1st International Alcohol, Tobacco and Other Drugs Nursing & Midwifery Conference

Making a World of Difference: An International Focus on Reducing Problems of Alcohol, Tobacco and Other Drug Use

15-17 April 2003
Stamford Plaza Hotel - Adelaide, South Australia

Conference Abstracts

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Forward
Welcome to the Making a World of Difference: An International Focus on Reducing Problems of Alcohol, Tobacco and Other Drug Use, the 1st International Alcohol Tobacco and Other Drug Conference for Nurses and Midwives. Alcohol, tobacco and other drug use and related problems pervade all areas of health care, and therefore all nursing and midwifery practice. In fact it is one of the major health issues faced by all nations, communities and health professionals. Our international conference committee comprises a group of enthusiastic and concerned specialist alcohol and drug nurses from United Kingdom, United States of America, Denmark and Australia. We have experience in clinical practice, education and research in this field. Our collaboration is through our membership of the Drug and Alcohol Nurses of Australasia (DANA) and The International Network of Nurses Interested in Alcohol Tobacco and Other Drug Misuse (TINN). We are confident that the program is informative and challenging, and will stimulate debate and excite participants. It is also a magnificent opportunity for colleagues from around the world to showcase their work and ideas. We have been very excited about convening this major event.
Warm regards
Professor Charlotte de Crespigny RN PhD FRCNA
Chairperson (Australia) Conference Committee
April 2003

Conference Aims and Objectives
· to promote a new perspective in the management of alcohol, tobacco and other drug health issues, emphasising the need for a collaborative approach between all carers;
· to generate knowledge about alcohol, tobacco and other drug use nursing and midwifery;
· to influence development of policy principles about alcohol, tobacco and other drug use nursing and midwifery;
· to provide a forum for interdisciplinary and inter-agency debate on alcohol, tobacco and other drug use health care;
· to build relationships between varying sectors in alcohol, tobacco and other drug use health care; and
· to provide professional links with international key note speakers and delegates.

Sponsors
This Conference is proudly sponsored by:
South Australian Department of Human Services
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South Australian Drug and Alcohol Services Council
New South Wales Department of Health -Drug and Alcohol Nursing Project

Thanks
The Conference Committee gratefully acknowledges the substantial contribution of Dr Peter Carter and the Central Northwest London Trust, UK.

Conference Organisers
The International Network of Nurses Interested in Alcohol, Tobacco and Drug Misuse (TINN)
TINN has been in existence since 1998. It is an expanding group of nursing organisations and key Nursing stakeholders who wish to facilitate joint international working to improve global public health. Our vision is to facilitate collaboration through inter-connectiveness of professional nursing organisations and nurses by working together to improve global health and reducing the morbidity and mortality associated with substance misuse. Our mission is to strategically raise global awareness and recognition of the role of nurses in preventing and treating the health and social problems caused by destructive substance misuse via visibility and education of addictions at the international level.
Contact: http://www.tinnurses.org/
Conference Committee Dana Murphy-Parker, USA, Conference Chair, Patrick Coyne, UK, Raj Boyoonauth, UK, Carmel Clancy, UK, Rod Thompson, UK.
The Drug and Alcohol Nurses of Australasia (DANA)
DANA is a professional network that offers leadership, professional support and friendship to Nurses working with, or advocating for, people with alcohol and other drug issues, and concerned others. We aim for excellence and the ongoing improvement of quality care in Nursing. DANA members are consultants to, and network with other nursing, medical and affiliated health practitioners, policy makers, community groups and service providers. DANA was formed over 17 years ago, and has held a national conference every year for 15 years. DANA has members from each state and territory in Australia, and New Zealand and Denmark.
Contact: http://www.danaonline.org/
Conference Committee Charlotte de Crespigny, Conference Chair and President DANA, Tricia Gibbs and Bronwyn Potter, SA Co-Representatives, Lynette Cusack, Nam Dang, Melinda Dowd, Judy Gonda, Mette Groenkjaer, Jill Mitchell, Amanda Mitchell, Helen Murray, Janice Ough, Dianne Walsh, Julie Watkinson Flinders University School of Nursing & Midwifery
Conference Secretariat Diana Paice, Alison St Jack, Jenny Barrett, Jenny Loverde, Jacqui Duthie, Drinka Vajdic

Biographical notes on Keynote Speakers

The evidence speaks: new treatments for opiate dependence
Professor Richard Mattick
Richard P. Mattick is the Professor of Drug and Alcohol Studies at the University of New South Wales, Sydney within the Faculty of Medicine where he is the Director the National Drug and Alcohol Research Centre. He has authored over 100 scientific articles and books on the assessment, nature and treatment of emotional, cognitive and psychological and neuropsychological problems. He major current research interests are in clinical trials for management of opioid dependence, psychostimulant substitution therapy, treatment of young drug dependent people, and the effects on cognitive functioning of exposure to psychostimulants and opioids, and cost-effectiveness of treatments. He was the coordinator of the federally funded national evaluation of pharmacotherapies for opiate dependence studying 1500 opioid dependent patients assessing the impact of naltrexone, methadone, buprenorphine, and LAAM. He has conducted the largest randomised clinical trial of buprenorphine versus methadone, and this study is a pivotal study for the US FDA registration of buprenorphine. He is an Editor on the Cochrane Review Group for Drugs and Alcohol, and Assistant Editor and Executive Editor (respectively) on the international journals Addiction and the Drug and Alcohol Review.

A world view: nurses responding to alcohol, tobacco and other drug problems
Associate Professor Madeline Naegle
Madeline A. Naegle, R.N., C.S., Ph.D., F.A.A.N. is an Associate Professor, the Division of Nursing, New York University. She developed and coordinates the Advanced Practice Psychiatric-Mental health program as well as acting as Coordinator of International Affairs. Her efforts to develop addictions nursing as a subspecialty of psychiatric nursing led to her receipt of the American Nurses’ Association Hildegard Peplau Award in July 2002. Her advocacy for nurses’ global attention to their roles in the prevention and treatment of substance-related disorders dates from her 1995 experience implementing a Fulbright
teaching award in the Republic of Malta and has continued through international speeches and publications. Dr. Naegle's presentation will highlight the fact that as awareness and advances in the treatment of substance misuse and abuse problems have grown, nurses throughout the world must consider the role each plays in addressing these costly health problems. In order to achieve better outcomes, minimum standards for nursing education on substance-related disorders must apply worldwide. Of additional importance is attention to the interface between nursing knowledge at generalist and specialist levels and knowledge of substance related concerns. Advocacy of nursing's use of "best practices" in the care of persons with substance-related disorders, consensus on role expectations and a belief in the importance and visibility of the nurse as provider of addictions treatment are important international issues. The dialogue among nursing groups world wide that this conference affords us has never been more important or timely.

Being prepared: a world view of psycho-stimulant use.

Associate Professor Robert Ali

Dr Robert Ali is a Public Health Clinician who has been working in the Drug and Alcohol field since 1985 and is currently the Director of Clinical Policy and Research at the Drug and Alcohol Services Council of South Australia. He is a fellow of the Australasian Faculty of Public Health Medicine and Chair of the Board of Continuing Education for the Faculty. Robert is also a member of the Coordinating Editorial Board of Alcohol and Drug group. He holds a number of University appointments, including visiting research fellow at the National Drug and Alcohol Research Centre at the University of New South Wales, Senior Lecturer in the Department of Clinical and Experimental Pharmacology at Adelaide University and Senior Lecturer at the National Centre for Education and Training on Addiction at Flinders University (NCETA). Robert is a member of the Australian National Council on Drugs and sits in on a number of national committees for the Inter-Governmental Committee on Drugs (IGCD) including chairing the National Expert Advisory Committee on Illicit Drugs. Robert is a member of a team lead by colleagues from the UK National Addiction Centre that has been commissioned by UNDCP to develop Guidelines for planning and implementing treatments for drug misuse. Robert has also assisted the World Health Organization (WHO) through his participation in committees including the Expert Working Party on the Health Implications of Cannabis Use, the Committee on Drug Substitution Therapies, the Evaluation of the Swiss Scientific Studies on Medically Prescribed Narcotics to Dependent Drug Users and he chaired the WHO meeting on Amphetamines, MDMA and other Psycho-stimulants. Robert is currently Project Coordinator for the International Validity Study of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). His research interests include drug substitution therapies for opioid dependence and management of drug withdrawal.

The big picture: can nurses and midwives make a difference?

Emeritus Professor James Rankin

James Rankin (MB, BS, Sydney, 1954; FRACP, FAFPHM, FRCP(C)) is Emeritus Professor, Department of Public Health Sciences, University of Toronto. He has worked in the drug and alcohol field since 1964 in both Australia and Canada as researcher, educator, clinician and administrator. He has had extensive research experience with a particular focus on the epidemiology and prevention of alcohol- and drug-related health problems. He has held the following senior positions. He was the professor of Medicine and Public Health Sciences, University of Toronto, Clinical Professor, University of Sydney, Foundation Director of the Addiction Research Foundation Clinical Institute, Toronto, Canada, Director, Division of Drug and Alcohol Services, Health Commission of NSW, Director, Canadian Liver Foundation Epidemiology Unit, Director, University of Toronto, Interdepartmental Division of Drug and Alcohol Studies, Chairman, Central Sydney Area Health Service Drug and Alcohol Services, and Acting Director, Drug and Alcohol Directorate, NSW Health Department, and senior staff specialist, Northern Rivers Area Health Service. He was foundation President of the Australian Medical Society on Alcohol and Drugs (now APSAD) and the Canadian Society of Addiction Medicine. He has served on numerous governmental and non-governmental groups and committees in Australia, Canada and internationally, and been a special adviser to the WHO. He has authored or co-authored over 100 journal articles, as well as numerous book chapters, special reports and educational publications. From 1994 until recently he has concentrated on promoting and supporting the development of drug and alcohol programs in NSW Area Health Services.

The UK experience: nursing for alcohol and other drug health

Ms Nola Ishmael

Nola Ishmael OBE RGN RHV is a Nursing Officer at the Department of Health, England. Her background is in Health visiting and Nursing Management. She joined the Department of Health in 1994 and at the end of her first year was invited by the then Chief Nursing Officer to work as her Professional Private Secretary. This post provided her with excellent opportunities to work at the highest level of Government with different Ministers and other senior officials. She currently works in the Public Health and Clinical Quality Directorate of the Department of Health and has the nursing lead on Sexual Health, Substance Misuse, Alcohol, Nutrition and Occupational Health. Nola is actively involved in developing Leadership potential and capability with people in health, social care and the voluntary sector. She forges and maintains strong working relationships taking an active interest in their development. She meets regularly with different groups to offer support and steer for their progress and development and backs this up with Mentoring and Shadowing opportunities. Nola is active in a number of charitable organisations. She has two grownup children. She makes time to achieve a work-life balance that enables her to have quality time for relaxation and enjoyment with friends and family. She was awarded the OBE in the Queen's Birthday Honours in 2000.

Showing the Way to the Future

Robyn Doran

Robyn is a New Zealander living in England. She started her nursing career in 1980 in New Zealand where she trained as an RMN in Auckland. She subsequently lived and worked in Australia in Victoria for 3 years before moving to the United Kingdom. Ms Doran has lived and worked in the health service in London for the last 14 years, she has had various roles during this time. At present she is the Director of Central and North West London Mental Health Trust Substance Misuse directorate, one of the largest statutory run substance misuse services in Europe. In this role she has managed 4 mergers in the last 4
years! As well as managing the health service she is particularly interested in complexity thinking and her current research project is Using an emergent approach to performance management in the NHS. Robyn is a member of the UK government Advisory Committee on the Misuse Drugs.

Abstracts

Acute Care: Caring for people with alcohol, tobacco and other drug problems

What nurses think about responding to alcohol and other drug issues: Individual, team and organisational factors
Darlene Addy, Margaret O'Neill, Helen Maxwell, Jodie Shoobridge, Natalie Skinner, Ann Roche, Toby Freeman
National Centre for Education and Training on Addiction (NCETA), Adelaide, Australia
In 2001 NCETA commenced the development of a tool that would assess a range of individual, team and organisation factors that impact on a worker's ability to transfer training into practice. As part of the development and validation of the evaluation tool a large scale quantitative survey was undertaken with over 1000 frontline workers across Australia. More than 261 nurses from range of areas were included in the study. The paper will report descriptive summary data on nurses' views and experiences of responding to AOD issues. Factors such as nurses' levels of experience, role legitimacy, role adequacy, and job satisfaction in dealing with alcohol and drug related problems will be presented. Relationships between these factors and the provision of formal and informal supervision, existence of supportive organisational policies and practices, and professional development opportunities will be explored. Comparisons will be made between general nursing, AOD specialist nursing, and other health and allied services.

Biographical note
Darlene Addy is the principal Research Officer working on the Evaluation Project at NCETA. Darlene has worked on a number of projects associated with gambling, AOD workforce development, and prison drug treatment. She has had experience developing Clinical Treatment Protocols for alcohol and other drug workers at Turning Point Alcohol and Drug Centre in Victoria, clinical research at the National Addiction Centre in London, UK, and alcohol and other drug policy and planning development in Vancouver, Canada. Darlene has a Bachelor of Social Science (Human Service) Social Health, a Graduate Certificate in Health (Addiction Studies) and is currently working towards her Master of Science (Primary Health Care). Her main interests are related to workforce development in the alcohol and other drug field.

'I try not to be judgemental': Nurses' attitudes, knowledge and practices towards patients with alcohol and drug related problems
Mette Groenkaer
Vendsyssel School of Nursing, Denmark
This study aimed to investigate nurses' attitudes, knowledge and practices towards patients with alcohol and drug related problems, including any power imbalances influencing nursing care towards such patients. An acute hospital ward in South Australia was the purposely-selected setting for the study. Participants were nurses (students, enrolled and registered) on the ward, and relevant key informants. Data were gathered by ethnographic methods including participant observation, semi-structured interviews and informal conversations with participants for a 6-week period. Clinical document analysis and focus group discussions were also conducted. Findings showed nurses intended to remain professional in their interaction with, and care of, their patients as opposed to displaying negative or judgemental attitudes. These intentions were however constrained in many ways to conduct the professional and holistic care they intended. Limited knowledge base and options within the workplace were some of the influencing factors. This study focused on revealing constraints affecting nurses and their care provision, and provides recommendations for changes to improve nurses' options in the care of patients with alcohol and drug related problems.

Biographical note
Mette Groenkaer is currently working as a lecturer and international co-ordinator at Vendsyssel School of Nursing in Denmark. She has a great interest in alcohol and other drugs nursing and is a graduate of the Master of Nursing in Alcohol and Other Drug Studies from Flinders University. She has been a member of research teams in Australia involved with better medication management for Aboriginal people with mental health disorders, as well as a study on urban Aboriginal women and drinking in licensed premises. Her teaching and research interests continue to focus on alcohol and other drugs, nationally and internationally.

10 years of drug history recording: Are we doing any better?
Meredith Adams
Department of Drug Health Services
Do doctors and nurses accurately record the drug use history of patients in public hospital? A comprehensive drug use history is important in predicting the development of a drug withdrawal state and previous research suggests that between 15-26% of patients are "at-risk" because of alcohol use. Audits of how nurses record patients' drug use history have been done in 1992, 1994, 1997 & 2000 (results previously presented elsewhere). The research has shown that in 1992 74% of medical staff and 71% of nursing staff recorded meaningful drug use history. By 2000 this has fallen to 56% for medical staff and 54% for nursing staff. How well are nurses doing now? It is planned to audit the medical records of 200 patients (excluding ICU/Emergency Department) admitted in CRGH on Thursday 23rd January 2003.

Information concerning the recording of a drug use history will be collected. This new data, together with results from the previous research, will be presented.

Biographical note
Meredith Adams is a clinical nurse consultant in the Department of Drug Health Services at CRGH. Meredith has worked for 17 years in D&A, counselling and supporting people with a range of alcohol and drug related problems. She is involved in clinical service delivery and management, nursing education and has published research, and presented at conferences, in such areas as pharmacotherapies for
An evaluation of self-efficacy and minimal interventions for potential problem drinkers in a general hospital setting - a nurse-led initiative.

Aisha Holloway
The University of Nottingham, UK

The results of a study to evaluate self-efficacy and minimal interventions for potential problem drinkers within a general hospital setting will be presented for the first time. Previous evaluations of minimal interventions have compared the effects of interventions but have not examined the elements of theoretically based minimal interventions within the general hospital setting. The effects of 'matching' different forms of minimal intervention with different 'types' of drinker will also be presented. Patients identified as potential problem drinkers were allocated to one of three group studies in the experiment. Patients in one group were given a booklet as the intervention, the second group received a self-efficacy enhancing intervention and the third group (the control group) received no form of intervention. A summary of how the self-efficacy enhancing intervention was developed will be discussed and the components of this intervention discussed. The results from six month post-test data will be presented in relation to the following main outcomes: reported levels of weekly alcohol consumption, number of drinking days, number of units of alcohol consumed in one day, alcohol-related knowledge, levels of self-efficacy and stages of change. By applying the key theoretical methods of self-efficacy enhancement to minimal interventions, this study enabled the theory of self-efficacy in relation to behaviour change to be analysed and tested in this field for the first time. The findings provide research-based evidence of the suitability of a cognitive-behavioural approach to minimal interventions amongst hospital patients and the most appropriate form of intervention i.e. 'matching'.

Biographical note
I graduated with a BSc (Hons) Nursing from the University of Abertay in 1992. During the next 3 years I worked as a nurse in a large teaching hospital in a variety of clinical settings - General Medicine, Medical Admissions Unit and Intensive Therapy Unit. During this time I observed the effect of alcohol consumption on health and the role it appeared to play in the admissions of many of the patients I came into contact with. A PhD studentship at Glasgow Caledonian University enabled me to pursue my interest in the field of alcohol use, particularly exploring the link between theory and practice and its role in effective behaviour change. I obtained my PhD in 2000. I am currently a member of the Nursing Council on Alcohol (NCA) management committee and am interested in developing an alcohol and drug program within nursing and medical undergraduate education.

Where is 'Alcohol & Drugs' in health assessments?
Cynthia Stuhlmiller, Bonnie Walter, Barry Tolchard
Flinders University, Adelaide, Australia

Mental health and drug and alcohol services have remained poor bedfellows largely because of the unfortunate division between organisations. Unwillingness to merge systems of care has lead to clients receiving conflicting messages such as "clear your mental illness and then we will deal with your addiction" or "after you sober up come back and we will deal with your mental illness." Worse yet, divergent philosophies suggest to clients that they are not in control of their mental illness (its biochemical) but can control their substance misuse (chosen to use). These messages leave clients confused as to what help they really need. Because drug and alcohol misuse is often a means of dealing with mental health issues, mental health assessments must uncover all forms of coping including use of substances within the framework of the client's understanding. This workshop will provide participants with an opportunity to practice drug and alcohol assessments as embedded in a mental and physical health assessment. Management and referral tips will be offered.

Biographical notes
Cynthia Stuhlmiller RN, MS, DNsC is Professor of Nursing (Mental Health) at Flinders University. She has held numerous academic and clinical appointments in the US, Norway, and New Zealand. Her clinical and research background includes psychological responses to war, disaster, seasonal variation, clinical supervision, and dual diagnosis.

