

PSU Newsletter

Convener's Report

Inside this issue:

Convener's report	1
Contact details	1
PSU seminars	2
2004 APSAD conference	2
Other AOD conferences	2
Noosa Update	2
PSU Member survey	3
Website of interest	3
Benzo withdrawal program	4
Drug and Alcohol Review	4
Book review: Medical consequences of AOD abuse	5
AOD assessment	6
How to get involved	6

Thank you for subscribing to PSU – it is encouraging to see so many psychologists interested in alcohol and other drug issues.

For those of you who subscribed last year, you will know we conducted a PSU member survey and evaluation of the APS Tip Sheet "Alcohol and other Drugs" that we developed with APS Head Office. Graeme Kane presents a summary of the results on page 3, and the suggestions coming out of the survey will help guide our planning for future directions. Trish Earle was the lucky winner of Miller & Rollnick's (2002) *Motivational Interviewing: Preparing People for Change* (2nd Ed).

Thank you very much to everyone who responded!! It was valuable feedback and thank you to those who expressed interest in contributing to PSU in the coming months!

For me, one of the greatest concerns was the (thankfully) very occasional comment from members that they had not heard anything from PSU since joining. Given we produce three newsletters a year and send irregular email updates, this is a significant problem. We do not know why this has been the case for a few unfortunate members; I can only encourage you to ensure your contact details are as up-to-date with the APS as possible, but please contact me if you feel you there have been any problems in being a member of PSU, and we will try and sort them out.

The other main issue arising from the member survey, was that the interest group has such great potential to offer it's members

more – especially in providing information and resources on a broader range of issues, and an opportunity to form stronger networks with other psychologists. We are deeply grateful to the people who have contributed articles and reviews since PSU was established; they may not think they have offered much, but it is member's contributions that are the true strength of the interest group. No, we're not paid for this work, and yes, we do it in our evenings and weekends or wherever we can find the time – it is rewarding but it's also a lot easier when the workload is shared. For PSU to be a great resource and opportunity to network, *we do need your help!* Especially when it comes to organizing activities in your local area or providing input on areas that are not within our own work roles (which is quite a lot given Graeme, Anna and I are all clinicians).

Another issue facing us is that Graeme and I have been running the group for about four years, and when nominations come up in the 2005 AGM, we're not supposed to stand for office again because we will have completed the APS limit of two consecutive terms. We're happy to support anyone who replaces us but now would be a good time to raise your interest in getting more involved so you can see what goes into running the group.

We hope you enjoy this issue of the newsletter and, as always, we're keen to hear your ideas and feedback.

I wish you all a very healthy and gleeful spring season!

**Helen Mentha
 National Convener**

By the way...

Copies of the APS Tip Sheet "Alcohol and other drugs" can be ordered from the APS website...

But you can also download the text of the tip sheet for free in the "Members Only" section of the website at: www.psychology.org.au/publications/tip_sheets/12.5_9.asp

And don't forget the list of AOD resources at: www.psychology.org.au/members/prof_practice/6.14_4.asp.

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



Professional development

PSU seminars for 2004

PSU is hosting two sessions and our AGM at the APS Annual Conference in Sydney:

- Half-day workshop on Motivational Interviewing 29/9/04
- Practice forum (90 min) "Managing AOD issues in community services" on 30/9/04
- PSU AGM on 2/10/04

Final Melbourne Seminar: 27th October

- Oriella Cattapan & Carl Scuderi "The person, the family and addiction: Understanding addiction from a psychological perspective"

Melbourne seminar: 7.30-9.00 PM, rear of the Boroondara Community Health Service, 378 Burwood Rd, Hawthorn (enter through the car park). Contact Graeme Kane on 9810-3087 or at graeme.kane@iechs.org.au to RSVP or for any enquiries.

2004 APSAD Conference

The Australian Professional Society on Alcohol and other Drugs (APSAD) is holding its National Conference from 14-17 November 2004 at the Esplanade Hotel, Fremantle, Western Australia. The Conference will incorporate the National Methadone Conference and will focus on a wide range of topics and drug-related themes. Many of the sessions will address issues of relevance to APS members with an interest in problematic substance use.

