

# PSU Newsletter

August 2003

Volume 3 Issue 2

## Convener's Report

### Inside this issue:

Convener's report	1
Contact details	1
Professional development: NSW	2
APA Division 50	2
Book review: <i>Drug courts in operation</i>	3
Website of interest	3
Call for nominations	3
Book review: <i>Neurobiology of addiction</i>	4
NCETA questionnaire	5
Dual diagnosis	5

### By the way...

Check out the website for the National Drug Research Institute (NDRI) based at the Curtin University of Technology.

The site is full of information on research in the AOD field in Australia, with a focus on prevention.

*"NDRI's mission is to conduct and disseminate high quality research that contributes to the primary prevention of harmful drug use and the reduction of drug related harm."*

<http://curtin.edu.au/curtin/centre/ncrpd/>

Fascinating reading!

Welcome to our new members, and welcome back to those returning for another year! We appreciate your support and your interest in AOD issues.

It's also good to see the newsletter growing as more people get involved. We're hoping to get some regular sections on relevant issues and regions around Australia. If you would like to contribute and keep your members up to date on projects, research or events happening in your work, just contact me by phone or email (below).

The APS head office has recently developed a Tip Sheet on Alcohol and Other Drugs for the general public in collaboration with the interest group. We're delighted with the final result, and the very practical, accessible approach it takes.

It is also fantastic to see alcohol and other drug issues taking their rightful place on the agenda of core business for psychologists, rather than be relegated to the sidelines as an area where only those with specialist expertise can contribute. Beneath the sometimes unfamiliar details of substance use lies the much more familiar theme of behaviour

change—a fundamental part of almost every field psychologists apply themselves to.

You can get hold of the glossy printed tip sheets from head office, or download the content from the APS website in the member resources section.

I was fortunate to have the chance to stop in Perth at the end of a fabulous (and long overdue!) holiday up north, and speak with a few people in the AOD field. Once again, I was impressed with the diversity and passion psychologists bring to different aspects of the work.

PSU is in an ideal position to celebrate the efforts of psychologists around the country, and I encourage you all to get involved in the interest group and make sure your views, experiences and dilemmas are fully represented.

Passing through the areas around Alice Springs, Darwin and Broome also highlighted the challenges of working in more remote

parts of the country, and it would be great if any members working in any of the regional centres were interested in writing an article on their experiences, the challenges and achievements in working away from the major cities. But if you are in a major city – don't let that stop you from writing about your experiences or interests too... the more the better!

We hope you enjoy this issue, and keep letting us know how the interest group can best meet your needs. Remember this year the executive positions are up for nomination again at the AGM, so get your nominations in if you would like to stand for any of the positions or to have any items included on the agenda.

We look forward to seeing PSU grow and encourage all members to get involved!

**Helen Mentha**  
Convener

Tip sheet: [http://www.psychsociety.com.au/publications/tip\\_sheets/12.5\\_9.asp](http://www.psychsociety.com.au/publications/tip_sheets/12.5_9.asp)

## National Executive Contact Details

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

National Convener	Helen Mentha	<a href="mailto:helen.mentha@iechs.org.au">helen.mentha@iechs.org.au</a>	(03) 9810-3084
National Secretary	Graeme Kane	<a href="mailto:graeme.kane@iechs.org.au">graeme.kane@iechs.org.au</a>	378 Burwood Road, Hawthorn, VIC, 3122
National Treasurer	Vacant		



## NSW PSU activities continue!

We are delighted to see PSU activities continue in NSW. We owe a debt to Jenny Melrose and Anna Powell for setting up the seminar series to be held in Sydney. The first seminar was held on the first of April this year, looking at the latest developments in pharmacotherapies. Please support their

efforts, especially now that Jenny has moved interstate, leaving Anna to run the rest of the program on her own. For updates on the seminars or to offer your assistance, please contact Anna Powell at: NSW.POWE1ANN@POLICE.NSW.GOV.AU.

