**Dr Roby Abeles**  
Lead Psychotherapist, Abeles Consulting & Brainspotting Australia Pacific

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**BRAINSPOTTING: A Remarkable new therapy, stopping addiction relapse in its tracks [YES! even with high acuity, traumatised clients]**

**Presentation Aim**

To inform delegates about a relatively new, remarkable, addiction & trauma therapy called Brainspotting™, which uses a specific eye position, correlated specifically to felt sense activation in the body when thinking of an issue, to resolve trauma and to prevent addiction relapse. Clients feel in control of the process as it is 100% client led after the initial “set up”. Clients are stunned by the connections they make and how that helps them to not want to use anymore rather than “white knuckle” sobriety.

**Content**

Begin with a brief description and history of development of Brainspotting™. Outline an original hypothesis about the possible neurological cause of chronic relapse. Explain why we need to include the body in all addiction and trauma resolution work. There will be a short review of hypotheses and literature of the neurology of BSP™, followed by a case presentation of BSP™ with Chronic Relapsing Addiction. I will reference a specific Brainspotting “set up” I have developed, now used by therapists world-wide with great results. It links the neural networks that are dissociated in chronic relapsers, helping them to stay sober/clean without effort.

**Conclusion**

Brainspotting™ is an emerging, neurologically based, somatically inclusive, relational therapy, which is client led. A fixed eye position appears to bypass the cortical brain and achieve access to the subcortical brain. This allows for deep processing of implicitly held memories, and appears to be demonstrating the neuroplasticity of the brain, as it allows for rewiring of neural networks to more adaptive connections in a relatively short period of time.

For example. Client: I walked past a brothel yesterday and I thought to myself. I don’t do that anymore, and kept walking. No urge to go in, no making myself keep walking past. Just a passing thought as I walked past it.”
Mrs Iona Abrahamson
Researcher, Griffith University

On treatment and recovery of sex addiction infidelity

Recovery from sexual addiction infidelity is painful and complex. Evidence suggests that there is an increased number of people who suffer from sexual addiction, specifically heterosexual males in a married and committed relationship. In response to the epidemic of sexual addiction, this paper presents some preliminary findings from my PhD study on sexual infidelity. Here I focus on a case study of the wife of a recovered sex addict. The data consists of an audio recording and transcription of an interview that was analysed using narrative inquiry.

The story tells of the wife’s experience of hurt, betrayal and healing as well as her husband’s treatment and complete recovery from sexual addiction where he would behave sexually despite the likelihood of adverse consequences as a result of his behaviour. Only through an analysis of the couple’s experience of working with four different therapists both individually and as a couple, over the period of one year and self-help activities were we able to make sense of what aided in the husband’s recovery from sexual addiction and in the repair of their relationship. My findings support the importance of studying the experiences of those living with recovered sex addicts and have implications for the education of professionals with interest in sexual addiction infidelity.
Dr Michael Atherton  
addiction psychiatrist, The Sydney Clinic, Bronte, NSW

Co-authors:  
Mr Laurie Shaw, HIMS Advisory Group

HIMS Australia (Human Intervention Motivation Study), The challenges and progress of implementation of an evidenced based relapse prevention program for pilots in Australia.

HIMS originated in the US in the 1970s. It stands for Human Intervention Motivation Study, a name given to the early work looking at assisting pilots with a substance misuse problem. In the US, like many other countries, the aviation regulator lists the condition of substance misuse with dependency as a chronic medical condition with significant safety implications.

This condition meant that pilots did not meet the medical requirements for an aviation license and hence were no longer able to fly. With the introduction of HIMS US pilots had a pathway to appeal for licence reissue. The HIMS program is a structured agreement that pilots with this diagnosis enter into. It is based on best medical practice for treating substance misuse with dependency. Treatment includes initial intensive treatment and education, abstinence, counselling as required and peer support meetings. There is also surveillance requirements such as alcohol breath tests which tend to have a positive effect on recovered pilots. The HIMS program in the US has supported over 5,500 pilots.

The success rates for this very complicated relapsing medical condition have been over 88% in the long term. Approximately five years ago New Zealand have introduced a HIMS program across all of the countries aviation sectors including airline, general aviation, and military aviation. New Zealand is finding similar successes as the US. Cathay Pacific in Hong Kong introduced a formal HIMS program in 2012, along with airlines in France, Finland and Holland. Australia has been slower on the up take but this presentation with take a balanced view of the challenges and successes so far and seek to gain ideas, support and guidance from the broader Alcohol and Drug treatment community to assist it moving forward.
Family Support Program

The family support program is a dynamic program based on the Behaviour Exchange Systems Training (BEST). This approach incorporates a biopsychosocial model of care that acknowledges family cohesion is impacted by the physical, psychological, social and cultural factors of a person’s substance use and the family experience.

This program encourages participants to identify their individual concerns, provides relevant information and foster positive family changes to support the challenges they face in relation to their family members substance use. This model of care promotes positive and proactive role modelling emphasised by the collaboration of shared experiences, understanding of personal boundaries and improving communication skills.

Anecdotal evidence with families suggest family members responses are heavily impacted by the stress of substance use on individuals in the family system. By acknowledging the complexity of this dynamic and the importance of improving parent well-being, the family support program encourages families towards an assertive motivation for connectedness within the family home.

The program is an 8 week psychoeducation program designed to meet objectives such as reduced stress, anxiety and guilt expressed by family members, to increase families confidence to respond to challenging thinking and behaviours and to harness the effectiveness of assertive communication and negotiation strategies.
Dr Maria Bellringer
Associate Director, Gambling and Addictions Research Centre, Auckland University of Technology

FAMILY VIOLENCE AMONG HELP-SEEKING GAMBLERS: THE EFFECT OF HAVING DEPENDENT CHILDREN

In New Zealand, gambling treatment providers have reported that problem gambling and family violence are highly co-existing, with the challenges of parenting recognised as having the potential to place additional strain on vulnerable families. This study investigated the relationships between problem gambling and family violence in a population of help-seeking gamblers (n=370) recruited from three national gambling treatment services. Family violence was measured using a modified version of the HITS scale covering physical, psychological, verbal, emotional and sexual violence. Multiple logistic regression analyses demonstrated a relationship between problem gambling and violence.

Further analyses on a subsample of the help-seeking gamblers (n=166) investigated the effect of having dependent children (younger than 18 years) living at home, on their experiences of family violence. The sample comprised 43% females, and 37% with dependent children. Forty-nine percent of participants reported being a victim of family violence and 43% reported perpetrating violence. Multivariable logistic regression modelling was conducted adjusting in sequence for significant socio-demographic, psychosocial and gambling confounding factors. Having dependent children at home, compared with not having dependent children, was associated with greater risk of both being a victim of, and perpetrating, family violence. Asian ethnicity and receiving income support were protective factors against being a family violence victim, while a risk factor was having above median inadequacy symptoms.

Asian ethnicity was also protective against family violence perpetration; there was a complex relationship with interpersonal support and having strategies for emotion regulation. Aggression, and drug issues amongst family members were risk factors for violence perpetration. The limitations of the study will be outlined and implications for improving the linkages between problem gambling services and programmes supporting vulnerable families will be discussed.
Supervision in the AOD system: special considerations for lived experience clinicians.

It is well documented that there are considerable stressors upon staff working in drug and alcohol settings. These can include challenging behaviours, vicarious trauma, struggling with outcomes, and more. However, for staff with direct (self) and third party (a significant other) lived experience of substance use and addiction there can be additional considerations, not only in the interactions with clients, but also in their relationship with staff and supervisors.

This presentation will guide supervisors to provide adequate and supervisee-centred support and care for lived-experience clinicians, with a focus upon supporting clinicians to be comfortable working in multiple paradigms, rather than just the paradigm that worked for them in their recovery; ensuring that there are adequate processes in place to assist the staff member in their own recovery; helping those employed as peer counsellors (i.e. where the lived experience is the reason for employment) navigate the complexities around therapeutic disclosure; and managing the supervisor/therapist balance for the supervisor, to ensure appropriate supervision boundaries are maintained.
Mr Gerard Byrne
Operations Manager, The Salvation Army

Challenges and Opportunities in remote communities

In May 2012 The Salvation Army began an Alcohol and Other Drug (AOD) Therapeutic Community (TC) in Mt Isa, providing recovery options to Aboriginal and Torres Strait Islander individuals, couples and families from central and northern Queensland.

The range of health, social, housing, employment and economic challenges that exist for Aboriginal and Torres Strait Islander people impact on their decisions to access treatment and their capacity to optimise the treatment experience once they return to their community.

Whilst links have been built with key local Aboriginal and Torres Strait Islander groups and individuals and with Aboriginal and Torres Strait Islander Community Controlled Health Services, there have been a number of challenges. Some of the challenges include recruitment and retention of staff, distance, transport, access to health and allied services, employment and training opportunities for residents and housing. These challenges have provided great opportunity for the TC, its residents and the community to work together to overcome these.

This presentation looks at the challenges and opportunities of an Aboriginal and Torres Strait Islander specific AOD TC in a remote area of Australia and the strategies that assist in overcoming challenges.
Mr Frank Campbell  
Indigenous Health Project Officer, Aboriginal Medical Service Alliance Northern Territory

Co-authors:  
Ms Danielle Dyall, Trauma Informed Project Officer, AMSANT  
Ms Sarah Haythornwaite, Clinical Psychologist, AMSANT

Breaking the Cycle of Addiction in Remote to Urban Indigenous Communities in the Northern Territory

Working in Aboriginal Community Controlled Health, on projects such as Care Coordination of Chronic Disease and Tackling Indigenous Smoking, AOD & SEWB program and staff support and Trauma Informed Care. Our services are based in regions and remote areas throughout the NT, with many challenges related to history since colonisation, the related social determinants of health and many socio-economic challenges. AMSANT’s Trauma Informed Project aims to support culturally and trauma informed ways of working across all levels and programs within Community Controlled Health Services.

