of 'big nights out'
  - » through alcohol marketing.

### Structural, policy and legislative factors

- Structural, policy and legislative factors contribute to Australia's drinking culture
- Alcohol is more readily available in Australia through increased density of pubs and clubs, supermarkets and other outlets

- Pubs and clubs:
  - » are especially important in the lives of young people
  - » convey images and messages about community norms, standards and values in relation to alcohol and consumption
  - » are the preferred locations of riskier drinkers. A proportion of pubs and clubs facilitate risky behaviours.

### Social trends and interpersonal factors

- Compared to previous generations, today's 14-24 year olds:
  - » were raised by parents with less rigid and authoritarian views
  - » stay in education longer
  - » stay living in the family home for longer
  - » are more widely travelled
  - » delay starting their own families and becoming encumbered with a mortgage
  - » have longer periods of 'independence' often with high levels of expendable income.

- These factors have resulted in the emergence of an apparent period of extended adolescence.
- People in Australian society generally report lower levels of religious affiliation than previously.
- Family structures and women's roles in society have changed significantly over the last century.
  - » The proportion of single parent families has increased substantially over the past 15 years.

## PROJECTS continued

### 4. ANALYSIS OF TRAINING NEEDS OF POLICE OFFICERS (2007-2009)

#### Description

Australian studies and crime statistics have shown that operational police spend a large proportion of their time responding to AOD-related harm. For example, some police frequently have to manage intoxicated people or encourage those with drug dependency into treatment programs. Some also deal with organisational crimes that often involve illicit drugs. Although police are signatories to the harm minimisation policy supported in by the National Drug Strategy, and play a key role in preventing and reducing drug-related harms and problems, there is a lack of exposure to drug education and training for police officers. Lack of available and relevant courses for police in AOD issues has been recognised as a major challenge to operationalising drug harm minimisation at policy and operational levels.

One recommendation to overcome this challenge was to identify tertiary education courses accessed by police officers and to ensure the availability of relevant courses that include the principles of drug harm minimisation. In collaboration with WA Police, this project aimed to identify the gaps in the existing tertiary AOD courses and the level of demand for drug harm minimisation education, at a jurisdictional level by Western Australian Police.

#### Funder

IGCD Cost Shared Initiative

#### Project team members

Vinita Duraisingam  
Allan Trifonoff  
Ann Roche

#### Project Methodology

Phase 1 of this project aimed to identify gaps in existing tertiary AOD courses that are or could be potentially relevant for police officers. It reviewed existing tertiary AOD topics that

are suitable for police officers offered through universities, TAFEs and other accredited educational institutions in Australia. Phase 2 examined the level of demand for drug harm minimisation education among police officers in WA and the level of interest and demand to undertake tertiary AOD topics in police force.

Recommendations have been made on existing policing / criminology topics that have scope to incorporate the components of drug harm minimisation in the curriculum.

#### Deliverables

- Report on the results of the survey regarding the level of demand for AOD courses among police officers.

#### Progress to date

The project team have completed Phase 1 and Phase 2. Findings from these phases were synthesised into a report which was submitted to West Australian Police in January 2009. The report awaits consideration by the Intergovernmental Committee on Drugs.

## PROJECTS continued

### 5. ALCOHOL AND OTHER DRUG, MENTAL HEALTH, AND COMORBIDITY TRAINING REVIEW AND DATABASE (2007-2008)

#### Description

Despite growing recognition of the high prevalence of comorbidity conditions among mental health and alcohol and other drug clients, many drug treatment staff lack confidence in dealing with mental health problems and similarly many mental health staff have limited knowledge of alcohol and other drug issues. Training is often proffered as one workforce development (WFD) option to achieve a minimum level of knowledge and skill and improved service delivery responses in both sectors; however, the full extent of comorbidity training availability in Australia is currently unclear.

This project was commissioned, as part of the Australian Government Department of Health and Ageing's National Comorbidity Initiative (NCI), to examine alcohol and other drugs (AOD), mental health (MH) and comorbidity (CM) training opportunities currently available in Australia. The aim of the project was to undertake a review of training courses designed to enhance workers' comorbidity skills in relation to alcohol and other drugs and mental health. Data were collected for the period July 2007 to 30 June 2008.

#### Funder

Australian Government Department of Health and Ageing

#### Project team members

Ann Roche  
Amanda Tovell  
Vinita Duraisingam  
Nina Wang



#### Project Methodology

##### Background

In 2002, the National Centre for Education and Training on Addiction (NCETA) undertook an examination of AOD tertiary education and training opportunities for Australian frontline workers and those currently working, or seeking to work, in the AOD field. The 2002 review revealed a growing availability of multidisciplinary AOD courses and electives. Common themes in the content of the courses included:

- Prevention, harm reduction, application of public health principles, epidemiology
- Socio-political and economic perspectives
- AOD models and theories
- Biological, pharmacological and behavioural factors relevant to AOD

## PROJECTS continued

- Indigenous and cultural issues, integrated approaches, special populations
- Clinical assessment, interventions, counselling, advocacy
- Promoting change, treatment, dependence, withdrawal
- Skill development (Kennedy & Roche, 2003).

The findings of the present review provide an extension of the work undertaken in 2002, with a specific focus on AOD/MH comorbidity.

### Submissions

As part of the review process a call was made for submissions to the AOD and MH fields. Trainers and service providers were invited to make comment on the need for and the current status of relevant training in Australia.

The following key themes and areas warranting attention emerged from the submissions process:

- Financial support for training, scholarships, and funding for staff backfill for NGO workers.
- Rewards and recognition to be linked to training.
- Better promotion and marketing of courses, targeting sections of the workforce for particular courses.
- A nationally consistent approach across both sectors was needed to facilitate consistency and workforce development.
- Greater emphasis on skills transfer to practice and change management training, leadership development and competency based training.
- Mandatory comorbidity training for workers in both sectors.
- Articulation of courses to match students and their training needs to specific work environments.

