Alcohol, Other Drugs, Behavioural Addictions: Prevention, Treatment and Recovery
WE ARE PROUD TO ANNOUNCE THE APPOINTMENT OF OUR CONFERENCE CHAIR

Dr Matthew Berry, DPsych MAPS, Matthew Berry Consulting

Dr Matthew Berry is a clinical psychologist specialising in addiction as well as substance use and related compulsive appetitive behaviours including sexual behaviour. He is currently in private practice, providing consultancy, supervision and training in Melbourne and across Australia and New Zealand. His career to date has primarily been in the alcohol and other drug sector, working in voluntary and forensic, private and public, community and residential settings.

For the past 13 years he has taught post-graduate addiction counselling and is an experienced trainer having developed and delivered more than 180 workshops on a range of topics including Addiction, Motivation, Supervision Skills, and Managing Challenging Behaviours. Consultancy roles have included the Victorian Department of Health and Aigicare Victoria developing both voluntary and forensic drug and alcohol treatment guidelines, as well as training for both the Australian and New Zealand Psychological Societies in the areas of Addiction and Motivation. Matthew is finishing off his first textbook about the management and treatment of addiction and associated disorders.

CONFERENCE ADVISORY COMMITTEE

- Dr Matthew Berry – DPsych MAPS, Matthew Berry Consulting – Conference Chair
- Mr Gerard Byrne – Clinical Director, The Salvation Army Recovery Services
- Ms Caterina Giorgi – Director, Policy and Research, FARE
- Mr Trevor King – Manager of Therapeutic Services, ReGen
- Mr Geoff Munro – National Policy Manager, Australian Drug Foundation

CONFERENCE SECRETARIAT

Katherine Ortiz
Suite 3, 8 Short Street, Nerang, QLD 4211
PO Box 29 Nerang, QLD 4211
Email: secretariat@addictionaustralia.org.au | URL: http://addictionaustralia.org.au

General Information

The following information is offered to make your attendance at the 2016 Australian & New Zealand Addiction Conference as pleasant as possible. If you require help, please visit the Conference Secretariat at the registration desk or call us on 0435 308 794 and we will do everything to assist you with your enquiry.

REGISTRATION AND INFORMATION DESK

The registration desk will be open as follows.

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<tr>
<td>Wednesday 18 May 2016</td>
<td>11.30am to 5.00pm</td>
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<tr>
<td>Thursday 19 May 2016</td>
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<td>Friday 20 May 2016</td>
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Upon arrival, please ensure you collect your Conference satchel and name badge at the registration desk. The staff will be happy to assist you in any way they can.

CONFERENCE TWITTER @AUSNZADDICTION

Join the conversation by using the hashtag #addiction16. Delegates are encouraged to share their thoughts throughout the Conference.

CONFERENCE ENTRY

Each Conference Delegate will be issued with a name badge on registering. The name badge must be worn at all times as it is your official pass to all sessions, Lunch, Morning Tea, Afternoon Tea and the Welcome Reception.

SPEAKER’S PREP ROOM

Speakers are requested to attend the Speaker’s Prep Desk at least 2 (two) hours prior to your scheduled time of presentation with your presentation on either CD or USB.

MOBILE PHONES

Please ensure all mobile phones are turned to silent during all Conference sessions.

ACCOMMODATION

Accommodation accounts must be settled with the hotel on check-out. The Committee and or the Conference Secretariat are not responsible in any way for outstanding accommodation accounts.

TELEPHONE DIRECTORY

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KEYNOTE PRESENTERS

Professor Jan Copeland
Director, National Cannabis Prevention and Information Centre, UNSW

Professor Jan Copeland is the founding Director of the National Cannabis Prevention and Information Centre (NCPIC) at UNSW Australia. She has worked in the addictions field for more than 25 years and is best known for her research developing and testing brief interventions for the management of cannabis use disorder among adults and adolescents. She has more than 300 publications and recently published a book with Allen & Unwin. Among other editorial roles she is an Associate Editor of Drug and Alcohol Dependence. She has recently received awards from Rotary Health and the Dalgarno Institute acknowledging her contribution to public health and community education.

A/Professor Sally McCarthy
Medical Director, Emergency Care Institute

Associate Professor Sally McCarthy is Director of the NSW Emergency Care Institute, consultant emergency physician at Prince of Wales Hospital in Sydney and clinical advisor to the NSW Ministry of Health, and previously Director of Emergency Medicine at POW and other hospitals, and President of the Australasian College for Emergency Medicine, also completing an MBA in 2000.

Sally’s background demonstrates extensive contribution to improving emergency care and systems locally and internationally, and she currently chairs the Emergency Medicine Foundation, the ACEM National Program and the International Federation of Emergency Medicine Specialty Implementation Committee alongside clinical and other roles. She has published and presented widely on key emergency medicine issues, and was recently a member of the Prime Minister’s Ice Taskforce.

Professor Richard Murray
Dean of Medicine and Dentistry, James Cook University

Richard Murray is the Dean of the College of Medicine and Dentistry. His career focus has been in Aboriginal health, rural medicine, public health, tropical medicine and the needs of underserved populations. Richard was appointed the President of the Australian College of Rural and Remote Medicine in late 2011. He is the immediate past Chair of the Federation of Rural Australian Medical Educators. Richard spent 14 years working in the remote Kimberley region of Western Australia, including 12 years as the Medical Director of the Kimberley Aboriginal Medical Services Council, a position in which he had broad-ranging clinical, population health, teaching, research and medical administration and management roles. More recently, Professor Murray was one of three members of the Government’s National Ice Taskforce.

A/Professor Nicole Lee
Associate Professor, National Drug Research Institute, Curtin University

Associate Professor Nicole Lee is one of Australia’s leaders in methamphetamine treatment and clinical policy implementation. She is Director of 360Edge, a specialist evaluation and training consultancy for the alcohol and other drug and mental health sectors, Adjunct Associate Professor at the National Drug Research Institute and National President of the Australian Association for Cognitive and Behaviour Therapy (AACBT). She has previously served on the boards of the Australian Professional Society on Alcohol and Other Drugs (APSAD) and the Alcohol and other Drug Council of Australia (ADCA), and is currently a Deputy Editor on the Drug and Alcohol Review journal board. Among her extensive research and implementation work in this area, she co-wrote most of the clinical guidelines on methamphetamine treatment and co-developed the first, and still gold standard, brief intervention for methamphetamine dependence in Australia. She has advised state and federal governments, the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC) on drug treatment and policy, and is a frequent commentator in the media on alcohol and other drug policy issues.

Dr Michael Savic
Research Fellow, Turning Point

Dr Michael Savic is a Research Fellow in the Treatment and Systems team at Turning Point in Melbourne, Australia. He has a PhD from the University of Adelaide, and is also an adjunct lecturer at the Eastern Health Clinical School at Monash University. He has led multiple treatment evaluation and implementation research projects and is particularly interested in qualitative and critical approaches to the examination of clinical tools, programs and interventions. Michael is also passionate about peer support and the involvement of consumers and carers in service and research design and implementation. Connect with him via Twitter on @MikeySavic.

Mr Garth Popple
Executive Director, We Help Ourselves (WHOS)

Garth Popple is Executive Director, WHOS (We Help Ourselves) and currently holds the following honorary positions: Chair and Director of the Australasian Therapeutic Communities Association (ATCA); Treasurer, Network of Alcohol and other Drug Agencies NSW (NADA); Garth has been working in A&OD management roles since 1986 and in honorary committee and board positions since 1981 for the non-profit sector. He has been primarily focused on the Therapeutic Community movement for most of his career to date, and in 1991 became involved in harm minimization initiatives.

He attempts to stay in touch with the needs and feedback from users past and present.

WHOS operates five Therapeutic Communities within NSW and QLD: WHOS Metro for men, WHOS New Beginnings for women, WHOS MTAR (Methadone To Abstinence Residential), WHOS Hunter Valley and WHOS Sunshine CoastWHOS also provides other services, such as Day Programs, aftercare and HIV/AIDS Education Services.

Garth recently concluded 13 years of service as an Executive Member of the Australian National Council on Drugs and also on its subcommittee Asia Pacific Drugs and Development Issues Committee (APODIC) and also through his position at WHOS has been involved with ATCA since 1986 (inauguration). He is a past ATCA President 1993–1997 and 2004–2005, Past President for the International Federation of NGOs 2011–2013 and a past President of Network of Alcohol and other Drug Agencies NSW (NADA). Garth is an Honorary Fellow of the University of Western Sydney.

MAY 18

OPEN TO DELEGATES OF THE AUSTRALIAN AND NEW ZEALAND ADDICTION CONFERENCE

12.00 – 1.00pm - Medication Assisted Treatment (Opioid Dependence)

This session will provide an overview of the rationale for Medication Assisted Treatment (MAT) and the role of buprenorphine plus naloxone and examine changing patterns in opioid dependence in Australia. An overview of opioid treatment services in Australia will be provided and focusing upon how to integrate MAT with other treatment modalities.

This session will be of interest to counsellors and allied health professionals who deal with patients/clients experiencing opioid dependence related issues.

Mr Mark Anns, Clinical and Scientific Affairs Manager, INDIVIOR

Note: A light lunch will be served from 11:45am before the presentation begins.
**PROGRAM MAY 19**

**WORKSHOPS**

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**BOULEVARD 1**

**Sex Addiction Assessment, Treatment and Aftercare**

Mr Steve Stokes, Program Director, South Pacific Private

**BOULEVARD 2**

**Financial Literacy in the Problem Gambling Space**

Mr Jeffrey Lucas, Operations Manager/Addiction Therapist, Wesley Mission

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**BOULEVARD 3**

**Vicarious Trauma – Managing the Inevitable**

Ms Jade Alexander, Clinical Director, Rape & Domestic Violence Services Australia

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**PROGRAM MAY 18**

**WORKSHOPS**

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**BOULEVARD 1**

**Even Broken Crayons Still Colour – Insights into Your Client’s Addictive Behaviour with Drawing**

Ms Florence Ee, IDT Instructor, Interactive Drawing Therapy (IDT)

Ms Lowell Wan, Therapeutic Counsellor, Gambler’s Help Southern Bentleigh Bayside Community Health

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**BOULEVARD 2**

**CBT for Substance Misuse**

Ms Kim Wood, Senior Practitioner - Dual Diagnosis and Complex Needs, Lives Lived Well

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**BOULEVARD 3**

**There’s more to it than meets the eye - exploring the wealth of information on the Australian Indigenous Alcohol and Other Drugs Knowledge Centre**

Ms Avrina Treszinski, Research Officer, Australian Indigenous HealthInfoNet, Edith Cowan University

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**SUPPORT SERVICES**

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**KEYNOTE PRESENTERS**

**Chair: Matthew Berry**

**Boulevard One**

**Boyle’s of Information on the Australian**

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**WORKING WITH VULNERABLE GROUPS: INDIGENOUS, YOUTH, RURAL POPULATIONS**

**BOULEVARD 1**

**SESSION CHAIR: KIERAN PALMER**

**Chair: Matthew Berry**

**SESSIONS**

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**11:00 – 11:30**

**Telling stories in ways that make us stronger: Working with Australian Aboriginal women who are experiencing problems with AOD use**