Social determinants of health like employment – real jobs, employment skills and financial responsibility; education – cultural knowledge and practice, numeracy and literacy skills (in English and Aboriginal Languages), ability to retain knowledge, learn new and replicated learnt skills; housing – without overcrowding, good management and maintenance; diet – clean water, food security; emotional/spiritual – cultural identity, family and social connections, community acceptance/supports, connection to country, access to traditional foods and methods.

In recent times, the commonly known addictions most harmful to Indigenous communities through chronic diseases and higher mortality rates, are considered to be alcohol, tobacco, other drugs and sugar. However, with the introduction and roll out of remote internet on mobile devices there is now trending addictive dangers suggested to extend to online gambling, gaming and social media, causing other dysfunctional and social problems for individuals and the community.

The idea of breaking the cycle, is about taking personal responsibility for our own health and our families health; providing community input and support, mentor partnerships with local heroes and champions with a grass roots approach to practical policy development on the fight against harmful addictions. Providing early childhood development, education and planning for parents, and children throughout schooling in a culturally appropriate progressive approach. Upskilling and providing the best foundations possible to reduce if not stop addictive behaviour throughout early intervention, and thorough individual screening and profiling for roles in our communities best suited to such.
Dr Niall Campbell  
Communications Manager, DARA Thailand

**slow cars and fast horses - are we living in a pre-Copernican phase of addiction treatment?**

Nicholas Copernicus was a renaissance mathematician who formulated a model of the universe that placed the sun, rather than the earth, at the centre of it. His new paradigm radically shifted academic understanding and helped in part to usher in a scientific revolution. Before Copernicus the experts were on the brink of massive change - could this type of history be repeating itself in the field of mental health and addiction?

Exponential advancements are being made in a whole range of technological areas, most notably immersive 'wearable' technologies and artificial intelligence. Many areas of healthcare are having to rigorously consider the possible ramifications of such developments, for good and for ill. The field of addiction healthcare is no different. This presentation outline some of the huge cost saving opportunities such technologies may lead to recovery from addiction, and he will also highlight some of the potential pitfalls such advancements present to the 'addicted mind'. 
Dr Niall Campbell  
Communications Manager, DARA Thailand  

As real at it gets' - emergent immersive technologies and their role in the treatment of trauma

Trauma often has hugely profound and incandescent negative ramifications, and one of the many trenches that trauma can push people towards is of course addiction. A paradigm of guided recollection and reconsolidation of traumatic memories through graduated and supervised exposure lies at the core of many therapeutic modalities currently used to treat trauma-related conditions like anxiety, phobias and PTSD. This presentation aims to outline how recent technological advances in the area of Virtual Reality present opportunities to allow relatively safe exposure to traumatic stimuli - like never before.

Anyone who has tried even the most basic entry level Virtual Reality experience, like Google Cardboard, can perhaps attest to how surprisingly immersive this experience can be. When these types of audiovisual inputs are harnessed and used to augment more classical techniques of exposure therapy, the resultant combination allows a process of desensitisation to occur.

With relatively affordable technology it is now possible for the High Street practitioner to augment talk therapy with profound Virtual Reality experiences and real-time biometric feedback data, and thus create effective systems of desensitisation through Virtual Reality Exposure Therapy (VRET). This talk will aim to highlight some of the available technologies on the market and how they are being used to help victims of trauma.

The University of Southern California's 'Bravemind' VRET program (which is being used to treat US war veterans suffering from PTSD) will be profiled, as well as a consideration of how 'digital therapists' with narrow artificial intelligence, may start to 'see' clients for VR consults as a way to introduce clients to the process of therapy. The dangers of using these profound stimuli amongst groups with a known propensity for process addictions will also be highlighted.
Ms Nicki Cassimatis  
Poetry Practitioner, VC Poetry

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**Power of the Word: A Path to Healing from the Trauma Wrought by Work**

Trauma and suffering interrupt the natural flow of people's life stories - their narratives - by 'muting their voices'. In the case of work addiction and activity addiction, this trauma is diminished because of the 'status' accorded to hard work and a productive ethos within Australian (and other western) culture. Yet the compulsion to work and keep busy has the potential to derail and deeply and at times, irrevocably damage human health and relationships. The trauma is very real for sufferers and families alike.

Creative writing is the ‘reverse’ process that encourages and empowers voices to be expressed, allowing stories to be re-imagined and re-authored for better futures. The voluntary sharing of writing also becomes part of the process of reconnection, as the alienation of not being heard and validated is dispelled by the presence of a safe, empathic audience.

Through the presenter’s lived experience, this session aims to highlight how the written word and the process of creative writing, can become powerful lenses of transformation - allowing human experience to be reflected upon, distilled, expressed and healed; allowing narratives of hope and reconnection – to self, to others, to the world at large - to be written as a means to self-managed recovery.

This session will touch on the scope, accessibility and efficacy of creative writing as both a preventative and therapeutic tool in dealing with work and activity addiction. It will focus specifically on the genres of poetry and journaling, respectively, in order to add to the growing international body of practice evidence for therapeutic and reflective writing, and to gain wider acceptance within the Australian mental health landscape - within clinical, community, educational, professional and organisational circles - of creative writing for healing, connection and recovery.
Ms Christina Comely
Psychologist, Comely Counselling

Faith in Therapy and demonstration of meditation as self care for AOD workers

Faith in a loving God and the social support of a religious community are recognised as protective factors associated with recovery and mitigating depression and suicide risk. The 12 step community has recognised the role of ‘God as we understand Him’ in recovery years ahead of mainstream psychology. For clients of faith, Religiously Integrated Cognitive Behavioural Therapy (RCBT) draws on two healing therapeutic relationships, the relationship with the therapist and the client’s relationship with God, as the client understands Him, ideally a secure, healthy Attachment Figure who knows and loves them perfectly. The strength and healing from this relationship adds a new dimension to therapy. This ‘how to’ session looks at ways of utilizing the client’s pre-existing faith in therapy and will walk through some key points in Cognitive Therapy and show how they can be spiritually modified to embrace the client’s faith as a strength from a Christian or Jewish perspective.

The session will look at:

- **Forgiveness** – therapy tools to help clients move towards forgiveness.
- **Hope** – shifting negative automatic thoughts to hope and more balanced thoughts, building self esteem. How basic CBT tools such as the Daily Thought Record can be effectively spiritually modified.
- **Peace** - RCBT meditation. Demonstration of 2 exercises and invitation to participate.
Mr Joshua Criss  
Medical Student, Western Sydney University

Co-authors:  
Miss Niamh Day, Western Sydney University  
Mr Benjamin Griffiths, Western Sydney University  
Miss Shireen Gujral, Western Sydney University

Illicit drug use — Prevalence, behaviours, and the prospect of drug checking among young adults: a cross-sectional harm reduction survey

Background  
Much of the potential for harm associated with illicit drug use is due to the unknown content and purity of substances. Drug checking is a harm reduction strategy which allows users to check the content and purity of illicit drugs. Although drug checking has been trialed internationally, with demonstrated value as a harm reduction and health promotion strategy, the use of such services in Australia remains a contentious issue.

Aim  
This study aimed to investigate the prevalence and patterns of drug and alcohol use among young people, their attitudes towards drug checking at festivals, and the potential impact of drug checking on drug taking behaviour.

Method  
The survey was conducted at a major Australian music festival in 2016. Data was collected from a sample of festival attendees (n=641) aged between 18-30 years. A descriptive analysis of the quantitative data was performed, and data was analysed using t-tests and chi-square (χ2) tests of association. Open-ended responses were coded for themes.

Results  
Nearly three-quarters (73%) of participants reported that they had used illicit drugs in the last 12 months, most commonly cannabis (64%) and ecstasy (60%). Approximately half (54%) indicated a high likelihood of utilising free drug checking services. When asked whether the results of drug checking would influence their drug taking behaviour, participants reported that they wouldn’t take substances shown to contain methamphetamine (65.1%), ketamine (58%) or PMA (58%).

Conclusion  
The majority of festival attendees aged 18-30 participating in this study reported a history of illicit drug use and were in favour of the provision of free drug checking at festivals, with a considerable proportion reporting that the results of drug checking would influence their drug use behaviour. Drug checking services could potentially play a major role in harm reduction and health promotion for young people attending festivals.
Ms Cara Crossan  
Addiction Specialist, Cross Addictions

Is Technology Leading to an increase in Sex, Porn Addiction?

This paper will examine the impact of modern information and communication technologies, most notably the internet, has had on sex addiction. The paper will examine the way porn is becoming an increasingly widespread problem. We all know what porn is, but little research has been carried out regarding its impact. The internet has been found to be a major catalyst behind the explosion of porn addiction. A study published in the journal Paediatrics stated that 42% of internet users aged 10 to 17 have been exposed to pornography. By the time these children reach adulthood, pornography can be a pervasive part of their lives and, for some, this can lead to serious problems. The availability, accessibility, convenience, affordability and anonymity of stimulating content can contribute to highly addictive behaviour or experience (Cooper, 1998). Although technologies and the internet can be used for healthy sexual expression and for relationships, it can also give rise to significant problems (Cooper, Delmonico & Burg, 2000).