- Greater availability of distance education, especially for remote and rural workers.
- More short, intensive training courses.
- Improved strategies to recruit and retain qualified and experienced staff to optimise the investment made in training new staff.

### Deliverables

#### Report

A scoping report was prepared for the Australian Government Department of Health and Ageing in August 2008. This report provides a critique of the issues related to comorbidity training in Australia and its current status in light of knowledge of AOD and MH workforce development issues nationally and internationally. The report provides a set of recommendations for future directions and further improvements to meet the professional development needs of the AOD and MH workforces in Australia.

## PROJECTS continued

### CD-Rom Training Database

Two electronic databases containing details of AOD, Mental Health and AOD/MH Comorbidity Training courses available across Australia was developed. The database contained details of 1,144 AOD, Mental Health, AOD/MH Comorbidity and Psychology training courses and was reviewed by the Australian Government Department of Health and Ageing. The database contains details of:

- 1) Accredited courses in AOD, MH and CM
- 2) Non-accredited short courses in AOD, MH and CM
- 3) Psychology courses.

A total of 387 accredited and 215 non-accredited AOD, MH and CM courses and 590 psychology courses were located. This included 11 accredited and 29 non-accredited CM courses. A range of comprehensive search strategies were implemented to allow interrogation of relevant courses across the numerous training, AODD and MH institutions

in Australia. The database is available from the NCETA website [www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au) and was released on CD-Rom in early 2009 to enable widescale dissemination of the database to the AOD and MH fields.

### Project Findings/Recommendations

- A national comorbidity workforce development strategy which includes training as a key component needs to be developed.
- Comparatively few established alcohol and other drug or mental health courses were identified that offered 'integrated' comorbidity. Considerable scope exists for this to occur with relative ease and at comparatively low cost.
- Consensus guidelines on comorbidity training should be established. The guidelines would cover content, training methods and experiential learning components, as well as address ways to link treatment guidelines and service delivery needs to training.
- To maximise the implementation of best practice and up-to-date knowledge in this area, it is recommended that a train-the-trainer series is commenced whereby established and respected trainers are supported to run Master Classes for other trainers.
- To facilitate the integration of relevant content within existing courses in an expedient and cost efficient manner, educators who have already developed training modules on appropriate topics should be invited to share these modules and training resources with other educators.
- Core content of courses needs to be matched to the learning needs of individual workers and their roles, the requirements of the organisations within which they work and the needs of the wider system overall. I
- All organisations for whom comorbidity issues are pertinent need to be provided with tools to allow them to undertake worker and organisational needs assessments to ascertain the types and levels of training required by their workforce.



## PROJECTS continued

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- A national register of comorbidity training, accredited and non-accredited, needs to be established. The register would need to be updated annually and made available through readily accessible outlets (e.g. list services, websites and on request).
- Greater provision of courses by flexible delivery mode is highlighted as an important outcome of this review, especially to address the training needs of rural / remote workers. More resources need to be made available to make existing training more accessible via flexible delivery.
- Courses which have a greater emphasis on prevention need to be established. To-date most emphasis has been placed on acute and chronic care with little attention directed to prevention.
- Further development of initiatives to support interventions, and the associated training and professional development, for young people is warranted.
- It is recommended that substantially expanded comorbidity-related content, as well as alcohol and other drug and mental health content, be included in relevant courses at the undergraduate level. This would ensure that greater emphasis was placed on comorbidity issues at the pre-registration phase of a workers' life and that inservice and ongoing professional training would have a more appropriate basis from which to build upon.
- It is recommended that resources are directed toward the development of more advanced training programs. At present, the training opportunities that are available tend to be concentrated at the more basic and introductory levels.
- It is recommended that the current jurisdictional imbalance in the availability of face-to-face courses be redressed to ensure that workers across Australia have equal access to high quality training and professional development.
- It is recommended that a comprehensive trainers' tool kit is developed that contains a range of key resource materials that could be readily utilised by trainers in different settings.
- While some degree of integration of alcohol and other drugs and mental health training is warranted, it is not recommended that full integration be sought as a national or state-based goal on the basis that much AOD (and MH) content is *not* related to comorbidity issues.

## PROJECTS continued

### 6. ALCOHOL AND OTHER DRUG, MENTAL HEALTH, AND COMORBIDITY PROFESSIONAL DEVELOPMENT SCHOLARSHIPS (2007-2009)

#### Description

In July 2007, the Australian Government Department of Health and Ageing awarded \$1.9 million to NCETA for a comorbidity scholarship scheme aimed at:

- scoping and critiquing the comorbidity training provided for the AOD and mental health (MH) fields.
- providing comorbidity training scholarships for AOD and MH skill development that match the varied professional roles and qualifications of AOD and MH non-government organisation (NGO) workers.
- evaluating the effectiveness of the scheme.

The Comorbidity Scholarships project entailed the award of Comorbidity Professional Development (PD) Scholarships, their administration and evaluation, and development of a comorbidity training database and a review of comorbidity training in Australia (see Project 5: Alcohol and Other Drug, Mental Health, and Comorbidity Training Review and Database). A Comorbidity Professional Development Scholarships website page was developed and housed on the NCETA website.

The Comorbidity Professional Development (PD) Scholarships were advertised widely through print and electronic medium. The Scholarship scheme was widely supported by industry peak bodies and organisations. The scholarships were allocated over three rounds with a total of 132 scholarships awarded.

