



PSU Newsletter

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Convener's Report

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Websites of interest

For a rich and varied guide to the substances people use and abuse, these sites both provide comprehensive information on the nature, use and personal experiences of a huge array of drugs:

www.lycaum.com

www.erowid.com

NSW Update

I recently caught up with Jenny Melrose, who you will recall asked for expression of interest from NSW members in our last newsletter. Jenny and I had a discussion, and a nice cup of caffeine each overlooking Manly beach, about getting NSW members involved in activities. The waves were nice clean breaking one metres with an onshore wind.

I will be sending out a questionnaire specific to NSW members shortly

Welcome to the second year of the Psychology and Substance Use interest group. We look forward to getting to know you better over the coming year, and hope to meet more of you in person at our seminars and the APS annual conference on the Gold Coast. This year's conference theme is "From research to practice". I'm sure many PSU members would agree this is one of the valuable things psychologists contribute to the alcohol and other drug field - practical solutions soundly based in an understanding of human behaviour that comes from systematic research and analysis.

A big thank you to all of you who took time to respond to our request for your ideas on how PSU can best help you. There was considerable interest in an email list, to provide the opportunity to share ideas, knowledge of current research and resources, and to build professional networks of psychologists interested in substance use issues. So we have set up a list with Topica: PSU members can subscribe at <http://www.topica.com/lists/psu> or by sending a BLANK email to psu-subscribe@topica.com.

Only PSU members who have subscribed to the list are able to post and read comments, and access the archives of all postings made to the PSU list. It has been fascinating so far to read the diversity and wealth of experience in members' introductions to date, and members have already begun to use the list to seek out information on topics of relevance to them in their work. As general email traffic becomes heavier, the PSU list will best serve the needs of members if postings are made with respect and consideration, do not include attachments, and are relevant to PSU and members' interests.

Responses to our survey also raised doubt as to the viability of formal state branches of the PSU, and we are inclined to agree, given the tender age of the interest group. However, we are keen to hear from members who would be interested in taking on a less formal role of assisting us to hold the occasional seminar in their region on behalf of the PSU— we can provide funding for venues and advertising, but lack local knowledge to arrange the presenters and topics ourselves. Already we are in the process of organising Syd-

ney-based activities with the wonderful Jenny Melrose volunteering her time and energy to get other NSW psychologists involved. The more people who get involved, the less input is required from each individual, and the more likely we can continue to go from strength to strength (as opposed to going from strength to weariness to burnout).

Some of the requests were for information on current research and trends in drug use. While we will certainly aim to provide a forum for sharing this kind of information, ADCA Update and Drug Talk email lists, and the ADIN website, are also fantastic resources to find out what is going on in the AOD field.

Well, we will keep you updated on what we're planning and how you can be a part of our plan to take over the world, ah, oops, I mean our plan to bring together psychologists interested in the AOD field and promote compassionate, evidence based approaches to this complex social issue.

Helen Mentha

asking them about the possibility of establishing a NSW Branch and what activities would be of interest and relevance to them.

I think the establishment of the list-serv has been great in ensuring communication between members across the States and Territories.

Graeme Kane



Empowerment therapy: A fleeting glimpse

We were fortunate to have Dr Michael Crowley present an evening seminar for PSU in Melbourne. What is immediately striking about Michael's style is his compassion and respect for his clients, and willingness to learn from their experiences. Combined with a healthy regard for research and evidence-based practice, his approach is a valuable contribution to the alcohol and drug field.

Michael highlights that our clients don't have drug and alcohol problems so much as drug and alcohol solutions. Empowerment Therapy seeks to help clients to understand the function of the substance use, and strengthen their motivation to make change that emphasises the opportunity for growth. While the model outlines a brief, structured six-session format, the principles of Empowerment Therapy may be applied and adapted within a broad range of therapeutic settings.

The approach has a clear focus of enhancing "well-being" rather than defending the person against "disease" or "psychopathology". Clients are offered the opportunity to develop greater feelings of personal control, self-esteem, and belief in their ability to grow and become more like their ideal self.

Free book to review!