Date	Topic	Speaker
5th August 2003	Issues for families of substance users	Panel discussion
2nd December 2003	Assessment tools and techniques in AOD	TBA

## Seminar Calender for Melbourne - 2003

Date	Topic	Speaker
10th September 2003	From Pavlov's Dog to Hair of the Dog: Psychology and Substance Use, followed by the PSU Interest Group AGM	Helen Mentha & Graeme Kane

The Melbourne seminar will be held at the Boroondara Community Health Centre—378 Burwood Road, Hawthorn. RSVP is required - [graeme.kane@iechs.org.au](mailto:graeme.kane@iechs.org.au) or on (03) 9810 3087. If you have any ideas for next year's calendar, nominations or items for the AGM agenda, let me know at the above postal or email address or call my direct number.

## American Psychological Association's Division 50 - Addictions

Members may be interested in joining the American Psychological Association's Division 50 – Addictions. The division's focus is the promotion of advances in research, professional training and clinical practice within the broad range of addictive behaviours. This includes eating disorders, gambling, as well as problematic alcohol and other drug use. Membership includes a subscription to the peer-reviewed quarterly journal *Psychology of Addictive Behaviors* and the newsletter of the Division. The journal publishes research reports, literature reviews, essays, brief reports and comments on the broad range of addictive behaviours.

The journal editors and publishers have kindly given their permission to make the following article by Moos (2002) available to a PSU member prepared to provide a review for us. I've included the abstract to assist members in considering it for review. If you are interested, please contact me at [graeme.kane@iechs.org.au](mailto:graeme.kane@iechs.org.au). Please note I will be overseas for the month of August.

**Moos (2002). Addictive Disorders in Context: Principles and Puzzles of Effective Treatment and Recovery, by Rudolf H. *Psychology of Addictive Behaviors*, 17, 3-12.**

**Abstract:** “To consider key issues in understanding effective treatment and recovery, the author reviews selected principles and unresolved puzzles about the context of addictive disorders and the structure, process, and outcome of treatment. The principles focus on the process of problem resolution, the duration and continuity of care, treatment provided by specialist versus non-specialist providers, alliance and the goals and structure of treatment, characteristics of effective interventions, and the outcome of treatment versus remaining untreated. The unresolved puzzles involve how to conceptualize service episodes and treatment careers, connections between the theory and process of treatment, effective patient–treatment matching strategies, integration of treatment and self-help, and the development of unified models to encompass life context factors and treatment within a common framework (p.3).”

To learn more about Division 50 visit either [www.apa.org/about/division/div50.html](http://www.apa.org/about/division/div50.html)

or the divisions home page at: <http://www.apa.org/divisions/div50/>

For more information on the Division 50 journal, *Psychology of Addictive Behaviors*, go to: <http://www.apa.org/journals/adb.html>

## **Book review by David Ryder: Hennessy, J.J. & Pallone, N.J. (Eds). (2001). Drug courts in operation: Current research. New York: Haworth Press.**

This slim volume, 127 pages, comprises an introduction and five chapters on aspects of Drug Court developments in America. The introduction, by Hennessy, presents a brief history of Drug Courts, placing them in the context of therapeutic jurisprudence and the clear failure of the War on Drugs. The introduction concludes, ominously, with a caution that the appointment of an Attorney-General in the Bush administration (John Ashcroft) whose leanings are more towards punishment than treatment sounds a warning bell for Drug Courts. Politics is never far away in the alcohol and other drug field.

The next four chapters discuss enhancements to the standard Drug Court system, the treatment component in America being strongly group-based and abstinence-focused. Logan and colleagues describe a program from Kentucky that aims to raise the parenting skills of Drug Court clients. Acknowledging methodological problems of high attrition rates and lack of a suitable control group, the authors conclude that their program does indeed raise parenting skills and is worthy of further research.

Beckerman and Fontana report on an enhancement to a Drug Court program in South Florida, these being the provision of groups, one specifically for women and the other for African-American males. Both groups demonstrate reduced positive-for-drugs urine tests and increased retention in treatment, though further research with appropriate control groups is required.

Peters and colleagues, also from Florida, found better outcomes on a range of variables the longer clients remained in the Drug Court system. This is consistent with many other research findings, and has led to a focus on ways of improving retention, discussed throughout the book. Stanton and colleagues, once again from Florida, conducted a series of focus groups to assess client views prior to a controlled trial of a program, the aim of which will be to improve employment prospects of Drug Court clients.