#### Deliverables

Round 1 of the scholarship scheme opened on 15 October 2007 and Round 3 closed on 25 August 2008. Throughout this period, NCETA assembled a project reference group; developed applicant guidelines, an online application and evaluation system; conducted administrative and budget checks; determined a grading system for applications; and, advertised the scholarships externally through attendance at workshops, forums, and the MH and AOD Services Hope and Recovery Expo sector.

	Applications Awarded	\$ Awarded
Round 1	22	\$213,005
Round 2	54	\$442,933
Round 3	56	\$976,330
<b>Total Scholarships Awarded</b>	<b>132</b>	
<b>Total Funds Awarded</b>		<b>\$1,632,268</b>

## PROJECTS continued

### Evaluation

An evaluation of the three components involved in the scholarship program was undertaken. The processes and systems involved in administering the scholarships scheme involved continuous feedback from project reference group members and applicants throughout its execution. Guidelines were updated and refined, and a FAQ sheet was developed to answer the most frequent enquiries.

Successful applicants were required to provide progress reports and a final report. These reports informed the evaluation of the impact of the training upon the recipient's work practices and whether their new skills were implemented within the workplace. NCETA staff assessed applicant reports to determine the usefulness and quality of professional development activities related to AOD, mental health and AOD/ MH comorbidities, and the extent which the Scholarship program has changed work practices and the capacity of organisations and individuals to deal with clients with AOD/ MH comorbidities will be examined. The evaluation of the scholarship project is ongoing.

### Recipient Organisations

Organisation	\$ Awarded
Alcohol and Drug Foundation ACT	\$ 4,121
Alcohol and Drug Foundation NSW	\$ 1,034
Alcohol and Drug Foundation QLD	\$ 2,750
Alcohol and Drug Foundation QLD - Logan House	\$ 5,867
Atherton Neighbourhood Centre - Tablelands Drug & Alcohol Counselling Service	\$ 86,938
Ballarat and District Aboriginal Co-operative Ltd	\$ 39,930
Ballarat Community Health Centre	\$ 28,764
Banyule Community Health Service Inc.	\$ 4,670
Barwon Youth	\$ 15,675
Bass Coast Community Health	\$ 13,090
Bendigo Community Health	\$ 19,657
Bundaberg YMCA	\$ 4,972
Carer Assist	\$ 4,727
Castlemaine and District Community Health	\$ 1,312
Centacare ACT	\$ 660
Centacare Archdiocese of Canberra & Goulburn	\$ 7,095

Organisation	\$ Awarded
Centacare Catholic Diocese Ballarat Inc.	\$ 19,954
Central Bayside Community Health Services	\$ 3,850
Colac Area Health	\$ 10,010
Community Solutions Inc	\$ 4,670
Council for Aboriginal Alcohol Program Services Inc.	\$ 8,030
Council on Addictions WA - Cyrenian House, Saranna Womens Program	\$ 4,598
Cyrenian House	\$ 20,750
Drug And Alcohol Multicultural Education Centre	\$ 36,707
Durri ACMS	\$ 5,928
Gold Coast Drug Council	\$ 155,376
Goldbridge Rehabilitation Services Incorporated	\$ 10,903
Grampians Community Health Centre	\$ 20,587
GV Centre Disability Services	\$ 4,950
Holyoake	\$ 19,603
ISIS Primary Care	\$ 13,068
Jesuit Social Services	\$ 27,110
Kakadu Health Service	\$ 8,135
Knox Community Health Service	\$ 14,619

## PROJECTS continued

Organisation	\$ Awarded
Manly Drug Education and Counselling Centre	\$ 13,695
McAuley Outreach Service	\$ 13,024
Mental Health Association NSW Inc	\$ 2,508
Mind Triple R Wodonga	\$ 6,160
Mission Australia	\$ 8,934
Monashlink Community Health Service	\$ 1,185
Moreland Hall	\$ 27,423
Neami Ltd	\$ 16,239
New Horizons Enterprises	\$ 29,040
Norwood Association	\$ 29,134
Odyssey House Victoria	\$ 3,974
Open Family Australia	\$ 12,375
Orygen	\$ 7,863
Ovens & King Community Health Service	\$ 8,800
Ozcare	\$ 21,972
Palmerston Association Inc.	\$ 24,270
Parramatta Mission	\$ 19,536
Peninsula Drug & Alcohol Program	\$ 26,389
Port Lincoln Aboriginal Health Service Inc	\$ 6,560

Organisation	\$ Awarded
Pyschiatric Disability Services of Victoria	\$ 39,325
Queensland Injectors Health Network	\$ 40,392
Richmond Fellowship of NSW	\$ 624
ROAM Communities	\$ 7,206
Royal Flying Doctor Service	\$ 33,508
Salvation Army Westcare	\$ 8,030
Sir David Martin Foundation	\$ 7,070
Southern Mental Health Association	\$ 4,950
St Francis Welfare	\$ 7,150
Sunraysia Community Health Services	\$ 52,191
TaskForce Community Agency	\$ 24,266
Ted Noffs Foundation	\$ 41,957
The Lyndon Community	\$ 8,184
The Salvation Army Australian - Southern Territory Social Work	\$ 19,602
The Windana Society	\$ 17,671
Turning Point Alcohol & Drug Centre	\$ 32,694
Uniting Care Disability Services Transitional Enterprises	\$ 7,152
UnitingCare Wesley Port Adelaide	\$ 21,194

Organisation	\$ Awarded
UnitingCare Ballarat	\$ 23,309
UnitingCare West	\$ 50,142
Upper Hume Community House	\$ 19,690
Vietnamese Community in Australia / SA Chapter Inc.	\$ 13,811
WA Council on Addictions	\$ 4,356
We Help Ourselves	\$ 138,322
Western Region Alcohol & Drug Centre Inc.	\$ 18,117
Western Region Health Centre	\$ 31,170
Wintringham	\$ 11,000
Youth Substance Abuse Service	\$ 74,497

## PROJECTS continued

### 7. SOUTH AUSTRALIAN NON-GOVERNMENT ORGANISATION AOD WORKFORCE PROFILE (2007-2009)

#### Description

In early 2007, NCETA undertook a mapping exercise designed to map the current services and the workforce of non-government AOD organisations in South Australia. In collaboration with the South Australian Network of Drug and Alcohol Services (SANDAS), NCETA launched a survey and held a workplace forum. The forum “*Creating a Healthy Work Culture*” was held in February 2008. The forum was very successful. The collaboration between NCETA and SANDAS is continuously fostered to maintain links with the South Australian workforce and their representative bodies.