Renowned international and national speakers have been invited to present papers which explore the theme of this year's conference – 'Beyond the Drug' – and to discuss the individual, political, social and other contexts critical to effective prevention and treatment. Invited keynote speakers include Sandra Comer, Michael Farrell, Paul Gruenwald, Frank Hansen, David Healy, Michael Newcomb, Tom Stopka, Heino Stover and Tracy Westerman.

Papers relating to the overall theme, within the following topics, will also be presented: treatment, including pharmacotherapies; coexisting mental health and drug problems; prevention; policy,

Other Drug & Alcohol Conferences

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

Hosted by: Elsevier in association with *Addictive Behaviours*

Dates: 24-26 September 2004

Where: Novotel Twin Waters Resort, Noosa, Qld

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

Noosa Seminar: Assessment and treatment of AOD abuse and dependence by Tony Collins and Dixie Statham

The seminar was very well attended with 30 members, students and non-members. Dixie was most informative an alcoholism with excellent Power Point visual illustrations of alcohol misuse and the biopsychosocial consequences for individuals, family and the community. She then outlined a number of assessment & diagnosis instruments in current use. Finally she reviewed psychological approaches to facilitate relapse prevention and maintaining long term abstinence or controlled drinking.

Tony Collins spoke most interestingly of drugs and their

2004 PSU seminars to date have included:

Melbourne:

- Jenny Redman "Pharmacology of alcohol" on 26/5/04
- Sandra Dorman "Illegal drugs: Up-to-date, in-depth look at specific drugs and trends in use" on 1/9/04

Sydney:

- Fiona Shand "Guidelines for the Treatment of Alcohol Problems and the Australian Alcohol Guidelines" on 19/8/04

Noosa:

- Tony Collins & Dixie Statham "Assessment and treatment of AOD abuse and dependence", on 17/7/04

practice and research; harm reduction; and law enforcement. The three day event will also include dedicated poster sessions, the National Drug Trends Conference, an Exhibition Showcase and a fantastic social program.

The APSAD 2004 National Conference aims to bring together a large and diverse audience of drug and alcohol workers, researchers, and health and other professionals with an interest in the drug and alcohol field. Members of APSAD, members of APS as well as new researchers, recent graduates, and individuals and organisations representing drug consumers are encouraged to attend.

Early Bird Registration fees are now available at \$620 for APSAD members and \$720 for non-members. To register online or to receive further information, please visit the conference website at www.apsadconference.com.au.

Simon Lenton
Co-convenor APSAD 2004 & PSU member

APSAD 2004: 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>

abuse. He spoke of antecedent conditions and offered an approach to treatment using Gestalt Therapy one that found many of the CBT users in the group rapt!

As a result of the seminar, there has been a suggestion by Brad Levingston that a Drug & Alcohol Interest Group be formed on the Sunshine Coast. If you have an interest, would you please indicate to SCAPS Secretary Tony Collins at tonypsy@dnnet.net.au.

Bob Neil (Chair of Sunshine Coast branch of APS)

Summary of PSU member survey

Earlier this year, PSU sent out a survey to all members. Out of approximately 200 members, 49 responded (25% response rate).

Members survey evaluation

The majority of respondents worked in the AOD field, with 16 members from Victoria, 13 from NSW, and 10 from Queensland. There were an additional 10 members from SA, WA, NT and the ACT who also responded. Twenty-three had been members for 2 or more years, while 14 had recently joined.

The majority of respondents joined in order to receive information on AOD resources, receive updates on current AOD issues, the opportunity to form networks, and interest in participating in PSU activities.

About 35% of respondents always read the PSU newsletter online, with 40% sometimes reading it and about a quarter hardly ever read the Newsletter online. The national executive is considering going back to posting out the newsletter as well as having it online as most respondents indicated they would more likely read if it was posted. About 65% found the newsletter interesting. About the same amount also reported the email posts to be useful and being overall satisfied with what PSU provides.

About 80% reported being likely to rejoin PSU and a little under 50% said they would be interested in participating more actively in PSU. Close to 40% were interested in reviewing books, organising a workshop in their local area, writing a short article for the newsletter, or writing about their research.