We would like to start including more thoughts and ideas from our members, as there is obviously a great deal of experience and passion within our interest group and it would be a shame not to provide an outlet for your views. It may be a book or journal article that has stimulated you, a website you find valuable, or ideas that have enriched your work... or you may have a question related to your work or research that you would like to ask other members. It's your newsletter, your opportunity... so go for it!

Working with involuntary clients: A group approach

Clients who are referred for drug and alcohol counselling through the criminal justice system can be difficult to work with. While some are genuinely interested in addressing their substance use and related issues, others are less willing to engage in the counselling process. Concerns about the limits of confidentiality and the possibility of a punitive response from the corrections system are common, and some are just not interested. Whether they don't believe they have a problem, or would like to make change, counselling is not everyone's preferred way of dealing with life. Consequently, involuntary clients and counsellors alike often find these referrals less than rewarding.

Counsellors at the North Eastern Outreach Drug and Alcohol Service (NEODAS) in Melbourne's northern suburbs identified that working with forensic clients presented particular issues that tended to differentiate them from other client groups. Team leader and psychologist Yvonne Tunny explained that "counsellors work with coerced clients all the time... however, clients who attend because there is a threat to their relationship with family, a spouse, boss or significant other will sometimes work towards changing their behaviour because they want to maintain their relationship with the other, and see involvement in counselling as a means to this". She highlighted that: "Clients referred by the Department of Corrections are not usually interested in maintaining their relationship with the Department of Corrections... and will be less inclined to explore their problems with a counsellor in order to keep the relationship. When they attend, it is likely because of the fear of other losses. When told they must attend, they are more likely to exhibit the overt resistance that has gained them the reputation for being difficult."

Michael's work reflects the growing trend within the psychology and related social sciences, to move away from an over-focus on the factors contributing to the origin and maintenance of "problems" and "difficulties". The ingredients of "resilience" and "well-being" are instead becoming more prominent in the understanding of human experience and the solutions that we develop with our communities. Michael's approach has been enriched by this awareness of our innate strengths; the essence of "empowerment" is to assist clients to value and draw on their own resources, and take their lives in a direction that will bring a greater sense of meaning and completeness as a person, and enhance their quality of life.

Helen Mentha

For further information: send a stamped, self-addressed half A4 envelope or larger to Dr Michael Crowley, Empowerment Therapy Centre, P.O. Box 312, Kingston, Tasmania, 7051, for his booklet Empowerment Therapy: A Brief Introduction, or check out the website at <http://www.empowerment.com.au>. Michael also runs two day workshops in various locations around the country that provide a practical understanding of his approach and how to ap-

So, to start things off, we have a copy of *Drug Use and Drug-related Harm: A Delicate Balance* by Ryder, Salmon & Walker—which we have referred to in a previous newsletter—to be reviewed in our next newsletter by a PSU member... who then gets to keep the book in appreciation of their contribution.

To express interest, please email or phone our National Secretary Graeme Kane—see the next page for contact details.

Therefore the NEODAS team developed an alternative approach. In negotiation with ACSOCOATS, the organisation that brokers the referrals from the Office of Corrections to treatment agencies, they developed a structured four-week group program. The program was considered sufficient "treatment" to meet the conditions of the referral; individuals wanting further support could return to the agency as voluntary clients. The voluntary nature of further treatment allowed the clients a greater sense of ownership and belief that confidentiality would be respected within the normal legal limits.

The groups utilised Prochaska and DiClemente's Stages of Change and were developed with the expectation that most group participants would be in the precontemplation (do not want to change or don't think there is a problem) or early contemplation (beginning to think about making change) stages. The groups content included information and education about substance use, a quiz on the myths of substance use, a role-playing game that highlighted the pros and cons of using, and strategies to change substance use. The sessions also included discussions about what counselling is, and the roles of the counsellor, client and Office of Corrections. Although formal assessment of the program was limited, the evaluation indicated that clients found the group sessions satisfactory and were more likely to continue with voluntary counselling.

For more information about the program, please contact Yvonne Tunny at yvonne@bchs.org.au. If you have your own thoughts about working with involuntary clients, we would like to hear about your own experiences and ideas.



