

# PSU Newsletter

April 2004

Volume 4 Issue 1

## Inside this issue:

Convener's report	1
Contact details	1
Professional development	2
Call for contributions for August newsletter	2
Book review: <i>Management of Alcohol and Drug Problems</i>	3
Book Review: <i>Adolescent Substance Abuse Treatment in the US</i>	3
ADCA membership	4
Drug and Alcohol Review	4
AOD conferences	4
Disability Discrimination	5

## By the way...

### *Want to know more about GHB?*

Otherwise known as fantasy, liquid e & GBH, the drug has received attention in the media with growing numbers of overdoses.

Go to **NSW Health** for basic information:  
<http://www.health.nsw.gov.au/public-health/dpb/publications/ghb.htm>

Go to **Erowid** for more comprehensive information from diverse sources:  
<http://www.erowid.org/chemicals/ghb/ghb.shtml>

## Convener's Report

Welcome to the new year of PSU. We hope 2004 will be an interesting year.

Current PSU members will receive this newsletter with a member survey and a free copy of the tip sheet for your feedback. Please take the time to complete it because we do want to hear from every member (yes, that includes *you!*) to make sure PSU is meeting your needs. Like any volunteer positions, Graeme Kane, Anna Powell and I basically run this group in our own time and we want to use the opportunity PSU provides us as effectively as possible - and that PSU members feel the interest group is a worthwhile resource.

We are delighted to see PSU activities begin to extend out of Victoria into NSW and Queensland and we look forward to growing participation from members in these states. But now we also need to start heading away from the confines of the East coast... if anyone is interested in helping us to become more active in SA, WA, ACT, NT or Tasmania, we would love to hear from you.

On a more personal note, I have recently changed jobs from a counselling position

within community health to a dual diagnosis position straddling both the mental health and drug and alcohol systems at SUMITT in the western suburbs of Melbourne. While the position holds inherent challenges to say the least, it is rewarding to be part of the growing efforts to better meet the needs of clients who have traditionally disappeared into the gaps between the two systems.

Given the recent moves by the Federal Government to effectively legalise discrimination against people solely on the grounds of dependence on a prohibited substance, it is more important than ever that psychologists are involved in ensuring that the complex issue of substance misuse in our community is addressed in an appropriate and evidence-based manner.

I personally opposed the proposed amendment to the Disability Discrimination Act, but did so as a private citizen as I do not want to assume to speak for the membership of this interest group. After some hesitation, I have included my letter to the Senate Legal and Constitutional Committee that was reviewing the proposed

amendment at the end of this newsletter - it is a public document and although was not written under the name of PSU, it's only fair you have the chance to know more of my views as the interest group's convener. I would be interested to hear from other members on the issue, and am more than happy to publish other opinions on the matter.

But the issue has highlighted for me the importance of groups such as PSU in educating ourselves and our colleagues so that we can contribute to the debate on understanding and addressing the challenges of substance use in the community in a considered, well-informed and proactive manner.

PSU provides us with a valuable forum to discuss the challenges and opportunities we face, but one that is as yet under-utilised. I hope we can continue to develop the ways in which we can communicate our ideas with each other - to support, inspire and challenge ourselves, and share the wealth of experience held within this group.

**Helen Mentha**  
National Convener

## National Executive Contact Details

Feel free to contact us at the following email and postal addresses:

**National Convener** Helen Mentha [helen.mentha@mh.org.au](mailto:helen.mentha@mh.org.au)

3-7 Eleanor St, Footscray, VIC, 3011  
Ph: 03 8345-7023; Fax 03 8345-6027

**National Secretary** Graeme Kane [graeme.kane@iechs.org.au](mailto:graeme.kane@iechs.org.au)

378 Burwood Road, Hawthorn, VIC, 3122  
Ph: 03 9810-3087; Fax 03 9818-6714

**National Treasurer** Anna Powell [annapowell@lycos.com](mailto:annapowell@lycos.com)



## PSU Seminars

We consider the professional development seminars one of the most important functions of PSU, and our hope is to include more areas in the program over time. We began with a series in Melbourne, which continues. In 2001 we presented at the APS Annual conference in Adelaide, and the following year in Brisbane.

Last year saw the introduction of seminars in Sydney, and this year we will have our first seminar in Noosa. We'll let you know if either of the PSU submissions for this year's APS Annual conference in Sydney later this year are ac-

cepted (a practice forum on managing drug-related dilemmas in community services and a half day workshop on motivational interviewing).