The qualitative analysis of the responses provided some helpful information for ongoing activities, but also opportunities to clarify some issues. Members found networking and professional development opportunities, and the newsletter and email updates, the most useful. Members also noted that they would like to see professional development cover ethical issues, dual diagnosis, prevention, and the efficacy of D&A interventions.

A few members reported being concerned about the lack of local meetings, especially in Brisbane and South Australia. We share this concern, but cannot create networks without the involvement of members in these areas. Local knowledge reflects local need, and it would be a great outcome if interested members from Queensland, SA, WA, NT and Tassie (or NSW and Victoria for that matter) came forward and offered to organise activities. The national executive of PSU is keen to support the hiring of rooms, catering and payment for speakers. Drop us an email with any proposals you may have.

The perceived lack of support reported by a few members is perhaps a more difficult issue to address. Interest Groups provide members who share a similar interest with a means of communicating with each other, but cannot be a substitute for individual professional development or supervision. This can be achieved by professional workshops, conferences, newsletters, and email updates; support comes from active participation in a

process that will in turn provide us with an opportunity to share our dilemmas, gain new food for thought and discover new threads to follow in our work. And unless we are blessed with a caring and generous workplace, we all generally do this in our own time, a rare commodity in a professional's life. It is also important to add that Interests Groups do not offer supervision. This is the area of interest of other groups within the APS, such as the Peer Support networks.

Tip Sheet Evaluation

The members survey also provided us with a good opportunity to further evaluate the "Alcohol and Other Drugs" Tip Sheet, produced in a collaboration between PSU and the APS Head Office. Most respondents found the tip sheet to be easy to read, comprehensive and had relevant content. We also had some good comments on how we could improve the tip sheet when it is next reviewed by the APS. A few thought it should include pictures, that the text was too complicated, was too simple, was trying to fit too much into it, and also that it didn't cover enough issues, like psychotic episodes and information on specific drugs, and one person thought it should be withdrawn from the APS publications immediately.

I would like to add a personal note here – I find it somewhat disconcerting when AOD clients are stereotyped as having limited intelligence, literacy or attention span and that we need to withhold information from them for fear we will overwhelm them. Some clients struggle with these issues. And some of these clients also do not have an AOD concern. Our Code of Ethics is quite clear that we should not act in a discriminatory manner towards clients and the onus is on us as professionals to reflect on our own practice and adjust how we work with individual clients, including careful consideration of what resources we provide.

Overall, most people agreed it was a useful resource for clients. It was good feedback for us, suggesting the tip sheet had met its broad aims of providing the general community with practical information about AOD use from a psychological perspective, within the limits of the generic APS tip sheet format. We were particularly keen to ensure the tip sheet was both accessible and informative in a way that went beyond the usual AOD pamphlet, but did not involve unnecessary repetition of information that could be found in other widely available resources.

Graeme Kane
National Secretary

Website of interest

The University of Washington Alcohol and Drug Abuse Institute site has a comprehensive list of AOD assessment tools, including links to free access tools and links to other sites of interest. So many assessment tools we lost count...

<http://adai.washington.edu/instruments>



“Try Another Way” Benzodiazepine Withdrawal Management Program

Do you know anyone who has attempted to cut down or stop using benzodiazepines but been unable to do so?

Their experience is probably very similar to the benzodiazepine users interviewed as part of the development of the *“Try Another Way”* Benzodiazepine Withdrawal Management Program. The study found that participants that were successful in ceasing benzodiazepine use realized that they could cope without using benzodiazepines and started to get involved in a number of activities that helped them cope with the symptoms during dose reduction. They also received support from their general practitioner.

The results of this survey and a review of the current evidence were used to write a correspondence-based psychological skills program as an adjunctive treatment to support from a general practitioner. The title *“Try Another Way”* was coined in recognition of the variety of ways that the benzodiazepine users interviewed used to help them eventually quit. The program contains information on talking with your doctor, coping with withdrawal symptoms, motivational enhancement, problem solving, being active, sleeping better, eating when you don't feel like it, life after benzodiazepines and returning to benzodiazepine use. The information is delivered to the participant at home in a series of newsletters on a weekly basis.

