





drug and alcohol research

A joint publication of the collaborative network of alcohol and other drug centres: National Drug and Alcohol Research Centre (NDARC) at UNSW; National Drug Research Institute (NDRI) at Curtin University; and National Centre for Education and Training on Addiction (NCETA) at Flinders University

news

Slots and Shots: Gambling Resources for the Alcohol and Other Drug (AOD) Sector

By NCETA

Until relatively recently, comparatively little attention had been directed to the issue of co-occurring AOD use and gambling. A new suite of resources has been produced to address this issue.

Slots and Shots is a much needed suite of gambling resources for alcohol and other drug (AOD) workers. It contains:

- A report that explores the relationship between AOD use and gambling and how the AOD sector can better identify and support clients who have cooccurring gambling issues.
- A tri-fold handout for clients to assist them understand problem gambling and information about where to get help

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- A waiting room poster promoting the resources and encouraging clients to seek further advice.
- A wallet sized quick reference guide for clinicians.

Slots and shots was developed to help AOD workers address the complex problems often experienced by their clients, and highlights the similarities between problem gambling and substance misuse.

Many AOD clients present with cooccurring substance and gambling problems. For every client with a serious gambling problem, 5 to 10 other people are affected. As such, there is a pressing



need to strengthen AOD workers' skills and understanding of gambling, so they may respond appropriately to client needs and improve client outcomes.

The resource was launched by the Victorian Gambling Research Foundation on 19 November 2015

View the resources at <u>http://nceta.flinders.</u> edu.au/?cID=647

This resource was produced in collaboration with <u>Odyssey House</u>, <u>Victoria</u> and the <u>South Australian Network of Drug</u> and <u>Alcohol Services (SANDAS)</u>.

APSAD 2015 Scientific Conference Report

By Robert Tait, NDRI (2015 conference co-convenor)

Almost 400 delegates from around the world visited Perth for the 2015 Australasian Professional Society on Alcohol and other Drugs (APSAD) Scientific Conference. Nearly two-thirds of delegates were from outside Western Australia, including international visitors from New Zealand, UK, USA, Singapore, Netherlands, Austria, Malaysia and Saudi Arabia. The program featured a range of international, national and local speakers presenting on a diverse range of topics, including focusing on specific drugs like alcohol, methamphetamine and cannabis and issues around offender health, injecting drug use, young and older people, media and social marketing, maternal alcohol and drug use, and treatment delivery and access.

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APSAD 2015 Scientific Conference Report

International highlights included presentations on interventions for alcohol related harms. The South Dakota 24/7 Sobriety Program emphasised the public health benefits of monitoring sobriety among people arrested for alcohol related offences while the SafERteens project shows that an intervention delivered in emergency departments can reduce youth alcohol use and dating violence. The developmental impacts of youth alcohol use, including changes in brain structure were also explored. First Peoples' research featured a keynote on injecting drug use in Indigenous communities and the associated harms, while an invited symposium focused on integrating an Indigenous worldview into the delivery of services. Both sessions drew positive feedback from delegates.

Presentation abstracts are available in <u>Drug</u> and <u>Alcohol Review</u>. APSAD members can access PowerPoint presentations from the <u>society's website</u> together with audio files of the keynote presentations.

ANNUAL SCIENTIFIC ALCOHOL AND DRUG -CONFERENCE 2015 Benth AUSTRALIA & www.apsadconference.com.au

New NDARC resource provides heroin dependence treatment information

By NDARC

A new information kit developed by NDARC researchers provides a step by step guide to the evidence for medically assisted treatment for heroin dependence as well as answering commonly asked questions.

Heroin or opioid dependence can be treated with medication and psychosocial support, also known as medicationassisted treatment of opioid dependence (MATOD). The most common medicines used for MATOD in Australia are methadone, buprenorphine and naltrexone.

There is a strong body of research that underpins the use of these and other

medicines, but NDARC's Professor Kate Dolan says often people are uncertain about the role of MATOD in treating heroin or opioid use and dependence.

"Heroin dependence can lead to serious health, social and economic consequences for users, their families and society," said Professor Dolan.

"The more information and easy to understand research evidence we can provide for affected people and for the wider community, the better outcomes for those seeking help." This Information Kit includes two booklets. The first booklet answers some of the most frequently asked questions about MATOD and addresses common misunderstandings, while the second booklet provides a review of evidence of MATOD.



Click here to download the booklets:

MATOD - Your questions answered: https://ndarc.med.unsw.edu.au/resource/ medication-assisted-treatment-opioiddependence-your-questions-answered

MATOD – A review of the evidence: https://ndarc.med.unsw.edu.au/resource/ medication-assisted-treatment-opioiddependence-review-evidence

NSW NGO Alcohol and Other Drugs Workforce Development Plan By NCETA

As a complement to the recently released Australia's National Alcohol and Drug Workforce Development Strategy, the first of its kind for Australia and internationally, NCETA conducted a workforce development (WFD) consultation workshop with members of the NSW Network of Alcohol and other Drug Agencies (NADA) on 16 November 2015.



The workshop was part of the process of supporting NADA to prepare a workforce development plan for the NSW nongovernment AOD sector. It followed an earlier planning workshop held with NADA staff in late September to help identify current and emerging priorities.

The workshop provided an opportunity for NADA members to identify the strengths

and opportunities associated with current approaches to WFD in the sector and to help shape the Plan. The Plan will be finalised in mid-2016.

It is envisaged that it may form a model for similar jurisdictional workforce development plans in other states and territories.

APSAD Awards recognise excellence in science, research and practice

By NDRI

Congratulations to the recipients of the 2015 APSAD Awards for Excellence in Science, Research and Practice, presented as part of the recent annual APSAD conference in Perth. The annual Australasian Professional Society on Alcohol and other Drugs (APSAD) Awards recognise individuals who have made outstanding contributions to reducing the harms associated with alcohol and other drug (AOD) use in Australasia.

Senior Scientist Award – Professor Steve Allsop, National Drug Research Institute, Curtin University

Steve Allsop is an internationally renowned researcher in AOD who has made a significant contribution to the field over the past 30 years, including through mentoring many developing researchers. Deputy chair of the Australian National Advisory Council on Alcohol and Drugs, Steve contributes to national and international policy debate and research and has facilitated the debate on state/territory and national drug strategies, including involvement in developing the previous National Amphetamine-Type Stimulants Strategy.

The Senior Scientist Award is for a scientist who has made an outstanding contribution to the field of substance use and misuse.

Mentor Award – Associate Professor Raimondo Bruno, University of Tasmania

As a researcher committed to advancing young researchers' careers before his own, Raimondo Bruno is a worthy winner of the inaugural APSAD Mentor Award. In just 10 years, he has mentored 80 postgraduate students and early career researchers while maintaining many teaching and research roles. His commitment to helping students and young researchers is reflected in results: half of his Clinical Psychology research students are employed in the sector and many have received awards including a Rhodes Scholarship.