Ms Anni Hine Moana, Lecturer/Facilitator/PhD Candidate, LaTrobe University

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**11:32 – 12:02**

**Considering Gender Responsive AOD Treatment: Outcomes of the Women’s AOD Services Enhancement Programme**

Clara Donaghy, Program Manager, NADA

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**12:04 – 12:34**

**Female Offenders: Understanding Their Pathway to Drug Offending**

Mr Eng Hao Loh, Research Executive, Singapore Prison Service

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**12:30 – 13:30**

**LUNCH WITH POSTER PRESENTERS AND EXHIBITORS**

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**RESEARCH & POLICY**

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**Boulevard Three**

**Panel Discussion**

**SESSION CHAIR: Matthew Berry**

**Chair: Matthew Berry**

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**11:00 – 12:34**

**From ‘Charlie Sheen’ to ‘Pandora’s Box’: A study of New Psychoactive Substance use in an English city**

Dr Paul Gray, Senior Lecturer in Criminology, Manchester Metropolitan University

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**12:30 – 13:30**

**LUNCH WITH POSTER PRESENTERS AND EXHIBITORS**

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**AFTERNOON TEA WITH POSTER PRESENTERS AND EXHIBITORS**

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Dr Cath Peake, Clinical Manager - Drugs & Alcohol Service, Barwon Mental Health Drugs & Alcohol Service

2:02 – 2:32
In Review: A Dual Diagnosis Service
Ms Samar Zakaria, Dual Diagnosis Clinical Nurse Consultant, Macquarie Hospital NSLHD

Mr Euan Macleay, Clinical Nurse Educator, Macquarie Hospital NSLHD

2:34 – 3:04
Continuity of care: A preliminary review of the effectiveness of assisting offenders transitioning from prison to the community
Ms Sally Therpe, Senior Psychologist, Caraniche

3:04 – 3.30
Afternoon Tea with Poster Presenters and Exhibitors

ALCOHOL
Boulevard 1
SESSION CHAIR: JENNIFER JOHNSON

3:30 – 4:00
Heavy alcohol discrepancies, parenting and couple relationship satisfaction: A nationally representative longitudinal study
Dr Alexis Foulstone, Honorary Research Fellow, The University of Queensland

4:02 – 4:32
Development And Implementation Of A Rehabilitation Program For Offenders Engaged In Alcohol-Related/Disorderly Conduct Behaviours

Dr Erinna Hawkins, Assistant Professor & Assistant Clinic Director, Bond University

4:34 – 5:04
An evaluation of caregivers’ experiences of the diagnostic process for children with prenatal alcohol exposure
Katrina Chamberlain, Registered Psychologist, Wesley Mission and headspace

5:04 – 6.00
WELCOME RECEPTION

TREATMENT APPROACHES
Boulevard 2
SESSION CHAIR: GERARD BYRNE

3:30 – 4:00
Play it again Sam, Gambling, Pornography and other Psychological addictions, we need a new approach to treatment
Ms Philips Thernton, Clinical Director, Resource Therapy Institute

Mr Chris Paulin, Consultant Psychologist, Resource Therapy Institute

4:02 – 4:32
Integrated Addiction and Trauma Based Recovery Treatment
Ms Rowena Bianchino, Psychotherapist/Social Worker, Harbour Therapy Clinic

4:34 – 5:04
Could Considering Addiction as an Ecological Trap provide a link between Public Health and Clinical Approaches?
Dr Philip Townshend, Treatment Director, DARA

5:04 – 6.00
WELCOME RECEPTION

WORKSHOP
Boulevard 3

3:30 – 5:04
7 Ways you have to think differently when working with Methamphetamine use compared to depressant use
Dr Matthew Berry, Psych MAPS, Matthew Berry Consulting

5:04 – 6.00
WELCOME RECEPTION

STUDIES, TRENDS, IMPACTS AND TRAINING
Boulevard 3
SESSION CHAIR: LUKE LINDSAY

9:00 – 9:30
Evaluating A Dual Diagnosis Training Program - Does it Increase Worker Capability?
Ms Kim Wood, Senior Practitioner - Dual Diagnosis and Complex Needs, Lives Lived Well

9:32 – 10:02
Supporting social workers to ‘do’ substance use work – a review of the evidence
Prof Sarah Galvani, Professor of Adult Social Care, Manchester Metropolitan University

10:04 – 10:34
All in the Family: The importance of family engagement in drug and alcohol treatment
Dr Louise Du Chesne, Clinical Services Manager, Hader Clinic

10:34 – 11.00
Morning Tea with Poster Presenters and Exhibitors

TREATMENT APPROACHES & RECOVERY
Boulevard 1
SESSION CHAIR: SARAH BLAGMORE

9:00 – 9:30
Changes in psychological wellbeing among heroin dependent adolescents during psychologically supported opiate substitution treatment
Dr Bobby Smyth, Child & Adolescent Psychiatrist, Children’s Health Queensland Hospital and Health Service (CHQ HHS)

9:32 – 10:02
Using online tools in clinical practice: The Right Mix Alcohol Self-management website
Dr John O’Connor, Consultant Psychologist, John O’Connor Consulting

10:04 – 10:34
Making Waves - Brief Acceptance and Commitment Therapy for Comorbid AOD and Severe Emotional and Interpersonal Issues
Sarah Chong, Department of Veterans’ Affairs

10:34 – 11.00
Morning Tea with Poster Presenters and Exhibitors

MAY 20
STUDIES, TRENDS, IMPACTS AND TRAINING
BOULEVARD 1
SESSION CHAIR: ROWENA BIANCHINO
11:00 – 11:30
Introduction to problem & compulsive shopping behaviour: Exploring the Smiled Upon Addiction.

Mrs Michelle Laving, Coordinator GAINS Program, CatholicCare Sydney

11:32 – 12:02
Last Drinks: The relationship Between Active Alcohol Dependence and Blood Alcohol Concentration Levels of People Entering and Leaving Brisbane and Gold Coast Entertainment Districts

A/Prof Grant Devilly, Academic Griffith University
Mr Corey Allen, Inspector, Qld Police

12:04 – 12:34
The pedagogical journey for curriculum development in undergraduate addiction studies: Following the Yellow Brick Road: linking theory and practice

Dr Robin Marie Shepherd, Lecturer/ Researcher, University of Auckland

12:34 – 1.30
LUNCH WITH POSTER PRESENTERS AND EXHIBITORS

TREATMENT APPROACHES
BOULEVARD 2
SESSION CHAIR: GERARD BYRNE
11:00 – 11:30
Engagement and treatment through activity that promotes a relationship orientation approach to drug and alcohol recovery in a voluntary detoxification unit and involuntary drug and alcohol treatment unit

Miss Sarah Blakemore, Occupational Therapist, Northern Sydney Health

11:32 – 12:02
From self hatred to loving kindness- An exploration of the integration of Compass Focussed Therapy into a Therapeutic Community model in treating comorbid PTSD and substance dependence

Dr Louise Du Chesne, Clinical Services Manager, Hader Clinic

12:04 – 12:34
Open Discussion

12:34 – 1.30
LUNCH WITH POSTER PRESENTERS AND EXHIBITORS

STUDIES, TRENDS, IMPACTS AND TRAINING
BOULEVARD 3
SESSION CHAIR: JEFFERY LUCAS
11:00 – 11:30
Concurrent steroid and party drug use among young men in the ‘Bruss’ subculture

Mr Timothy Piatkowski, PhD Student, Queensland University of Technology

11:32 – 12:02
Monitoring the use of alcohol and other drugs in rural Australia

Dr Jennifer Johnston, Research Fellow, University Centre for Rural Health, Southern Cross University

12:04 – 12:34
Addictions – the struggle and the journey

Mrs Judy Nicholas, Board Member, Mental Health Carers Arafmi NSW Inc.

12:34 – 1.30
LUNCH WITH POSTER PRESENTERS AND EXHIBITORS

METHAMPHETAMINE: IMPACT OF ICE
BOULEVARD 1
SESSION CHAIR: KERRILEE HOLLANS
11:30 – 12:00
How to we help, the helpers? Supporting the Aboriginal Drug and Alcohol Workforce, through the Methamphetamine increase that has arisen in Urban, rural and remote NSW

Mr Timothy Piatkowski, PhD Student, Queensland University of Technology

12:04 – 12:34
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Mrs Judy Nicholas, Board Member, Mental Health Carers Arafmi NSW Inc.

12:34 – 1.30
LUNCH WITH POSTER PRESENTERS AND EXHIBITORS

TREATMENT APPROACHES
BOULEVARD 2
SESSION CHAIR: SARAH CHONG
1:30 – 2:00
The role of shame, guilt and self-forgiveness in recovery

Mr Gerard Byrne, Operations Manager, The Salvation Army Recovery Services

2:02 – 2:32
‘Now I see’ – breaking the cycle of addiction using therapeutic drawing and other visual techniques

Ms Kate Graham, Manager Withdrawal from Methamphetamine: Building Residential Treatment

2:34 – 3:04
‘Understandings of New Zealand’s changing patterns of opioid use – the workforce role in appreciating and valuing the impacts of availability on consumers’

Ms Kate Graham, Manager Withdrawal & Coordinated Care, Windana Alcohol & Drug Recovery

3:04 – 3.30
AFTERNOON TEA WITH POSTER PRESENTERS AND EXHIBITORS

WORKING WITH VULNERABLE GROUPS: INDIGENOUS, YOUTH, RURAL POPULATIONS
BOULEVARD 3
SESSION CHAIR: GRANT DEVILLY
1:30 – 2:00
Young people attending substance abuse treatment from 2010 to 2014 – how have they changed?

Dr Grant Christie, Addiction Psychiatrist, University of Auckland

2:02 – 2:32
Embracing the Potential of Youth: Integrated treatment approaches to improving outcomes and supporting greatness.

Mr Kieran Palmer, Clinical Services Manager, Ted Noffs Foundation

2:34 – 3:04
Working with substance-affected parents and their children: A guide for practice

Dr Menka Tsantefski, Senior Lecturer, Griffith University

3:04 – 3.30
AFTERNOON TEA WITH POSTER PRESENTERS AND EXHIBITORS
Experience of good clinical practice in use of opioid substitution therapy (OST) in the prison systems of the Republic of Croatia

Mrs Esta Susic, MD, Psychiatrist, Department for Forensic Psychiatry, Zagreb Prison Hospital

Internet Related Activities and Compulsive Internet Use: A Latent Class Analysis

Jennifer Tsai, University of Southern California

Steps to Simplicity - Specialist Shopping Addiction Treatment Program

Michelle Laving, Coordinator GAINS Program, CatholicCare Sydney

Support for selected e-cigarette policies: A survey of smokers and ex-smokers in Great Britain

Dr Timea Partos, Postdoctoral Fellow King’s College London

Tobacco price and affordability in the UK from 2002 - 2014: Data from the International Tobacco Control Project

Dr Timea Partos, Postdoctoral Fellow King’s College London

The adaption of behaviour therapy for Vietnamese problem gamblers: a pilot study

Sue Bertossa, Research Fellow/Psychotherapist, Flinders University

Vicarious Trauma – Managing the Inevitable

Jade Alexander, Clinical Director, Rape & Domestic Violence Services Australia

Keynote Presenters

Chair: Matthew Berry

3:30 – 4:00

Cannabis use and mental health: beyond the association or causation debate

Professor Jan Copeland

Professor/Director National Cannabis Prevention and Information Centre

4:00 – 4:30

Harm Reduction Integration into Abstinence Based Residential Treatment: A Case Study

WHOS® Australia

Mr Garth Popple, Executive Director We Help Ourselves (WHOS)

4:30 – 5:00

Re-imaging Peer Support: Evidence, Challenges and Opportunities

Dr Michael Savic, Research Fellow, Turning Point

5:00

Conference Close

Poster Presenters

A Case of Ibogaine-induced behaviour changes

Dr Mohd Fadzli Mohamad Isa, Psychiatrist Hospital Kuala Lumpur

Alcoholics Anonymous wants to work with you

Mr Dave S, Public Information Coordinator, Alcoholics Anonymous

Assessing a single stage expert feedback model of scale development

Mr Timothy Johnson, PhD Candidate Central Queensland University

Behavioural addictions gaming gambling sex online

Kylie Campbell, PhD student, University of Newcastle School of Psychology

Developing effective alcohol interventions for Asian communities: lessons from research within a Punjabi Sikh Community in England

Prof Sarah Galvani, Professor of Adult Social Care, Manchester Metropolitan University

Early Intervention & Treatment Pathways

Chantale Ishac, CEO, Addiction Intervention Services

End of life care for people with alcohol and other drug problems

Prof Sarah Galvani, Professor of Adult Social Care, Manchester Metropolitan University

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Injectable Nutrients

Our B-Dose Forte injection is a useful tool to support the management of the alcohol or drug addicted patient. B-Dose Forte is registered for the prevention and treatment of Wernicke-Korsakoff-Syndrome. Often an under diagnosed condition.