In one group, the newsletters with accompanying letters are sent at the same time as they commence a dose reduction regime with their General Practitioner. The other group receives the additional support after three months.

Individuals accessing support from other service providers are also

able to participate in a second study with the newsletters sent them at home when they start dose reduction or after 3 months.

The program was written by Ms Jan Parr (Coordinator of the Cairns Health Service District, Alcohol Tobacco and Other Drugs Service), in collaboration with Professor David Kavanagh (Department of Psychiatry, University of Queensland) and Professor Ross Young (School of Psychology and Counselling, QUT).

General Practitioners or Service Providers who register to collaborate in this program will be asked to:

- ◆ Give appropriate patients/clients a *“Try Another Way”* Patient brochure and encourage them to contact the project team.
- ◆ Develop a dose reduction regime with participants and regularly monitor their progress.

In return, all GPs and Medical Officers will be provided with an information kit providing best practice guidelines on dose reduction. They will also receive regular summaries of their patients' progress as reported to the project team, and will be invited to contact the team to discuss any issues that may arise.

For more information contact Jan Parr, Project Manager on 1800 003 472

**Jan Parr
Cairns Health District ATOD Service**

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

Drug and Alcohol Review 23(2) 2004 for June covers a diverse range of interesting topics:

- Should cannabis be taxed and regulated? (Wodak & Cooney)
- Impact of heroin drought on patterns of drug use and drug-related harms (Longo, Henry-Edwards, Humeniuk, Christie & Ali)
- Brief motivational intervention for substance misuse in recent-onset psychosis (Kavanagh, Young, White, Saunders, Wallis, Shockley, Jenner & Clair)
- Pilot randomised controlled trial of a brief alcohol intervention group for adolescents (Bailey, Baker, Webster & Lewin)
- A brief intervention for risky drinking—analysis of videotaped consultations in primary health care (Seppä, Aalto, Raevaara & Peräkylä)
- A cost-effectiveness analysis of buprenorphine-assisted heroin

withdrawal (Doran, Shanahan, Bell & Gibson)

- Non-injecting routes of administration among entrants to three treatment modalities for heroin dependence (Darke, Hetherington, Ross, Lynskey & Teesson)
- Patterns and correlates of treatment: findings of the 2000-2001 NSW minimum dataset of clients of alcohol and other drug treatment services (Copeland & Indig)
- Pharmacy customers' views and experiences of using pharmacies which provide drug misuse services (Lawrie, Matheson, Bond & Roberts).

You get a subscription to *Drug and Alcohol Review* as part of APSAD membership, or you can access the journal and other AOD journals as part of membership to ADCA.



Book review: John Brick (Ed) *The Handbook of the Medical Consequences of Alcohol and Drug Abuse*, Haworth Press, 2004.

When I first read the title “The Handbook of the Medical Consequences of Alcohol and Drug Abuse” my heart sank a little. I confess that the idea of reading it was much more of a “should” than a “want to”. I envisaged having to dredge up the kind of discipline required for tackling a Uni textbook – difficult to do with a heavy client load, even if one can find the time, let alone the energy.

So I was pleasantly surprised to find that not only was I able to read the book fairly readily, (apart from one erudite chapter written by a psychiatrist) but it saved me time wading through scores of journal articles and trawling the net for up-to-date information which I can use with clients. I even learned a lot – which is a real bonus considering I am doing my Doctoral degree in the area of substance abuse! There it all was, neatly packaged - a comprehensive and detailed reference guide, the evidence weighed up and contextualised, pinpointing the key issues, and in the process answering all manner of questions. Such as: Is it true that cannabis is not as bad for you as (say) the amphetamines? Or: How exactly does alcohol achieve its effects on the body and why is it that some people can regularly drink well over the safe drinking level and still show OK results on a liver function test? Here I had found a holistic and integrative piece of work, providing reasonably painless access to the most recent and cutting-edge research on the effects of alcohol and other drugs on human organ systems and behaviour. The book even offers some interesting and reasonably compelling perspectives on the biochemical aspects of addiction – which as a psychologist, I confess I had rather tended to gloss over or dismiss – but not any more!