#### Funders

Australian Government Department of Health and Ageing  
South Australian Department of Health

#### Project team members

Amanda Tovell  
Ann Roche  
Allan Trifonoff

#### Acknowledgements

Lesley Edwards, SANDAS

#### Deliverables

- Delivery of a SA NGO AOD Workforce Profile Report.
- Finalisation of a database compiling all South Australian AOD NGOs.

#### Project Overview

##### The Survey

NCETA launched a survey in early 2007 which sought information regarding:

- the size of the SA AOD NGO workforce
- demographics (eg, age, gender)
- length of time worked in the AOD sector
- work roles
- employment status
- qualifications held in AOD, mental health, and other relevant areas, and
- professional development needs.

## PROJECTS continued

Organisations were contacted by letter and telephone inviting them to participate in the survey and asking them to distribute the survey to their employees. The letter detailed the objectives and deliverables of the survey.

Overall, NCETA received 167 responses from 38 organisations. Data from the questionnaires was collated and presented at the “*Creating a Healthy Work Culture*” Forum.

### **Creating a Healthy Work Culture Forum**

A collaborative forum was organised by SANDAS and NCETA in February 2008 for the SA NGO AOD sector. The forum had a dual purpose; to inform managers and front-line workers about NCETA's recent projects, and to assist workplaces to develop strategies in relation to worker wellbeing and managing information.

### **Forum presentations**

Marshall, B. (2008). *Indigenous AOD Workers Wellbeing, Stress and Burnout 2007 - 2009*.

O'Connor, J. (2008). *Clinical supervision in the AOD field, No longer an optional extra*.

Roche, A.M. (2008). *Creating a healthy work culture: An Overview*.

Roche, A.M. & Wilson, P. (2008). *Comorbidity Professional Development Scholarships*.

Todd, C. (2008). *Enhancing worker wellbeing: Tailored approaches for the Alcohol and Other Drug (AOD) workforce*.

Tovell, A. (2008). *Profile and Strengths: South Australian Non-Government Organisation Alcohol & Other Drugs Sector*.



## PROJECTS continued

### 8. WORKPLACE PROJECTS

#### Description

NCETA has an extensive record in promoting the workplace as a foundation for intervention into risky alcohol and other drug behaviours. Since 2004, NCETA has established itself as a source of authoritative, comprehensive and consolidated resources. Our expertise in the area of workplace alcohol and other drug issues in Australia has been confirmed by a series of inter-related projects.

Even though harmful alcohol and drug use places a substantial economic and social burden on the Australian community with much of the economic burden being borne by Australian businesses, to-date the utilisation of the workplace as a setting to address alcohol and drug related harm has traditionally received relatively scant attention in Australia.

The workplace is likely to be an efficacious and cost-effective intervention point for several reasons including:

- the vast majority of AOD users are employed
- employers have substantial leverage over employee behaviour that impacts upon workplace safety and productivity
- occupational safety and industrial relations frameworks already exist that can incorporate employee AOD issues
- employers are likely to commit time and resources to workplace AOD interventions as reductions in employee AOD use and related harm positively impact safety and productivity
- the positive benefits of workplace AOD interventions are likely to extend to the wider community via employees' family, friendship, and community groups, and
- positive alcohol and drug treatment outcomes are more likely when clients are in employment.

Despite the strong rationale for employers to address the negative consequences of employee alcohol and drug use that extend to the workplace, there is a lack of quality evidence-based resources that are readily available and

easy to use. In order to address this need, NCETA has undertaken a program of work that seeks to equip employers with the necessary resources and information to enable them to respond to workplace alcohol and drug issues.

This program of work spans several key areas as follows:

#### Research

NCETA has undertaken unique primary research, large scale secondary data analyses, cost analyses associated with AOD-related absenteeism, literature reviews, and theoretical examinations of causal and contributory factors.

NCETA's research has placed particular emphasis on the role of workplace culture and its impact on behaviours such as risky drinking, and the effects of alcohol and other drugs upon workplace productivity and absenteeism. This research entails a major paradigm shift in the way the relationship between work and alcohol use has been conceptualised. Much of the previous work in this area has taken a narrow approach by focusing only on alcohol use that

## PROJECTS continued

occurs during work hours. NCETA's research has adopted a broader perspective by also examining drinking that occurs before and after work that is related to, or which impacts upon, the work environment.

### Data Analyses

In order to inform this research, a diverse array of data sources was scrutinised. Examination of a variety of different data sources allowed maximum opportunity to identify the extent of the impact of work-related drinking. The data sources included available studies from hospital Emergency Departments, hospital separations data, the National Coroners Information System and also the National Drug Strategy Household Survey (NDSHD) data. NCETA also performs ongoing analyses of large data sets, such as the National Drug Strategy Household Survey (NDSHD) every three years (2001, 2004, 2007). Our unique data makes it possible to predict with a high degree of accuracy the probable levels of risky alcohol and drug use in a workplace based on the age, gender and demographic profile of the workforce in given industry and occupational groups.