The Mentor Award recognises an individual who has made an important contribution

to mentoring and supporting the career development of clinicians, researchers or students.

Early Career Award – Dr Amy Peacock, Postdoctoral Fellow, University of Tasmania

Amy Peacock is an emerging leader in the AOD field. She has authored 29 publications and is already an international authority on the harms of mixing alcohol and energy drinks – all within four years of starting her research career. She led the first systematic review published internationally comparing harms of consuming alcohol mixed with energy drinks, and her work has been incorporated into European food safety guidelines.

The Early Career Award is for excellence in research relative to career opportunities.

First Peoples Award – Kathleen James, Counsellor, Palmerston Association, WA

Kathleen James is an Aboriginal woman who has worked as a counsellor in the addictions field since 2008. Kate is a role model for other Aboriginal staff and clients and provides leadership in providing culturally secure services to the Aboriginal community. She has run youth programs at Banksia Hill Detention Centre and established programs to reach disadvantaged young Aboriginal people, including for students at a local high school, and is currently the only Aboriginal counsellor at the Rockingham branch of Palmerston Association - a not for profit providing counselling and support for people with AOD issues.

The First Peoples Award recognises an individual that has made an important contribution to the advancement of the health of Aboriginal, Torres Strait Islander or Maori peoples.

Clinician Award – Rose McCrohan, Manager/Nurse Practitioner, UnitingCare ReGen, Victoria

Victoria's first Alcohol and Other Drug Nurse Practitioner, Rose McCrohan has



APSAD Award recipient Professor Steve Allsop with outgoing APSAD President Dr Rose Neild

been a trailblazer in AOD nursing treatment over almost 25 years, managing or helping establish multiple withdrawal programs. "Rose's knowledge and experience have been invaluable to the sector. Her ability to create an environment for positive change for clients has impacted on many lives," her nominator said. Rose is also part of the ReGen team setting up Victoria's first mother and baby withdrawal service.

The Clinician Award recognises excellence and leadership in clinical practice in substance use in any discipline.

Incoming APSAD President Lynda Berends said the APSAD Awards were designed to acknowledge significant contributions to AOD science, practice, and mentorship; recognise and support young scientists and clinicians with exceptional potential; and provide role models for future generations of AOD scientists and clinicians.

"Given the relative size of the AOD research sector, we significantly punch above our weight in terms of the calibre of people and the calibre of research being produced here in Australasia," Dr Berends said.

"The achievements of the 2015 APSAD Award recipients, and the diverse areas they work in within the AOD field, reflect the strength and talent that makes our region recognised globally in this field."

The Australasian Professional Society on Alcohol and other Drugs (APSAD) is the preeminent membership organisation catering to the interests of alcohol and other drug professionals in Australasia, including clinicians, practitioners, educators, policy specialists and academics.

Preventing and Reducing Alcoholand Other Drug-Related Harm among Older People: A practical guide for health and welfare professionals

By NCETA

A new resource has recently been released addressing the issue of alcohol and drug use among older people. The patterns and prevalence of alcohol and other drug use amongst older people is an emerging area of concern. These growing concerns stem from changes in Australia's demographic structure with increasing numbers and proportions of older people, different alcohol and drug consumption patterns of baby boomers compared to previous generations, and increased use of prescribed psychoactive drugs.

Longer life expectancy and different expectations of current and future generations of older people have increased service delivery demands on the AOD and aged care sectors. However, AOD use patterns and problems among older Australians have been under-researched and are not well understood.

Responding to AOD use among older Australians requires a coordinated approach between the AOD, broader health and community services and aged care sectors. What is also required is:

PREVENTING AND REDUCING ALCOHOL- AND OTHER DRUG-RELATED HARM AMONG OLDER PEOPLE

A practical guide for health and welfare professionals



- More resources designed to assist services to cope with increasing demand
- Improved understanding of the impact of AOD use on older people
- Age appropriate interventions
- Changes in health service provision within and across sectors.

In responding to these emerging needs, NCETA, in collaboration with Peninsula Health, Victoria, produced the Preventing and Reducing Alcohol- and Other Drug-Related Harm among Older People: A practical guide for health and welfare professionals to assist specialist and generalist clinicians to assess and respond to the range of AOD-related harms impacting older people. It provides guidance to:

- Workers to help them increase their skills and knowledge in working effectively with older clients.
- Organisations to help them adapt their services and make them more accessible and inclusive for this population group

The resource was launched on 26 November 2015 and can be downloaded from <u>NCETA's website</u>.

Read the article <u>'Older Australians'</u> drinking on the rise and they don't know the risks' published in The Conversation.

This guide forms part of NCETA's Grey Matters research program. For more information about this program, <u>click</u> <u>here</u>. Mental Health Research award for NDARC's Cath Chapman and Tim Slade By NDARC

Congratulations to Dr Cath Chapman and Associate Professor Tim Slade from the NHMRC Centre of Research Excellence in Mental Health and Substance Use at NDARC, who have been awarded the 2015 NSW Mental Health Matters Award for Research and Evaluation.



The award acknowledges innovative research that improves the mental health of the community, and was presented to Cath and Tim for their program of research '*Future Proofing:* mapping the changing landscape of anxiety, depression and substance use problems among young Australians'.

The award was presented by New South Wales Minister for Mental Health Pru Goward MP at a mental health luncheon at NSW Parliament House in October, kicking off Mental Health Month.

Ice: Training for Frontline Workers

BY NCETA

The use of ice (crystal methamphetamine) in Australia has received much media attention in recent times. There is a pressing need for accurate and balanced information and support for workers and services in relation to appropriate evidence-based best practice options. Information is required that provides an accurate picture of the prevalence of crystal methamphetamine use in Australia, which population groups are most at risk, details of intervention options available, and steps that can be taken to help services provide effective and appropriate support and interventions for people who use crystal methamphetamine.

NCETA and its consortium partners (Australasian College for Emergency Medicine; Greater Green Triangle University Department of Rural Health; Harm Reduction Victoria; and South Australian Network of Drug and Alcohol Services) have been commissioned by the Victorian



Government Department of Health and Human Services to develop and implement a standard online training resource for frontline workers who provide services and support to **people** who are using crystal methamphetamine.

The online training resource forms part of the Victorian Government's Ice Action Plan.

The resource contains seven independent, but complementary, modules:

- About Ice
- Effects of Ice
- Communicating with Ice Users
- Ice Users and Critical Incidents
- Interventions
- Prevention

• Organisational Responses to Ice.

The training resource is intended for different audiences and can be used in several ways:

- Individual workers independent learning to upskill their knowledge.
- Supervisors / managers examine and reflect on program and service structures.
- Train-the-trainer guide / support mechanism for other trainers including face-to-face training.
- Integration into existing accredited training programs – content can be extracted & utilised across different disciplines.