The book consists of ten chapters, each written by a person eminent in their field, including leaders in medical physiology, psychopharmacology and neuropsychology. I honestly do not know where else one could readily come by some of this information. There is even information on some of the lesser known symptoms of alcohol and other drug abuse, such as ‘leukoencephalopathy’ associated with inhaled heroin, and ‘holoprosencephaly’ in foetal alcohol syndrome (not that it matters perhaps to a psychologist, but it is nice to be able to show off a little!) And the section on the effects of prenatal alcohol exposure (PEA) got me thinking hard about conditions as diverse as ADHD and various learning deficits in children, leading me inexorably to making a number of quite disturbing

connections between maternal drug use and later psychological or psychiatric symptoms in children. I am not saying that I had never considered this, merely that I now would give much greater weight to it.

As could be expected from the book title, there are chapters on the effects of marijuana, the opiates (including methadone), the stimulants and the inhalants. One chapter is devoted to the prenatal effects of these substances, including nicotine. And as befits its status as the most commonly abused substance, five chapters of the book’s ten are devoted to the effects (including prenatal) of alcohol exposure. Each chapter covers in varying detail the biochemical aspect of addiction and psychological effects of the drug, along with the various forms of drug-induced diseases, including lesser known ones as mentioned above. And each chapter offers a truly impressive list of recent references and reviews of the significant literature.

In summary, as a psychologist working in the AOD sector, I found this a surprisingly useful and informative book to read. Surprising, because while information on the physiological effect of drugs is readily available from the internet and medical libraries, it is nowhere as thorough nor is it able to spell out the *differential* effects of the various types of drugs to the extent achieved in this book. And useful, because it was able to sheet home to me a reminder of the significant effect of the Substance itself in a user’s experience of addiction – something all too easily minimized for this AOD psychologist in favour of a psychosocial (Set & Setting) focus in the counseling process. The only drawback of the book that I could see was that some of the chapters required considerable familiarity with medical procedures and terminology. However, this is also the strength of this book – provided you can get through this material, you will be rewarded with a microscopic look at how drugs affect neuronal pathways and how precisely they effect damage to cognitive and motor functions. I have already been able to use much of this information to strengthen my MI strategy and also to make sense of certain drug-related behaviours. For this alone it is worth the effort it takes to read this book.

Juanita Miller
Psychologist

Editorial Policy

Content: The views expressed by contributors to the PSU Newsletter are not necessarily those of the Australian Psychological Society Ltd or PSU. Please note: final content is at the discretion of the editor.

Solicited articles: The Editor may approach suitable authors to write on relevant issues.

Unsolicited articles: The editor encourages PSU members to contribute unsolicited articles to the newsletter. Publication of unsolicited articles cannot be guaranteed. The Editor in consultation with regional representatives has the final decision for inclusion of material and the form that it takes. Unsolicited articles should not exceed 500 words,

except with prior arrangement.

Advertising: Placement of an advertisement in the Newsletter is not necessarily an endorsement of the advertiser by PSU. Approval of advertisements rests with the Editor, who may consult with the National Executive. Advertising is at present free of charge, which may be reviewed at a later date.

Submission of material: Material should be submitted to the Editor by the relevant deadline. Submissions are to be in electronic format only via email to Helen.Mentha@mh.org.au. Documents are to be in Microsoft Word, or text only format.



A rough guide to alcohol and other drug assessments

Asking “How do we assess alcohol and other drug use?” is like asking “How long is a piece of string?”. It depends. On your purpose, your client’s needs, the particular dilemmas faced in that situation. It can be as direct as assessing whether an ambulance should be called, or a more subtle untangling of how substance use has become so woven through the person’s life they don’t know where to begin in reducing their use.

This article does not present the art of how to conduct a comprehensive, fool-proof AOD assessment; it’s more of a collection of tools I’ve collected over time from colleagues and mentors that you may wish to throw in your kit bag to use as best suits your needs in a given situation. And I invite you all to share your own tools, from the small but valuable question to the formal assessments tested for reliability and validity on an international scale.

