We proudly 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 100 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 Anglicare 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

Conference Social Media

- https://www.linkedin.com/in/melissasjames/
- https://twitter.com/AUSNZAddiction/

Conference Schedule

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<th>MAY 18</th>
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<td>Workshops</td>
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<td>MAY 19</td>
<td>8:00 - 8.55</td>
<td>Registration</td>
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<td>Keynote Presentations</td>
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<td>11:00 - 12:34</td>
<td>Session Presentations</td>
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<td>12:34 - 1:30</td>
<td>Lunch</td>
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<td>Afternoon Tea</td>
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<td>5:04 - 6:00</td>
<td>Welcome Receptions</td>
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<tr>
<td>MAY 20</td>
<td>8:30 - 9:00</td>
<td>Registration</td>
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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.

Dr 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 Speciality 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 Head of School, College 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

Senior Researcher, Flinders University

A/Prof Nicole Lee is one of Australia’s leaders in methamphetamine treatment and is internationally known for her research in this area.

She is Director of LeeJenn Health Consultants, Associate Professor at the National Centre for Education and Training on Addiction (NCETA) Flinders University, Adjunct Associate Professor at the National Drug Research Institute (NDRI) Curtin University and a practising psychologist.

She is a Deputy Editor of the Drug and Alcohol Review journal and National President of the Australian Association for Cognitive and Behaviour Therapy (AACBT).

Dr Michael Savic

Research Fellow, Turning Point

Mr Garth Popple

Executive Director, We Help Ourselves (WHOS)
Mr Jeffrey Lucas, Operations Manager/Addiction Therapist, Wesley Mission

BOULEVARD 3

Vicarious Trauma – Managing the Inevitable
Ms Jacqueline Burke, Clinical Director, Rape & Domestic Violence Services Australia

10:30 – 11:00

MORNING TEA WITH EXHIBITORS AND POSTER PRESENTERS

12:30 – 13:30

LUNCH WITH POSTER PRESENTERS AND EXHIBITORS

Panel Discussion

BOULEVARD 3

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

‘The Mamba Challenge’: Managing New Psychoactive Substance use and markets in custodial settings
Dr Rob Ralphs, Senior Lecturer in Criminology, Manchester Metropolitan University

The Underbelly of the Beast: Emerging polydrug use trends amongst British body builders
Dr Mike Salinas, Lecturer in Criminology, Manchester Metropolitan University

12:30 – 13:30

LUNCH WITH POSTER PRESENTERS AND EXHIBITORS

PROGRAM

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: This session will provide a light meal for participants.
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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>1:30 – 2:00</td>
<td>Heavy alcohol discrepancies, parenting and couple relationship satisfaction: A nationally representative longitudinal study</td>
<td>Dr Alexis Foulstone, Honorary Research Fellow, The University of Queensland</td>
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<tr>
<td>2:02 – 2:32</td>
<td>A comparison of e-cigarettes to nicotine replacement therapy, prescription medications and professional support for helping smokers to quit</td>
<td>Dr Timea Partos, Post-doctoral Researcher, King’s College London</td>
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<tr>
<td>2:34 – 3:04</td>
<td>Caffeine and Tramadol abuse – a hidden addiction problem in the Singapore community?</td>
<td>Dr Gomathinayagam Kandasami, Chief of Addiction Medicine, Department (AMD), Consultant National Addictions Management Service</td>
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<td>3:04 – 3.30</td>
<td>Afternoon Tea with Poster Presenters and Exhibitors</td>
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<tr>
<td>3:30 – 4:00</td>
<td>Women and alcohol-use disorders: the need for trauma-informed care.</td>
<td>Dr Renee Brighton, Lecturer/Subject Coordinator, School of Nursing, University of Wollongong</td>
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<tr>
<td>4:02 – 4:32</td>
<td>Development And Implementation Of A Rehabilitation Program For Offenders Engaged In Alcohol-Related/Disorderly Conduct Behaviours</td>
<td>Dr Deborah Wilmoth, Clinic Director, Bond University</td>
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<td>4:34 – 5:04</td>
<td>An evaluation of caregivers’ experiences of the diagnostic process for children with prenatal alcohol exposure</td>
<td>Dr Doug Shelton, Clinical Director, Community Child Health</td>
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<td>1:30 – 2:00</td>
<td>Teenagers and Ice: Ted Noffs Foundation approaches to improving outcomes in a changing world</td>
<td>Mr Kieran Palmer, Clinical Services Manager, Ted Noffs Foundation</td>
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<tr>
<td>2:02 – 2:32</td>
<td>Treating ice addiction in custody: Evaluating a suite of piloted ice-specific prison based group treatment programs for men</td>
<td>Ms Kerrilee Hollows, Deputy Manager, Dr Alan Johnston, Project Manager, Caraniche, Ms Sally Thorpe, Senior Psychologist, Caraniche</td>
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<td>2:34 – 3:04</td>
<td>Cannabis and Amphetamine-type Stimulant Induced Psychoses: A Comparative Overview</td>
<td>Dr Fares Alharbi, Psychiatrist, King Abdulaziz Medical City</td>
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<td>3:30 – 4:00</td>
<td>An Integrated Mental Health Drugs and Alcohol Team</td>
<td>Mr Luke Lindsay, Clinical Manager - Access Team, Barwon Mental Health Drugs &amp; Alcohol Service</td>
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<tr>
<td>4:02 – 4:32</td>
<td>In Review: A Dual Diagnosis Service</td>
<td>Ms Samar Zakaria, Dual Diagnosis Clinical Nurse Consultant, Macquarie Hospital NSLHD</td>
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<td>Ms Anni Hine Moana, Lecturer/Facilitator/PhD Candidate, LaTrobe University</td>
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<td>Merging Minds In Action</td>
<td>Ms Fiona Stevens, Mental Health Social Worker, Private Practitioner</td>
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<td>3:30 – 4:00</td>
<td>Play it again Sam, Gambling, Pornography and other Psychological addictions, we need a new approach to treatment</td>
<td>Ms Philipa Thornton, Clinical Director, Resource Therapy Institute</td>
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<tr>
<td>4:02 – 4:32</td>
<td>Integrated Addiction and Trauma Based Recovery Treatment</td>
<td>Ms Rowena Bianchino, Psychotherapist/Social Worker, Harbour Therapy Clinic</td>
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<td>Telling stories in ways that make us stronger; Working with Australian Aboriginal women who are experiencing problems with AOD use</td>
<td>Ms Anni Hine Moana, Lecturer/Facilitator/PhD Candidate, LaTrobe University</td>
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<td>Female Offenders: Understanding Their Pathway to Drug Offending</td>
<td>Mr Eng Hao Loh, Research Executive, Singapore Prison Service</td>
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MAY 20

TREATMENT APPROACHES & RECOVERY

Boulevard 1

9:00 – 9:30
Making Waves - Brief Acceptance and Commitment Therapy for Comorbid AOD and Severe Emotional and Interpersonal Issues
Mr Andrew Mottram, Senior Clinical Psychologist, Turning Point Alcohol and Drug Centre / Spectrum Personality Disorder Service for Victoria

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 a Change - AOD Non Residential Day Rehabilitation
Mrs Suzanne Powell, AOD Program Coordinator, Ballarat Community Health

10:34 – 11.00
MORNING TEA WITH POSTER PRESENTERS AND EXHIBITORS

Studies, Trends, Impacts and Training

Boulevard 2

9:00 – 9:30
The End - The Effectiveness of Time-Limited Psychotherapy for Problem Gambling
Mr Tony Clarkson, Clinical Services Manager, Gamblers Help Southern

9:32 – 10:02
Evaluating A Dual Diagnosis Training Program - Does it Increase Worker Capability?
Ms Kim Wood, Senior Practitioner - Dual Diagnosis and Complex Needs, Lives Lived Well

10:04 – 10:34
Making Waves - Brief Acceptance and Commitment Therapy for Comorbid AOD and Severe Emotional and Interpersonal Issues
Mr Andrew Mottram, Senior Clinical Psychologist, Turning Point Alcohol and Drug Centre / Spectrum Personality Disorder Service for Victoria

10:34 – 11.00
MORNING TEA WITH POSTER PRESENTERS AND EXHIBITORS

Studies, Trends, Impacts and Training

Boulevard 3

9:00 – 9:30
Supporting social workers to 'do' substance use work – a review of the evidence
Prof Sarah Galvani, Professor of Adult Social Care, Manchester Metropolitan University

9:32 – 10:02
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

10:04 – 10:34
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

10:34 – 11.00
MORNING TEA WITH POSTER PRESENTERS AND EXHIBITORS

Studies, Trends, Impacts and Training

Boulevard 1

11:00 – 11:30
E-Tools and North West Regional Comorbidity Action Group
Ms Janine Phillis, Program & Marketing Manager, Youth, Family & Community Connections

11:32 – 12:02
Addictions – the struggle and the journey
Mrs Judy Nicholas, Board Member, Mental Health Carers ARAFM NSW Inc.

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
**METHAMPHETAMINE: IMPACT OF ICE**

**BOULEVARD 1**

1:30 – 2:00

How do we help, the helpers?

Mr Joel Zimmer, Senior Project Officer - Methamphetamine, Aboriginal Health and Medical Research Council of 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

2:34 – 3:04

A Community Development Response to ICE & Other Drugs & Dual Diagnosis Training

Mr George Patriki, Dual Diagnosis Consultant, Optimal Health Group

Miss Andre’a Simmons, Director, Australian Anti Ice Campaign

3:04 – 3:30

Afternoon Tea with Poster Presenters and Exhibitors

**BOULEVARD 2**

**TREATMENT APPROACHES**

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

2:34 – 3:04

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

Miss Klare Braye, Project Leader, Matua Raki

3:04 – 3:30

Afternoon Tea with Poster Presenters and Exhibitors

**BOULEVARD 3**

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

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

‘Turning the tide on addiction in Indigenous communities by tackling the impacts of child sexual abuse’

Ms Carol Vale, Managing Director, Murawin

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

**KEYNOTE PRESENTERS**

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

TBC

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

4:30 – 5:00

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

Dr Timea Partos, Postdoctoral Fellow King’s College London

TREATMENT OF LONG TERM DRUG ADDICTION IN AUSTRALIA AS COMPARED TO CUSTODIAL TREATMENT OF DRUG ADDICTION IN US

Mrs Marie Heilberg
Self Employed Clinical Psychologist

**A CASE OF IBOGAINE-INDUCED BEHAVIOUR CHANGES**

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**TREATMENT OF LONG TERM DRUG ADDICTION IN AUSTRALIA AS COMPARED TO CUSTODIAL TREATMENT OF DRUG ADDICTION IN US**

Mrs Marie Heilberg
Self Employed Clinical Psychologist
CBT for Substance Misuse

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

Cognitive Behaviour Therapy has a large evidence base for multiple mental health issues including substance use disorder. Increasingly, the CBT model is applied to other addictive behaviours as well. There is little opportunity to train in CBT for substance misuse in Australia. This workshop will introduce participants to Beck et al’s (1993) model of substance abuse, discuss how to apply it and how to manage ‘therapy - interfering behaviours’ (from both clients and Workers!!). We will touch on how CBT can be applied in a wide range of work roles. Participants may also like to Workshop how it could be applied to the wide range of addictive behaviours this conference is attempting to highlight treatment approaches for. Come prepared with a client in mind. A basic understanding of the CBT model is assumed. This workshop will focus on practical application of theory.

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

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

No longer are drawing and colouring just for kids - they have expanded into a wonderful way to motivate adult creativity and help improve mental health. Adult colouring and doodling books have exploded into popularity in recent years. Research in art therapy and therapeutic imagery shows that drawing can help people to focus and express emotions which may be too confronting, elusive and complex to verbalise.

Interactive Drawing Therapy (IDT) uses drawing, doodling, writing and experiential techniques to extend and complement talking therapies. IDT focuses on enabling the client to express aspects of their internal world, which they may struggle to express in words. It accesses deep resources within the unconscious, and provides the therapist with new tools for understanding and working with their client’s addiction. This workshop, which requires no artistic or drawing ability, introduces IDT as a therapeutic tool and will offer participants a hands-on experience using drawing and writing to bring about self-awareness of compulsive behaviour. Because of the interactive nature of the workshop numbers are limited to 30 participants.

An art exhibition of clients' recovery journeys from the work at Gambler’s Help Southern (Melbourne) will be displayed at the conference venue. These clients participated in a community education project where they share some of their drawings and stories to raise public awareness of problem gambling.

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 Avinna Trzesinski, Research Officer, Australian Indigenous HealthInfoNet, Edith Cowan University

There’s more to it than meets the eye - exploring the wealth of information on the Australian Indigenous Alcohol and Other Drugs Knowledge Centre. The Australian Indigenous Alcohol and Other Drugs Knowledge Centre (Knowledge Centre) is a national web resource that aims to support the alcohol and other drug (AOD) workforce, health practitioners, researchers, academics, policy-makers, and community members, to reduce harmful AOD use in Aboriginal and Torres Strait Islander communities.

It provides free online access to evidence based and culturally appropriate knowledge-support and decision-support materials to help 'close the gap' in health between Aboriginal and Torres Strait Islanders and other Australians. This workshop would be of particular interest to AOD workers, Tobacco Action Workers, SEWB workers and Aboriginal and Torres Strait Islander Health Practitioners and/or Health Workers. It may also be relevant for those working in the research and policy sector, and other health professionals.

This 90 minute interactive presentation will take participants on a tour of the Knowledge Centre and its resources. Participants will be shown how to easily access information on alcohol, tobacco, illicit drugs, prescription drugs, and volatile substances; use specific health workforce and community resources; and given tips on how to find what is relevant to them, their clients, their families and their communities. Imaginary scenarios will be used to
Some iPads will be supplied but participants are encouraged to bring a tablet or laptop to use in the workshop.

This session will demonstrate the time-saving benefits of the Knowledge Centre, and equip delegates with the skills to obtain the AOD information needed to optimise their research and practice.

3:30 – 5:00

BOULEVARD 1 - WORKSHOP 4

Sex Addiction Assessment, Treatment and Aftercare

Mr Steve Stokes, Program Director, South Pacific Private

South Pacific Private offers inpatient and outpatient treatment for Sex addiction.

With the access, opportunity and privacy appropriated by the world wide web, we are in the middle of a pandemic of Sex Addiction issues. Sex Addiction specialist Robert Weiss makes the point it is the equivalent of have a vial of cocaine delivered to your medicine cabinet each morning, and the only question you need to ask yourself is; do I feel tired this morning?

Dr Patrick Carnes presents sex addiction as a Neurobiological process addiction, stating that if substance addiction can be defined as a “Pathological relationship with a mood altering”, a 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 inpatient 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 addic’t 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.

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.

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 traumaisation 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.

Structure:
- 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.
Strategies to improve the engagement and capacity of related alcohol information to older clients, and informed facilitators to the delivery of such information and advice. Health information to older clients, and the barriers and frequency with which pharmacists deliver alcohol-related harm. This research provides Australian data on the As the first point of contact with the primary health enabler for raising the issue of alcohol with older patients. pharmacies, and remuneration models. The home a number of barriers and enablers identified in the pharmacists (n=14) to further explore these issues. involved two focus groups with a sub section of community pharmacists (n=62) assessing their level of knowledge, practice, confidence and willingness to engage community pharmacists (n=14) to further explore these issues. There were a number of barriers and enablers identified in the research that linked to professional training, structural issues related to the physical layout of individual pharmacies, and remuneration models. The home medication review process was identified as a significant enabler for raising the issue of alcohol with older patients. As the first point of contact with the primary health care system, community pharmacists are well-placed to play an important role in minimising alcohol-related harm. This research provides Australian data on the frequency with which pharmacists deliver alcohol-related health information to older clients, and the barriers and facilitators to the delivery of such information and advice. This research identified barriers to the delivery of health related alcohol information to older clients, and informed strategies to improve the engagement and capacity of community pharmacists to deliver advice and information to older clients. This research was funded by Edith Cowan University.

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 NPS.

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. This 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 NPS.

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. Over the two years after the enactment of prohibition-styled legislation targeting NPS and headshops, the rate of NPS related addiction treatment episodes among young adults declined by over 20% per annum.

12:04 – 12:34

Could Considering Addition as an Ecological Trap provide a link between Public Health and Clinical Approaches?

Dr Philip Townsend, Treatment Director, DARA

Historically addiction described the connection between an individual and a substance as demonstrated by withdrawal effects when the substance was removed. This operational definition of addiction was useful for drugs such as opioids and alcohol, less useful for cannabis and nicotine addiction and not at all useful as a definition of behavioural addictions. Contemporary definitions it as a primary, chronic disease of brain reward, motivation, memory and related circuitry not linked to a specific exogenous substance.

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 addition. 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 a new set of environmental signals. Overexpression may be associated with the removal of environmental limiting factors through increased availability and or the development of supernormal stimuli leading to harm from over expression of 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 issue 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.

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 McGillivray, Teaching Fellow, Bond University

The growth of the gym subculture has been fuelled by increased popularity in physical performance and image enhancement; however this move toward physical and mental health has also given breath to potentially dangerous trends. Evidence suggests that the market for performance and image enhancing drugs (PIEDs) has expanded and such illicit substances are currently widely used and easily available. Reports from community pharmacies, retail from relevant industry bodies and the significant increase in PIED related arrests and seizures in recent years have all contributed to the negative picture emerging. Instances of considerably tougher legal measures for possessing and selling in this market have aligned PIEDs with other illicit drugs like heroin, amphetamine and cocaine in terms of seriousness of offence, penalty and overall potential for user and community harms. Such legal responses, alongside the observable popularity in the community and ongoing media coverage of elite athletes embroiled in doping scandals, PIEDs continue to generate public attention, controversy and raise questions about the reality of these drugs. This study seeks to contribute to the evolving knowledgebase and appreciation for PIEDs by measuring current trends as well as listening to and incorporating the valuable perspectives of users and the wider community. This paper presents the preliminary findings of survey respondents (n=112) who reveals unique insights into the experiences of those who currently or have historically consumed PIEDs. Specifically, attention is paid to respondents’ perceptions about the drugs’ potential capacity for physical and/or psychological harm or addiction. Other findings gauge: the level of danger users and nonusers attribute to 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 Relationship based approach to working with clients both young and adults, within the AOD Dual Diagnosis Sector

Melinda Grady, Dual Diagnosis Senior Clinical Practitioner - Specialist Intervention Services, Barwon Child, youth & Family

Unpacking the relationship based approach to working with clients of varying ages in the AOD sector, clients with complex needs. This presentation will look at a review of Psychology and Philosophical research and approaches to establishing a relationship with clients where dual diagnosis complexity is dominant. Research within the AOD sector that describes the particular skills of building relationships within dual diagnosis, engagement of young people and adults, into treatment and the challenges of this relationship both for the client and the worker. When broken down into the fundamental aspects of a professional relationship, we look at the detail and specifics of the Therapeutic Alliance and engagement when comorbidity (dual diagnosis) is present. We will also look at the tools that are utilised by the workers, the complexity that is bought forward with clients and how to work in unison rather than discord. This presentation will also define what it is to develop a systemic approach from an agency point of view. What policy and funding issues may be present and how to
build a systemic approach where the relationship based approach is specific to policy for client needs and worker requirements.

In regard to young people we will look at the developmental needs and with adults we will look at maturity and how these different approaches impact Stages of Change, mental health challenges and utilising motivational interviewing techniques at both ends of the developmental and maturity scale.

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 often explored 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 methodology factor analysis. 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, representing existing 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 factors representing common ways of thinking. The approach adopted a mixed-methods approach 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) variables 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.

Research & Policy
BOULEVARD 1
1:30 – 2:00
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 conflict and relationship distress, particularly when there are disparities in the severity of drinking across partners. The aim of this study was to examine the longitudinal impact of discrepancies in heavy alcohol use, particularly in couples with parenting responsibilities. Data was obtained from 554 couples (with 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.

Discrepancies in heavy alcohol use were negatively associated with relationship satisfaction over the assessment period and this was significantly moderated by parenthood. 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.

2:02 – 2:32
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 combusting tobacco at high temperatures that is associated with smoking traditional cigarettes. In Australia, e-liquids containing nicotine

Panel Discussion
BOULEVARD 3
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

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 service provisions. In addition to focussing 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 amongst those not currently accessing treatment services. In particular, the research was interested in how NPS use varies across different populations, including: homeless people; the LGBT community; vulnerable young people (care leavers and those with mental health issues); school/college pupils and students; and clubbers. The research adopted a mixed-methods approach 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) variables 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 raised concerns regarding New Psychoactive Substance (NPS) use in custody, especially the consumption of synthetic cannabinoids. To date, however, the consumption of NPS in prison populations, 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 using multi-method research techniques. These 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 motivations for establishing them; (2) the nature and motivations for NPS use in prisons; and (3) the impact NPS drug markets in this setting have upon the prison system 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 detection techniques, license recall and sanctions for both use and dealing.

The Underbelly of the Beast: Emerging polydrug use trends amongst British body builders
Dr Mike Salinas, Lecturer in Criminology, Manchester Metropolitan University

The aim of this paper is to present emerging trends in the use of images 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 image and strength 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 fieldwork observations. The paper outlines how the prolonged and concerted efforts of a population of body builders - who aspired towards a specific form of physical perfection - transcends the use of anabolic steroids to encompass a much broader range of substances. These included the use of: human growth hormone; diazepam; Viagra; Meldonian; Clomimid; Nolvadex and Aromasin. The uncovering of this secondary and tertiary level of substance use amongst IPED users necessitates a review of existing harm reduction advice for IPEDs.
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 counseling), 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 purchased over the counter, 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.

Methamphetamine: Impact of ICE

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 around methamphetamine has created a culture of ‘half-truths’ and potentially increased the damaging stigma attached to users of this drug. As such, this particular drug brings with it 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 training are addressed, 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 thus far shown very positive results, with various programs seeing increased client numbers 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 Holloway, Deputy Manager, Caraniche
Dr Alan Johnston, Project Manager, Caraniche
Ms Sally Thorpe, Senior Psychologist, Caraniche

A 2013-14 parliamentary inquiry into the supply and use of methamphetamines in the state of Victoria revealed a 600 percent increase in ice-related offences from 2009 to 2013. To address the treatment needs of the growing ice-using prison population, a suite of three ice-specific group treatment programs varying in dose and application were developed and piloted with incarcerated offenders 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 criminogenic 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 design appropriateness (e.g., facilitator feedback booklet) and implementation effectiveness (e.g., various psychometrics 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 neurobiology and neurochemistry of ice use and coping 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 criminogenic risk. Key lessons learnt will be discussed.

2:34 – 3:04

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 stimulant (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 psychosis, with particular emphasis on stimulants/amphetamine/methamphetamine and cannabis/marijuana induced psychoses, schizophrenia-spectrum disorder or schizophrenia.

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.

Studies, Trends, Impacts and Training

1:30 – 2:00

An Integrated Mental Health Drugs and Alcohol Team

Mr Luke Lindsay, Clinical Manager - Access Team, Barwon Mental Health Drugs & Alcohol Service

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

Victoria’s alcohol and other drug sector has undergone major reform. The changes are consistent with directions set by the Victorian Government in New directions for alcohol and drug treatment services: A framework for reform (August 2013), its response to recommendations of the Victorian Auditor-General Office’s review of the...
The treatment program involved six weeks of group therapy that targeted three areas: Module 1 – Alcohol and substance use management; Module 2 – Problem-solving skill development; Module 3 – Problem-solving skill development.

The program has been in operation since 2013 and preliminary evaluation has found that those individuals who completed the program showed a statistically significant decline in overall self-reported anger; small decline in alcohol consumption levels, increase in awareness of impulsive problem-solving style and increase in motivation to change problematic behavior.

This presentation will review the collaborative process undertaken between the Queensland Police Service and the Bond University Psychology Clinic. It will also discuss the development of the treatment program and the psychometric testing used for assessment and outcome measurement. The presentation will also discuss the barriers to individuals accessing the treatment program. Finally, evaluation data on the impact of the program on behaviour change of participants will be presented. Discussion of the how such intervention has impacted on recidivism as well as on mental health outcomes for individual participants will also be made.
Putting aside the morality debate, there is no doubt Mr Chris Paulin, Clinical Director, Resource Ms Philipa Thornton, Psychological addictions, we need a new Treatment Approaches.

boulevard 2

5:04 – 6.00

WELCOME RECEPTION

4:34 – 5:04

An evaluation of caregivers’ experiences of the diagnostic process for children with prenatal alcohol exposure

Dr Doug Shelton, Clinical Director Community Child Health

The effects of prenatal exposure to alcohol are wide-ranging and pervasive in nature. In response to growing concerns about the lifelong disabilities, the first Australian multi-disciplinary assessment and diagnostic team for Fetal Alcohol Spectrum Disorders (FASDs) in young children was established in 2012. The current study aimed to explore the lived experience of the diagnostic process for caregivers of children with prenatal alcohol exposure. Twelve parents were approached and ten participated in audiotaped interviews. Qualitative analysis was undertaken on transcribed interviews using NVivo 10 for thematic analysis. The major themes that emerged were: a desire for future support for their child although uncertainty about how this support could be accessed; an understanding of FASDs prior to assessment but a concerted concern that caregivers felt respected and understood by the clinical team during this process. These findings highlight concerns of caregivers, emphasizing both the importance of diagnostic services and the need for provision of further support beyond diagnosis for a child diagnosed with a FASD.

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. 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 continuously stimulates the addiction compulsion 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 addiction because of trauma based physiological and psychological responses, emotions and thoughts and relationship patterns that premise distrust, betrayal, powerlessness, being silenced and self-loathing and shame. Trauma related distress/activation 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). Panicked attempts at self-regulation, the abstinence violation effect (AVE) and increased acting out and unsafe behaviours then total relapse.

5:04 – 6.00

Welcome Reception

Working with Vulnerable Groups: Indigenous, youth, rural populations

Boulevard 3

3:30 – 4:00

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

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

In Australia, many Aboriginal women continue to experience significant trauma as a result of colonisation and its practices. Such historical trauma has been identified as a significant risk factor in the development of alcohol and other drug (AOD) problems. Although reports suggest that problem AOD use and associated harms are an issue for many Aboriginal women, such problems often go unaddressed due to multiple barriers, including a lack of services and a gap in culturally safe practices.
This paper will explore what kinds of responses may be culturally appropriate when providing a therapeutic response to Aboriginal women who are experiencing AOD problems and consider the need for mainstream services to offer practices which have been identified as culturally safe and effective such as those associated with narrative practices.

Currently, the most commonly used responses to AOD problems are short term and focus on changing behaviour. Whilst changing behaviour is often a desired outcome of therapeutic responses to harmful AOD use, it can be argued that therapies that focus only on behaviour may not constitute the most appropriate response to those affected by historical trauma. In order to conceptualise and contextualise appropriate responses to such problems, there will be some discussion of the importance of language used in AOD counselling such as the potential for alcoholic narratives to further re-victimise those who are already experiencing ongoing racism and oppression. This presentation will provide an opportunity for audience members to identify components of narrative approaches that they may find useful in their own practice.

4:02 – 4:32
Considering Gender Responsive AOD Treatment: Outcomes of the Women’s AOD Services Enhancement Programme
Clara Donaghy, Program Manager, NADA

Gender responsive practice in the alcohol and other drug (AOD) sector aims to understand substance use-related issues as shaped by gender roles. Creating a treatment environment that reflects and responds to the significance of gender through its approach has benefits for those accessing and being retained in treatment. The NADA Women’s AOD Services Enhancement Program primarily focused on increasing the capacity of women’s specialist service providers to support substance using women with and without children, however a key focus of the program and its recommendations highlight the importance of mixed gendered AOD services becoming more gender responsive.

This paper will present a brief outline of the Women’s AOD Services Enhancement Program and its Evaluation and Future Directions Report. Furthermore, a summary of the NADA Practice Resource: Working with women engaged in AOD Treatment and its supported training package will be presented, identifying key considerations and practical suggestions on how to become gender responsive in a mixed gendered AOD treatment environment.

4:34 – 5:04
Female Offenders: Understanding Their Pathway to Drug Offending
Mr Eng Hao Loh, Research Executive, Singapore Prison Service

Within recent years, there has been an increasing amount of research literature documenting the need for gender-specific programming for female offenders. These studies have cited the importance in targeting specific criminogenic and reintegration needs of female offenders to prevent re-offending. As the majority of our female offenders, here in Singapore Prison Service, are treated on a gender-neutral basis, we focused on understanding their pathway to drug consumption and also the relevant criminogenic and reintegration needs. We utilised a qualitative design for this study and conducted in-depth interviews using a structured interview protocol. Thematic analysis of the data highlighted key findings on how relationships with significant others (e.g., husbands and partners) who were also involved in drug-related activities contributed to the female offenders’ drug consumption. Other key themes found within our female drug offenders were using drugs for enhancement and as a coping mechanism. Similarly, findings also point towards the importance of forming and sustaining prosocial interpersonal relationships to help prevent re-offending for them. Implications of this study include the development of a gender-specific program for female drug offenders, as well as utilizing the study findings to raise awareness on the importance of reintegration needs specific to female offenders among our community partners.

5:04 – 6:00
WELCOME RECEPTION

Treatment Approaches & Recovery

Boulevard 1

9:00 – 9:30

9:32 – 10:02
Making Waves - Brief Acceptance and Commitment Therapy for Comorbid AOD and Severe Emotional and Interpersonal Issues
Mr Andrew Mottram, 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 from 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 individual 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
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 demotivate a person to make further attempts at 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 “it made me fit in” and “I felt as though I finally belonged” are all too common. These anxiety-based behaviours may be successfully manifested for 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.

9:00 – 9:30
The End - The Effectiveness of Time-Limited Psychotherapy for Problem Gambling
Mr Tony Clarkson, Clinical Services Manager, Gamblers Help Southern

It is rare to experience a planned ending - both as a therapist and as a client. Problem gambling treatment services in Australia regularly report the average number of sessions attended by clients as one. Problem gamblers are therefore one of the most difficult cohorts to keep in treatment for any period of time and one of the least likely to experience an ending.

This presentation builds on the one year, short-term treatment project carried out at Gamblers Help Southern - the largest problem gambling treatment service in Australia. The project offered clients a 12 session treatment plan, loosely based on Peter Fonagy & Mary Target’s Dynamic Interpersonal Therapy. The structured, psychodynamic, course of treatment was unique in that it focused on the end from the very first session. The client and therapist both focused on the client’s feelings about ending, what endings meant for the client and how they could achieve a good ending together.

The sessions were each evaluated by the client and recorded a marked increase in their awareness of why they gamble and feelings of control over their gambling. Of those who participated, 40% completed the course of treatment, far higher than clients who attended generic problem gambling treatment. Services in Australia regularly report the average number of sessions attended by clients as one. Problem gamblers are therefore one of the most difficult cohorts to keep in treatment for any period of time and one of the least likely to experience an ending.

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The presentation will introduce the Clinician’s Guide to Brief Psychodynamic Psychotherapy as a Treatment for Problem Gambling and outline the goals, methods and outcomes of the project.

The conclusion will be that B8PPG requires further research but shows promising signs of engaging this hard to reach group. Furthermore the experience of the participating clinicians, and clients, has been overwhelmingly positive and, it will be argued, this is an important factor in the efficacy of treatment.

9:32 – 10:02
Using online tools in clinical practice: The Right Tools for the Right Job?
Mr Andrew Mottram, Senior Clinical Psychologist, Turning Point Alcohol and Drug Centre / Spectrum Personality Disorder Service for Victoria

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.

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 demotivate a person to make further attempts at 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 “it made me fit in” and “I felt as though I finally belonged” are all too common. These anxiety-based behaviours may be successfully manifested for 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.
Dr John O'Connor, Consultant Psychologist, John O'Connor Consulting

Online self-help programs for mental health issues, including drug and alcohol issues, are hugely popular among practitioners, and have been shown to be as effective as face to face counselling in many cases. However, evidence from implementation studies show a range of barriers to the use of these resources, with high rates of non-participation. Attrition from self-help programs is considerably reduced with some simple practitioner-based strategies. The evidence-based content and design of self-management websites and apps are crucial to effectiveness and engagement.

The Department of Veterans’ Affairs’ alcohol management website, The Right Mix, has as its centrepiece a self-help program, using a range of interactive tools including self-assessment, identifying motivational priorities and goals and peer supports. Personalised information automatically generates a self-help treatment plan. The website is mobile enabled so the participant can access their plan on multiple platforms, and comes with an accompanying app On Track with The Right Mix to assist users to track their alcohol consumption and spending habits on their mobile device.

This presentation will outline the evidence base and development process for The Right Mix website and the On Track app, and show how mental health professionals can utilise these online tools to enhance their clinical practice and improve uptake of online interventions for alcohol management.

10:04 – 10:34
Making a Change - AOD Non Residential Day Rehabilitation

Mrs Suzanne Powell, AOD Program Coordinator, Ballarat Community Health

Grampians Alcohol and Other Drug service providers have long identified rehabilitation programs as a significant gap in the regional service system. Rural clients are disadvantaged by lack of access to intensive, high quality, therapeutic programs to assist their recovery. Disadvantaged by lack of access to intensive, high quality programs was not available in the Grampians Region.

Collaboration was key, in consulting with consumers we established the needs of the client group and what type of program was required in the region. In consulting with staff we established a collaborative approach and identified resources and expertise agencies could bring to the program. We developed and delivered two pilot programs and evaluated outcomes, we were successful in gaining funding to deliver an ongoing program over the next four years.

Clients who cannot attend a residential program due to barriers such as family commitments, financial constraints and geographical distance now have an opportunity to stay in their own environments, address their health issues and connect back into their community.

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 oriented; 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. The barriers to training and education they receive, and their multi-agency working. It will also draw findings from the author’s surveys of all social work qualifying courses 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 education 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. Majority of qualifying social 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
Last Drinks: The relationship Between Active Alcohol Dependence and Blood Alcohol Concentration Levels of People Entering

Leaving Brisbane and Gold Coast Entertainment Districts

A/Prof Grant Devilly, Academic, Griffith University

Mr Corey Allen, Inspector, Qld Police

Entering and Leaving Brisbane and Gold Coast Entertainment Districts.

SmartStart was an initiative run in 2014 to quantify the level of alcohol preloading in Qld entertainment districts. More than 3,000 people were assessed as they entered the entertainment districts, of which 80% had preloaded with alcohol. Higher Blood Alcohol Concentration (BAC) levels on entering the entertainment district was related to increased risk taking behaviours and alcohol abuse and dependence. In light of new lockdown laws being enacted in Queensland in 2016 we wished to derive data to inform evidence-based politics.

In 2015 we started the Last Drinks project, a study to follow-up on patron’s drinking through the night by assessing people’s BAC levels as they left the entertainment district. A collaborative project between Qld Police and Griffith University, this study has so far assessed over 2,000 patrons leaving the entertainment districts. This presentation will detail the methodology of data collection, first results from the study and make policy recommendations based upon our outcomes.

In particular, we will be relating active dependence on alcohol (via the AUDIT-C) to the expected and actual amount of money spent over the night, and how the participants expect the new lockdown laws will affect their drinking behaviours.

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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, Victoria University

As the region’s main anti-doping laboratory, the Australian Sports Commission’s Australian Doping Programme (ADP) is responsible for ensuring all Australian athletes compete clean in the region. The ADP is accredited by the World Anti-Doping Agency (WADA) for all of its testing and analytical services, and by the National Anti-Doping Agency (NADA) for its anti-doping education and awareness programs. The ADP has a strong focus on safeguarding the authenticity of sport and protecting Australian athletes from the risks associated with doping. It is committed to promoting a culture of integrity and compliance within Australian sport. The ADP also works closely with state and territory national anti-doping agencies and governing bodies to ensure a consistent approach to anti-doping in sport. The ADP’s role includes the provision of education and training to athletes, coaches and support staff, as well as the development and implementation of policies and procedures to support the integrity of Australian sport.
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 potential for a compulsive habit to form around an otherwise benign behaviour. A good example of this is the newly emergent addiction within individuals to gambling. The result has been investment in finding the root cause of gambling addiction.

In DSM-V gambling disorder is defined as problematic gambling as a disorder with significant negative consequences. However, gambling addiction is a result of a complex interaction between person and product. In my presentation I will discuss the ways how governments together with global industry also create gambling addiction. I also ask whether funding treatment from gambling proceeds is a meaningful practice or a vicious cycle. I hope to enable discussion about the priorities in addiction research.

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 gambling behaviour, identify how overspending/spending sits within an addiction framework model and give an overview of some of the common co-existing disorders, I will also provide a general overview of etiological theories on problem gambling behaviour; Psychodynamic Theory, Social Psychology/ Social Learning Theory, Self-Competition Theory and the Existentialist viewpoint.

This workshop will be interactive and engaging with the use of videos, case studies and discussions to facilitate learning.

Gambling addiction: Adjusting the priorities in research

Dr Janne Nikken, University Researcher, University of Helsinki

In DSM-V gambling disorder is defined as problematic behaviour, when an individual has four or more symptoms in a 12-month period. It is commonplace to suggest in the research literature that gambling addiction is a problem of an individual. It is further suggested that most of those who gamble can enjoy it with moderation. The result has been investment in finding the root cause of gambling addiction within individual, e.g., from malfunction of a brain.

Blaming a small minority gives the majority an opportunity to gamble without severe limitations, reaping the benefits from gambling proceeds through lower taxes. This approach has also produced to public health and chronic disease models, which are not value-neutral. Taxes. This approach has also produced to public health and chronic disease models, which are not value-neutral.

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.

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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 focus of the course is addictive behavior 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 three conceptual elements needed for an addictions curriculum. This resonates Littlefield, in 1969, who employed the well-known story by Baum [1900]. The Wizard of Oz as a symbolic allegory of monetary populism in America. Employing this symbolic allegory within the story of: 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.

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 inter-disciplinary team and consumers of the Inpatient Drug and Alcohol Service deliver an innovative consumer driven therapeutic group program. This group program is based around normalised activities of daily living such as pizza making, BBQs, going to local cafes and soap making, candle making and jewellery making to sell at a local market. Normalized 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, cognitive, confidence, social connection, continued social ability in the community and search for identity. Assessments revealed that clients with both posttraumatic stress disorder (PTSD) and substance dependence have greater rates of a range 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 Compass 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 checklist; PCLI); psychological distress, K-10; and met cut off for dependence on both the AUDIT and AUDIT. 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. Compass 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 hatred, 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 healthy 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 painful memories, viewing her past experiences with kindness rather than self blame. Further research is needed to fully explore the possibilities of CFT within TCs.

12:04 – 12:34

From self hatred to loving kindness- An exploration of the integration of Compass 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 greater rates of a range 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 Compass 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 checklist; PCLI); psychological distress, K-10; and met cut off for dependence on both the AUDIT and AUDIT. These measures were repeated at 3 months and again at the end of treatment.

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Studies, Trends, Impacts and Training

BOULEVARD 3

11:00 – 11:30

Concurrent steroid and party drug use among young men in the ‘Brusses’ subculture

Mr Timothy Piatkowski, PhD Student, Queensland University of Technology

An Australian subculture of young men – deemed ‘Brusses’ – 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/lang. The common use of steroid and/or other 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 ‘Brusses’ subculture. Participants consisted of 14 young men aged 16 to 30 years (average age 21.71 ± 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

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, hospitals, GPs and other primary health providers, as well as mental health and social services.

Knowledge of patterns of use and associated outcomes are 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 service 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 (NNSWLHD), and to explore the price, purity and availability of illicit drug, as well as patterns of use and associated outcomes within the NNSWLHD. Semi-structured interviews were undertaken 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, experience of and/or understanding of issues pertaining to the use of AOD use within the NNSWLHD.

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.

12:36 – 13:00

Obsessive Compulsive Disorder and Addictions can often co-exist. 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 several addictions over a 40 year period and the interventions that have helped.

The support from health professionals is vital to helping the person to become aware of the depth of the problem, deal with the denial 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 of addiction. The presentation will highlight the needs for acknowledging the interventions, a recovery process, peer support and ongoing practices to reduce the negative impacts.

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

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 Withdrawal 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 confidence and skills in responding to clients withdrawing from methamphetamine.

The model employed a Project Coordinator who engaged with clients on intake and provided care coordination from screening through admission and post withdrawal. Project initiatives included adopting and monitoring withdrawal scales in the residential unit, offering extended withdrawal stays, adjusting residential program activities to accommodate client’s and one to one support to clients in the unit by the Coordinator, especially those at risk of early discharge.

The outcomes of this project were significant with an increase in the withdrawal completion rate from 53% pre-project to 79% of clients completing their withdrawal episode during the project.

Utilising the WHOQOFL-BREF (World Health Organisation Quality of Life Scale Abbreviated Version), clients were assessed on referral and again up to 12 weeks post discharge. Results show that 72% of clients experienced improvements post discharge.

Significantly, 73% of clients remained engaged in treatment over the project period with only 27% of this group experiencing relapse.

Staff survey results show that 100% of staff reported that they have a better understanding of responding to and managing methamphetamine withdrawal as a result of the project.

Staff also reported that the project positively influenced the culture of the residential withdrawal unit and...
established a more personalised and client centred approach to care.

2:34 – 3:04

A Community Development Response to ICE & Other Drugs & Dual Diagnosis Training

Mr George Patriki, Dual Diagnosis Consultant, Optimal Health Group

People with drug and or alcohol problems often experience feelings of shame and guilt, which has 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 mediated the guilt and self-forgiveness 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 Lowell 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 focuses 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 impacts 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 issues and empowering clients to establish goals for change.

2:34 – 3:04

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

Miss Klaire Braye, Project Leader, Matua Raki

Throughout history, the availability of substances of abuse have waxed and waned, their emergence and decline influenced by social, political and cultural 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 these substances, recent examples including poppy seed tea (PST), over-the-counter codeine-containing analgesics and most recently, some prescribed pain medications.

This study tells a story about the use, availability and impacts of these adjunctive opioids from the consumers who use them, and the clinicians who work with these consumers. Perhaps more pertinently 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 opioid availability is inextricably interwoven with the impacts that this availability has on them. This access and availability can generate or minimise harm as much as the substance itself.

Participants described relationships and behaviours that provided access to opioid medications and drugs, be it from the tactical pharmaceutical companies, the prescribing patterns of medical practitioners or their own adaptive behaviours and relationships with peers. Overarching these descriptions is the sense that opioid users are resourceful and adaptable, and that opioid availability holds a persistent place in the lives of dependent users. The challenge to service providers is how we respect these relationships; ensure the skills and resources of users are valued and that ‘supportive relationships’ and wisdom are available to our opioid using population.

“There has never been a time, place or culture where some psychoactive drug has not been used, and it’s highly unlikely that there ever will be” (Ryder, Salmon & Walker, 2006).

Dr Grant Christie, Addiction Psychiatrist, University of Auckland

Community addiction treatment is effective and recognised as an important area of mental health service delivery for young people. In Australia and New Zealand, specialised youth community addiction treatment services are becoming more established. 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 plan to describe the demographic and clinical attributes of young people [age 13-20] attending CADS Youth AOD Service in 2014 and compare them to those of young people attending over the previous 4 years. Our study will present clinical service outcome and treatment service data from over 2000 young people, obtained over a 5 year period, including information from validated instruments.

We will report on the differences in substance use and presenting issues, psychosocial difficulties, treatment course and interventions used in treatment over the time period. We will discuss our findings with reference to recent literature and best practice in the field of youth addiction treatment.

2:02 – 2:32

“Turning the tide on addiction in Indigenous communities by tackling the impacts of child sexual abuse”

Ms Carol Vale, Managing Director, Murawin

Child sexual abuse in Indigenous communities has major and profound impacts and addressing the trauma that the abuse creates is a major challenge for everyone involved. Many Aboriginal and Torres Strait Islander children and young people grow up in safe and strong families and communities, similarly many do not. We know that as a result of intergenerational trauma there are many families that are unable to provide this environment Ensuring that our children and young people’s social and emotional wellbeing is strong is and at the heart of improving outcomes is critical to addressing the structural disadvantage facing Indigenous communities.

The desensitisation to violence in Indigenous communities, which many researchers have written about and many Aboriginal and Torres Strait Islander people have spoken about and the pervasive silence around issues of child sexual assault and the complex interplay of psychological responses, fears for personal safety and the trauma of recounting events in clinical and judicial settings are major impediments to individual recovery and communal healing.

Alcohol abuse continues to influence the level and severity of violence and child abuse in Indigenous communities. It remains a pervasive issue that has significant impacts
on the welfare of community members, particularly children. There is a growing awareness of the impacts of Fetal Alcohol Spectrum Disorder (FASD) in Indigenous communities and the incidence is probably greater than previously understood.

My presentation will focus on my research in this field and the work that is being undertaken across many Indigenous communities are working collectively with others with innovation and creativity to provide culturally safe and strong communities to address the impacts of addiction stemming as a consequence of child sexual abuse in their community.

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.

SESSION

SPEAKERS

Jade Alexander

Jade is a Trainer and Assistant Supervisor for Rape & Domestic Violence Services Australia. She has been working within the community and health sector for the last 12 years as a trauma specialist, and holds professional membership with both ASSERT and ASORC. Jade has a Bachelor of Health Science, Rehabilitation Counselling degree from Sydney University, and has recently commenced studying for a Bachelor of Laws in Criminology. With Jade’s primary interest being in the field of traumatisation and social justice, she began her career as a sexual health and relationship counsellor working with sex workers who have experienced sexual and / or gender based violence.

Jade believes training should be a fun interactive experience, in which the audience is as much part of the process as the facilitator. In her spare time Jade can be found four wheel driving and entering her dog in pageants.

Fares Alharbi

Dr Fares Alharbi, Psychiatrist, King Abdulaziz Medical City

Rowena Bianchino

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

Rowena Bianchino (BCHC, MSW) is a psychotherapist and social worker who has been working in the field of addiction for thirty years. She recently presented at the Rural and Remote Mental Health Symposium in Cresswick. Rowena’s practice is particularly focused on working with people living with unresolved trauma who have co-morbid behaviours arising out of having lived with the long-term effects of child abuse. Rowena is also clinical director of Harbour Therapy Clinic in Coffs Harbour NSW.

Sarah Blakemore

Miss Sarah Blakemore, Occupational Therapist, Northern Sydney Health

Sarah Blakemore is an Occupational Therapist for the Inpatient Drug and Alcohol Service at Northern Sydney Health. Sarah provides therapeutic groups and treatment in a voluntary detoxification unit and involuntary drug and alcohol treatment unit. Sarah works closely with consumers to provide treatment options that they want and need to recover from substance use, addictive behaviours and mental illness.

Klare Braye

Miss Klare Braye, Project Leader, Matua Raki

Klare Braye has worked in the addiction sector for over twenty years in a variety of roles. She has recently completed a MHealSc (endorsed in mental health), from the University of Otago. She is currently employed by Matua Raki working on a number of projects supporting the development of the addiction workforce.

Renee Brighton

Dr Renee Brighton, Lecturer/Subject Coordinator, School of Nursing, University of Wollongong

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Gerard Byrne

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

Gerard has spent the past 26 years working in the AOD field with The Salvation Army. Currently he is the Operations Manager for The Salvation Army Recovery Services, which has services in NSW, QLD and the ACT. Gerard has also worked in the private and government AOD sectors for 11 years, providing a range of specialist AOD services.


Grant Christie

Dr Grant Christie, Addiction Psychiatrist, University of Auckland

Dr Grant Christie, Senior Lecturer in the Department of Psychological Medicine, University of Auckland, is a Child and Adolescent Addiction Psychiatrist who has been working in outpatient and residential youth addiction services in NZ and Australia for over 15 years. He is passionate about improving the treatment of young people at risk of addiction and enhancing the management of co-existing problems (CEP) in mental health services and primary care.

He has developed a number of youth addiction treatment resources that are used widely in NZ and further afield, and has acted in various advisory roles for the MOH in this area. Principal investigator in the design and testing of the Substances and Choices Scale (SACS), a youth AOD screening and outcome measurement instrument (available on www.sacsinfo.com), Grant has developed brief intervention training packages for primary and secondary health services and is expanding this work to look at youth addiction...
effects of immersion in videogames before and after entering

Recently Grant has been researching offenders.

approaches for adolescent sex video games; and best treatment forgetting; the effects of violent

as a senior lecturer at Melbourne in the UK and his postgraduate Griffith University Southern since October, 2013.

country of origin.

asylum seekers in the UK and their also worked with the International organisation for Migration with asy

leaving residential state care. He worked for almost ten years in central London with adolescents

He worked for almost ten years in almost 12,000 clinical hours of

1.5 million. Last year GHS saw over 15 clinicians, across three southern metropolitan Melbourne catchments, with a population of 5.5 million. It delivers over 1000 individual clients and delivered almost 12,000 clinical hours of treatment.

Tony trained as a psychoanalytic psychotherapist in London. He worked for almost ten years in central London with adolescents leaving residential state care. He ran a successful private practice and also worked with the International Organisation for Migration with asylum seekers in the UK and their country of origin. He has been with Gamblers Help Southern since October, 2013.

Grant Devilly

A/Prof Grant Devilly, Academic, Griffith University

Grant completed his earlier degrees in the UK and his postgraduate degrees in Australia. Having worked as a senior lecturer at Melbourne University (Criminology) and as a Professorial Fellow at Swinburne University (Brain Sciences) he is now in the School of Applied Psychology at Griffith University. His research foci include: the treatment and prevention of posttraumatic stress disorder; the phenomenology of forgetting; the effects of violent video games; and best treatment approaches for adolescent sex offenders.

Recently Grant has been researching the extent of alcohol consumption before and after entering entertainment districts and also the effects of immersion in videogames and the effects of gaming on anger, aggression and prosocial activities.

Ciara Donaghy

Ciara Donaghy, Program Manager, NADA

Ciara is responsible for a number of sector development and capacity building projects including the Women’s AOD Services Development Program which aims to increase AOD service providers’ capacity to work with women with and without children.

Ciara has worked at NADA for over eight years and has experience in project and grants management, quality improvement and resource development. She has qualifications in sociology and criminal justice, community welfare and community sector management.

Her areas of interest include criminal justice, cognitive impairment, complexity and working with women.

Louise Du Chesne

Dr Louise Du Chesne, Clinical Services Manager, Hader Clinic

Dr Louise Du Chesne is a clinical psychologist and the Clinical Services Manager with the Hader Clinic in Melbourne. Her area of research and clinical interest is in the domain of shame and its role in maintaining the negative aftereffects of traumatic events, particularly in substance dependent populations.

Alexis Foulstone

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

Dr Alexis Foulstone is a recent PhD graduate from the School of Social Science at The University of Queensland. He is currently working within the School as an Honorary Research Fellow. Within this fellowship, Alex is working with data from the Household, Income, and Labour Dynamics of Australia (HILDA). His PhD focused on partner alcohol use within young adult couples whilst also examining the quality of such relationships over a three year period. Alex has extended this research to begin tracking these couples over a further six years whilst examining how other important health-related variables such as tobacco use and physical inactivity influence and between couples are associated with relationship satisfaction. His research is socially pertinent given that heavy alcohol use over time is a risk factor for domestic violence particularly during relationship transitions such as divorce or separation.

Sarah Galvani

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

Dr Sarah Galvani is Professor of Social Care at Manchester Metropolitan University. She is a registered social worker with a practice background in adult services, particularly working with people experiencing mental distress, homeless people and people with alcohol and other drug problems. Her research and practice interests stem largely from her practice experiences in the UK and the USA. These include the overlapping issues of substance use and domestic violence, substance use and social care education and practice. She is currently developing work on child protection violence and end of life care for people with alcohol and other drug problems.

Sarah has worked in a range of statutory and voluntary sector roles, as both a paid worker and volunteer. She currently volunteers with St John’s Hospice.


Terry Goldsworthy

Dr Terry Goldsworthy, Assistant Professor, Bond University

Dr Terry Goldsworthy is an Assistant Professor at Bond University, Gold Coast, Australia. Prior to taking up his appointment at the university Dr Goldsworthy was a Detective Inspector in the Queensland Police Service with a special interest in police misconduct. Dr Goldsworthy has over 12 years experience in Australia. He has specialised in the investigation and management of major and volume crime. Dr Goldsworthy has completed a Bachelor of Commerce, Bachelor of Laws, Advanced Diploma of Investigative Practice and a Diploma of Vocational Education. Dr Goldsworthy then completed a Master of Applied Criminology at Bond University. He later completed his PhD at Bond University focusing on the concept of evil and its relevance from a criminological and sociological viewpoint. In particular Dr. Goldsworthy looked at the link between evil and armouring people to deal with wide range of funders - including the Home Office, the Youth Justice Board, the Welsh Assembly Government, and the Ministry of Justice. He has authored or co-authored numerous journal articles and research reports on a wide range of topics including, for example: youth justice; the resettlement of offenders; substance misuse; youth engagement; supported housing; and anti-social behaviour.

Professor at Bond University, Gold Coast University. Prior to taking up his appointment at the university Dr Goldsworthy was a Detective Inspector in the Queensland Police Service with a special interest in police misconduct. Dr Goldsworthy has over 12 years experience in Australia. He has specialised in the investigation and management of major and volume crime. Dr Goldsworthy has completed a Bachelor of Commerce, Bachelor of Laws, Advanced Diploma of Investigative Practice and a Diploma of Vocational Education. Dr Goldsworthy then completed a Master of Applied Criminology at Bond University. He later completed his PhD at Bond University focusing on the concept of evil and its relevance from a criminological and sociological viewpoint. In particular Dr. Goldsworthy looked at the link between evil and armouring people to deal with wide range of funders - including the Home Office, the Youth Justice Board, the Welsh Assembly Government, and the Ministry of Justice. He has authored or co-authored numerous journal articles and research reports on a wide range of topics including, for example: youth justice; the resettlement of offenders; substance misuse; youth engagement; supported housing; and anti-social behaviour.

Prior to starting at Manchester Metropolitan University, he held research posts at Applied Research in Community Safety (ARCAS), NACRO, Keele University, the University of Manchester, the University of Saффord, and Saффord City Council. This includes involvement and a range of health research projects including an examination of the barriers and enablers to the implementation of smoking cessation guidelines in antenatal care and a study exploring the use and impact of synthetic cannabinoids across NSW, as well as groundwork undertaken a study to examine the feasibility of implementing a Rural Drug Monitoring System in Northern NSW.

Gomathinayagam Kandasami

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

Melissa is a pharmacist with both community and hospital pharmacy experience, including owning and operating a community pharmacy in Launceston for almost 10 years. Melissa’s interest in drugs
Mr Luke Lindsay, Clinical Manager - ACCESS Team, Barwon Mental Health Drugs & Alcohol Service

Luke Lindsay is a Registered Nurse Division 1 with a Post Graduate Diploma in Advanced Clinical Nursing, Mental Health and Frontline Health Management. I have been employed in clinical, project, leadership, forensic and management roles within acute and remote psychiatry over the past 15 years.

I have worked with Deakin University as a sessional academic for undergraduate nursing students undertaking the mental health stream of their degree; have worked sessionally as a mental health workshop facilitator for the Mental Health Professionals Network; am regularly invited as a guest speaker / facilitator to mental health collaborative practice groups through the Commonwealth Mental Health Professionals Network, am an ongoing authorised delegate of the Department of Health’s Clinical Review Panel, am a founding member of the South West Healthcare Local Primary Care Reference Group and most recently I have been employed as the Clinical Manager with Barwon Mental Health, Drugs and Alcohol Services. I have a strong passion for disability and mental health social inclusion, mental illness stigma reduction, consumer is currently not well understood and screened for in therapeutic circles within Australia. Michelle’s preliminary research led her to the work of Dr April Benson, an American psychologist and world leader in the treatment of compulsive buying disorder. After completing her studies Michelle decided to start her own specialist education/ counselling support service using DrApril Benson’s established treatment model.

Mr Euan Macleay, Clinical Nurse Educator, Macquarie Hospital NSLHD

Michelle Laving is a registered counselor with over 14 years counselling experience. She currently works as a school counselor and Coordinator of CatholicCare’s GAINS Program developing a harm minimisation model and training package to club staff to respond to problem gambling. Michelle has also held the position of Coordinator of Child & Adolescent Programs Holyscope.

Over the last eight years Michelle has developed a particular interest in the addictions field which led her to pursue post-graduate studies at university.

Whilst pondering a research topic for her master’s thesis, Michelle had the idea to explore the determinants of problem shopping/spending behaviour and has currently not well understood and screened for in therapeutic circles within Australia. Michelle’s preliminary research led her to the work of Dr April Benson, an American psychologist and world leader in the treatment of compulsive buying disorder. After completing her studies Michelle decided to start her own specialist education/ counselling support service using DrApril Benson’s established treatment model.

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

Currently undertaking a PhD by research at LaTrobe University, using narrative/ethnographic research methods Anni is exploring the reported relationship between the self-conscious emotion of shame and alcohol problems amongst Australian Aboriginal women living in urban and regional areas.

Anni’s research interests include the significance of language, and issues of power and privilege in the development of therapeutic relationships.

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

Andrew Mottram, Senior Clinical Psychologist, Turning Point Alcohol & Drug Centre / Spectrum Personality Disorder Service for Victoria

Andrew is passionate about Acceptance and Commitment Therapy and the value it holds for consumers of frontline AOD and mental health services. His work with Turning Point and Spectrum – each a centre of excellence and innovation in their respective fields – includes direct treatment delivery as well as program development, external consultation, and provision of training to other AOD services, to improve the sector’s capacity for working with complex and dual-diagnosis clients.

Mr Judy Nicholas, Board Member, Mental Health Carers ARAfmi NSW Inc.

Judy is one of a family of four members, all of whom experience mental illness. Judy and her husband have both experienced depression and obsessional compulsive disorder for the entire course of their marriage. Their two daughters have also experienced these conditions. One daughter has been diagnosed with schizophrenia and bipolar disorder. Both of the girls developed episodes of psychosis following brief periods of using marijuana 14 years ago while studying at university.

Judy is also a Board Member of the Peak Body, ARAfmi NSW. Judy has extensive personal experience in dealing with matters of co-morbidity both within her own family and with the people she often works with.

Dr John O’Connor, Consultant Psychologist, John O’Connor Consulting

John O’Connor, Consultant Psychologist, John O’Connor Consulting

Dr John O’Connor, Consultant Psychologist, John O’Connor Consulting

Kieran Palmer

Mr Kieran Palmer, Clinical Services Manager, Ted Noffs Foundation

Kieran is a Registered Psychologist who began his work with the Ted Noffs Foundation in 2005 as an Alcohol and Other Drugs Worker and has held numerous positions with the foundation including Manager of the PALM residential treatment service, as well as his current position of Clinical Services Manager for all Noffs programs nationwide. His areas of expertise lie in youth mental health, AOD and trauma development / treatment.

Kieran maintains a high level of clinical knowledge and professional development and uses these insights to offer training seminars to Noffs programs around Australia.

Kieran has developed this commitment into offering training packages to other organizations within the sector.

Kieran has a demonstrated history working as a clinical assessment, diagnosis and treatment of complex trauma and PTSD, depression, anxiety, substance dependence, family breakdown as well as a range of mood and personality disorders.

Kieran has also developed and implemented a number of training seminars in the areas of counselling, engagement strategies, AOD and youth specific issues.

Dr David Peters, Deputy CEO, Mental Health Carers ARAfmi NSW Inc.

David holds qualifications in Counselling, Mental Health and Alcohol and other addictions. He has authored and written many published articles on mental health and co-morbidity for ARAfmi NSW, and often presents at many forums and workshops within the mental health sector in NSW.

David also runs a group directed at people at risk of homelessness in Sydney’s inner West called Essential Living.
Timothy Piatkowski
Mr Timothy Piatkowski, PhD
Student, Queensland University of Technology
Mr Timothy Piatkowski completed a Bachelor of Exercise Science, and Bachelor of Applied Science (Honours) at Queensland University of Technology. He has been involved in teaching and unit coordination work across various schools for several years. Additionally, he has worked in multiple research assistant roles for several years - including neurological disease based research, muscular injury and rehabilitation research, and alcohol and drug abuse treatment projects.

This has eventuated in publications, conference presentations, continued education program (CEP) workshop management, and specialised rehabilitation training and research with renowned National sporting teams and centres. He is currently undertaking a PhD entitled: ‘Understanding what motivates young men’s lifestyle choices for enhancing their appearance’, which is predicted to be completed in a thesis-by-publication manner by early 2017.

Suzanne Powell
Mrs Suzanne Powell, AOD Program Coordinator, Ballarat Community Health
I have worked at Ballarat Community Health in the Alcohol and Other Drug (AOD) team for nearly 8 years. During this time I have mainly been working with young people in an outreach capacity, more recently I have taken on the role of Coordinator for the Making a Change AOD Non Residential Day Rehabilitation Program. I have always been active in developing and facilitating programs, events and presentations. I feel it is important to collaborate with other agencies and involve the community to improve treatment options and raise awareness of AOD issues. My qualifications include a Diploma of AOD work, Certificate IV in Mental Health, Graduate Certificate in Family Therapy and Certificate in Telephone Counselling and completion of a number of short courses relating to the field.

Rob Ralphs
Dr Rob Ralphs, Senior Lecturer in Criminology, Manchester Metropolitan University
Dr Rob Ralphs is a Senior Lecturer in Criminology at Manchester Metropolitan University (MMU) and a member of MMU’s Substance Use and Addictive Behaviour’s (SUAB) research group. He has been engaged in research and teaching on substance use for over 15 years. During this time, the focus of his research has spanned drug markets, heroin and crack use through to recreational drug use amongst young people. His work has included evaluations of local substance use service provision and critical analysis of national policy responses. More recently, his research has been focused on emerging substance use trends such as image and performance enhancing drugs (IPEDS) and new psychoactive substance (NPS) use. To date this has included a focus on NPS use amongst clubbers in electronic dance music venues and the use of NPS in custodial settings. He is currently conducting research commissioned by a local authority Public Health department into the prevalence and nature of NPS use in that incorporates a specific focus on “Chemesx”, homeless people and vulnerable young people.

Grant Robin
Dr Grant Robin, Lecturer in Criminology, University of Manchester
Dr Grant Robin is a Lecturer in Criminology at Manchester Metropolitan University and a member of MMU’s Substance Use and Addictive Behaviours (SUAB) research group. Mike’s areas of expertise include illicit drug markets, life course transitions and criminal careers, and the use of ethnographic methods in the study of hard-to-reach groups. His PhD Men at Work: An Ethnography of Drug Markets and Youth Transition was awarded the 2015 International Association for the Study of Organised Crime ‘Best PhD’. 

Doug Shelton
Dr Doug Shelton, Clinical Director, Community Child Health
Dr Shelton is paediatrician who has sub-specialised in community paediatrics and child development and is Medical Director for Children’s Health, Gold Coast Health. Dr Shelton has a particular interest optimising the development of children they can see improve their potential across their life course. Dr Doug Shelton has established a specialist service for the assessment and diagnosis of Fetal Alcohol Spectrum Disorders (FASDs) for children. He has also been involved with Indigenous child health having established indigenous outreach clinics to Toomelah and Goondiwindi from Toowoomba, and at Kathryn Aboriginal Medical Service on the Gold Coast, as well as relationships with Kurnungal Medical Service at Coolangatta.

Robin Marie Shepherd
Dr Robin Marie Shepherd, Lecturer/ Researcher, University of Auckland
Dr. Robin Marie Shepherd is a lecturer and researcher from the University of Auckland in New Zealand in the School of Population Health. She started research in addiction studies over 20 years ago on problem gambling at the Zinberg Centre for Addiction Studies at Harvard. Robin lived in the UK for 11 years where she conducted research, clinical work, and teaching in higher education. She moved to New Zealand in 2004. She has been teaching ‘Communities and Addictions’ to undergraduates for the past 7 years as well as teaching graduates students’ drug and alcohol counselling, mental health assessment, and dual disorders courses. Robin also has been involved in research for over 20 years with projects such as ‘best practices’ in gambling, reflective practice in addiction studies and problem gambling in Hawai’i.

Bobby Smyth
Dr Bobby Smyth, Child & Adolescent Psychiatric, Children’s Health Queensland Hospital and Health Service (CQ HHS)
Bobby Smyth is a consultant child & adolescent psychiatrist, currently working with Child & Youth Mental Health Services in Brisbane. He has over 12 years experience of providing clinical leadership at three adolescent addiction services in Dublin, Ireland. He is a clinical senior lecturer at Trinity College Dublin. He was a member of the National Advisory Committee on Drugs & Alcohol in Ireland until moving to Australia in 2015. He has been involved in addiction research for the past 20 years, addressing topics such as treatment outcome, unsafe injecting, dual diagnosis and drug prevention.

Fiona Stevens
Ms Fiona Stevens, Mental Health Social Worker, Private Practitioner
Fiona Stevens is an accredited Mental Health Social Worker and yoga teacher with 20 years experience working in Mental Health Services. She has a special interest and is trained in Yoga Therapy and Trauma Sensitive Yoga. Fiona has worked in the areas of both the alcohol and other drug field as well as mental health. Fiona brings extensive knowledge in the area of trauma and delivers groups in a private psychiatric hospital as well as working with not-for-profit organisations.

Steve Stokes
Sally Thorpe
Ms Sally Thorpe, Senior Psychologist, Caraniche
Sally Thorpe is a registered Psychologist who has been employed by Caraniche since 2003. Sally has worked with offenders for the past 21 years, including research, and providing group and individual treatment to incarcerated women with substances use issues at the Dame Phyllis Frost Centre (a maximum security women’s prison) as well as treating offenders in the community. Her current role is the Senior Psychologist for the High Risk Offenders Alcohol & Drug Service (HIROADS), a newly established service providing individual substance use treatment to high risk offenders within the community.

Philip Townshend
Dr Philip Townshend, Treatment Director, DARA
Dr Townshend is currently the Treatment Director at DARA. He is a Clinical Psychologist, trained and registered in New Zealand. He has more than 38 years of professional experience in a variety of settings, including residential treatment facilities, Employee Assistance Programs, gambling and addictions treatment, chronic pain, Moari mental health and private practice. Dr Townshend is fascinated by the way research into neuroscience is re-shaping our understanding of changing addiction treatment and the ways in which it can help individuals and the families of those affected by addiction. The rewarding and humbling experience of assisting people facing addiction and helping to change their lives represents Dr Townshend’s professional motivation. He is fascinated by the many paradoxes in this area, the opportunity to keep learning, and that there is no one right way to recovery.

Menka Tsantefski
Dr Menka Tsantefski, Senior Lecturer, Griffith University
Dr Menka Tsantefski is a Senior Lecturer in the School of Human Services and Social Work at Griffith University where she specializes in child and family related subjects. For many years, Menka worked at Odyssey House Victoria researching the experiences of children of substance-addicted parents and designing, delivering and managing programs for children and families.

Carol Vale
Ms Carol Vale, Managing Director, Murawin
A specialist Aboriginal consultant, Carol Vale brings to her work significant experience and understanding into working with Aboriginal and people and communities. Carol draws on her long career in the public sector and provides practical tools and professional services that are culturally sensitive and relevant. She has extensive experience across a range of portfolios including Aboriginal affairs, education, housing, disabilities and child protection. Carol’s public service experience is supported by formal qualifications in business administration, public sector management, leadership, counselling and Indigenous studies. Murawin, Carol is now collaborating with Bravehearts in strengthening organisational and practitioner capabilities in the prevention of child sexual abuse.
Ms Lowell Wan, Therapeutic Counsellor, Gambler’s Help Southern, Bentleigh Bayside Community Health

Lowell has been a Therapeutic Counsellor at Gambler’s Help Southern, Bentleigh Bayside Community Health in Melbourne, Australia for over seven years. She has been incorporating the use of Interactive Drawing Therapy and other visual techniques in problem gambling counselling for the last five years.

Dr Deborah Wilmoth

Dr  Deborah Wilmoth, Clinic Director, Bond University

Deborah has focussed on work in the mental health service area. She has been recognised as a Fellow in the Australian Psychological Society. Dr Wilmoth has a Master’s Degree in Community-Clinical Psychology and a Doctor of Psychology Degree. She has worked in a number of clinical settings including veterans’ hospital, women’s hospital, community mental health centres and the WA State Forensic Service. Deborah has published on professional training in psychology. She has been interested in the areas of ADHD, working with families going through divorce, domestic violence and post-traumatic stress disorder.

Kim Wood

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

Kim Wood is a clinical psychologist working at Mirikai, a Gold Coast drug and alcohol residential rehabilitation centre for young people aged 17 - 35. She coordinates the Youth Dual Diagnosis (DD) Service of Lives Lived Well, Gold Coast Campus. The DD service offers psychological services to young people aged 12 - 25 with both mental health and substance misuse issues. Kim is the Senior Practitioner with responsibility across Lives Lived Well services on Dual Diagnosis issues. Part of the role includes training and it is this aspect of her role that Kim will be presenting on today.

Samar Zakaria

Ms Samar Zakaria, Dual Diagnosis Clinical Nurse Consultant, Macquarie Hospital NSLHD

Samar Zakaria has worked in diverse clinical settings as a nurse including; working in inpatient mental health services, inpatient and community drug and alcohol services, chemical use in pregnancy and hospital consult and liaison. Samar has a keen interest in multidisciplinary collaboration and clinical practice development. She is proficient in liaising with key stakeholders and fostering partnerships. Her most recent presentation was at the Official Visitors Program for NSW Annual Conference in Aug 2015 on Dual Diagnosis Services.

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