The resource is planned for release in December 2015.

More than \$4.37 million in grants to help NDARC develop cost effective approaches to problems of smoking; alcohol dependence; and chronic pain

A clinical trial of a novel smoking cessation pharmacotherapy; a study to identify risk factors for alcohol dependence in young people; and an evaluation of the cost benefits of treatment for chronic non-cancer pain and research in e-health treatments for mental health and drug and alcohol problems have been awarded more than \$4.37 million in health and medical project research funding and fellowships for NDARC.

The National Health and Medical Research Council (NHMRC) 2015 funding round includes a \$1.85 million grant for a worldfirst randomised controlled trial (RCT) of a novel smoking cessation pharmacotherapy which early studies have indicated not only increase the chances of successfully quitting smoking but also reduce the costs to the health budget. This head-to-head RCT will compare cytisine with another pharmacotherapy varenicline. Both treatments reduce cravings for nicotine, reduce the pleasurable effects of smoking and have been shown to be more effective than standard nicotine replacement therapy.

Varenicline is significantly more expensive than cytisine costing the PBS \$44 million in 2014.

NDARC's Director Professor Michael Farrell will lead the four year trial with NDARC Coinvestigator Dr Ryan Courtney, a Cancer Institute NSW Early Career Research Fellow.

Associate Professor Tim Slade and colleagues have been awarded \$884,000 for a five year study, the RADAR project, which will follow 1,911 young adults age 17-21 to identify early warning signs in the development of alcohol use disorders in order to better target prevention and early intervention programs. The study will use the cohort of young people which were first recruited to NDARC's ground-breaking Parental Supply of Alcohol Study at age 12.

Professor Louisa Degenhardt and colleagues have been awarded \$775,000 to extend NDARC's landmark Pain and Opioids in Treatment Study (POINT). The study, POINT 2, will analyse data from 1,500 patients collected over five years to evaluate the cost effectiveness of treatment for chronic pain. It will also identify those patients most at risk of developing problems, amid rising concerns over increased prescribing of strong

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More than \$4.37 million in grants for NDARC research

painkillers and increased harms including dependence and overdose.

Other NDARC successes in the 2015 NHMRC funding round include:

- Associate Professor Frances Kay-Lambkin has been awarded a five year NHMRC Senior Research Fellowship to further her research into eHealth (online) treatments for comorbid mental health and drug and alcohol problems;
- Dr Amy Peacock has been awarded an Early Career Fellowship to support her

work identifying mortality and morbidity risk associated with alcohol use disorder, early risk and protective factors for onset of risky drinking, and rates of alcohol use and harms across Australian night-time entertainment districts.

conversation with

Dr Suzie Hudson

Clinical Director, Network of Alcohol and other Drugs Agencies (NADA)

This weekend I will...

Build a robot out of cardboard.....with my kids!

I wish I'd never...

The recorder - but everyone else is.

I'd originally planned to work...

As an actor....not sure why that didn't work out?

The qualities I most value in my colleagues are...

That they like me....and a sense of humour.

I'll never forget...

Agreeing to fasting for Ramadan as a mark of respect in the Maldives while working as a consultant with UNICEF... but then forgetting to break the fast at sunset and wondering why I felt so spaced out at 10pm.

If I had more time, I'd...

Write some killer articles from my PhD.

I'm most scared of ...

Donald Trump becoming president.

For my next holiday...

I will be jetting off to Sunnybank Hills, Brisbane – I'll send you a postcard!

I can't get enough of ...

Talk about methamphetamine...

But seriously I am currently getting a real kick out of running

Methamphetamine training sessions. Encouraging workers not to be overwhelmed by the hype and be confident in their ability to engage people through compassion, understanding and respect.

I'm really terrible at...

Just about all administrative tasks. It is a serious deficit and means that my colleagues are wonderfully patient with me.

Career wise, I'm most proud of...

Where I am now – working with NADA and the incredible talent and commitment I see all around me in the NGO AOD sector, while continuing to deliver training, consult on projects and provide counselling support to my clients. Experiences over the years in AOD have opened incredible doors for me and for that I will always be grateful.

My big hope for the drug and alcohol sector is...

For harm minimisation to ACTUALLY be central to the way in which we develop policy, treatment and support for people who use drugs.

The sector's biggest challenge going forward is...

Attracting some new blood and retaining them – the AOD sector cannot live on passion and good will alone.





Dr Suzie Hudson is an accredited Mental Health Social Worker with the Australian Association of Social Workers and has over 16 years clinical experience in the fields of substance misuse, mental health, forensics, research and evaluation.

Suzie has worked, developed and managed community-based and residential alcohol and drug services both in Australia and overseas. She joined NADA in 2012 as a consultant and a year later she signed up more permanently. Currently working on Project Managing the NADA MDS/COMS data collection and training for members, Suzie has a PhD in Public Health and Community Medicine and a passion for engaging with social change.

opinion

Primary health care and other social issues for older people who inject drugs

By Dr Peter Higgs (Curtin Research Fellow), National Drug Research Institute, Melbourne Office

Australians are now living longer, and increasing numbers of people are affected by chronic disease.

Australian Government data have established that chronic noncommunicable diseases are now responsible for around 80% of the total burden of disease in Australia and it is estimated that by 2020 they will account for almost 75% of all deaths [1]. Concurrent ageing and drug use (licit and illicit) create a discrete set of unique and, as yet, not fully understood problems for older people.

There is an absence of research about the long-term health and social outcomes for older Australians who use licit and illicit drugs. The number of older people who have never sought treatment for their drug use is largely unknown and there remains limited knowledge of the health implications of long term use especially of opiates.

Recently I worked with a local primary health care service in Melbourne established to provide health care specifically for people who inject drugs to audit their use of services by older people with a history of drug injecting. We concentrated on the use of the service by people aged over 50 and this revealed an enormous amount of information about the reasons for attendance and the health issues with which many of them are living. The average age of the 66 people attending was 54 (range 50-68 years). One third of the people attending were female, a similar proportion to the number of females who appear in most research with PWID in Australia.

Drug use

The on-going use of alcohol and illicit drugs was common with one in five of people presenting with problematic alcohol consumption as a major concern. Heroin was noted as the primary illicit drug people were using. Almost one in five people presented to the service reporting problems using a combination of drugs.

Hepatitis C

Older people with a history of drug injecting and living with hepatitis C are for the first time named as a priority population in the Australian National Hepatitis C Strategy (2014-2017) [2]. Determining the health needs of people with hepatitis C as they age is an important public health issue given the Australian population is ageing as a whole and as older people with chronic HCV are at increased risk of developing liver disease.

> There is an absence of research about the longterm health and social outcomes for older Australians who use licit and illicit drugs.