### Outcomes

NCETA's research and data analyses have chartered new waters in relation to the impact of work-related drinking on a wide range of health and occupational outcomes. It employed a new paradigm, the concept of work place culture, from which to undertake this examination. It further utilised NHMRC levels to distinguish between short term risky and long term risky drinking and associated harms. These approaches resulted in a new baseline of workplace drinking data which provided for:

- further studies to be undertaken
- the establishment of trend data
- estimates of the cost of alcohol-related absenteeism in the Australian workplace used to inform current estimates of the economic impact of alcohol-related harm in Australia.

### Resource development

Three significant resources were produced from NCETA's research into alcohol and other drug use in the workplace.

*Alcohol and work: Patterns of use, workplace culture and safety* analysed alcohol patterns and prevalence in the workplace. It was launched in Adelaide in 2006, by the then Parliamentary Secretary to the Minister for Health and Ageing, the Hon Christopher Pyne. This report was published by the AIHW and has resulted in several other publications. NCETA also developed two comprehensive sets of resource materials for workplaces to allow them to develop their own policies and procedures in relation to alcohol and other drug issues. These packages, *Responding to alcohol and other drug issues in the workplace: An information and resource package* and *A training kit to respond to alcohol and other drug issues in the workplace* are invaluable resources for industry and are used extensively across Australia.

### National Conference

In 2006, NCETA ran Australia's first national conference to address alcohol and other drugs in the workplace. The *24/7 Work-related Alcohol and Drug Use* conference was attended by over 200 delegates. Presenters included

## PROJECTS continued

the Honourable RJ Hawke, Professor Barbara Pocock, representatives from the Australian Council of Trade Unions and the Australian Chamber of Commerce, and the Chief Commissioner Western Australian Industrial Relations Commission.

### Consultancies/policy advice

NCETA is a key source of policy advice in this area and has frequently been enlisted as consultants to industry in relation to a wide range of AOD-related matters. Drug testing is often the initial area of interest and this is used as the launching pad to introduce a more comprehensive policy and prevention approach.

### Workplace-related Publications (2008 – 2004)

NCETA has the strongest track record in producing peer and non-peer reviewed publications in the area of AOD workplace issues of any centre or research group in Australia. Workplace-related publications include:

#### 2008

Roche, A. M., Pidd, K., Berry, J. G., & Harrison, J. E. (2008). Workers' drinking patterns: the impact on absenteeism in the Australian workplace. *Addiction*, 103(5), 738-748.

Pidd, K & Roche, A. M. (2008). Changing workplace cultures: an integrated model for the prevention and treatment of alcohol-related problems. In D. Moore & P. Dietze (Eds.), *Drugs and Public Health: Australian Perspectives on policy and Practice*, Melbourne, Australia: Oxford University Press.

Roche, A. M., Pidd, K., Bywood, P., & Freeman, T. (2008). Methamphetamine use among Australian workers and its implications for prevention. *Drug and Alcohol Review*, 27(3), 334-341.

Pidd., K. (2008). Social habits risk workers' safety. *Advanced Safety Magazine*, 2 (4), 36-38.

Pidd, K. Boeckmann, R, Lynd-Stevenson, R. & Onorato, R. Planned behaviour theory as an explanation of Australian apprentices' alcohol and marijuana use during work hours. Submitted to the *Journal of Occupational Health Psychology*.

Todd, C.L., Roche, A.M., Bond, M.J., & Pidd, K. (2008). The development of an internet-based cognitive behavioural worker wellbeing program. Proceedings of The Mental Health Services (TheMHS) 18th Annual Conference, Auckland, New Zealand, 2-5 September 2008.

#### 2007

Berry, J.G., Pidd, K., Roche, A.M. & Harrison, J.E. (2007) Patterns and prevalence of alcohol use in the Australian workforce: Findings from the 2001 National Drug Strategy Household Survey. *Addiction*, 102(9) 1399–1410.

Roche, A.M. (2007). Alcohol and other drug use by Australian workers: A risky mix. *Of Substance*, 5(2), 18–19.

## PROJECTS continued

### 2006

Roche, A.M. (2006). Workplaces: Ideal, but overlooked, intervention sites for alcohol and drug use. In Touch: Newsletter of the Public Health Association of Australia, 23, 4.

Bywood, P., Pidd, K. & Roche, A. (2006). Information and Data Sheet 5: Illicit drugs in the Australian workforce: Prevalence and patterns of use, Workplace Drug and Alcohol Use Information and Data Series. Adelaide, South Australia: National Centre for Education and Training on Addiction, Flinders University.

Pidd, K., Terao, H. & Freund, V. (2006). Reducing alcohol-related harm in rural towns: The workplace as an intervention point. Final Report. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Pidd, K., Berry, J., Harrison, J., Roche, A.M., Driscoll, T. R. & Newson, R.S. (2006). Alcohol and work: Patterns of use, workplace culture and safety. Injury Research and Statistics Series Number 28 (AIHW cat no. INJCAT 82), Adelaide, South Australia: Australian Institute of Health and Welfare.

Pidd, K., Boeckmann, R., & Morris, M. (2006). Adolescents in transition: The role of workplace alcohol and other drug policies as a prevention strategy. *Drugs: Education, Prevention and Policy*, 13(4), 353-365.

Pidd, K. & Roche, A. (2006). From school to work: A vulnerable time. *Of Substance*, 4(4), 22-23.

Pidd, K. (2006). Workplace drug testing: Limitations and usefulness. *ADCA News*, 30, 6-7.

Pidd, K. & Roche, A. (2006). Workplaces: A greenfield site for AOD prevention and intervention. *ADCA News*, 30, 10-11.

Pidd, K.J., Berry, J.G., Roche, A.M., Harrison, J.E. (2006). Estimating the cost of alcohol-related absenteeism in the Australian workforce: The importance of consumption patterns. *Medical Journal of Australia*, 185, 637-641.