Our Thiamine injection is a critical frontline tool for the protection and treatment of Wernicke-Korsakoff-Syndrome.

Biological Therapies offers health practitioners a comprehensive range of other injectable nutrients including intravenous vitamin C as well as intramuscular B12 injections.

Oral Nutrients

Bio-Logical water soluble oral liquids provides patients with:

- Enhanced absorption that can specifically address the supplementation and nutritional support during the management of the patient.
- An ability to vary the dose level when required.
- An ideal dose form for those who have difficulty swallowing pills or capsules.
- Products such as our Magnesium Complex Solution may provide relief of muscular cramps and spasms.
The next stage in Patient-focused addiction treatment

INDIVIOR is a global specialty pharmaceutical company aiming to become the world leader in addiction treatment. Our focus is to ensure that all patients have unrestricted access to innovative quality treatments indicated for the chronic relapsing conditions and comorbidities of addiction. Current available treatments include mono buprenorphine and buprenorphine+ naloxone.

To achieve our goals INDIVIOR is committed to understanding the patient’s journey and to use this understanding to support the education of health care professionals, as well as to assist patients to gain better treatment access.

In Australia INDIVIOR provides a wide range of educational activities including: conference sponsorships and education seminars, as well as partnering with other organisations committed to assisting patients to gain access to treatment.

A major activity of INDIVIOR is raising the awareness of health care professionals to the increasing issue of opioid painkiller dependence. Australia has the 3rd highest rate of prescription painkiller misuse per year.1 Opioids other than heroin are the main cause of opioid-related hospitalisations, overtaking heroin in 2001.2 In 2010, 7 out of 10 opioid-related deaths were due to an opioid other than heroin among Australians aged 15-54.3

Existing drug and alcohol services alone may not be fully equipped to deal with the rise in prescription painkiller dependent patients or patients that are dependent as a result of over the counter codeine products. Gaining a greater understanding of these issues will enable treatment providers to develop appropriate service delivery models.

INDIVIOR is committed to providing training and support to drug and alcohol services who wish to learn more about medication assisted treatment (MAT) and or prescription and over the counter codeine. INDIVIOR is committed to providing training and support to drug and alcohol services who wish to learn more about medication assisted treatment (MAT) and or prescription and over the counter codeine. INDIVIOR is committed to providing training and support to drug and alcohol services who wish to learn more about medication assisted treatment (MAT) and or prescription and over the counter codeine. INDIVIOR is committed to providing training and support to drug and alcohol services who wish to learn more about medication assisted treatment (MAT) and or prescription and over the counter codeine.

For further information please contact: medical-information-au@indivior.com. Indivior Pty Ltd, 78 Waterloo Road, Macquarie Park, NSW 2113. Dated April 2016.

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To achieve our goals INDIVIOR is committed to understanding the patient’s journey and to use this understanding to support the education of health care professionals, as well as to assist patients to gain better treatment access.

In Australia INDIVIOR provides a wide range of educational activities including: conference sponsorships and education seminars, as well as partnering with other organisations committed to assisting patients to gain access to treatment.

A major activity of INDIVIOR is raising the awareness of health care professionals to the increasing issue of opioid painkiller dependence. Australia has the 3rd highest rate of prescription painkiller misuse per year.1 Opioids other than heroin are the main cause of opioid-related hospitalisations, overtaking heroin in 2001.2 In 2010, 7 out of 10 opioid-related deaths were due to an opioid other than heroin among Australians aged 15-54.3

Existing drug and alcohol services alone may not be fully equipped to deal with the rise in prescription painkiller dependent patients or patients that are dependent as a result of over the counter codeine products. Gaining a greater understanding of these issues will enable treatment providers to develop appropriate service delivery models.

INDIVIOR is committed to providing training and support to drug and alcohol services who wish to learn more about medication assisted treatment (MAT) and or prescription and over the counter codeine. INDIVIOR is committed to providing training and support to drug and alcohol services who wish to learn more about medication assisted treatment (MAT) and or prescription and over the counter codeine. INDIVIOR is committed to providing training and support to drug and alcohol services who wish to learn more about medication assisted treatment (MAT) and or prescription and over the counter codeine. INDIVIOR is committed to providing training and support to drug and alcohol services who wish to learn more about medication assisted treatment (MAT) and or prescription and over the counter codeine.

For further information please contact: medical-information-au@indivior.com. Indivior Pty Ltd, 78 Waterloo Road, Macquarie Park, NSW 2113. Dated April 2016.
process addiction can be defined as a ‘Pathological relationship with a mood altering behaviour’. With Gambling Disorder making it into the DSM-V, it is only a matter of time until Sex Addiction makes its way into the manual. Until then addiction specialists are at the coalface, dealing with the devastation. The presentation will present the ingapent program, followed with an outline of the outpatient- continuing Care Program. It will cover the neurobiological aspects of the addiction, the Arousal Template damage from early childhood trauma and the way it shapes the adult expression of the addiction. Tools to work through the delusion and denial that stops addicts asking for help, and sabotages when they eventually do. A clear outline of the importance of early celibacy to rebalance the Arousal Template, how to work addict’s in relationships in early recovery, and a relapse prevention program that has the eventual goal of re-establishing a healthy sexuality.

Presentation will introduce clinicians to a competency based tools which when used, provide clients with the clearest pathway out of the hell they are living. Recovery from this addiction is more than possible; it is an exciting reality.

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BOULEVARD 2 WORKSHOP 5

Financial Literacy in the Problem Gambling Space

Mr Jeffrey Lucas, Operations Manager/ Addiction Therapist, Wesley Mission

The workshop will cover both research and WM’s experience in presenting financial literacy to gamblers in rehabs, mental health units and specific community groups such as domestic violence groups and the benefits of incorporating financial literacy in the problem gambling counselling space. The benefits of Financial Literacy were supported by residents WM has presented to in rehabs who shared quite openly about their experience when accessing the financial literacy ‘In Charge of My Money’ program and how it helped them to plan a budget and strategies on how to repair any financial damage that was caused due to their past addiction. There was a lot of discussion around their cross addiction with substance abuse and gambling (and/or other problematic spending behaviours).

It was also identified that their substance abuse often led to their gambling and without any substances they never had the desire to gamble. This is supported by recent studies published by the Vic Gambling Foundation entitled ‘Practice Guidelines for cross-sector collaboration’ and will be covered in the workshop. During the talk we will also look at two exercises of the program entitled ‘your relationship with money’ and ‘spending leaks’ that could/can be used when counselling gamblers.

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BOULEVARD 3 WORKSHOP 6

Vicarious Trauma – Managing the Inevitable

Ms Jade Alexander, Trainer and Assistant Supervisor for Rape & Domestic Violence Services Australia

The term ‘vicarious trauma’ is often associated with the “cost of caring” for others. It refers to the detrimental impacts suffered by people who are indirectly exposed to traumatic material, in particular workers in ‘helping professions’ such as Health, Social Work, Counselling, the Police or Emergency Services. Vicarious trauma presents a serious work, health and safety risk for employers, and can produce significant and prolonged human and financial costs in the following areas: employee physical and mental wellbeing, work performance, unplanned absences, attrition rates, and compensation claims, and workplace culture.

Although the risk of vicarious traumatisation for professionals who work in trauma context cannot be fully eliminated, the effects of vicarious trauma can be ameliorated if they are addressed proactively by organisations and individuals. Drawing upon experience with designing and implementing an award winning Rape & Domestic Violence Services Australia Vicarious Trauma Management Program, this workshop will provide participants with specific strategies to manage vicarious trauma effectively on both individual and organisational level. The workshop will target a wide range of professionals exposed to traumatic material as a result of their work. The session is designed to assist all levels of staff – no prior knowledge/skills/experience is required in order to attend this workshop.

The construct of vicarious trauma

Differentiate Vicarious Trauma from Burnout

What predicts Vicarious Trauma

Recognise the symptoms of Vicarious Trauma

Strategies to manage Vicarious Trauma effectively

Intended outcomes: To provide participants with understanding of the construct of ‘vicarious trauma’, i.e. recognise specific symptoms and impacts, differentiate it from other types of work-related psychological hazards.

To provide an overview of strategies that individuals and organisations can adopt to manage vicarious trauma effectively, as well as ideas about how to prevent poor organisational outcomes due to maximal vicarious trauma.

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Research and Policy

11:00 – 11:30

Beauty in Bulk: An Examination of Performance and Image Enhancing Drug (PIED) Use and Attitudes

Dr Terry Goldsworthy, Assistant Professor, Bond University
Miss Laura McQuillen, Teaching Fellow, Bond University

The growth of the gym subculture has been fuelled by increased popularity and pressure for physical performance and image enhancement; however parallel to this is potential harm. This study explores the experiences of users and non users of PIEDs when compared with other illicit drugs, whether criminalisation is an appropriate response; and what alternatives could be more effective in reducing harm. This knowledge can improve community awareness and inform strategies aimed at maximising safety and minimising risks associated with PIEDs.

11:32 – 12:02

The Impact of Legislation upon Novel Psychoactive Substances: Evidence from National Addiction Treatment Data

Dr Bobby Smyth, Child & Adolescent Psychiatrist, Children’s Health Queensland Hospital and Health Service (CHQ HHS)

To describe changes in presentations related to novel psychoactive substance (NPS) use among adults attending addiction treatment before and after legislation which targeted use and sale of NPSs.

31,284 episodes of treatment commenced by adults aged 18 to 34 years between 2009 and 2012. The addition of 100 NPS to the Misuse of Drugs Act in May 2010 and the Criminal Justice (Psychoactive Substances) Act in late August 2010. The latter Act made it illegal to sell a psychoactive substance and resulted in the mass closure of headshops, which had been the primary suppliers of NPSs. There were 756 episodes of NPS related treatment commenced over the four year period. The rate of NPS related treatment episodes peaked at 29.3/100,000 person years at risk (PYAR) during the headshop era, from January to August 2010. Over the equivalent eight month period in 2009, 2011 and 2012, the rate per 100,000 PYAR was markedly lower at 1.8, 23.3 and 15.9 respectively. The rates of non-NPS related treatment episodes over the first eight months of each year from 2009 to 2012 were 620, 674, 695 and 713 episodes/100,000 PYAR respectively.

12:04 – 12:34

Researching perspectives about addiction – the use of Q methodology

Mrs Melissa Kirschbaum, PhD Candidate, University of Tasmania

The views about addiction held by addicts, their treatment providers and society are largely unexplored in addiction research, particularly when designing prevention, risk reduction and treatment interventions. Q methodology provides an evidenced approach for measuring these attitudes. The author is currently undertaking a doctoral study exploring over-the-counter codeine addicts’ perspectives on their addiction using Q methodology.