Almost two-thirds of those included in the audit had recent blood borne virus testing conducted and over half were hepatitis C positive. More than two-thirds were being regularly monitored and ten people were being 'worked up' for hepatitis C treatment. Alternative models of care to the tertiary hospital liver clinics means that hepatitis C treatment will become more regularly provided successfully in primary care settings [3].

Opiate Substitution Treatment

More than 10,000 people aged over 50 are now prescribed opiate substitution treatment and this represents over 20% of people on OST. Almost two-thirds of people attending this service were currently being dosed with pharmacotherapy by a local chemist most commonly it was methadone. Interestingly almost half the people aged over 50 using this primary health care service were also seeing another GP even if only for OST prescriptions.

Legal Issues and other social issues

One-third of clients reported a legal issue as part of their access to the service. Legal issues were also commonly reported both drug related and non-drug related. Almost one quarter of those being seen at the service had a history of incarceration. There are a range of issues for older prisoners, especially those with a history of drug injecting, that require further investigation [5].

Unstable housing is an on-going and ever present issue for people on fixed statutory incomes. This issue was highlighted for almost 20% of people in the audit and a small number required extensive and intensive housing support from workers in the health care team. This has been noted as problematic for older women and warrants further work [4].

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research focus

Managed Alcohol Programs

A novel service for homeless people with severe and intractable alcohol dependence By Professor Kate Dolan

Last year I had the good fortune to be awarded a Winston Churchill Travel Fellowship. This year in June and July I set off to investigate Managed Alcohol Programs in the UK and Canada. Before we delve into this novel service, let me outline some of the reasons why such a service can be beneficial.

Many homeless people are plagued by alcoholism. This group consumes over 20 standard drinks a day; often nonbeverage alcohol (mouthwash) and drinks until unconscious. They place a high burden on hospitals and police and are subjected to assaults when drinking on the street. While abstinence from alcohol is preferred, it is unrealistic for a minority of chronic drinkers.

Consumption of non-beverage alcohol is widespread among street drinkers

In the UK, there were reports of alcohol based hand sanitizers being stolen from hospitals. This prompted one housing service to issue a warning of the dangers to clients. These gels are sought after for their high level of alcohol content despite being poisonous and extremely dangerous when consumed. Non-beverage alcohol includes rubbing alcohol, hand sanitizer and Listerine.

The Police and street drinkers

In the summer of 2010 and 2011 in Liverpool, residents and businesses were complaining about the anti-social behaviour of street drinkers in the city centre. The police grew tired of dealing with street drinkers, they would pour out their alcohol and move them on. This response was actively contributing to increased reports of begging as individuals lost their alcohol resorted to begging for money to buy more.

The Police also arrested the street drinkers, repeatedly, but this seemed fruitless as they would appear before the court, which was costly. Furthermore, it did not address the underlying cause. The Police realised it was costing a small fortune in staff costs and associated criminal justice costs which was not only unsustainable but inefficient.

A case study from the Police

The male offends predominately in Liverpool city centre and on the Wirral. In 2011, he was arrested for theft once, drunk and disorderly twelve times, breach of bail twice, court warrants for failing to attend court five times and breaching a dispersal order once.

While abstinence from alcohol is preferred, it is unrealistic for a minority of chronic drinkers.

"

He was given an interim Anti-Social Behaviour Order in April 2011 for street drinking and arrested for breaching this three times. This was ratified to a full Anti-Social Behaviour Order and he has been arrested for breaching this 22 times. It was estimated that 500 police staff hours have been spent dealing with this individual.

Meanwhile in Canada, the inclement weather saw numerous homeless persons die from exposure during winter.



A group of business associates, police and social services came together to work out how to deal with the homeless problem.

Managed Alcohol Programs (MAPs)

As a way of addressing this group's needs, the idea of Managed Alcohol Programs was trialled. MAPs are usually a residential service. Residents need to be assessed in order to join the Program. Workers dispense a regulated amount of alcohol - one unit - to clients every hour from 7.30am to 9.30pm, an average of 15 drinks a day. Some Programs allow residents to have two units at the beginning of the day and then one every hour after.

Examples of MAPs

Manchester's the Heavy Drinkers' project is a residential Managed Alcohol Program with one core house with 15 outlying houses. The core house has seven bedsits and seven onebedroom flats with support workers available 24 hours a day. Residents in the outlying houses can call the office for assistance but the idea is they are to live independently as far as possible including monitoring their own alcohol intake.

Canada has five managed alcohol programs. In Ottawa, the Targeted Engagement and Diversion program (TED) has 12 beds for men and two for women. TED is placed within a larger housing complex where other residents include families with children. The rationale behind having a MAP incorporated into a regular housing building was that families drink alcohol at home and children are exposed to that. Some residents are in Opioid Substitution Treatment (OST) as well. There are 80 other residents at TED who are not in the MAP.

Also in Ottawa, the OAKS opened in 2010 and has 55 beds of which 10 are for the mentally ill. Some 15-20 residents have lived there since it opened.

The Drug Users Resource Centre in Vancouver opened in 2003 and provides a safe, supportive and welcoming space for drug users, including alcohol dependents. Their MAP is a day service where clients are provided with alcohol but they do not live on the premises. Over 200 clients visit each day. Services include a methadone clinic and primary health care. There are work and volunteer opportunities and an arts and cultural program.

There are strict criteria for joining a Managed Alcohol Program

Eligibility criteria include homelessness or at risk of it and struggling with longterm alcohol dependence. Before coming into a MAP, many folk were consuming 30 units of non-beverage alcohol a day. They are not interested or able to attain abstinence. They have a high frequency of visits to hospital and regular contact with the police. In Ottawa, clients for the MAP are identified through TED, the targeted engagement and diversion program. At the Drug Users Resource Centre, potential clients join a drinkers' lounge every Friday for a few weeks where they are assessed for suitability to enter the MAP.

A range of staff work in MAPs

Staff members include mental health workers, social workers, in-house support workers, nurses and doctors.

Finding a suitable location of a MAP can be difficult

Most MAPs were located in light industrial areas and near main train stations as these were places where the target population congregated. It was necessary to spend a considerable amount of time negotiating with the local Council, businesses and home owners to resolve this problem. There was opposition in terms of NIMBYism so it essential to engage with the community to move the project forward. The Oaks, which is situated in a residential area, faced much opposition to its location.





Residents are long-term alcohol dependents with a history of trauma

Street drinkers are not just the old style "tramp in the doorway," today they include younger males, females, non-Anglo persons, Inuit, Aboriginal and persons with acquired brain damage, Foetal Alcohol Syndrome or PTSD. Every single client has experienced some sort of trauma. The MAP is an intervention to stabilise residents' drinking who are then in a position to deal with other issues.

Many residents have concurrent disorders; alcohol dependence and mental illness. Very heavy drinkers, who consume over 400 units of alcohol per week, have problems that require social and medical solutions rather than a policing one.