Renfel and DiStefano conclude the book with an analysis of factors that predict retention of Drug Court clients in treatment for a minimum of 90 days, there being much research indicating that remaining in treatment for this length of time is associated with better outcomes for illicit drug users, whether coerced or voluntary. Significant predictors of success are stronger legal coercion measured by more severe prison sentences being likely for the offence committed and engaging in treatment within 30 days of initial appearance in the Drug Court. The authors note that the speedy movement of clients into treatment is something that is within the control of the Drug Court and can be built into their processes. Interestingly, they also note that as more severe sentences predict better retention, the implication is that those offenders who commit more serious crimes are better suited to a Drug Court, but that there is a potential for conflict with public views that Drug Courts are a soft option, better suited for less serious crimes. A tiered approach to diversion, as for example that undertaken in Western Australia may go some way to addressing this issue (Western Australian Department of Justice, 2003).

For whom is this book essential reading? First, and most obviously, those who work in Drug Courts or other diversion programs will find much to interest them. The Drug Court movement in America has a much longer history than in Aus-

tralia; this book represents the second wave of interventions. The first wave was the setting up of Drug Courts, beginning in 1989 in Dade county, Florida. The second wave concerns enhancements to the basic Drug Court model. The book also demonstrates an increasing sophistication regarding assessing the efficacy of Drug Courts, moving from asking 'Do they work?' to asking 'For whom do they work and how can we make them work better for different groups of people?'

The book should also be general of interest to anyone who works in the alcohol and other drug field or the criminal justice system. My one disappointment is that it assumes the reader has a good understanding of how Drug Courts operate, seriously limiting the readership. In the absence of a first chapter filling this gap, I would recommend Freiberg (2000) as a readable account of how Drug Courts function and how they should be modified to suit the Australian context. For a discussion of diversion programs more broadly, Spooner, Hall and Mattick (2001) is an excellent review.

There are many reasons why programs diverting illicit drug users from the criminal justice and into treatment should be on psychology's radar: the number of offenders in prison who have used illicit drugs and who associate their offence with their drug use is huge; there are effective treatments available where psychological processes are prominent and governments are putting money where their political mouths are. This book compliments these issues in a very readable manner.

### **References**

Freiberg, A. (2000). Australian Drug Courts. *Criminal Law Journal* 24, 213-235.

Spooner, C., Hall, W. & Mattick, R. (2001). An overview of diversion strategies for Australian drug-related offenders. *Drug and Alcohol Review* 20, 281-294.

Western Australian Department of Justice . (2003). *Drug Court*. Accessed 8<sup>th</sup> July 2003 from:

<http://www.justice.wa.gov.au/home.asp>—follow the links through "Courts of WA"

### **Website of interest**

The Australian Institute of Criminology has an excellent list of resources for both Australian and international information on drug courts:

<http://www.aic.gov.au/research/drugs/context/courts.html>

### **Call for Nominations**

Nominations for National Convener, Secretary and Treasurer are sought. The positions are for 2 years following the AGM. Those interested in nominating, please contact Helen Mentha at [helen.mentha@iechs.org.au](mailto:helen.mentha@iechs.org.au) The outcome will be announced at the AGM. Positions available:

1. National Convener
2. National Secretary
3. National Treasurer

## **Book review: Spence, R. T., Di Nitto, D. M., & Straussner, S. L. A. (Eds.). (2001). Neurobiology of addictions: Implications for clinical practice. New York: Haworth Press.**

This book comprises five articles presented at a conference on Social Work and the Neurobiology of Addictions, at the University of Texas at Austin, in June 2000. The series of articles presented the neurobiological theories of addiction, considered addictive behaviour in a psychosocial context, and attempted to connect the theoretical information with current treatment practices.

Carlton K. Erickson and Richard E. Wilcox, the authors of the first article "Neurobiological Causes of Addiction", stressed the importance of health professionals understanding the nature of addiction and successfully attempted to explain the effectiveness of nondrug therapies (eg. 12 Step Program, CBT).

The DSM IV categories for Drug Abuse (DA) and Drug Dependence (DD) were interpreted respectively as the substance user having the control to consciously choose alcohol and other drug use, and of the substance user having impaired control over his/her drug using behaviour – interpretations worthy of further debate!

The authors maintained that people diagnosed with DA do not usually require intensive intervention and treatment. Whereas, DD is considered to be a disease created by a complex dysregulation of brain neurotransmitters (principally, dopamine) in the medial forebrain bundle. It was reported that drugs exert their effect on neurotransmitter systems, over time causing changes in transmitter production, release and uptake, and changes in the receptors. This resulted in the user becoming emotionally adapted to the need for particular drugs to provide the "normal" experience of emotion and pleasure.

