Parliamentary Inquiry into Substance Abuse

Organisation: Mental Health Council of Australia

Postal Address: PO Box 174
Deakin West ACT 2600

Phone: (02) 6285 3100

Fax: (02) 6285 2166

Email: admin@mhca.com.au

Contact: Carmen Hinkley (Policy Officer)

Authorised by: Mr Des Graham (Chief Executive Officer)

CONTENTS

FOREWORD

The Mental Health Council of Australia (MHCA) is the peak, national, non-government organisation established to represent and promote the Australian mental health sector. The MHCA has an interest in providing a submission to the inquiry into substance use, as the Council recognises the numerous physical, emotional, and psychological effects of substance use not only on the individual, but also on the family, work place and general. community.. . The. Council.s. particular. concern. is. in. the. area. of. comorbidity/dual. diagnosis,. or. the occurrence of substance use together with a mental illness. Research suggests that 46% of females and 25% of males with a substance use disorder also experience a mental illness. People with a dual diagnosis are recognised as having poorer health outcomes including increased experience of psychosis, poorer treatment compliance, housing instability and homelessness, medical problems, poor management skills, greater use of crisis orientated services, greater risk of suicide and attempts, increased hospitalisation, are difficult to engage, and have a poorer prognosis. As such, this population may have specific needs which services need to target. Promotion, prevention and early intervention strategies aimed at at-risk people are also necessary.

INTRODUCTION

Substance use has become a major focus of social concern, as indicated by the increased development of alcohol and drug treatment centres and educational programs aimed at preventing abuse. Substance use becomes abuse or dependence when the pattern of use causes the person problems (Alloy, Acocella & Bootzin, 1996).

Substance dependence occurs when three of the following criteria are fulfilled:

- preoccupation with the drug;
- unintentional overuse;
- tolerance;
- withdrawal;
- persistent desire or efforts to control drug use;
- the abandonment of important social, occupational, or recreational activities for the sake of drug use; and
- continued drug use despite serious drug-related problems (Alloy et al, 1996).

Substance abuse is a pattern of maladaptive drug use which has not progressed to dependence. A diagnosis of substance abuse is given when the following criteria are fulfilled:

- recurrent drug-related failure to fulfil major role obligations;
- recurrent drug use in physically dangerous situations; and
- continued drug use despite social or interpersonal problems caused by the effects of the drug (Alloy et al, 1996).

Substance use disorders typically involve impaired control over the use of alcohol or other drugs (*National Survey of Mental Health and Wellbeing*, 1999). Frequent users of alcohol and other drugs often become tolerant to the effects, and due to biological and chemical changes, require larger doses to achieve the desired psychological effect. Withdrawal may result if a person abruptly ceases to use such substances. Excessive consumption of alcohol and other drugs is often accompanied by other psychological and physical health problems, and adversely affects spouses, children, friends and work-mates.

Alcohol is sanctioned in society by customs and laws, and is one of the most widely abused drugs in society today. While the initial effect of alcohol is stimulation, alcohol ultimately acts as a depressant that slows down and interferes with the higher brain centres that control behaviour. Social costs of alcohol dependence and abuse are beyond measurement, however such dependence not only results in physical, psychological and

relational effects, but also results in significant economic loss including decreased work productivity, health problems, and motor vehicle accidents. In the absence of more productive coping mechanisms, alcohol is often resorted to as a means of coping or enduring problems, and a vicious cycle develops when additional problems are created due to substance use, resulting in increased consumption to cope.

Alcohol use disorders are a major mental health and public health issue in Australia. Drug use disorders are less common than alcohol use disorders, but still affect a substantial population of Australian adults. Treatment seeking among persons with alcohol and other drug use disorders is low (14%). A range of public health strategies, including improved specialist treatment services, are needed to reduce the prevalence of these disorders (Teesson, Hall, Lynskey & Degenhardt, 2000).

PREVALENCE of SUBSTANCE USE

The *National Survey of Mental Health and Wellbeing* (1999) found one in thirteen (7.7%) adult Australians aged 18 years and older had a substance use disorder in the 12 months preceding the survey, and prevalence was higher in males than females (11.1% of males and 4.5% of females). This equates to 1,041,000 Australian adults (734,000 males and 307,000 females). However, only 14% of Australians with a substance use disorder accessed services from a health professional, most commonly from a general practitioner, and females were twice as likely to seek assistance than males.