Dispensing alcohol

In Ottawa, a doctor determines the level of dosing which usually ranges from 5 to 7 oz. of alcohol an hour. Residents receive 12 units a day and they can have beer, wine or Vodka. Once the resident selects a particular type of alcohol, they must stay with it for the day, although they can change the type of alcohol the next day. A record is kept of the amount and time that alcohol is dispensed to each resident.

Clients and residents I met

Workers at each Centre allowed me to meet a number of their clients or residents. I was able to talk to them in private about their lives. The overwhelming message from these people was that they had been given a chance to rejoin society, to be valued and were happy that someone still cared for them. Most had spent many years in a downward spiral where they had endured some pretty tough times. All had been subjected to violence while on the street, most had been rejected by their families and many felt a sense of failure from being heavily dependent on alcohol. When asked about the programs and staff, everyone I spoke to was full of praise for the work of the Centre staff. All accepted the rules and supported the staff whenever possible.

Declan, an elderly Irish gentleman, was drinking 260 units of alcohol a week (6 bottles of wine a day) before entering the program and now drinks 125 a week in the program; less than half. He has a support plan which is outcome driven and reviewed every three months. Declan has psoriasis on his hands and feet and is waiting until he can go six weeks without alcohol in order to have the laser treatment. His daughter and a worker go to the bottle shop each week and buy his alcohol and cigarettes.

The views of staff

Without exception all staff were completely dedicated to their jobs. They had many stories to share about how clients had improved and rebuilt relationships with their families and friends. One confronting revelation was that some staff saw the MAP as palliative care and that some clients would never move on, rather this would make their final years more bearable than otherwise.

MAPS have good relationships with the police and ambulance services

All Centres reported that it was essential to work closely with the Police to operate MAPs. They also work closely with health centres, which means it is rare for an ambulance to be called and visits to the Accident and Emergency Department are genuine as staff filter the use of these services.

In Ottawa, the TED Centre accepts patients from Paramedics who enter their observation room rather than being admitted to hospital. They are observed for 24 hours. This approach has saved \$2m in averted hospital costs. However, when MAP residents are transferred to hospital they still need to be maintained on alcohol, otherwise they will leave hospital. Several MAPs had an arrangement with the local hospital, which allowed workers to bring their doses of alcohol into them.

Rules vary across Programs

Some MAPs restricted drinking and smoking to residents' rooms, while others allowed residents to drink in communal areas but not in their rooms. The atmosphere in the MAPs does not have a party feel to it, even though everyone is drinking alcohol.

MAPs do more than just provide alcohol

Centres provide a range of services to their clients such as assisting clients to obtain Identification or birth certificates. Centres provide free food, laundry facilities, toiletries, snacks, coffee, local and long distance phone calls and computer access. The Canadian services provided acupuncture for the treatment of stress, trauma and addiction. These agencies also provided traditional food for indigenous clients such as seal, whale and moose. Activities include a walking group, cooking, gardening and a coffee morning. Other Centres provided a table tennis, a drama group, gardening and art classes. One Centre had a performance space available for clients to put on their own shows. Other services include a foot care and a wound care clinic. Staff monitor clients' liver function. At a MAP it can be the first visit to the doctor and dentist for many clients for some time.

Workers provide residents with work and volunteer opportunities and a daily job draw, which is paid. Residents can earn money by collecting bottles for recycling. The vast array of activities occupy the residents' time and helps them reducing their focus on drinking and alcohol consumption. Residents and clients are encouraged to have their family and friends visit and to engage in positive social interactions.

MAPs brewed their own alcohol

Several Centres had decided to brew their own alcohol. This decision was reached due to the amount of alcohol dispensed through MAPs each week. One Centre in Ottawa was spending \$1,500 on alcohol every fortnight, or \$39,000 per year. Given home brewing is labour intensive, it made sense to cajole residents to assist in the process.



The Oaks residents brew their own alcohol and dispense 810 gallons every 5 weeks for 55 people. It costs \$5,000 a brewing kit, which is made up in 45-gallon drums

Residents can progress from a MAP

Most Centres operate MAPs at two levels; providing 24-hour supervision in the main house and less supervision in outlying houses. At the main house, their alcohol consumption is managed very closely, with it being dispensed every hour during the day. At the outlying houses, residents live independently with off-site support and manage their own alcohol consumption. Staff work with people over a long period so they are able to manage their own alcohol consumption.

People improve when they join a Managed Alcohol Program

When residents arrive at a MAP, they are self-centred. "It is all about me, myself and I". As they progress, they are able to welcome others and are able to consider other people. They lose the chip on their shoulder and open up. There is a sense of community where residents learn to bond and to manage conflict, without violence. One woman was very aggressive with staff from a range of services but once she entered the MAP she stopped being aggressive.

Peer workers, residents who have progressed enough to carry out some duties at the Centres, are employed at MAPs. This serves to illustrate that change is possible and among people exactly like themselves.

Experience suggests that it takes three to five years to see any improvement in clients' brain function. A study on executive functioning found that clients had good verbal skills but responded poorly to stimuli and operated at the level of an eight year old. One person had 15 visits to a hospital over a one-month period and many interactions with the police. After joining the MAP, the person has had no hospital visits and very few interactions with the police.

MAPS are controversial

The notion of providing alcohol to 'alcoholics' is controversial. It is unsurprising that there would be community opposition to the placement of a MAP in their area. Managers of MAPs spoke of prolonged community consultation in order to establish the service and to counter resistance.

MAPs are an effective intervention

An evaluation found most residents wanted a regulated, a normal life. The female clients wanted to have friends and be able to eat a meal with others. A study of 17 adults in a MAP with an average age of 51 years had been dependent alcohol for an average of 35 years. After 16 months in the Program, their mean monthly visits to accident and emergency departments decreased from 13.5 to 8 (p=0.004) while Police encounters decreased from 18.1 to 8.8 (p=0.018) (See graph below). All participants reported less alcohol consumption. Staff noticed that residents had improved hygiene and compliance with health care (Podymow, 2006).

Graph: Number of A & E and Police contacts pre and during the MAP



Conclusions

Homeless people have high rates of chronic illness, long hospital stays, increased mortality and contact with the police. The people who are homeless and drink heavily are stuck and unable to move out of their predicament. They need a comprehensive intervention to address mental health issues, alcohol and drug dependency issues, primary health care and their homelessness. Managed Alcohol Programs (MAP) are a novel service for homeless with severe and intractable alcohol dependence. MAP clients receive a regulated amount of alcohol at set times. MAPs operate in the UK and Canada and have led to reduced alcohol consumption, binge drinking, convulsions, visits to emergency departments and encounters with police.

Managed Alcohol Programs tend to be located in a light industrial area near a main train station, which are areas that most of the target population would frequent. Managed Alcohol Programs work well when there is a high level of coordination between services such as the police, health and housing.

Many clients are chronically ill and are dying from alcoholism. MAP improves their quality of life and while some take a break from drinking, few quit. MAP lessens the blow of alcohol on this group.

Reference

Podymow T, Turnbull J, Coyle D, Yetisir E, Wells G. (2006) Shelter-based managed alcohol administration to chronically homeless people addicted to alcohol, Canadian Medical Association Journal, 174, 45-49.

Winston Churchill Fellowship applications open 28 Feb 2016 and close 15 May 2016.

new projects

Pub extended trading hours: Effects on drunkenness and alcohol-related harm

Staff:

NDRI: Professor Tanya Chikritzhs, Dr Wenbin Liang, William Gilmore

Other investigators: Associate Professor Peter Miller, Deakin University

Professor Kypros Kypri, University of Newcastle

Professor Kathryn Graham, Centre for Addiction and Mental Health, Canada

Nicolas Droste, Deakin University

Detective Superintendent Jim Migro, WA Police

Project description: The aim of this project is to inform and encourage evidence-based liquor licensing decisions in relation to extended late-night trading hours for licensed premises in Western Australia. At present, decisions in relation to trading hour extensions for licensed premises are made on an ad hoc basis, with inconsistent reference to research evidence. It is often claimed that currently available international research is either unrelated to the Perth context or is based on old, irrelevant data. Compounding matters, there has to date been little independent scientific research which has directly investigated whether late night trading hour extensions for pubs have an effect on levels of intoxication among patrons. As a result, decision makers must weigh-up arguments for and against that are often based on conjecture and anecdote.

The key objectives of this project are to:

1. Investigate levels of alcohol intoxication among patrons of licensed venues in Perth night-time entertainment districts.

2. Determine whether levels of intoxication and alcohol-related problem behaviours among patrons of Perth licensed venues change over the course of the night.

3. Investigate whether there are differences in relation to situational characteristics (eg crowding, noise, comfort, drink specials), management and staff practices (eg responsible service, handling of intoxicated



patrons) and patron behaviours (eg drink preferences, verbal and physical aggression) between late-night extended trading permit (ETP) and non-ETP pubs (hotels/taverns/small bars) and whether these characteristics vary over the course of the night.

4. Determine whether drinking at pubs with night-time extended closing hours (ie ETP) influences:

- level of intoxication among patrons at various times throughout the night;
- the extent to which patrons 'pace' their drinking throughout the night;
- the level of pre-drinking activity among patrons (time started and amount consumed); and
- the likelihood of being a heavy or dependent drinker (based on drinking in the past 12 months).

An evidence-based approach to decision making in relation to trading hours that is underpinned by reliable, timely and independent research evidence will ultimately reduce the harms associated with alcohol sales and reduce the burden of injury and disease borne by health and emergency workers, police and communities.

Feasibility study of a brief telephone-based cannabis intervention

Staff:

NDARC: Dr Peter Gates, Professor Jan Copeland (NCPIC)

Collaborator: Peta Jesse (Cannabis Information and Helpline, NSW)

Project description: Seeking treatment for cannabis use can be difficult due to accessibility issues and stigmatisation concerns. The availability of an evidencebased brief intervention for reducing or quitting cannabis may encourage treatment seeking among individuals who would otherwise not receive treatment.

The majority of calls to the Cannabis Information Helpline and indeed all counselling interventions in specialist treatment services are only one session. To date, no Australian data exists on the efficacy of a brief one session telephonebased intervention with a specific focus on an illicit drug.

This study aims to examine whether such a brief telephone-based counselling service can act as an efficacious treatment option for people with cannabis-related problems.

Alcohol-related harm in Western Australia reduced through costeffective initiatives

Staff:

NDRI: Professor Tanya Chikritzhs

Other investigators: Dr Delia Hendrie, Centre for Population Health Research, Curtin University

Associate Professor Suzanne Robinson, School of Public Health, Curtin University

Professor Ted Miller, Pacific Institute of Research and Evaluation

Associate Professor Peter Somerford, Epidemiology Branch, WA Health Department

Dr Kate Brameld, Centre for Population Health Research, Curtin University

Dr Anna Ferrante, Centre for Data Linkage, Curtin University

Professor Bruce Maycock, School of Public Health, Curtin University

Professor Mike Daube, Public Health Advocacy Institute, Curtin University

Ms Deborah Costello, Injury Control Council of WA

Project description: Problematic alcohol use contributes to significant health, social and economic costs to the community, including illness, injury, crime, violence, anti-social behaviour, and family and relationship breakdown. Effective alcohol policy measures can substantially affect alcohol consumption and reduce alcoholrelated harm. However, budget constraints necessitate making important decisions regarding how initiatives should be prioritised.

The aim of this project is to improve understanding of the costs of alcoholrelated harm in Western Australia and the potential cost offsets or savings that might be achieved through the implementation of selected alcohol harm reduction initiatives. This aim will be achieved through the following four objectives.

1. Estimating the costs of alcohol-related harm in Western Australia by analysing the extent to which problematic alcohol use contributes to health, social and economic costs to the community.

2. Conducting a review of the literature to obtain 'best' estimates on the effectiveness and cost effectiveness of alcohol harm prevention and treatment initiatives to use in deriving standardized cost-outcome estimates.

3. Identifying potential cost offsets or savings of implementing, or scaling up, effective/cost-effective alcohol harm reduction initiatives using a common framework to make comparisons between initiatives meaningful.

4. Assessing implications of research findings for development of alcohol policy and its implementation through expert stakeholder review of final results.

A comparison of monetized costs and outcomes will reveal the extent to which the cost of problematic alcohol use could be offset by implementing effective alcohol harm reduction initiatives. The resultant "What Works?" list of policy options based on effectiveness and return on investment will assist policymakers in choosing a portfolio of initiatives that are evidence-based and have a high likelihood of producing more benefits than costs or benefits at a reasonable cost.

Impact of codeine rescheduling – health professional and consumer perspectives

Staff:

NDARC: Dr Suzanne Nielsen

Other investigators:

<u>Principal Investigator:</u> Assoc. Prof. Raimondo Bruno (UTAS);

Jacqui McCoy (UTAS PhD Candidate)

Project description: A University of Tasmania led research project will seek to understand how codeine sales restrictions will affect codeine consumers and health professionals and are asking affected people to answer a questionnaire.

In August this year, the Therapeutic Goods Administration made the interim decision to move all over the counter codeine medications to prescription-only medicines (Schedule 4).

This interim decision was made on the basis of concerns regarding risk of dependence and side-effects with codeine use and the known availability of safer over the counter products.

The research team, UTAS PhD candidate in the School of Psychology Jacqui McCoy, supervisor Associate Professor Raimondo Bruno and Dr Suzanne Nielsen from NDARC, have developed a questionnaire for health professionals and people who use codeine to better investigate how this change will impact people.

The findings will be critical in understanding the range of potential impacts, particularly on pain management.

To complete the questionnaire, visit <u>https://surveys.utas.edu.au/index.php/677193?lang=en_us</u>.



publication highlights

Which medications are suitable for agonist drug maintenance?

