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issuing **forth**

Iran's first community clinic for female drug users: a journey

ed**space**

The human stories behind the numbers

Accurate classification and data analysis is the cornerstone of much of what we do at NDARC as we strive to improve the evidence base behind the delivery of drug and alcohol treatment services and policy.

Yet, it is easy to overlook the fact that behind the numbers lie very human stories, often of great suffering, but also of great hope when treatment and rehabilitation have succeeded.

The cover story of this issue of *CentreLines* is very much a personal story and there is little danger that raw humanity is lost in the statistics.

Eight years ago Professor Kate Dolan first stepped into the women's section of the notorious Evin prison in Iran. That visit marked the start of a personal journey for Kate and a group of significantly marginalised women.

The establishment of a community drug clinic for women four years later, with the assistance of philanthropic funding, was the result of sustained personal effort by Professor Dolan and two Iranian doctors to establish a service for which there was a crying need – a need which revealed itself during that first tour of the female prison. The fact that they succeeded in a country where homosexual sex, adultery and sex work are hanging offences is remarkable. Four years later the clinic is still going strong and it has achieved some outstanding results.

A very different human story appears elsewhere in this issue – Professor Wayne Hall's tribute to Kevin Rozzoli who has retired after nearly 23 years as Chair of the NDARC Advisory Board. He will equally be remembered for his warmth and his egalitarian and friendly approach to all staff whether they were the Director, a research officer or an administration assistant and for his deep understanding of the role that research could play in helping to alleviate the enormous individual and community costs of substance use disorders. All at NDARC wish him well.

Marion Downey, Manager Media and Communications

NDARC **Annual Symposium**

Tuesday 30 August 2011: Register Now!

New Horizons: Integrating research findings, public policy and clinical practice

Register online at: http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/Symposium
Early Bird closes COB 5 August 2011

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Australia has had great success in the past 20 or so years in developing a structured approach to drug and alcohol research. It has built the research capacity and infrastructure that continues to encourage young people into this area of research, writes NDARC's Director Professor Michael Farrell.

Farewell to Kevin Rozzoli

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When Professor Kate Dolan first visited Iran in 2003 there were no treatment services for female drug users. Four years later she helped establish the country's first community clinic for female injecting drug users. There are now five drug treatment clinics in Tehran. The original clinic's next project is to establish a service for crystal meth users.

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CentreLines is a joint publication from the National Drug and Alcohol Research Centre, Sydney and the National Drug Research Institute, Perth.

headspace

Structured creativity: the key to success in drug and alcohol research

Professor Michael Farrell

We sometimes find ourselves in unexpected places and wonder "how did I get here"? When we tell someone what we do they often ask "Why did you choose to do that"? So why do people come into the field of alcohol and other drug research, treatment and practice. Well it's often complex and the mixture of serendipity, opportunity, inspiration, excitement, curiosity and sometimes background or personal experience of family or friends who have faced difficult problems.

While people come in for a variety of reasons what they all require and deserve is a good structure to ensure they acquire the skills and competencies that enable them to grow and develop. A key part of organisational development across the field is to ensure that there are good pathways for career development that take a lifelong development approach.

Developing such a structured approach has been one of the big successes of the past 20 or more years in Australia. There has been a huge success in building the research capacity and infrastructure and encouraging young researchers into this area of research. Part of the attraction is the spread of topics to be covered from basic science, molecular genetics, neuroimaging, to epidemiology and public health, to issues of culture, including youth culture, gender and sexual politics, to international development issues and global drug policy questions. It is without a doubt a very wide ranging field requiring multidisciplinary input from an exciting range of disciplines.

Multidisciplinary work however is not easy and requires a capacity for people from different professional and research backgrounds to accommodate different perspectives and to try and see the problem in a bigger and wider framework. Such a broad perspective is critical to adopting an open and self critical approach where new thinking can be developed and new approaches shaped.

The research environment needs to encourage open and creative thinking and to move out of fixed ways of seeing things.

There can be little doubt that many things occur today that are acceptable and common custom, but that we will look back on in 20 or 30 years and wonder how on earth we ever put up with such practices. Who for example can watch the TV series *Mad Men* about the New York Advertising Industry of the 60s, without finding the drinking and smoking habits and office behaviour in general quite extraordinary. Which of today's behaviours will we look back at incredulously? I suspect quite a few of today's so called normal practices. The introduction of plain packaging is also a historic milestone that will seem such an obvious public health measure that we will wonder why it took us so long to do and how it could ever have been considered controversial.

So what has this all got to do with research? Well everything, in that efforts to look into the future and learn from the past are all part of the research process. The challenge of building approaches that are exciting, creative, and collaborative and that bring new energy and enthusiasm to both research and practice are all part of the critical challenge facing us as we strategically attempt to shape our future work and practice.

What is striking in Australia is the balanced approach to a range of models for responding to alcohol and drug problems. Within the culture there is a strong tradition of pragmatism and problem solving and this has shaped the overall approach of the alcohol and drug field. This approach augurs well for a future of adaptive, problem-solving, multidisciplinary research that is also fun and productive, makes sense and deals with real and solvable issues. **cl**

NDARC says goodbye to Kevin Rozzoli after 23 years

Professor Wayne Hall

Almost 10 years ago Kevin and my roles tonight were reversed. Kevin was speaking at an event to mark my departure from NDARC, after seven years as Executive Director and 12 years as a staff member. Kevin has occupied the critical role of Chairman of the NDARC Advisory Board for a great deal longer than that, almost 23 years by my reckoning, during the tenure of four Directors – Nick Heather, myself, Richard Mattick and now, Michael Farrell.

Under Kevin's chairmanship, NDARC has grown from a small centre of a dozen or so staff, including four academics, when I joined to the powerhouse of 140 or more researchers that it is today. For many staff now at NDARC, it is probably hard to imagine that the future of the organisation has ever been in any doubt. NDARC's success has conferred a retrospective inevitability on its growth. But this was not how things always seemed in the Centre's early days. I can remember, as no doubt can Kevin, a few shaky moments when the Centre was still finding its feet and on more than one occasion I wondered whether I would be around to celebrate NDARC's first quarter century, as we shortly will.

The Hon Kevin Rozzoli AM Chairman NDARC Board of Management, 1988–2011

Kevin provided sage advice through those early trials and tribulations. He played a critical role in helping to deal with a change of Director just before an external review, seven years after NDARC was established. He assisted us to adapt to a first change of Federal government after nine years and a funding cut that followed in governmental efforts to reduce a budget deficit. He also guided us through the uncertain new world of doing research in the midst of a polarised, and at times acrimonious, debate about the future direction of Australian drug policy in the late 1990s.

Above all I remember Kevin's patience in dealing with the long process of negotiating new accommodation for the Centre after we had outgrown our existing accommodation and after Prince of Wales Hospital informed us at very short notice of their intention to resume our space on the expiry of our 15 year peppercorn lease.

I often wondered how Kevin faced Advisory Board meetings during this time. The issue of accommodation was a standing item on the agenda and it seemed to consume most of the discussion, with only very slow and painful progress. Discussions of Heli Wolk's inimitable methods of preparing annual accounts provided a rare bit of relief. But the outcome that was negotiated ensured NDARC's success that has been rewarded in the usual way, by the need to find even more space.

I've learned since leaving NDARC that competition for space is a staple of modern academic life. Academic life is also increasingly focused on what Peter Baume called, matters of high principle – money. I learned a great deal from Kevin's stoicism and equanimity in the face of these issues that has helped me to be better cope with similar issues since I left NDARC.

I offer a very large personal thank you to Kevin for all the valuable advice and support that he gave me during the time I had the honour to serve as Executive Director of NDARC. And I think I can speak for all here in thanking Kevin for his continued support under Richard Mattick's leadership that enabled NDARC to flourish in the decade since I left. Most recently, Kevin assisted in recruiting an energetic new Director in the person of Michael Farrell.

We wish you all the best for the future Kevin and we do so in the knowledge that you will continue to be a long standing friend and supporter of the Centre for many years to come.

This speech was delivered at NDARC's farewell event for Kevin Rozzoli on 8 July 2011 cl

issuing **forth**

Iran's first community clinic for female drug users: a journey

By Professor Kate Dolan

Assessing a patient

In February this year I made my third trip to the Islamic Republic of Iran. I had been invited to present a paper on female drug users at a Conference on Reproductive Health. That visit gave me a chance to catch up on the cohort of seven women I have been following for four years.

My work with female prisoners and injecting drug users evolved out of a series of workshops for prison doctors working with male prisoners, that I held in Iran in 2003. At the time Iran had suffered two large scale outbreaks of HIV among its prison population and was keen to address the issue. After the workshops, my student, two doctors and I travelled around the country visiting prisons.

On our last day we visited the women's prison at the notorious Evin Prison, at the foot of the Alborz Mountains.

To enter the women's section of Evin Prison, I had to walk through several metal doors. The walls were white with a pale blue trim. The central room of the women's section was clean and sparse. Even with a borrowed hejab covering my hair, there was no mistaking me for a westerner. And as such the Iranian women were surprised, even suspicious to see me.

As I walked in, accompanied by a translator and a guide, all the women turned away to hide, holding their chadors – long, flowing capes – close up to their chins. Each was wearing the same navy blue chador; the prison-issue uniform. Some of the women had small children with them, and a few had babies. As the translator spoke, the women turned around. Without exception they all looked harmless but terrified. It was clear to me that these women did not need to be locked up for society's safety. Most of the women had been incarcerated for fraud and other non-violent crimes.

Their prison cell was large, airy and white. Four bunk beds were placed up against two walls. White curtains hung down from the top bunk to the bottom bunk which softened the metal bed frames. The women silently scrutinised me and my party and I was asked to explain my visit. I told them, through a translator, that I was from Australia, looking at the amazing things Iran was doing to prevent HIV. "Last week I ran a workshop for prison doctors and we talked about providing methadone to women in prison." The mere mention of methadone was enough to arouse their interest.

One girl aged about 18 told me she was happy with most things, but her comments appeared scripted. Another woman offered: "The food is good and we get to see the doctor but I'm looking forward to getting out and going back home."

A lady in her fifties also reassured us that things were fine but added: "These young people complain about anything." She told me that she had been inside on this occasion for 10 months and on a previous occasion for two years. She was a drug user. It wasn't her multiple prison sentences that gave her away, but her swollen hands. I could see that she had been injecting drugs for some time, decades even. I suspected she no longer injected into the crook of her elbow but was injecting into her hands and probably in her legs. The adulterants that the drugs were cut with had damaged her veins, clogging them up.

On the surface at least, the prisoners appeared happy.

Our guide asked if I would like to talk to the women without any staff present. I was pleasantly surprised and accepted the offer. My translator stayed with me. With everyone looking at me I was so unprepared and unsure how to frame the many questions swirling around in my head. The translator picked up on my apprehensiveness and suggested to the women that they should tell me if they had any complaints about the prison. I was apprehensive about acting as a go between for their complaints.

A woman in her mid twenties told me, with some annoyance, that she didn't think she was being given all her medication. This was a common complaint among drug users as they often felt they were being swindled. I decided to explore her complaint and asked her what sort of medication she was on. She said: "I should get pills to put me to sleep but I don't get enough. I don't sleep at night." There was another explanation for her lack of sleep. She could be addicted to the sleeping pills and needed more to get to sleep. Not sleeping was a typical problem in prisons for many inmates. Prisons are filled with the constant noise of people fighting, screaming, gates slamming shut and PA announcements.

More women came forward with more complaints. My translator suggested we raise them with the director later. I realised I had to see this through. I couldn't now say I didn't want to be part of this impromptu round-table of women's complaints about the prison. So we sat in a circle and listened to the women's complaints, one after another.

Finally one young woman said: "I want to get off drugs but I need help and if I got help outside I wouldn't be here now."

This visit would have a lasting effect on me.

Over the next four years two Iranian doctors and I set about facilitating drug treatment for women in Iranian prisons and in the community once released. We hit a major setback when the prison director we had been working with resigned. We were back to square one with the new director who told us we could not include work we had done for the previous director. We had to accept that a prison-based clinic was unlikely and we focused on establishing a clinic for women drug users in the community.

In 2007, nearly four years after that first visit, we established our community clinic, with the help of US $270,000 from the Drosos Foundation. We worked on the ground with the Persepolis NGO, an HIV/ AIDS service based in Iran. Over 100 women came to our clinic in its first year referred from a wide variety of sources including prisons, welfare agencies, Police and word of mouth.

For 80 per cent of women this was their first contact with any form of drug treatment. The scale of unmet demand for treatment is unsurprising considering Iran's love affair with opium. Iranians have been consuming opium for centuries. One of the first recorded medicinal uses of opium was by an Iranian Abu Bakr Muhammad ibn Zakariya al-Razi (841-926). He used opium as anaesthetic during surgery. Today Iran has the highest rate of opium consumption in the world.

Improvements in sex behaviour

	BASELINE % N=40	FOLLOW UP % N=40
Unsafe sex with stranger	10	0
Unsafe sex for drugs	10	0
Unsafe sex for money	15	0

Professor Dolan outside the clinic

Our clinic had many staff and services on offer. Thanks to the funding we employed a co-ordinator, a doctor, two nurses, a social worker, a midwife, a clinical psychologist, a lawyer and an administrator. There were also three researchers and an accountant. We provided methadone, needles and syringes, condoms, HIV and hepatitis C testing, legal aid, motivational interviewing and sexual and primary health care. The clinic had a safe room where women could sit and have a cup of tea and remove their hejabs. Clients were encouraged to bring their children to the Women's Clinic. They could receive powdered milk and baby clothes at the clinic. There was a small fee for children to go to school and the clinic could provide a little assistance with this.

Adultery and sex work are hanging offences in Iran (as is homosexual sex). Many women were therefore reluctant to take condoms. The staff had a steep learning curve in dealing with such a marginalised population. After my trip I had built up quite a good rapport with the staff and clients. Indeed in the middle of one night my home phone rang. "No one takes condoms, what should we do?" At first I wasn't sure who was calling, and then I recognised her accent. "OK, OK", I said half asleep, "put them on the front desk so the clients don't have to ask for them." Click. She hung up and moved the items so everyone could help themselves. We went from distributing about 20 or 30 condoms a month to over 800 condoms a month. The women had also started to take syringes although they still denied injecting.

Clinic workers and Professor Dolan

The research at the clinic was very comprehensive. We conducted baseline and follow up interviews and collected blood and urine samples to examine clients' progress. There was a qualitative aspect to research as well.

We found significant improvements in a number of areas we studied (see abstract page). There were reductions in self reported heroin use and being drug dependent and improvements in sexual behaviour. Only one woman acquired hepatitis C and no new cases of HIV have been detected. Our research has provided the first picture of women who use drugs in Iran and confirmed the need for women only services to facilitate their engagement in drug treatment. There are now five drug treatment clinics for women in Tehran.

But the clinic has been about much more than collecting data for research. It has equally been about the personal stories of the clients and the staff revealed through numerous focus groups and individual interviews. Perhaps the most moving story was that of Fatima. She was wiry, with dyed hair, and was so animated that I wondered if she had taken amphetamines but she was just happy, very happy.

She blurted out: "I was homeless, sleeping on the streets and in parks for years. I have been attacked many times. All my belongings have been stolen." Her voice started to get louder and she started clenching her hands together as she spoke. "I was left with just the clothes I was wearing. I slept under bridges to stay dry and went for days, weeks even, without showering. I took syringes out of bins and off the street and used them without a second thought. I am lucky I didn't get AIDS. Then someone told

Clients in the women's room

me about this place, but at first I couldn't believe that such a clinic would exist for someone like me." She has been introduced to the clinic by another user Avat. "I have turned my life around. I have gotten married and I have a young child. My husband doesn't use drugs. Our home is very small but it's ours and best of all I have given up drugs. And I couldn't have done it on my own."

I suspected she was right that she wouldn't have turned her life around without the help of the clinic staff and its services – well not in such a short time. Her story really encapsulated the "rock bottom" that most women had hit by the time they fronted up for treatment. As wonderful as it was to hear success stories like Fatima's I also had to hear the failures and the problems with the staff and its services.

Homeless women and sex workers in particular were discriminated against by clients and staff. Two clients voiced their concerns about the level of care they would receive if more women came along. The midwife's husband did not want her to take a job where sex workers were employed, fearing she may face trouble with the law. Staff members recalled the intense resistance to the clinic when it was first established. Several neighbours did not want a drug users' clinic in their midst. In fact there had been an attempt to fire bomb the clinic because the neighbours thought it was a brothel.

Despite the problems most staff found the experience tremendously rewarding. The director told me this was his first experience of working with women and that it was unusual to help sex workers. At first he was concerned how others would respond. "This clinic gives some rights to women," he said. "I am not concerned about running such a clinic now. It's not ideal but we have achieved a lot." Another staff member noted how useful it was to have a midwife and lawyer on hand for clients who would not normally have free access to these professionals.

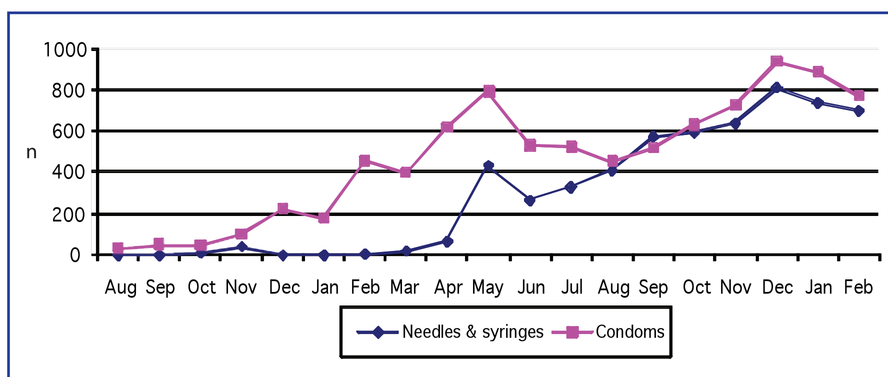
We employed a social worker who was keen to give the women vocational opportunities and training, as well as providing a range of services. She assisted a client to start a hair salon in one of the clinic rooms. The client would cut and colour clients' hair for a small fee once a week. The room was pretty basic; just a table with a mirror on it and a chair in front of it. There were a few posters of women with big hair dos on the walls. On the window sill there were bottles that sprayed water.

Many staff commented on their own journey and personal growth. "I never thought that people who injected heroin could be trusted, but they are regular people who are deprived of most social, health and support services afforded to everyone else," said one.

Others valued the insight and greater understanding they had gained of humanity through working in the clinic. "They have been through all this misery and suffering but are courageous. They are able to withstand all this and still be able laugh and care about each other." Many admired the level of care and support that clients provided for each other and

Continued on page 6 ...

Distribution of needles and syringes and condoms at the clinic



Six Month Follow-up of Iranian Women in Methadone Treatment[3]

Aims and methods

The study aimed to examine the short term impact of methadone maintenance treatment on drug use, dependence and crime in female drug users in Iran. Women who came to the clinic were registered and assessed for methadone maintenance treatment. Women were interviewed and bled at baseline and follow up (F/U) six months later. Women had access to female staff comprising a social worker, a lawyer, a psychologist, a mid wife, doctor and nurses.

Results

Of 97 clients, we enrolled 78 and F/U 40 women. Women had a mean age of 36 and had used drugs for a mean of 14 years. They had a moderate level of literacy (78%). Women usually smoked heroin (87%) or opium (69%). Less than a quarter had any prior experience of drug treatment. One quarter had injected and 50% had a regular sexual partner. Half had been imprisoned. The average dose was 67mg (R: 25 to 160 mg) and duration in MMT was 15 months. HIV prevalence was 5% and HCV was 24%.

At F/U there were significant reductions in heroin use (63% to 13%; $p = 0.001$); mean ICD 10 scores (7.3 to 1.6; $p = 0.0001$) and Social Dysfunction (2.2 to 1.2; $p = 0.03$). Social functioning increased more for severely dependent users than for less dependent users ($F1, 25 = 4.37$, $p = 0.04$, $N = 26$). Hepatitis C seroincidence was 7.1 per 100 person years. No one acquired HIV infection.

Conclusions

We provided the first picture of Iranian female drug users, their risk behaviours and how well they responded to MMT. Given the women's high level of opiate use and HIV risk behaviour, their entry into treatment should be facilitated to avert HIV transmission and to improve their lives.

their children in the face of enormous personal difficulties and challenges. Others were quite unprepared for the level of poverty experienced by clients and felt staff need training around this.

These were long term drug users so unsurprisingly staff experiences with clients were also somewhat challenging. The clinic's manager said that clients were aggressive and behaved badly. This was normal behaviour for people with a drug addiction. She thought female drug users were harder to work with than male clients as they were more damaged. But then she told me there were many rewards to her job. It was wonderful when a client improved and she felt she had helped many of them.

Many of my typical Western views of Iranian society have been changed by meeting its people, reading about its culture and of course the work in the clinic.

My initial motivation was to carry out research and to build capacity among Iranian researchers and clinicians. But now I am also very involved in working with the staff and clients. Six of the seven women in my cohort are doing remarkable well. One has a crystal meth problem now and lives in a garage. Her husband was trying to have her committed when I was there earlier this year. Our next project at the clinic is to provide treatment for crystal meth users. **cl**

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project **notes**

The feasibility and cost-effectiveness of a family-based alcohol intervention for reducing alcohol-related harms among Indigenous Australians.

Anthony Shakeshaft, Anton Clifford, Komla Tsey, Julaine Allan, Chris Doran, Miranda Rose, Rod McQueen and Bianca Calabria

The deleterious impact of alcohol on health is disproportionately high for Indigenous Australians.

Given that family relationships are fundamental for the well-being and cohesion of Indigenous communities, shaping identity and influencing social functioning, a family based- approach has great potential to influence Indigenous individuals to reduce alcohol use.

The Community Reinforcement and Family Training (CRAFT) works with family members of at-risk drinkers and has proven effective for engaging problem drinkers in treatment and improving the social and emotional wellbeing of their family members. The Community Reinforcement Approach (CRA) is an effective treatment for reducing alcohol use among at-risk drinkers. Both CRAFT and CRA utilise positive family and community reinforcers to modify drinking behaviour. This project aims to evaluate the feasibility and cost-effectiveness of CRA and CRAFT for reducing alcohol-related harms among Indigenous Australians with alcohol problems.

The project has four stages:

1. Survey administered to Aboriginal clients of participating health services to examine their perceptions of the acceptability of CRA and CRAFT;
2. Adapt CRA and CRAFT based on findings of survey;
3. Train and certify healthcare practitioners in CRA and CRAFT delivery; and
4. Evaluate the feasibility and cost-effectiveness of CRA and CRAFT for delivery in Indigenous-specific healthcare.

Stages One and Two are complete and Stage Three is underway.

In Stage One, 125 Aboriginal clients contacted through participating health services, Yoorana Gunya Family Violence and Healing Centre Aboriginal Corporation (Yoorana Gunya) and Lyndon Community completed the survey. Study participants identified their primary health service provider as Yoorana Gunya (60 per cent); Lyndon Community (17 per cent); other services (21 per cent); and two per cent did not specify a health service. Participants ranged in age from 18 to 72 years (mean age = 40 years) and 45 per cent were male.

Of the 111 (89 per cent) participants answering alcohol use questions, 12 per cent (n=13) were non-drinkers, 64 per cent (n=71) drank alcohol to harmful levels and 71 per cent (n=79) were worried about a family member's drinking. CRA was considered acceptable for delivery in the local Aboriginal community by 82 per cent of participants, and CRAFT by 71 per cent of participants. Most participants wanted a counsellor who they knew and trusted (66 per cent for CRA; 58 per cent for CRAFT) and who had experience working in their local community (70 per cent for CRA; 66 per cent for CRAFT). For both CRA and CRAFT, there was a strong preference for talking about alcohol problems, with less importance placed on practicing skills to reinforce low risk or no drinking.

Acceptability survey findings and a three day specialist training workshop in CRAFT informed the development of clinical practice manuals to facilitate implementation of CRA and CRAFT in Indigenous-specific routine healthcare. Certification of healthcare practitioners in CRAFT delivery is underway.

Impact of Parental Substance Use on Infant Development and Family Functioning

Delyse Hutchinson, Richard Mattick, Steve Allsop, Jake Najman, Elizabeth Elliot, Lucy Burns, Sue Jacobs, Craig Olsson, Alexander Aiken, Anne Bartu, Chiara Bucello, Joanne Cassar, Gabrielle Campbell, Laura Dewberry, Maria Gomez, Thea Gumbert and Erin Kelly

Community survey data show that half of all Australian women report some alcohol or other drug use in pregnancy. The limited available research also suggests that more than one in four men drink alcohol at risky levels during the prenatal period. The high incidence of substance use among Australian parents during this critical time is a major public health issue affecting over 100,000 babies each year.

Research suggests that parental substance use can have adverse impacts on birth outcomes and infant development. However, the effects of such exposures are far from well understood. In fact, major gaps in current knowledge have led to uncertainty about appropriate public health recommendations to women and their partners about alcohol and other substance use in pregnancy.

The Triple B Study (Bumps, Babies and Beyond) is a longitudinal birth cohort study of 2,000 Australian families. A pilot study of 70 families was completed in 2010. The larger study was funded through the NHMRC project

grant scheme in 2010 and is the first large-scale Australian study to examine the effects of substance use among pregnant women and their partners during the prenatal period on infant development and family functioning. The impact of other factors such as social support, biological factors, income, parents' emotional well-being, exercise, nutrition and temperament will also be examined.

Pregnant women and their partners are being recruited during the prenatal period (conception to birth). Participants are recruited though antenatal services attached to major hospitals in New South Wales and Western Australia. Participants will also be recruited through specialist drug and alcohol antenatal services. To date, 550 women and their families have been recruited into the study through Royal Prince Alfred Hospital and the Royal Hospital for Women in Sydney. Many of these families are currently completing their postnatal assessments which take place at infant age eight weeks and 12 months. More recently, the study has seen the commencement of recruitment at Liverpool Hospital in Sydney and King Edward Memorial Hospital in Perth.

Improved knowledge of the extent to which substance use in pregnant women and their partners predict problems in infant development and family functioning will provide evidence-based direction to the development of public health policy and community interventions that aim to improve the health and wellbeing of a large number of Australian children and families.

**The study involves a large team of Associate Investigators and interstate research officers which we are unable to list here. Please refer to the project website for the full details of the research team. http://www.med.unsw.edu.au/ndarcweb.nsf/page/Current+Project+I32*

Improving services to families affected by Fetal Alcohol Spectrum Disorders (FASD)

Lucy Burns, Elizabeth Conroy, Delyse Hutchinson, Courtney Breen, Deborah Loxton, Jennifer Powers, Sue Miers and Adrian Dunlop

Alcohol use during pregnancy has been associated with a number of adverse pregnancy outcomes including miscarriage, premature birth, still birth and low birth weight. Alcohol exposure in utero can also cause a range of abnormalities which are included under the umbrella term Fetal Alcohol Spectrum Disorders (FASD). There has been limited research undertaken with the families who raise children affected by FASD. In particular there is limited information on the care needs of families and what support services are available and/or required. It is important to have accurate information from families on the level of disability experienced and the issues involved to ensure suitable services are available. This information could also assist in designing and targeting appropriate interventions for families.

This project, funded by the Alcohol Education research Foundation (AERF) will examine the experiences and needs of families that care for a child or children with FASD to develop a gold standard for family support.

It will comprise a quantitative and a qualitative survey of parent/carers of children with FASD.

Treatment for alcohol dependent women

Lucy Burns, Elizabeth Conroy, Delyse Hutchinson, Courtney Breen, Deborah Loxton, Jennifer Powers, Sue Miers and Adrian Dunlop

Identification and treatment of problem drinking prior to and during pregnancy is recognised as an effective strategy for prevention of Fetal Alcohol Spectrum Disorders (FASD). However, only a small proportion of pregnant women who drink at problematic levels are identified and treated. There are a variety of reasons for women not to access treatment including a lack of services, attributing their problems to mental health rather than alcohol use and issues relating to their personal situation (children or partner). Given the changing patterns of alcohol consumption and alcohol-related harm among women, attention must be paid to the way gender stereotypes influence the prevention and treatment of alcohol related problems.

This project aims to gain information from stakeholders (alcohol-dependent women and clinicians that care for alcohol-dependent pregnant women) on barriers to treatment. Information gained from the project will be used to produce a resource for clinicians about the management of alcohol dependence in pregnancy.

The project comprises three components:

- a literature review of alcohol use in pregnancy
- a qualitative survey of clinicians who work with alcohol dependent women
- a qualitative survey of alcohol dependent pregnant women. **cl**

ab**stracts**

Hurt people who hurt people: Violence amongst individuals with comorbid substance use disorder and post traumatic stress disorder

Addictive Behaviors, 36, 721-728

Emma Barrett, Katherine Mills and Maree Teesson

Aims: The association between substance use disorder (SUD) and the perpetration of violence has been well documented. There is some evidence to suggest that the co-occurrence of post traumatic stress disorder (PTSD) may increase the risk for violence. This study aims to determine the prevalence of violence perpetration and examine factors related to violence amongst individuals with comorbid SUD and PTSD.

Design and participants: Data was collected via interview from 102 participants recruited to a randomised controlled trial of an integrated treatment for comorbid SUD and PTSD.

Measurements: The interview addressed demographics, perpetration of violent crime, mental health including aggression, substance use, PTSD, depression, anxiety and borderline personality disorder.

Findings: Over half of participants reported committing violence in their lifetime and 16per cent had committed violence in the past month. Bivariate associations were found between violence perpetration and trait aggression, higher levels of alcohol and cannabis use, lower levels of other opiate use, and experiencing more severe PTSD symptoms, particularly in relation to hyperarousal. When entered into a backward stepwise logistic regression however, only higher levels of physical aggression and more severe PTSD hyperarousal symptoms remained as independent predictors of violence perpetration.

Conclusions: These findings highlight the importance of assessing for PTSD amongst those with SUD particularly in forensic settings. They also indicate that it is the hyperarousal symptoms of PTSD specifically that need to be targeted by interventions aimed at reducing violence amongst individuals with SUD and PTSD.

Definitions related to the use of pharmaceutical opioids: extramedical use, diversion, non-adherence and aberrant medication-related behaviours

Drug and Alcohol Review, 2011, 30:236–245

Briony Larance, Louisa Degenhardt, Nick Lintzeris, Adam Winstock and Richard Mattick

Aims: This paper (i) reviews the language used to describe and manage those patient practices that fall outside standard medical models of opioid treatment (for pain and opioid dependence), and (ii) proposes a consistent terminology that can be applied across multiple healthcare settings.

Method: Peer-reviewed and grey literature documenting empirical studies of (non-) adherence with opioid treatment, proposed definitions or other potentially important aspects of terminology were included in this review.

Results: There are international inconsistencies in the terminology used to describe the unintended consequences of opioid treatment, and the terms used often lack specificity. The terms 'hazardous use','extramedical use','opioid dependence', 'diversion','non-adherence' and 'aberrant behaviours' are defined. We advocate for consistent application of these terms in the context of opioid treatment, and propose that care is taken to describe individual practices and intentions.

Conclusions: The increasing global attention on the use and diversion of pharmaceutical opioids warrants a discussion of current terms and definitions. Exaggerated concerns regarding 'addiction potential' may result in restrictions in the supply of opioids and the under-treatment of legitimate medical conditions. Researchers, clinicians, policy-makers and patients need to ensure greater care is given to terminology, including detailed descriptions of patient practices, the context in which they occur and severity of associated harm.

Geographic and maternal characteristics associated with alcohol use in pregnancy

Alcoholism: Clinical and Experimental Research, 35, 1-8

Lucy Burns, Emma Black, Jennifer R. Powers, Deborah Loxton, Elizabeth Elliott, Anthony Shakeshaft and Adrian Dunlop

Background: To date, no studies have used population-level data to investigate whether maternal location of residence (metropolitan vs. regional/remote populations) is associated with alcohol use in pregnancy. This information has important implications for appropriate service provision.

Methods: Information on all live births in New South Wales Australia was linked to records of alcohol-related admissions for mothers of these births over a 6-year period (2000 to 2006). Cases were women who had at least 1 alcohol-related hospital admission during pregnancy or at birth. Controls were women who had at least 1 live birth over that same time period but no alcohol-related hospital admissions during that time. Admissions were considered to be alcohol related based on the International Statistical Classification of Diseases and Related Health Problems,10th Revision, Australian Modification (ICD-10-AM) code. Demographic, obstetric, and neonatal variables were compared.

Results: A total of 417,464 singleton birth records were analysed, 488 of which were coded positive for at least 1 alcohol-related ICD-10-AM diagnosis. Characteristics associated with alcohol-related admissions in pregnancy were residence in a remote/very remote area, being Australian-born, having had a previous pregnancy, smoking in the current pregnancy, and presenting late to antenatal care. Alcohol-exposed pregnancies were associated with a range of poor obstetric and neonatal outcomes, with no geographic differences noted. However, women in regional/remote areas were less likely to attend specialist obstetric hospitals.

Conclusions: This study shows the need for standardized screening programs for alcohol use in pregnancy and where problematic use is detected, for clear clinical guidelines on management and referral.

Patterns of psychological distress related to regular methamphetamine and opioid use

Addiction Research and Theory, 19, 121-127

Shane Darke, Michelle Torok, Rebecca McKetin, Sharlene Kaye and Joanne Ross

In order to determine the independent associations of methamphetamine and heroin use to global psychological distress, symptom patterns and personality disorder, 400 regular users of these drugs were administered the Brief Symptom Inventory. The mean global severity score was 2.39 standard deviations above the population norm, and 24 per cent were classified as cases. After controlling for potential confounders, higher levels of global psychological distress were independently associated with more frequent use of both drug classes. Depression was associated with the frequency of heroin use, but not with methamphetamine use. Phobic anxiety, interpersonal sensitivity and psychoticism were independently related to the frequency of methamphetamine use, but not to heroin use. Neither methamphetamine nor heroin use were independent correlates of a diagnosis of borderline personality disorder or conduct disorder. Whilst higher levels of psychological distress were associated with both methamphetamine and heroin use, symptom patterns were differentially related to the use of these drugs.

Elite athletes' estimates of the prevalence of illicit drug use: evidence for the false consensus effect

Drug and Alcohol Review, advance online publication

Matthew Dunn, Johanna Thomas, Wendy Swift and Lucy Burns

Introduction and Aims: The false consensus effect (FCE) is the tendency for people to assume that others share their attitudes and behaviours to a greater extent than they actually do. The FCE has been demonstrated for a range of health behaviours, including substance use. The study aimed to explore the relationship between elite athlete's engagement in recreational drug use and their consensus estimates (the FCE) and to determine whether those who engage in the behaviour overestimate the use of others around them.

Design and Method: The FCE was investigated among 974 elite Australian athletes who were classified according to their drug use history.

Results: Participants tended to report that there was a higher prevalence of drug use among athletes in general compared with athletes in their sport, and these estimates appeared to be influenced by participants' drug use history. While overestimation of drug use by participants was not common, this overestimation also appeared to be influenced by athletes' drug use history.

Discussion and Conclusions: The results suggest that athletes who have a history of illicit drug use overestimate the prevalence of drug use among athletes. These findings may be helpful in the formulation of normative education initiatives.

Adverse consequences of student drinking: The role of sex, social anxiety, drinking motives

Addictive Behaviors, Advance online publication, 1-8

Melissa M. Norberg, Jake Olivier, Dion M. Alperstein, Michael J. Zvolensky and Alice R. Norton

This study examined whether biological sex, social anxiety, and drinking motives relate

differently to distinct types of alcohol-related consequences using Poisson regression. One hundred eighteen college students completed self-report measures assessing drinking motives and social anxiety and an interview assessing alcohol consumption and consequences. Highly socially anxious women were particularly apt to experience adverse role functioning consequences, while men were particularly apt to experience physical consequences. Although highly socially anxious women reported more personal consequences than did women with low to moderate social anxiety, men with low to moderate social anxiety reported experiencing more social and personal consequences than did women with low to moderate social anxiety. When taking into consideration the above associations, coping motives were statistically associated with social consequences and marginally related to personal consequences, while enhancement motives were significantly associated with physical consequences. Targeting these factors may lead to effective interventions for individuals with co-occurring social anxiety and drinking problems.

Young cannabis users in residential treatment: as distressed as other clients

Substance Use & Misuse, 46:1–11, 2011

Anthony J. Arcuri, John Howard, Melissa Norberg, Jan Copeland and Barbara Toson

Doubt remains about the need for residential substance user treatment for young cannabis users. Using a series of validated clinical tools, this study compared 1,221 primarily cannabis-, psychostimulant-, alcohol-, or opioid-dependent young people admitted to an urban/rural Australian residential treatment program between 2001 and 2007. Multinomial logistic regression revealed that the cannabis user group had poorer mental health than the opioid group, poorer social functioning than the alcohol drinking group, and comparably poor functioning otherwise but remained in treatment longer than the psychostimulant and opioid user groups. Residential treatment for primarily cannabis-dependent young people with complex and multiple needs can be supported.

An item response analysis of the DSM-IV criteria for major depression: findings from the Australian National Survey of Mental Health and Wellbeing

Journal of Affective Disorders, 130, 92-98

Natacha Carragher, Louise Mewton, Tim Slade and Maree Teesson

Background: This study examines the psychometric properties and presence of gender bias in the major depression criteria using data from the Australian general population.

Methods: Data came from a subsample of respondents from the 1997 National Survey of Mental Health and Wellbeing (NSMHWB; n=2061). A two-parameter logistic model was employed to yield severity and discrimination parameters, and the IRT log-likelihood-ratio test for differential item functioning (IRTLRDIF) procedure was utilized to evaluate gender bias.

Results: DIF analyses indicated that the psychomotor difficulties criterion was endorsed at lower levels of severity by males than females. In general, the criteria were arrayed along a continuum of depression severity. Discrimination was greatest for concentration difficulties/indecision and lowest for death/suicidal thoughts and worthlessness/guilt. Worthlessness/guilt, psychomotor difficulties, and death/suicidal thoughts tapped the severe end of the depression continuum, whereas concentration difficulties/indecision and sleep disturbance tapped the mild range.

Limitations: The inclusion of stem questions precluded examination of two core symptoms of depression (depressed mood and loss of interest).

Conclusions: Collectively, the criteria performed well in defining a latent continuum of major depression. Few gender differences were observed, with the exception of the psychomotor difficulties criterion. Quantitative and qualitative analyses collectively hold promise of providing a scientifically rigorous basis for empirically-based modifications to the psychiatric classification system.

Screening and intervention for mental health problems in alcohol and other drug settings: Can training change practitioner behaviour?

Drugs: education, prevention and policy, April 2011, 18(2): 157–160

Nicole Lee, Linda Jenner, Amanda Baker, Alison Ritter, Leanne Hides, Josephine Norman, Frances Kay-Lambkin, Kate Hall, Fiona Dann and Jacqui Cameron

Aims: The comorbidity of substance use and mental health problems poses a significant challenge for alcohol and other drug (AOD) treatment services. In many cases, AOD practitioners do not have experience or training in identifying or managing mental health conditions.

Methods: This project examined the implementation of screening and intervention practices for mental health disorders among AOD clients. Training and supervision was provided to 20 AOD practitioners across five sites in four agencies with a focus on enhancing skills in detection of, and intervention for, mental health conditions among their clients. A package developed for this purpose, known as PsyCheck, was used. A random file audit was undertaken to examine changes in detection of mental health conditions.

Findings: There were significant improvements in detection after training and supervision, with detection rates almost doubling in this time.

Conclusions: Training and supervision using the PsyCheck package appears to have the potential to improve mental health detection and intervention in AOD services. This study shows promise for the implementation of mental health intervention in AOD services.

Ensuring the policy relevance of population health research: experiences from the Drug Policy Modelling Program

NSW Public Health Bulletin, 22, 19- 22

Alison Ritter

Abstract: Illicit drugs are an important public health concern. A unique approach to tackling this problem is represented in the work of the Drug Policy Modelling Program which aims to improve evidence-informed policy by reducing the gap between research and policy. There are three elements to the Drug Policy Modelling Program: generating new knowledge; translating evidence into information of relevance for decision makers; and studying policy processes. Key aspects include the use of computer modelling as a translational tool and the focus on understanding policy processes such as the role of media and politics, important in contextualising the research-policy nexus. Other features of the Drug Policy Modelling Program approach include engagement of diverse disciplines, and government researcher partnerships.

Are Australian treatment agencies equipped to deal with rising numbers of presentations for cannabis issues?

Journal of Tropical Psychology, 1, 27-30

Amie R. Frewen and Jan Copeland

Aims: The purpose of the present study was to investigate drug and alcohol work-force issues related to the treatment of cannabis use and related problems in Australia.

Method: A postal or online questionnaire of randomly selected drug and alcohol clinicians (n = 179) across Australia.

Results: A total of 53 clinicians (30 per cent) completed surveys. Results indicated that staff in metropolitan services tended to have higher qualifications than rural and regional agencies. Access to ongoing training and clinical supervision could be improved, with approximately one third of staff having not received training in the last five years, and nearly one in five agencies not offering regular clinical supervision. Preferred options for the further development of cannabis treatments included support for medications and specific cannabis outpatient clinics.

Discussion: To adequately assist with the consequences of cannabis use frontline workers need to be adequately supported to deliver evidenced based interventions.

Conduct disorder as a risk factor for violent victimisation and offending amongst regular illicit drug users

Journal of Drug Issues, Winter 2011

Michelle Torok, Shane Darke, Sharlene Kaye and Joanne Ross

Abstract: This paper aimed to compare the prevalence and nature of violent crime by, and upon, regular drug users by conduct disorder (CD) status. Interview data was collected from 299 regular psychostimulant and/or opioid users. Conduct disorder significantly increased the lifetime and past 12 month risk of violent victimisation and offending. Whilst CD did not independently predict recent violent victimisation after controlling for alcohol and drug use factors, it did predict recent violent offending. Greater alcohol dependence and involvement in drug dealing were predictors of both recent victimisation and offending. The study indicates that there is significant temporal stability between childhood CD behaviours and later violent behaviour amongst individuals with substance use problems. The study also highlights that there is heterogeneity in the risk of violence exposure in drug using populations, a finding which has implications for early intervention and for treatment interventions amongst dependent drug user populations. **cl**

recent **publications**

For more information or for copies of the report please go the NDARC website.

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