The Survey found alcohol use disorders were almost three times as common as other drug use disorders, with 6.5% of Australian adults having an alcohol use disorder (9.4% of males and 3.7% of females) and 2.2% of Australian adults having a drug use disorder (3.1% of males and 1.3% of females) in the 12 months preceding the survey.

The Survey found one in eight males and one in fourteen females reported they had used at least one of the drug classes (cannabis, stimulants, sedatives and opioids) more than five times in the past year. Cannabis use was the most common (10% of males and 4% of females), followed by sedative use (affecting 0.4% of the population), stimulant use (affecting 0.3% of the population), and opiate use (affecting 0.2% of the population). Only one–third of those with a drug use disorder had sought professional assistance in the past twelve months, with help–seeking being higher amongst females than males.

The Survey identified a number of correlates of substance use disorders with other factors. For instance, substance use disorders were most common among adult males, among Australians who had never been married, who were unemployed, and who lived alone.

The prevalence of substance use has been nationally recognised and resulted in national action plans and strategies aimed at reducing prevalence, providing adequate services, researching risk factors, developing effective preventive interventions, and evaluating the impact substance use has on the development of mental health problems. For instance, the *Mental Health Promotion and Prevention National Action Plan* (1999) identifies substance abuse as a priority mental health target for young adults aged 18–25 years. The Plan describes young adulthood as a transition period marked by reduced dependence on parents and peers, and the beginning of long term relationships, careers and families. The *Plan* (1999) also identifies young men as having a high use of harmful drugs and substance disorders, which may be linked to males also having the highest rates of suicide and imprisonment.

CO–MORBIDITY

Comorbidity or .the. presence. of. more. than. one. disorder. in. a. person in a defined period of time.. (Gilvarry, 2000, p61) is a common occurrence among people with substance use disorders. The presence of a substance use disorder together with a mental illness is called dual diagnosis. Females are more likely to have a dual diagnosis than males (Gilvarry, 2000). The *National Survey of Mental Health and Wellbeing* (1999) found 46% of females with a substance use disorder also met criteria for an anxiety[1] or affective[2] disorder, and 25% of males who had a substance use disorder also met criteria for another mental disorder.

The high correlation of substance use with other psychiatric disorders such as antisocial personality disorder[3], depression[4], and anxiety disorders is of significant concern to the mental health sector (Alloy et al, 1996). Positive correlations have been found between substance use and suicide, depression, conduct disorder[5], school dropout, and poor scholastic attainment (Gilvarry, 2000). Gilvarry (2000) suggests the predominant causes of morbidity in the health of young people from Western societies may be related to psychosocial

[1] An anxiety disorder is .a. condition. in. which. worry,. anxiety. or. fear. is. a. prominent. symptom... Defined. according. to. standard Psychiatric criteria. (NMHRC 1997, p154).
[2] An affective disorder results in considerable mood disturbance, such as depression, dysthymia, bipolar disorder.
[3] Antisocial personality disorder involves .a. predatory. attitude. toward. other. people... a. chronic. indifference. to. and. violation of the right.s. of. one.s. fellow. human. beings.. (Alloy. et. al,. 1996).
[4] Depression is .a. constellation. of. emotional,. cognitive. and. somatic. signs. and. symptoms. including. sustained. sad. mood. or. lack. of pleasure and defined according to standard diagnostic criteria.. (Mental. Health. Promotion. and. Prevention. Action. Plan,. 1999,. p42).
[5] Conduct disorder is a .condition. characterised. by. aggressive,. destructive,. deceitful. and. rule. breaking. behaviours... Defined. according to standard psychiatric criteria.. (NHMRC. 1997, p154).

risks rather than physical disease, and suggests a reciprocity exists between psychosocial disorders and substance use, where psychosocial disorders act as a potent risk factor for substance use, and substance use potentiates existing disorder.

The Epidemiological Catchment Area Study conducted in the UK (cited in Gilvarry, 2000) was the first population study to demonstrate the prevalence of dual diagnosis. The study found one third of people with a mental disorder had also experienced a substance use disorder; one third of people with an alcohol disorder had also experienced a mental disorder; and half of those with a drug problem had experienced a mental disorder.