If you are interested in running a seminar on behalf of PSU in your area - or know of someone who would be a great speaker on drug-related issues - let us know! We are proud of our record of high quality presentations that are well-received and would like to see more psychologists able to access these opportunities for professional development.

## Melbourne seminars

Date	Topic	Presenter
26/5/04	Pharmacology of alcohol: Effects, interactions and harm	Dr Jenny Redman
To be confirmed	Police presentation Drugs: What they are, what they look like	Sandra Dorman
27/10/04	The person, the family and addiction: Understanding addiction from a psychological perspective.	Carl Scuderi & Oriella Cattapan

All Melbourne seminars are held from 7.30-9.00 PM at the rear of the Boroodara Community Health Service, 378 Burwood Rd, Hawthorn (enter through the car park at the rear of the building).

Contact Graeme Kane on 9810-3087 or at [graeme.kane@iechs.org.au](mailto:graeme.kane@iechs.org.au) to RSVP or for any enquiries. Check the Victorian newsletter for updated information.

## Sydney seminars

The Sydney seminar program is currently in development. Please contact Anna Powell at [annapowell@lycos.com](mailto:annapowell@lycos.com) if

you would like to assist PSU in running activities in Sydney or have suggestions for possible seminars.

## Noosa Seminar

The Sunshine Coast Branch of the APS, along with support from the PSU, are planning a seminar on substance use and concurrent disorders. The seminar will be run by Dixie Statham, Senior project coordinator at the Queensland Institute of Medical Research, who previously has worked as a visiting psychologist at the drug and assessment unit of the PA Hospital.

The seminar will be held at **10.00 AM, 16th July 2004.**

Venue and further details to be confirmed in the next Queensland State branch newsletter.

Please contact Nanette Cross on 0414 891 728 for further details.

## Call for contributions for the August PSU newsletter

The newsletter provides us with another avenue for professional development, and we were thinking it would be good to focus in particular themes in our newsletters. This also provides members with a greater chance to contribute, and indeed this idea will only truly work through members contributing their diversity of knowledge and experience.

So for the next issue, we thought we would start at the beginning and focus on the issues related to assessing drug and alcohol use and related problems.

We would love to hear from you if you would like to contribute any of the following:

- recommend assessment tools, articles, books or other

resources

- raise dilemmas in assessing drug and alcohol issues with clients, in workplaces (eg employee drug testing), or the community (eg road-side alcohol and other drug testing)
- reflect on processes involved in engaging clients, dealing with mistrust or negotiating potential conflict related to the outcome of assessments, such as involvement of Child Protection Services, police, courts, Corrections or mental health services.

Complete contributions are welcome, but so are ideas that we can compile into a combined article. If you have any ideas or suggestions, just contact Helen Mentha at [Helen.Mentha@mh.org.au](mailto:Helen.Mentha@mh.org.au) or on (03) 8345-7023.



## Book review: G.Hulse, J. White & G. Cape (Eds.) (2002) *Management of Alcohol and Drug Problems* Oxford University Press: South Melbourne

*Management of Alcohol and Drug Problems* is an up-to-date resource providing the fundamentals of alcohol and drug (AOD) use, complete with assessment, diagnosis and management strategies.

The book is organised into four main parts covering:

1. The context of AOD use, including the history of drug use and drug policy responses, aetiology, assessment and an overview of treatment considerations;
2. Details on specific drugs, their pharmacology, epidemiology and specific methods of assessing and treating the problems arising from the use of these drugs;
3. An exploration into some specific populations in which AOD issues may be especially problematic, as well as a focus on dual

diagnosis; and

4. A concise review of specific issues that may arise for medical practitioners, including aspects of safe prescribing and clinical practice.

Although this book is advertised as a resource for medical and other health professionals in training, the focus throughout is specifically medical. Pharmacodynamic explanations are highly detailed and possibly too medical for the average health professional or psychologist. However, its Australian and New Zealand focus, including chapters on Indigenous populations, is useful.

Jenny Melrose, MAPS.

## Book review: Stevens, S.J., & Morral, A.R. (Eds.) (2003). *Adolescent Substance Abuse Treatment in the United States*. Haworth Press: New York

Touted as providing “state of the art” treatment models for adolescent substance abuse one begins to read this recently published book with great expectations and a healthy dose of cynicism.