Amphetamines

The group of synthetic drugs known as *amphetamines* belong to the stimulant class of drugs, and are also known as “speed”, “whiz”, “go” and “louie”. First synthesized in 1887, common forms include amphetamine sulphate, dexamphetamine and methylamphetamine. Crystalline methylamphetamine is a more potent, purified form of methylamphetamine and is also known as “ice”, shabu” or “crystal meth”. Ice has gained popularity on mainland United States and Australia in more recent years, although it appears to have been used by the Japanese army in World War, and has been used in Hawaii for many years.

Amphetamine analogues include MDMA (“ecstasy”) and other analogues commonly sold as ecstasy, including MDA, MDEA, and PMA. Analogues can be understood as having a similar structure to each other (hence the “A” in the abbreviated term) but with different effects, and to varying degrees. However, you’ll have to stay tuned to further newsletters for the story on these drugs.

Amphetamines began to be used for medical purposes during the early to mid 1900s, and were contained in a range of products that could be bought over the counter at the pharmacy to treat a number of different complaints, including weight control, lethargy, depression and anxiety. They came under greater scrutiny during the 1950s as the medical profession began to express increasing concern about significant side-effects of aggression, violence and psychosis. Since then, the manufacture and supply of amphetamines has become increasingly strict, and came under the Controlled Substance Act in the 1970s.

Amphetamines typically speed up the central nervous system, and users describe feelings of increased well-being and confidence, and greater levels of energy and alertness. Other common effects include irritability, appetite suppression, enlarged pupils, grinding teeth, clenching jaw, talkativeness, panic attacks and hyperventilation.

Abuse of amphetamines is associated with increased anxiety insomnia and depression, especially between doses and during withdrawal. However, one of the greatest problems arising from amphetamine use – for both the user and the people around them - is the tendency toward paranoia, aggression, violence

and psychosis. The enhanced feeling of confidence and invincibility can lead to engagement in high-risk or criminal activities that the person may not have otherwise engaged in. Over-use also carries risk of over-heating, dehydration, overdose, collapse, heart failure and stroke.

People who choose stimulants often report that they are attracted to feeling confident, energetic, focused, logical, invincible, in control, outgoing, or creative. Stimulant use may provide a break from feeling insecure, guilty, critical, lethargic, incompetent or any number of negative experiences that do not match the person’s “ideal” of who they would like to be; stimulant use is often about feeling the things people don’t normally feel enough of. Amphetamines are also an important part of certain subcultures and recreation, such as all-night dance parties and raves, where the drug use enhances the person’s ability to more fully participate and belong. Amphetamine use is also common in particular industries where work is hectic, non-stop and demanding, such as the hospitality industry; likewise, it is a common drug of choice for those in the drug trade or other criminal activities, where life can frequently be dangerous, anxiety-provoking and risky. Others will also value the appetite suppressant quality of amphetamines to stay slim or lose weight, especially where there are issues around body image.

As with treatment of any substance abuse problem, it is of fundamental importance to find out what is rewarding or feels good about the substance use. Finding out what is good about the use informs us of the specific needs the substance use is meeting, and provides a starting point for replacing the substance use with healthier, more sustainable options. Practical strategies may involve changing the pattern of use, before the use itself can be addressed. While the usual safer injecting strategies are particularly important for ongoing intravenous use, people are encouraged where possible to change to less dangerous routes of administration, such as snorting or preferably swallowing. Given the increased tendency toward risk-taking, reducing access to other drugs is also an important strategy, through carefully choosing the using environments and limiting the funds available to purchase other substances. And ensuring that the effects of withdrawal or “coming down” are minimized, includes having soothing baths, eating well, getting adequate sleep and reducing use of other stimulants (e.g., caffeine products and nicotine).

Helen Mentha and Graeme Kane

Professional Development Calender Victorian - 2002

Date	Topic	Speaker
22 nd May	Working with parents of adolescents who use substances	Sally Walker
24 th July	Designer Drugs - Use and Abuse of Ecstasy, Ketamine and GHB	Graeme Kane
18 th September	TBA	Dr Jenny Redman
20 th November	Motivational Interviewing	Helen Mentha

For further information about where and cost of these seminars, contact Graeme Kane on 03-9818 6703 or at his email address below.

National Executive Email Addresses

Feel free to contact us at the following email addresses:

- National Convener Helen Mentha wh.edas@onthe.net.au
- National Secretary Graeme Kane graemeedas@iechs.org.au
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