Developed by English psychologist and physicist, William Stephenson, in 1935, Q methodology combines aspects of both quantitative and qualitative methods. It is an adaptation, or inversion, of Charles Spearman’s R methodological factor analysis approach. Instead of identifying relationships between test or trait variables across a sample of people, it considers people as variables across a sample of statements. Participants rank statements reflecting their opinions on the research topic, according to their personal views. Each Q-sort then undergoes by-person factor analysis, with the resulting factors representing common ways of thinking. The factors are interpreted in a qualitative manner, often with the aid of supporting data collected during post-sort participant interviews.

Q methodology has been successfully applied to health research, including only a small number of addiction studies, the majority of which relate to cigarette smoking. There is therefore scope to apply this methodology to other substances of addiction.

An overview of Q methodology, including criticisms and examples of its use within the field of addiction will be discussed. The author’s own study using Q methodology will be presented. The study explores Q methodology methods use to develop the concourse and the use of a Delphi technique with a panel of addiction experts to reduce the concourse and form the Q set.
This paper presents the preliminary findings from a study that explores the prevalence and nature of New Psychoactive Substance (NPS) use in an English city. The aim of the research was to increase the understanding of NPS use in the city, and investigate whether or not the needs of NPS users were met by existing services. In addition to focusing on individuals already in contact with drug treatment services, the research also attempted to gain an insight into the prevalence and nature of NPS use among currently accessing treatment services. In particular, the research was interested in how NPS use varies across different populations, including; homeless people; those living in an NPS community; vulnerable young people (care leavers and those with mental health issues); school/college pupils and students; and clubbers. The research adopts a qualitative methodology, that involved secondary data analysis of existing treatment service datasets; interviews with service users, non-service users, and a range of practitioners; and an online survey questionnaire. The paper outlines: (1) the nature and prevalence of NPS use; (2) current trends; and (3) variations amongst different types of users. The paper concludes with a discussion of identified gaps in current service provision and staff training/knowledge needs, and provides recommendations regarding the development and delivery of NPS treatment services.

The Mamba Challenge: Managing New Psychoactive Substance use and markets in custodial settings

Dr Rob Ralphs, Senior Lecturer in Criminology, Manchester Metropolitan University

In 2014, the Annual Report of the Chief Inspector of Prisons for England and Wales highlighted the escalation of New Psychoactive Substance (NPS) use in custody, especially the consumption of synthetic cannabinoids. To date, however, the consumption of NPS in custody is poorly understood, and the markets that have emerged to facilitate it, have been under-researched. The research on which this paper is based was conducted in an English prison setting. The research included: in-depth interviews and focus groups with prison staff and prisoners; observations of prison-led focus groups, workshops and restorative justice circles, that involved discussion of NPS use and markets; and analysis of routinely collected prison data measuring drug seizures, incidents of violence and incidents of self-harm.

The findings highlight: (1) the scale and nature of NPS drug markets in a custodial setting, and the wider criminal justice system. The policy implications of the stated motivations for use and reported problems are discussed in relation to both prison and community settings. The paper concludes that the rise in NPS use in custody and the scale of prisoner NPS drug markets are posing significant challenges to the management of offenders; including; healthcare, appropriate NPS detection techniques, license recall and sanctions for both use and dealing.

The Underbelly of the Beast: Emerging polydrug use trends amongst British body builders

The aim of this paper is to present emerging trends in the use of Image and Performance Enhancing Drugs (IPEDs) amongst body builders that moves beyond the usual focus on anabolic-androgenic steroids. We aim to identify the nature, motivations and justifications for the use of IPEDs amongst a sample of body builders in Wales, UK. The research team had unparalleled, privileged access to a subcultural milieu in which body building culture and professional physique building were central to both individuals' identity and the gym's culture.

The findings presented here are based on ethnographic fieldwork that consisted of: visual data collection, semi-structured interviews; impromptu, unstructured group discussions; and ad hoc, informal observations. The paper outlines how the high-waged and concerted efforts of a population of body builders - who aspired towards a specific form of physical and aesthetic perfection - transcended Western culture to encompass a much broader range of substances. These included the use of: human growth hormone; diazepam; Viagra; Melanotan, Clomid, Nolvadex and Arametin. The uncovering of this secondary and tertiary level of substance use amongst IPED users necessitates a review of existing harm reduction advice for IPED.

Research & Policy

Boulevard 1

1:30 – 2:00

A comparison of e-cigarettes to nicotine replacement therapy, prescription medications and professional support for helping smokers to quit

Dr Timea Partos, Post-doctoral Researcher, King’s College London

Electronic cigarettes (e-cigarettes) deliver nicotine by heating a liquid solution (known as e-liquid) that contains nicotine to create vapor, which is then inhaled by the user. E-cigarettes mimic smoking, but without the harmful side effects of combustion and tobacco's high temperatures that is associated with smoking traditional cigarettes. In Australia, e-liquids containing nicotine are restricted, but in other countries such as the UK where e-liquids containing nicotine are widely available, smokers are increasingly turning to e-cigarettes to help them quit smoking.

Little is known, however, about the effectiveness of e-cigarettes in helping smokers to quit. A recent cross-sectional analysis of smokers found that e-cigarettes were more effective than nicotine replacement therapy (NRT, e.g patches or gum) purchased over the counter in helping smokers to quit. The present study aimed to extend the work of Brown et al., by comparing e-cigarettes to prescription NRT and medications (Varenicline and Bupropion), and professional support (e.g. one-to-one behavioural counselling), and by including a longitudinal cohort. Participants were adult smokers from the UK (N = 2400) who reported making a quit attempt during the past 12 months.

The outcome measure was self-reported quit status, controlling for socio-demographic and dependence-related covariates. Our longitudinal sample comprised smokers who reported being quit at baseline (N = 334), who were followed-up for 1 year. Preliminary findings indicate that e-cigarettes are comparable to NRT purveyors on all outcome measures, but somewhat less effective than prescription NRT/ medications or professional support in helping smokers quit. This is one of the first studies using longitudinal data to examine the role of e-cigarettes in helping smokers quit, and could provide useful information to inform policy decisions regarding e-cigarettes.

2:02 – 2:32

Codeine and tramadol abuse – a hidden addiction problem in the Singapore community?

Dr Gemathinayagam Kandasami
Chief of Addiction Medicine, Department (AMD), Consultant, National Addictions Management Service

The abuse of over-the-counter (OTC) medicines such as codeine and tramadol is an internationally recognized problem but is currently incompletely understood. Non-medical use of prescription opioids, including tramadol, has increased in the U.S. over the last several years. In Singapore, multiple articles have been published in the media regarding the problem of codeine syrup addiction, yet few studies exist in Singapore seeking to understand the severity or epidemiology of this issue.

Taking baseline data from four and a half years of treatment outcome monitoring at the National Addictions Management Service (NAMS) in Singapore, we examined the demographic and clinical information of 250 patients. Quality of life was assessed using the Short Form Health Survey (SF-12) and the condition-specific Addiction Severity Index by the Addiction Severity Index (ASI) drug abuse composite score.

Participants used tramadol and/or codeine for an average of 19.9 days over the past month, and 32.1% had a co-morbid psychiatric disorder. 44.8% of the sample was given a diagnosis of codeine or tramadol use disorder; the remaining 55.2% were made up of patients reporting other substances as the main problem, mainly heroin (24.8%), polysubstance (12.4%), benzodiazepines (8.4%) and alcohol (6.0%).

Data on comorbid psychiatric and substance use disorders reflect similar findings from other studies. Clinical evidence reveals that patients run the risk of abuse by using codeine or tramadol to substitute for withdrawal from heroin or supplementing them for the euphoric and antidepressive effects. Regular screening of healthcare settings and strict regulatory measures are essential for preventing abuse of OTC medicines and reducing delays to seek help.

Methamphetamine: Impact of ICE

Boulevard 2

1:30 – 2:00

Teenagers and Ice: Ted Noffs Foundation approaches to improving outcomes in a changing world

Mr Kieran Palmer, Clinical Services Manager, Ted Noffs Foundation

The Ted Noffs Foundation facilitates a host of programs and initiatives aimed at helping young people reclaim their lives from the harmful effects of substances and associated issues. The past 3 years has seen a marked shift in the drug taking landscape of our client group, with a tendency towards methamphetamine use. Recent media attention has created a culture of ‘hail-truths’ and potentially increased the damaging stigma attached to users of this drug. As such, this paper will present a host of specific challenges for consumers and treatment agencies.

This presentation will overview the strategies implemented by the Ted Noffs Foundation to effectively offer treatment to an increasingly complex client group. Organizational approaches to treatment will be covered, with an increased capacity to train staff in motivational interviewing, trauma informed care, methamphetamine education and family reconnection practices. The result of this approach has for the most part shown very positive results, with various programs seeing increased client number and retention rates whilst still maintaining the highest therapeutic standards.

2:02 – 2:32

Treating ice addiction in custody: Evaluating a suite of piloted ice-specific prison based group treatment programs for men

Ms Kerrilee Hollows, Deputy Manager, Caraniche

A 2013–14 parliamentary inquiry into the supply and use of methamphetamine in the state of Victoria revealed a 600 percent increase in ice-related offences from 2009 to 2013. To address the high demand needs of the growing ice-consuming population, a suite of three ice-specific group treatment programs were developed and piloted in a number of Victorian prisons across Victoria. The aim of this research was to evaluate the effectiveness of the piloted programs in achieving their intended objectives; to reduce the prevalence of ice use and level of related criminal/crime-risk in an incarcerated population.

Pre-post evaluations of the pilot intervention programs were performed, using a combination of qualitative and quantitative research methods. Focus groups and assessment packs were completed by facilitators and participants of the program, and included a set of outcome measures reflective of each of the theoretically derived factors considered important for assessing therapeutic standards (e.g., facilitator feedback booklets) and implementation effectiveness (e.g., various pyschometric measures).

Participants in the pilot study were 200 males aged 18 years of age and above who completed one of 29 ice-specific treatment programs delivered across 7 Victorian prison sites. Results indicated that attendance and program completion rates were high. Participants self-reported information pertaining to their ice use levels and coping strategies in high-risk situations to be most important, and expressed interest in covering more content with visual aids. Strategies in high-risk situations to be most important, and expressed interest in covering more content with visual aids. Reductions were observed in levels of psychological distress and criminal thinking, while improvements were observed in emotion regulation and drug use patterns in custody post-treatment.

These preliminary findings suggest that the programs may be effective in reducing risk of relapse and criminal risk. Key lessons learnt will be discussed.
Cannabis and Amphetamine-type Stimulant Induced Psychoses: A Comparative Overview

Dr Fares Alharbi, Psychiatrist, King Abdulaziz Medical City
Cannabis and Amphetamine-type Stimulant Induced Psychoses: A Comparative Overview

The recent escalation of cannabis and amphetamine-type stimulants (ATS) use throughout the world and its association with psychotic symptoms in users has fuelled special concerns. This review will focus on cannabis and ATS because of their high prevalence and will try to differentiate and compare their associated psychotic features.

A systematic literature search was conducted from 1980 to 2015 in the following databases: MEDLINE, PsyCINFO and PubMed. Articles were included if they were highlighting substances induced psychotic symptoms with cannabis and amphetamine/amphetamine/methamphetamine and cannabis/marijuana induced psychosis, schizophrenia/spectrum disorder or schizoaffective.

There are many differences between these two substances regarding source, neurobiological processes, urine screening test, average latency periods before developing psychosis, clinical features as compared to schizophrenia, risk of using drugs and developing psychosis and drugs use & development of schizophrenia.

Our search elicited many studies of one substance and its association with psychosis but few comparative studies of this association across substances. Yet in our opinion, these comparisons could shed further insight on the development of psychotic features.