Bonnie Walter RN, GDCMHN is Clinical Facilitator and Lecturer for the Graduate Diploma in Mental Health Nursing at Flinders University. She has held numerous clinical and administrative positions in mental health in Adelaide. Her current interests include clinical supervision, tele-nursing and co-morbidity.

Barry Tolchard RN, MSc, Doctoral Candidate, is Senior Lecturer and Course Coordinator of the Graduate Diploma in Mental Health Nursing and the Masters of Mental Health Science in the School of Medicine at Flinders University. He conducts research and maintains a clinical practice at the Centre for Anxiety and Related Disorders at Flinders Medical Centre. His area of expertise is in assessment, behavioral and cognitive therapies and problem gambling.

Hot Spots
Community-based participatory research to prevent substance abuse and HIV/AIDS in African American adolescents.

Marianne T Marcus
The University of Texas Health Science Center at Houston School of Nursing, USA

The objectives of this study were to design, implement, and evaluate a faith-based substance abuse and HIV/AIDS prevention program for African American adolescents using community-based participatory research methodology. Setting: A large African American church community in Houston, Texas. Participants: African American adolescents, ages 11 to 13, church and university stakeholders.

Intervention: Participants engaged in Project BRIDGE, a three-year intervention that included: 1) Life Skills Training program, a cognitive-behavioral curriculum proven effective in enhancing decision-making, social resistance, and refusal skill; 2) Spreading the Word, Afrocentric risk prevention alternatives based on arts, media, communication, drama and music; 3) Choosing the Best, an abstinence-focused curriculum related to the health risks of substance abuse and sexually transmitted diseases; and 4) A Faith component based in scripture and the teachings of the church. Results: The church now has staff and volunteers with...
background, training, and commitment to deliver an empirically-based program. Adolescents who participated in Project BRIDGE reported significantly less marijuana and other drug use and more fear of AIDS than the comparison group. Faculty participants gained experience in community-based participatory research and were afforded opportunities for scholarships. Project BRIDGE has been designated an official ministry of the church and the program has been extended to others in the larger metropolitan community. Conclusion: Community-based participatory research is a viable method for empowering a community to address the critical issue of risky behaviors in African American adolescents.

Biographical note

Marianne T Marcus, EdD, RN, FAAN, The John P McGovern Professor in Addiction Nursing, Chair of the Department of Nursing Systems, The University of Texas Health Science Center at Houston School of Nursing Dr Marianne Marcus received her BSN from Columbia University in New York. Dr Marcus obtained MA and MEd degrees in nursing education from Teachers College, Columbia University and her doctorate from the University of Houston. She served on the nursing faculties of Herbert H. Lehman College and Columbia University prior to coming to The University of Texas health Science Center at Houston School of Nursing. Since 1988, Dr Marcus has directed three successive Center for Substance Abuse (CSAP) Faculty Development Projects, provided training opportunities for fourteen faculty fellows, developed integrated substance abuse curricula for nursing and designed and implemented a unique graduate program in addictions nursing. She established community demonstration programs in prevention, a continuing education program for acute care nurses and a monthly seminar series on substance abuse for area clergy. Dr Marcus’ research interests include treatment outcomes of therapeutic communities and evaluation of the impact of substance abuse education on professional practice. She currently directs a faith-based substance abuse and HIV/AIDS prevention program at Windsor Village United Methodist Church and is Associate Director for a national multidisciplinary faculty development program in substance abuse.

New drugs, new risks: The current state of play in Australia

Paul Dillon
National Drug and Alcohol Research Centre, NSW, Australia

In recent times the range of newer drugs such as crystal, ketamine and GHB appears to have become more popular amongst Australian ‘party drug’ users and are now no longer restricted to a small number of night-clubbers. It would appear that many party drug users have become disillusioned with, or tolerant to the effects of ecstasy, and are looking for ways to increase, and/or to lengthen, the period of intoxication. A generation of pseudo-chemists has developed and the use of anti-depressants and other pharmaceuticals appears to be increasing - not for their therapeutic purposes, but in conjunction with party drugs to increase the effect. The increasing use of alcohol with party drugs is also a new phenomenon which is causing concern amongst alcohol and other drug workers. This paper will examine the latest Australian research into party drugs such as crystal, ketamine and GHB. It will particularly examine the risks involved with the use of these drugs and party drug users’ risk perception. Finally, the use of anti-depressants to increase intoxication and the link to ‘serotonin syndrome’ will be investigated.

Biographical note

Paul Dillon is currently employed as the Media Liaison/Information Manager at the National Drug and Alcohol Research Centre (NDARC), Sydney where his key role is to disseminate research findings to policy makers, drug and alcohol workers and the general public. He has been contracted by many government and non-government agencies including the Australian Medical Association to give regular updates on current drug trends within the community and is the official media spokesperson for NDARC. He has appeared on a wide range of Australian television programs discussing topical issues. Paul also has a regular spot on a national radio program on Triple J where he deals with current youth drug issues. He has had many media interviews on the subject of drug culture, and his current areas of interest are the ecstasy/nightclub culture, drug education, youth issues, and anabolic steroids.

Clinical guidelines for the use of buprenorphine in pregnancy

Dr Adrian Dunlop1, Mary Panjari1, Dr Allison Ritter1, Dr Huon O’Sullivan2, Dr Phil Henschke2, Veronica Love2, Dr Nick Lintzeris3 Presenter: Pauline Clarke Turning Point Alcohol and Drug Centre, Fitzroy 1Turning Point Alcohol and Drug Centre, Fitzroy, 2Royal Women’s Hospital, Melbourne, 3National Addiction Centre, UK.

Heroin use during pregnancy is associated with a number of harms including miscarriage, premature labour, foetal growth restriction and low birth weight, foetal distress, foetal death in utero, overdose and exposure to blood borne viruses. Methadone is the standard treatment for the management of heroin dependence during pregnancy, with reliable data on the positive benefits of reduction in these harms while being associated with the neonatal abstinence syndrome. Since its Australian registration in March 2001, buprenorphine has become an increasingly popular alternative to methadone maintenance. A majority of women who have commenced on buprenorphine are of childbearing age. However, pregnancy has been listed as a contra-indication to the use of buprenorphine for heroin dependence when it was listed with the TGA with a category C rating by ADEC. There is currently limited, but emerging, data on the use of buprenorphine, both during pregnancy and during breast-feeding. In addition, clinical situations arise were women already maintained on buprenorphine become pregnant. Some women do not want to transfer to methadone. Clinical guidelines have been developed for the use of buprenorphine during pregnancy. The guidelines are consensus guidelines, based upon consultation with experts in the fields of addiction medicine, obstetrics and neonatology. This paper will outline the relevant literature regarding the use of buprenorphine in pregnancy and discuss relevant issues in the development of the guidelines and discuss data collection issues for babies born to women on buprenorphine.

Biographical note

Pauline Clarke is a senior Nurse Alcohol and Drug Clinician at Turning Point Alcohol and Drug Centre, Melbourne, Australia. She has worked in diverse health care settings, encompassing general, obstetric and psychiatric nursing, in both the hospital setting and the community health sector. This provided a range of opportunities to express her interest in the special needs of women and their babies, during and after pregnancy. She has worked in the area of alcohol and other drugs since 1994, in counselling, outpatient and residential withdrawal, and most recently as Coordinator of a Specialist Pharmacotherapies Program for Turning Point.
Research: Finding the Evidence for Best Practice

The Australian Treatment Outcome Study (ATOS): Heroin
Maree Teesson, Shane Darke, Joanne Ross, Michael Lynskey, Robert Ali, Richard Cooke, Alison Ritter. 
Presenters: Richard Cooke and Kate Hetherington

National Drug & Alcohol Research Centre, Sydney, Australia
The Australian Treatment Outcome Study (ATOS) is the first large-scale longitudinal study of treatment outcome for heroin dependence to be conducted in Australia. Data collection commenced in February 2001 and the study sought to recruit 1000 heroin users on entry to methadone/buprenorphine maintenance, detoxification, and residential rehabilitation services. Participants are interviewed at baseline, and again at 3 and 12 months post entry to treatment, providing a natural history of a heroin-using cohort. The study represents a collaborative effort between the National Drug & Alcohol Research Centre (the coordinating centre), the Drug & Alcohol Services Council, and Turning Point. This session will incorporate discussion of the baseline findings (NSW), 3-month outcomes (SA), and implications for the clinical management of heroin users.

Biographical notes
Richard Cooke is the senior evaluation officer with the Drug and Alcohol Services Council (DASC). He is responsible for managing the South Australian arm of the ATOS project; for the initiation, development, and management of evaluation and monitoring projects within DASC; and the provision of evaluation advice and support to staff, managers and directors of DASC’s programs. In addition he is a member of: - The IGCD Working Group for National Minimum Data Set- Alcohol and Other Drug Treatment Services · The National Drug Strategy Monitoring and Evaluation Coordinating Committee · The SA Drug Court Evaluation Committee · The Police Drug Diversion Steering Committee
Kate Hetherington is a research officer at the National Drug & Alcohol Research Centre. Kate has been working on ATOS since its inception in early 2001, and has been responsible for recruiting and interviewing many of the NSW participants, and liaising with treatment centre staff. Qualifications: BSc Psych (Hons).

Managing opioid withdrawal: an overview of Cochrane reviews
Linda R Gowing
Drug & Alcohol Services Council, Adelaide, Australia
Managed withdrawal (detoxification) is not in itself a treatment for opioid dependence, but withdrawal remains a required first step for many forms of longer-term treatment. It may also represent the end point of an extensive period of substitution treatment. As such, the availability of managed withdrawal is essential to an effective and comprehensive treatment system. For many years, routine procedures involved suppression of withdrawal with methadone and gradual reduction of the methadone dose. Ambivalence to the use of a drug of dependence to treat opioid dependence, government restrictions on prescription of methadone and consumer dislike of the protracted nature of methadone withdrawal have, to some extent, limited this approach. Discovery of the capacity of the alpha2 adrenergic agonist, clonidine, to ameliorate some signs and symptoms of withdrawal led to widespread use of this drug as a non-opioid alternative for withdrawal treatment. However, the use of clonidine has been hampered by side effects of sedation and hypotension. Dissatisfaction with methadone and clonidine has led to a sustained exploration of a variety of alternative approaches including the use of opioid antagonists to induce withdrawal, in combination with other medication to ameliorate symptoms, and the use of the partial opioid agonist, buprenorphine. The various approaches to the management of opioid withdrawal have been addressed in five separate Cochrane reviews. Dr Gowing is an author of four of those reviews - in this presentation she will provide an overview of the findings and discuss the implications for research and clinical practice.

Biographical note
Linda Gowing is Manager of the Evidence-Based Practice Unit in the Drug & Alcohol Services Council (DASC), South Australia. Most of her work is focused on reviewing research literature, primarily on interventions for illicit drug dependence and in particular the management of opioid withdrawal. Dr Gowing has an honours degree in clinical biochemistry, and progressed from there to a PhD at the Australian National University on basic cellular changes associated with the development of malignancy. At the completion of her PhD she entered the Commonwealth Department of Health, spending 11 years working in areas as diverse as Medicare policy, the Office for the Aged, health policy for migrants and disability support pension arrangements, the National Health and Medical Research Council (dealing with research ethics and institutional ethics committees), and finally illicit drugs policy. She moved to South Australia and her present position in December 1997.

Drug treatment services for young people - a systematic review of effectiveness
Linda Orr, Lawrie Elliott, Lynsay Watson, Andrew Jackson
University of Dundee, UK
We undertook a systematic review of the international scientific evidence for the effectiveness of secondary prevention interventions for young drug users. Of specific interest were interventions that aimed to reduce drug use or psychological and social problems associated with drug use. The inclusion criteria consisted of English language publications (1990-2001); any drug apart from alcohol and tobacco; control or comparative studies; good quality reviews or primary papers. From 5874 abstracts, 104 good quality reviews and primary papers were selected for detailed appraisal. Of these 104, 18 (11 reviews and 7 primary papers) were included in the review. Those successful in reducing drug use and associated problems included more intensive interventions such as family therapy, behaviour therapy and 12-step Minnesota programs. Other interventions, such as school health education programs, were only weakly effective or had no effect. More successful interventions tended to have clear aims and objectives, targeted high-risk groups; in receipt of long-term funding; and were staffed by experienced personnel. The review highlights a lack of good quality research in this area and the limited range of services that have been the subject of research. Services such as drug substitute prescribing, needle exchange and social
and community services are under-represented. The review also suggests that there may be too much emphasis placed on drug using outcomes and not enough on schooling, family relationships and economic costs.

Biographical note
Following undergraduate nursing studies at University of Edinburgh (UK), I worked for a short period in acute hospital setting before moving to work in the community, initially in district nursing, then midwifery and health visiting. Further studies at Masters level and a period of secondment to the local authority Department of Social Work, created an interest in research. I moved to University of Dundee (UK) four years ago, first to Department of Clinical Pharmacology to co-ordinate and conduct clinical trials, and thereafter appointed as Lecturer within School of Nursing and Midwifery. Interest in drug use stems from long period working in the community with young people and adults. Drug use is a major Public Health research theme in the School of Nursing and Midwifery, University of Dundee.

Nurses believe that they should do it, but do it less often than they want to! A qualitative analysis of workplace factors that affect nurses’ ability to intervene in alcohol, tobacco and other drug-related problems

Bill Goodin
University of Sydney, Australia.

There is an enduring and prevailing disparity between the clinical prevalence of alcohol, tobacco and other drug-related problems and the frequency that nurses recognise and intervene in these common problems. A critical “shopfloor” question for the nursing workforce is, why is this so? The paper reports on the investigation of 1281 randomly selected Registered Nurses in practice in Australia. Dual methods are used to systematically investigate factors within the nurse and clinical setting that predict desired clinical behaviour towards alcohol, tobacco and other drug-related problems, and secondly to analyse and describe self-reported perceptions of what aids or impedes it. A statistical (multiple regression) model developed to determine predictors of desired clinical behaviours is briefly reported. The model is robust and informative but limited in that it does not include the nurse’s view of what influences their clinical behaviour in the workplace. Analysis of this large sample of nurses in practice demonstrates significant differences between the sample and motivation to perform in an ATOD-related clinical setting and the reported frequency at which they occur. There is a significant gap between what is reported as ideal practice and that that occurs as actual practice. The need to understand what is happening naturally in the context of the work environment of the nurse, professional relationships, caring relationships, role responsibilities, structural and organisational constraints and/or supports becomes apparent. The major focus of this paper therefore, is to highlight major themes emerging from systematic analysis of a complex ofverbatim reasons given by 1017 respondents as to factors that affect their ability to intervene in alcohol, tobacco and other drug-related problems.

Biographical note
Bill Goodin has been actively involved in Alcohol and Other Drug nursing since the foundation days of DANA. Currently working as a Lecturer in Mental Health Nursing, Faculty of Nursing, University of Sydney, Bill has a long background in as a clinician and researcher in Alcohol and other Drugs. Bill’s research interests include measurement of attitudes and knowledge in nurses, clinical behaviour and clinical confidence in nurses, and nursing management of withdrawal symptomatology.

Research: finding evidence for best practice - exemplars can guide the way.

Raj Boyjoonaauth, Patrick Coyne
Central & North West London Mental Health NHS Trust, UK Abstract

Nurses have an ethical and professional responsibility and, of course, a legal responsibility to provide care that is based upon the best available evidence. People affected by drug, alcohol and tobacco use have the right to expect that the care, services, education, policy, and research that is undertaken to assist them, is based on up-to-date evidence. As nurses are involved and lead direct care, lead and manage policy development and services; provide education and training, as well as use and develop knowledge for professional nursing practice, they have a pivotal role in assisting communities by their knowledge generation activities. Substance misuse is either ignored or sensationalised, leading to a desperate need for thoughtful knowledge generation, critical analysis, and utilisation in policy, management, education, and direct care provision. This workshop will review the role of nurses in the use and generation of ‘useful research knowledge’ that will affect key policy, management, education and clinical decisions. Objectives: - The current state of ‘useful knowledge’ in the world of substance misuse and public health” - a brief review - Missing knowledge - how do you fill the gaps? - Working with other knowledge generators - Leading your own research project - Real issues in getting useful knowledge into practice - ‘making friends and influencing people’ - Partnerships with service users, carers, communities, other professionals, and research organisations - How not to waste time, money and ‘your life’ - Ethical issues

Biographical note
Raj Boyjoonaauth, Deputy Director and Lead Nurse, Central & North West London Mental Health NHS Trust, Substance Misuse Service Consultant Patrick Coyne, Nurse Consultant in Substance Misuse (Dual Diagnosis)/ Principal Investigator - Staff Rotation Schemes, Central & North West London Mental Health NHS Trust, Substance Misuse Service Patrick’s clinical work includes developing Relapse Prevention interventions based on Alan Marlatt’s work within Adult Mental Health Services, supervision of senior nurses and dual diagnosis specialists. Leadership roles: facilitating the LE0 programs: member of the organising committee of TNN, the Forum for Consultant Nurses - Dual Diagnosis; local management developments in Ealing; strategic development of dual diagnosis services. Research activities: Principal Investigator for a number of action research studies into nurses’ recruitment and retention - Nurse Rotation Schemes; a variety of research projects in public health (HIV risk reduction work and harm minimisation); previously Nurse Advisor for Research to the West London Mental Health Research Consortium & North West London as well as the West London Mental Health (Broadmoor) Mental Health NHS Trusts. Consultancy work with Brent Mental Health Services and their development of a “Whole System Approach to Relapse Prevention with the Serious and Enduringly Mentally Ill”. He trained as an RMN, and has developed a speciality interest in Substance Misuse. Currently he is working on Clinical Guidance for Nurses and other staff working with Substance Misuse and Mental Health, funded by the Department of Health. Patrick is
currently a doctoral student with Middlesex University, England

Pregnancy and family issues: ‘Help is on the way’ for women, neonates, and their families

Outcomes of a randomised controlled trial of postnatal home visiting intervention for illicit drug-using mothers and their infants.
Anne Bartu, S Evans, Sharp J Curtin University of Technology, Drug and Alcohol Office, Perth; School of Women and Infants Health at King Edward Memorial Hospital, University of Western Australia. This randomised-controlled trial was designed to assess the impact of a postnatal home-visiting program for illicit drug using mothers and their infants. The cohort (n=160) was recruited in the Chemical Dependency Clinic at King Edward Memorial Hospital in Perth by research midwives and followed up six month postnatally by the same midwives. Those in the intervention arm received the normal postnatal care provided by the hospital. In this paper the characteristics of the women are described in terms of socio-demographic, drug dependency and drug use variables, pharmacotherapy treatment and labour. Comparisons are made between those in the intervention arm versus those in the control arm in terms of initiation of breastfeeding, uptake of infant immunisation and serious adverse effects. Recommendations are made regarding the value of a home-visiting program for this high-risk group of women and infants.

Biographical note
Assoc. Professor (Adj.) Anne Bartu has extensive knowledge of the drug and alcohol field as well as treatment outcomes and program evaluation. A Professor Bartu is the Principal Research Officer for the Drug and Alcohol Office and has been a consultant on home detoxification. She has presented numerous papers at national and international conferences, and is a co-editor of the international Journal of Substance Misuse. She an Honorary Research Fellow for the Curtin University. Her research interests are record linkage, outcomes of illicit drug using mothers and their infants, morbidity and mortality associated with psychoactive drug use, and combining qualitative and quantitative research methodologies.