The impetus for the book came from an alarming increase in adolescent illicit drug use in the US. According to the US demographic figures cited in the first chapter, adolescent illicit drug use has almost doubled in the last decade. They also noted long term substance related issues into adulthood, indicating that adolescents are not just simply “growing out of drug use”. When we translate these statistics to an Australian context, we find a slight decrease in the mean age of onset of marijuana use, from 19.1 years of age in 1993 to 18.5 years of age in 2001, and no change in alcohol and tobacco mean ages of onset (Australian Institute of Health and Welfare, 2002). However, when a sample of 1004 Australian parents of 12 to 17 year old youths were surveyed in 2003, they perceived an increase in illicit substance abuse in this age group (Commonwealth Department of Health and Ageing, 2003). Perhaps there is an emerging trend towards increased illicit drug use amongst Australian adolescents, similar to the US experience. Hopefully we may learn from the US attempts to treat adolescent drug abuse as a way of preventing any further escalation.

The book is based on an evaluation of US adolescent substance abuse treatment programs and the chapters consider community and residential rehabilitation as well as family oriented techniques and therapeutic communities. Each chapter presents a different program and is written by a different research or therapy group, allowing for a diversity of views to be presented. The book has been carefully divided according to the types of programs being offered and these different sections seem to work well.

The comparison of these varied treatment programs was through the development of an evaluative framework called the Adolescent Treatment Model (ATM) program. It was anticipated by the contributors that the consistency of the ATM would allow for familiar components of treatment to be manualised. Programs were provided with a grant to participate in the research, with the expectation that each program would use similar assessment tools allowing for accurate comparison across the programs. The programs themselves were in vivo and not manipulated.

There were some striking characteristics of the outpatient community programs worth noting. Firstly, the programs reviewed seemed to be very well funded and able to offer up to 12 hours of treatment for young people each week. This included a combination of drug education and therapy. Secondly, all programs urine tested the participating adolescents; this did not sit comfortably with the harm minimisation strategy applied in our Victorian contexts (see Lennings, 2000; Miller, 2001). It begs the question: Where does the

boundary between social control and treatment start and end?

Thirdly the programs drew heavily on the 12-step model and this was consistent not just in the community drug programs, but also the residential programs, despite very little efficacy on its use with adolescents.

Of particular interest to drug and alcohol clinicians was the chapter written by the Liddle research group about the Multi Dimensional Family Therapy Model (MDFT). Liddle and his team of clinician/researchers have clearly developed MDFT into a comprehensive model for treating adolescent drug users. They identified their model as drawing from an ecological, developmental approach. However, the structural strategic family therapy (see Stanton et al., 1982) influence in the therapy seemed evident, but was unfortunately unacknowledged (see Liddle’s earlier critique of this model, Liddle, 1985).

This book seems like a first step in recording this interesting research with the documentation of the treatment programs and the research methodology, but little or no outcome data at this stage. I look forward to an inevitable second edition where programs report on the outcome of their evaluations. This is indeed a very good beginning in the process of understanding what “state of the art” treatment for adolescent substance use may mean.

Oriella Cattapan

Psychologist and Drug Clinician  
Victorian Children’s Court Clinic Drug Program

### References

- Australian Institute of Health and Welfare. (2002). *2001 National drug strategy household survey: First results*. AIHW cat.no. PHE 35. Canberra: AIHW (Drug Statistics Series No. 9). Retrieved May 10, 2003, from <http://www.aihw.gov.au/publications/phe/ndshs01/ndshs01-020717.pdf>
- Commonwealth Department of Health and Ageing. (2003). *Formative research: Parents campaign*. Retrieved August 19, 2003 from <http://www.drugs.health.gov.au/campaign/research.htm>
- Lennings, C.J. (2000). Harm minimisation or abstinence: An evaluation of current policies and practices in the treatment and control of intravenous drug using groups in Australia. *Disability and Rehabilitation*, 22 (1/2), 57-64. Retrieved August 24, 2003, from the EBSCO Host database.
- Liddle, H.A. (1985). Five factors of failure in structural-strategic family therapy: A contextual construction. In: S.B. Coleman (Ed.), *Failures in Family Therapy* (pp 152-189). NY: Guilford Press.
- Miller, P.G. (2001). A critical review of the harm minimization ideology in Australia. *Critical Public Health*, 11 (2), 167-178. Retrieved August 24, 2003, from the EBSCO Host database.
- Stanton, M. D., Todd, T. C., Heard, D. B., Kirschner, S., Kleiman, J. I., Mowatt, D. T., Riley, P., Scott, S. M., & Van Deusen, J. M. (1982). A conceptual model. In M. D. Stanton, T. C. Todd & Associates, *The family therapy of drug abuse* (pp. 7-31). NY: The Guilford Press.