Copper (1998) clearly explains why he believes online sexual addiction has been exacerbated by technology and access to the internet, calling it the three A’s of cybersex. Anonymity, Accessibility and Affordability. Technology provides 24 hours access, a user can download anything, anytime and anywhere at home, in the park, during their daily commute, or at work. Technology has spawned websites that facilitate anonymous sex, devices that modify the humble phone into a sexual device and apps that are location aware and put ‘customers’ in touch with one another for sexual pleasure. This paper explores all these areas and reports on the impact this is having for clients and their partners.
Mr Matthew Csabonyi
Clinical Psychologist, The University of Melbourne

The contribution of Personal Meaning and Boredom in Addiction Behaviour: Validating Frankl’s explanatory model

When people have a personal meaning to their life, are they less likely to engage in addictive behaviours? Viktor Frankl (1984) proposed that people are driven to search for a sense of meaning in their life, and that people without a sense of meaning in their life experience the ‘existential vacuum’, a state largely characterised by boredom. Frankl (1984) thought that the experience of the existential vacuum could lead to attempts to temporarily distract from it (i.e., to temporarily get rid of the boredom), including addiction behaviours.

This study investigated whether two broad components of meaning in life, the presence of meaning (PM) and the search for meaning (SM), are associated with alcohol, drug, and cigarette use, and whether boredom mediates those relationships. One hundred and seventy-six young adults completed the Meaning in Life Questionnaire, the Alcohol Use Disorders Identification Test, and provided information about cigarette and illicit drug use over the preceding year. The results partly support Frankl’s model: higher PM was associated with lower alcohol/other drug use and boredom mediated those relationships, but PM was not significantly related to cigarette smoking. Contrary to Frankl’s model, no relationship was found between search for meaning and alcohol, drug, or cigarette use.

Clinically, these results suggest that psychological interventions that assist individuals to identify and engage in meaningful aspects of their lives might be helpful in reducing their levels of drug and alcohol use. The process of searching for meaning itself may not have a substantial direct impact on levels of substance use, however, once some meaning is established there may be decreased motivation to continue using drugs and alcohol.
Imagine being in a car accident. Out of the blue someone smashes into you. You didn't see it coming and you were not to blame yet you are trapped, helpless, not sure who to turn to or what to do next to save yourself. The struggle to make sense of what just happened is overwhelming.

This is exactly what it feels like for partners of sex addicts when they discover that the person they love and are in relationship with has been acting out with pornography, sex workers or other people. Unlike a car accident, for the partner of a sex addict the trauma is just beginning. Further discoveries around behaviours, finances, people and places continue to increase the level of confusion, fear, pain and grief.

Partners seek help when they can no longer manage feelings of pain, confusion and isolation. They seek to understand what has happened for their spouse and for themselves. They want to know how to help their loved one and themselves. They want to be able to protect and support their family and the relationship. None of this is possible without appropriate support from a therapist who understands the impact of betrayal trauma which is experienced by the partners of sex addicts. Unlike other addictions sex addiction is personal because it undermines everything that was believed about or contracted to in the relationship. Indeed the very person that should be offering support is the cause of the pain!

However with the right support partners can find ways to break free of the fog of confusion, fear and denial and, in many cases the relationship can not only be repaired but strengthened as each party learns to understand their own needs, set boundaries and take responsibility for themselves and their own recovery.
Walking the tight rope of lived experience and evidence based best practice as a service, and as an individual.

Lived Experience (LE) workers have been the backbone of many residential rehabilitation and other addiction services in Australia. In recent years the sector has changed with growing recognition of the needs of dual diagnosis clients. Services have responded by employing clinical staff with expertise in treating mental illness. The challenge has been to develop a workforce that recognises the value of lived experience workers and the importance of employing highly qualified clinicians.

LE workers help improve understandings of addiction; correct myths and stereotypes about addiction; reduce fear, shame and stigma. As living examples of recovery from addiction they encourage people to seek support. Clients describe reduced shame, a sense of identification and of being understood by workers who have walked a similar path to their own. Having a worker share their own journey out of addiction instills hope in clients that they might also recover.

While LE workers make a significant and valuable contribution to the sector this can come at a cost. These workers risk relapse and burn out if not adequately skilled and supported. Without adequate training LE workers may over identify with clients, struggle with boundaries and adopt rigid views about recovery pathways.

There can be a divide within the workforce between those with and without a personal history of addiction. LE workers may distrust qualified professionals in the addiction field who have no experience of addiction themselves. Likewise, these professionals may minimize or invalidate the lived experience of recovering addicts or view them as “senior patients”.

This paper explores some of the common hurdles in addiction treatment centres that employ professional and lived experience workers. It then provides an overview of a clinical supervision model that integrates the contributions of clinical staff both with and without lived experience.

A case example is provided of a clinical supervision group whose members include both highly qualified professionals and LE workers. The group shares their diverse experience and knowledge of addiction and mental health gained from university and from personal experience.
Mr Brian F.
Fellowship of "Gamblers Anonymous"

The Journey of Recovery

A personal insight to the world of a problem gambler and the fall from his home to the gutter and back again. He will share on the associated effects of his compulsive gambling and then his involvement with the self help Fellowship of Gamblers Anonymous. He will speak about the Gamblers Anonymous approach and then some personal opinions on gambling and society today.

Ms Michelle Francis
Program Manager - Mental Health and Homelessness Program, Mentis Assist

Co-author:
Ms Amy Salmon, Senior Alcohol and Other Drug Clinician, Peninsula Health

Dual Diagnosis and Integrated Treatment: The impact of embedding an AOD clinician within a Mental Health and Homelessness Program

The Mental Health and Homelessness Program (MHHP) is an assertive and integrated community team which is staffed by mental health, housing and alcohol and other drug (AOD) staff. It provides intensive therapeutic case management, clinical mental health treatment, access to housing and AOD interventions for people who have experienced long term homelessness, severe and enduring mental illness and high and complex support needs. The program aims to break the cycle of long term homelessness by addressing the bio-psycho-social needs of the cohort and systematic barriers that are often faced by traditional segregated service system responses. By providing an integrated model where many needs are met by the team simultaneously, clients are less likely to fall through the gaps of mainstream services and engage with AOD interventions.

The MHHP was initially designed to include clinical and community mental health as well as housing support. However, it quickly became evident that substance use was prevalent within the group and an AOD component was subsequently added to the program. This oral presentation will aim to explore the benefits and challenges associated with embedding an AOD clinician within an established Mental Health and Homelessness Program. It will explore the demographics of the client group including mental health, housing status, substance use, engagement with drug treatment and offending rates. It will then consider the impact of integrated AOD treatment on substance use, engagement with drug treatment and offending rates. It will further explore the impact of an embedded AOD clinician on the confidence of mental health staff in addressing AOD issues. The presentation will conclude by providing evidence of the efficacy of integrated treatment with this client population while considering how the recovery of the client group has been impacted by the availability of an AOD clinician within the team.
Dr Adrian Farrugia
Research Associate, Social Studies of Addiction Concepts Research Program, National Drug Research Institute, Curtin University

Experiences of alcohol and other drug addiction, dependence or habit in Australia: Findings from a national qualitative study

Background
Despite decades of research, policymaking and service provision, much remains unknown about lived experiences of alcohol and other drug addiction or dependence in Australia. Little systematically developed knowledge exists on the range of people currently affected by addiction issues, and how they manage drug use in their lives. Responding to these gaps in knowledge, this presentation details key findings from a national qualitative research project that is the first of its kind in Australia.

Method
Using a rigorous qualitative methodology developed at Oxford University, the project collected in-depth qualitative interviews with 60 people who self-identified as experiencing an alcohol or other drug addiction, dependence or habit. Participants were screened to include only those who would receive a diagnosis of substance use disorder or dependence syndrome using the DSM-5 or ICD-10 criteria. The accounts were recorded, transcribed and coded by theme using Nvivo software. The codes were then analysed, and some of the resulting material presented, along with detailed biographies of participants, in text, audio and video format on the groundbreaking public information and training website, livesofsubstance.org.

Results
The project findings show that people who see themselves as affected by addiction are extremely diverse. Importantly, contrary to common stigmatising assumptions, many cope and lead rich, full lives, regulating their consumption, actively managing the risks of heavy use and looking after their health. Some also point out that, for them, regular consumption can support and enhance health as much as impede it.

Conclusions: Our findings indicate a pressing need for more nuanced social, health and policy responses that do not treat consumption patterns of this kind as necessarily inimical to health. They also point to the need to see people who live under the sign of ‘addiction’ as whole people with complex lives, rather than as a series of problems.
Dr Elisa Ford  
Hospital Medical Officer, Royal Women's Hospital

Treatment strategies targeting high rates of drug use in Indigenous pregnant women living in an urban centre

There is limited research into reducing drug addiction in Indigenous pregnant women. Data from Royal Women’s Hospital (RWH) in Victoria shows that 21% of 257 Indigenous women between 2010 and 2015 used drugs during their pregnancy, compared to only 1.9% of non-Indigenous women in the same time period.

The most common drug consumed by Indigenous pregnant women was cannabis accounting for 73% of drug users, followed by methadone (40%), heroin (33%) and ice (27%). RWH data shows that whilst alcohol, cannabis and methadone rates are decreasing with Indigenous pregnant women, amphetamine and opioid use are increasing. Similar trends were observed in non-Indigenous women.

Drug use in Indigenous pregnant women is associated with a range of complex factors. Polypharmacy abuse of two or more drugs was 18 times more common in Indigenous pregnant drug users compared to non-Indigenous (OR 18.4, 95% CI 12.4-27.2, p<0.0001). There were also high levels of psychosocial stress with 21% being homeless, 46% reporting domestic violence, and 67% being involved with Child Protective Services.

RWH has traditionally tackled complex drug use through referral to the Women’s Alcohol and Drugs Service (WADS) which encourages drug stabilization in the context of pregnancy, support through withdrawal, and links the patient with a social worker.

An Indigenous midwifery-led antenatal care program in development at RWH aims to enhance cultural safety and continuity of care, and improve engagement with WADS by employing Indigenous midwives. The aim is for an Indigenous midwife to be present at hospital and community appointments and act as a collaborator with Indigenous pregnant women. There will be a separate hospital waiting area, targeted Indigenous health promotions, and flexible antenatal appointment times.