Positive pregnancies with opioid dependencies: An exploratory evaluation of the impact of a Positive Pregnancies with Opioid Dependencies (PPODS) Program on length of hospitalisation for babies born to opioid-dependent mothers.
Catherine Brewster, Susanne Forgan, Stephen Withers, Michael Bibo. Alcohol, Tobacco & Other Drugs Service, West Moreton Community Health Service, Qld, Australia
The PPODS program was designed to improve health outcomes for methadone-maintained pregnant women and their newborns. This paper presents initial evaluation data for the program, primarily concerning the length of hospitalisation for babies born to methadone-maintained mothers. Treatment with methadone is the standard of care for opioid-dependent pregnant women. Maintenance on methadone aims to ensure that the mother will have regular contact with her case manager and that her methadone dose will be regulated to meet her need and that of the growing foetus, avoiding the irregular dosing patterns and high-risk lifestyle associated with illicit heroin use. Improved neonatal health outcomes have been associated with participation in programs combining methadone maintenance with obstetric care for opiate-dependent mothers. The PPODS program was initially run as an enhancement to standard service, and aimed to: improve education and preparation of pregnant methadone clients; improve levels of attendance of pregnant methadone clients at antenatal care; and to educate hospital maternity staff in order to reduce negative stereotypes of methadone clients and to improve the assessment of opiate withdrawal syndrome in newborns. A modest, exploratory data set is available, including women who did not deliver at hospitals in which staff were prepared, as well as some women who did not receive the program. Factorial analysis of covariance indicates that the hospital maternity staff support and training, and the support and information provided to the mothers, each contributed to reduced periods of hospitalisation for babies born to mothers on the methadone program, when methadone dose and mother's age is controlled for. Within the limitations imposed by an exploratory data set, this provides evidence to undertake a larger, controlled study. Programs such as PPODS represent improvements to health service delivery across different health care areas, and can improve health outcomes for client populations often stereotyped as difficult.

Biographical notes
Catherine Brewster has thirty years nursing experience. She is a Registered Nurse and Registered Sick Child Nurse (UK) with a Graduate Certificate in Neonatal Intensive Care and an Associate Diploma in Drug and Alcohol Studies. She has worked in methadone maintenance for four years, and is currently working in the Opiate Treatment service in West Moreton Community Health Services. She has a great interest in opioid-dependent women and their babies, and whether maternity staff empathy can affect health outcomes for these clients. This prompted her to develop the PPODS program to improve outcomes for opioid-dependent women and their babies. Susanne Forgan has been a registered nurse for 20 years with initial general nursing experience in both public and private hospitals, followed by a relief nursing position within the correctional system. She then assisted in setting up an ATSI aged care facility followed by a move to Community Nursing, 8 years ago. She started working within the adult and aged program and then included school health nursing to become a Generalist Nurse. Her completion of a Graduate Certificate in Child and Adolescent Health, paved a move into her current Community Child Health position. Her involvement with the PPODS program was encouraged by her observations of the determination exhibited by mothers maintained on the methadone program. Her role in the PPODS program includes offering monthly child health clinic services to the parents on the Methadone Program. Dr Stephen Withers has been the Director of Pediatrics at Logan Hospital since 2000. He is a graduate of the University of Queensland, and trained in Pediatrics at the Royal Children's Hospital, Brisbane. He commenced subspecialty training in clinical genetics in 1995. He has worked in the Sydney Children's Hospital and the Prince of Wales Hospital, and the Children and Genetics Hospital for Sick Children in Toronto. In the PPODS program, he provided specialist advice on neonatal opiate withdrawal. Michael Bibo has been a registered psychologist for fifteen years. He has worked in a
clinical/counselling capacity for a community agency, in private practice, and for Hospital Alcohol and Drug Services at the Royal Brisbane Hospital, and has taught counselling skills for General Practitioners. He has held academic positions with the Queensland University of Technology, and has researched in the areas of organisational behaviour and management. He is currently a Research Officer with West Moreton Community Health Services, Alcohol, Tobacco and Other Drugs Service.

Making a difference with pregnancy care: Women on pharmacotherapy maintenance treatment

Anne Renouf, Anne Maree Thom
Central Coast Health, NSW, Australia

The Central Coast Health (CCH) Alcohol and Other Drugs Service (AODS) and Maternity Services contribute to the process of promotion of holistic health, with an emphasis on collaboration, continuity of care and promotion of self-responsibility. One of the treatment options in the Pharmacotherapy Maintenance Treatment (PMT) which aims to improve the quality of life of people dependent on opioids. In 1999, a multi-disciplinary working party undertook a needs assessment to discover gaps in service delivery to opiate dependent pregnant women and a number of issues were identified (access, entry, referral, continuity of care, and information). As a result, a model of co-ordinated care was developed with the aim of addressing the needs of these women and processes such as clinical policies, information and referral systems. This paper will describe how the model of care has improved access, management of drug use, information and liaison for pregnant women on PMT within existing staffing levels. It will discuss how maternity services, child health, community services and Alcohol and Other Drug Service have teamed up to work in partnership. Recent data indicates that opiate dependent pregnant women are accessing CCH antenatal services at an earlier stage and maintaining contact throughout their pregnancy and delivery. They are more receptive to receiving follow up by early childhood services and accessing community organisations. Future plans include increasing coordinated case management of these women, and possible expansion to include women with other drugs while incorporating the vital caring midwifery role.

Biographical notes
Anne Margaret Renouf I have been employed as a Registered Nurse continually since 1979 and have worked in the Sydney metropolitan area and the N.S.W. Central Coast. I completed my general training at St Vincents Hospital and gained postgraduate experience in the Neonatal Intensive Care Unit. I am an experienced Midwife graduating from the Royal Hospital for Women. On completion I worked in the Neonatal Intensive Care Unit at this hospital, where I cared for and became interested in the management of Neonatal Abstinence Syndrome babies. I have been employed in the Alcohol and Other Drug Services since 1998 at Gosford Hospital and my current full time position as Registered Nurse Pharmacotherapy/ Administration & Case Manager since October 2001. Working in this field I have become interested and involved in the needs of opiate dependent pregnant women.
Anne Maree Thom completed general nursing training in 1978 at St Vincents Hospital and Midwifery training in 1984 at Gosford Hospital. I have worked in general nursing, critical care, peri-operative and midwifery at Westmead, North Gosford Private Hospital and Central Coast Health. For the last seven years, I have been working in the CCH Antenatal Clinics and as a Clinical Nurse Specialist since 2000. I work as a member of the Midwife Antenatal Clinic (MAC) Team providing continuity of care for a range of women with complex psychosocial issues. I have a special interest in supporting women in pregnancy with substance use issues.

Medical complications in three substance-using pregnant women

Stephen Ling, Sue-Ellen McKay
John Hunter Hospital, NSW, Australia

We intend to present three case studies of women with serious medical complications during pregnancy who are also psychoactive substance users. The first study is of a woman who was first seen by the hospital's drug and alcohol staff at 20 weeks of pregnancy with alcohol dependency and hepatitis C from a history of injecting substance use. She had resultant liver cirrhosis and caput medusae (dilatation of the periumbilical venous plexus, with blood flowing away from the umbilicus). The second case is of a pregnant woman first seen at 27 weeks of pregnancy by the hospital's drug and alcohol staff. The patient was admitted for epigastric pain, vomiting, and reviewed by a gastroenterologist. She was on a registered methadone program on 70mg daily having reduced from 90mg daily during her pregnancy. Further investigation led to an incidental finding of infective endocarditis, a potentially life-threatening infection of the endocardium, valves of the heart or both. The third case is of a woman first seen by the hospital's drug and alcohol staff post-partum. She was on a registered methadone program on 95mg of methadone daily but was unstable. She had been failing to attend for appointments, urinalysis showing positive for ongoing amphetamines use over several months and had a diagnosis of nephrotic syndrome (an illness characterised by marked proteinuria, hypoproteinemia, generalised oedema and hyperlipemia with normal blood pressure, resulting from any agent damaging the basement membrane of the renal glomerulus).

Biographical notes
Stephen Ling is a Clinical Nurse Consultant in Drug and Alcohol. He works extensively with a drug use in pregnancy program run by the Obstetrics Department of John Hunter Hospital in Newcastle, New South Wales and has done so for the last 7 years. He possesses a Postgraduate Diploma in Health Sciences (Drug and Alcohol) from the University of Newcastle. Until recently, he was the sole drug and alcohol nursing resource for the 450-bed hospital. Sue-Ellen McKay is a Clinical Nurse Specialist at the Newcastle Methadone Program. She has been the liaison for Newcastle Methadone with the drug use in pregnancy service at John Hunter Hospital for the last 2 years. She has worked in methadone for the last 10 years. She has recently commenced work at the John Hunter Hospital in Newcastle to gain further experience with the care of acutely ill patients with drug and alcohol use disorders.

Voices heard, loud and clear: A workshop on alcohol and other drugs and gambling

Tony Mykołajenko
Drug & Alcohol Services Council, Adelaide, Australia

A workshop on alcohol and other drugs and gambling - the effects on families and the slowly emerging support options for Australian families...and this is just the ‘tip of the iceberg’. Evidence shows that many families affected by alcohol, other drugs (AOD) and gambling, are ashamed to talk about these issues to friends or others, and additionally that it is often very difficult to acknowledge such problems in their own
family. At the same time, contact with Alcohol and Drug Information Services around Australia confirmed the importance of addressing family issues, with approximately one third of their callers being family members and friends of people using alcohol and other drugs. And, as early as 1994, a survey by the Australian Institute for Gambling Research found that 86% of those surveyed stated that gambling caused problems with families and friends. This workshop, using an interactive framework, will endeavour to address the main issues of need facing families today as a result of AOD and gambling. Recommendations to be set for future strategy as one main goal of the workshop, utilising the vast experience and knowledge base of nurse and other health & welfare practitioners present. In particular, the issue of shame and stigma to be focussed upon in terms of arriving at a range of solution-based options to offer our families.

Biographical note
Tony Mykolajenko first trained as a psychiatric nurse and registered via Hillcrest Hospital S.A 1969; BA (Adelaide University) 1974; Honours degree in Nursing (Flinders) awaiting final grading. · Community mental health worker, Marrickville CHS 1978. · Manager of acute psychiatric in-patient unit, Woolloongong, NSW 1980 · Co-developed, implemented and managed a therapeutic community called TheWoolshed 1985-2000; · Executive Board member (1992-98), President of ATCA 1998-1999 (Australasian Association of Therapeutic Communities), · Project Officer for ATCA 2000-2001 - undertaking research project funded by Commonwealth NIDS on better practice and evaluation of Therapeutic Communities. Currently working as senior project officer for DASC as Coordinator of Family AOD Support.

The Parents Under Pressure Program (Babies) for mothers on methadone maintenance
Jenny Fraser, Sharon Dawe
Queensland University of Technology, Griffith University, Australia

Families in which one or both parents use alcohol or other substances face many challenges in raising children. However, the potential of early intervention and prevention programs has only recently been investigated with such multiproblem families. Findings are optimistic and at least in the short term demonstrate that significant improvement in family functioning and child behaviour is possible in young children. However, despite a large literature documenting the impact of substance use from the early neonatal period, there has been no attempt to develop specific programs for substance abusing families who have very young babies (less than six months old). The current project aims to increase effectiveness of the Parents Under Pressure intervention for 3 to 6 year olds by developing an intensive home based intervention for substance misusing parents in the peri-natal period. Families recruited from methadone clinics within Brisbane are visited from 36th week of pregnancy. A therapeutic relationship is established during pregnancy and an advocacy role taken during the immediate postnatal period by home visiting professional staff. By intervening in the perinatal period and targeting substance use problems during the transition to parenthood it is proposed that poor child outcome can be reduced in such high-risk families.

Biographical notes
Jenny is a paediatric nurse and midwife, with experience in a variety of paediatric nursing and midwifery settings in Australia. She has a strong commitment to both clinical nursing practice and clinical research and currently lectures in the School of Nursing at Queensland University Technology. Her specific areas of research interest are in child health and parenting and she is currently involved in research relating to conduct disorder, prevention and early intervention for child abuse and neglect, and parents with substance use problems. Sharon is a Senior Lecturer in Clinical Psychology at Griffith University. She has been involved in a number of treatment studies in the substance misuse field and has published widely.

The Parents Under Pressure (PUP) program, developed in collaboration with Paul Harnett, University of Queensland, is the major focus of her current research interests. PUP is currently being evaluated in a dissemination project in NSW and further evaluated in Queensland with women in the criminal justice system.

New South Wales Register for Buprenorphine in pregnancy and lactation.
Fiona Cooke
The Langton Centre, NSW, Australia

Buprenorphine is a medication for the management of opioid dependence. It is a medication utilised in maintenance and detoxification. It has recently been registered in Australia. The majority of women who are opioid dependent are of childbearing age. Therefore, we anticipate that women whilst on buprenorphine will become pregnant and may choose to remain on this treatment. Buprenorphine is contra-indicated in pregnancy and lactation and the NSW Buprenorphine Guidelines recommend that methadone is the preferred treatment. However, some woman will, and do, decide to remain on buprenorphine throughout their pregnancy. The NSW Register for Buprenorphine in Pregnancy and Lactation aims to gather information pertaining to women who at any time in their pregnancy have received buprenorphine. In this way data can be collected on the dose of buprenorphine and variations of dose, the effectiveness of various pain management medications during labour and postnatally, and the health outcomes for the woman and her infant. The outcomes for the infant sought, would include birth weight, length, head circumference, Apgar scores and the presence and severity of neonatal abstinence syndrome (NAS). Information concerning lactation would include duration of breastfeeding and any emergence of withdrawal symptoms in the infant, after cessation of breastfeeding. The Chemical Use in Pregnancy Service (CUPS) based at The Langton Centre, Surry Hills NSW is conducting this register to gather and analyse the available data with the aim of collecting statewide outcomes for woman and their infants. We hope to determine whether buprenorphine has a future in the treatment of pregnant opioid dependent women and their infants in NSW.

Biographical note
Fiona Cooke: I am a Clinical Nurse Consultant working with The Chemical Use in Pregnancy Service (CUPS). I have worked in the alcohol and other drug field for 9 years. I have been employed with The CUPS service for three years. I have a special interest in adult education and I am enrolled in the Masters of Education - Adult Education at the University of Technology, Sydney.

Why don't we notify?
Deb Arthur
St George Hospital, NSW, Australia
Child protection is a concern (indeed, a legally mandated concern) for all health care professionals, including AOD nurses. The NSW Child Death Review Team (1998) pointed to a clear association between substance-using parents and certain categories of child deaths. In 2001, the SESAHs Child Protection Research Committee initiated a joint study (with AOD investigators) of the barriers to child protection notification for AOD workers. This was based on: the fact that a number of the substance-using parents (who had lost a child) had previously been in contact with AOD services; and the perception that AOD clinicians under-report vulnerable children to the Department of Community Services (DOCS). In this research, AOD clinicians employed by South East Health were interviewed in focus groups (comprising a total of about 50 people), and managers of the 5 public AOD services were also interviewed individually. Clinicians and managers were asked about when they would consider it most appropriate to notify to DOCS, and what barriers might prevent them making a notification. Overall the research has indicated that clinicians feel they have a duty to report child protection concerns "no matter what" - including (frequent) references to unsatisfactory experiences with DOCS.

**Biographical note**

Deb Arthur works as the Clinical Nurse Consultant for Alcohol and Other Drugs at St George Hospital, located in southern Sydney. Her nursing qualifications include certificates in General, Psych, Midwifery and Intensive Care. She has worked in the field of Alcohol and Other Drugs for 10 years. Her tertiary education includes a Master of Arts in Clinical Drug Dependence Studies. Deb's current clinical activities include case management of substance-using pregnant women, and she is involved in Child Protection research at an Area Health Service level.

Self-reporting alcohol and other drug use amongst pregnant clients of the CUPS service and attendance rate at the postnatal follow-up clinic for their infants.

Fiona Cooke, Leanne Larkin
The Langton Center, NSW, Australia

The Chemical Use in Pregnancy Service (CUPS) is an alcohol and other drug service based at The Langton Center, Surry Hills NSW. The CUPS service is a nursing initiative established in 1994. CUPS created a partnership with The RHW in 1996 and offer a liaison and consultation service to Royal Hospital for Women (RHW) and Sydney Children's Hospital (SCH). The team comprises two Clinical Nurse Consultants and a Social Worker. Approximately 90-100 women with alcohol and other drug dependence deliver or are transferred to the RHW annually. Of the women from the Northern Sector of South Eastern Sydney 96 percent are known and engaged antenatal with the CUPS service. Of this 96 percent 90 percent have disclosed an alcohol and other drug history comparable with the neonates' presentation and meconium screening performed on neonates, which is routine procedure at The Royal Hospital for Women. Postnatally, the women and their infants attend the Postnatal Clinic at SCH outpatient department. The purpose of this clinic is to assess the infant for signs and symptoms of neonatal abstinence syndrome (NAS) and if the infant is on medication (morphine and/or phenobarbitone), adjust according. An equally important aspect of the clinic is to offer ongoing support and referral to the family as required. Initially the visits are weekly and may progress to fortnightly or monthly depending on the resources and the needs of the family. Attendance rates at the clinic are high; usually 100% and very few women engaged antenatal with CUPS require enticement to attend. The small percentage of women not engaged with CUPS antenatally is more difficult to access. CUPS finds that woman are honest concerning their alcohol and other drug history and make the commitment to attend the postnatal clinic sometimes for as long as 6-9 months. In this time strong rapport and trust develops between the woman and her family and the CUPS team. We are quite sure that early engagement and intervention and the continuum of care model is vital in this thoroughly rewarding specialty area.

**Biographical notes**

Fiona Cooke: I am a Clinical Nurse Consultant working with The Chemical Use in Pregnancy Service (CUPS). I have worked in the alcohol and other drug field for 9 years. I have been employed with The CUPS service for three years. I have a special interest in adult education and I am enrolled in the Masters of Education- Adult Education at the University of Technology Sydney. Leanne Larkin: I am a social worker with the Chemical Use in Pregnancy Service (CUPS). I completed a Bachelor of Social Work in 2001 at the University of Sydney. I have been employed with CUPS since March 2002. Masters of Education - Adult Education at the University of Technology, Sydney.

Women talking: an exploratory study to examine the barriers to help seeking behaviours by pregnant and parenting women with substance misuse problems

Caroline Freyne
Central & North West London Substance Misuse Service, UK

Overall aim: With the prevalence of substance misuse unknown amongst pregnant women, it is widely accepted that substance misuse impacts on the health, social and psychological well being of the woman and foetus. To explore the perceived difficulties that pregnant and parenting women (with drug and/or alcohol problems), experience when seeking help and support from a specialist Maternal Health Liaison Service. The main objectives of the project were to a) explore pregnant and women's perception of the impediments to engaging with a specific maternity liaison service; b) identify the perceived barriers n seeking help; c) discover pregnant and parenting women's perceptions about the Maternal Health Liaison Service; and d) explore ways of improving the service. The target group were pregnant and parenting women, with children under five years of age, experiencing difficulties with their drug and/or alcohol use. A qualitative approach was used to allow the respondents to determine the topics and issues of relevance. It also attempted to see the world from the respondent's point of view. A semi-structured interview schedule was used to elicit the data, with analysis of the data in the form of interpretation of meanings and human actions, and took the form of descriptions and explanations. The sample group consisted of 16 respondents (14 pregnant and 2 parenting women). Ten themes emerged from the data analysis: disclosure feel and exposure, stereotyping, autonomy and empowerment, money and accommodation, informal and formal support, self-efficacy, effects on the pregnancy and foetus, perceptions of substance misuse services and the Maternal Health Liaison Service. Respondents reported risks in disclosing sensitive information but believed in their self-efficacy in making decisions related to their substance use. Woman wanted specialist services to support them during their pregnancy but believed in their own ability to make decisions about their substance use during pregnancy. The recommendations from the report
included the development of the Maternal Health Liaison Nurse service to include a support group for women, and further research to investigate the impact of the Maternal Health Liaison Service within the multidisciplinary team.

