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IN THIS ISSUE

Alcohol consumption accounts for 3.2% of the total burden of disease and injury in Australia, and is second only to tobacco as a preventable cause of drug-related death and hospitalisation.

Mental health disorders, such as depression and anxiety, frequently co-occur with problematic alcohol use. Crucially, this co-occurrence is associated with increased risks and poorer outcomes than either disorder in isolation.

In this issue of the CREMS Newsletter, we highlight our work to understand, prevent, and treat co-occurring alcohol and mental health disorders.

This issue opens with a focus on alcohol use in adolescents and the related mental health implications, with articles from A/Prof Leanne Hides, Ms Louisa Birrell and Mr Mark Deady. We then move on to explore the impacts of alcohol use on the general population with contributions from Dr Cath Chapman, Ms Natasha Nair and Mr Warren Logge. The resources page highlights the relevant resources developed by our team for readers wanting to find out more information about these disorders. Finally, we conclude the issue with our regular sections, including the latest news, events and publications from the CREMS team as well as our Spotlight On section, featuring A/Prof Frances Kay-Lambkin.

ABOUT

Funded in 2012 by the Australian National Health and Medical Research Council, the Centre of Research Excellence in Mental Health and Substance Use (CREMS) aims to increase the knowledge base regarding the effective prevention and treatment to comorbid mental health and substance use disorders. The research centre is a world first, bringing together the largest concentration of internationally recognised comorbidity researchers from around the world.

The CREMS newsletter is just one of the ways you can learn more about our work. Connect with us on Facebook, Twitter and through our website to keep up to date with latest research in comorbid mental health and substance use.

The CREMS Newsletter is edited by Ms Stephanie O’Donnell and A/Prof Katherine Mills.
The rate of alcohol-related emergency department (ED) presentations in young people has increased dramatically in recent decades, with one Australian study reporting a 71% increase in youth alcohol presentations between 2004 and 2008 (Muscatello et al. 2009). While young males are still the most likely to present to EDs, the rates of alcohol-related ED presentation across genders have begun to converge in recent years. Injuries are the most common type of youth alcohol-related ED presentation, yet little is known about these injuries in young people.

Researchers from the Centre for Youth Substance Abuse Research at the Queensland University of Technology have been working with Dr Ruth Barker from the Queensland Injury Surveillance Unit (QISU) at the Mater Hospital, Brisbane to examine alcohol-related injury presentations in EDs.
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Researchers from the Centre for Youth Substance Abuse Research at the Queensland University of Technology have been working with Dr Ruth Barker from the Queensland Injury Surveillance Unit (QISU) at the Mater Hospital, Brisbane to examine alcohol-related injury presentations in EDs throughout Queensland. A recent paper published in Drug and Alcohol Review uses the QISU database to compare the characteristics of alcohol-related ED injury presentations in young people (aged 12 to 25 years) by gender and/or age group (adolescents, 12 to 17 years; young adults, 18 to 24 years) over a 13 year period (Hides et al., 2014).

A total of 4,667 cases of alcohol-related injuries in young people (aged 12 to 24 years) were identified in the QISU database between 1999 and 2011, using an injury surveillance code and nursing triage text-based search strategy. Overall, young people accounted for 38% of all QISU alcohol-related ED injury presentations in patients aged 12 years or over. While young adults made up the bulk (28.5%), adolescents comprised 10% of these presentations. Comorbid drug use was identified in only 7.4% of alcohol-related injuries.

Young males accounted for twice as may alcohol-related ED injury presentations as females.

The majority of young adults presented with injuries due to violence and falls, while adolescents presented due to self-harm or intoxication without other injury. Males presented with injuries due to violence, while females presented with alcohol-related self-harm and intoxication.

This paper utilised text-mining techniques to examine the rates of alcohol-related injuries recorded in an injury surveillance database in Queensland over a 13-year period. While there is growing evidence for the reliability of text mining methods, this method still relies on both the quality of the information provided by patients and the triage text entered by ED staff. ED information systems nationally fail to identify real-time alcohol related presentations in a systematic and standardised way. Routine blood alcohol concentration (BAC) testing for serious/fatal injury cases and blood-alcohol concentration testing (BrAC) in less severe cases could increase the identification of alcohol-related presentations.
The rate of alcohol-related emergency department (ED) presentations in young people has increased dramatically in recent decades, with one Australian study reporting a 71% increase in youth alcohol presentations between 2004 and 2008 (Muscatello et al. 2009).

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However, implementation of routine BAC or BrAC testing in EDs has been hampered by concerns over the ethical, clinical, logistic, economic and medico-legal implications of this measure. The Emergency Department Information System (EDIS) used by may Australian EDs contains a simple alcohol (yes/no) field that could, if activated, rapidly increase ED staff’s capacity to identify alcohol involvement, but there has been concern that this system would be over simplistic. Incorporation of some external causes of injury information into the EDIS presenting complaint code filed (e.g. fall, motor vehicle crash, intoxication/poisoning) may assist, but will not reliably identify alcohol related presentations.