Clinical assessment

As my background is in drug and alcohol counseling, at the heart of my assessments I ask, “What does this information tell us about what may make a difference and help this person to meet their goals?” Apart from the basic “what drugs, how much, and how often?” it helps to think of substance use as a solution to a problem rather than simply a problem in its own right and to try to understand what function the substance use has for each individual.

History: It helps to consider past use as well as current, and to ask about the what was happening in the person’s life when the substance use started, became more regular and reduced or ceased. Understanding the context of changes in the drug use history can help us to understand how the substance use may relate to other significant areas of the person’s life and what underlying needs the use is meeting.

Risk: Risk assessment covers specific areas such as unsafe injecting practices, using alone, and history of blackouts or overdoses (and it is important to ask if they were accidental or deliberate, and whether the person was concerned about the risk or experience of overdose). Rather than cover every possible risk here, it is also useful to have a systematic way of assessing potential risk.

The first is to assess the five sources of potential harm:

- ★ Acquisition: How the person gets hold of the drug or money to purchase the drug (e.g. engage in sex work or theft, or buying from unknown dealers)
- ★ Administration: How the person put the drug into their body (e.g. risk of contracting blood borne viruses through sharing any injecting equipment or respiratory damage from smoking a drug)
- ★ Intoxication: How the drug affects the way the body functions (e.g. interactions with other drugs, overdose, paranoia or precipitation of panic attacks)
- ★ Intoxicated behaviours: What the person does while using the drug (e.g. unsafe or unwanted sex, risk of injury or assault to self or others, or driving under the influence of a substance)
- ★ Crash/Withdrawal: What happens when the person reduces,

ceases or is recovering from substance use (e.g. seizures or hallucinations during alcohol withdrawal, depressed mood or lack of sleep).

Another rule of thumb is to assess impact on the person’s life by looking at the “four L’s”:

- ★ Liver (health)
- ★ Lover (relationships)
- ★ Livelihood (responsibilities such as employment, parenting and general lifestyle)
- ★ Law (e.g. involvement with crime, police, criminal justice system, unpaid fines)

Level: Any one incident of use can be seen as controlled, abuse or hazardous. Use across time for any one drug can include abstinence, experimental, recreational (usually planned, relating to specific settings, such as ecstasy use at a dance party), regular (e.g. a glass of wine with dinner several times a week), or dependence (e.g. smoking 15 cigarettes a day).

Pattern: The pattern of use can help us to understand both its role in the person’s life and opportunities to intervene. Key factors include: time of day, day of week, type of situation, location, particular people, particular thoughts, particular emotions and precursors (e.g. feeling tired, hungry or sick).

Motivation to change: Prochaska and DiClemente’s Stages of change model is useful in understanding what frames of mind people go through when making change:

- ★ Precontemplation: Person does not believe change is necessary (this is not the same as being “in denial” which assumes change should be made – this is merely an observation of what the person is thinking)
- ★ Contemplation: Person can see there are both advantages and disadvantages to their current behaviour
- ★ Decision or preparation: Person decides they want to make change and begins to prepare to do so
- ★ Action: Person initiates change
- ★ Maintenance: Person has already made change and is now keeping it going
- ★ Lapse or relapse: Person slips back into former behaviour, either briefly or for a longer period of time (not a sign of failure, rather a very common, normal part of making change)

Function of use: An extension of assessing motivation to change is to assess the perceived benefits and disadvantages of both the current behaviour and specific, potential change. The decisional balance is a common tool to both assess the function of substance use and treatment priorities, as well as being a good tool to assist with engagement and increasing a person’s motivation to change current behaviour. The four key areas are:

1. Pros of using: “What do you like about the drug? What do you look forward to?”
2. Cons of using: “What don’t you like about it? What problems does it cause?”
3. Pros of specific change: “What would be good about



Alcohol and other drug assessments (cont.)

- meeting that goal? What are you looking forward to?”
4. Cons of making change: “What would make it hard to achieve that goal? What would get in the way?”

One and Four help identify goals of treatment – what needs the drug is meeting that might need to be met in other ways, and what obstacles might need to be overcome for the person to have greater chance of success in changing their behaviour. Two and Three highlight leverage for change, and points to come back to when the person’s motivation to persist in flagging.