Research evaluating the success of these programs in reducing drug addiction during pregnancy is required.
Challenges in Responding to User Needs: Results and Reflections from a NSP Syringe Brand Trial in the ACT

In the Australian Capital Territory, the statewide Needle and Syringe Program (NSP) is co-ordinated by Directions Health Services with supplies distributed through two primary sites, and a combination of nine not-for-profit and government health services.

In early 2016, one major syringe manufacturer shifted its production base from USA to Japan. As the “new” stock of syringes arrived in Australia, complaints emerged in NSPs, social and mainstream media in mid-2016 that the “new” syringes were causing significant problems for some users.

Responding to client needs, Directions Health Services established a formal trial of two different syringe brands concurrently seeking anonymous feedback from clients on their opinions of the non-trial “new” stock. Almost 2000 (approx. 1000 of each trial brand) trial syringes were distributed to 183 clients who voluntarily participated in the trial from late September 2016 to November 2016.

With encouragement from NSP staff and a commitment from clients in the trial, a return rate of 21% was elicited for the provision of client feedback via a short validated evaluation questionnaire about the experience of the trial syringes. Analysis of the feedback showed equivocal results with no significant statistical difference between clients’ views of the two trial brands whilst written comments from clients about the trial syringes provided some of the reasoning behind client opinions. By the trial’s conclusion in December 2016, the anecdotal complaints about the “new” syringes had reduced to a trickle in Directions Health Services NSP centres. This trial highlighted important lessons in eliciting meaningful feedback from a larger population of NSP clients as well as responding to client requests for change. This presentation will examine the philosophies and methodologies driving the trial along with key findings. Alternate approaches that may yield more valuable client involvement and engagement in the design of a service system and its evaluation will be discussed.
Ms Nannette LaRee Hernandez
MILITARY MEN WITH PTSD INTIMACY EXPERT AND CONSULTANT,

"Using Constructive Sex-Positive Techniques to Combat PTSD in Military Men”™

In a new approach to healing PTSD-Related Intimacy Issues in combat warriors and military men, I address the problem of how PTSD has destroyed the bonds of intimacy in romantic relationships, and present healing many of those issues, from a sex-positive standpoint.

My unique and unconventional ideas and techniques, are very divergent and Information Exclusive. I have spent a great deal of time giving unorthodox romantic relationship advice to women whose military men suffer from Combat PTSD; and I've helped these women understand how badly PTSD has corrupted their man's emotions, desires, feelings of self-worth, and any hope that he has for the future. I take women inside the emotions of combat warriors and military men with PTSD, and assist them on an emotionally positive pathway to renewing their intimate and personal romantic relationships with their wounded warriors.

My sexual intimacy advice, common sense approach, and psychological techniques, combined with a bulls-eye approach in stating facts and observations within my unique modus operandi, has assisted many women in completely changing the tones and patterns of their romantic relationships with their combat warrior, long after all hope they've had was gone.

I hope that my work, and that my book, begin a trend in which more will be researched and written in support of healing PTSD destroyed sexual and emotional bonds between combat warriors and the women who love them.
Ms Anni Hine Moana
PhD Candidate/Senior Clinical Practitioner Educator, LaTrobe University

Our own history book: Exploring Culturally Acceptable Responses to Australian Aboriginal Women Who Have Experience of Feelings of Shame and are Seeking Counselling for Problems with Alcohol.

In this paper, I will be drawing on doctoral research from my thesis: Healing in the Yarn: Exploring Culturally Acceptable Responses to Australian Aboriginal Women Who Have Experience of Feelings of Shame and are Seeking Counselling for Problems with Alcohol.

It has been established that the high prevalence of alcohol (and other drug) problems among Aboriginal Australians bears a direct relationship to the devastating effects of settler-colonisation.

Although social science is often based on what is seen as ‘objective research’, much of the discourse within the field serves to uphold a widespread view of Aboriginal Australians as being somehow in deficit. This paper will explore not only how modernist therapeutic discourse, in representing AOD issues in a manner that locates the problem within the individual can create situations which are counter-productive but how the construction of deficit narratives based on notions of race can affect social identity and lead to individuals experiencing high levels of the self-conscious emotion shame. Research has shown that experiences of high levels of shame are linked to an increase in vulnerability to harmful alcohol use. Narrative methodologies rest on the critique of established therapeutic discourse as to how a “problem” is constituted, and proposes to address problem in a manner that pays attention to historical and political contexts.

In describing a problem as having been constituted through specific events, narrative methodological approaches contextualise alcohol problems in a manner that challenges dominant social narratives. Such methodologies have implications for how counselling may be performed. In presenting a case for culturally safe ways of counselling Aboriginal Australian women who are experiencing problems with alcohol, the benefits of including approaches that recognise the power of language, the relativity of truth and the relational nature of objectivity would appear to be self-evident.
Mr Craig Hughes Cashmore  
Co Founder and Executive Director, Survivors & Mates Support Network

From Abuse to Addiction to Advocate: One man’s journey to surviving child sexual assault

The impact of child sexual abuse on a man is profound. From substance abuse, risky behaviour and suicide ideation and attempts, many men use addiction to escape the reality of addressing their abuse. But with the right support, these men can become survivors, going on to live full and rewarding lives.

Craig Hughes Cashmore is one such man. Having been sexually abused by several perpetrators as a child, Craig bottomed out early. His coping mechanisms included popping pills, drinking and gambling until one day, after several suicide attempts, Craig decided to pursue his perpetrators through the criminal justice system.

Winning his case was just the start of his journey. Wanting to connect with other survivors, Craig found it difficult to find a group of men who shared similar experiences. Until he met Shane McNamara. Together they co-founded the not-for-profit organisation SAMSN, Survivors & Mates Support Network. SAMSN raises funds to employ psychologists and social workers to offer specialist services as well as practical support for survivors and their families. They also work to break down the stigma and myths associated with male childhood sexual abuse by raising public awareness, up-skilling frontline service providers and advocating for adequate funding and resources.

Craig will share his story and the story of SAMSN.
Young People with Complex Needs: A Trauma-Informed Response to Addiction Treatment

It is becoming widely recognised that a large majority of clients seeking addictions counselling have been exposed to multiple experiences of trauma. As research indicates, these traumatic experiences are not only a strong predictor of addictive disorders, they may also have an adverse influence on treatment outcomes. Due to the devastating impact of traumatic experiences on an individual’s psychological and social functioning, these clients often present to services with a complex array of symptoms and behaviours.

Subsequently, they may encounter an uninformed and disjointed response from service systems which can result in re-traumatisation and poor treatment outcomes. Despite growing awareness, trauma often remains unaddressed in service systems, and there is still little consensus regarding both the meaning of trauma-informed practice and the mechanisms for implementing systems change. The focus of this presentation is to explicate the meaning of trauma-informed practice in the context of addictions services, and to create an understanding of how to embed trauma-informed principles across all levels of organisational structure, culture and function. A synopsis of the processes involved in the implementation of a trauma-informed framework at the Manly Drug Education and Counselling Centre (MDECC), a counselling service for young people with problematic substance use and their families, will be presented. A case example will be discussed and intervention strategies for increasing safety and stabilisation will also be provided.
Ms Anne-Marie Kelly  
Strategic and Analysis Project Worker, Bendigo Community Health Services  

Co-authors:  
Nick Brown, Bendigo Community Health Services  

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**Dual Tools Project**

Dual Tools is an innovative online learning system for training Health and Welfare sector service providers to improve treatment outcomes for persons with co-occurring alcohol and other drug and mental health conditions. Developed by Bendigo Community Health Services the training package is designed to: increase collaboration and capacity across the primary health and community service sectors within the State of Victoria, strengthen the capacity of primary health and community service organisations to contribute to the early identification of AOD and MH issues and support the recovery of people with these co-occurring conditions and improve the AOD and MH competency of key workforces in the community.  
The content for the Dual Tools training modules drew on expertise from the AOD and MH sectors, amalgamating best practice resources from around the world. The training package has four tiers of participation, the optional organisational capability audit tool, learning modules, organisational support and resources.  

The Dual Tools consists of 10 learning modules, with a recommended core 4 or 6, depending upon the user or organisational needs. The Dual Tools LMS has been adopted by a number of organisations in the Loddon Mallee region and has recently expanded for state-wide access. The training attained accreditation by the RACGP and ACRRM during the 2014-2016 period and has re-obtained ACRRM accreditation for the 2017-2019 period.
Ms Rebecca Lang  
Chief Executive Officer, QLD Network of Alcohol and other Drugs

Dual Diagnosis and Harm Reduction: practical support and resources for people with co-occurring mental health and alcohol and other drug issues.

In 2015, the North Brisbane Partners in Recovery consortium funded QNADA to undertake a project to improve access to specialist alcohol and other drug services for people with severe and persistent mental illness. Included in this was a desire to develop referral processes and also factual resources about the interaction between different types of drugs and commonly prescribed mental health medications. This project had the objectives of locally integrating and collaborating alcohol and other drug services with mental health organisations through a series of forum events; Producing a referring resource for Brisbane North and harm reductions resources for both substance users and their families and health professionals accessible to all via QNADA’s website.

The project included three components: 1. A series of networking forums to bring the AOD and community managed mental health workforces together; 2. The development of an online referral guide for the North Brisbane region based on the stages of change model; and 3. The development of a suite of harm reduction resources focussed on the potential interactions between commonly prescribed mental health medications and licit and illicit drugs. The resources were developed in consultation with a psychopharmacologist, an addiction medicine specialist, a social worker and a psychologist.

This project achieved the goals locally of integrating and improving the networks between alcohol and other drug services and mental health services and professionals as was evidenced by strong member feedback. The harm reduction resources are excellent and usable for multiple audiences.