## Substance-related resources

### ADCA membership: affordable access to journals

As described on their web site, the Alcohol and other Drugs Council of Australia (ADCA), "is the peak, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector, providing a national voice for people working to reduce the harm caused by alcohol and other drugs."

I joined ADCA several years ago mainly due to the resources that were available as part of the subscription to Drug Contents. Members are permitted up to 25 recent journal articles per year as part of their membership. This is a great and economical way of gaining latest research and information on alcohol and other drugs.

More recently, ADCA introduced on-line access to a range of journals that they subscribe to. This means that I can now access recent and not-so-recent journal articles. And not limited to 25 articles. This is a very practical way of using technology to bring best-practice into the clinical rooms of rural, isolated, and remote clinicians. It is also great news for time-poor clinicians who cannot get to a library in order to photocopy journal articles of interest.

Membership and Drug Contents subscription for individuals currently costs \$95. I believe it represents good value for money.

**Graeme Kane**

### Drug and Alcohol Review: APSAD's drug and alcohol journal

Last year the interest group committee approved the purchase of membership to the Australian Professional Society of Alcohol and Other Drug workers (APSAD) in my name as convener. We did so after careful consideration with the intention of collaborating with APSAD to improve the AOD-related resources available to psychologists and to increase the profile of psychologists within the AOD field. We will discontinue the membership if, after ongoing efforts, no benefits are emerging for PSU members.

One immediate benefit of the membership is the automatic subscription to APSAD's *Drug and Alcohol Review*, so we will profile the articles of each issue in the newsletters to highlight potential articles of interest.

The 2003 *Drug and Alcohol Review* 22(4) covered the following topics:

- Global perspective on drug information systems
- Development of structured brief motivational interviewing model for young people
- Substance use and prediction of young offender recidivism
- Health and well-being outcomes of NSW Drug

Court program

- GP diagnostic and referral practices with AOD issues
- Withdrawal severity in antagonist-precipitated heroin withdrawal prior to naltrexone treatment
- Emergency management of inadvertent accelerated opiate withdrawal
- Smoking cessation interventions for in-patients
- Review of studies of self-reported cannabis effects
- Tobacco regulation.

The first edition for 2004 - Volume 23 (1) - highlights prevention from a range of perspectives:

- Planning tobacco interventions for Aboriginal people
- Brief interventions by GPs and nurse practitioners
- Improving safety in licenced venues
- Scandinavian approaches to alcohol control
- Northern Territory's Living With Alcohol program
- Risk and protection factors for differing intensities of adolescent substance use
- School-based drug prevention.

**Helen Mentha**

### Drug and alcohol conferences

#### *15th International Conference on the Reduction of Drug-Related Harm*

Hosted by: International Harm Reduction Association (IHRA)

Dates: 20-24th April 2004

Where: Melbourne Convention Centre, Melbourne, Vic.

Web: <http://www.ihra.net>

#### *The 17th Annual Winter School: The meeting of research and practice in professional development*

Hosted by: Alcohol and Drug Foundation of Queensland

Dates: 5-8 July 2004

Where: Carlton Crest Hotel, Brisbane, Qld

Web: <http://www.winterschool.info/>

#### *Addictions 2004 Crossing boundaries: Implications for advances in basic sciences for the management of addictions*

Hosted by: Elsevier in association with Addictive Behaviours, An International Journal

Dates: 24-26 September 2004

Where: Novotel Twin Waters Resort, Noosa, Qld

Web: <http://www.addictions-conference.elsevier.com>

#### *Beyond the Drug*

Hosted by: Australian Professional Society on Alcohol and other Drugs (APSAD)

Dates: 14-17 November 2004

Where: Esplanade Hotel, Fremantle, WA

Web: <http://www.apsad.org.au>



## Proposed Amendment to the Disability Discrimination Act

As you may be aware, the Federal government proposed to amend the Disability Discrimination Act (1992), to legalise discrimination against people dependent on prohibited substances (excluding those considered to be in treatment). The Senate Legal Constitutional Committee reviewed the proposed legislation and recently recommended that the amendment did not go ahead in its current state.

For further information and to read the other submissions to the committee, go to the Senate Legal Constitutional Committee's website at: [http://www.aph.gov.au/senate/committee/legcon\\_ctte/disability/index.htm](http://www.aph.gov.au/senate/committee/legcon_ctte/disability/index.htm).