Speeding On!

Party people: Getting up to speed with amphetamine management
Cynthia Stuhlmiller
Flinders University, Adelaide, Australia
Crisis and emergency workers are increasingly confronted with management problems related to amphetamines. How to respond compassionately and at the same time maintain safety, challenges even the most skilled practitioners. This presentation will provide an outline of some of these issues and focus on the responses that clinicians found useful in helping people who use amphetamines.
Biographical note
Dr Cynthia Stuhlmiller RN, MS, DNSc is Professor of Nursing (Mental Health) at Flinders University. She has held numerous academic and clinical appointments in the US, Norway, and New Zealand. Her clinical and research background includes psychological responses to war, disaster, seasonal variation, clinical supervision, and dual diagnosis.

The relationship between amphetamines and violence
Sue Henry-Edwards
Drug and Alcohol Services Council, Adelaide, Australia
Amphetamine use in Australia has increased in recent years leading to concerns that there may be a corresponding increase in aggression and violent crime. Violence and aggressive behaviour have been attributed to the use of amphetamines since the 1960s. However, the relationship is complex and the mechanisms involved are not well understood. This paper briefly summarises the available evidence regarding the strength and nature of the relationship between amphetamine use and violence and discusses implications for management of amphetamine related violence. The relationship appears to be the result of a complex interaction between the pharmacology of the drug, individual predisposition and a range of cultural, social and situational factors. Violence and aggression associated with amphetamine use appear to be more likely among individuals with a history of violence, those who belong to sub-cultural groups which promote an aggressive, 'macho' image and in situations where users are subject to a high level of environmental stimulation, crowds, and contact with strangers. Heavy users who inject, especially those experiencing paranoia and amphetamine psychosis, are more likely to engage in violent and aggressive behaviour than non-injectors and those using small doses intermittently.
Biographical note
I originally trained as a primary school teacher and recently completed a Master of Social Science (Applied Social Research) at the University of South Australia. I commenced working as a project officer in the drug and alcohol field in 1985 and was involved in the establishment of NCETA in 1991. From 1992-1999 I worked in medical education as an evaluation officer in the RACGP Training Program and then as Heaslip Fellow in Medical Education at Flinders University. Since 1999 I have held the position of Senior Research Officer for the National Expert Advisory Committee on Illicit Drugs (NEACID) with responsibility for preparing briefings and background papers to inform national drug policy.

Harm Reduction: Addressing a world crisis for public health
Challenging health professionals' attitudes, myths and preconceptions about injecting drug use.
Craig Wilkins, Justine Price
Drug & Alcohol Services Council, Adelaide, Australia
Needle and syringe programs are a significant point of contact between health workers and injecting drug users. In South Australia, the publicly funded Clean Needle Program is primarily based in generalist health and welfare services such as hospitals and community health centres. For the majority of staff who work in these agencies, the Clean Needle Program is not considered their 'core business'. Despite the aspirations embodied in the 1986 Ottawa Charter for Health Promotion, many health professionals react to people who inject drugs with distrust and fear. When these attitudes interfere with service provision, the opportunity is lost to provide vital harm reduction and treatment information, as well as increasing the risk of unsafe injecting practices. This presentation will outline a workforce development project, which is attempting to improve the capacity of health professionals who operate in the Clean Needle Program to positively interact with injecting drug users. A large focus of the training is exploring and challenging the myths, pre-conceptions and fears that many health professionals hold around injecting drug use and injecting drug users, with information provision secondary. Training strategies include the dissemination of 'good news stories', highlighting of local 'best practice' sites and workers, providing simple prompts, hints and checklists, and solving local practical problems that act as a barrier. Also described is the necessity for organisational support, marketing strategies, and alternative programs for workers in rural and metro agencies.
Biographical notes
Craig Wilkins is a Registered Nurse, currently working as Senior Project Officer in the Harm Reduction Unit of the Drug & Alcohol Services Council, Adelaide, Australia. He has worked in the area of Drug & Alcohol since 1997 in a variety of roles including inpatient detoxification, counselling, maintenance pharmacotherapy, training, assessment and research. Craig holds a Certificate IV in Workplace Training & Assessment, and is currently working towards a Masters in Public Health at Flinders University.
Justine Price is a Registered Nurse, currently working as an Education Officer in the Harm Reduction Unit of the Drug & Alcohol Services Council, Adelaide, Australia. She has worked in a variety of clinical and community settings over the past eight years, including acute care, Drug and Alcohol and Disability field. Justine has spent the last four years working as a Clinical Nurse in a consultative position credentialing and training care workers. She holds a Postgraduate Diploma in Social Science (Health Counselling).
Brief intervention and opportunistic harm reduction counselling in the Clean Needle Program - impact on referral to longer term counselling and treatment for injecting drug users.

Michelle Brown

Drug & Alcohol Services Council, Adelaide, Australia

The Clean Needle Program (CNP) is an important public health initiative aimed at preventing the transmission of blood borne viruses amongst injecting drug users and the general community. The central focus of the program is to ensure that injecting drug users have the opportunity to obtain sterile injecting equipment, access information on reducing their drug use and the harms associated with it, and referral to appropriate treatment, intervention and other services. For nearly three years the Drug and Alcohol Services Council in South Australia (DASC) has worked collaboratively with the South Australian Voice for Intravenous Education (SAVIVE) in the employment of peer educators in four Community and Youth Health Centres in key outer metropolitan suburbs. The peer educators staff the CNP at those sites and provide information, support and advocacy services for clients. In 2003 DASC introduced a new approach; the employment of a Harm Reduction Counselor to work collaboratively with the peer educators and provide a dedicated brief intervention and opportunistic counselling service for CNP clients. The major focus of the position has been in building a trusting relationship with the client and working with them to increase their motivation to seek referrals to treatment and counselling. This presentation will examine whether using a flexible, “opportunistic” approach to providing brief intervention and counselling around substitution treatments and safer injecting practices is an effective strategy in assisting clients to make an informed choice about changing their addictive behaviour and taking up referral opportunities for longer term counselling or treatment.

Biographical note

Michelle Brown works as a Harm Reduction Counsellor in the Harm Reduction Unit of the Drug & Alcohol Services Council, Adelaide, Australia. She is a Registered Nurse and has a background of working for the past 41/2 years with homeless and marginalised you people aged 12 to 18 years. During this time Michelle accepted a secondment to work as a Drug & Alcohol counsellor within a homeless youth health service. Michelle is currently enrolled in the Master of Nursing at Flinders University.

Prevention and cure: Hepatitis A,B,C

John Ring

Flinders Medical Centre, Adelaide, Australia

This paper offers important information regarding the natural history, modes of transmission and effective strategies relating to the prevention and treatment of Hepatitis A, B and C. In particular it compares and contrasts Hepatitis B and C.

Biographical note

Dr John Ring MBBS, FRACP, PhD, Staff Specialist in Hepatology, Flinders Medical Centre

What can make a world of difference to women? An exploration of the stereotype of the neurotic pill-popping middle-aged woman.

Julie Watkinson

Flinders University/Flinders Medical Centre, Adelaide, Australia

This paper reports on a mixed-methods study into middle-aged women’s perspectives on wellbeing, influences, and constructs (or attitudes, values and beliefs) regarding use of prescribed psychotropic medication. The study population comprised women 45-64 years of age in a remote industrial city in South Australia. Data collection involved six focus groups (n=29), a semi-structured interview (n=42) and 2 follow-up focus groups with key informants and interviewees (n=10). Since the 1970s middle-aged women have been reported to have high rates of use of prescription medications for mood-alteration and sleep. This study found that 26% of interviewees (n=42) were current users, and 60% had ever used prescribed psychotropic medication. Use was often recurrent and episodes of use were mostly long-term; in 85% of cases the user reported a prior stressor. The findings suggested that attention needs to be paid to women’s wellbeing and judicious medication use at all ages, although in middle age cumulative stress could take a particular toll. It was seen that psychotropic medication use could be functional, and that both non-use and use of such medication could reflect powerlessness or lack of self-efficacy, at times related to cultural factors. These findings will be discussed from a constructivist that invites revision of conventional ‘drug and alcohol’ practice.

Biographical note

Julie has extensive experience in ‘drug and alcohol’ at Flinders Medical Centre and Flinders University in nursing and health programs. Her extensive nursing experience includes drug and alcohol nursing at the Drug and Alcohol Services Council, South Australia. Julie’s qualifications are a Master of Education, Bachelor of Nursing and Graduate Certificate in Health (Alcohol and Other Drug Studies). She is a PhD candidate at Flinders University in Adelaide and this paper is reporting on aspects of her PhD research.

Interactive strategies for promoting harm reduction: the ‘safer injecting game’ and other education tools

Justine Price, Craig Wilkins, Michelle Brown

Drug & Alcohol Services Council, Adelaide, Australia

To counter the spread of HIV/AIDS through injecting drug use, a raft of simple but effective health promotion messages have been developed and disseminated. The continued high incidence of Hepatitis C in Australia and other countries, however, strongly indicates the need for an increase in sophistication in how drug and alcohol workers respond to this new public health challenge. Due to the Hepatitis C transmission risk posed by the sharing of all injecting equipment, not just needles and syringes, it is vital that health and welfare professionals have a greater awareness of the steps of injecting drug use in order to tailor appropriate and effective harm reduction and safer injecting education. This presentation will explore the use of interactive education tools to educate and inform health professionals about injecting drug use in an approachable and engaging way. Highlighted will be a variety of ‘Safer Injecting Games’ used by the Harm Reduction Unit of the Drug & Alcohol Services Council. The games outline the steps involved in the injecting drug use ritual; opening up opportunities to explore Hepatitis C transmission, vein care and other health risks, as well as inviting workers to suggest appropriate interventions and educational messages. This workshop will involve a demonstration of the ‘Safer Injecting Games’, along
with a discussion of the development process, need for ongoing review and updating, implications and impact.

**Biographical notes**

Justine Price is a Registered Nurse, currently working as an Education Officer in the Harm Reduction Unit of the Drug & Alcohol Services Council, Adelaide, Australia. She has worked in a variety of clinical and community settings over the past eight years, including acute care, Drug and Alcohol and Disability field. Justine has spent the last four years working as a Clinical Nurse in a consultative position credentialing and training care workers. She holds a Postgraduate Diploma in Social Science (Health Counselling).

Craig Wilkins is a Registered Nurse, currently working as Senior Project Officer in the Harm Reduction Unit of the Drug & Alcohol Services Council, Adelaide, Australia. He has worked in the area of Drug & Alcohol since 1997 in a variety of roles including inpatient detoxification, counselling, maintenance pharmacotherapy, training, assessment and research. Craig holds a Certificate IV in Workplace Training & Assessment, and is currently working towards a Masters in Public Health at Flinders University. Michelle Brown works as a Harm Reduction Counsellor in the Harm Reduction Unit of the Drug & Alcohol Services Council, Adelaide, Australia. She is a Registered Nurse with a background of working for the past 41/2 years with homeless and marginalised young people aged 12 to 18 years. During this time Michelle accepted a secondment to work as a Drug & Alcohol nurse within a health service targeting homeless youth. Michelle is currently enrolled in the Master of Nursing at Flinders University.

**Comorbidity: ‘MHAD or BAD’ Coming to Terms with Concurrent Mental Health & Alcohol/Drug Disorders**

‘Closing the Gap’ … Improving services for people with mental health disorders and problematic alcohol and other drug use.

**Beverley Drage**

Drug and Alcohol Services Council, Joslin, South Australia

This innovative program was commenced four years ago as a pilot study, whereby a specialist drug and alcohol nurse was co-located with a regional mental health service. This is now an ongoing program, reflecting the positive formal and informal evaluations. The program has been very successful in reducing barriers, promoting a greater understanding and knowledge of each service’s specialty, making and strengthening links between individuals, and providing an integrated model of care for some clients. The program demonstrates the value of a flexible approach to clients with co-existing mental health disorders and substance use disorders, and utilizes the willingness and energy of colleagues from both services to ensure some sustainability of the changes made, ensuring that knowledge and skills gained are not lost. The presentation will include how the program has evolved, a few ‘glitches’ along the way, and brief case histories.

**Biographical note**

Beverley Drage, RN, DipAppSc CH, Bachelor of Applied Science (Nursing), and currently CNC Co-ordinator of DASC Mental Health Projects.

**Co-morbidity in a cohort of heroin and amphetamine dependents in Western Australia between 1985-1998: A record linkage study**

Anne Bartu, N C Freeman, G Gawthorne

Curtin University of Technology, Western Australia

The aim of this study was to contrast the risk of admission to psychiatric services among opioid and amphetamine dependent clients who attended treatment at a specialist drug and alcohol service with those who had no contact. Data from the Next Step and Community Based Methadone Program client databases were linked with the mental health, hospital morbidity and emergency department data files using the Western Australian Health Services Research Linked Database. Cohort. 4280 drug misusers (2867 opioid dependents, 1393 amphetamine dependents). Of these, 928 of these people attended treatment at a specialist drug and alcohol service during the study. Amphetamine dependents had three times the hazard of subsequent admission compared to opioid dependents. Clients with a history of psychiatric admissions were at twice the hazard of subsequent admission compared to those with no psychiatric history. Clients who had recently withdrawn from treatment were at seven times the hazard of admission compared to non-clients. All clients treated at specialist drug and alcohol treatment services should have a mental health assessment at initial screening. This could enhance services provided and reduce the burden of expensive inpatient admissions on psychiatric services.

**Biographical note**

Assoc. Professor (Adj.) Anne Bartu has extensive knowledge of the drug and alcohol field as well as treatment outcomes and program evaluation. A/Professor Bartu is the Principal Research Officer for the Drug and Alcohol Office and has been a consultant on home detoxification. She has presented numerous papers at national and international conferences, and is a co-editor of the international Journal of Substance Misuse. She is an Honorary Research Fellow at the Women and Infants Research Foundation. Her research interests are record linkage, outcomes of illicit drug use and their infants, morbidity and mortality associated with psychoactive drug use, and combining qualitative and quantitative research methodologies.

**The effects of cannabis abuse upon schizophrenia as perceived by the individuals concerned.**

**Bill (William) Costain**

Flinders University, Adelaide, Australia

This paper reports on a study to address the problem of why people with co-morbid schizophrenia and cannabis abuse continue to use cannabis when it is known to exacerbate positive symptoms, compound the effects of negative symptoms, and lead to relapse, having a negative effect upon their quality of life. This study highlighted contradictions between the clinicians' and patients' Explanatory Models about the relationship between schizophrenia and cannabis. Within the health care system there are "Explanatory Models" held by both clinicians and patients. Explanatory Models employed by mental health professionals can sometimes give excessive emphasis to an individual's illness focus, ignoring and thereby undervaluing other aspects of the person's life experience. The individual, on the other hand, modifies his/her Explanatory Models, concepts of self, and behaviour, in an internal negotiation between the self...
and the external social group. This negotiation naturally includes the input of 'beliefs' and 'voices', which are considered to be part of the external reality. This paper suggests that not only is there often a lack of patient insight into the negative effects of cannabis abuse into his or her illness process but that there is often a corresponding lack of insight by the clinician into the patient perceived reality and importance of his or her beliefs and 'voices'.

Bibliographic note
I have worked quite a number of years as a lecturer in the school of Nursing and Midwifery. Prior to that I worked in both general and psychiatric nursing care, in particular working in acute psychiatric settings. I have developed a special interest in the major psychotic illnesses in particular schizophrenia. This paper is based on one chapter of a Masters Thesis: The Effects of Cannabis Abuse Upon Schizophrenia As Perceived By The Individuals Concerned And Their Family Members, completed in 1999. The thesis not only considered the belief systems regarding cannabis abuse and the symptoms of schizophrenia but also described the escalation of violence accompanying extreme psychosis; the effects upon the individual's life world in the community; and the effects on the close carers.

Criminal Justice: Why Should We Care?
Custodial nursing services with the Victoria Police - Police cells: An acute, enforced withdrawal service?
Leanne McGilvray
Victoria Police, Australia
On any given day there are approximately 300 people in the police cells throughout Victoria. These people often have substantial drug dependence issues. Once lodged in police custody detainees are forced to withdraw from not only illicit substances, but often also from legal substances such as nicotine, in what is far from ideal conditions. Police detainees do not have access to community supports and health care and are at very high medical and psychological risk. In response to the identified illicit drug issues faced by this group of individuals there was a joint initiative between the Victoria Police and the Department of Human Services Victoria in March 2002, which allowed extension of the Custodial Nursing Service. This allowed the formation of a pro-active service with a greater focus placed on alcohol and drug treatment and counseling. Together with the "Custodial Drug Guide Medical Management of People in Custody with Alcohol and Drug Problems", developed by the Custodial Medicine Unit there is now the provision of a more consistent approach to alcohol and drug issues faced by detainees in Victorian Police Cells.

Biographical note
CHAD (Custodial Alcohol and Drug) Nurse, Custodial Medicine Unit, Victoria Police. Qualifications: Registered General Nurse, Registered Psychiatric Nurse, Master of Nursing Studies, BAppSc. Advanced Nursing, BAppSc. Nursing Administration, Certificate of Diabetes Education, currently undertaking alcohol and drug studies at Flinders University. For the past 12 years I have worked in a variety of forensic nursing settings as both a general and psychiatric nurse. Forensic areas I have worked in include Pentridge Prison Complex, the Melbourne Assessment Prison, Melbourne City Watch-house, Rosanna and Ararat Forensic psychiatric Units and more recently I have been employed as a CHAD nurse with the Victoria Police.

Perceptions of nursing service in a correctional detoxification facility
Donna Waters, Sue Jefferies*, Stephanie Smith*, Katherine Rynne*
Nursing and Health Services Research Consortium, "NSW Corrections Health Service, Australia
The observations, recordings and actions of nurses within a corrections health setting have been shown to directly or vicariously influence the rehabilitation and prospects of clients within the criminal justice system. The commencement of the New South Wales Drug Court Program in 1999 presented a unique and timely opportunity to examine and determine appropriate and effective nursing care for clients of a detoxification service located within a correctional facility. Conducted between July 2001 and April 2002, 176 inmates and drug court participants enrolled in the study and 93 (53%) completed the two-month follow-up. Routinely collected data on short-term health outcomes, self-reported return to drug use and evaluation of the participants' satisfaction with care were contrasted against the various intake procedures, treatment and rehabilitation options offered to participants. Client satisfaction with nursing services was assessed using a satisfaction questionnaire and semi-structured interview. Fifty-six staff of the facility also completed the satisfaction instrument, permitting an examination of the difference in perceptions of nursing service delivery between staff and clients of the detoxification service. Results of the study highlight the importance of documenting the care process. Both clients and staff value the reliable and responsive nature of nursing care and clients receiving methadone treatment were significantly more likely to be satisfied with the care provided. A less favorable view was held by those staff who perceived nursing work to inconvenience or restrict their work activities. A number of recommendations for improving nursing services within the facility resulted from the study.