Rebecca is the CEO of the Qld Network of Alcohol and other Drug Agencies (QNADA). QNADA is the peak body for the non-government alcohol and other drug treatment sector in Qld and provides support to 41 organisational members operating in over 75 locations across the state. QNADA members provide drug education and information, early intervention, outreach, detoxification, residential rehabilitation, psychosocial and medical treatment, relapse prevention and justice diversion services.
“Obese children crave food and they will do anything to have it”

Paediatric obesity is a complex public health issue that many health professionals find difficult to address and provide relevant treatment. Current practice which recommends an increase in physical activity and a decrease in energy intake is a simple solution for a complex problem. Unfortunately, this simple approach has had little impact on the rates of paediatric obesity. Current paediatric obesogenic environments perpetuate weight gain in children by encouraging over consumption of negative food choices that are high in kilojoules and nutrient poor. The aim of the study was to improve our understanding of the obese child and the role they play in their obesity.

Our findings revealed that obese children are highly food focused experiencing hyperphagia that drives their desire for food and perpetuates disordered food behaviours such as self-feeding, stealing food, hiding food, over eating and the use of a wide range of coercive behaviours to acquire the foods they desire. Parents of obese children stated that their children love food, are always hungry, pester them for food repetitively and describe the child as having a food addiction. Food consumes an obese child’s life, they think, talk and crave food constantly day after day and placing food restriction only creates negative behaviours. The parents experience arguments, pestering, tantrums, verbal and physical abuse leading to negative psychosocial outcomes for both the child and parent.

There needs to be more recognition of an obese child’s dependence on negative food choices which leads to the development of disordered food behaviours negatively affecting their weight gain. Health professionals and parents need to be cautious when providing food restricting programs for obese children as it can create a negative effect aggravating the disordered food behaviours leading to long term obesity into adulthood.
Dr Robbie Lloyd  
Community Relationships Manager, Port Macquarie Community College

Co-authors:  
Dr Brona Nic Giolla Easpaig, Charles Sturt University  
Mr David Rogers, Alcohol & Other Drugs Service, MNC Local Health District

Strategies for engaging and supporting recovery among isolated young people at risk of self-harm and substance misuse on the Mid North Coast of NSW.

On the whole North Coast of NSW there is alleged to be a large group of young people who “disappear off the radar” of education and health authorities, after failing to be engaged by the school system and/or youth and community services. Many of them are also alleged to be engaged in substance misuse. This paper will examine the evidence for such claims on the Mid North Coast (MNC) and describe several different approaches being used to engage and support young people, on a journey to reconnection and recovery from self-harm and AOD issues.

Barriers and vulnerabilities for young people (12-25 yrs) on the MNC include socio-economic disadvantage, domestic violence and other traumas, mental health and wellbeing challenges, learning difficulties that have led to stigmatisation at school, isolation since leaving mainstream education and not finding employment, as well as multi-generational unemployment.

From the experience of many headspace centres, offering free youth mental health services around Australia, young people who are experiencing such social and emotional distress often only turn up once. They run away from such help centres, even funky ones like headspace, because they feel like the experts are only stigmatising and pathologising them. This trend not only distorts official records of youth engagement, it also suggests that positive alternatives are needed to better engage and retain young people in experiences that can help to address their substance misuse and self-harming behaviours.

Consideration is needed of the experiences of groups who negotiate intersecting forms of disadvantage (homophobia/transphobia, youth and geographical disparities), such as LGBTI young people in regional Australia. While this group face poorer health and wellbeing outcomes, they simultaneously negotiate a specific set of barriers to accessing and engaging with services (QAHC, 2013; Moranadini et al., 2015; Rosenstreich, 2011). Explored here is the potential of participatory approaches to promote meaningful engagement for a group who remain under-represented in evidence, policy and practice.

METHOD  
The paper will explore a number of approaches being applied on the MNC to reach this youth cohort.

• Outreach and Engagement strategies being adopted by the MNC LHD AOD section  
• Alternative High School programs such as the Nautilus School at PMCC  
• Strategies being used by headspace and other youth agencies  
• Special interest group approaches, such as for LGBTI & Indigenous youth, and AUSwim  
• EVALUATION, OUTCOMES & CONCLUSION  
• Surveys, Interviews, Focus Groups  
• PAR among a select group of young people – eg. at Nautilus College
The Intersection between Trauma, Pain and Addiction

This presentation will explore the relationship between trauma, chronic pain and the development of substance use disorders. Up to 90% of women in various Canadian treatment settings report trauma histories. Chronic pain patients with histories of abuse have greater depression, anxiety and pain severity, and worse physical functioning. The mechanisms through which pain contributes to the development of addiction will be presented. Diagnosis, screening and management of Opioid Use Disorder in the pain setting will be detailed, given the current opioid overdose crisis in North America and the central role opioids (prescription and illicit) play in the lives of patients with trauma and addiction.

Trauma impacts our patient’s access to treatment, engagement in care and retention in treatment at all levels. Potential traps and helpful tips for healthcare workers practicing trauma-informed care will be explored. A focus on patient safety, respect of healthy boundaries and empowerment through ensuring patient choice and control at all times are the essential features of trauma informed care. Evidence-based treatments for trauma in the addiction setting will be identified.
Food as Addiction

It is clear that addiction today comes in many forms, whether that be drugs, alcohol, sex, pornography, video gaming, gambling, the internet, steroids, prescription medicines or food. This discussion will look more closely at research emerging that shows the addictive nature of sugar and the potential harm to health it poses.

We have seen a global average increase in consumption of fructose alone from 15g/day before the advent of processed sugars, to a massive 80g/day today of highly processed forms of sugar. The introduction of high fructose corn syrup in the 70’s saw figures more than double and by 1994 saw it more than trebled. In the face of a global health crisis, the possibility of endemic addiction to this substance requires far greater understanding.

When it comes to calculating the potential health risks associated with this consumption we must consider today’s sources of sugar that come with little to none of the natural fiber or enzymes normally associated with natural sugar sources. The impact on digestive and assimilatory processes is essential to explore, as is the impact on brain and cognitive function, an organ known to be hypersensitive to blood sugar levels. Understanding where we might find hidden sugars in the diet, what sugar does within the body, it’s metabolic pathways and impact on health and the difference between natural and processed sugars in this scenario will all be explored.
Sports betting as an emerging trend in gambling addiction

Australian sport has become increasingly saturated with advertising for sports betting products. Participation in sports betting remains low, at under 5 per cent, but is increasing, and expenditure on these products is increasing exponentially. Sports betting differs from traditional gambling products, particularly as it is predominantly undertaken online, which makes it more accessible to gamblers. This presentation will examine the connection between increased sports betting and gambling addiction, using data from a representative survey of 13,554 adult Victorians, and data collected from Victoria’s gambling help services. We find that rates of harm among people who bet on sports are elevated compared to rates among those who participate in other activities.

Over 7 per cent of people who bet on sports have a problem with gambling, and another 30 per cent are at low or moderate risk of problem gambling. However, people participating in sports betting have higher income and are more likely to be employed full time than other gamblers, suggesting that sports betting may be attracting a new demographic group to potentially risky activities. Data from Gambler’s Help services also show an increase in people seeking treatment for sports betting, although the number of patients affected remains small.
Four Cases of Instant Cessation of Drug Addiction with the Clinical Hypnotherapy Stop Drugs & Alcohol 6 Step Program

One of the major social and health problems across the world is drugs and alcohol abuse. It is endemic to many societies. This has been the case for thousands of years with the use of cocaine in Ancient Egypt, alcohol in ancient Rome the use of opium in China in the 19th century and a new plague of cheap recreational street drugs now flooding many countries.

Hypnosis in its different forms has also been used for thousands of years in the healing of the body, mind, changing behaviours and human experience. This is shown in the examination of ancient Egyptian healing temples, Greek Asclepion temples, the salons of Mesmer in Paris, the use of hypnosis in American Pentecostal churches and the modern-day practice of clinical hypnotherapy and medical hypnosis. Hypnotherapy is used with tens of thousands of patients in the field of substance abuse cessation. This paper examines four cases of long-term drug addiction where all patients ceased their addiction after one two-hour session of the Clinical Hypnotherapy Stop Drugs & Alcohol 6 Step Program, with the patients not abusing substances again.

The first case was a user of methamphetamine for many years, who has not used drugs or alcohol again. The second case is a user of daily marijuana imbibed through a pipe for 34 years who has not used drugs again. The third and fourth cases are two brother who used marijuana three or four times a day for five years and were caught up in a folie a deux (madness of two) of co-joint addiction, who after their first sessions, have not used drugs or alcohol again.

All four cases instantly ceased their addiction after the first session of the Clinical Hypnotherapy Stop Drugs & Alcohol 6 Step Program created by the author and attended a follow-up session.
Ms Alana Johnston
Senior Psychologist, Caraniche

Responding to the growing complexity of forensic clients with AOD concerns in the community

Reforms to sentencing, in combination with changes in drug use patterns, have given rise to significant growth in community corrections offender numbers, including those who are assessed at the moderate to high end of the community corrections risk continuum. These individuals require specialist and relatively intensive treatment interventions that address the underlying causes of their offending and contribute to the effective management of potential risks to the community.

In response to this evident need, and in partnership with the Department of Health and Human Services (DHHS), Caraniche developed the KickStart program to target moderate to high risk community based offenders presenting with AOD concerns. The KickStart program is a 44-hour therapeutic group program that targets substance-related health concerns and criminogenic needs of moderate to high risk male offenders, with the overarching objective of reducing the prevalence of substance use and level of criminogenic risk in a community-based offender population.