### 2005

Roche, A.M. & Pidd, K. (2005). Alcohol: Emerging patterns, problems and prevention. *SA Public Health Bulletin*, 2nd ed, 8-10.

Pidd, K. (2005). Workplace culture and alcohol use. *Of Substance*, 3(1), 18-21.

Pidd, K. (2005). The workplace as a setting for addressing adolescent risky drinking. *Druginfo*, 3(3), p5.

Roche, A & Pidd, K. (2005). Alcohol: Emerging patterns, problems and prevention. *SA Public Health Bulletin*, Department of Health, Government of South Australia.

### 2004

Pidd, K., Berry, J., Saebel, J., Harrison, J. & Roche, A. M. (2004). Prevalence and patterns of alcohol consumption in the Australian workforce: Implications for the workplace. *Australian Epidemiologist*, 11(3), 50.

Pidd, K. (2004). The impact of workplace support and workplace identity on training transfer: An Australian case study. *International Journal of Training and Development*, 8(4) 274-288.

### Workshops and Conference Presentations (2008 – 2004)

NCETA staff have regularly presented at conferences and run workshops on AOD workplace-related topics.

## PROJECTS continued

### 2008

Roche AM. Alcohol and Drugs in the Workplace: Cause and Effect Factors. Invited presentation to the conference Navigating the Mine Field: Preventing and conquering the barriers to complex injury management cases. Injury Management Conference, Adelaide 22 July, 2008.

Todd C, Roche AM, Bond M & Pidd K. The development of a randomised controlled trial of a preventive intervention for managing psychological strain and burnout. Paper presented to the International Mental Health Conference 2008, Gold Coast, 14-16 August.

Pidd, K., (2008). Alcohol and the workplace. Presentation to the 2008 Youthsafe Forum, Sydney 16 September 2008.

Pidd, K., (2008). Drugs, alcohol and work stress: Implications and interventions. Invited paper presented to the 9th Annual National Workers Compensation Summit, Gold Coast, 26-29 February, Queensland.

Todd, C. L., Roche, A. M., Bond, M. J., & Pidd, K. (2008). An internet-based cognitive behavioural worker wellbeing program. Paper

presented at The Mental Health Services (TheMHS) 18th Annual Conference, Auckland, New Zealand, September 25.

Roche AM. The Health & Community Services Skills Board Human Services at Work Conference and Awards for Excellence in Workforce Development. Developing people – sustaining our workforce. Adelaide 22 May 2008. Invited presentation.

### 2007

Pidd, K., Roche, A.M., Freeman, T., Bywood, P. & Shtangey, V. (2007). Prevalence and patterns of alcohol consumption in the Australian workforce: An examination of 2004 National Drug Strategy Household Survey (NDSHS) Data. Paper presented to the combined APSAD (Australasian Professional Society on Alcohol and other Drugs) and Cutting Edge Addiction Conference, 'Two Nations, Ten Cultures?' Auckland, 4-7 November, New Zealand.

Pidd, K., Roche, A.M., Freeman, T., Bywood, P. & Shtangey, V. (2007) What does alcohol and other drug-related absenteeism really cost Australia? Results from a secondary analysis

of the 2001 and 2004 National Drug Strategy Household Survey (NDSHS). Paper presented to the combined APSAD (Australasian Professional Society on Alcohol and other Drugs) and Cutting Edge Addiction Conference, 'Two Nations, Ten Cultures?' Auckland, 4-7 November, New Zealand.

Pidd, K., Duraisingam, V. & Roche, A.M. (2007). The relationship between work stress, job satisfaction, and turnover intention among Australian specialist alcohol and other drug workers. Paper presented to the 7th Industrial / Organisational Psychology Conference (IOP) / 1st Asia Pacific Congress on Work and Organisational Psychology (APCWOP) 'Better Work. Better Organisations. Better World.', Adelaide 28 June - 1 July, South Australia.

Pidd, K., Boeckmann, R. Lynd-Stevenson, R. (2007). The theory of planned behaviour as an explanation of apprentices' alcohol and marijuana use at work. Paper presented to the 7th Industrial Organisational Psychology Conference (IOP) / 1st Asia Pacific Congress on Work and Organisational Psychology (APCWOP) 'Better Work. Better Organisations. Better World.', Adelaide 28 June - 1 July, South Australia.

## PROJECTS continued

Pidd, K. (2007). Workplace drug testing: Efficacy and implementation. Paper presented to the DANA Regional Perspectives in Practice Conference, Whyalla July 11-13, South Australia.

Pidd, K. (2007). Workplace Alcohol and Drug use: Patterns, issues and responses. Keynote address to the DANA Regional Perspectives in Practice Conference, Whyalla July 11-13, South Australia.

Pidd, K. (2007). The potential of the workplace for achieving cultural change: A case study of the Australian construction Industry. Paper presented to Thinking Drinking: From Problems to Solutions, Melbourne, 26–28 February, Victoria.

Roche, A.M., Bywood, P., Freeman, T. & Pidd, K. (2007). Flying under the radar: Methamphetamine use amongst Australian workers. Paper presented to the combined APSAD (Australasian Professional Society on Alcohol and other Drugs) and Cutting Edge Addiction Conference, 'Two Nations, Ten Cultures?' Auckland, 4-7 November, New Zealand.

### 2006

Bywood, P. (2006). Illicit drugs in the Australian workforce: Prevalence and patterns of use. Paper presented to the 24/7: Work-Related Alcohol & Drug Use. A National Forum, Adelaide, 29–30 June, South Australia.

Roche, A.M. (2006). Alcohol and other drugs in the workplace. Paper presented to Network of Alcohol and Other Drugs Agencies (NADA) Annual Conference 'Mental Health in the Non-Government Sector: Negotiating the Nexus', Sydney, 9–10 October, New South Wales.