Interpretation and expectations: It helps to understand the person’s expectations of the drug (and whether the reality matches up to the desire for what the drug use could bring) and life without it, and how they understand change to happen (eg under their control, under the control of others or random).

Identity: It can also be valuable to get a sense of how the drug use related to the person’s identity. Is it just something they do or does the drug use say something about who they are? The more sense of self is invented in drug use, the more the person has to lose in reducing or giving up the drug. Equally it is useful to explore what the person thinks they would be like without the drug – both within themselves and how they think others would see them (e.g. believe they will be more aggressive or socially awkward without the drug).

Formal assessment tools

I would like to say from the outset that this aspect of assessment is not my main area of expertise. I highly recommend reading the **Commonwealth Government’s 2002 monograph *Review of diagnostic instruments for alcohol and other drug use and other psychiatric disorders (2nd Ed.)*** by **Dawe, Loxton, Hides, Kavanagh & Mattick** for a comprehensive overview of a range of assessment tools for alcohol, tobacco and other drug use. A sample of ones worth considering (though far from the only ones worth considering!) includes:

Alcohol:

The Alcohol Use Disorders Identification Test (AUDIT): 10 items, screening for harmful consumption of alcohol
Michigan Alcoholism Screening Test (MAST): 24 items (short

version available), assessing alcohol abuse and dependence
CAGE: 4 items, screening for whether more intensive assessment for alcohol abuse and dependence may be warranted
TWEAK: 5 items, initially developed for screening pregnant women, but research into broader applications is promising.
Severity of Alcohol Dependence Questionnaire (SADQ-C): 16 items, to assess severity of dependence in people already identified as having problematic alcohol use
Short Alcohol Dependence Data Questionnaire (SADD): 15 items, also designed to assess severity of alcohol dependence.

Nicotine:

Quantity and frequency: Basic questions around if and how often a person smokes can give a quick and relatively accurate estimate of dependence on nicotine
Revised Fagerstrom Tolerance Questionnaire (RTQ): 10 items, to assess severity of dependence.

Other drugs:

Drug Abuse Screening Test (DAST): 20 items, screening for substance abuse other than alcohol and is based on the MAST
CAGE-AID: 4 items, based on CAGE screening tool for alcohol (see above)
Severity of Dependence Scale (SDS): 5 items to assess dependence.
Substance Dependence Severity Scale (SDSS): A semi-structured interview based on DSM-IV diagnoses.

Biological assessment

This one’s even more out of my expertise, so I would love any of you who could provide a more comprehensive overview of benefits and disadvantages of biological measures including: Blood Alcohol Levels (BAC) and Liver Function Tests (LFT) for alcohol, Expired Air Carbon Monoxide monitoring for nicotine use, and saliva, urine and hair analysis for other drugs. While each of these tests have their role, it is important to note they cannot tell us about the person’s subjective experience of intoxication or impairment of function.

Helen Mentha

So how can you get involved in PSU without overloading yourself?

We appreciate how busy life can get, but there are ways to get involved in PSU without busting your guts:

Write a review—and get a free book! Our current offerings include:

1. Addiction treatment matching: Research foundations of the American Society of Addiction Medicine (ASAM) Criteria. Ed. D. R. Gastfriend
2. Treating co-occurring disorders: A handbook for mental health and substance abuse professionals. Eds. E. L. Hendrickson, M. S. Schmal, & S. C. Ekleberry.
3. Group psychotherapy and recovery from addiction: Carrying the message. Ed. J. D. Roth.

- Organise a seminar, case discussion or dinner in your area.
- Become the PSU Web Editor and help us keep our website up-to-date (a simple task for the computer savvy).
- Write about your research.
- Contribute an article on a topic you are interested in.
- Write a description of the kind of work you do, the AOD dilemmas that you face and, if you want to, the approaches you take.
- Offer to do “odd jobs” for us to help us out when we get busy—anything from doing an internet search for upcoming conferences or finding a website to feature in the newsletter.
- Forward items of interest that we can pass on to members in our email updates.