Results from the KickStart Program indicated that at program completion, participants demonstrated greater awareness and understanding of their feelings and how these related to their offending behaviour and were more prepared to discuss emotional regulation, mental health and goal setting. Participants also showed reductions in their order breach rate (from 25% at commencement to under 10%) and in urinanalysis breaches (from 30% to 15%). Further, participants reported significant improvements in their physical health, psychological health, and social relationships over the course of their involvement in the KickStart program. Overall, preliminary evaluation of Pilot results suggest outcomes that are comparable to prison based criminogenic AOD programs. These findings demonstrate that semi-intensive group based treatment approaches are effective at engaging and intervening with community based forensic clients with AOD issues and may offer an alternative diversionary option for courts when considering sentencing of these offenders.
Exploring the interrelationship between bipolar illness and polysubstance use

Like many people diagnosed with bipolar affective disorder, Nick’s life has been troubled by periods of great turmoil, made more turbulent by illicit substance use and the erratic behaviour they inevitably cause. This resulted in Nick recently experiencing almost two years in jail, causing enormous distress to both Nick and his family. Now experiencing a period of calm, Nick has been able to reflect on the things that have made a difference to the containment of his illness and therefore, to his life and to the achievement of considerable progress on his journey of recovery. Although he would not have accepted the importance of medications in the past, Nick now identifies medications as important to his current mental wellbeing.

Continuity of care coordination with regular contact and a meaningful therapeutic relationship has also been crucial. Learning how to use CBT in his daily life has helped Nick to feel more confident in relating socially, minimising his experience of social isolation. However, substances remain a part of his life despite the many risks associated with their use, not the least being the risk associated with buying a drug that is illegal in this country. Nick’s story (co-presented by Nick himself), provides a personal account of what has been and what remains important for him in his recovery and therefore, what might be important to the practice of mental health professionals.

Moving Mountains: Shifting Residential Addiction Treatment Paradigms

In Australia the dominant model of residential addiction treatment is based on the Therapeutic Community (TC) model developed by George De Leon in the 1980’s. Lives Lived Well has implemented the TC model in three residential services for over a decade with mixed results. While the TC treatment has benefited many people, we have become increasingly concerned about the number of people who leave treatment and do not complete the programs. This presentation will discuss the modifications we have made in our programs over the past year. Some of the changes include providing more individualized, collaborative and relational model of care, shorter length of stay and a greater emphasis on enhancing intrinsic motivation and commitment to change.
Ms Genevieve Sinclair
Manager, Youth Empowered Towards Independence

Co-authors:
Ms Tonya Fuschtei, YETI
Ms Bindi Diamond, YETI

Rexona sniffing and responses to Volatile Substances in Far North Queensland

Rexona sniffing and the use of inhalants (including other aerosols, glue, paint and petrol) continues to have significant harmful impacts on young people, families and communities from Aboriginal and Torres Strait Island backgrounds in rural and remote areas.

Youth Empowered Towards Independence (YETI) is a youth service funded to undertake drug and alcohol treatment in the Cairns region. YETI has supported vulnerable young people for over 20 years and sees an average of 500 young people annually, with 85 percent of young people from Aboriginal and/or Torres Strait Islander backgrounds. YETI supports young people using inhalants and develops strategies to combat the uptake and misuse of inhalants in Far North Queensland.

For the past 18 months YETI has received Federal funding to undertake community capacity building and VSM supply reduction initiatives in Far North Queensland, including Cape York and the Torres Strait. This presentation will describe YETI’s journey over the past eight years in relation to: understanding inhalant use in our community, learning from the young people we work with and developing effective intervention approaches. The presentation will have a strong focus on the voice of young people and include:

- User experience reports from young people in relation to glue and paint sniffing;
- Young people’s ideas in relation to helpful interventions;
- YETI’s approach to working with young people with a focus on family reconnection;
- Joined up care approaches to inhalant treatment;
- Vital regional supply reduction efforts; and
- Current complexities in how we respond to Rexona sniffing.
Mr Greg Smith  
PhD Student, Melbourne University  

Co-authors:  
Mr Mark Hammersley, Manager, Ngwala Willumbong  

Relational practice in a residential rehabilitation service  

Therapeutic interventions based on Western/European traditions are subject to criticisms of having ‘deficit’ orientations. Relational approaches provide radically different understandings of the relationships between the individual identity and society, substance use and other challenges in life. This paper briefly explores the history of relational practices, and how these have been applied, drawing on the practices of narrative therapy. It is argued that rational approaches have relevance to differing cultural contexts, in ways that seem underdeveloped in other interventions. The presentation will focus on application of relational practices at an Aboriginal-controlled service.  

Mr Leon Soste  
Board member, Teen Challenge Victoria  

Outcome measurement: Challenges for a small residential treatment provider  

Teen Challenge Victoria has been providing residential treatment for adult male addicts at Kyabram since 1986. Treatment outcomes are unreported, something which the Board seeks to remedy. This paper explores the challenges of outcome measurement and reporting in a small, faith-based, residential treatment program where poly-substance and/or alcohol use, sexual abuse and associated mental illness are the norm; and level of engagement with (and length of stay in) the program is volitional.

The paper characterizes the incoming student cohort; defines treatment aims; articulates the treatment model and provides an overview of program operation. It then frames a series of indicators which enable us to assess how well we deliver stated aims; reviews outcome measures recommended in the literature; selects those appropriate to our needs; considers available instruments; and identifies the Australian Treatment Outcomes Profile (ATOP) and the Substance Use Recovery Evaluator (SURE) as the most appropriate. It highlights indicators requiring additional measurement, largely in the domain of emotional health. It also identifies research questions related to understanding the factors which contribute to (or impede) recovery. These cluster around the influence of student history (substance-use; mental illness); aspects of treatment operation (willingness to engage; student-mentor relationship); and factors such as sense of self-worth, meaning and hope; non-enabling support networks.

These questions extend well beyond what is routinely captured by ATOP and SURE, and segue into the generic question of: Having satisfied the basic reporting requirements of government and funders (change in substance-use; increase in public safety; contribution to society); how do we measure the importance of (non)treatment factors to sustainable recovery? The paper closes with implementation challenges and a plea for research collaboration.
Mr Steve Stokes  
Principal Therapist, Steve Stokes Counselling and Consulting

Trauma Informed Addiction Treatment 12 week program for Clinicians

Trauma informed treatment of addictions is currently accepted as best practice, but how do Clinicians make the intervention possibilities efficient and effective. Assessing not just for the presenting addiction but for co-occurring addictions and their impact on the brains reward system is essential. Patrick Carnes states we have a 87% chance if we have one addiction to have two or more.

Working in Private Practice or for the government can add the added restriction of limited sessions. Following is the 12 week program I use that allows clients in a collaborative relationship that adds skills for a comprehensive home based recovery.

Developmental trauma and its impact on a client’s affect regulation will derail their attempts at recovery unless addressed in the treatment process, but how do we make it part of the Addiction Treatment and Relapse Prevention process without losing site of the addiction treatment process?

Pete Walker in his book CPTSD-From Surviving to Thriving provides some tools for dealing with the Post Traumatic symptoms that can get triggered for addicts, especially when they go into detox or serious harm reduction. Teaching clients how to start to regulate stress is a crucial part of the recovery process. Stephen Porges in the Polyvagal Theory outlines the process of the role of the Vagal Nerves in the impact of trauma, identifying the mechanical act of breathing providing a “Vagal Break”, a huge process tool for clinicians to teach clients.

Patrick Carnes in his workbook Facing Addiction identifies a 30 point plan for recovery, starting with 7 essential stages. This workshop will outline those stages in a 12 week process which include; Assessment using criteria of addiction and stage of change ,Tools for breaking delusion and denial ,Genogram/Family roles and Developmental Trauma assessment, Relapse Presentation, Affect regulation Techniques and Positive recovery strategies.
Ms Andrea Stone  
Nurse Practitioner, Sydney Local Health District  

Co-authors:  
Ms Samar Zakaria, Sydney Local Health District  

It's all about navigating the public health service system and meeting the needs of young people.

Working with young people who have substance use issues and how to engage them in their own wellbeing within the community setting is challenging. While young people may see substance use as a method to facilitate social activity and connection it poses great physical and mental health implications. Young people are faced with a complex health system, typically constructed by and for adults. They find it difficult to navigate in a manner that supports their needs. The new role of a nurse practitioner facilitating a community based youth service has commenced addressing these needs.

In 2016 a new role of Community Youth Nurse Practitioner was established. Its main objective is to engage young people in their health and to develop ease of access into treatment services to support their needs. Along with collaboration with other agencies supporting the needs of young people ensuring that system navigation is more effective and streamlined.

A year from its initial implementation this nurse practitioner led service has significantly increased drug and alcohol support and treatment for young people. The service has enhanced opportunities for young people to engage within a complex health system via strengths based assessment and seamless referral pathways. The rapport and collaboration established with both the young person and other agencies supporting the needs of young people is an ever developing process.
Increasing the capacity of AOD workers to engage with forensic clients

In 2013, the framework for community AOD treatment was reformed in Victoria. Part of this reform included the mandate that all community AOD agencies deliver a percentage of services to offenders. In response to this, Caraniche developed the two-day Forensic AOD Workforce Training to deliver specialised and targeted training for frontline AOD clinicians and case workers who engage clients with current or past histories of offending behaviour. The aim of the training was to explore the range of personality, systemic and clinical factors that impact on working with this client group in order to allow AOD clinicians to develop their capacity to work effectively with this challenging population. The topic of methamphetamine use was highlighted in the training, given the increase in harms associated with this substance. Participant and facilitator feedback provided since the training commenced has been utilised to update the training package to ensure the content is responsive to the needs of forensic AOD sector workers and their clients.

This training has been facilitated 30 times between 2013 and 2017 throughout Victoria, including metropolitan and regional areas. Approximately 450 AOD workers have completed the training and all trainings have been fully subscribed. Participant feedback data will be presented, which demonstrates a very high level of satisfaction. Over 95% of participants reported increased levels of knowledge that are relevant to their work roles and will make them more effective.