Roche, A.M., Bywood, P. & Pidd, K. (2006). Weepy Wednesdays: Patterns and correlates of amphetamine use by the Australian workforce. Paper presented to the ANEX Australasian Amphetamine Conference, Sydney, 28–29 September, New South Wales.

Roche, A.M. (2006). Causes and "cures": Stress and burnout amongst AOD workers. Presentation to Western Australian Network of Alcohol and Other Drug Agencies Sector Forum, Perth, 27 September, Western Australia.

Roche, A.M. (2006). Work-related drug and alcohol use overview. Paper presented to the 24/7: Work-Related Alcohol and Drug Use. A National Forum, Adelaide, 29–30 June, South Australia.

Roche, A.M. (2006). Alcohol and workers: Patterns and problems. Paper presented to the 24/7: Work-Related Alcohol and Drug Use. A National Forum, Adelaide, 29–30 June, South Australia.

### 2005

Roche, A.M., Todd, C., & Berry, J. (2005). Australian women's drinking patterns, occupational status and risk levels: An examination of 2001 National Drug Strategy Household Survey data. Paper presented to the Australasian Professional Society on Alcohol and other Drugs (APSAD) Annual Conference, 'Science, Practice, Experience'. Melbourne, 6–9 November, Victoria.

Roche, A.M., Todd, C. & Berry, J. (2005). Women's patterns of alcohol consumption and related risks according to work status. Presentation to Public and Population Health Research Seminar Program, Flinders University, Adelaide, 12 April, South Australia.



## PhD PROGRAM



Throughout 2007/08, NCETA instituted a strategy to steadily develop the Centre's PhD program. At present, NCETA supports four PhD students who are undertaking studies in areas complementary to the Centre's program of work.

### **ALCOHOL & DRUGS IN SOCIETY:**

#### **Belinda Lunnay**

Belinda's PhD, funded by Drinkwise Australia, explores whether drinking experiences function as a form of symbolic capital among young female Australians aged 14-17 years. The research complements existing quantitative data sets, which examine who, what, where, and how, by investigating why people drink.

Belinda's research aims to consider the role played by alcohol in the formation of young women's social groups; how meanings attached to alcohol are negotiated to form social identities; impact of group dynamics upon drinking-related perceptions, decisions and/or behaviours; whether drinking experiences create distinctions between groups; consequences of alcohol consumption (i.e. is it acknowledged and are reputations enhanced among friends and social networks?).

To-date, Belinda has undertaken a literature review. Ethics approval was obtained in October, and data collection using focus groups; 'photo elicitation' techniques; and, individual interviews has commenced.

#### **Creina Stockley**

Creina is from The Australian Wine Research Institute and has commenced a part-time external PhD program based around occasions and patterns of alcohol consumption. She will examine the influence of culture and ethnicity on alcohol consumption patterns within Australia and their relationship to health and harm. Professors Ross Kalucy and Ann Roche are supervising the program.

## **WORKFORCE DEVELOPMENT:**

### **Chelsea Todd**

Chelsea's PhD examines the effectiveness of workplace intervention strategies to improve worker wellbeing in the AOD field. This scholarship is supported through an AERF Workforce Development scholarship.

Chelsea has developed and implemented an online cognitive behavioural wellbeing program for Australian alcohol and other drug sector employees. Relevant stressors experienced by people working in the AOD field as supported by literature, and timeframe constraints, influenced final intervention content and mode of delivery. The program specifically targets coping strategies for managing work demands related to client challenges, maintaining work-life balance, and work overload.

Recruitment for the program began in July 2008. Participants in the intervention phase (Study 2) of the research complete pre-intervention surveys (Time 1) which permits post-intervention comparisons on various elements of worker wellbeing, resources and demands present in the work environment, and evaluation of the effectiveness of the intervention strategy.

Throughout 2008, findings were presented at:

- The First Australian Positive Psychology and Well-Being Conference, Sydney, April 5-6.
- The 9th International Mental Health Conference, Brisbane, 14-16 August.
- The Mental Health Services (TheMHS) 18th Annual Conference, New Zealand, September 2-5.

## **INDIGENOUS FOCUS:**

### **Peter Kay**

In 2006, Peter Kay commenced a professional doctorate in the Department of Public Health. He is supervised by Professor Ann Roche and Professor John Coveney (Department of Public Health). Peter's doctoral thesis topic is 'The media and public health responses to petrol sniffing in remote Aboriginal communities in South Australia: 1995-2005'. The thesis is examining whether the media may be a significant driver of government policy responses to petrol sniffing and the impact the media may have on the policy discourses and the way policy makers understand petrol sniffing. The study is undertaking a documentary analysis of newspaper texts, photographs and policy documents. The literature review has been completed and all data collected and analysed. Peter is due to complete his thesis in late 2009.

# DISSEMINATION ACTIVITIES

## PUBLICATIONS

Some of these publications can be downloaded from the NCETA website ([www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)).

Alati, R., Dunn, N., Roche, A. M., Dennerstein, L., Darlington, S., Guthrie, J., et al. (2007). Moderate alcohol consumption associated with wellbeing in women through the menopausal transition. *Climacteric*, 10(6): 491-499.

Berry, J. G., Pidd, K., Roche, A. M., & Harrison, J. H. (2007). Prevalence and patterns of alcohol use in the Australian workforce: findings from the 2001 national drug strategy household survey. *Addiction*, 102(9): 1399-1410.

Bywood, P., Lunnay, B., & Roche, A. M. (2008). *Effective Dissemination: A systematic review of implementation strategies for the AOD field*. Adelaide: National Centre for Education and Training on Addiction.

Bywood, P., Lunnay, B., & Roche, A. M. (2008). *Effective dissemination: An examination of the costs of implementation strategies for the AOD field*. Adelaide: National Centre for Education and Training on Addiction.