There is a clear need for more effective ways of identifying alcohol-related injuries among young people presenting to EDs in Queensland and elsewhere in Australia.
In December last year, a substantial number of CREMS researchers attended and presented at the annual Society for Mental Health Research (SMHR) Conference, held at the beautiful Adelaide cricket stadium. Ms Louise Birrell presented her work looking at the links between early onset anxiety disorders (those occurring before the median age of onset) and first alcohol use in the general population. This work forms the first part of her PhD research, and will be particularly helpful for our prevention work, as an accurate understanding of the timing and temporal sequencing of these related problems can inform when is the best time to intervene.

Anxiety and alcohol use disorders are two of the most common mental disorders in the general population and are often comorbid. They also typically first occur in adolescence / young adulthood. This is also a time when most people have their first drink and Louise was interested in answering the question – are early onset anxiety disorders associated with an earlier age of first drinking?
Using data from the 2007 National Survey of Mental Health and Wellbeing, Louise used survival analysis to look at the temporal ordering (that is – which came first) and age of onset of anxiety and first alcohol use in a representative sample of the Australian population.

The data showed that overall, 6.7% of the Australian population had experienced an early onset anxiety disorder, with individual early onset anxiety disorder prevalence rates ranging from 1.3% for general anxiety disorder to 0.5% for agoraphobia. The median age of first alcohol use, given an early onset anxiety disorder, was 16 years. For individual anxiety disorders this ranged from 15 years for early onset agoraphobia, to 17 years for early onset panic disorder. The survival analysis found that people with an early onset anxiety disorder had a 27% increased odds of initiating drinking in any given year, when compared to the rest of the Australian population, and this was significant even after controlling for known covariates such as gender, age cohort, family history of alcoholism.
and education. Interestingly, exploratory follow-up analysis demonstrated that this effect was particularly strong for transitions to first alcohol use that occurred after the age of 13 years, while the effect before 14 years was not significant but did demonstrate a negative trend.

The findings from this study provide further evidence that point to the need to take an integrative and developmental approach to preventing mental health and substance use problems. It also emphasises the nuanced developmental relationships that occur between mental health disorders and alcohol and show these relationships may be different at different ages. Furthermore, it looks as if there may be key windows of time in a person’s life that are more important than others in relation to prevention, with early adolescence emerging as a key time to intervene and prevent the first linkage of anxiety disorders and alcohol use. Louise’s PhD research will continue to untangle the complex relationships between alcohol use and mental disorders, with a particular focus on the most common – anxiety and depression. The next next step will look at these relationships in a large scale longitudinal study of adolescents: the Climate Schools Combined Project.
Depression and problematic alcohol use are two of the major causes of disease burden in young adults. These conditions frequently co-occur, and this co-occurrence is associated with increased risks and poorer outcomes than either disorder in isolation. Despite the success of integrated care in treating this comorbidity, there remains a significant treatment gap, particularly in young people.

In recent years, a growing number of web-based programs have been developed and shown to be an effective form of healthcare that offers an alternative to face-to-face interventions. Given the active digital lives young adults lead, an online intervention could be a unique opportunity to effectively address depression and problematic alcohol use in this age group. This thinking led to develop the DEAL Project.

MR MARK DEADY
Mr Mark Deady is a PhD candidate with the University of New South Wales and CREMS, under the supervision of Prof Maree Teesson, A/Profs Frances Kay-Lambkin and Katherine Mills. His thesis explores Internet-based treatment for co-occurring depression and alcohol use in young people.
Readers of the newsletter will recall updates from the earlier phases of the project (to catch up, follow this [link](#)). In short, the team embarked on the project with a systematic review of youth comorbidity treatments. This allowed for the development of the program content and identification of the key aspects of how to deliver an effective online program.

The team also explored both delivery and clinical components by analysing an existing eHealth intervention for comorbidity in the general population: the SHADE program. Finally, they spoke with key experts and, most importantly, actual young people to refine the program and explore the feasibility of program elements. The result was the self-guided, four-session cognitive behaviour therapy (CBT)/motivational interviewing-based DEAL Project program.

Once the program was finalised, it was taken through a rigorous evaluation process to assess the efficacy of the intervention. This evaluation was in the form of a randomised controlled trial (RCT) that compared the DEAL Project with an attention-control condition (HealthWatch). The RCT consisted of a four-week intervention phase and a 24-week follow-up, conducted entirely online and Australia wide. There were 104 participants that took part in the trial, and they were recruited largely through Facebook advertising. These young people were aged 18 to 25 years and had at least moderate depression symptoms and hazardous levels of alcohol use.