People with a dual diagnosis are recognised as having a poorer prognosis than those who do not experience comorbidity. Such disorders are also more likely to become chronic and disabling, and result in greater service utilisation (Teesson & Gallagher, 1999; Wu, Kouzis & Leaf, 1999). Research identifies people with a dual diagnosis being at a higher risk for suicide and suicide attempts, and it has been suggested the increased suicide rate among young people may be related to increases in substance use in adolescents (Gilvarry, 2000).

People with dual diagnoses also have an increased risk of psychiatric hospitalisation, and indeed the occurrence of dual diagnosis is more common in those receiving inpatient psychiatric treatment. Conversely, the occurrence of dual diagnosis is common in those in addictive treatment programs (Gilvarry, 2000). The need for hospitalisation is likely to be greatest among individuals who are young and male. In the USA between 1992 and 1994, the number of community hospitalisations for people with a dual diagnosis increased by 15% (Maynard & Cox, 1998). Similar rates may be expected for Australia. Anecdotal evidence suggests the morbidity associated with abuse of substances in people experiencing chronic psychosis has greatly increased the frequency and duration of hospitalisation in acute treatment situations.

Studies suggest current services do not adequately address the needs of people with dual diagnoses. Treatment programs for substance use disorders may exclude people with a severe mental illness because of the nature of the symptoms of the illness such as being difficult to engage, the limited knowledge staff have in regards to dual diagnosis issues, and often the diagnostic-specific nature of several programs (ACT Department of Health & Community Care, 1999). Similarly, health professionals who are particularly involved in in-patient management of persons with severe mental illness, may not have the necessary skills to effectively manage substance use disorders. Although this difficulty is being increasingly recognised and addressed, there is a great need for improvements in the provision of training and appropriate facilities, both in in-patient and community-based services, for this population.

The identified difficulties in engaging people with dual diagnosis in treatment programs, and their resistance to interventions, as well as possible interference from cognitive and other symptoms related to mental illness interfering. with. the. person.s. ability. to. engage. in. a. substance. use. disorder. treatment. program,. results. in. this group of people being very much in need of new and innovative treatment techniques. An innovative model currently exists in the final report on dual diagnosis treatment options for the ACT, *Dual Diagnosis: Stopping the merry-go-round* (1999). The report identifies recommendations and strategies to combat issues of access barriers, professional differences between the two fields, mechanisms to involve consumer and carer participation in service planning and evaluation, engagement of long-term interventions, and adequate and ongoing training.

Additional issues confront people with a dual diagnosis. For instance, dual diagnoses are associated with a variety of poorer outcomes, including increased psychotic symptoms, poorer treatment compliance, housing instability and homelessness, medical problems including human immuno-deficiency virus infections, poor money management, greater use of crisis orientated services which result in higher costs of care, increased difficulties in management, increasing use of extensive hospitalisation resources and community treatment, and are difficult to engage. Such conditions also cause much distress to families. Specialist treatment services addressing the full extent of issues confronting people with a dual diagnosis are required.

DRUG-INDUCED PSYCHOSES

Drug-induced psychoses are found increasingly amongst acute in-patient hospitalisations. Experience of psychiatrists working in acute units testifies to the increasing usage of short in-patient resources because of drug induced psychosis.

Drug-induced psychoses may result from combinations of drugs, including marijuana, amphetamines, alcohol, benzodiazepines or opiates. The symptoms and behaviour associated with these drug-induced psychoses may be severe and serious, and include acts of violence, aggression and antisocial acts, as well as gross confusion and disorganisation. A drug-induced psychosis often leads to acute hospitalisation and use of expensive services. Abstinence from the drug usually leads ultimately to a decrease in symptomatology, though frequently medication may be needed for symptom management.

Drug-induced psychoses tend to occur in more chronic, long term users, and intervention and educational methods are often rejected or have proven ineffective. This is a particularly difficult group to engage resulting in a tendency for recurrence and extensive utilisation of resources.

Heavy use of amphetamines has a strong association with psychosis. This has led to withdrawal of amphetamines for therapeutic purposes, but was ultimately followed by an increasing use of illicitly made

amphetamines, often used intravenously. Amphetamines increase the risk of violence, dis-inhibition of aggression and the development of acute paranoid schizophrenia-like psychoses. Opiates are known to rapidly cause a dependence problem with social and behavioural consequences, and they can cause psychotic-type symptoms. However, the situation is clouded by the fact that many people with substance use problems use a mixture of drugs and it is not possible to isolate specific mental illnesses associated with particular drugs. Combination is just as deadly (if not more so) than single drug usage.