Genetic defects, sensitization, and emotional learning were also examined to explain how impaired control over drug using behaviour may occur.

Jill Littrell, in her article "What Neurobiology Has to Say About Why People Abuse Alcohol and Other Drugs" examined the question – Why do particular people develop compulsive drug use?

The author used the term "compulsive use" synonymously with "lack of control" and "abusive use". This was a little confusing considering the first article differentiated impaired control or "lack of control" as a criterion of drug dependence, not drug abuse.

Research findings were cited that indicated the phenomenon of "loss of control" has a physiological explanation. That is, the dopaminergic system is now thought to underpin the motivational system of the brain and it is the activation of the motivational system rather than an induction of pleasure by the "drug of abuse" that brings on compulsive drug use.

It was reported that dopaminergic structures underpin a wide range of motivated behaviours that include exposure to stressors and to cues associated with drug use, and which may also activate the motivational system of the brain and stimulated drug seeking behaviour. This finding, hence, illustrated the need for relapse prevention therapy to focus on the identification of cues associated with both craving and high risk situations.

Further research findings indicated that people who develop compulsive drug use are not necessarily naturally dysphoric, are likely to have sensation-seeking as a

personality trait, and are not compelled to take drugs to avoid withdrawal symptoms.

In "Impact of Drugs and Alcohol on the Brain Through the Life Cycle: Knowledge for Social Workers", Efrain C. Azmitia reviewed the actions and consequences of alcohol and other drugs on brain size, development and functioning, during five stages of the life cycle – perinatal development, childhood, adolescence, adulthood and old age.

It was reported that neurotransmitters have two main functions in the brain - to mediate synaptic activity, and to promote growth. The ability of alcohol and other drugs to influence neuronal growth (neuroplasty) therefore has consequences unique to the particular stage of life.

The discussion of the implications for clinical practice initially focused on drug abuse as a disease and in consequence posed questions for future genetics research.

The author alluded to the importance of dealing with environmental factors, and questioned whether biological and psychological treatments could be utilised to reverse the effects of the action of alcohol and other drugs on neuroplasticity.

Allen Zweben, author of "Integrating Pharmacotherapy and Psychosocial Interventions in the Treatment of Individuals with Alcohol Problems" reported the evidence that a combination of pharmacological (eg. Naltrexone, Campral) and psychosocial interventions (eg. CBT treatments, enhancing support networks) are more effective in increasing periods of abstinence in the treatment of alcohol problems than either approach employed separately.

Further, other successful approaches in the treatment of problematic alcohol use cited included the effectiveness of CBT techniques (eg. assertiveness training, anger management) as stand alone as well as in combination with pharmacotherapy.

Zweben also reported the finding that individuals who are able to maintain abstinence are those with strong social support. Relationship Enhancement Therapy (focusing on improved social support) is discussed as a successful treatment approach and workers are encouraged to incorporate this approach in their counselling.

The final article, "Neuroscience in Social Work Practice and Education" by Harriette C. Johnson, presented a balanced understanding of the neuroscientific basis of addiction, examined the biopsychosocial aspects discussed in the previous articles and further examined social – environmental impact on substance use.

Johnson reiterated the importance of neurobiological knowledge for a biopsychosocial understanding of addiction. Additionally, Johnson's argument that the distinction between physical and psychological addiction is a myth was well supported.

The discussion of whether addictive states are really diseases and an exploration of the terms substance abuse and addiction was very pertinent, and to this point had been assumed rather than critically examined by the other authors in this book. A definition of disease, however, was not explored.

Johnson proposed the Epidemiological Model (EM) as a framework to link neuroscience and social work. The EM has advanced the biopsychosocial or person-in – environment approach assuming that all people have strengths and weaknesses and are subject to "risk factors" and "protective factors". EM explains that a person becomes a "substance abuser" as con-

## Book review: Continued from p. 4

trusted with a "substance user" as a consequence of the influences of ongoing risk factors (biological, and environmental) that have been inadequately countered by protective factors (which the author failed to specify).