My own submission to the committee follows - see what you think and feel free to respond with your own views.

**Helen Mentha**

The Secretariat  
Senate Legal and Constitutional Committee  
Room S1.61, Parliament House  
Canberra ACT 2600

**Re: Proposed Amendment to the Disability Discrimination Act (1992) to permit discrimination on the grounds of addiction to a prohibited substance**

Dear Sir/Madam,

As a clinical psychologist with extensive experience in the alcohol and other drug sector, I would like the opportunity to register my serious concerns regarding the proposed removal of dependence on an illicit substance from the Disability Discrimination Act and my support for the justified objections expressed by other leading organisations in the alcohol and other drug and welfare fields.

Legalising discrimination against people who are addicted on a prohibited drug both goes against the solid body of research and understanding of the nature of substance use and is counter-productive in seeking solutions that assist people to overcome substance misuse.

The fundamental purpose and intended benefit of this change in legislation is unclear, although no doubt well-intended. If the aim is to address risks posed by substance abuse within the community, this legislation will be an ineffective step at best, and a harmful one at worst.

If the primary concern is the illegal nature of the substances being used, we already have legally sanctioned protocols to identify, assess and respond to a person's engagement in illegal behaviour through the criminal justice system. If the primary concern relates to risks posed by the person's behaviour, again we already have protocols to address negligent, criminal or otherwise endangering behaviour. If the primary concern relates to the effects of intoxication, the exclusion of illicit non-dependent drug abuse and alcohol dependence from this amendment does not make sense, yet both remain rightly protected by the Anti-discrimination Act, while illicit drug dependence is singled out for exclusion from Anti-Discrimination protection.

Research demonstrates that illicit drug dependence alone contributes little to the ability to predict a person's state of mind, level of intoxication, thoughts or behaviours - or risk to self or others. The impact of substance dependence on a person's behaviour is determined by a complex interaction between the drug being used, the characteristics and needs of the person using the drug, and the personal and societal context in which the drug is used.

To permit discrimination on the basis of illicit drug dependence alone, however, perpetuates an inaccurate stereotype and

promotes a false sense of security that a complex issue facing our community has been addressed in a meaningful way. Given the ultimate concern must be for the welfare and safety of others, the focus on "addiction to a prohibited drug" is an arbitrary and entirely unhelpful one.

While many people choose to try illicit substances, few choose dependence. Research demonstrates that those who go on to develop dependence tend to experience significantly higher levels of psychological difficulties, significantly more likely to have traumatic experiences in their past and significantly higher levels of current life stressors. These co-existing difficulties are not always diagnosed or easy to quantify to the extent that they may clearly qualify as suffering another disability that is protected by the Disability Discrimination Act. Removal of the right to protection from discrimination on the basis of their dependence alone places these individuals in a more vulnerable position, where their livelihood, social networks and other resources are placed at risk, yet these resources are the factors most likely to assist them in recovery from their dependence.

Protection from discrimination based on engagement in treatment is commendable for the emphasis on the benefits of treatment, but disregards the nature of overcoming dependence and the difficulties some may experience in seeking or accessing treatment. Apart from limited resources in the provision of treatment services, not everyone is able to openly seek support.

Most obviously, many do not seek treatment for fear of being identified as a "drug user" and being subjected to the very discrimination that this bill seeks to legalise; while the legislation respects the benefit of treatment, not everyone in their communities may be so understanding. Others do not seek treatment because they sincerely believe that recovery is not possible, or that professional treatment is not an effective method by which to achieve recovery - beliefs that may have been reinforced by personal experience. In addition, prematurely seeking treatment increases the risks of failure and reluctance to seek more appropriate support in the future.

I appreciate your time in considering these briefly stated concerns. I make this submission as an adjunct to those more comprehensive objections made by leading agencies in the alcohol and other drug sector. While I am also the National Convener of the Australian Psychological Society's Psychology and Substance Use Interest Group, I raise my concerns as an individual who is troubled by the prospect that an already highly marginalised group is in danger of being further stripped of the right to decency and respect accorded to all citizens, and the right to be judged on the evidence of their behaviour rather than preconceived stereotypes. Please, do not allow this amendment to proceed; there are more humane and more effective ways to address this complex challenge facing our community.

Yours sincerely,

**Helen Mentha B.A.(Hons), M.Psych (Clinical), MAPS**