The results were very promising.

“Participation in the DEAL Project was associated with a significant reduction in the severity of depression symptoms and the number of drinks consumed per week.”
Participation in the DEAL Project was associated with a significant reduction in depression symptom severity from a PHQ-9 score of 16.5 at baseline to 10.4 at post-treatment (5-week) follow-up (Cohen’s d = 1.09). A small reduction was also observed in the control group, however, this was non-significant (d = 0.18). Overall, there was a medium between-group effect for depression symptoms in favour of the DEAL Project (d = 0.71).

Similarly, the DEAL Project was also found to be associated a significant reduction in drinks per week from more than 26 at baseline to less than nine at post-treatment (d = 1.07). Again, this change was not significant for the control group (d = 0.03). Overall, those who received the DEAL Project reported a three-fold greater reduction in standard drinks per week, compared to the control. This represented a large between-group effect for drinks per week at post-treatment (d = 0.99). Finally, the DEAL Project was associated a significant reduction in drinking days per week from three days at baseline to one and half at post-treatment follow-up (d = 1.06). Again, the change observed in the control group was not significant (d = 0.10). Overall, those who received the DEAL Project reported an 88% greater reduction in drinking days compared to the control. This represented a medium between-group effect for drinking days per week (d = 0.71).

Despite these positive results, program adherence and trial attrition were issues throughout the study. Although these issues are unsurprising given the self-guided nature of the program, they do highlight the need for further attention in this area. Looking forward, the team will continue to track participants with the aim of determining whether the observed improvements are maintained over time.

The current findings are important as they demonstrate the short-term effectiveness of brief, self-guided Internet interventions for young adults. The DEAL Project represents a novel approach to sustainable and easily disseminated youth comorbidity treatment.
Q. HOW LONG DOES IT TAKE SOMEONE WITH ALCOHOL USE DISORDER TO SEEK TREATMENT?

A. 18 YEARS.

HOW CAN WE CHANGE THIS?

Recently, Dr Cath Chapman, A/Prof Tim Slade, and Prof Maree Teesson together with A/Prof Caroline Hunt from the University of Sydney used data from the 2007 Australian National Survey of Mental Health and Wellbeing to examine the factors associated with delay between onset of alcohol use disorders and first treatment contact in Australia. They asked people who met criteria for an alcohol use disorder how old they were when they first experienced alcohol related problems and – if they had made contact with a health professional for these problems - how old they were the first time they did so. In short, they asked the question – how long does it take to get treatment for alcohol use disorders in Australia? The answer, they found, was 18 years.

When they looked at the factors associated with treatment delay they uncovered a number of important findings. On the positive side they found...
that those from more recent birth cohorts (i.e. those representing younger generations) of Australians tended to access care sooner after the onset of problems.

However, they also found some areas for concern.

Firstly, those who were younger when alcohol related problems began were likely to take longer to access treatment. Secondly, this study was one of the first to look at the impact of co-occurring mental health problems on treatment delay for alcohol use disorders. People with co-occurring mental health problems and alcohol use disorders often experience a more severe course of illness than those who experience only one of these disorders, and the team expected that they might also access treatment sooner. However, they found that this was not the case for people with co-occurring alcohol use disorders and depression.

What can we do to change this?

The answer is undoubtedly complex. Barriers to seeking and to accessing appropriate care for alcohol use disorders in Australia are likely to include financial and structural barriers as well societal pressures. The results of the current study, however, suggest that intervening earlier in the course of alcohol use disorders, before problems take hold

Encouragingly, younger generations of Australians tended to access care sooner after the onset of problems.
is an important part of the solution. There is now compelling evidence regarding the effectiveness of school-based prevention programs in delaying onset of drinking and in reducing alcohol-related harms and continuing to fund and evaluate substance use prevention programs is clearly a priority. Secondly, the findings suggest that research into new ways of delivering treatments for alcohol use disorders is needed. Brief interventions delivered by GPs can be effective, particularly for people early in the course of alcohol use disorder, but there are a number of barriers to implementation. Interventions delivered online have the potential to increase access to care, to be affordable and to overcome some of the stigma associated with accessing other types of care. While they are not likely to work for everyone, investigating how and for whom online treatments might work, is an important direction for future research.

The study is being published in the February issue of the journal, *Drug and Alcohol Dependence*.

**ONLINE SURVEY OF ADOLESCENT MENTAL HEALTH AND SUBSTANCE USE SERVICE PROVIDERS**

If you work with adolescents with PTSD and Drug and Alcohol use, we want to hear from you. Our survey is completely voluntary, anonymous and confidential, and takes approximately 10-15 minutes to complete.

**For more information:**

FUTURE RESEARCH
Online alcohol interventions facilitated by GPs

Alcohol consumption accounts for 3.2% of the total burden of disease and injury in Australia, and is second only to tobacco as a preventable cause of drug-related death and hospitalisation. Brief interventions in primary care have proven to be effective in reducing consumption and harms, however they are not routinely offered by general practitioners (GPs) who often cite a lack of time and resources as barriers to implementation. Internet-based interventions could be an innovative way for GPs to offer support to their patients with little additional burden on consultation.

So here at CREMS, we’ve been working on an exciting new project, the EFAR Study, which evaluates an online alcohol intervention facilitated by GPs. The team (Prof Maree Teesson, Dr Nicola Newton, A/Prof Tim Slade, Prof Anthony Shakeshaft, and Ms Natasha Nair) have been collaborating with researchers and practitioners in New South Wales (Dr Michael Tam, Prof Nicholas Zwar, Prof Kate Conigrave, Prof Paul Haber, Prof Chris Doran), South Australia, and Queensland as well as key international researchers including Prof Paul Wallace, Prof Nicholas Freemantle, Piero Struzzo, Rachel Hunter and Stuart Linke.

The team was privileged to have Prof Wallace visit in December to attend their latest project planning meeting. Prof Wallace and his colleagues created the Down Your Drink website, which allows visitors to monitor and modify their drinking behaviours over time, and has been effective in reducing risky drinking behaviours. The research team has recently modified the UK version of the program to create the Healthier Drinking Choices website for use in Australia. Modification of the program included updating all country specific information such as NHMRC healthy drinking guidelines, definitions of standard drinks, and alcohol related laws. The Australian website has been focus tested with experts in the drug and alcohol field to ensure the content of the site is relevant to Australia.

From the meeting, the research team made great progress in planning their upcoming pilot study. They aim to recruit up to seven practices across South Australia and New South Wales, at which patients will be given a computer tablet in the waiting room to fill in questions about their drinking behaviours. Those identified as risky drinkers may then be referred by their GP to the Healthier Drinking Choices website. Data from this pilot study will help to inform a larger trial for which they are currently seeking funding.

**MS NATASHA NAIR**

Ms Natasha Nair is a research assistant with the University of NSW and CREMS, and is currently the Climate Schools Co-ordinator working with Dr Nicola Newton. Natasha has a Bachelor of Psychology (Hons) from Macquarie University. Her Honours thesis explored alcohol use in adolescents and young adults, with a particular focus on the trajectory of drinking in those with impulsive, sensation seeking or anxious tendencies.
Alcohol consumption accounts for 3.2% of the total burden of disease and injury in Australia, and is second only to tobacco as a preventable cause of drug-related death and hospitalisation. Brief interventions in primary care have proven to be effective in reducing consumption and harms, however they are not routinely offered by general practitioners (GPs) who often cite a lack of time and resources as barriers to implementation. Internet-based interventions could be an innovative way for GPs to offer support to their patients with little additional burden on consultation. So here at CREMS, we’ve been working on an exciting new project, the EFAR Study, which evaluates an online alcohol intervention facilitated by GPs. The team (Prof Maree Teesson, Dr Nicola Newton, A/Prof Tim Slade, Prof Anthony Shakeshaft, and Ms Natasha Nair) have been collaborating with researchers and practitioners in New South Wales (Dr Michael Tam, Prof Nicholas Zwar, Prof Kate Conigrave, Prof Paul Haber, Prof Chris Doran), South Australia (Prof Ann Roche, Dr Pete Del Fante) and Queensland (Dr Jane Smith), as well as key international researchers including Prof Paul Wallace, Prof Nicholas Freemantle, Piero Struzzo, Rachel Hunter and Stuart Linke.

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In 2007, five million Australians had experienced an alcohol use disorder in their lifetime. One of the chronic alcohol use disorders many Australians will experience is alcohol dependence. In fact, 3.9% of the Australian population will experience alcohol dependence during their lifetime.

Chronic drinkers, particularly those who typically are unable to regulate their alcohol intake, risk serious, long-term health consequences, including alcoholic liver disease. Alcohol is a major cause of liver disease worldwide. It accounts for two-thirds of liver disease in men and half of liver disease in women in the developed world, and is the leading cause of liver cirrhosis in western societies.

Abstinence is an essential part of managing alcoholic liver disease. If patients can abstain from alcohol, it reduces disease progression and improves their survival rate. Pharmacotherapy has the potential to target cravings for alcohol, making it a potentially

MR WARREN LOGGE

Mr Warren Logge is a PhD candidate with CREMS and Macquarie University. Warren has previously worked for the Schizophrenia Research Institute and Neuroscience Research Australia in the field of behavioural neuroscience, investigating the aetiology of pervasive mental disorders such as schizophrenia and Alzheimer’s disease and exploring potential novel treatment targets.
powerful tool to assist patients with alcoholic liver disease. Indeed, pharmacotherapy is useful in the treatment of alcohol dependence more generally not only in maintaining abstinence from alcohol, but also as an important component in the implementation and overall effectiveness of other treatments such as behavioural therapies.

However, in the case of alcoholic liver disease, many of the medications currently available for treating the cravings associated with alcohol dependence may not be suitable due to their metabolism via the liver. Therefore, what we are looking to develop is an intervention that reduces alcohol consumption and promotes abstinence while also avoiding hepatotoxicity caused by the other available drug treatments for alcohol dependence.

**Pharmacotherapy** is a type of intervention that employs pharmaceutical drugs in the treatment of diseases and disorders. Pharmacotherapy can be used as either the primary form of treatment or in conjunction with other interventions (such as psychosocial or behavioural interventions), to increase treatment adherence or improve the effectiveness of concurrent treatments.

Baclofen may be the solution. A medication already approved in the treatment of spasticity disorders, baclofen shows promise as a drug that could reducing alcohol craving and maintaining abstinence in alcohol dependant individuals. As baclofen is expelled from the body mostly unchanged by the kidneys (rather than the liver) this makes it a promising pharmacotherapy for patients with alcoholic liver disease.

Interestingly, baclofen may also have a potential secondary function in reducing anxiety related to alcohol dependence, which has not been demonstrated in other targeted drug treatments. Epidemiological studies have highlighted that there is significant comorbidity of anxiety disorders and depression in patients with alcohol dependence - independent of effects due to alcohol - which may reduce overall treatment effectiveness and increase the potential for relapse. As previous studies of the Australian population observed more than one-third of adults with an alcohol use disorder also had least one comorbid anxiety, affective or drug use disorder, a treatment that potentially addresses both aspects would be advantageous. As there is also a significantly higher rate of psychological comorbidity in patients with alcoholic liver disease compared to
non-alcoholic liver disease, baclofen may therefore be a suitable candidate for patients with potential anxiety-related disorders.

Despite this encouraging pharmacological profile, only a limited number of studies have been conducted examining the efficacy of baclofen in alcoholic liver disease patients. Our team is currently conducting an NHMRC-funded double-blind, placebo-controlled, randomised trial investigating the efficacy and the biobehavioural basis of baclofen, a GABAB agonist in the treatment of alcoholic liver disease (BacALD study). Dr Kirsten Morley is coordinating the project, working in partnership with PhD candidate Mr Warren Logge, A/Prof Andrew Baillie and Prof Paul Haber.

This Australian multi-site study aims to investigate whether baclofen is an effective treatment in the management of alcohol dependence in patients with alcoholic liver disease. We are also exploring baclofen’s behavioural mechanisms that are involved in reducing craving and consumption in the treatment group.

During the 12-week BacALD treatment program, patients with ALD, as well as control participants with alcohol dependence, are regularly monitored for physical and mental health-related outcomes and measures of alcohol consumption. Participants will receive
additional compliance therapy in conjunction with the pharmacotherapy, and the pharmacokinetics and possible pharmacogenetics related to the baclofen response will also be examined.

We’re also taking the opportunity to explore some of our other questions in side-arm projects to the main study. One of these projects is a study conducted by PhD candidate Warren Logge, who is investigating whether baclofen has an effect on patients’ cognitive processes and their reactivity to alcohol cues. He is measuring these through physiological markers such as skin response and heart rate variability. Another study will examine the effect of baclofen in the brain by employing imaging techniques such as magnetic resonance spectroscopy (MRS) and functional magnetic resonance imaging (fMRI) in alcohol dependent participants.

Our goal is that the BacALD project will determine whether baclofen is an efficacious and beneficial pharmacotherapy in the treatment of alcohol dependence in patients suffering alcoholic liver disease, as well as elucidating the biobehavioural and physiological mechanisms through which baclofen may operate. We expect to have our first results towards the end of 2015, and look forward to reporting them in future newsletter updates.

**PARTICIPANTS SOUGHT FOR STUDY ON ALCOHOLIC LIVER DISEASE**

Recruitment for the baclofen study is happening now: we are actively seeking participants with alcoholic liver disease and individuals that may have alcohol dependence.

If you would like to participate in the study, or know of someone who is interested, please visit the website for more information about this trial.
RESOURCES
FOR THE PUBLIC, PROFESSIONALS AND RESEARCHERS

Clinical Handbook of Co-existing Mental Health and Drug and Alcohol Problems
Leading clinicians from the UK, the US and Australia provide practical descriptions of assessments and interventions for co-existing problems.

Alcohol Factsheet
Part of a series of factsheets published in 2014, this factsheet provides up-to-date, evidence-based information for the public about alcohol and its effects.

Information booklets on comorbidity
Published in 2011, these booklets have been written for people who use alcohol, tobacco or other drugs who would like to know more about the most common types of mental health conditions seen among this population.

Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings
The Guidelines, published in 2009, are based on the best available evidence and draw upon the experience and knowledge of clinicians, researchers, consumers and carers.
Hi everyone – nice to “meet” you all! I’ve been asked to kick off this year’s Spotlight On section of the CREMS Newsletter. This section gives you the chance to get to know the faces behind the research and hear about our journey in research, in comorbidity, and to the terrific CREMS team.

My own journey started out in Newcastle, NSW, where from an early age, my teachers in Year 1 at school identified me to my parents as someone with a bit of a flair for “bringing people together’. I think this meant I was a little bossy at times (sorry, I should say, demonstrated leadership skills in the playground!), but it is really something that has stayed with me ever since.

It influenced my choice of degree at the University of Newcastle, where I completed a Science degree, majoring in Psychology, and then went on to complete my training and registration as a Psychologist, and my PhD in Psychiatry with Prof Amanda Baker. Now that I am leading the Translation Stream at CREMS, those words often echo in my
mind; where I am trying to direct my own research program, which aims to help the right person to access the right treatment at the right time for them.

As for my research, I started out in a Program Evaluation role many years ago (try 20!) in the Faculty of Medicine at the University of Newcastle. This involved conducting small-scale “action” research (we didn’t talk about translation back then!) to determine whether the innovative B Med program in Newcastle was associated with improvements in the quality of doctors who graduated from the degree. The short answer was ‘yes’ and I’m proud to say that similar program approaches have since been incorporated in medical schools and other health-related programs around Australia.

From here, I started with the Hunter Institute of Mental Health, around the same time as the current Director (and fellow CREMSonian) Jaelea Skehan started with the organisation. In this role, we worked on local, state and national mental health promotion programs in a wide range of employer, health and education settings. One of the projects I worked on during this time was PoND-Rom; where I designed a cognitive behaviour therapy (CBT) training program to help General Practitioners provide mothers with postnatal depression access to psychological treatment for their concerns.

This sparked a mini-revolution in my mind!

“If we could teach GPs how to deliver CBT via a computer program, couldn’t we teach people themselves to do this directly, and make treatment even more accessible?”

So, I wandered down the corridor and knocked on the door of Professor Amanda Baker, who at the time was leading the first ever treatment trial of psychological treatment in comorbidity for people with psychosis. Amanda was a little sceptical about our chances of delivering programs via computers back then...and to be honest, it was a little far out to even conceive. But, perhaps it was those bossy britches (um, I mean “leadership”...
qualities!) that encouraged Amanda to give me a go and she agreed to take me on as her first PhD student to work on this idea. Given Amanda’s expertise in comorbidity, she suggested that we work on a program involving a comorbid focus…and so the idea of a computer-based program for depression and alcohol/other drug use was born!

The next few years were really, really tough professionally, as we seemed to be the only people who thought this idea was one worth pursuing.

I lost count of the number of funding applications we submitted to get the project off the ground, to the point where, one fateful day, I was in tears in Amanda’s office as we basically decided to put the idea on hold, and pursue something else that would actually get me a PhD qualification.

Literally within the week, we received a phone call from the University of Newcastle’s Foundation Unit, where Jennie Thomas (pictured below), a philanthropist, had contacted the University looking for “big dreams” to fund. As Amanda and I had kept a fairly high profile at the University; speaking regularly at events, liaising with the media, writing columns about our work for University publications, always submitting one-page ideas to our research services and Faculty in-house schemes for funding, the Foundation Unit knew who to call! We arranged a meeting with Jennie, who bounced into Amanda’s office full of life and energy and vision, and she asked us just the one question “What’s your
dream?" We were a bit stunned at first; used to actually changing the things we wanted to do according to the funding body we were applying too... but I took a deep breath and pitched our “therapy for all” idea. People who know me, know that I like to talk (!!!) and so after about 30 minutes without drawing breath, I ran out of steam. Jennie stood up hugged the life out of me, and said “OK, yes, let’s do it!” Needless to say, I was speechless! But, true to her word, together, we developed the world’s first computer-based program for depression and alcohol/other drug use problems – SHADE.

Since then, SHADE has been used in a number of research trials, translated in a number of health and employer settings, and has seeded the development of a youth version (thanks to Mr Mark Deady) and an online treatment for lifestyle behaviours. People who complete the program are a little hesitant at first, and indeed sceptical, just like Amanda was, that a program can be of assistance to someone with mental health and associated comorbidities. But it can, and it does. And it has shaped my research career…and now here I am with Prof Maree Teesson and the amazing CREMS team.

Over the same time period, my biggest support team has also grown. I’ve always thought it important to have a network of good mates - both within and outside of research - who can just give you that perspective on that work/life juggle that I often can’t see for myself when in the thick of things. As for perspective, my wonderful, long suffering husband and
I now have two beautiful girls, Maggie and Bonnie, who do bring fun and happiness to our lives, a layer of complexity and joy to our lives that I never imagined possible, and quite a bit of fun! Together with the support of our families, my research career is as much theirs as it is my own… In fact, I couldn’t have a career without them. Seriously.

Looking back, I think my career to date has been wonderful, difficult, heartbreaking, exciting and everything in between. But I don’t think it is all that different from the trajectory of any other researcher with whom I’ve spoken or supervised. Whether at work or at play, it is good relationships that make the tough times bearable, and all other times much more fun. What we do can indeed be hard, and most definitely needs to be taken extremely seriously and with the highest of respect and regard. And I hope that’s how people view my work and contribution so far. At the same time, however, I try not to take myself too seriously… I think I’m doing important work, but that doesn’t make me any more important than anyone else who is trying their best at what they do. What I do think is that we all need to keep our minds open to new ideas, to new avenues of funding, to new treatment modalities and foci…and we need to keep hungry… I think there is often a better way of doing what we do, a better way of understanding comorbidity, of helping people who need our help…and that by “bringing people together” from all walks of life, we can do… pretty much anything!

“Be humble. Be hungry. And always be the hardest worker in the room.”

– Dwayne ‘The Rock’ Johnson –
Congratulations!

Professor Helen Christensen (pictured below) has been promoted to Scientia Professor with the University of New South Wales. This is an outstanding achievement and recognises her work to further our understanding of early intervention and prevention of depression, anxiety, cognitive decline and suicide. Congratulations Helen!

Congratulations to our Prevention Team, who were recently awarded the Rotary Health Knowledge Dissemination Award! Dr Lexine Stampinski (pictured above) accepted the award on behalf of the team at the recent Society of Mental Health Research (SMHR) Conference.

It was a very exciting SMHR awards ceremony for CREMS, with Bill Reda taking out the conference award for best overall poster, and Louise Birrell and Katrina Prior recognised for their competitive grants-in-aid applications.
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We are also delighted to congratulate Dr Nicola Newton, Director of Prevention Research at CREMS, who recently received a prestigious NSW Young Tall Poppy Award (pictured above). Through her research, Nickie’s goal is to prevent alcohol and other drug use in adolescents. She has worked closely with schools, parents and adolescents to develop programs that are effective and sustainable, such as the Climate Schools series.

On the same night, Prof Maree Teesson was awarded the prestigious Australasian Professional Society on Alcohol and Other Drugs (APSAD) Senior Scientist Award (pictured below left with Dr Sarah Larney who received the Early Career Award). This award recognises Maree’s outstanding contribution to the field of substance use and misuse. Congratulations Maree!

Finally, we would to congratulate A/Prof Frances Kay-Lambkin and Dr Christina Marel on their recent promotions.

Frances now holds the position of Associate Professor with the University of Newcastle, where she leads our translation stream of research. Frances is featured in this issue’s ‘Spotlight On..’ segment; turn to page 23 to read more about her journey in research.

Chris has been promoted to Lecturer with the University of New South Wales. This promotion acknowledges Chris’ success in leading the Australian Treatment Outcome Study, an 11-year follow up of heroin users. Chris is now working with her colleagues, A/Prof Kathering Mills and Dr Rosemary Kingston on the revision of the national comorbidity guidelines.
Play PURE RUSH

Our new drug education game ‘Pure Rush’ is now available to play through iTunes and Google Play. The game is targeted at students in Years 8 to 10 and aims to inform adolescents about the potential harms of cannabis, methamphetamine, hallucinogens and pills such as ecstasy. The aim of the game is to avoid (jump over) illicit drugs to reach a music festival in as fast a time as possible. To find out more, click here.

Watch CREMS Speakers Online

Did you know that the average life expectancy for people with a chronic mental illness is between 15 to 25 years less than the general public? Watch this TED-style talk to learn how Dr Pete Kelly and his team are helping people with a mental illness live healthier lives.

You can also view keynote presentations from Prof Kathleen Brady and Dr Glenys Dore from the 2014 APSAD Conference.

IMPROVING THE HEALTH OF PEOPLE LIVING WITH A MENTAL ILLNESS

DR PETER KELLY
Cancer Institute NSW Early Career Research Fellow and Clinical Psychologist
School of Psychology, Social Sciences

CAN WE TEACH KIDS ABOUT DRUGS AND ALCOHOL WITH VIDEO GAMES?
Prof Maree Teesson at TechEd
Prof Maree Teesson was recently a panellist at Microsoft's TechEd in a session about how capturing startup spirit can help spur business innovation (picture below).

Interestingly, most of the advice drawn out of the panel centred on the importance of mentoring.

As Maree pointed out, ‘people confuse management with mentoring.’ She goes on to say that she’s received the best results as a mentor by providing constant encouragement to her team.

‘You’ve got to instil self-belief,’ she said. ‘You’ve got to hold onto the passion of the person, because they’re going to go out and take the risks, and sometimes they’re going to really doubt that passion and what they’re doing.’

CIO Magazine features a great write up of the event, available here.

Comorbidity Vimeo Channel
“1 in 2 young people do something they regret when drinking. 1 in 4 young people experience depression. Is this you? Take our quiz and get help if you need it.”

Watch this video for our itreat project and more on our vimeo channel:
https://vimeo.com/comorbidity

Start Ups vs. Big End of Town
Who will drive the economy?
PUBLICATIONS


- **Chapman, C., Slade, T., Hunt, C., & Teesson, M.** (2015). Delay to first treatment contact for alcohol use disorder. Drug and Alcohol Dependence, 147(0), 116-121. doi: http://dx.doi.org/10.1016/j.drugalcdep.2014.11.029


- **Kaye, S., Gilsenan, J., Young, J. T., Carruthers, S., Allsop, S., Degenhardt, L., ... van den Brink, W.** (2014). Risk behaviours among substance use disorder treatment seekers with and without adult ADHD symptoms. Drug and Alcohol Dependence, 144(0), 70-77. doi: http://dx.doi.org/10.1016/j.drugalcdep.2014.08.008


UPCOMING CONFERENCES

**23rd EUROPEAN CONGRESS OF PSYCHIATRY**
**VIENNA, AUSTRIA**
**28-31 MARCH**

**THE GREY MATTERS NATIONAL CONFERENCE**
**ADELAIDE, AUSTRALIA**
**1 APRIL**

**THE AUSTRALIAN & NEW ZEALAND ADDICTION CONFERENCE**
**GOLD COAST, AUSTRALIA**
**20-22 MAY**

**17th ANNUAL CONFERENCE OF THE INTERNATIONAL SOCIETY FOR BIPOLAR DISORDERS**
**TORONTO, CANADA**
**3-6 JUNE**
OUR PEOPLE

CHIEF INVESTIGATORS
- Prof Maree Teesson
- Prof Amanda Baker
- A/Prof Katherine Mills
- A/Prof Frances Kay-Lambkin
- Prof Paul Haber
- A/Prof Andrew Baillie
- Prof Helen Christensen
- Prof Max Birchwood
- Prof Bonnie Spring
- Prof Kathleen Brady

ASSOCIATE INVESTIGATORS
- Ms Leonie Manns
- Mr Trevor Hazell
- Prof Robyn Richmond
- Dr Cath Chapman
- A/Prof Tim Slade
- Prof Brian Kelly
- Dr Brian Hitsman
- A/Prof Leanne Hides
- Dr Pete Kelly
- Ms Marion Downey
- Prof Michael Farrell
- Dr Glenys Dore

ADMINISTRATIVE STAFF
- Ms Jasmin Bartlett
- Ms Stephanie O’Donnell
- Ms Sandi Steep

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- Dr Natacha Carragher
- Dr Kerry Inder
- Dr Sharlene Kaye
- Dr Nickie Newton
- Dr Joanne Ross
- Dr Wendy Swift

RESEARCH FELLOWS
- Dr Emma Barrett
- Dr Ali Beck
- Dr Christina Marel
- Dr Lexine Stapinski
- Dr Matthew Sunderland

POSTDOCTORAL RESEARCH FELLOWS
- Dr Erica Crome
- Dr Tonelle Handley
- Dr Rosemary Kingston
- Dr Kirsten Morley
- Dr Louise Thornton

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- Ms Phillipa Ewer
- Ms Jenny Geddes
- Ms Joanne Gilsenan
- Ms Sally Hunt
- Ms Julia Rosenfeld
- Dr Alyna Turner

RESEARCH OFFICERS
- Ms Natasha Nair
- Mr Bill Reda
- Mr Brad Shaw
- Ms Beth Turner

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- Ms Katrina Champion
- Ms Vanessa Clark
- Mr Mark Deady
- Ms Miriam Forbes
- Ms Katrina Hammall
- Ms Erin Kelly
- Mr Warren Logge
- Ms Sonja Memdovic
- Ms Katrina Prior
- Ms Mikki Subotic
- Ms Zoe Tonks
- Ms Kris Tulloch

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- Dr Lucy Burns
- Dr Danielle Florida
- Dr Julianne Hellmuth
- Prof Michelle Moulds
- Ms Jaelea Skehan