Cannabis is the most commonly used illicit drug. The psychiatric effects of cannabis have been demonstrated, but are not often accepted by users. Heavy use leads to amotivational syndromes and drug-induced psychoses, and may also aggravate underlying mental illness.

ADOLESCENCE and SUBSTANCE USE

Children and young people may be affected by alcohol and other drugs either in utero, environmentally through family and community influences (e.g. parental substance use), or by their own alcohol and other drug use.

The use of alcohol and other drugs in adolescence may be related to the developmental nature of individuals during this life stage. Adolescence is a period marked by personal growth, development, exploration, and experimentation of life opportunities, often involving risk-taking activities such as substance use. Several theories attempt to explain adolescent substance use such as the disease model, self-medication theory, stress-vulnerability theory, reputation enhancement theory, the bio-psycho-social model, and cultural influences especially in Aboriginal and Torres Strait Islander populations.

Peer groups, family, school, and individual self-esteem have been identified as significant factors influencing adolescent substance use. In addition, Hawkins, Catalano and Miller (1992) identify 17 specific risk factors.

1. Social laws and social norms favourable to drug use
2. Availability of drugs
3. Economic deprivation
4. Neighbourhood disorganisation
5. Certain psychological characteristics of the individual
6. Early and persistent history of behavioural problems and conduct disorder
7. Family history of substance abuse and/or dependence
8. Poor family management practices
9. Family conflict
10. Lack of connection to family

11. Academic failure
12. Lack of commitment to school
13. Early peer rejection
14. Social influences encouraging drug use
15. Alienation and rebelliousness
16. Attitudes favourable to drug use
17. Early initiation into drug use

Odgers, Houghton and Douglas (1996) found Australian secondary students who are substance users had a tendency to portray themselves as mean, nasty, unreliable, and troublemakers; had little self–confidence; believed they were disliked by their families; and used more non–productive coping strategies and fewer productive coping strategies compared to non–substance using peers.

Kinnier, Metha, Okey and Keim (1994) found substance abuse increased when depression and a sense of a lack of purpose in life increased, and when self–esteem decreased. However Odgers (1998) suggests .the occasional. substance. use. of. many. adolescents. may. be. more. a. symptom. of. .healthy.. curiosity. and rebelliousness than a sign of psychological dysfunction..(p116).

In adolescence, the most common psychiatric disorders comorbid with substance use include conduct disorder, mood disorders, ADHD, and anxiety disorders (Gilvarry, 2000).

Research suggests early onset of drug use is associated with poorer prognosis in adulthood (Gilvarry, 2000). Therefore, early intervention and prevention strategies are crucial in promoting the mental and physical health of young people later in life.

FAMILY RELATIONSHIPS

The effects of alcohol and other drug use on family relationships have been well documented. The considerable disruption to family life is significant. Alcohol use is a frequent accompaniment of emotional, physical, and sexual abuse within families, including children (Alloy et al, 1996).

People with mental illness, particularly those with antisocial behaviour and personality disorders, have demonstrable histories of childhoods marred by alcohol and other abuse in the family, particularly in parents, with accompanying violence and are more likely to have been physically and sexually abused (Alloy et al, 1996).

Research suggests female children from domestically violent homes have an increased occurrence of psychiatric disorder in adult life and are at a higher risk of being a victim of domestic violence in adult life (Roberts,. Lawrence,. O.Toole. &. Raphael,. 1997;. Roberts,. Lawrence,. Williams. &. Raphael,. 1998;. Roberts,. Williams, Lawrence & Raphael, 1998).

Children of parents with alcohol problems are considered to be at greater risk of developing substance use problems, and tend to have histories of aggressive and delinquent behaviours, scholastic underachievement, and poor peer relations (Gilvarry, 2000).

The long–term effects of alcohol abuse include social isolation through neglect/alienation of friends and families.. . Guilt. towards. one.s. family. may. occur,. due. to. the. individual.s. inability. to. work,. and. release. of. their problems onto their families. Child abuse is often connected to alcohol abuse (Alloy et al, 1996). All these effects lead to increased risk of marital and family breakdown, which as indicated by research, increases the risk of the development of emotional and psychiatric disorders, and of children of such families developing similar patterns of abuse.