Bywood, P. T., Lunnay, B., & Roche, A. M. (2008). Strategies for facilitating change in alcohol and other drugs (AOD) professional practice: a systematic review of the effectiveness of reminders and feedback. *Drug and Alcohol Review*, 27(5): 548-558.

Duraisingam, V., Pidd, K., & Roche, A. M. (2007). *A national study of managers' wellbeing in the alcohol and other drugs (AOD) field*. Proceedings of the 7th Industrial & Organisational Psychology Conference.

Duraisingam, V., Roche, A. M., Pidd, K., Zoontjens, A., & Pollard, Y. (2007). *Wellbeing, stress and burnout: a national survey of managers in alcohol and other drug treatment services*. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Freeman, T., Roche, A. M., Williamson, P., & Pidd, K. (2007). *Can the theory of planned behaviour improve our understanding of the influence of organisational factors on workers' behaviour?* Proceedings of the 7th Industrial & Organisational Psychology Conference.

Lawrinson, P., Roche, A. M., Terao, H., & Le, P.-P. (2008). Dispensing opioid substitution treatment: practices, attitudes and intentions of community-based pharmacists. *Drug and Alcohol Review*, 27(1): 47-53.

Pidd, K., Boeckmann, R., & Lynd-Stevenson, R. (2007). *The theory of planned behaviour as an explanation of apprentices' alcohol and marijuana use at work*. Proceedings of the 7th Industrial & Organisational Psychology Conference.

Pidd, K., Duraisingam, V., & Roche, A. M. (2007). *The relationship between work stress, job satisfaction, and turnover intention among Australian specialist alcohol and other drug workers*. Proceedings of the 7th Industrial & Organisational Psychology Conference.

Pidd, K., & Roche, A. M. (2008). Workplace culture: An integrated model for the prevention and treatment of alcohol-related problems. In D. Moore & P. Dietze (eds), *Theory, evidence and context: Contemporary innovations in alcohol and other drug practice in Australia*. Melbourne, Australia: Oxford University Press.

Roche, A. M. (2007). Alcohol and other drug use by Australian workers: A risky mix. *Of Substance, The National Magazine on Alcohol, Tobacco and other Drugs*, 5(2): 18-19.

Roche, A. M. (2008). Schools and drugs: Time to test? *Of Substance*, 6(3): 21-22.

Roche, A. M. (2008). Young people and alcohol: A cultural shift? *Of Substance*, 6(2): 14-15.

Roche, A. M. (2008). Young people and alcohol: A cultural shift? *Licensee Update*: 10-11.

Roche, A. M., Bywood, P., Borlagdan, J., Lunnay, B., Freeman, T., Lawton, L., et al. (2008). *Young people and alcohol the role of cultural influences*. Adelaide, South Australia: National Centre for Education and Training on Addiction, Flinders University.

Roche, A. M., Pidd, K., Berry, J. G., & Harrison, J. E. (2008). Workers' drinking patterns: the impact on absenteeism in the Australian work-place. *Addiction*, 103(5): 738-748.

Roche, A. M., Pidd, K., Bywood, P., Duraisingam, V., Steenson, T., Freeman, T., et al. (2008). *Drug testing in schools: Evidence, impacts and alternatives*. (ANCD research paper 371.784). Canberra: Australian National Council on Drugs.

Roche, A. M., Pidd, K., Bywood, P., & Freeman, T. (2008). Methamphetamine use among Australian workers and its implications for prevention. *Drug and Alcohol Review*, 27(3): 334-341.

Roche, A. M., Todd, C., & O'Connor, J. (2007). Clinical supervision in the alcohol and other drugs field: an imperative or an option? *Drug and Alcohol Review*, 26(3): 241.

Skinner, N., Feather, N. T., Freeman, T., & Roche, A. M. (2007). Stigma and discrimination in health-care provision to drug users: The role of values, affect and deservingness judgments. *Journal of Applied Social Psychology*, 37(1): 163-186.

Weetra, D. (2008). Indigenous AOD Workers': We invite you to have your say! *Intouch*, 25(7):1.

## CONFERENCE PRESENTATIONS

Borlagdan, J. (2007). 'Cultivating culture in a healthy way': *The uses and challenges of cultural sociology in public health research on young people*. Paper presented at the Australian Sociological Association (TASA) Cultural Sociology Research Forum, Brisbane, Queensland, 25 September.

Borlagdan, J. (2007). Young people and alcohol: The role of cultural influences. Cultural drivers of risk taking behaviour & their affects on 'low risk', 'risky' & 'high risk' use of alcohol among 14-24 year old Australian drinkers. Presentation to NCETA Board of Management, 18 December.

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## WORKSHOPS

Dr John O'Connor and Allan Trifonoff facilitated a two-day National Police Drug and Alcohol Coordinating Committee (NPDACC) workshop in Adelaide on 3-4 April 2008. NPDACC comprises key advisors to the police representatives on the Intergovernmental Committee on Drugs (IGCD).

Dr John O'Connor conducted a clinical supervision workshop in Adelaide on 15 May 2008. Twenty three alcohol and other drug workers attended the workshop which was noted to be very successful.

Dr Ken Pidd and Dr Petra Bywood were invited to conduct a 3 hour workshop for NGO managers on evaluation and research transfer. The workshop was conducted for 40 participants at a NSW Network of Alcohol and Drug Agencies (NADA) Forum held in Sydney, 3 October 2008. The workshop utilised NCETA resources to assist participants to ensure effective work practice change results from comorbidity training.

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Published by:  
National Centre for Education and Training on Addiction (NCETA)  
Flinders University, Adelaide, Australia  
2009

ISBN: 978 1 876897 28 7

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