Darke, S., and Farrell, M. (2015) Which medications are suitable for agonist drug maintenance? *Addiction*, Early online view: 27 October 2015 doi: <u>10.1111/add.13158</u>.

Nicotine, cannabis and benzodiazepine have a potential for agonist maintenance treatment, according to an analysis conducted by NDARC Professors Shane Darke and Michael Farrell, published in the journal Addiction early online view in October.

Professors Darke and Farrell examined the feasibility of agonist maintenance treatment for the major psychoactive drug classes:

- Opioids,
- Nicotine,
- Benzodiazepines,
- Cannabis,
- Psychostimulants, and
- Alcohol.

Eight clinical criteria for an agonist maintenance drug, relating to pharmacological aspects of the drug (agonist, pharmacological stability, dose– response, non-toxic) and neurocognitive sequelae (psychiatric, cognitive, craving, salience) were assessed for each drug class.

It was found that opioids and nicotine met all eight criteria for a maintenance drug, and while nicotine has not been promoted widely or used for maintenance, the authors note it had the potential to fulfil that role. Cannabis met five criteria and has potential, but long-term data on cognitive impairment are required.

The results also indicated that benzodiazepine maintenance would appear an option for the high-dose chaotic abuser, also meeting five criteria, although clinic dosing appeared the safest option.

Psychostimulants (three of eight criteria) and alcohol (one of eight) appeared poor propositions for maintenance, in terms of both their pharmacological and their neurocognitive characteristics.

The authors conclude that drug classes have properties that distinguish them in



their suitability for maintenance treatment. They show that some classes not yet used for maintenance (notably nicotine and cannabis) have potential to fulfil such a role, whereas others, by their inherent nature, appear unsuitable for such a treatment regimen.

Examining the relationship between heavy alcohol use and assaults

Liang, W. and Chikritzhs, T.N. (2015). Examining the relationship between heavy alcohol use and assaults: With adjustment for the effects of unmeasured confounders. *BioMed Research International*, 2015. <u>http://</u> dx.doi.org/10.1155/2015/596179.

Background: Experimental studies suggest that alcohol can lead to aggression in laboratory settings; however, it is impossible to test the causal relationship between alcohol use and real-life violence among humans in randomized clinical trials.

Objectives: (i) To examine the relationship between heavy alcohol use and assaults in a population based study; (ii) to demonstrate the proxy outcome method, as a means of controlling the effects of unknown/unmeasured confounders in observational studies.

Methods: This study used data collected from three waves of the National Survey on Drug Use and Health (NSDUH). The

effects of heavy alcohol use on assault were measured using multivariable logistic regressions in conjunction with the proxy outcome method.

Results: Application of the proxy outcome method indicated that effect sizes of heavy alcohol use on the risk of assault were overestimated in the standard models. After adjusting for the effects of unknown/ unmeasured confounders, the risk of assault remained 43% and 63% higher among participants who consumed 5+ drinks/day for 5–8 days/month and 9–30 days/month, respectively.

Conclusions: Even after adjustment for unknown/unmeasured confounders the association between heavy alcohol use and risk of violence remained significant. These findings support the hypothesis that heavy alcohol use can cause violence.

Sales promotion strategies and youth drinking in Australia

Pettigrew, S., Biagoni, N., Jones, S., Daube, M., Kirby, G., Stafford, J. and Chikritzhs, T.N. (2015). Sales promotion strategies and youth drinking in Australia. Social Science and Medicine, 141, pp. 115-122. <u>http://dx.doi.org/10.1016/j.</u> socscimed.2015.07.035.

This study employed an exploratory approach to generate detailed information about how in-store shopping experiences and exposure to sales promotion activities feature in the alcohol choices of Australian 18–21 year old drinkers. The qualitative methods of interviews, focus groups, and emailed narratives were used during 2014 to collect relevant data.

The findings suggest that young drinkers' in-store shopping experiences and exposure to sales promotions influence the type, range, and quantity of alcohol purchased. In particular, the role of sales staff can be critical in increasing the amount of alcohol purchased by drawing drinkers' attention to and encouraging their participation in sales promotions. There thus appears to be an important interaction between promotional practices and young drinkers purchasing substantially larger quantities of alcohol than originally intended. Such practices need review in light of the high risk of alcohol-related harm experienced by many members of this age group.

Addressing inequities in alcohol consumption and related harms

Roche A, Kostadinov V, Fischer J, Nicholas R, O'Rourke K, Pidd K, Trifonoff A (2015). Addressing inequities in alcohol consumption and related harms. *Health Promotion International* 2015 Sep; 30 Suppl 2:ii20-ii35. doi: 10.1093/heapro/dav030.

To-date little Australian research has addressed the relationships between social determinants, inequities, and alcohol consumption and related harms. This study reviewed how social inequities may influence alcohol consumption and alcoholrelated health outcomes in Australia. It found that people living in lower socioeconomic circumstances experienced more harm than those who are better off after consuming the same amount of alcohol. To-date, the inequitable distribution of alcohol-related harm has not been addressed in Australia's alcohol-related interventions and policies.

Strategies for reducing inequities associated with alcohol use and related harms were identified using the VicHealth framework for health equity 'Fair Foundations' as an organising schema. Fair Foundations posits that social contexts influence individuals' social position and in turn their health and well-being via three 'layers of influence': (i) socioeconomic, political and cultural context; (ii) daily living conditions and (iii) individual health-related factors. While not always an optimal fit, Fair Foundations provided a useful schema by which to begin to examine this complex area.

Findings from the review also suggest that current mechanisms may have an unintended impact by exacerbating harms experienced by marginalised groups. The review identified the most promising alcohol-related approaches for promoting health equity as well as the interventions which may worsen inequities. It also highlighted the need for further research on the best methods for reducing inequities in alcohol consumption and related harms.

This study was funded by VicHealth.

The effect of alcohol outlets, sales and trading hours on alcohol-related injuries

Hobday, M., Chikritzhs, T.N., Liang, W. and Meuleners, L. (2015). The effect of alcohol outlets, sales and trading hours on alcoholrelated injuries presenting at emergency departments in Perth, Australia, from 2002 to 2010. *Addiction*, 110, (12), pp. 1901-1909. http://dx.doi.org/10.1111/add.13063.

Background and Aims: Few studies have investigated the combined effects of alcohol sales, outlet numbers and trading hours on alcohol-related harms. This study aimed to test whether associations: (i) exist between alcohol-related emergency department (ED) injuries and alcohol sales and counts of outlets; (ii) vary between onand off-premises outlets; and (iii) vary by trading hours conditions [extended trading permits (ETP) versus standard hours]. **Design:** Panel study using 117 postcodes over 8 years (2002–10): 936 data points.

Setting: Perth, Australia.

Participants: ED injury presentations, aggregated to postcode-level.

Measurements: Alcohol-related injuries were identified using time-based surrogate measures: night injuries (n = 51241) and weekend night injuries (n = 30682). Measures of alcohol availability included number of outlets with standard and extended trading hours and mean sales per postcode. Negative binomial regression modelling with random effects was used to examine associations between availability and alcohol-related injury, controlling for socio-demographic characteristics.

Findings: (i) Night injuries were associated significantly with counts of on-premises outlets [incident rate ratio (IRR) = 1.046; 95% confidence interval (CI) = 1.014-1.078] and sales per off-premises outlet (IRR = 1.019; 95% CI = 1.004-1.035); (ii) counts of on-premises outlets were positively associated with alcohol-related injury while counts of off-premises outlets indicated a negative association; and (iii) weekend night injuries increased by about 5% per on-premises outlet with an ETP (IRR = 1.049; 95% CI = 1.015-1.084) and by less than 1% for outlets with standard trading hours (IRR = 1.008; 95% CI = 1.004-1.013).

Conclusions: Regions of Perth, Australia with greater off-premises alcohol sales and counts of on-premises alcohol outlets, particularly those with extended trading hours, appear to have higher levels of alcohol-related injuries.



Does the social context of early alcohol use affect risky drinking in adolescents? Prospective cohort study

Degenhardt, L., Romaniuk, H., Coffey, C., Hall, D., Swift, W., Carlin, J., O'Loughlin, C. & Patton, G. (2015) Does the social context of early alcohol use affect risky drinking in adolescents? Prospective cohort study. *BMC Public Health* 2015, 15:1137, <u>doi:10.1186/</u> <u>\$12889-015-2443-5</u>.

Drinking alcohol with parents does not protect teenagers from engaging in risky drinking behaviour, this NDARC study has found.

The study which regularly asked almost 2,000 teenagers about their drinking patterns and history of drinking in a family context over three years found that drinking with family in early adolescence actually increased the likelihood of later risky drinking.

Almost half (44%) of participants reported risky drinking in the past week during at least one stage of the study, and 15% reported drinking more than three times with their family. Drinking repeatedly with family between the ages of 14 and 17 was associated with an increased risk of risky drinking in later adolescence.

While it is a common perception that early introduction to responsible drinking may prevent risky drinking behaviours, the study results show otherwise.

The authors write "Our results suggest that consumption with family does not protect against risky drinking. Furthermore, parents who wish to minimise high risk drinking by their adolescent children might also limit their children's opportunities to consume alcohol in unsupervised settings."



Early developmental, temperamental and educational problems in 'substance use disorder' patients with and without ADHD: Does ADHD make a difference?

Skutle A; Bu ETH; Jellestad FK; van Emmerik-van Oortmerssen K; Dom G; Verspreet S; Carpentier PJ; Ramos-Quiroga JA; Franck J; Konstenius M; Kaye S; Demetrovics Z; Barta C; Fatséas M; Auriacombe M; Johnson B; Faraone SV; Levin FR; Allsop S; Carruthers S; Schoevers RA; Koeter MWJ; van den Brink W; Moggi F; Møller M; van de Glind G. (2015) Early developmental, temperamental and educational problems in 'substance use disorder' patients with and without ADHD: Does ADHD make a difference? *Addictive Behaviors Reports*, vol. 2, pp. 13 - 18, http:// dx.doi.org/10.1016/j.abrep.2015.03.001.

A study examining the differences in substance use disorders (SUD) with and without attention deficit hyperactivity disorder (ADHD) has found that those with ADHD had a significantly slower infant development, greater problems controlling their temperament, and lower educational attainment. Just over one in ten of the ADHD patients had been diagnosed and treated during childhood or adolescence.

Given a substantial prevalence of ADHD among patients with substance use disorder (SUD), an international team of researchers addressed the following research questions:

• Are early developmental, temperamental and educational problems overrepresented among SUD patients with ADHD compared to SUD patients without ADHD?

• Do this comorbid group receive early help for their ADHD, and are there signs of self-medicating with illicit central stimulants?

Method: An international, multi-centre cross-sectional study was carried out involving seven European countries, with 1205 patients in treatment for SUD. The mean age was 40 years and 27% of the sample was female. All participants were interviewed with the Mini International Neuropsychiatric Interview Plus and the Conners' Adult ADHD Diagnostic Interview for DSM-IV.

Results: SUD patients with ADHD (n = 196; 16.3% of the total sample) had a significantly slower infant development than SUD patients without ADHD (n = 1,009; 83.4%), had greater problems controlling their temperament, and had lower educational attainment. Only 24 (12%) of the current ADHD positive patients had been diagnosed and treated during childhood and/or adolescence. Finally, SUD patients with ADHD were more likely to have central stimulants or cannabis as their primary substance of abuse, whereas alcohol use was more likely to be the primary substance of abuse in SUD patients without ADHD.

Conclusion: The results emphasize the importance of early identification of ADHD and targeted interventions in the health and school system, as well as in the addiction field.

Slots and Shots: Gambling Resources for the Alcohol and Other Drug (AOD) Sector

Rowe, C., White , M., Long, C., Roche, A., & Orr, K. (2015). Slots and Shots: A gambling resource for AOD workers. Melbourne, Victoria: Odyssey House Victoria. <u>http://nceta.</u> flinders.edu.au/?clD=647

Many people working in the alcohol and other drug (AOD) field are aware that clients who present for treatment or assistance are often experiencing a range of other complex conditions. Whether the client is experiencing mental health issues, unstable living arrangements, and / or employment problems, AOD workers are expected to respond appropriately. Until its recent inclusion in the DSM-5 as an addictive disorder, problems with gambling often fell outside this rubric as workers may have considered it was outside their area of expertise. In some instances, AOD staff may have not recognised the similarities between substance misuse and gambling disorders, or the skill sets that are used to respond to both sets of issues.

This resource was developed to strengthen AOD workers' skills and understanding of gambling and help them respond appropriately to people who may also present with AOD problems. The resource defines gambling, explains why people gamble, outlines pathways into and indicators of gambling behaviour, and explores the harms associated with problem gambling. It helps agencies and workers incorporate a screening and assessment tool, the Brief BioSocial Gambling Screen (BBGS), into their consultations with clients, and presents models which organisations may adopt to help workers treat clients with gambling problems.

The resource contains:

- A report that explores the relationship between AOD use and gambling and how the AOD sector can better identify and support clients who have cooccurring gambling issues.
- A tri-fold handout for clients to assist them understand problem gambling and information about where to get help

• A waiting room poster promoting the resources and encouraging clients to seek further advice.

• A wallet sized quick reference guide for clinicians.

<u>Click here to access the materials which</u> form part of this resource.

This resource was produced in collaboration with <u>Odyssey House, Victoria</u> and the <u>South Australian Network of Drug</u> and Alcohol Services (SANDAS).



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