Outcomes for the service and consumers include staff empowerment, strengths based assessment,

The review process thus far has supported the development and implementation of a vision and mission statement. We hope to see the development of a consumer and family involvement strategy, to improve service planning and review, quicker and clearer admission processes. Include discharge planning in care planning and ensure collaborative MDT discharge planning.

There are few integrated dual diagnosis services in NSW, the challenges faced by such services are complex and often require the openness and willingness to offer collaborative strategies to engage the individual. In the face of changing availability and range of services, consumers present with varied complexities, ranging from continuous substance use despite the effect on their mental, social isolation, access to treatment, and options to continue their recovery in a positive and meaningful way.

Continuity of care: A preliminary review of the effectiveness of assisting offenders transitioning from prison to the community

Ms Sally Thorpe, Senior Psychologist, Caraniche

The period following release from prison has repeatedly been associated with high risk for a variety of health and social outcomes. Offenders who presented with a challenging treatment reintegration process that offers little structured guidance and support. For prisoners with significant drug and alcohol histories, the need for this level of support alongside ongoing treatment post release may be particularly important for reducing risk of relapse and recidivism. The aim of this study was to conduct a preliminary examination of a prison to community transition model, in order to identify the challenges and treatment needs of re-entering male offenders with drug and alcohol issues returning to the community.

To test the study’s aims, a matched subjects design was employed to examine whether the treatment needs and engagement, and levels of clinical support and management of offenders varied across reintegration models. Participants included 50 male offenders who were either clients of Victoria’s Lanzar Transition Centre or Community Corrections. Descriptive and inferential statistical analyses were completed on program adherence (e.g., retention rates) and clinical outcomes (e.g., psychometric) to inform the study’s findings.

The results of this study indicated that offenders who engaged in AOD treatment under a prison to community transition model were more likely to successfully complete treatment within the first three months of their release from prison compared to those offenders who engaged in treatment under a traditional case management model. Further, results supported better mental health and social outcomes for offenders engaged in a structured transitional process. These findings suggest the need for a carefully planned transition with close communication and collaboration among prison officials, those offenders who engaged in treatment and treatment staff in achieving positive reintegration outcomes for offenders with significant substance use issues. Implementation of this service model amongst other models more broadly would likely encourage systemic change strategies to reduce recidivism and future victimization, to enhance public safety, and to improve the lives of offenders.

Heavy alcohol discrepancies, parenting and couple relationship satisfaction: A nationally representative longitudinal study

Dr Alexis Foulstone, Honorary Research Fellow, The University of Queensland

For young couples, a partner’s heavy alcohol use may be a point of contention. Relationship difficulties are particularly disheartening for parents. The aim of the study was to examine the longitudinal impact of discrepancies in heavy alcohol use, particularly in couples with parenting responsibilities. Data was obtained from 556 couples (at least one partner aged between 18 and 30 years of age) over two assessments from a well-established longitudinal study of Australian households. Multilevel analyses [examining time within partners within couples] indicated a high level of couple-level variation in individual reports of relationship satisfaction.

Disparities in heavy alcohol use were negatively associated with relationship satisfaction over the assessment period and this was significantly moderated by partner effect. More specifically, heavy drinking discrepancies were particularly harmful on the quality of marital and cohabiting relationships when partners had parenting responsibilities. Interventions for couple relationship distress may benefit by focusing on discrepancies in health-related behaviours such as heavy alcohol use. Amongst distressed couples, managing discrepancies in alcohol use and helping heavy drinking partners may be an important intervention focus.

Heavy alcohol use was negatively associated with relationship satisfaction over the assessment period and this was significantly moderated by partner effect. More specifically, heavy drinking discrepancies were particularly harmful on the quality of marital and cohabiting relationships when partners had parenting responsibilities. Interventions for couple relationship distress may benefit by focusing on discrepancies in health-related behaviours such as heavy alcohol use. Amongst distressed couples, managing discrepancies in alcohol use and helping heavy drinking partners may be an important intervention focus.
Unfortunately, there have been historical conflicts between treatment modalities and twelve step recovery beliefs, however as there is now such a strong link being made between complex childhood trauma and addictive behaviours this trend appears to be changing.

Research tells us that childhood related complex trauma symptoms throughout life arise from implicit triggers that lead to the activation of the autonomic nervous system and hence cortisol stimulates the hypothalamus to respond in order to suppress memories of past and present experiences that lead to dysregulation. Unfortunately, for many who suffer the dual challenge of addiction and trauma based mental health issues it may seem impossible to sustain long term lasting abstinence from addition because of trauma based physiological and psychological responses, emotions thoughts and relationship patterns that presume distrust, betrayal, powerlessfulness, being silenced self-leahting and shame. Trauma related distress/ avoidance continuously stimulates the addiction compulsion and learning what triggers the distress response and how to manage the symptoms without using is vital.

The abstinence/relapse cycle moves from abstinence (loss of chemical support) to an increase in complex trauma symptoms (irritability, reactivity, increased traumatic activation or flooding) toward an increase in addictive impulses or pre-relapse behaviour to substance or behavioural lapse or relapse. Problem solving at self-regulation, the abstinence violation effect (AVE) and increased acting out and unsafe behaviours then total relapse.

The ASCA/Pegasus Economic Report (2015) a report into the cost of unresolved trauma in adults recommends that organisations and institutions implement trauma informed practice guidelines at every level of service delivery to minimise the potential for re-traumatisation of people who experience the impact of childhood trauma. The report also suggests, that funding trauma informed practice is good economics for governments for having estimated the cost at $9bn per annum. This presentation will propose a new model of treatment that includes aspects of trauma recovery programmes with the principles of trauma informed care. This model aims to create safety and containment for those with unresolved trauma seeking sustained recovery from substance misuse, and other addictive behaviour.

The co-occurrence of addiction with trauma based mental health issues forms a toxic feedback loop, creating assessment and treatment challenges for consumers and their healthcare providers. Traditional separation of addiction and mental health treatment has contributed to a high level of recidivism among clients challenged by trauma and addiction problems. It’s possible that considering addiction as an ecological trap could link treatment and public health responses to addiction and suggest treatment interventions that are informed by a public health perspective. This paper raises these issues and identifies implications for institutional and therapeutic responses to addictions. Ecological or environmental traps have been observed in mammals, birds and reptiles. An organism in an ecological trap expresses a behaviour developed in a particular context that becomes abnormally under or over expressed in response to that environmental signal. Overexpression may be associated with the removal of environmental limiting factors through increased availability and or the development of super-models that combines aspects of two previously adaptive behaviours in mal adaptive ways. Framing addiction as an ecological trap may provide an explanation of addiction which both largely matches observation and can link treatment and public health responses. It suggests addiction is a species and thus a public health issue rather an individual one as it suggests that addiction is an expected consequence of exposing the neurobiology of humans and other species to particular products or activities. The neurobiological dopamine/ pleasure pathway is identified as an element in the development and maintenance of addiction when it is activated by some substances or behaviours and so acts as a mechanism for developing addiction.

Treatment Approaches

Boulevard 2

3:30 – 4:00

Pay it again Sam, Gambling, Pornography and other Psychological addictions, we need a new approach to treatment

Ms Philippa Thornton, Clinical Director, Resource Therapy Institute

Mr Chris Paulin, Consultant Psychologist, Resource Therapy Institute

Putting aside the morality debate, there is no doubt pornography/ Internet addiction (cyber porn addiction), is a growing problem in Australia and globally. Research indicates 10 percent of adult users of Internet pornography have identified themselves as being addicted to Internet sex.

It’s well known gambling, Internet addiction and other process addictions affect not only the individual’s health and well-being. Relationships suffer as family’s breakdown, unemployment, poor work performance, and loss of life in the form of suicide are the high price paid in Australia.

Gambling, Internet gaming, Internet pornography, compulsive shopping, binge eating disorder, workaholism are traditionally difficult to treat with relapse common.

Process addictions require therapists have the ability to address clients issues with innovation. Behavioural change must be accompanied while addressing the underlying emotional issues; the client faces for thorough treatment and relapse prevention. Co-morbidity is common in behavioural addictions. The presence of depression, posttraumatic stress disorder, personality disorders, anxiety disorders, substance abuse disorder, are well documented in the literature.

With our knowledge of neuroplasticity, Resource Therapy works to combine effective treatment of the retro avoiding behaviour while specifically addressing the underlying cause the vaded state.

Resource Therapy originates from Ego State Therapy as developed by John and Helen Watkins, pioneers in the treatment of Post Traumatic Stress Disorder.

The Resource Therapy workshop will demonstrate Resource Therapy’s techniques and applications in the treatment of psychological addiction, it’s associated comorbidity and underlying pathology.

4:02 – 4:32

Integrated Addiction and Trauma Based Recovery Treatment

Ms Rowena Bianchino, Psychotherapist/ Social Worker, Harbour Therapy Clinic

The co-occurrence of addiction with trauma based mental health issues forms a toxic feedback loop, creating assessment and treatment challenges for consumers and their healthcare providers. Traditional separation of addiction and mental health treatment has contributed to a high level of recidivism among clients challenged by trauma and addiction problems.
Changes in psychological wellbeing among heroin dependent adolescents during psychologically supported opiate substitution treatment

**Dr Bobby Smyth**, Child & Adolescent Psychiatrist, Children’s Health Queensland Hospital and Health Service (CHQ HHS)

Heroin dependent adolescents demonstrate high rates of comorbid psychological problems. Among heroin dependent adults, opiate substitution treatment (OST) programs appear to reduce mental health problems. We sought to examine the impact of OST on psychological wellbeing in adolescents, as this is unknown.

We conducted a prospective study examining psychological wellbeing in heroin dependent adolescents, aged 18 years or younger, engaged in outpatient psychologically supported OST. Patients were treated with either methadone or buprenorphine. This was complimented with individual key working and counselling (Motivational interviewing and CBT) and group work focusing on life skills.

The Becks Youth Inventory was used to measure psychological wellbeing at treatment entry and repeated after four months of treatment. Among 55 consecutive treatment episodes, we examined the 32 episodes where the patient persisted with the OST program. Polysubstance use was the norm at treatment entry. At follow-up, the median doses of methadone and buprenorphine were 50mg and 8mg respectively. Only three patients were treated with antidepressant medication. There was significant improvement in the mean depression (5.9 to 0.9, p=0.001), anxiety (6.7 to 2.0, p=0.003) and anger (5.9 to 2.0, p=0.009) subscale scores. The self concept and disruptive behaviour subscale scores did not improve significantly. In this relatively short-term follow up, psychologically assisted OST appears to be associated with improved psychological wellbeing in heroin dependent adolescents, especially in the area of depressive and anxiety symptoms.

**9:32 – 10:02**

**Making Waves - Brief Acceptance and Commitment Therapy for Comorbid AOD and Severe Emotional and Interpersonal Issues**

**Mr Andrew Motttram**, Senior Clinical Psychologist, Turning Point Alcohol and Drug Centre / Spectrum Personality Disorder Service for Victoria

The ‘Making Waves’ program is a 12-session Acceptance and Commitment Therapy (ACT) intervention tailored to individuals with AOD issues and co-existing emotional and interpersonal difficulties most often associated with Borderline Personality Disorder. It is a joint initiative of Turning Point Alcohol and Drug Centre and Spectrum – Personality Disorder Service for Victoria.

Developed from Spectrum’s successful ‘Wise Choices’ intervention for severe Borderline Personality Disorder, Making Waves delivers 12 individually tailored sessions with a focus on building clients’ skills in managing and tolerating emotional stress, improving relationships, and learning strategies for making alternative choices around AOD use.