Ongoing feedback highlights the continued need for specialised forensic training, with even more AOD workers now engaging with forensic clients in treatment settings. There is a thirst for further training opportunities and increased support for AOD workers especially in relation to working with complex clients. Many attendees indicated they would benefit from engaging in supervision with experienced forensic clinicians where the focus would be on clinical issues, reflection and self-care.
Ms Samara Wilson  
DPsych (Clinical) Candidate, Monash University & Turning Point

**Personal and interpersonal impacts on partners of individuals with problem alcohol and other drug use: Qualitative analyses from online counselling transcripts**

**Background**
Problematic alcohol and other drug (AOD) use impacts partners heavily, increasing their risk of experiencing domestic violence, financial issues, health problems, and relationship issues. However, previous research has focussed on mostly female, married partners, of problem alcohol users, or combined all family members in samples. Recruiting a broader sample can be challenging as many partners find it difficult to seek help due to barriers such as shame, stigma, and practical constraints. Online counselling may help reduce such barriers and provide us the opportunity to explore the multiple impacts from a potentially broader sample of partners, who may or may not have sought help before.

**Method**
One hundred transcripts of partners of individuals with problem AOD use were sampled from a 24-hour national AOD synchronous online chat counselling service. Descriptive content analysis and thematic analysis were used to investigate themes related to the personal impacts, interpersonal impacts, and online help-seeking.

**Results**
Personal impacts identified were reflected in partners’ cognitions (difficulty coping, responsibility, trust, and safety); behaviours (adaptive and maladaptive coping); and affect (anger, sadness, and fear). Interpersonal impacts included intimate relationship issues; parenting concerns; and social network impacts. Help-seeking themes related to the reason for accessing online counselling; discussing help-seeking and coping processes; and planning for future assistance.

**Conclusions**
These findings highlight the substantial burden that problematic AOD use imposes on intimate partners personally, reinforcing the need for services to engage partners as valid help-seekers in their own right. AOD counsellors should be trained in risk assessment for partners and children, and have access to targeted referrals for relationship assistance, peer support (online or face-to-face), domestic violence services or welfare services. Online counselling may be a useful modality for partners seeking help to complement existing face-to-face services.
Meth addiction co-occurring with sex addiction: are these two symptoms of childhood trauma?

The association between the use of meth and high risk sexual activity is well documented. Meth has been called the “sex drug” or “party drug”. In our drug and alcohol rehabilitation clinics, a number of clients reported the use of meth as aphrodisiac in sexual experiences exclusively with anonymous sex partners, facilitated by the internet and smartphone applications. These clients tended to glorify their past meth affected sexual experience and express anxiety about how difficult it would be to enjoy normal sexual intercourse while sober. Anecdotally, those who relapsed into using meth, this occurred in the context of sex with anonymous partners.

This paper argues that the reported sex with anonymous partners was not the result of intoxication from the use of meth. Based on this, and the anecdotal wide spread use of meth for aphrodisiac purposes, we hypothesized that sex addiction appears to be fueling the current meth epidemic. The ease with which access to anonymous sexual partners is possible - thanks to the internet and mobile technology, may in turn be promoting sex addiction in those predisposed to it.

This paper explores the implication of the above perspectives on client assessment, treatment-target and choice of treatment options. Firstly, we argue that sex addiction may be an indicator of childhood trauma (e.g., sexual trauma). It is significant that the sexual experiences reported by our clients, involved exclusively anonymous partners. This tendency to avoid intimacy is a clue of early attachment that was disrupted by trauma. A trauma victim protects his feelings by external and superficial engagement. Identification of clients with unresolved childhood trauma is an important task when assessing those who use meth as aphrodisiac.

Secondly, we argue that when sex addiction and meth addiction co-occur, and the underlying trauma is identified, there is no need for a separate treatment-target or separate treatment approach for both conditions. They are two expressions of the same underlying trauma. Having given up on intimacy with others, the traumatized person seeks emotional support and comfort in drug and anonymous sex. The paper uses examples to illustrate a comprehensive treatment plan targeting specific trauma. EMDR and CBT (based on attachment theory) will be recommended as modalities to resolve trauma.
Ms Vanessa Holt  
Counsellor, Writer, Facilitator, Fresh Mind

The therapeutic potential of Your Brilliant Mind, a creative writing program for residential drug and alcohol rehabilitation

Your Brilliant Mind (YBM), developed by Vanessa Holt, has run successfully for 21 years at the We Help Ourselves (WHO) organisation and a number of other services including: the Exodus Foundation, Sex Workers Outreach Project, Kathleen York House, Detour House, Charles O’Neill House, Glebe House, Guthrie House, Rainbow Lodge, and the Lifestyle and Kevin Waller units of Long Bay Correctional Centre.

YBM is anchored in the neurobiological understanding of the brain’s dynamic plasticity. It is a systematic group program utilizing creative processes.

An evaluation conducted in 2016, within the Australian College of Applied Psychology, indicates that the YBM creative writing program holds therapeutic benefits for residents of drug and alcohol rehabilitation services. Participants were recruited through snowballing email invitations to take part in the anonymous online questionnaire, housed in a dedicated website. The research approach was qualitative, with open ended questions.

All evaluation participants had to have taken part in the creative writing program within drug and alcohol rehabilitation facilities. Participant responses indicated a positive change as a result of participation in the program. All evaluation participants indicated the program contributed positively to their drug and alcohol rehabilitation experience.
Ms Jennifer McMahon  
Principal Consultant, Communities Respond  

Trauma - the Touchstone of Recovery

“The majority of clients in AOD treatment report past experiences of trauma, often chronic trauma starting in childhood. A history of trauma is associated with more severe clinical presentations and worse treatment outcomes in AOD clients.” Pirard et al., 2005

When we experience trauma in our lives how do we recover from such life altering events? As practitioners how do we respond to people who have experienced trauma in a way which meaningfully supports their recovery and enables the ongoing healing of the whole person - heart, mind & body? During this workshop we will explore the meaning of trauma, particularly complex trauma and raise our awareness of this healing journey within a person centred, recovery focused framework and our role in supporting this ongoing journey of recovery.

This workshop is designed to enhance our capacity as AOD practitioners, to respond to those who have experienced complex trauma during their lives by increasing our understanding of the pervasive affects of such trauma and how these affects may continue to resonate across all aspects of their lives and developmental stages. Whilst also developing our own protective behaviours and introducing strategies for building capacity for psychological resilience & emotional literacy.

It has been clearly shown that interpersonal trauma, particularly arising from childhood has a profound and enduring affect upon our AOD clients and often leads to complex presentations in regard to a range of somatic, cognitive, affective, behaviourial and interpersonal issues. Therefore in working with clients who have experienced trauma it is essential that we are able to “hold space” for them in a way which enhances the therapeutic alliance and allows the unfolding of shared meaning within a safe and trusted environment.
Ms Tanya Curtis  
Behaviour Specialist, Fabic Behaviour Specialist Centre

**Lasting change is not only about changing the behaviour**

If we make changing addictions about changing behaviour, the results will be short lived at best. Lasting change will occur only when we address the root cause of the behaviour. Addictions and the additive behaviours that accompany are the end result of how a person is experiencing life ... that is they are the consequence and not the cause.

This workshop style presentation will explore the need to address the root cause of behaviour and not simply focus on changing behaviour. Based on the principles of Functional Behaviour Assessment it is a known fact that ‘all behaviour is happening for a reason’. Thus it is this reason that requires addressing and it is not until this reason is addressed in full that lasting change will occur.

We will discuss some of the array of reasons that when left unaddressed lead a person to using behaviours that in time become ‘their addictive behaviours’. We will explore the effects on how ‘addictive behaviours’ are in effect working for the person as it is leaving the original reason unaddressed and thus un-mastered. This presentation and workshop will support participants to come to the understanding that an addiction is not a description of a person, rather is a description of what they do ... an addiction is not an illness rather a symptom of not feeling equipped to respond to life.

As a Behaviour Specialist, Tanya Curtis will share practical means used in the clinical setting that has supported lasting change for clients who have used addictive behaviours.
Dr Matthew Berry
Consultant, Hurstwood

**Taking an emotion-focussed approach to treating substance use and addictions**

The need for emotional regulation has long been recognised as a core driver of problematic substance use and other addictions. There are many approaches to addressing this issue, however techniques from Emotion-Focussed Therapy (drawing upon the work of Eugene Gendlin and Les Greenberg) show considerable promise in the treatment of chronic substance use. This workshop/presentation demonstrates/describes several techniques that participants can use in their own practice.

The session commences with a description of the six primary responses to emotional avoidance and how these interact with substance-using behaviour. There follows a review of the healthy 'approach' response to emotion regulation, and its role in intimacy and as a powerful mood enhancer. The five most common circumstances during childhood that may prevent this response developing are then described.

Focussing as a tool for assisting the client to develop healthy emotional regulation is demonstrated illustrating the four elements of an emotional scheme, along with a discussion of troubleshooting what to do when clients get stuck. Grounding and safe place work are included, being essential approaches for those with trauma as a part of their story. Reprocessing for addressing developmental trauma is introduced along with further references.

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Commonwealth Respite and Carerslink Centres
Community Based Addiction Medicine Specialist Service

Background
The area based network model is an initiative developed to support a chronic disease management approach for addiction. Funded by the Victorian Department of Health and Human Services, under the harm minimization framework, this model aims to enhance the community based care of clients accessing Medication-Assisted Treatment of Opioid Dependence (MATOD), also known as pharmacotherapy. The North and West region has approx. 5,109 clients currently being treated for opioid dependence. Of the 2,256 community based GP’s, 176 are authorized MATOD prescribers.