CRIME and VIOLENCE

The effects of substance use on crime and violence is well documented, including the effects on commission of crimes, particularly crimes of violence. Occurrences of homicide often involve the influence of alcohol (Wallace, 1986). Approximately 27% of all homicides involve alcohol in either the offender or victim, and almost half of male offenders have used alcohol. Up to 60% of homicides occur in the context of families, and the influence of substance abuse (especially alcohol) constitutes the majority of this group. There is a high occurrence of crimes of violence in association with drug dependence, particularly associated with narcotic dependence and amphetamine use (Wallace, 1986).

Studies suggest male offenders may be the product of violent homes and possibly have been physically abused by a violent father, more often than not accompanied by alcohol abuse (Wallace, 1986).

ROAD TRAUMA

The influence of alcohol and other drugs in motor vehicle accidents has been well documented, and research suggests any involvement in fatal car accidents is even higher (Alloy et al, 1996).

Road trauma statistics clearly indicate an association, particularly of fatalities associated with alcohol abuse. This has obviously led to the increasingly stricter legislation related to drink driving and the increasing enforcement of measures to prevent drink driving and its adverse consequences.

Belcher and Chinitzkey (1998, cited in Gilvarry, 2000) found substance use contributes to major causes of sudden death, such as road traffic accidents and homicide.

Substance use–related motor vehicle accidents also result in substantial economic costs. For instance, it has been estimated that in America, $12 billion is lost annually in alcohol–related motor vehicle accidents (Alloy et al, 1996). Drivers who are intoxicated are less cautious, less alert, may be visually impaired due to alcohol effects, and are slower to react, than un–intoxicated drivers.

WORKPLACE SAFETY and PRODUCTIVITY

Workers with substance use problems, especially alcohol, are slower, less efficient, lose time on the job, cause accidents, make rushed decisions, and lower staff morale. In addition, such workers are more likely to become prematurely disabled and die young (Alloy et al, 1996).
The interference of substance abuse with productivity and safety has been recognised and evoked responses from employers and Unions. This has led to the introduction of Employee Assistance Programs in some areas, which provide counselling, particularly for alcohol abuse problems.

INTERVENTION / TREATMENT

Screening and brief advice for excessive alcohol consumption in general practice and hospital settings has been shown to reduce consumption and the problems caused by alcohol (Wilk, Jensen & Havinghurst, 1997; WHO Brief Intervention Study Group, 1996).

Controlled evaluations of existing treatments have demonstrated that approximately one third of patients with alcohol abuse remain abstinent over a year, one third show reductions in their drinking and the remaining third is largely unchanged (Mattick & Jarvis, 1993).

In recognition of the high cost of drugs, on society and on the individual, the development of effective drug–rehabilitation programs, prevention programs and educational strategies are essential.

Intervention packages should provide relevant and current information/education about substance use, work with. individual.s. motivation. to. modify. problematic. substance. use,. and. teach. skills. to. encourage. harm–free substance use in the future.

The Albert Road Clinic for Health have developed a pilot intervention package that .proves. effective. in providing young people identified as currently using substances in a problematic manner with the knowledge, motivation and skills to cease further problematic substance use... . Such. a. program. may. serve. as. a. model for the development of similar intervention packages.

Though there is an increasing awareness in the community of the risks of substance use disorders and efforts have been made to deal with this problem, there is still an enormous need for early education and early intervention strategies, particularly targeting health professionals who may first be approached, e.g. GPs, but also targeting schools. The disruption to family, social and community life is enormous. Adequate resources for education, early intervention, prevention and treatment facilities and resources are of vital importance.

Research should be encouraged and adequately funded and this should include clinical research for innovative treatment programs, particularly for those with dual diagnoses.
Interventions and treatments should explore options of assessment, pharmacotherapy, service delivery strategies for high–risk youth, family approaches, and treatment modalities.

As the peak national body representing and promoting the interests of the Australian mental health sector, the Mental Health Council of Australia has significant interest in this inquiry. The MHCA is supported in its endeavors of promotion, prevention and early intervention of substance use disorders and dual diagnoses, by the. Alcohol. and. Other. Drugs. Council. of. Australia.s. (ADCA). .Drug. Policy. 2000.,. which. identifies. mental. health issues as the number one priority to address: .Developing. a. national approach to preventing and treating mental health and substance misuse problems... . ADCA. recognises. the. need. for. education. and. professional development of all health professionals, better effective collaboration between the mental health and alcohol and other drugs sectors, and more research into comorbidity issues. Implementation of such strategies require increased Commonwealth funding.

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