This presentation will address the recent three-year pilot study of Making Waves and its promising outcomes across domains of drug use, emotion dysregulation, BPD symptoms and psychological inflexibility. We will also discuss the on-the-ground experience of running Making Waves in its current format and explore its focus on holistic, client-led positive change.

**10:04 – 10:34**

**CO-MORBIDITY AND RECOVERY - Is increased mental illness a consequence of sobriety?**

**Mr David Peters**, Deputy CEO, Mental Health Carers ARAFMI NSW Inc.

Developing increased mental illness such as anxiety and depression is a common theme amongst recovering addicts, and this can unfortunately often lead to relapse. This can create a sense of hopelessness, which can de-motivate a person to make the necessary steps to achieve sobriety. When the underlying mental illness remains untreated, it is possible for the symptoms to escalate out of control, prompting a return to addiction.

Many addicts report embarking on a life of addiction as being a solution to combating feelings of inadequacy in social settings. Phrases such as “I made it fit in” and “I felt as though I finally belonged” are all too common. These anxiety-based behaviours may be successfully masked over a period of time in the form of an instant gratification, and the need to confront these issues can be effectively avoided altogether.

Once this form of instant gratification has ceased, and the recovery journey begins, the ‘mask’ that is protecting these mental health issues is removed. Once ‘unmasked’, there may be no ability of experience in dealing with such concerns. Therefore, many addicts may view their newly found mental illness as a very consequence of their journey of sobriety. While many rehabilitation and treatment centres do in fact acknowledge comorbidity issues whilst in treatment, the process of follow up for the longer term effects of mental health issues resulting from sobriety seems minimal at best. There is a great need for more community based mental health treatment options to be available specifically for people recovering from substance addiction.

This presentation will discuss the need for increased mental health services to be made available specifically for supporting recovering addicts through the longer term phases of their recovery journey.

The presentation will address the recent three-year pilot study of Making Waves and its promising outcomes across domains of drug use, emotion dysregulation, BPD symptoms and psychological inflexibility. We will also discuss the on-the-ground experience of running Making Waves in its current format and explore its focus on holistic, client-led positive change.
Studies, Trends, Impacts and Training

Boulevard 3

9:00 – 9:30

Evaluating A Dual Diagnosis Training Program - Does it Increase Worker Capability?

Ms Kim Wood, Senior Practitioner - Dual Diagnosis and Complex Needs, Lives Lived Well

Training staff in the provision of evidence based best practice is well recognised as an organisational quality improvement tool. How to measure the effectiveness of such training is not so well recognised!

This presentation will outline the creation and evaluation of a Dual Diagnosis (Addiction and Mental Health) Training Workshop Series. A Gold Coast initiative, it is free and open to Workers from all sectors of the helping services – private, primary, secondary and tertiary care; NGO; youth orientated; mental health; and Alcohol and Other Drugs (AOD). The training aims to increase Worker capability in assessing and treating dual diagnosis. Content is based on the Queensland Dual Diagnosis Guidelines (2010).

One of the overarching aims of the Workshops was to improve collaboration between services. Therefore there are a variety of areas to measure effectiveness in: usefulness of content; satisfaction with training style; knowledge change; improved service collaboration; impact on practice (short and long term); how the organisations the staff belong to benefit and support the training; and impact on client outcomes. We aim to demonstrate that providing a rolling series of workshops is possible in routine practice, that intersectoral and interprofessional learning is possible, that it does impact on Worker practice, that organisations support the training and that ultimately training makes a difference for the clients of services.

The process of developing and evaluating Workshop content and impact will be shared.

9:32 – 10:02

Supporting social workers to ‘do’ substance use work – a review of the evidence

Prof Sarah Galvani, Professor of Adult Social Care, Manchester Metropolitan University

In the UK there are few social workers who specialise in substance use, with the majority working in other specialist areas of adults’ or children’s social care. Of these non-substance specialist social workers, most report feeling ill-equipped to work with substance use. In addition to the wider evidence base, this paper will present key findings from the author’s own research exploring social workers’ views of working with people with substance problems, their current practice, the training and education they receive, and their multi-agency working. It will also draw findings from the author’s surveys of a range of UK and local government employers, focussing on the nature and extent of substance use education at pre and post qualifying levels.

The findings present a somewhat depressing and contradictory picture. There is evidence of small pockets of good practice in education and practice but there is also a blatant lack of consistency across social work with substance use which is reflected in practice and experienced by service users. The majority of social workers report little to no substance use education during their qualification courses, while the majority of local work programmes claim they are providing it. Local government employers offer some training but mostly at a basic level and on a voluntary basis.

A historical lack of engagement with substance use by social work as a profession is still being reflected in the practice, education and post qualifying training of social workers in the UK. The author argues this has stemmed from the construction of problematic substance use as a health or criminal justice issue which has excluded consideration that it is also a social issue requiring a social care response.

10:04 – 10:34

All in the Family: The importance of family engagement in drug and alcohol treatment

Dr Louise Du Chesne, Clinical Services Manager, Hader Clinic

The Hader Clinic is a multi site dual diagnosis drug and alcohol rehabilitation centre in Victoria. A key component of the program’s success is the early and ongoing engagement of family members. A dedicated social worker is a key member of the family of the person with substance dependence from intake through to aftercare and discharge. Families are engaged in treatment often before the client is and their influence is harnessed to support their loved one into treatment. Once the family member is admitted to residential rehab the work with the family as a whole continues. Families engage in family therapy sessions with counsellors and family workers, attend weekly family group meetings, attend family therapy with their loved one and engage in their own 12-step program (e.g. AlAnon) if they choose.

The Hader program has developed a unique program that incorporates best practice family work into a Therapeutic Community model that is supported by peer support workers, clinical psychologists and complementary therapists. The family’s engagement in the ongoing treatment of clients with substance dependence predicts success. At the Hader Clinic family members must engage with the family program in order to have contact phone calls and visits with their loved one. The Hader program aims to give families skills in recognising and understanding addiction. Substance dependence affects all members of the family system and parents and spouses can often become a part of the problem and inadvertently allow their loved one’s addiction to continue.

This paper aims to provide an overview of the benefits and challenges of working with families in the treatment of addiction.

Studies, Trends, Impacts and Training

Boulevard 1

11:00 – 11:30

Introduction to problem & compulsive shopping behaviour: Exploring the Smiled Upon Addiction

Mrs Michelle Laving, Coordinator GAINS Program, CatholicCare Sydney

At present this behaviour is not widely accessed and treated in therapeutic circles despite a growing number of people with problematic shopping behaviour which is grounded in psychological and social needs. In these cases, there is the possibility of a collaborative habit to form to which normal behaviour were comparable addictive behaviour patterns and consequences to substance addictions may form.

For example negative impacts in the areas of employment, financial health/relationships, psychological and spiritual well-being can arise. In some cases legal issues may also be present.

I am hoping for the opportunity to run a 90 minute workshop at this conference to provide a unique and specialised introduction on this topic. I will provide a clear understanding about the behavioural differences between recreational & problematic shopping behaviour; identify how overspending/spending sits within an additives framework model and give an overview of some of the common co-existing disorders, I will also provide a general overview of the biological theories on problem shopping behaviour; Psychodynamic Theory, Social Psychology/ Social Learning Theory, Self-Completion Theory and the Existentialist viewpoint. This workshop will be interactive and engaging with the use of videos, case studies and discussions to facilitate learning.

11:32 – 12:02

Last Drinks: The relationship Between Active Alcohol Dependence and Blood Alcohol Concentration Levels of People Entering and Leaving Brisbane and Gold Coast Entainment Districts

A/Prof Grant Devilly, Academic, Griffith University

The relationship between active alcohol dependence and blood alcohol concentration levels has been extensively studied. However, at present this behaviour is not widely accessed and treated in therapeutic circles despite a growing number of people with problematic shopping behaviour which is grounded in psychological and social needs. In these cases, there is the possibility of a collaborative habit to form to which normal behaviour were comparable addictive behaviour patterns and consequences to substance addictions may form.

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The pedagogical journey for curriculum development in undergraduate addiction studies: Following the Yellow Brick Road: linking theory and practice

Dr Robin Marie Shepherd, Lecturer/Researcher, University of Auckland

This paper describes the pedagogical journey of curriculum development for an undergraduate addiction course in the health science sector. This paper is the first of its kind to describe an undergraduate addiction course. The course is a adolescent behaver in the communities of New Zealand with a strong public health focus. Curriculum development includes two mediums. We employ the symbolic allegory, The Wizard of Oz, which explains the conceptual elements needed for an addiction curriculum. This resonates Littlefield, in 1946, who employed the well-known story by Baum (1900). The Wizard of Oz as a symbolic allegory of popular culture in America. Employing this symbolic allegory within the story of: the heart (the Tin Woodman), the brain (the Scarecrow) and courage (the Cowardly Lion), one can describe the basic foundations of the course curriculum for addictions. A sample of the students’ reflective practice essays illustrate this symbolic allegory. A description of what is entailed in this course is described, illustrated and discussed.

11:00 – 11:30

Engagement and treatment through activity that promotes a relationship orientation approach to drug and alcohol recovery in a voluntary detoxification unit and involuntary drug and alcohol treatment unit

Miss Sarah Blakemore, Occupational Therapist, Northern Sydney Health

The findings present a somewhat depressing and contradictory picture. There is evidence of small pockets of good practice in education and practice but there is also a blatant lack of consistency across social work with substance use. In addition to the wider evidence base, this paper will present key findings from the author’s own research exploring social workers’ views of working with people with substance problems, their current practice, the training and education they receive, and their multi-agency working. It will also draw findings from the author’s surveys of a range of UK and local government employers, focussing on the nature and extent of substance use education at pre and post qualifying levels.
The interdisciplinary team and consumers of the Inpatient Drug and Alcohol Service deliver an innovative consumer driven therapeutic group program. The group program is based around normalised activities of daily living such as pizza making, BBQing, going to local cafes and soap making, candle making and jewellery making to sell at a local market. Normalised activities of daily living in a group setting provide skill building and are a mechanism to facilitate a therapeutic relationship that presents challenging ideas to consumers recovering from drugs, alcohol and addictive behaviour. The group program promotes life role adaption, re engagement with community and peer supported recovery.

Engage consumers in activity to expand self-esteem, cognition, confidence, social connection, continued social connection in the community and rediscover who they are away from drugs, alcohol and addictive behaviour. Qualitative approaches were used to research what consumers wanted and needed to recover from addiction and mental illness.

Data indicated that consumers want choice in their recovery of a non-prescriptive nature and to engage in “normal” activities. Through engagement by providing choice around normal activities consumers report that connection with others and continued connection once discharged from the inpatient setting is key to their recovery. The market stall run by consumers is a forum where they come together through activity to continue to connect and support their recovery. The challenge for drug and alcohol services is to change and provide innovative choices for consumers in their recovery. The culture of services and professionals must change and see the consumer as the expert in their life and their recovery.

11:32 – 12:02
From self hatred to loving kindness- An exploration of the integration of Compassion Focused Therapy into a Therapeutic Community model in treating comorbid PTSD and substance dependence

Dr Louise Du Chesne, Clinical Services Manager, Hader Clinic

There is growing recognition of the high rates of individuals with both posttraumatic stress disorder (PTSD) and substance dependence. These individuals tend to have poorer outcomes following treatment, and have higher rates of other comorbidities and self-harm behaviours. Thus, addressing PTSD within the context of treatment for substance abuse is a key challenge for providers. This paper describes an approach based on self-compassion and Compassion Focused Therapy within a residential treatment service. This is a single case study report of a 20-year-old woman admitted to a Therapeutic Community (TC) for treatment for substance dependence. Assessments revealed that she was in the clinical range for PTSD (Posttraumatic Stress Disorder) and psychological distress, K-10; and met cut off for dependence on both the AUDIT and DUDIT. These measures were repeated at 3 months and again at the end of treatment.