Addiction Medicine Specialist service (AMS)

A unique, client centred and integral service provided by the area based networks within Victoria is the AMS outpost clinic. Outpost clinics have been designed and strategically located to provide support to GP’s and practice staff to support and manage clients with very complex health conditions, multiple comorbidities and social stressors that would often prevent them from accessing specialist services. Expert advice is provided following a face to face consultation with the client in the community or via telehealth with the treating GP to support development of a management/treatment plan.

The AMS also supports local GP’s to identify and treat opioid dependence in general practice. GPs concerned about opioid prescribing for chronic pain can also access the service. The aim of the AMS clinics is to support GP’s with treatment plans, provide education, promote community based care, maximize GP capacity to confidently deliver high quality care to opioid dependent clients and in some cases share the risk that they may be carrying. MATOD remains a key intervention that provides a long standing treatment option for opioid dependence.
Ms Jo-Eun Jeong  
Psychiatrist, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea  

Co-authors:  
Prof Dai-Jin Kim, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea  

Altered plasma levels of glial cell line-derived neurotrophic factor (GDNF) in patients with Internet gaming disorder

Objective: The glial cell line-derived neurotrophic factor (GDNF) plays a role in the survival of adult dopaminergic neurons following injury and has been hypothesized to be involved in negatively regulating the actions of addictive disorders. The objective of this study was to investigate alterations of GDNF expression in Internet gaming disorder (IGD).

Methods: Plasma levels of GDNF were assessed in male patients with IGD (n=12) and healthy control subjects (n=26) carefully matched for sex, age, body mass index, and alcohol and smoking status. Symptoms and severity of IGD were measured by the average Internet gaming time and Young's Internet Addiction Test (Y-IAT).

Results: GDNF plasma levels were significantly decreased in patients with IGD (106.44±126.58 pg/ml) in comparison to healthy control subjects (210.85±190.11 pg/ml) (p=0.028). However, there was no significant correlation between GDNF plasma level and severity of IGD.

Conclusion: Our results show alterations of GDNF plasma levels in patients suffering from IGD might be associated with biochemical and behavioral effects similar to the changes observed in substance-related addictions.
The association between the nicotinic acetylcholine receptor ?4 subunit gene (CHRNA4) rs1044396 and Internet gaming disorder in Korean male adults and comparison of results in alcohol dependence

Objective: The primary aim of the study was to investigate the genetic predisposition of Internet Gaming Disorder (IGD) and secondary aim was to compare the results to those in Alcohol dependence (AD).

Methods: Two independent case-control studies were carried out. A total of 30 participants with IGD diagnosed with 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria and 30 age- and sex-matched controls participated in the study 1.

We have designed a targeted exome sequencing (TES) for the testing of 72 candidate genes that have been suspected to play a role in the pathogenesis of addiction. The genes included seven neurotransmitters (dopamine, serotonin, glutamate, r-aminobutyric acid (GABA), norepinephrine, acetylcholine, and opioid) system genes. A total of 31 alcoholic in-patients and 29 normal controls (NC) were enrolled in the study 2. The same 72 genes included in study 1 and ten genes related to alcohol-metabolic enzyme were selected as target genes and we have identified the genetic variants using the same method (TES).

Results: The IGD group showed lower numbers of T allele of rs1044396 in the nicotinic acetylcholine receptor alpha 4 subunit (CHRNA4) and this variant suggests a protective allele against IGD. However, we could not find any significantly difference of polymorphisms in the 72 genes which encode neurotransmitters system between AD and NC group.

Conclusion: This study has demonstrated that rs1044396 of CHRNA4 was significantly associated with IGD.
Brain activation patterns associated with cue reactivity and craving in Internet gaming disorder: an fMRI study

Objective
This study aimed to investigate the brain activation pattern associated with cue reactivity and craving in Internet gaming disorder (IGD).

Methods
Participants: The sample included 23 healthy control (HC) males (age, 30.04 ± 5.17) and 25 males with IGD (age, 30.27 ± 5.27) were selected.

Procedure: Before the MRI scanning, the Internet gaming video was presented for 1 minute. The gaming craving was measured, by asking to the extent of urge to play the video game at this moment, using the 10 point visual analog scale after presentation of the video clip. During the fMRI scanning, participants viewed the stimulus that consisted of three sets of picture: gaming, mosaic, and landscapes.

Results: In the results of craving, the participants with IGD recorded higher scores than with HC. In the fMRI results, the IGD group compared to HC revealed more activation on right dorsolateral prefrontal cortex (DLPFC), left occipital lobe, bilateral caudate nucleus, and right medial prefrontal cortex (mPFC) under gaming pictures (relative to mosaic pictures). On the other hand, brain activity within left ventrolateral prefrontal cortex (VLPFC) and anterior part of left prefrontal cortex was decreased in IGD group compared to HC under gaming pictures (relative to landscapes pictures).

Conclusion: We could demonstrate the different brain activation patterns between normal Internet game users and participants with IGD during watching cue-induced gaming pictures. The IGD group showed more activation in DLPFC and left occipital cortex, related to regulation of craving and processing the visual information. In addition, activation in caudate nucleus, which is involved in reward circuit, would be associated with the subjective experience of craving. On the other hand, IGD showed deactivation in VLPFC, which have been reported as the important area of the cognitive reappraisal and emotion regulation.
Prof In Young Choi  
Professor, Catholic University of Korea

Co-authors:

Smart Detox Mobile Application System to Detect Pathological Smartphone Use and Smartphone Addiction

It is increasing number of adolescents who has trouble with daily life because of the excessive usage of Smartphones. Adolescent can easily addict to Smartphone because they have lack of impulse control and self-control than adult. To improve self-management of craving for excessive use of Smartphone, we develop the Smart Detox system which is monitoring smartphone usage pattern. We enrolled students of one middle school and one high school which is located in Seoul of South Korea. All participants’ psychological information is obtained through offline surveys.

Psychological information includes the socio-demographical status, Smartphone usage pattern, Smartphone Addiction Proneness Scale (SAPS) for Smartphone addiction assessment, depression, anxiety, impulsivity and self-control status. We analyzed 72 user’s Smartphone usage data. We used the T-test and Mann-Whitney test to compare Smartphone usage differences between addicted and non-addicted groups. Psychological variable between two groups was analyzed with T-test. All variables are statistically significant at the 0.05 level except Functional impulsivity. We compared Smartphone usage time between two groups with T-test. The addicted group has a higher average usage than the non-addicted group in weekday and weekend even though it is not statistically significant. We compared Smartphone usage of five categories; Web, SNS, Entertainment, Game, and Finance. The addicted group has a higher usage than the non-addicted group. However, it is not statistically significant.

Our study showed that our mobile application is useful to detect the smartphone usage pattern and the addicted group and the non-addicted group showed different psychological characteristics and Smartphone usage pattern. Firstly, depression, anxiety, dysfunctional impulsivity and self-control except functional impulsivity has shown different values. This result assumed the addicted group is highly associated with disorderliness rather than adventurousness. Secondly, weekday and weekend Smartphone usage time was proposed as candidate predictors at several studies.
Ms Josette Freeman  
Senior National Program Coordinator and Trainer, SMART Recovery Australia

Self Help with Be SMART

SMART Recovery Australia offers a range of self-help, mutual-aid programs and groups that provide a place for people to get together to examine and change their addictive and problem behaviours. Our programs use CBT and Motivational Interviewing tools and techniques. Participants engage in strengths based practical programs that focuses on the ‘here and now’, making individual plans for their next 7 days. The key components of the programs involve building and maintaining motivation, coping with urges, problem solving and establishing a lifestyle balance.

At SMART Recovery, people are not stigmatised or labelled. The focus is not on substance misuse, but on changing the behaviours that cause harm. The program empowers people by giving them choice and by encouraging them to utilise the tools best suited to their needs. SMART Recovery Australia has adapted its programs to meet specific needs in the community, including a SMART program for working with Aboriginal and Torres Strait Islander communities, LGBTIQ communities, as well as Teen/Youth SMART and the Be SMART program for Family and Friends.

Our presentation will focus on our Be SMART family and friends program. BeSMART is designed to provide family and friends with the tools to manage their own behaviours and get support for themselves. We focus on empowering the family member/ friend, so that they have the toolkit to manage their own life around their significant other who is living with an addictive or problem behaviour.

Our presentation will demonstrate how SMART Recovery supports the complex needs of diverse community members and builds on individual strengths within communities. This includes partnering with Vietnamese and Arabic speaking communities. Our aim is to make SMART Recovery programs accessible to every person in Australian and New Zealand.
Increasing the capacity of AOD workers to engage with forensic clients

In 2013, the framework for community AOD treatment was reformed in Victoria. Part of this reform included the mandate that all community AOD agencies deliver a percentage of services to offenders. In response to this, Caraniche developed the two-day Forensic AOD Workforce Training to deliver specialised and targeted training for frontline AOD clinicians and case workers who engage clients with current or past histories of offending behaviour. The aim of the training was to explore the range of personality, systemic and clinical factors that impact on working with this client group in order to allow AOD clinicians to develop their capacity to work effectively with this challenging population.

The topic of methamphetamine use was highlighted in the training, given the increase in harms associated with this substance. Participant and facilitator feedback provided since the training commenced has been utilised to update the training package to ensure the content is responsive to the needs of forensic AOD sector workers and their clients.

This training has been facilitated 30 times between 2013 and 2017 throughout Victoria, including metropolitan and regional areas. Approximately 450 AOD workers have completed the training and all trainings have been fully subscribed. Participant feedback data will be presented, which demonstrates a very high level of satisfaction. Over 95% of participants reported increased levels of knowledge that are relevant to their work roles and will make them more effective.

Ongoing feedback highlights the continued need for specialised forensic training, with even more AOD workers now engaging with forensic clients in treatment settings. There is a thirst for further training opportunities and increased support for AOD workers especially in relation to working with complex clients. Many attendees indicated they would benefit from engaging in supervision with experienced forensic clinicians where the focus would be on clinical issues, reflection and self-care.