Overall, this was an interesting collection of articles, despite the emphasis on the disease model, and the difference in definition of some of the terminology used by the authors. The target audience, health professionals whose clients have problematic substance use, may have per-

ceived the disease model as precluding ability of the person to change. However, the role of pharmacotherapy and nondrug interventions was well discussed and evidence of effective treatment was provided. Future research, however, may contribute to further understanding of the effectiveness of non-drug therapies in the treatment of DD from a neurobiological viewpoint.

**Sue Gaballa (MAPS)**

B.Sc., Postgrad Dip Hlth, Dip Alcohol & Other Drugs Works

## Get involved and have your say! NCETA Questionnaire

The National Centre for Education and Training on Addiction (NCETA) is currently undertaking the FINAL pilot phase of the "Work Practice Questionnaire: Draft 2" (WPQ). NCETA is seeking the assistance of frontline workers for the final reliability and validity trials. Participating in the study will not only provide us with valuable data, it will also put you in the draw to win a FREE AP-SAD conference registration, or other prizes. The final pilot phase will finish at the end of August 2003.

The WPQ has been developed to measure the impact of alcohol and other drug education and training for frontline workers. This final pilot will help us determine if the measurement tool is reliable over time, and measures the constructs it is designed to measure. Psychologists are an important occupational group included in the study.

### WHO CAN BE INVOLVED IN THE PILOT STUDY?

The criteria for completing the WPQ in the pilot phase is any frontline worker who:

\* has involvement in responding to alcohol and other drug related issues in the course of their work on at least a

monthly basis.

\* has been working for any one particular organisation for at least three months.

### WHAT IS INVOLVED?

Completing a questionnaire and returning it to NCETA in reply-paid envelope, fax or email. Copies of the questionnaires can be obtained from the NCETA website (<http://www.nceta.flinders.edu.au/evaluation-second-pilot.htm>) or by contacting Darlene Addy on 08 8201 7569 or [darlene.addy@flinders.edu.au](mailto:darlene.addy@flinders.edu.au).

The questionnaire can be completed electronically and returned as an email attachment, or by printing off the pdf version on the website, completing it manually and post or fax it back to NCETA (by following the instructions on the questionnaire you will not need to pay for postage).

The final products will include:

- \* Final Draft Work Practice Questionnaire and Handbook
- \* Evaluation Guidelines for Educators and Trainers
- \* Monograph on factors affecting work practice change.

## Poorly diagnosed and poorly treated... but with new programs showing the way

Substance abuse is now the most common comorbid condition in sufferers of a severe mental illness, with this rate high and increasing in both adult and younger age groups in the last three decades. Increasing acceptance of the use of 'recreational' substances by the general population has increasingly exposed the mentally ill to the risks of substance use and abuse.

This group shows poorer levels of functioning on all indicators and consumes a disproportionately large amount of all types of mental health and AOD treatment resources, but with poor treatment outcomes. They tend to be poorly assessed and serviced by both mental health and AOD services who rarely offer specialised or integrated treatment programs for this population, even though it is known this approach is effective.

The mental health and AOD service systems are typically divided by differences in funding sources, management structures, patient admission criteria, treatment methods, and staff training philosophies. Few clinicians in the health services are trained in both mental health and substance abuse treatment, and further skill sharing between mental health and AOD services is urgently needed.

Hence this dually burdened population does not receive a philosophically coherent, consumer-friendly, seamlessly integrated service at the hands of the two treatment

agencies most closely identified with their interacting disorders. Instead they often have to negotiate two services that seem fundamentally opposed on basic tenets of clinical treatment.

There is contradictory evidence concerning the effects of psychoactive substances on the psychosocial functioning of people with severe mental illness. Some argue all substance use seriously exacerbates mental health functioning in the mentally ill, while others argue that different persons respond differently, and that some can learn to titrate use to asymptomatic dosages.

An Australian treatment program which has followed the idea that patients themselves can be taught to cease or control substance use at asymptomatic levels has been running for over 10 years, in which mental health and AOD clinicians co-convene a preventative outpatient group. This program has been evaluated and shown to be both clinically and cost effective, with reduction in admission and increases in psychosocial functioning. The evidence indicates that many comorbid clients can be taught to moderate their substance use to asymptomatic levels without abstinence being necessary for all clients and all substances.

Details at <http://www4.tpg.com.au/users/bradles>.

**Adrian Bradley**  
Psychologist