There was a steady decline in scores on all measures and by the end of treatment all were in the non-clinical range. Compassion Focused Therapy was introduced early into treatment when it became apparent that the client’s PTSD symptoms, in particular her experiences of shame and self-hate, were limiting her capacity to connect with others in residential care and form the support network that is vital within a TC model. We propose that CFT, through reducing feelings of shame and therefore enhancing therapeutic relationships with self and others, was a major mechanism of change. Self-compassion provided a mechanism that enabled the client to approach, rather than avoid, her past experiences with kindness rather than self blame. Further research is needed to fully explore the possibilities of CFT within TCs.

Studies, Trends, Impacts and Training

BOULEVARD 3

11:00 – 11:30
Concurrent steroid and party drug use among young men in the ‘Bruss’ subculture

Mr Timothy Piatkowski, PhD Student, Queensland University of Technology

An Australian subculture of young men – deemed ‘Brussels’ - spend a great deal of time accumulating muscle mass to maintain a particular appearance (considered attractive) characterised by appearance-related identifiers such as suntans, minimum clothing, and their own terminology slang. The common use of steroids and/or body image drugs by men who identify as part of this subculture is concerning, particularly when used in combination with illicit drugs.

This study aimed to gain a more in-depth understanding of body image and/or recreational drug use in the ‘Brussels’ subculture. Participants consisted of 14 young men aged 16 to 30 years (average age 21.7 ± 2.05 years) who engaged in (1) bodybuilding 3+ times per week, (2) daily use of bodybuilding supplements, and (3) had used steroids or other body image drugs in the past/ present. A semi-structured interview was conducted.

The interviews ranged in length from 30-70 minutes. Interviews were recorded and then transcribed. A content analysis was then conducted to identify the most common themes among the group. Preliminary themes include: Body image issues in childhood and/or adolescence, low self-confidence, lack of peer-group acceptance, unstable pattern of relationships, social media pressures, Bruss culture, sense of control, alcohol and recreational drug use, body image drug use.

Results suggest young people in this subculture are facing the competing demands of the rigidity of a strict weekly training, dieting and body image drug use versus a desire to abandon this schedule to experience illicit drug use at nightlife clubs and festivals. Party drug use in Australia is quite high, particularly in the nightlife and electronic-music festival scene.

These data provide support for concurrent recreational drug use among steroid users. This phenomenon is concerning as the simultaneous usage would provoke different, and possibly more dangerous, physiological reactions than those experienced by regular use of party drugs or steroids alone.

11:32 – 12:02
Monitoring the use of alcohol and other drugs in rural Australia

Dr Jennifer Johnston, Research Fellow, University Centre for Rural Health, Southern Cross University

The misuse of alcohol and other drugs (AOD) is a significant public health issue, and is associated with physical and mental health problems, and negative social and legal ramifications for users. Accordingly, problematic drug users often require support from a wide range of services, including specialist AOD services, GPs and other primary health providers, as well as mental health and social services.

Knowledge of patterns of use and associated outcomes is needed to inform clinical and policy responses to AOD use. Although drug monitoring systems such as the Illicit Drug Reporting System (IDRS) have been implemented nationally for more than a decade, such projects focus only upon metropolitan centres. Very little research examining AOD use or interventions and harms needs has been undertaken in rural Australia, and consequently little is known about these issues. This lack of knowledge is a concern as illicit drug markets, the characteristics of users and the harms they experience, and thus the services they require, are likely to vary between rural and metropolitan areas.

Feasibility of establishing a Rural Drug Monitoring System (RDMS): Researchers based in Lismore recently undertook a study to assess the feasibility of establishing a RDMS in the Northern NSW Local Health District (NNSWLD), and to explore the price, purity and availability of illicit drug, as well as patterns of use and associated outcomes within the NNSWLD. Semi-structured interviews were conducted with 21 key experts from a range of sectors including mental health, AOD, and primary and secondary health, who through the conduct of their professional roles have contact with, experience of and/or understanding of issues pertaining to the use of AOD within the NNSWLD.

This paper will present the main findings from this study and discuss the implications and recommendations for frontline workers, clinicians, policy makers and researchers.

12:04 – 12:34
Addictions – the struggle and the journey

Mrs Judy Nicholas, Board Member, Mental Health Carers Arafmi NSW Inc.

Obsessive Compulsive Disorder and Addictions can often coexist. The condition manifests in the addiction by creating an escape from the reality of the hardships and harm caused by the addiction itself.

Denial is a major factor. The excessive negative behaviours are difficult to control and affect other family members, causing strain on relationships. These negative behaviours can include obsessive shopping (not retail therapy), hoarding and alcohol consumption.

The presentation will be a personal lived experience of the struggle with severaladdictions over a 60 year period and the interventions that have helped. The support from health professionals is vital to helping the person to become aware of the depolarising problem, deal with it and start a therapeutic approach. The presenter will share these approaches and the benefits gained.

The audience will gain an understanding of the difficulties and issues for consumers and their families throughout the journey. The presentation will highlight the need for acknowledging the interventions, a recovery process, peer support and ongoing practices to reduce the negative impacts.

The audience will gain an insight into the co-existing issues and the varying experiences that can affect a person.

Methamphetamine: Impact of ICE

BOULEVARD 1

1:30 – 2:00
How to we help, the helpers? Supporting the Aboriginal Drug and Alcohol Workforce, through the Methamphetamine increase that has arisen in Urban, rural and remote NSW

Ty Medden, Aboriginal Health and Medical Research Council of NSW

Steve Taylor, Drug & Alcohol Worker, Aboriginal Health and Medical Research Council of NSW

The AH&MRC workforce unit is conducting a research project in increasing their confidence in working with Methamphetamine users. A review of the literature tells us that brief intervention is the key to early intervention, early research tells is particularly true with Methamphetamine users.

We have trained 20 of our workforce to become trainers in motivational interviewing, offering training to their regions and communities. We have been conducting surveys and semi structured interviews to measure worker confidence when working with methamphetamine users in NSW.

2:02 – 2:32
Swimming for new horizons - Building Residential Treatment Capacity for People Withdrawing from Methamphetamine

Ms Kate Graham, Manager Withdrawal & Coordinated Care, Windana Alcohol & Drug Recovery

Between January and July 2015 Windana Alcohol and Drug Recovery was funded by the Victorian Department of Health and Human Services (DHHS) to undertake a time limited initiative to develop improved capacity for the management of methamphetamine withdrawal in the adult residential unit.

This project had a particular focus on complex clients identified as requiring more flexible and intensive support. The project objectives were to increase the uptake and completion rates of residential withdrawal, to increase post withdrawal engagement in treatment and to increase staff
Treatment Approaches

**BOULDER 2**

**1:30 – 2:00**

The role of shame, guilt and self-forgiveness in recovery

**Mr Gerard Byrne,** Operations Manager, The Salvation Army Recovery Services

People with drug and alcohol problems often experience feelings of shame and guilt, which have been associated with poor recovery. Self-forgiveness has the potential to reduce these negative experiences. This current cross-sectional study tested theorised mediators (acceptance, conciliatory behaviour, empathy) of the relationships between shame and guilt with self-forgiveness.

A sample of 133 individuals receiving residential treatment for substance abuse completed self-report measures of shame, guilt, self-forgiveness and the mediators (acceptance, conciliatory behaviour, empathy).

Consistent with previous research, guilt had a positive association with self-forgiveness while shame was negatively associated with self-forgiveness. Acceptance positively mediated self-forgiveness and relationship and had an indirect effect on the shame and self-forgiveness relationship.

The significance of these findings in emphasising the importance of targeting acceptance when trying to reduce the effects of shame and guilt on self-forgiveness will be discussed in this presentation.

**2:02 – 2:32**

**'Now I see' – breaking the cycle of addiction using therapeutic drawing and other visual techniques**

**Ms Loweil Wan,** Therapeutic Counsellor, Gambler's Help Southern, Bentleigh Bayside Community Health

There are a growing number of neuroscience research related to the benefits of using drawing, imagery and other visual techniques in therapy. Yet most addiction counselling focus on talking therapies. While established talking therapies can be effective, these approaches sometimes fail to connect with some clients.

The presentation will share the journey of incorporating Interactive Drawing Therapy (IDT) and other visual techniques in problem gambling counselling and the impact on client engagement and treatment outcomes. The drawing therapy and visual techniques can be used in conjunction with other modalities such as Cognitive Behavioural Therapy, Motivational Interviewing and Narrative Therapy. Interactive Drawing Therapy (IDT) focuses on enabling expression to aspects of the client's internal world which they struggle to express in words through drawing and writing. There have been several articles published on IDT and its efficacy, particularly in working with problem gamblers.

The presentation will also include case examples of using visual techniques in exploring 'addiction' metaphors, getting to core client's internal world which they struggle to express in words.

**2:34 – 3:04**

‘Understandings of New Zealand’s changing patterns of opioid use – the workforce role in appreciating and valuing the impacts of availability on consumers’

**Miss Klare Braye,** Project Leader, Matua Raki

Throughout history, the availability of substances of abuse has waxed and waned, they attitude, tolerance and decline influenced by social, legal and political circumstances. Extensive literature exists related to the use of opioids such as morphine and methadone in New Zealand, and heroin overseas. However, few studies have examined the emerging trends of opioids that are often used as adjuncts to those substances, recent examples being the 'poppy seed' fad (PST), over-the-counter codeine-containing analogues and most recently, some prescribed pain medications.

This study tells a story about the use, availability and impacts of these adjunctive opioids for the consumers who use them, and the clinicians who work with those consumers. Perhaps more pertinent it tells a story of people, their communities and their relationships.

Participants described a continuing ebb and flow of a range of opioids in New Zealand. They offered insights into the ways in which availability is positioned in the contexts of emotional problems and risk issues. Conversely, the proportion of those with cannabis problems and cannabis dependence has been stable over the last five years.

The differences seen are likely to be related to changing substance use patterns in the community, differences in sources of referral and changes in clinician awareness of coexisting disorder. Ongoing monitoring of service data has utility in informing services of changes in their presenting populations and can assist in service planning and delivery.

**Embracing the Potential of Youth: Integrated treatment approaches to improving outcomes and supporting greatness.**

**Mr Kieran Palmer,** Clinical Services Manager, Ted Noffs Foundation

The world can be a challenging and at times hostile place for those living with complex needs. This situation becomes increasingly unforgiving for young people experiencing these complexities. Adolescence is tough, uncertainty reigns and identity becomes foreign. Our modern society can treat adolescence as a transition, a wobbly bridge between defined stages of life rather than a wonderful stage in itself. Somewhere between the innocence of childhood and the sensibility of adulthood, the innate wonder of adolescence is lost. Young people living with abuse, trauma, mental health difficulties and addiction require a society who believes in their potential to become great. A society willing to take on the role of nurturers and protectors, giving resilience the safety it needs to grow. Too often our society turns its back on our vulnerable young, withdrawing from those who most need embracing.

The growing body of evidence suggests that holistic, engaging and client-centred treatment models are essential in creating positive life outcomes for young people with complex needs. The Ted Noffs Foundation builds its philosophy on the belief that there is infinite potential within all young people, and that the key to unlocking this potential is to revolutionize the way we

**Working with Vulnerable Groups: Indigenous, youth, rural populations**

**BOULDER 3**

**1:30 – 2:00**

Young people attending substance abuse treatment from 2010 to 2014 – how have they changed?