Biographical note
Donna's background is in paediatric nursing. She has a degree in psychology and statistics, a Master of Public Health, and is currently a PhD candidate at the University of Sydney. Donna was appointed as a Research Fellow of the Nursing and Health Services Research Consortium in October 2000 after acting as Director of the unit since January 1999. She also works part time for The College, teaching and consulting on research issues. The Nursing and Health Services Research Consortium is a not-for-profit research organisation that has conducted multidisciplinary and multi-site research for more than a decade. It has a long-term membership of 12 hospitals and forms collaborative research partnerships for various projects. This project was funded by the NSW Corrections Health service and was conducted in collaboration with nurses from the detoxification unit and NSW Drug Court.

Harm minimisation within a correctional centre: How do we rate?
Al Scerri
Corrections Health Service, NSW, Australia
In June 2001 – July 2002 Corrections Health Service was providing a range of health services for approximately 8,000 full time inmates. This figure is steadily increasing. A prison environment is a dynamic one. 17,000 came through our gates last year. A prison environment is efficient for transmission of infections such as HIV, Hepatitis C and Tuberculosis, to name but a few. The New South Wales Inmate
Health Survey showed that about 80% of inmates have injected drugs at least once in their life, 40% report that they have injected drugs within a week prior to entry into gaol; and 20% will continue to inject whilst in gaol. These figures appear repeatedly in both national & international figures. Some 60% of males & 70% of females have a history of illicit drug use. A comprehensive search of electronic databases, journal publications, conference presentations and discussions with experts involved with development of research and policy documents in regard to harm minimisation in a correctional setting was completed for this presentation. This paper attempts to look at a number of intervention strategies both nationally and internationally for prisoners to reduce their risks of acquiring a blood-borne virus. Methadone Programs, Bleach, Condoms and Prison-based Syringe Exchange programs are examined. How does Australia rate amongst other nations in reducing the risk? Are we making a World of Difference?

Biographical note
The author has been a registered nurse since 1974 and has specialised in the Drug & Alcohol field for just on 20 years. He has worked in London in a Medium Secure Forensic Unit for 3 years prior to returning to Australia to take up employment in the, then known, Prison Medical Service. Currently he holds the position of Clinical Nurse Consultant Drug & Alcohol in New South Wales Corrections Health Service. He is the Co-joint Secretary of DANA and is a member of the "NSW Nursing Project Advisory Committee".

Substance use issues for 'Kids n' Custody'
Clare Capus

Juvenile Health Service, Department of Juvenile Justice, NSW, Australia

There are nine Juvenile Justice Centres in NSW. The Department of Juvenile Justice supervises offenders between the ages of 10 and 18, the majority of offenders being 16-17 years old. Many of the young people in detention have left home and/or suffered traumatising experiences. In NSW Juvenile Justice Centres approximately 80% of young people present with substance use histories and/or mental health issues. In February 2003 Juvenile Justice Health will be amalgamating with Corrections Health Services (NSW Health). The paper examines the issues of drug and alcohol treatment for young people in custodial settings and the similarities with young peoples, experiences with substance use compared to adults. It is important to recognise that young people require different approaches and availability of choices. From 1994-1999 the number of young people in Juvenile Justice Centres requiring treatment for withdrawal symptoms increased from 3% to 40%. As an innovation of the Drug Summit the Department of Juvenile Justice has taken the opportunity to expand treatment options for young people aimed at reducing harm.

Since the expansion the numbers of young people requiring medicated treatment for opiate withdrawal has decreased. The paper presentation will discuss drug and alcohol assessment for young people, opiate withdrawal regimes specific for young people and provision of medicated detoxification. The other topic for discussion will be drug and alcohol training for generalist staff including registered nurses and senior youth workers. The theme of this discussion paper is balancing the philosophy of harm minimisation in a traditional custodial setting with young people experiencing involuntary withdrawal from substance use.

Biographical note
Clare Capus, Clinical Nurse Consultant Alcohol & Other Drugs, Registered Nurse, Registered Midwife, Registered Child and Family Nurse, Graduate Diploma in Clinical Dependency Macquarie University, Certificate IV Training in the Workplace I have worked in the Drug and Alcohol area for the last 12years. My experience includes Drugs in Pregnancy and Community Drug and Alcohol work in The Central Sydney Area Health Service. For the last two and a half years I have been working in the Department of Juvenile Justice as the Clinical Nurse Consultant for Alcohol & Other Drugs. In February 2003 Juvenile Justice Health will be amalgamating with Corrections Health Service (NSW Health). I am very interested in how young people will compare with adult treatment options particularly looking at similarities in options provided.

Every Nurse & Midwife's Practice

Mainstreaming drug and alcohol issues into nursing practice: A lifetime of change.
Tonina Harvey, Kim Bofinger

NSW Health, Australia

The NSW Nursing Project, Alcohol and Other Drugs is a Statewide project which has been supported by NSW Health for a number of years. The primary aim of this project is to support the development of skills in the nursing management of alcohol and other drug related issues. The targets for this project are all nurses working in health services within NSW Public Health and Correctional Health system. Following a lobby from Rural Clinical Nurse Consultants to the Drug & Alcohol Directorate in 1995, the NSW Nursing Project - Alcohol and Other Drugs was refocussed. This project was redirected to review the impact of the 1991 NSW Strategic Plan for nursing management of alcohol and other drug issues and to progress this initiative. As Chairperson for the project, Tonina Harvey was critically aware of how senior management could either empower or resist changes in nursing practice. It was therefore envisaged that for the strategy to progress, it needed to be driven from within the workforce and externally by health policy. As such, the concepts behind organisational change management have been the foundation on which the Project activities have been built. The project formally drew to a close in mid 2001, after five years of very productive work. This project has had many achievements over the past 10 years and, as such, has been the benchmark by which other States have developed strategies to address nursing practice issues.

Biographical notes
Tonina Harvey, Area Director Drug and Alcohol Services, Northern Sydney Health; Chairperson, NSW Drug and Alcohol Nursing Advisory Committee, NSW Health. Kim Bofinger, Clinical Nurse Consultant (CNC), Area Drug and Alcohol Services, Greater Murray Area Health Service, NSW; Rural CNC Representative NSW Drug and Alcohol Nursing Advisory Committee, NSW Health.

What works: Guidelines for the management of alcohol dependence
Fiona Shand, Julia Fawcett, Jennifer Gates, Richard Matlick

National Drug and Alcohol Research Centre

Developed by the National Drug and Alcohol Research Centre on behalf of the National Drug Strategy,
the Management of Alcohol Dependence Guidelines are based on a systematic review of the evidence regarding which treatments work, and on the clinical experience of an extensive expert panel. The guidelines cover interventions ranging from screening and assessment, to psychological and pharmacological treatments, through to relapse prevention and assertive aftercare. Attention is given to the new pharmacotherapies for alcohol dependence, acamprosate and naltrexone, and their management. Issues covered include the specific needs of clients with comorbid disorders or cognitive impairment, women, Indigenous clients, and adolescents. The aims of this workshop are firstly to discuss which treatments work for alcohol dependence, and secondly to identify opportunities for applying effective treatments across different health care settings (e.g hospitals and community based services) to meet community need for effective assessment and intervention for alcohol problems. Following a very brief presentation, the workshop will be interactive, drawing upon participants’ clinical knowledge and experience, to achieve its aims. Materials provided will include new summary guidelines for the management of alcohol dependence in general practice, hospital, and specialist drug and alcohol settings.

Biographical note
Fiona Shand is employed as a senior research officer at the National Drug and Alcohol Research Centre and is currently working on the Management of Alcohol Dependence project. In 2001, Fiona completed the 4th National Census of Clients of Treatment St from which the report was published in 2002 as part of the National Drug Strategy. Fiona is completing a Masters degree in Clinical Psychology. Her research interests include the implications of comorbidity (substance use and other mental disorders) for treatment, and improving the effectiveness of pharmacotherapies for alcohol use disorders through psychosocial intervention. Qualifications: B Bus Mgt; BSc Psych (Hons).

Nurses’ attitudes towards licit and illicit drug users: Development of a social psychological model
Natalie Skinner, Toby Freeman
National Centre for Education and Training on Addiction, Adelaide, Australia
It is increasingly recognised that nurses’ responses to individuals with problematic AOD use are influenced by a range of individual (e.g., attitudes) and organisational (e.g., supervisory support) factors. Despite over twenty years of research, the influence of personal attitudes of professionals’ responses to AOD issues remains unclear. Much existing research is atheoretical or based on models developed over 20 years ago in relation to alcohol use (e.g., Shaw and colleagues’ model). Here we present a new model of the specific cognitions likely to impact on quality of care provided to individuals who use drugs. The model is based on social psychological theories of stigma, social justice, and deservingness judgements. In essence, perceptions of responsibility for drug use, disapproval of drug use, and perceived deservingness of medical care proposed to influence the degree to which negative responses (e.g delaying treatment, rudeness) are perceived to be deserved and appropriate. Findings will be discussed from a recent national survey of 500 nurses in which participants judged the appropriateness of a (hypothetical) colleagues’ response to an individual who regularly uses one type of drug (alcohol, amphetamine, heroin or tobacco). This study represents an important step forward in developing precise evidence-based interventions focused on the specific attitudes likely to impact the quality of care provided to individuals with problematic AOD use. The study findings also highlight the importance of considering drug type (and associated stigma) in identifying the key cognitions likely to exert the greatest impact on professional practice.

Bibliographical note
Natalie has recently completed her PhD in Psychology in the area of social cognition. Natalie also has teaching and research interests in the areas of organisational (group processes, work motivation and satisfaction) and social (social stigma, values, deservingness) psychology. Toby Freeman has been working for NCETA since May 2002 as a research assistant on a variety of projects including the survey of nurses. Toby completed a Bachelor of Psychology (Honours) at the Flinders University in January 2001.

Changes and Challenges - Advancing the Profile of Alcohol and Other Drug Services within the Hospital Setting.
Sandra Hall, Pennyre Richter
Wentworth Centre For Drug and Alcohol Medicine
The role of the Drug and Alcohol Consultation and Liaison nurse within the context of a teaching hospital is multifaceted and is without doubt both challenging and exciting. The nurse, functioning within this diverse role has within their repertoire a range of skills that include advanced clinical competence, sound decision making skills, capacity to provide education and training to a variety of other professionals and community members. Advanced communication and the ability to function clinically in an autonomous and medico legally sound fashion are fundamental. Nepean is a teaching hospital of the University of Sydney and is located in the Western suburbs of Sydney. Services include Maternity, Gynaecology, Neonatal Intensive Care, Emergency, Diagnostics, Paediatric, Surgical, Intensive Care, Coronary Care, Rehabilitation and Mental Health. Also on the Nepean Hospital campus are a Tresilian Family Care Centre, Menopause Service, Cancer Care Centre, Diabetes Service and the Wentworth Centre for Drug and Alcohol Medicine. It is within this context that Drug and Alcohol Consultation and Liaison Services were established in 1997. The service has as its core two registered nurses who are supported by the Drug and Alcohol staff specialist, Clinical Nurse Consultant and the relevant treating teams. The primary aim to provide a speciality service to medical, nursing staff, and patients who have presented to the hospital in a variety of contexts who may or may not require admission, but for whom Alcohol and other drug issues are identified as having been complicit in their presentation.

Biographical notes
Sandra Hall, Registered Nurse, Consultation/Liaison Drug and Alcohol. Sandra worked as an enrolled nurse for 23 years prior to completing her Bachelor Of Nursing in 1999. Sandra commenced working in the field of Drug and Alcohol in 2000. Since then has continued her study within the D & A field with a focus in Drugs usage in Pregnancy, Mental Health and providing on-going support and education within Wentworth Area Health Service. Pennyre Richter, Registered Nurse, Consultation/Liaison Drug and Alcohol. Pennyre has worked as a registered nurse for 7 years, commencing in Drug and Alcohol in 2001. She has developed skills in all facets of D & A services and currently working in Consultation & Liaison. Pennyre has developed an interest in Drugs in Pregnancy, Mental Health and Aboriginal community throughout Wentworth Area Health Service. Pennyre also continues to participate in professional development within Drug and Alcohol
Thinking critically makes a world of difference
Steve Parker
Flinders University, Adelaide, Australia
This presentation will argue that critical thinking is an essential skill for considering issues related to practice, education, and research associated with alcohol, tobacco, and other drugs and will make ‘a world of difference’ to the way in which client issues and problems can be resolved. The critical thinking model developed by Richard Paul and Linda Elder will be briefly described and illustrations of its application will be discussed. Directions for further exploration by conference participants will be provided.

Biographical note
Dr Steve Parker RN, RP, DipT(Nurse ED), Bed, PhD is a Senior Lecturer in the School of Nursing & Midwifery at Flinders University where he teaches critical thinking, ethics, research, and communication/interpersonal skills. He has been teaching critical thinking for many years including professional staff in hospital settings and nurses employed by the Drug and Alcohol Services Council.

Opening doors to working with accident and emergency staff
Gail Legg
Southern Area Health Service, NSW, Australia
Abstract Engaging accident and emergency staff in screening for alcohol and drug use is a problem facing most A&D CNCs. A recent review of the management of migraine and low back pain in SAHS provided excellent opportunities to work with acute care colleagues and place alcohol and drug use on their agenda. Four sites were chosen, two large and two small hospitals, and permission obtained to audit the medical records of patients who had presented with either of these conditions in the past 12 months. 479 migraine and 242 low back pain presentations to the A&E Dept were audited to ascertain if drug therapy complied with recommendations of the NSW Therapeutic Assessment Group Guidelines for General Practitioners for these conditions. Results: 38% of presentations were given non-recommended opioids for low back pain and 56% of presentations for migraine were given non-recommended opioid drugs. There was no mechanism in place for reviewing the management of patients suspected of being opioid dependent or withdrawal. A&E frequently for opioid overdose in-patients. Discussion: The review highlighted significant opportunities for A&D staff to work with A&E Departments to improve A&D assessment and intervention.

Biographical note
I am a registered nurse and midwife and have been working in the alcohol and drug field for about 17 years. I’ve worked in a variety of settings including detoxification units, methadone clinics, hospital and court liaison and, for the past 5 years, in a rural setting. I was a member of the NSW Nursing Project - Alcohol and Other Drugs Policy Working Group which developed the NSW Clinical Guidelines for Alcohol and Other Drugs Policy for Nursing Practice in NSW. I have a BHlthSc (Nursing) and a Certificate in Addiction Studies from Curtin University. My main interests in the alcohol and drug field include drugs in pregnancy and the management of pain in opioid dependent patients.

Treating tobacco dependence in health care settings: good news, bad news and "so what?"
David Edwards
Quit SA, Adelaide, Australia
This paper will briefly review the "good news", the "bad news" and the "so what" of treating tobacco dependence in health care settings. The "good news" includes: a general environment that encourages smoking cessation, acceptance among health workers of the importance of the issue, recent reviews that provide evidence-based frameworks for intervention, a greater understanding of the nature of smoking and how to best support smokers, a range of effective tools to assist smokers from self-help materials to interactive Quitline support programs and nicotine replacement therapies, well developed training programs to improve health worker skills and confidence, a growing body of work that provides key indicators for optimising the implementation of frameworks etc The "bad news" includes: smoking still responsible for around 80% of drug related illness and death, continuing high rates of smoking among more disadvantaged groups, a general lack of action within many health care settings despite knowledge and beliefs, lack of a systematic theory and evidence based approach to implementation (often with too much focus on practitioners/predisposing factors and insufficient focus on "enablers" and "reinforcers" of change), lack of resources and a workforce sceptical of any more change etc "So what?" in many ways there has never been a better time to make a difference in this important public health area. However, to achieve systematic and sustainable change capacities will need to be developed at the individual level and within organisations and systems. Models of capacity building suggest this requires: leadership, partnerships, resource allocation, workforce and organisational development.

Biographical note
David Edwards is the Senior Project Officer at Quit SA and has been working over the past three years to develop coalitions and programs that encourage and support primary health care workers to adopt evidence-based smoking cessation strategies in their day-to-day practice. In that time three coalition groups have been established representing; general practice, pharmacy and dental settings (general practice and pharmacy groups have won grants to extent their work). In addition, a broader coalition: CHAMPS (Coalition of Health And Medical Practitioners against Smoking) was established to include other local programs working in mental health and hospital settings. CHAMPS was created to share common experiences and challenges, discuss a common approach across the professional groups and optimise the use of limited resources. David has over 10 years experience in the tobacco control area and is currently undertaking a PhD based on his work in the pharmacy setting.

Alcohol, Tobacco and Other Drugs: Guidelines for Nurses and Midwives
Charlotte de Crespigny
School of Nursing and Midwifery, Flinders University, Adelaide Australia
Alcohol, tobacco and other drug use (ATOD) is prevalent in our society. All nurses, midwives, doctors and other health professionals are often faced with the complexities of caring for individuals and families who are experiencing problems associated with the use of ATOD. These Clinical Guidelines were developed...
over two years through collaboration between a wide range of nursing and midwifery clinicians, managers, industrial leaders, and educators. The Guidelines provide reliable and practical ways to support quality assessment and care by nurses and midwives in their daily practice. Each clinician needs to use and interpret these guidelines within the context of their role and scope of practice, and update their knowledge by accessing new research and clinical guidelines as these emerge. To this end we have included a list of useful information, links to key resources and websites, and an Easy Clinical Reference Flip Chart. All health services will have access to the package and training through the partnership of Flinders University School of Nursing & Midwifery and the Drug and Alcohol Services Council of South Australia.

Biographical note
Dr Charlotte de Crespigny is Professor of Nursing (Alcohol and Other Drugs), a Joint Chair of the School of Nursing and Midwifery, Flinders University and the Drug and Alcohol Council of South Australia. Charlotte is responsible for undergraduate and postgraduate education, professional development and research matters relating to nursing and midwifery practice, as well as a large research program. Currently she is chief investigator for a range of research projects relating to Aboriginal mental health and safe medication use; diabetes and alcohol comorbidity; cultural diversity, pregnancy and alcohol and drug disorders; drinking and domestic violence; women and drinking in licensed premises; and nurse education and clinical practice.

Community & Nursing and Midwifery Education

The Road to ..... Making a Difference. Developing a working partnership with young people to promote health through Drama and the Arts.

Elizabeth Flint, Julie Martin, Elizabeth Lind and Students of Gawler High School

Gawler Health Service, Gawler High School, Drug & Alcohol Services Council, South Australia

Fourteen years ago the Gawler Health Service, Gawler High School and Drug and Alcohol Services Council recognised the potential of developing a working partnership with our young people to promote health through Drama and the Arts. The Road To... Making a Difference is the latest collaboration of GHS2. This time around we have enlisted the support of Transport SA, the RAA and Bridgestone, all of whom recognise getting the word out to young people in as many different ways as possible is extremely important. We will present a performance from Wrong Way Go Back which will illustrate · The effect alcohol and other drugs have on the driver of a motor car. · The need to appoint a designated driver if attending a function where alcohol will be available. · How to get home if no one accepts responsibility to be the designated driver. · The challenge of peer pressure the students face daily to conform with their peers and the adult world today. An interactive workshop which will be creative and innovative and which will stimulate both thought and discussion with the students and conference attendees. This will reflect the individual's ability to make informed decisions about alcohol and other drugs. And an education package that includes: · The students taking the audience through the processes they used to develop the performance. · The Drama Teacher taking the audience through processes used to motivate and assist the students. · The Health Service talking about the evaluation, outcomes and community's contribution to the performance. · Drug and Alcohol Services Council's contribution to the performance. This performance will impact on 'Making a World of Difference' for the audience as it has done for the performers and their peer group.

Biographical note

Elizabeth L Flint FRCNA; BNsg Studies; RN; RM; Diploma of Hospital Nursing & Ward Management; Certificate of Paediatrics; Certificate of Community Health, Clinical Nurse Consultant - Health Education & Promotion, Gawler Health Service, South Australia Julie E Martin. BEd; DipT; Grad.Dip. Social Sciences, Educational Counselling, Drama Faculty, Gawler High School, South Australia Elizabeth Lind RN; RPN, Community Health Clinical Nurse, Drug and Alcohol Services Council

Being prepared by integrating alcohol, tobacco and other drug concepts to all areas of nursing curricula.

Dana Murphy-Parker

Arizona Western College, USA

Biographical notes

I have been a Registered Nurse in the United States for about 23 years. I have a BSN degree from the Medical College of Georgia (1984). A Master's Degree in Psychiatric/Mental Health Nursing from University of Colorado in Denver (1999). I have been an active member of the International Nurses Society on Addictions (IntNSA) since 1994. I am currently serving on the Board of Directors of IntNSA for my second term, the first was from 1998-2000 and now from 2002 - 2004. I served as the Chair of the International Committee from 1997-2000. Currently, I am the Chair of IntNSA's Education Committee. During the time of my serving as Chair of IntNSA's International Committee, I meet colleagues from the UK, members of the Association of Nurses in Substance Abuse. Together we held joint meetings and conferences in conjunction with International Council of Nurses (ICN), the first in London in 1999 and the second in Copenhagen in 2001. In Copenhagen, 2001, our international network grew through meeting Charlotte deCrespigny, President of DANA. Our current international nurses network has brought us to the gathering of this joint DANA/TINN Conference in Adelaide at Flinders University this month! Our Mission and Vision for TINN (The International Network of Nurses Interested in Alcohol, Tobacco and Substance Misuse) is to raise awareness of the importance of the role of millions of nurses in addressing the global public health issue of substance misuse and addictions. I am a Professor of Nursing at Arizona Western College in Yuma, Arizona where I have been an educator and clinical instructor for psychiatric/mental health nursing and maternal child nursing since August, 2000. I enjoy research in the area of student nurses and their beliefs about persons with addictions. I am also a 'visiting academic' at Middlesex University in London where my colleague and I are working on a joint project to add to the understanding of emotional intelligence, both in nursing faculty and in nursing students. On a personal note, I am the mother of 3 wonderful people, Nathan, 28, Adam, 26 and Abby, 18. Nathan and Adam live in Denver, Colorado with their lovely wives, Joy and Suzi. Abby lives with me in Arizona.

Project MAINSTREAM: a multidisciplinary fellowship to improve health professional education in...
Substance Abuse
Marianne T Marcus
The University of Texas Health Science Center School of Nursing, USA
Project MAINSTREAM is the fellowship component of a national initiative to ensure that substance abuse receives emphasis in generalist health professional training commensurate with its public health importance. The project is funded by the Health Resources Services Administration and the Substance Abuse Mental Services Administration/Center for Substance Abuse Treatment in collaboration with the Association for Medical Education and Research in Substance Abuse. Operational since 1999, the fellowship aims (a) to expand the workforce of health professional faculty who can teach clinical and prevention skills and provide such services to their clients and communities, and (b) to expand substance abuse curricula to health professional education programs. Method: Selected faculties work together in Interdisciplinary Faculty Learning Groups of three. Thirteen groups are currently operational around the country. Specific competencies included in the curriculum are substance abuse screening, intervention, and referral; identifying and assisting children and adolescents of substance abusing parents; providing community based substance abuse prevention services; and serving as continuous quality of improvement agents for these efforts. Each faculty team has an experienced mentor to guide them in the development of collaborative education and field projects. Some of the outcomes of this unique partnership between federal agencies, professional organizations, universities, treatment facilities and communities will be described.

Biographical Note
Marianne T. Marcus, EdD, RN, FAAN, The John P McGovern Professor in Addiction Nursing, Chair of the Department of Nursing Systems, The University of Texas Health Science Center at Houston School of Nursing Dr. Marianne Marcus received her BSN from Columbia University in New York. Dr. Marcus obtained MA and MEd degrees in nursing education from Teachers College, Columbia University and her doctorate from the University of Houston. She served on the nursing faculties of Herbert H Lehman College and Columbia University prior to coming to The University of Texas Health Science Center at Houston School of Nursing. Since 1988, Dr. Marcus has directed three successive Center for Substance Abuse (CSAP) Faculty Development Projects, provided training opportunities for fourteen faculty fellows, developed integrated substance abuse curricula for nursing and implemented a unique graduate program in addictions nursing. She established community demonstration programs in prevention, a continuing education program for acute care nurses and a monthly seminar series on substance abuse for area clergy. Dr. Marcus’ research interests include treatment outcomes of therapeutic communities and evaluation of the impact of substance abuse education on professional practice. She currently directs a faith-based substance abuse and HIV/AIDS prevention program at Windsor Village United Methodist Church and is Associate Director for a national multidisciplinary faculty development program in substance abuse.

Substance Misuse: Developing education that will impact practice
Brian J Webster, Rachel Lennon
University of Southampton, UK Abstract
This presentation will show how we developed and designed an intra-professional modular curriculum for those working with clients who misuse substances. We will highlight a model that was utilized by the authors which moved the School of Nursing & Midwifery at the University of Southampton from a complete lack of education for practitioners to one that now has undergraduate and post qualifying education for practitioners. A strategic and partnership approach was adopted, bringing together practitioners, academics, a community outreach worker, a nurse consultant in dual diagnosis and an expert in communication skills to design this modular program. The School of Nursing and Midwifery at Southampton has a national reputation for its expertise in both enquiry-based learning and intra-professional education and the authors believe that the use of enquiry-based/problem based education enhances the skills of the practitioner and therefore their practice. The authors will also share how they have developed a research strategy that seeks to measure the impact of the education on the practice of the students undertaking this program. This presentation seeks to encourage both practitioners and educationalists in their approach to developing education that is both fit for practice and fit for purpose.

Biographical notes
Brian J Webster, MSc, BA (Hons), PG Dip Education, RGN, RMN, RNT Brian is currently Head of Post Qualifying Education at the School of Nursing and Midwifery, University of Southampton. Brian worked as a lead nurse in a regional drugs and alcohol unit and developed an outpatients program of support and education. He trained as a general nurse and developed an alcohol support group for patients with alcoholic liver disease and their carers. Brian moved into education where he has been an academic leader in developing substance misuse education for practitioners. He has developed a national profile and is currently an executive management member for the Nursing Council on Alcohol, an executive observer for the Association of Nurses in Substance Misuse and also an international advisor for the Drug and Alcohol Professional Journal. He is currently working on his PhD thesis examining the development of a service for students who misuse substances. Rachel Lennon, BA(Hons), PGC Clinical Governance, RMN Rachel is a lecturer at the School of Nursing & Midwifery, University of Southampton. She has worked extensively in the drug and alcohol field for the past 15 years, holding Clinical Nurse Specialist posts within both a Regional Drug Problem Team and a leading Health Authority. The focus of her work within the Regional Drug Problem Team was to develop ‘Harm Reduction’ approaches to a large, mixed rural and urban population with particular development in this is the blend of community and service development. She was also heavily involved in setting up the first amphetamine-prescribing program in the UK. Since 1999, Rachel has been involved in the development and delivery of comprehensive education and development programs for staff working with drug and alcohol users. She has been co-developer of the BSc Clinical Practice - Substance Misuse program, now running at the University of Southampton. Her current focus of research is as part of a team, looking at the development of a service for university students who misuse substances.

Nurse ability and the complexity of nursing others with alcohol and tobacco dependence: Bridging the gap with rating scale development and psychometric testing
Ian R Blackman
Flinders University, Adelaide, Australia
The dual purpose of this pilot study was to explore the relationship between the perceived ability of undergraduate nurses to provide care at differing levels of complexity to patients who were addicted to alcohol and tobacco and to assess the psychometric properties of a newly devised instrument, the Clinical Confidence Scale, a 68 item Likert-type self-report instrument. The methodology used in the study consisted of the development of a questionnaire generated by experienced nurses employed in the alcohol and other drug related services and distributed to undergraduate third year nurses for completion. Their responses were sought immediately before and on completing a unit of study in alcohol and other drugs, as part of their undergraduate nursing curricula. Preliminary results (using non-parametric analysis and Rasch scaling) suggest that a common scale can be developed to conjointly measure students’ self-perceived ability to care for patients (with addiction disorders) and its relationship to the complexity of the care that needs to be given. This outcome has implications for the provision of patient care, nursing curricula and staff development.

Biographical note
Ian Blackman, RN. RPN. ME. Grad Dip(Health Couns), is a Lecturer in the School of Nursing and Midwifery at Flinders University.

Key worker training - how much training is needed? What are the outcomes?
Jacky Talmet
DASC Country Outreach Services, Adelaide, Australia
In 1997 it was recognized that many South Australia country areas had limited access to specialized drug and alcohol services and that this could be remedied through training key workers. This led to the confounding questions of how much training and for what outcomes being raised and defying answer. These and other questions are often raised when seeking to train generalist workers in an inservice setting to respond to issues that have traditionally been seen as the responsibility of specialist services. It is often argued that more is better. But, does the provision of more training really result in better outcomes? What can be achieved? What can get in the way? What can help? Does training make a difference? Is it worthwhile? In attempting to answer these questions, a project that sought to compare the outcomes of three models of varying length and content for training key workers in country regions was commenced. All models sought to provide the same level of follow up support, ongoing education and information provision. Evaluations compared the efficacy of each model with the aim that the outcomes reported would inform future key worker programs. This paper examines the training models, their process, impact and outcome evaluations and the enabling and disabling events that impacted on outcomes. In this the questions about what, how much training it takes to make a difference and whether training key workers works are answered. Recommendations are also made for improving the recruitment, retention and preparation of key workers.

Biographical note
Jacky Talmet, RN, RPN, Dip. App Science (Community Health Nursing), Dip. Administration (Nursing), Bachelor of Nursing. MRCNA, FNZCMHN Has been the Clinical Unit Manager of DASC Country Outreach Services for the last 17 years. Currently studying towards a Master of Public Health Program through the University of New South Wales. Currently President of the SA Branch of the ANZCMHN. Interest in training came about when adverse events related to withdrawal occurred in country hospitals.

Research in Progress - The development of a research instrument
Marea Topp
Waikato Institute of Technology, New Zealand
Alcohol and other drug use in the nursing profession is recognised as a significant problem in the international literature. Whilst incidence statistics of problematic alcohol and other drug use are available from the Nursing Council of New Zealand, there remains a paucity of published literature defining the prevalence of alcohol and other drug use by nurses in clinical practice in the New Zealand context. This paper will give a brief overview of recent international literature. The author will then highlight contextual and ethical challenges experienced in the development of a research instrument for a proposed study of prevalence of alcohol and other drug use within the registered nursing population in New Zealand.

Biographical note
Marea Topp RCpN, BHs, PGDip (Massey) has clinical and management experience in the areas of intensive care, oncology and palliative care nursing. Currently she is working as an academic staff member at the Waikato Institute of Technology, New Zealand. Marea is a Provisional Doctoral Candidate with Massey University, New Zealand.

'It was fun at first and it anaesthetized the pain inside of me.' Dependent nurses share their personal experiences.
Cally Berryman
Victoria University, Australia
This presentation relates to sub-study two of a three-part PhD study investigating issues related to the phenomenon of Victorian nurses who misuse drugs and alcohol and develop dependencies. The in-depth interviews with eleven dependent nurses helped explain and conceptualize experiences of nurses who were dependent to alcohol and drugs. Emerging themes were developed from the interviews and these helped form a model that enabled a deeper understanding of the personal experiences of the eleven dependent nurses. The three themes were: 1. "I am a nurse living in the world", symbolizing issues related to the backgrounds of individual nurses. 2. "I am a nurse working in the world", symbolizing issues related to the occupational environment. 3. "It was fun at first and it anaesthetized the pain inside of me", symbolizing issues related to personal drug and alcohol use. The model that was conceptualized with aspects of grounded theory was a seven stage cyclic process that helped to explain the meaning of drug and alcohol misuse and dependence by the dependent nurses.

Biographical note
Reg Nurse, Dip Community Nursing, Bach Applied Science, Master of Education, PhD (under examination), PhD Title "Nurses drug and alcohol use and dependency: Creating Understanding" I have been employed in the drug and alcohol field for over 20 years in a variety of areas from co ordinating Drug and Alcohol Unit at Port Phillip Prison, charge nurse detox unit, drug and alcohol counsellor (still employed as drug and alcohol counsellor part time). Have been employed as a lecturer for over 12 years: teaching
Establishing a medical detoxification choice for adolescents in South Australia.

Janice Ough
Streetlink Youth Health Service, Adelaide, Australia

This workshop presentation represents a collaborative project that developed a clinical program for medically supervised detoxification for adolescents with drug dependence. The gap in services for drug and alcohol treatment existed because the only treatment available was for 18 years and over, although these services do reluctantly provide for young people over 16 years. Use of these adult services by young people aged 12-16 years is not appropriate due to the nature of such services, resulting in major gaps in services for young people with drug dependence. In order to close this gap the drug and alcohol specialist nurse, in collaboration with adolescent clinicians from a major paediatric and adolescent hospital, have developed a new model of care that has been tailored to provide an 'adolescent friendly' clinical service.

Biographical note
General Registered Nurse and Midwife working as a Community Health clinical nurse specialising in drug and alcohol nursing since 1989. In 2001 I joined a small multi-discipline health team working with marginalised youth in metropolitan Adelaide South Australia as a Drug and Alcohol Project Nurse. The aim of this project overall was to increase the accessibility of homeless and at risk young people to mainstream drug and alcohol services. This project was auspiced by the Adelaide Central Mission. The priorities for the have been assessment and outreach work that identified the gap in drug and alcohol services for adolescents 12-16 years. This knowledge was the basis for developing the Medical Detoxification Program within the Adolescent Department in a major paediatric hospital.

Cannabis: who is at risk, how might you know and what can you do?

Jan Copeland
National Drug and Alcohol Research Centre, University of New South Wales, Australia

Cannabis is the most widely used illicit drug in the Western world. There is growing recognition of the potential harms associated with cannabis use, most commonly dependence, with around 200,000 Australians meeting diagnostic criteria in any year. Nurses and midwives are well placed to provide brief interventions for cannabis use disorder. This paper will describe patterns and correlates of cannabis use, outline strategies for the assessment of cannabis related problems and provide the rationale and content of brief interventions for cannabis use disorder based on the findings of a randomised controlled trial of brief interventions for cannabis use disorder and the feasibility study of the Adolescent Cannabis Check-Up.

Biographical note
Jan Copeland (PhD) is a Senior Lecturer at the National Drug and Alcohol Research Centre, University of New South Wales. Her research interests include the treatment of cannabis dependence in adults and adolescents, women and substance use, substance use intervention strategies for young people in the juvenile justice system, treatment evaluation and measurement of service utilisation and treatment outcomes. She has around 112 publications (69 in peer-reviewed journals and monographs) and has given 157 oral papers including keynote addresses at national and international conferences in the last 12 years. Dr Copeland sits on eleven national and international advisory groups on policy issues relevant to cannabis interventions and treatment monitoring. She is an assistant editor of Addiction and Journal of Substance Abuse Treatment and currently supervises 4 full-time PhD students, a Masters of Public Health (Research) and a Masters of Psychology student.

Alternative meanings of resistance in drug and alcohol counselling with young people

Wendy Fraser, Kerry Beck
DASC, Adelaide, Australia

The ways in which power operates and impacts upon our practice is obviously a very complex area of inquiry. The paper aims to begin to think about the ways in which services and clients exercise power, and to draw attention to how our understanding of power affects service delivery and client outcomes. It is important that we consider how the power of the young person, staff, organisation and sector is exercised, in order to understand better the young people we work with. The notion of empowerment; a central and important concept when working with people, implies a particular understanding of power and of how an individual uses it. The paper drawing on a foucauldian analysis will argue that the notion of empowerment implies that power, and one's access to it, is possessed or owned by the individual. That is, that an individual has only to realise, or take responsibility for, the power that they already possess, in order to change their life. This suggests that regardless of one's emotional, financial or physical hardship, we all still have access to power and agency. Whilst this is both a dominant and an important understanding of power, it does have some limitations. It is these limitations that this paper aims to address, in addition to suggesting alternative ways of thinking about power and working with young people. The analysis will be conducted via a case study and two different case plans. One case plan is developed by drawing on what I will call a possessive understanding of power. The other will be developed using an understanding of power that is exercised. We believe that the distinction between a possesive understanding of power and an exercised understanding of power is a subtle yet significant distinction, and one that has ramifications for human service practice.

What leads young men to cease or reduce their drug usage? A hermeneutic approach

David Holloway
Australian Health Management Group, NSW, Australia

This paper reports on a qualitative study into what factors lead to young men deciding to control or cease their drug use. A Gadamerian hermeneutic approach was taken, utilising an unstructured in-depth interview. Seven young men aged between 18 and 24 years attending Community Health for Adolescents
in Need (CHAIN) youth health centre in Wollongong were interviewed about their experiences with substance use. Specific questions were asked about motivators and barriers to reducing use, and whether there had been a pivotal moment when the decision was made to change their substance use lifestyle. The findings revealed that a range of factors play a role in determining whether a young man chooses to cease or reduce their substance use. However, the issues about fear and family were the most pervasive reasons why reductions in use occurred. Other factors such as the drug use lifestyle, legal and financial concerns were also identified. Finally, recommendations for future research in the area are put forward, including the need for nursing research to take more of an interest in the area to maximise nursing interventions with substance using young men.

Biographical note
David completed his undergraduate nursing qualifications in 1991 through Charles Sturt University, and completed a Master of Nursing in 2002 through Flinders University of South Australia, of which this research was a key component. David has worked predominantly in the Alcohol, Tobacco and Other Drugs area in the community setting, including roles in counselling, health promotion, community development, and primary health care of disadvantaged young people. His interest in the reasons young men chose to cease or reduce their drug use came from face-to-face contact with substance using young men and a desire to be able to offer better interventions to promote a decision to reduce substance use if such use had become an issue for the individual in question. David is currently employed at the Australian Health Management Group, providing Men's Health interventions for members of a number of private health funds.

Youth Access Project: Increasing the awareness and use of DASC services amongst young amphetamine users within the dance sub-culture
Jane Flynn, Damian Creaser, Jack O'Connor, Margarida Maia
Drug & Alcohol Services Council of South Australia Abstract Available evidence suggests that young people within the 'dance party' sub-culture regularly use amphetamine type stimulant drugs. Statistically, there is an under utilisation of drug and alcohol services by this group of young people, possibly because of the perceived lack of risk by this demographic. As traditional strategies for accessing this group have proven to be less than successful, another type of intervention was required to ensure that this sub-culture increased its uptake of information that was aimed at reducing harm related to amphetamine type stimulant drug use. An intervention strategy was formulated around a concept of targeted marketing to this sub-culture. A project to develop a specifically targeted 'brand', which appealed to this demographic audience, was undertaken. The targeted outcomes for this 'brand' were to increase awareness and access to a unique, freely available service, which is both engaging and inclusive of the mythology within this sub-culture. This presentation outlines the development of this intervention, and provides a glimpse into an emerging subculture that is important for alcohol and other drug workers to engage with and to understand.

Biographical note
Following discussions at the Premier's Drug Summit in July 2002, the Drug & Alcohol Services Council (DASC), initiated a Youth Access Project, with the appointment of a Youth Access Advisor, Damian Creaser. Other members within the Youth Access Project include DASC staff, Jane Flynn (Registered Nurse) and Jack O'Connor (Social Worker), both Community Drug & Alcohol Youth Workers, and Margarida Maia, (Social Worker), Manager of DASC Metropolitan Community Services.

A Primary Health Care Service for marginalised adolescent substance users: A model for youth drug and alcohol nursing.
Lynn Exton
Youth Substance Abuse Service (YSAS), Victoria, Australia
The Youth Substance Abuse Service (YSAS) was established in Melbourne in 1997 under the Victorian Government's Turning the Tide Strategy Against Drug Abuse, in response to the recommendations of the Premier's Drug Advisory Council. YSAS is a consortium of the Centre for Adolescent Health (Women's and Children's Health Care Services, St Vincent's Hospital), Jesuit Social Services, Sturt Health and Drug Centre Inc. YSAS is a state-wide organisation and is the only drug treatment service in Victoria that solely targets young people aged between 12 and 21 years. YSAS employs nurses in home-based withdrawal, Primary Health and Outreach Nursing services, which are co-located with Youth Outreach teams, and residential withdrawal units. Following the development of these nursing services, it quickly became apparent that the nurses within YSAS could potentially encompass a wide range of activities not necessarily related to the management of withdrawal. YSAS utilises a practical, relationship-based approach designed to assist young people who are experiencing difficulties related to their use of substances with the broad objectives of keeping the young person safe; reducing harm and promoting health; building the capacity of the young person to cope with their life circumstances; and to successfully negotiate the transition through adolescence. This paper discusses the primary health care issues that YSAS clients present with, and the model of practice that YSAS has developed in an attempt to support these young people.

Biographical note
Lynn is a registered nurse and midwife with 25 years nursing experience - 15 years midwifery, including 8 years neonatal intensive care, 2 years adolescent psychiatry and 6 years drug and alcohol. She has also worked in private practice as a Natural Therapist for 16 years. Lynn holds a Bachelor of Health Science, Postgraduate Diploma of Young People's Mental Health Sciences, and is currently studying a Masters in Health Science. Lynn also holds qualifications in Acupuncture, Traditional Chinese Herbal Medicine, Clinical Nutrition, Counselling and Clinical Hypnotherapy. Lynn has been employed by YSAS for the last 3 years and enjoys the opportunity of integrating her clinical nursing skills with natural therapies to provide health services that make a difference to the young people that access YSAS.

The UN Rights of the Child and drug services for young people
Linda Orr, Lawrie Elliott, Lynsay Watson, Andrew Jackson
University of Dundee, UK
This paper is based on a literature review of the statutory framework that applies to drug treatment services for young people in Scotland and raises important issues for any country wishing to uphold the
rights of a child who uses drugs. A systematic search of the literature was undertaken to identify publications, for the years 1990-2001, which provide authoritative guidance on current legislation. Of the 698 publications identified, 87 were selected for further assessment. Following independent assessment by two reviewers, 22 publications were finally identified for inclusion in the review. The literature clearly identifies the United Nations Convention on the Rights of the Child 1989 as underpinning keyScottish legislation - The Children (Scotland) Act 1995. Expert commentaries suggest difficulties in implementing the statutory framework in four key areas: · undermining children's rights to participate in decisions · undermining children's rights to consent to medical treatment · sharing of information. Legally the welfare of the child should be given paramount consideration in all care decisions. At times legislation and professional guidance may appear to conflict, initiating responses that are not attune with young peoples' wishes or immediate needs. For example, in attempting to reduce a young person's risks by keeping parents fully informed of clinically important decisions. Such difficulties are of international concern as other countries with statutory frameworks underpinned by the UN convention on the Rights of the Child are likely to experience similar difficulties.

Biographical note
Following undergraduate nursing studies at University of Edinburgh (UK), I worked for a short period in acute hospital setting before moving to work in the community, initially in district nursing, then midwifery and health visiting. Further studies at Master's level and a period of secondment to the local authority Department of Social Work, created an interest in research. I moved to University of Dundee (UK) four years ago, first to Department of Clinical Pharmacology to co-ordinate and conduct clinical trials, and thereafter appointed as Lecturer within School of Nursing and Midwifery. Interest in drug use stems from long period working in the community with young people and adults. Drug use is a major Public Health research theme in the School of Nursing and Midwifery, University of Dundee.

The use of natural therapies in alcohol and drug withdrawal
Lynn Exton
Youth Substance Abuse Service (YSAS), Victoria, Australia
This workshop will explore the nutritional deficiencies caused by misuse and abuse of alcohol and drugs. The participants will be introduced to the principles of vitamin, mineral and herbal therapy during alcohol and drug withdrawal. The workshop will provide participants with basic knowledge on natural supplement regimes and how to use these regimes for symptomatic relief during withdrawal. Natural supplement regimes will be included for alcohol, tobacco, opiates, cannabis, psychostimulants/hallucinogens, benzodiazepines, and solvents. Participants will also be introduced to Psychonutrition, which is the study of nutrition and its effects on the mind.

Biographical note
Manager Health Services and Manager Barwon South West Youth Residential Withdrawal Unit, Youth Substance Abuse Service. Lynn is a registered nurse and midwife with 25 years nursing experience - 15 years midwifery, including 8 years neonatal intensive care, 2 years adolescent psychiatry and 6 years drug and alcohol. She has also worked in private practice as a Natural Therapist for 16 years. Lynn holds a Bachelor of Health Science, Postgraduate Diploma of Young People's Mental Health Sciences, and is currently studying for a Masters in Health Science. Lynn also holds qualifications in Acupuncture, Traditional Chinese Herbal Medicine, Clinical Nutrition, Counselling and Clinical Hypnotherapy. Lynn specialises in private practice in Psychonutrition, and has extensive lecturing experience in this subject. Lynn has been employed by YSAS for the last 3 years and enjoys the opportunity of integrating her clinical nursing skills with natural therapies to provide health services that make a difference to the young people that access YSAS.

Best Practice
What is a therapeutic community - can it meet the terms of an evidence-based practice?
Tony Mykolajenko
Drug & Alcohol Services Council, Adelaide, Australia
There are two Australian therapeutic communities (TCs), with at least one TC in each state, excluding Tasmania. However, like the notion of family, the TC has so far eluded a clear definition. While this lack of definition has perhaps offered flexibility in treatment approaches, it has blurred the boundaries as to what really constitutes a TC, limiting the possibility of a TC intervention model to clearly identify itself, identify any limitations and build on strengths. This paper looks at various attempts at defining the TC model, drawing on a recently validated measuring instrument that has helped to identify and thus define the essential elements of the TC. The study involved the researcher living in a therapeutic community with other residents, gathering data using critical ethnographic techniques of interviewing staff and residents, undertaking key document review and using participant observation. The researcher was able to apply a previously validated American tool (SEEQ) to measure the level of adherence in practice to stated key elements of a TC, and at the same time, used the qualitative methodology to identify and interpret any inequities in the power structure of this TC, which had claimed a philosophy of democratic participation of residents in its day to day running. The results of the study supported the notion that the SSEQ measures core elements in practice of a TC meaningfully. An overwhelming majority of interviews supported the need for simplification of this lengthy (139 questions) tool, and that this TC stood the test as a sample of a democratically-run community. Further research is recommended to determine better practice based on clear conceptualisation of the TC key elements in order to formulate finally a clear definition of TC capable of being tested as a standard. This would serve then to provide for evidence-based TC practice in treatment program and outcome terms.

Biographical note
Tony Mykolajenko first trained as a psychiatric nurse and registered via Hillcrest Hospital S.A 1969: BA (Adelaide University) 1974; Honours degree in Nursing (Flinders) awaiting final grading: · Community mental health worker, Marrickville CHS 1978 · Manager of acute psychiatric in-patient unit, Woolongong, NSW 1980 · Co-developed, implemented and managed a therapeutic community called The Woolshed 1985-2000 · Executive Board member (1992-98), President of ATCA 1998-1999 (Australasian Association of Therapeutic Communities) · Project Officer for ATCA 2000-2001 - undertaking research project funded by Commonwealth NIDS funding on better practice and evaluation of Therapeutic
InHouse Project: A home detoxification project for heroin, amphetamines and cannabis

Roxanne de Jong
Queenland Intravenous AIDS Association, Australia

The InHouse Project is an initiative of the Queensland Intravenous AIDS Association (QuIVAA) funded by the National Illicit Drug Strategy (NIDS). The InHouse Project was established to offer intravenous drug users (IDUs) an alternative way to detoxify from heroin, amphetamines and cannabis. Traditionally, this process requires IDUs be admitted to hospital facilities or other clinical settings. These options can have profound limitations for some IDUs due to these programs’ (necessary) inflexibility and lack of individual choice. The InHouse Project's home detoxification program allows users to detoxify at home incorporating support from QuIVAA Project Officers, Registered Nurses, Trained Volunteer Carers, Complementary Therapists and the client's General Practitioner. The services offered are flexible and determined by negotiations between clinicians and clients. Such a service has highlighted the essential role that community organisations can play within the drug and alcohol sector. The following paper identifies and evaluates the strengths and limitations of the community based home detoxification model. In addition, the InHouse Project's target population, treatment process, client profiles and future directions will also be outlined. Home detoxification is a valuable and effective option for people choosing to reduce or stop using heroin, amphetamines or cannabis, providing individual choice, opportunity for empowerment, self determination and flexibility of service and treatment plans.

Biographical note
Roxanne de Jong RN, RPN, BN, MHSc (Nursing Ed), Dip of Natural Therapies, MRCNA. As a registered nurse, Roxanne has worked in a variety of areas including acute general nursing, mental health, education, community and domiciliary sector. She has been the Clinical Nurse with the InHouse Project since its early beginnings as a pilot program. Roxanne has since been involved in all aspects of the project's development over the last 3 years and has provided 23 years of clinical expertise. Through her interest in complementary therapies, Roxanne has also helped establish and currently supervises the InHouse Project's Complementary Therapy Clinic and has delivered complementary therapy programs to health professionals. Roxanne is also employed as a part-time educator for the QUT nursing program. She is particularly interested in the needs of women who use substances and their health care needs.

The Homeless and Drug Dependency Trial - A nursing perspective

Christine Cairns
The Salvation Army, Bridge Residential Withdrawal Unit, Victoria, Australia

The Homeless and Drug Dependency Trial is a Victorian State Government funded initiative. The trial was a response to the escalating problem of illicit drug use in the Crisis Supported Accommodation Services (CSAS) first identified by Hanover Welfare Services in 1999. The trial involves three of Melbourne’s Crisis Supported Accommodation Services (Hanover So, Acuthank (Hanover So), Flagstaff (The Salvation Army) and Ozanam House (Society of St Vincent de Paul). In the escalating use of alcohol, there were concerns about the capacity of the crisis services to meet the needs of this complex client group. It was felt that there was a limited window of opportunity to engage homeless clients and that the existing withdrawal services were too rigid to meet the needs of the homeless. As a result of the concerns were around access and entry issues, Hanover has developed the Homeless and Drug Dependency Trial. The trial was a 6-month trial with the aim of identifying the most appropriate withdrawal model for the homeless. The program was a 24-hour service available to Homeless clients. The program has been successful in engaging clients and providing support. The program has been a valuable addition to the existing services and has been successful in providing support to Homeless clients.

Biographical note
Registered Nurse Division 1, Registered Midwife, Bachelor of Nursing (Post Registration). Current Position: Nurse Unit Co-ordinator, Bridge Residential Withdrawal Unit. I am a Division 1 Nurse with 32 years of experience in Midwifery, Aged Care, Oncology/Haematology and Palliative Care mostly in the Public Hospital System. I came into the AOD field at the urging of my sister who has worked in the field for 6 years. Since coming to the position in 2001, I have found it to be one of the most interesting and challenging jobs I have ever had. I have found that it has opened my eyes to the world of substance abuse and its effects on the community in a way that I had never experienced before. Despite having to go on a very steep learning curve, it has been an advantage not having an AOD background for the purpose of the trial. This has been because I had no preconceived ideas about what the 'normal' process was, therefore I have been able to approach the new process with an open mind and flexible attitude.

A community detoxification service - Overview, innovative strategies and evaluation

Andrew Taylor, Craig Sadler, Jenny Bowman, Rod Omond

Drug and Alcohol Clinical Services, Hunter Area Health Services, NSW, Australia

The Community Detoxification Service was funded through the NSW Drug Summit and commenced providing treatment in April 2002. The program is a joint venture between the Hunter Area Health Service, Hunter Divisions of General Practice and the University of Newcastle. The University of Newcastle has been contracted to undertake a formal evaluation of the service. Detoxification services are provided by GPs in conjunction with Specialist AOD Registered Nurses to clients in the Greater Newcastle Area. A local consultative committee oversees the program. Parties work together to ensure a coordinated and integrated partnership. Information will be presented outlining the service, including target population, inclusion and exclusion criteria, referral and assessment processes and treatment outcomes. Innovative Features. - Formal partnership formed between Hunter Area Health Service, Divisions of General Practice and University of Newcastle - CD-ROM containing treatment manual provided to GPs - 24hr Central Intake Line providing support to clients, support person and GPs - Specialist Medical Officer backup for GPs - Risk Assessment Tool utilised to assess safety - Formal evaluation including client outcomes, benchmarking against other Community Detoxification services and paper to be published in peer reviewed journal.
Biographical note
Andrew Taylor, RN, RPN, Grad. Dip. Clinical Drug Dependence Studies (University of Newcastle). Andrew is employed as the Clinical Nurse Consultant, Drug & Alcohol Clinical Services, Hunter Area Health Services. He completed his general nursing at the Royal Newcastle Hospital and psychiatric nursing at Morisset Hospital. He has completed a postgraduate Diploma in Clinical Drug Dependence Studies at the University of Newcastle and has attended the Advanced School of Alcohol & Drug Studies at Rutgers University, New Jersey, USA. Andrew has worked in the A & O D field for the past 16 years. Employment has been across a variety of settings including as a D & A Nurse in two general hospitals; methadone unit counsellor; and Nursing Unit Manager of the Alcohol & Drug Unit at the Newcastle Mater Hospital. Andrew has been involved in the Community Detoxification Service since its planning phase including involvement in the collaborative steering committee, data collection and working group, and has provided clinical direction to the team.

The unique role of the nurse in the Therapeutic Community.
Melinda Dowd

The Woolshed, Adelaide Hills, Adelaide, Australia Abstract
I would like to share with you some of my experiences and insights into my role as a nurse at The Woolshed. The traditional role of the nurse as 'care-giver' in the Therapeutic Community (T C) is challenged. In this role, I feel I don't have the right to take 'control', give 'advice' or instruct clients with any 'authority.' Authority in the T C is seen as both 'horizontal' and 'vertical'. Clients have as much power and input into their treatment program and into the well-functioning of the Community as I do. It is only when difficulties arise and the community needs the support and guidance of staff members that I step in and offer this. We may suggest ways of dealing with conflict or problems, but we don't 'take over' and in so doing, disempower the clients. The T C not only provided an opportunity to learn these skills of negotiation and facilitate this process of empowerment, but also enabled me to learn as much about myself while working in the T C as helping others to do so. This process for me has been confronting and challenging and at times extremely uncomfortable, but a process which I believe has been necessary for me. It in turn has given me greater insight into my own development which helps me provide clarity when helping others, allowing me to be more real with my clients. This ability helps me be seen more as a role model, as someone who puts principles into practice.

Indigenous Health: What Problems?

Breaking down the barriers: Urban Aboriginal women: Drinking and licensed premises in the Southern Metropolitan Region of South Australia.
Charlotte de Crespiqny1, Wendy Casey2, Mette Groenkjaer1, Helen Murray1, Inge Kowanko1, Warren Parfoot3

1Flinders University, 2 Southern Women's Community Health Service and Noarlunga Health Service, 3Aboriginal Drug and Alcohol Council (SA) Inc, Adelaide, Australia

This research revealed new information directly from urban Aboriginal women from southern Adelaide regarding their drinking patterns, decisions and experiences associated with licensed premises. This included the women's beverage and venue preferences, alcohol consumption behaviours, role of girlfriends, safety needs, transport and other factors impacting on their safety and well-being. The study was developed based on previous evidence that young women consume alcohol at hazardous levels, are at risk from others' behaviours, and a deafth of knowledge about this group of Australians, and concern from Aboriginal people. A qualitative research design was used, and seven urban Aboriginal women were interviewed by an Aboriginal women's worker about their social drinking and attendance at pubs and clubs. Comparisons between national aggregated data and other research were performed to identify any similarities or differences between these Aboriginal women and other Australian women who consume alcohol. The semi-structured interviews were transcribed and thematic analysis was performed. Recommendations were then developed collaboratively with urban Aboriginal women in the community. The findings show that as with their non-Aboriginal peers, urban Aboriginal women engage in social drinking, usually within safe limits, enjoy socialising with their friends and family in licensed premises. However, Aboriginal women often experience racism and injustice when visiting pubs and clubs. Being accused of stealing, expelled from venues, racist comments, conflicts with bar and security staff and non- Aboriginal patrons, and lack of safety were some of the major issues experienced by the Aboriginal women. This research provides recommendations for changes that can improve the social and physical conditions that urban Aboriginal women experience in their visits to licensed premises.

Biographical note
This is a collaborative project of the School of Nursing and Midwifery at Flinders University of South Australia and the Aboriginal Drug and Alcohol Council of South Australia Inc. The research team comprises nursing Aboriginal and Aboriginal research associates with Southern Women's Community Health Service and the local Aboriginal community involved. Together the team has expertise in complex health care research and evaluation, Aboriginal health, mental health, substance misuse, medications, ageing and culturally respectful research methodology.

Better medication management for Aboriginal people with mental health disorders and their carers.
Inge Kowanko1, Charlotte de Crespiqny1, Anita De Bellis1, Helen Murray1, Mette Groenkjaer1, Scott Wilson2, Warren Parfoot2

1Flinders University, 2 Aboriginal Drug and Alcohol Council of South Australia Inc, Adelaide Australia

Racist policies and practices have resulted in profound and prolonged grief, disempowerment and social disadvantage for Aboriginal Australians, leading to widespread social and emotional wellbeing problems, and multiple physical, spiritual and mental health disorders. This study explores complex issues around medication use among Aboriginal people with mental health disorders including drug and alcohol problems, from urban, rural and remote communities across South Australia. The project team is a partnership of researchers from the School of Nursing and Midwifery at Flinders University of South Australia and the Aboriginal Drug and Alcohol Council of South Australia in collaboration with all Aboriginal communities involved. We chose a multiple-methods approach, integrating findings from interviews with
clients, carers and health professionals; a survey of service providers; and review of statistical hospital separation data and key documents. Recommendations for improving medication management and related issues, and implementation and evaluation strategies, have been developed by the team, key informants and local project committees. Key findings, outcomes and future plans will be presented. This research informs culturally appropriate policies and practices to enhance quality use of medication for Aboriginal people with mental health disorders, and offers a partnership model for ethical research that can produce tangible benefits for participating communities.

Biographical note

This is a collaborative project of the School of Nursing and Midwifery at Flinders University of South Australia and the Aboriginal Drug and Alcohol Council of South Australia Inc. The research team comprises Caucasian and Aboriginal researchers from both institutions and is conducted in close consultation with all Aboriginal communities involved. Together the team has expertise in complex health care research and evaluation, Aboriginal health, mental health, substance misuse, medications, ageing and culturally respectful research methodology.

A Silent Epidemic - Injecting drug use amongst indigenous Australians - largest study of its kind conducted in Australia

Scott Wilson, Carol Holly
Aboriginal Drug & Alcohol Council of South Australia

In 1997 a collaborative project between the Aboriginal Drug and Alcohol Council (ADAC), the Lower Murray Nungas Club and the National Centre for Education and Training on Addiction (NCETA) commenced. This project used a specific methodological tool, Rapid Assessment Methodology (RAM) to examine the impact of and harms associated with injecting drug use in the Aboriginal Community in Murray Bridge, South Australia. Based on the success of the Murray Bridge (or Lower Murray) project, in addition to the research findings, ADAC made the decision to conduct research into injecting drug use in urban Aboriginal communities in metropolitan Adelaide, also using RAM as a tool. This second survey, conducted by ADAC in 2001 was the largest single study of indigenous injecting drug users in Australia. The size of the study (over 300 participants) has enabled ADAC to collect enough data to establish some of the drug use trends and injecting practices of Aboriginal people in metropolitan Adelaide and to use this information to assist the indigenous community in developing interventions and responses to drug related harms. This presentation has been produced to provide a summary of the aims and objectives of the project, the methodology used, a summary of the main findings, and preliminary recommendations.

Poster Presentations

A framework of care at an antenatal chemical dependency clinic

Stonely, S. Jackson, P., Mahoney, L. Ludlow JP, Evans, S F. Presenter: Anne Bartu
King Edward Memorial Hospital, Perth Western Australia.

The problematic use of drugs by pregnant women is a major public health problem and the adverse effects for mother and foetus are well documented. The main drugs of concern are heroin, amphetamines, tranquillisers and cannabis. Adequate antenatal care for such women is of particular importance to ameliorate or prevent the harms associated with problematic drug use. The characteristics of 186 women who attended a specialised Antenatal Chemical Dependency Clinic between May 2000 and August 2002 are described. The contribution and integration of the roles of the various disciplines is outlined and management in second and third trimesters is described. This framework for multidisciplinary care has been developed as part of the hospital's policy of providing a specialised service for this group of high risk women.

Breast-feeding and recreational amphetamine use - a harm minimisation approach

1Next Step Specialist Drug and Alcohol Services, Mt Lawley, Western Australia, Department of Pharmacology, University of Western Australia, Crawley, Western Australia, 2Pharmacy Department, King Edward Memorial & Princess Margaret Hospitals, Subiaco, Western Australia, 3Clinical Pharmacology & Toxicology Laboratory, The Western Australian Centre for Pathology & Medical Research, Nedlands, Western Australia.

Numerous studies have demonstrated the advantages of breast-feeding for both infants and mothers. However breast-feeding is generally held to be contraindicated if the mother is using amphetamine(s). The aims of this study were to: quantify the concentration of amphetamines in breast milk of lactating recreational users and estimate a withholding period to minimise any harm to the infant. Two amphetamine using, breast-feeding mothers were recruited to the study. A urine sample was collected by each mother 4 hours following amphetamine use. Milk samples (15 ml samples) were collected from both breasts prior to, and 2-6 hourly for 24 hours following use. The results suggest that breast-feeding should be withheld for at least 24 h after a single dose of amphetamines. Frequent users may be best advised not to breast-feed. These findings are based on two case studies. More are needed to define the range of infant exposure and make firmer recommendations for harm minimisation strategies.

Biographical note

Assoc. Professor (Adj.) Anne Bartu has extensive knowledge of the drug and alcohol field as well as treatment outcomes and program evaluation. A/Professor Bartu is the Principal Research Officer for the Drug and Alcohol Office and has been a consultant on home detoxification. She has presented numerous papers at national and international conferences, and is a co-editor of the international Journal of Substance Misuse. She an Honorary Research Fellow at the Women and Infants Research Foundation. Her research interests are record linkage, outcomes of illicit drug using mothers and their infants, morbidity and mortality associated with psychoactive drug use, and combining qualitative and quantitative research methodologies.

Buprenorphine-assisted opiate detoxification

M Bertram, C Sadler
Newcastle Mater Misericordiae Hospital, NSW, Australia

Buprenorphine was approved for the treatment of opiate dependence in Australia in August, 2001. This
paper describes a program of buprenorphine-assisted opiate detoxification conducted from August 2001-August 2002 in the Alcohol and Drug Unit of the Newcastle Mater Misericordiae Hospital, Waratah, Australia. Seventy-three patients were assessed for treatment. Buprenorphine dosing was conducted over 5-7 days (mainly for heroin withdrawal) in an outpatient setting with multi-disciplinary support. Patients were monitored daily and arrangements made for post-detoxification options. Patients agreed to follow-up over three months and where possible this was conducted. Results were modest, however encouraging, with 67% completing dosing, confirmation of detoxification in 37%, Engagement in follow-up care was achieved in 48%. Some problems were identified, particularly co-ordinating with buprenorphine maintenance. Amendments to and development of program components continue.

Biographical note
Maree Bertram, RN, RM, BHealth Science (Nursing). Nurse Unit Manager of the Alcohol and Drug Unit at Newcastle Mater Misericordiae Hospital, Waratah., Twelve years experience in Alcohol and Drug as a clinician, providing direct care to those affected by alcohol and other drugs and also to families and significant others in their lives. Also participates in education programs for other health professionals, industry, schools and the community at large. Post presentation at the Research Society on Alcoholism Scientific Meeting in Montreal, Canada in 2001. Involved in a variety of trials and research projects and has a keen interest in treatment options.

Changes and Challenges - Advancing the Profile of Alcohol and Other Drug Services within the Hospital Setting.
Sandra Hall, Pennye Richter
Wentworth Centre For Drug and Alcohol Medicine, NSW, Australia
The role of the Drug and Alcohol Consultation and Liaison nurse within the context of a teaching hospital is multifaceted and is without doubt both challenging and exciting. The nurse, functioning within this diverse role has within their repertoire a range of skills that include advanced clinical competence, sound decision making skills, capacity to provide education and training to a variety of other professionals and community members. Advanced communication and the ability to function clinically in an autonomous and medico legally sound fashion are fundamental. Nepean is a teaching hospital of the University of Sydney and is located in the Western suburbs of Sydney. Services include General Medicine, Gynaecology, Neonatal Intensive Care, Emergency, Diagnostics, Paediatric, Surgical, Intensive Care, Coronary Care, Rehabilitation and Mental Health. Also on the Nepean Hospital campus are a Tresilian Family Care Centre, Menopause Service, Cancer Care Centre, Diabetes Service and the Wentworth Centre for Drug and Alcohol Medicine. It is within this context that Drug and Alcohol Consultation and Liaison Services were established in 1997. The service has as its core two registered nurses who are supported by the Drug and Alcohol staff specialist, Clinical Nurse Consultant and the relevant treating teams. The primary aim to provide a specialty service to medical, nursing staff, and patients who have presented to the hospital in a variety of contexts who may or may not require admission, but for whom Alcohol and Other Drug issues are identified as having been complict in their presentation.

Biographical notes
Sandra Hall worked as an enrolled nurse for 23 years prior to completing her Bachelor Of Nursing in 1999. Sandra commenced working in the field of Drug and Alcohol in 2000. Since then has continued her study within the D & A field with a focus in Drugs in Pregnancy, Mental Health and providing on-going support and education within Wentworth Area Health Service. Pennye Richter has worked as a registered nurse for 7 years, commencing in Drug and Alcohol in 2001. She has developed skills in all facets of D & A services and currently working in Consultation & Liaison. Penneye has developed an interest in Drugs in Pregnancy, Mental Health and Aboriginal community throughout Wentworth Area Health Service. Pennyne also continues to participate in professional development within Drug and Alcohol Services.

Comprehensive programs, resources and assistance for workplaces going Smoke-Free
Lyndy Abram
Quit SA, Adelaide, Australia
Quit SA has developed a comprehensive package for workplace settings to: 1) assist workplaces going smoke free with policy package and expert advice 2) assist staff wanting to quit smoking complimenting the enforcement of appropriate smoke free policy implementation. The combination of assisting workplaces with expertise on how to go smoke free based on the knowledge of what is effective and easily implemented has enabled hundreds of workplaces in South Australia to make this transition. Offering assistance to staff at the time of policy implementation to quit smoking is appropriate. Staff are more likely to quit if the workplace environment does not enable smoking behaviour in work time. Quit SA offers three types of quit smoking courses which enables workplaces to choose what is possible in their particular setting. · One hour motivational talk · 2 x 2 hour Short Course, one week apart · 8 session Fresh Start Course.

Establishing a Medical Detoxification Choice for Adolescents in South Australia
Janice Ough
Streetlink Youth Health Service, Adelaide, Australia
This poster presentation represents a collaborative project that developed a treatment program for medically supervised detoxification for adolescents with drug dependence. The target group for this program is the adolescent group between the ages 12-16 years. The treatment services available targeted over 18 years and reluctantly offered assistance to younger people aged 17 and 18 years provided they met the criteria for adult substance dependence. Use of these adult services by young people aged 12-16 years would not be appropriate due to the nature of such services. This created an obvious gap in service for 12-16 year old adolescents who can lead to dependency requiring a medically supervised detoxification. Under the age of 12 years physical dependence requiring a medically supervised detoxification appears to be rare. In order to begin to close the gap in services for adolescents the drug and alcohol specialist nurse, in collaboration with adolescent clinicians from a major paediatric hospital, has developed a new model of care that has been tailored to provide an ‘adolescent friendly’ clinical service. The program is unique in that it provides a protocol for detoxification to be undertaken in a general medical/surgical department for adolescents within a...
paediatric hospital as opposed to a dedicated unit for substance dependent adolescents. Currently the program is being trialled by the adolescent department in the major paediatric hospital. This much-needed program is continuing to evolve. The trial implementation period will ensure that key processes are evaluated and further refined to meet the needs of young people.

Biographical note
General Registered Nurse and Midwife working as a Community Health clinical nurse specialising in drug and alcohol nursing since 1989. In 2001 I joined a small multi-discipline health team working with marginalised youth in metropolitan Adelaide, South Australia as a Drug and Alcohol Project Nurse. The aim of this project overall was to increase the accessibility of homeless and at risk young people to mainstream drug and alcohol services. This project was auspiced by the Adelaide Central Mission. The priorities have been assessment and outreach work that identified the gap in drug and alcohol services for adolescents 12-16 years. This knowledge was the basis for developing the Medical Detoxification Program within the Adolescent Department in a major Paediatric Hospital

Impact of cocaine use on pregnancy on the woman, fetus and neonate.
Christine King-Stephens
The Langton Centre, Sydney, Australia. Abstract Cocaine use amongst women of childbearing age is on the increase and the use of cocaine in pregnancy has been associated with increased perinatal morbidity and mortality. Research into the area of cocaine use in pregnancy has been associated with maternal complications, which include spontaneous abortion, placental abruption, placenta previa, shortened labour and premature rupture of membranes. Fetal and neonatal complications reported in research include risks of stillbirth, preterm delivery, intrauterine growth restriction, congenital anomalies, withdrawal symptoms and low birth weight, length and head circumferences. One factor that continues to impact on these research findings is that women who use cocaine in pregnancy also use multiple drugs and to isolate the effect of cocaine alone is difficult. This is compounded by the many lifestyle and social issues of a substance user, which makes examining the impact of cocaine use alone on the pregnancy daunting. This literature review focuses on 52 articles from both medical and nursing sources primarily undertaken in the United States over the past 20 years. No literature could be found from Australia. The most significant finding in this review of the literature on cocaine use in pregnancy is that cocaine use is associated with an increased risk of placental abruption in pregnant women. The literature also linked cocaine use in pregnancy with complications such as stillbirth and cerebral infarcts in neonates. Many of the other findings in this literature review have been unable to draw a significant relationship between the use of cocaine in pregnancy and increased maternal fetal or neonatal complications. Further research is required into the use of cocaine in pregnancy addressing the many variables such as multiple drug use, social and lifestyle issues before cocaine use alone can be associated with any further complications.

Biographical note
I am a Clinical Nurse Consultant working in the Chemical Use In Pregnancy Service based at The Langton Centre, Sydney for the past two and a half years. I became interested in the impact of cocaine use in pregnancy when I recognised that the shortage of available heroin over the past year led to an increase in the number of woman presenting to this service using cocaine in pregnancy. Prior to this cocaine use during pregnancy had not been a remarkable problem in this geographical area. Prior to working in this service I was working as a midwife at the Royal Hospital for Women based at Randwick, Sydney.

Inhalant or volatile substance abuse (VSA) Be aware but not alarmed!
Nam Dang
Repatriation General Hospital, Adelaide, Australia
Inhalant or volatile substance abuse (VSA) is the most confused issue in Alcohol and Other Drugs (AOD) practice, but has the least attention to management from health care workers including AOD clinicians. The problems with VSA are: there are many household products which can be abused; they are easy to access; they are legal to buy; they contain many mixed chemicals. The effects are quick and sometimes can be fatal even at very first time use. Statistics show an increasing use of VSA among young people aged 8-17 yrs. This poster will give information that may help us to have better understanding of VSA problems, and to develop some strategies to prevent VSA among young people.

Oxygen: a website about tobacco for young people and schools
Candy Fleming
Quint SA, Adelaide, South Australia
The Oxygen Website is a collaboration between Quint SA, Quit Victoria, and Smarter Than Smoking WA. It is designed to be an innovative resource primarily for young people 10-17 and teachers about tobacco. It contains information about the tobacco industry, provides information about the health effects of smoking, current events, statistics on youth smoking, and curriculum resources. The content is updated on a regular basis.

Quivaas InHouse Project - Home detoxification and nursing for heroin, amphetamines and cannabis
Roxanne de Jong
Queensland Intravenous AIDS Association, Australia
This poster describes a project with the following characteristics: · Empowering individuals to establish control over their lives through emphasizing personal decision-making and goal setting · Providing a free, alternative and confidential way to detoxify from heroin, amphetamines and cannabis while staying in the conform of the individual's own home · Supporting personal choice and flexibility in detoxification programs · Delivering clinical expertise and care through Registered Nurses, project officers and volunteer carers who visit to help with general support · Promoting holistic approaches which include a multi-disciplinary team and complementary therapies · Utilizing Harm Minimisation philosophy; abstinence in itself is not the only focus; we encourage and assist clients to set their own personal goals, whatever these may be, and then work to support them to achieve these.

Screening For Problem Alcohol Consumption in an Emergency Department Setting
Penny Richmond*, Dania Lynch‡ and Lindsay Murray†
*Sir Charles Gairdner Hospital, Nedlands; ‡University of Western Australia, Australia
No other specialist sees more of the negative consequences of alcohol-related injury than the emergency physician. Emergency Departments (EDs) represent a crucial point of contact for persons with problem drinking, however, many are discharged without detection of an underlying drinking problem. One reason is that there are no formal screening processes in place to detect alcohol problems. The objective of our study was to implement a program for screening all patients presenting to the ED of a large tertiary teaching hospital in WA for hazardous and harmful alcohol consumption, and provide a brief intervention to those patients identified as having an alcohol related problem. The program would be monitored for acceptance and compliance amongst ED staff and undergo formal evaluation. This paper will report results following an initial six-month screening period. Barriers to change held by staff will be addressed, such as insufficient education, inadequate time, a lack of resources, commitment and role legitimacy.

Patient attitude to alcohol screening will be discussed, along with identified benefits and limitations to screening in an ED setting. Biographical note Penny has been a registered nurse for 34 years, 28 of which have been spent working in an Emergency Department. For the last 18 months she has been employed as a Project Officer for a number of research projects related to alcohol issues. This work has involved clinical staff education, hospital ethics clearance, design of questionnaires, data collection and analysis and preparation for publication. As part of this work, Penny has liaised with other hospital members involved in alcohol and drug issues, including strong links with the Social Work department. Furthermore, she has established close links with outside drug agencies as referral sources for discharged patients.

**Strategies that increase the number of general practitioners who advise and support patients to quit smoking.**

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General practitioners (GPs) are well placed to encourage and support smoking cessation. Over 80% of the Australian population will visit a GP every year, GPs are perceived as a credible source of information, most (93%) are interested in smoking cessation, however, they fail to identify many smoking patients, and rarely offer brief advice or counselling. The Flinders University Department of General Practice is coordinating a project that explores issues related to GPs and smoking cessation. An expert working group was formed in June 1999, its objectives include: to identify best practice strategies for GPs that promote cessation amongst smoking patients; to identify sustainable strategies that encourage and support GPs to promote smoking cessation. In particular practice and institutional factors that facilitate/ inhibit the effective use of smoking interventions. The monograph "Putting prevention into practice" developed by The Royal Australian College of GPs provides a health promoting general practice framework that will inform this part of the project. Other objectives include: to develop a workshop package for GPs based on best practice and sustainable strategies, materials to support strategies and an evaluation plan. We will be reporting on the progress of the working party to date including literature review, core components of best practice strategies and practice and institutional factors.

**Biographical notes**

David Edwards DipT, BEd, MPH; Dr John Litt MBBS, MSc, D.Obst RACOG, FRACGP; Dr Peter Morton MBBS FRACCP, FRACMA, RACRRM BHA.

**The Quitskills Workshop - Training health professionals on smoking interventions**

Lyndy Abram  
Quill SA, Adelaide, Australia

Health workers are a respected source of information and advice on a wide variety of health matters including smoking. It is appropriate and important that health workers are skilled in order to assist those who would like to quit when they are motivated and in contact with health workers. However, despite their desire to help smokers quit, health workers feel reluctant to intervene because they lack knowledge and skills, or are not confident. The Quitskills workshop is designed to equip health workers (eg GP’s, nurses, indigenous workers) with the information and expertise to assist clients who want to stop smoking. The Quitskills program, working under the umbrella of the South Australian smoking and Health Project has been attended by a variety of health workers around the state since 1996. Evaluation of over 300 participants who have attended the workshop in the last two years has shown it has helped in the ability to assist quitters. Participants are informed how to design and run a Quitskills workshop in a variety of settings or professional contexts. Content includes tobacco information and statistics, health effects of smoking, the quitting process, cessation techniques and motivational interviewing and a role-playing exercise.