PSYCHOLOGY AND SUBSTANCE USE
AN INTEREST GROUP OF THE AUSTRALIAN PSYCHOLOGICAL SOCIETY

PSU Newsletter

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Inside this issue:

By the way…

have we got your current email address?!

In line with APS head office practice, PSU is increasingly using email to provide members with quick updates, questions about possible activities and items we believe will be of interest to members.

Please make sure you have provided APS head office with an up-to-date email address to take full advantage of this benefit of your PSU membership!

Convener's Report

So, we come to the end of another year for PSU. It is with sadness that we say goodbye to Yvonne Tunny as our National Treasurer, who stepped down from the position to face other challenges. Thank you for your contribution, Yvonne - it has been greatly appreciated!

We have since appointed Jenny Melrose as our new interim National Treasurer. As Jenny has taken a key role in establishing NSW-based PSU activities, she was a natural choice to fill the position and take the opportunity to become more familiar with the processes involved in running the interest group and accessing support from head office.

As PSU is still relatively new, the formal structure is currently limited to the three key positions: National Convener, National Secretary and National Treasurer. All PSU executive positions will be open for re-election at our 2003 AGM.

We would be keen to expand this core group to include a committee of interested members to act as a reference point and sounding board for future PSU developments and initiatives, and ensure broader relevance for all members. Ideally, the committee would consist of PSU members from around the country and represent different areas of the alcohol and drug field, including research, policy development, clinical practice, and tertiary education, including a student representative. If you are interested in being involved in a PSU committee, or have questions or ideas about what might be involved, email me at Helen.Mentha@iechs.org.au, or call on (03) 9818-6703.

The APS have also approached us to nominate up to three people to be considered for the APS Media Referral Service to respond to enquiries from the media on aspects of substance use issues - successful applicants will be offered media training if they do not have any. If you or someone you know would be a suitable media representative, I would like to hear from you. So far, our colleagues are proving to be a little shy…

Most of you will now be aware that PSU recently gained a web presence on the APS site, including a list of website links you might find useful. If you have any other suggestions for links or content for the website that might be of interest to other members, just let me know. From this issue, the newsletter will be available online, instead of clogging up your email accounts.

Although all members of the APS can now access the newsletter on the website, only current PSU members will be eligible to receive - to review in the newsletter - the free copies of publications Graeme Kane organises through his contact with Haworth Press, in particular. On this topic, we have a few members who were successful in being selected as reviewers, but have not as yet submitted a review for the book or journal they received. The availability of these resources is only made possible by the condition that a review be provided - otherwise, there is no incentive for the publishers to continue to generously provide us with free copies. We are not looking for an in-depth analysis in a review - just a brief reflection on the content, quality and possible relevance of the resource to other members.

We are also pleased to see the Professional Issues paper, produced by the APS Working Group on Substance Use Issues, is in the final stages of peer review. The paper examines the relevance of each of the eight core competencies of psychologists in the area of substance use, and highlights the skills and understanding that psychologists can bring to this complex field.

Have a wonderful Christmas, recharge the batteries, remember a standard drink of wine and champagne is only about 100 ml, and we wish you stimulating and fulfilling 2003!

Helen Mentha
National Convener

National Executive Contact Details

Feel free to contact us at the following details:

National Convener	Helen Mentha	helen.mentha@iechs.org.au or (03) 9810-3084
National Secretary	Graeme Kane	graeme.kane@iechs.org.au or 378 Burwood Road, Hawthorn, VIC, 3122
National Treasurer	Jenny Melrose	jennymelrose@yahoo.com.au

Introducing Jenny Melrose - new National Treasurer

Jenny Melrose is a Psychologist and an APS member who has been working in the HIV, Sexual Health, and Alcohol and Other Drug sectors for ten years. She has a BA and MA majoring in Psychology, a Masters of Education (Adult Education) majoring in Human Resource Development and the Certificate IV in Assessment and Workplace Training.

Jenny is a member of the APS Drug Working Group. This group is writing two papers for the APS: a Position Paper and a Professional Issues Paper addressing issues of the profession of psychology and working with substance users. The group was instrumental in forming the APS Psychology and Substance Use Interest Group.

Jenny has worked in both government and non-government sectors in Australia and England and has recently worked in Indonesia providing drug and HIV information to police, education, health, policy and non-government workers.

Jenny has recently moved from Sydney to the South West Slopes of NSW and plans to continue her private consulting business which focuses on clinical supervision and training in community service, counselling and drug and alcohol skills.

Victorian PD Calender - 2003

We are currently in the process of developing the 2003 PSU seminar series for Melbourne. At the moment we are hoping to include topics on dual diagnosis, substance use and family issues, and working with forensic clients with substance use issues.

Victorian members will be directly informed of the program as soon as it is finalised, and we will also have the details on our PSU website.

We would like to hear any ideas from our Victorian members on possible topics and presenters. Our guest speakers are paid for their time, and we aim to maintain a high standard of presentations.

The venue for the seminars is the Boroondara Community Health Centre—378 Burwood Road, Hawthorn. The seminars run from 7.00 to 8.30 pm. Entry is via the rear gate and those intending to attend do need to contact me so that I can ensure that adequate seating is provided. RSVP - graeme.kane@iechs.org.au or on (03) 9810 3087.

Book Review: Ryder, D., Salmon, A. & Walker, N. (2001). *Drug use and drug-related harm*. Melbourne: IP Communications.

Drug Use and Drug Related Harm is an up-to-date look at concepts and controversies in the alcohol and drug field. The authors' state that their aim in writing the book was to focus on the fundamental concepts informing the field, including those that the wider community may regard as illogical. Their goal was to allow the reader to become better informed and thereby "come to their own, considered and informed view", enabling them to participate more fully in the ongoing debates in the community.

The beginning point of the book is that drug use is normal, although it does recognise that for some people at different times or in different environments, drug use may be harmful. It then goes on to examine the issue of why people use drugs, what is drug related harm and how can it be reduced. These concepts are then applied to five drug classes, alcohol, tobacco, heroin, cannabis and psychostimulants.

My recommendation is that it is a must read from cover to cover as it succinctly addresses a comprehensive range of issues and acknowledges that for most of them there are different perspectives on what should be done to reduce the harm being experienced.

Future editions could be enhanced through a greater in depth analysis of some issues, such as why is that if the peak age for using any drug is 20-29, then why do some people take up drug use at a much younger age and therefore may have a less successful outcome from that use? Similarly, to what extent do protective and risk factors impact on the take up and maintenance of drug use both inside and outside the family? Also, to what extent can protective factors be involved in the cessation of drug use? There were also some omissions from the book in that there was no mention of the International Opium Convention and Protocol in 1925, which could be regarded as the beginning point of international control of substances. The authors could then have speculated on the reasons behind the development of the convention and why cannabis was included, even though it wasn't a narcotic. There should also be a section focusing commencing. It would also have been appropriate to include as section on supply control to indigenous people, beginning with the Aboriginals Protection and Restriction of the Sale of Opium Act 1897 (Qld) and the Queensland Aboriginals' Protection Act, 1897, as these acts prohibited aborigines from drinking alcohol or living outside reserves.

Overall, the authors do a great job in applying the concepts outlined in section one to a greater in-depth analysis of the five drug classes. At the same time, there were other issues that it would have been appropriate to address including the impact of public education and mass media campaigns on reducing alcohol related harm. Also, acknowledging that there was contact between Aboriginal people and other societies, prior to European settlement, in particular the Maccussans seeking trepang (beche-de-mer) and trochus shell, and the impact of this contact on the use of tobacco by Aboriginal people. There was also no mention of drug use and drug related harm experienced by Torres Strait Islanders.

In conclusion, a well designed, up to date reference that should increase the quality of debate on what is meant by harm reduction and the strategies to be used to reduce drug related harm, as well as the contentious issues such as heroin trials and injecting rooms.

Jan Parr
7 August, 2002

Motivational Interviewing:
Summary of PSU Professional Development Seminar in Melbourne

Motivational interviewing (MI) was developed by William Miller, Stephen Rollnick and colleagues in response to their work with people experiencing problems with alcohol. One of the features that is particularly attractive about MI is that is can be integrated into a wide variety of theoretical frameworks and therapist styles, although like any approach it is not suited to all clients or therapists, and the therapeutic relationship remains fundamental.

Miller and Rollnick define motivation as "the probability that a person will enter into, continue, and adhere to a specific change strategy". With this definition in mind, the goals of MI are to: build motivation to make change (Phase I); and strengthen the commitment to change (Phase II).

Miller and Rollnick highlight that much of the work of psychology involves the processes of change. In particular, change is usually propelled by feelings, rather than decision alone. In drug and alcohol work, these feelings are often mixed, changeable, and potentially amplified or reduced by the processes of use and recovery; an important aim of counselling is to assist a client to find greater stability in feelings that encourage change to less destructive behaviours.

A core part of this change process is the recognition that ambivalence is a normal experience when trying to reduce or cease a behaviour that is still rewarding in some ways, and does not indicate that a client is "in denial" or "resistant". It just means they have mixed feelings and, as a result, a lot of the client's energy may be consumed with the push-pull of ambivalence with little outcome, and with little energy left for actively making change.

At the heart of MI is the belief that a person will be more committed to the often daunting task of making change when they (rather than the therapist):

- Identify the dilemma the face (each choice has benefits and losses)
- Feel the discomfort or "psychological squirm" of their ambivalence
- Make a decision to change and
- Select the solution.

To achieve this, a careful balance needs to be found between the client-centred focus and the therapist-guided intervention. The client-centred aspect emphasises the importance of a compassionate and non-judgmental stance that demonstrates genuine interest and curiosity about the client's experiences and perceptions. The therapist primarily works with the material elicited from the client and does not impose their interpretations or solutions, although they may offer suggestions for consideration.

Yet the therapist is also directive in that they may intervene at strategic points, identify the client's own inconsistencies, and reflect the "big picture" rather than the selective aspect a client may focus on to the exclusion of other elements of their experience. The therapist also takes a stance of maximising the potential for change, especially where the current behaviour is damaging. Clients generally do not need help in maintaining the status quo - it is already happening. Rather, it is the more fragile, less familiar processes of making change that needs to be reinforced if change is to become possible. Therefore, a balance needs to be found between acceptance of the client's past experience and the validity of their underlying needs, while affirming the potential for change.

The five core principles of MI assist the therapist to maintain the balance between the client-centred focus and the more directive role:

- *Express empathy*: Genuine use of acceptance, skilled reflective listening and normalising
- *Develop discrepancy*: Use the client's own words to identify discrepancy between actions and consequences, and the behaviour and other important goals
- *Avoid argumentation*: Use resistance as a signal to change strategies
- *Roll with resistance*: Work with the client's material, acknowledge reluctance and ambivalence, and provide suggestions or possibilities, rather than impose or demand therapist-determined certainties
- *Support self-efficacy*: Maintain the belief the client can change, while emphasising their responsibility in making change happen.

The Miller and Rollnick text on MI provides many skills and strategies that assist the therapist to engage in motivational interviewing with their client. One technique that is of great value is the decisional balance, or identifying the "pros and cons". This approach is particularly useful as it provides an opportunity to incorporate many of the skills of MI. For the therapist, the technique provides an opportunity to build rapport, especially in the early stages of counselling, assess the underlying needs and identify potential goals for counselling. For the client, it provides and opportunity to express and explore their full experience of the substance use, sit with the ambivalence in a supportive environment, and explore the opportunities for change.

In short, the decisional balance exercise elicits the pros ("Good") and cons ("Not good") of both the current behaviour and the specified goal (cutting down or quitting). This can be done with a simple four square grid on a whiteboard, listing the client's answers as you go, and prompting several times before moving the next quadrant, as some aspects of the behaviour may not be immediately apparent to the client, especially if they have not considered their behaviour in this way before. The essence of the exercise addresses four questions, in the following order:

1. What do you like about [*doing the current behaviour*]? What do you look forward to?
2. What don't you like about [*the current behaviour*]? What isn't good about it?
3. What would be good if you [*achieved your goal of changed behaviour*]? What would you look forward to?
4. What would be hard about changing? What gets in the way?

At the end of the exercise, when there are no more responses to add, the client is encouraged to reflect on what they are thinking and feeling as they look at their responses and the dilemmas it raises. Questions 1 and 4 are valuable in highlighting the underlying needs that the client may need to learn to meet in other ways before successful change becomes possible or sustainable. Questions 2 and 3 provide leverage for change, and points to return to when the client is leaning toward not wanting to attempt change - while it is their choice not to make change, unresolved difficulties from the current behaviour sets the person up to keep entering the push-pull drain of ambivalence.

I use the decisional balance exercise often, as both the client and I almost always learn something of interest and relevance to what is maintaining the current behaviour and what would make change more of an option for the client. It is best done when approached with curiosity and compassion, as well as sensitivity to the client's needs and feelings of safety. Where it is not appropriate to do the more formal version of the technique - for example the client is distressed, in crisis, or has higher priority needs - elements may still be incorporated effectively into conversation. After all, it is an acknowledgment of the real state of ambivalence, rather than the ideal state of conviction.

Helen Mentha

References

Miller, W. & Rollnick, S. (1991) *Motivational Interviewing: Preparing people to Change Addictive Behaviour*. New York: Guilford Press. [2002 second edition also now available]

Motivational Interviewing website: http://www.motivationalinterview.org/index.shtml

Further motivational interviewing information and links: http://www.drugnet.bizland.com/

Directions for 2003

What can we look forward to for PSU in 2003? We are currently planning for the coming year and have a few ideas, but we are also keen to hear from you to find out how we can best meet your needs.

Some of our ideas include:

- Continue to develop links with publishers of books and journals to offer members in exchange for a review
- Develop a register of current Australian psychology research being conducted in substance use-related topics
- Provide regular, brief emails on topics of interest
- Form a national PSU committee representing research, clinicians, policy development and tertiary education
- Develop a seminar series in Sydney
- Continue to provide PD points for further learning
- Develop links with other interest groups and colleges to provide further opportunities for learning and networking
- Provide feedback to the APS and media representation where appropriate on relevant substance-related issues
- Continue to provide articles and websites on a range of alcohol and other drug topics through the newsletter.

Possible topics for newsletter articles and seminars include:

- Dual diagnosis and personality disorders
- Trauma, and trauma symptom management
- Forensic issues
- Pharmacology and pharmacotherapies
- Clinical skill development
- Current research findings
- Trends in substance use and newer drugs being used
- Family issues and young people
- Prevention and early intervention
- Harm minimisation policy and strategies.

So… what other topics would be of interest and what would *you* like to contribute? (We can't do it all…) **Email us with your ideas!**

Free booklet for review

The Manly Drug Education and Counselling Centre (MDECC) produced a pocket-sized guide (31 pp) *Trimming the Grass*, on cutting down or quitting cannabis. Email Graeme at graeme.kane@iechs.org.au to be the lucky person to receive our free copy and review the booklet for the newsletter.

Drug Policy Alliance - http://www.lindesmith.org/

Overview
Drug Policy Alliance is the leading organization working to broaden the public debate on drug policy and to promote realistic alternatives to the war on drugs based on science, compassion, public health and human rights. The Alliance was formerly known as The Lindesmith Center - Drug Policy Foundation. The Lindesmith Center, created in 1994, was the leading independent drug policy reform institute in the United States. The Drug Policy Foundation, founded in 1987, represented over 25,000 supporters and was the principal membership-based organization advocating for more sensible and humane drug policies. The two organizations merged on July 1, 2000 with the objective of building a national drug policy reform movement.

The guiding principle of the Alliance is harm reduction, an alternative approach to drug policy and treatment that focuses on minimizing the adverse effects of both drug use and drug prohibition. The Alliance and its affiliated organizations are deeply involved in educating Americans and others about alternatives to current drug policies on issues ranging from marijuana and adolescent drug use to illicit drug addiction, the spread of infectious diseases, policing drug markets and alternatives to incarceration. Particular attention is paid to analyzing the experiences of foreign countries in reducing drug-related harms.

Our Goals
We do not believe that there is an ultimate solution to our drug problems, but we do believe that there are steps that can and should be taken soon to reduce the harms associated with both drug use and our failed policies. These include:

- Making marijuana legally available for medical purposes;
- Curtailing drug testing not related to detecting impairment;
- Ending asset forfeiture abuses;
- Restoring constitutional protections against unreasonable searches and seizures;
- Redirecting most government drug control resources from criminal justice and interdiction to public health, and education;
- Supporting public health measures, notably syringe exchange and other harm reduction programs, to reduce HIV/AIDS, hepatitis and other infectious diseases;
- Supporting effective, science-based drug education and ending support for ineffective programs;
- Making methadone maintenance and other effective drug treatment more accessible and available;
- Removing obstacles to proper use of opioid and other medications for treatment of pain and terminal disease;
- Repealing mandatory minimum sentences for non-violent drug offences and ending incarceration for simple drug possession;
- Ending criminal penalties for marijuana, except those involving distribution of drugs to children;
- Ending invidious discrimination against people with past drug abuse problems or offences; and
- Ending racially discriminatory drug policies and enforcement measures.

This statement of objectives and issues should not be regarded as comprehensive, but rather as suggested components of a drug policy based not upon fear, prejudice and punitive prohibitions but rather science, compassion, public health and human rights.

Membership
Drug Policy Alliance is your voice to Congress, the media and the public. Your membership and support for the Alliance helps us persuade opinion leaders. Through our email updates, online action center, and quarterly newsletter and other publications, you will be kept up-to-date on the latest drug policy reform efforts throughout the US and around the world. Join Drug Policy Alliance Today!!

Library
Our rapidly growing library is one of the largest collections on drugs and drug policy in the world. It contains over 10,000 books, reports, government documents, periodicals, videos, and articles from the U.S. and abroad as well as in-depth collections on drug-related policies in Canada, Latin America, Great Britain, Germany, the Netherlands, Switzerland, and Australia. We also maintain an online library that provides access to hundreds of documents from our permanent collection and the latest news from the Alliance.

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