**Dr Grant Christie,** Addiction Psychiatrist, University of Auckland

Community treatment addiction is effective and recognised as an important area of mental health service delivery for young people. In Australia and New Zealand, specialised youth addiction treatment services are becoming more established and quality information about the specific attributes, difficulties and needs of young people attending these services is important to guide further development in this area.

We describe the demographic and clinical attributes of young people (age 13-20) attending CADS Youth ADD Service in 2014 and compare them to those of young people attending over the previous 5 years. We used clinical service outcome and treatment service data from over 2000 young people, obtained over a 5 year period, including information from validated instruments.

Between 2000 and 2014 there have been significant changes in the demographic attributes of substance use and psychosocial difficulties of the young people attending for treatment. More recently, young people are presenting with less comorbidities, less medication use, and greater self-esteem and emotional problems.

The differences seen are likely to be related to changes in substance use patterns in the community, differences in sources of referral and changes in clinician awareness of coexisting disorder. Ongoing monitoring of service data has utility in informing services of changes in their presenting populations and can assist in service planning and delivery.

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**Page 33**
programs are designed, using young people themselves as our primary consultants. This seminar will focus on the diverse treatment approaches used throughout Noffs programs, and how a unified approach aimed at resolving trauma, fostering creativity and developing resilience has led to vastly improved outcomes.

2:34 – 3:04

Working with substance-affected parents and their children: A guide for practice

Dr Menka Tsantefski, Senior Lecturer, Griffith University

There is widespread acknowledgement that parental substance misuse and harm to children are interrelated problems. While it is understood that the family is intricately linked with recovery, there is little to guide “the everyday practice” of working with substance-affected parents, their children and families. This work is highly-charged and often stressful due to the risk of harm to children and parents and threats to worker safety. Yet it can also be immensely rewarding.

This presentation provides an overview of the foundational knowledge required for working with families with substance-affected parents. Key practice dilemmas, based on consultation with professionals from the alcohol and other drug and child and family services sectors, will be outlined and strategies on how to overcome them will be presented. Discussion will include helpful attitudes and values, expectations of clients and the self, tips and traps for new workers, and how to know if you are on track in your quest to keep children safe while helping parents overcome addiction and attend to the tasks involved in building a well-functioning family.

Sponsors and Partners

The Hader Clinic
www.rayhaderclinic.com.au

The Hader Clinic is a national Drug Rehabilitation Service providing both residential and out-patient services. Our residential programs based in Queensland and Victoria provide detox and rehabilitation programs for all addictive substances. Comprehensive after care programs are also provided to ensure long term success. With over 17 years of proven success the Hader Clinic is an established industry leader in abstinence based treatment.

GOLD SPONSOR

Indivior
www.indivior.com/

Indivior is the world leader in addiction treatment with over 20 years’ experience and a unique patient focused approach. Our endeavour is to understand the journey of individuals suffering with addiction. We partner with healthcare professionals, the public health community, policy makers, and payers to ensure people suffering from addiction are treated just like any other patients suffering from a chronic, relapsing medical condition.

At Indivior our endeavour is to focus on individual patients around the world. The patient continues to drive our decisions. Our guiding principles foster a corporate culture of trust, innovation, and a pioneering spirit. We work with the urgency and zeal required to achieve our vision of ensuring unrestricted access to high-quality treatments for the chronic relapsing conditions and comorbidities of addiction.

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ALCOHOLICS ANONYMOUS
www.aa.org.au

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organisation or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

ALLEN & UNWIN
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Allen & Unwin is Australia’s leading independent publisher and has been voted “Publisher of the Year” twelve times including the inaugural award in 1992 and ten times since 2000. We publish around 250 new titles each year including literary and commercial fiction, a broad range of general non-fiction, academic and professional titles and books for children and young adults.
Biological Therapies is committed to excellence, service, innovation and the availability of extremely safe nutritional products.

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- Vitamin D3
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- High Dose Thiamine (B1)
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We manufacture a comprehensive range of injections that include:

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With over 40 years of sterile manufacturing experience, Biological Therapies is a TGA-licenced facility that specialises in in-patient, day patient and community-based services.

The Australian Indigenous Alcohol and Other Drugs Knowledge Centre is a free web resource which brings together a comprehensive collection of culturally appropriate alcohol and other drug (AOD) materials for individuals and practitioners working to reduce harms from AOD use in Aboriginal and Torres Strait Islander communities.

Special features include: portals for community members and health workers; a section on fetal alcohol spectrum disorder; and a section dedicated to workforce welfare. We have also developed an iPhone app (AODconnect) providing access to a national directory of alcohol and other drug treatment services.

Partners In Recovery Gold Coast supports you by:
- Assisting you to learn how to navigate the system,
- Helping you to identify and connect to the services that are right for you,
- Supporting you to build on your own strengths and natural resources, and
- Assisting you with practical things like housing and health needs.

Partners In Recovery Gold Coast works alongside individuals with persistent mental illness or mental health concerns who require assistance from multiple agencies.

DARA is Asia’s premier and preferred international destination for drug and alcohol rehabilitation. Everyday DARA changes lives by helping people become free from addiction and on the road to recovery – making positive changes in all aspects of life starting with self-care, exercise, daily routines.

The DARA program embraces current evidence-based models of addiction treatment; our program is founded on Integrated Cognitive Behavioural Therapy approaches utilizing the Trans-theoretical Motivational Enhancement approach in working with clients.

DARA has been operating longer than any other centers in Thailand and employs the most professional, experienced and qualified addiction team working in South East Asia.

For more information visit www.dararehab.com or call admissions +66 87 140 7788 or email info@dararehab.com.

The Australian Indigenous HealthInfoNet
www.aedknowledgecentre.net.au

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B Complex injections including B Dose Forte
High Dose Thiamine (B1)
Vitamin B6 and B12
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- Magnesium Complex oral liquid
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Biological Therapies is committed to excellence, service, innovation and the availability of extremely safe nutritional products.

Commonwealth Respite and Carelink Centre

Carer Respite Centres aim to work together with carers to plan practical approaches to taking a break and link into other support needs in their local areas. Caring for someone fulltime is sometimes physically and emotionally demanding. From time to time Carers need to be able to take a break from their caring role. This break is called respite. Assistance is available 24 hours per day for emergency support.

DARA
www.dararehab.com

DARA is Asia’s premier and preferred international destination for drug and alcohol rehabilitation. Everyday DARA changes lives by helping people become free from addiction and on the road to recovery – making positive changes in all aspects of life starting with self-care, exercise, daily routines.

The DARA program embraces current evidence-based models of addiction treatment; our program is founded on Integrated Cognitive Behavioural Therapy approaches utilizing the Trans-theoretical Motivational Enhancement approach in working with clients.

DARA has been operating longer than any other centers in Thailand and employs the most professional, experienced and qualified addiction team working in South East Asia.

For more information visit www.dararehab.com or call admissions +66 87 140 7788 or email info@dararehab.com.

Partners In Recovery
www.pigoldcoast.com.au

Navigating the mental health system can be confusing. Trying to find the right resources and services can often be very frustrating. Partners in Recovery Gold Coast works alongside individuals with persistent mental illness or mental health concerns who require assistance from multiple agencies.

Partners in Recovery Gold Coast supports you by

- Assisting you to learn how to navigate the system,
- Helping you to identify and connect to the services that are right for you,
- Supporting you to build on your own strengths and natural resources, and
- Assisting you with practical things like housing and health needs.

Partners In Recovery Gold Coast teams you with a facilitator who will take the time to understand you and assist you throughout your recovery journey.

Ramsay Health Care
www.ramsaydocs.com.au

Albert Rd Clinic, owned and operated by Ramsay Health Care, is an 80 bed psychiatric facility that is recognised throughout Melbourne as a major specialist referral centre. The Clinic is a unique private psychiatric facility, specialising in in-patient, day patient and community-based services.

Ramsay Health Care has a long history in mental health with our first clinic established in Sydney in 1964. Since then, we have grown to be the largest provider of private mental health services in Australia, operating over 23 mental health units with approximately 900 beds. Our mental health facilities treat over 70,000 patients per annum.

The Sanctuary Byron Bay
www.sanctuaryby.com

The Sanctuary Byron Bay is a luxury, private therapeutic retreat and rehabilitation centre, treating both addictions and mental health. We are able to treat alcoholism, drug addictions, anxiety, depression, grief, trauma, eating disorders and chronic pain.

Based in Byron Bay in Northern NSW, we are one of the most private and confidential treatment centres in the world. Our treatment programs are delivered one-to-one, with an entire team of practitioners at the exclusive service of each client. Clients are housed in their very own private and discreet residences, and are always supported by 24 hour care staff.

Commonwealth Respite and Carelink Centre

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Transforming lives through treatment that addresses all aspects of the individual and their problem.

Richard Smith held various positions in major health care institutions in Victoria before starting his own facility, The Raymond Hader Clinic, in 1998. Founded during the Victorian heroin epidemic, his vision had always been to create a program that would treat drug and alcohol problems holistically. What started as a counselling practice has grown over time into one of the country’s most respected treatment centres, with branches in South East Asia and plans to open in other international locations.

The Clinic’s services evolved in the early years before settling on its ideal model, which persists today. From a counselling practice, called Counselling Solutions to Victoria’s first comprehensive accelerated opiate withdrawal and aftercare program, the Hader Clinic reached maturity in 2003 when it shifted emphasis to a residential rehabilitation program run according to a therapeutic community model. This was when it was able to start providing the full continuum of care, from assessment and withdrawal through to primary residential treatment and entire longer-term aftercare services such as transitional housing, outpatients and ongoing counselling and mentoring. With the capacity to support addicts through all stages of the recovery process the results were exceptional. Addicts were not only getting clean but they were staying clean long term and really changing their lives. When the model was expanded to include more structured support for families and loved ones, outcomes improved again.

With a growing reputation, demand for beds has also grown over the years and the Clinic has expanded to keep up. As well as the original spectacular property in Bacchus Marsh, which houses the Women’s Program, and a suite of offices in central Melbourne, the Clinic now has an additional therapeutic community in Geelong, and a number of transitional houses in Melbourne’s north and centre. In 2016 it opened its first interstate program in Queensland with a large therapeutic community in Araluen, in the Hinterland of the Sunshine Coast and a clinic/office in Brisbane.

In 2012 the Hader Clinic was the first program in Victoria to achieve ISO9001 accreditation for Drug & Alcohol Rehabilitation Services. To maintain certification it is required to adhere to strict quality standards and be able to prove continuous improvement in service delivery. In 2015 the Clinic undertook its second external Clinical Audit, which measured program outcomes. The excellent results confirmed that the multifaceted and thorough nature of the RHC treatment model and philosophy was continuing to change the lives of more and more addicts and their families. The Clinic has also worked in partnership with training organisations for many years to provide nationally recognised Certificate IV and Diploma qualifications in Community Services (Alcohol and other Drugs) for workers in the AOD field, and clients in aftercare that may wish to make a career in this industry.
LIFTING THE LID ON PRESCRIPTION PAINKILLER DEPENDENCE

15X INCREASE

in PBS dispensing of opioid painkillers since 1992 – now reaching approximately 7.5 million per year.

3RD HIGHEST WORLDWIDE

for prescription painkiller misuse per year.

APPROXIMATELY 7 OUT OF 10

opioid-related deaths were due to an opioid other than heroin among Australians aged 15–54 in 2010.

152% INCREASE

in oxycodone prescriptions alone between 2002–08.

23% 1998

58% 2009

Opioids other than heroin are the main cause of opioid-related hospitalisations, overtaking heroin in 2001.

References: