

Submission to

**The Parliamentary Joint Committee
on the
Australian Crime Commission Inquiry Into
Amphetamines and Other Synthetic Drugs**

From

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April 2006

This submission to the Parliamentary Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs is made by the National Centre for Education and Training on Addiction (NCETA), Flinders University.

Terms of Reference

It is understood that the terms of reference for the inquiry are as follow:

The Committee will inquire into the manufacture, importation and use of Amphetamines and Other Synthetic Drugs (AOSD) in Australia.

In particular:

- a. Trends in the production and consumption of AOSD in Australia and overseas.
- b. Strategies to reduce the AOSD market in Australia.
- c. The extent and nature of organised crime involvement.
- d. The nature of Australian law enforcement response.
- e. The adequacy of existing legislation and administrative arrangements between Commonwealth and State agencies in addressing the importation, manufacture, and distribution of AOSD, precursor chemicals and equipment used in their manufacture.
- f. An assessment of the adequacy of the response by Australian law enforcement agencies, including the ACC.

About NCETA

The National Centre for Education and Training on Addiction (NCETA) is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field. NCETA is one of three national AOD research centres funded through the Australian Government Department of Health and Ageing. The Centre is a Department within the School of Medicine at Flinders University and receives funding support from both Flinders University and the South Australian Department of Health.

NCETA has taken a lead role in the area of AOD workforce development in Australia over the past two years. The Centre's mission is to advance the capacity of the Australian workforce to respond to alcohol and other drug problems. The promotion of Workforce Development (WFD) principles, research and evaluation of effective practices

is NCETA's core business. A key element of its strategic work plan is disseminating and conducting quality research on effective practice in responding to drug problems in the health, welfare and law enforcement sectors. This includes investigations of informal, educational, organisational, regulatory and other interventions on work practice.

NCETA's current services to the AOD field include:

- Identifying and addressing systems and structures that affect performance and outcomes (e.g., support, resources, supervision)
- Developing strategies to support and improve individual performance (e.g., education, training, best practice guidelines) as well as workers' wellbeing
- Implementing strategies to ensure a sufficient pool of skilled workers for the future.

Further details about NCETA and its work in the area of AOD workforce development is available from the Centre's website www.nceta.flinders.edu.au

In light of NCETA's specific brief, this submission will largely focus on issues of relevance from a workforce development perspective. The submission therefore primarily addresses Item F of the terms of reference '*the adequacy of the response by Australian law enforcement agencies*'.

NCETA has recently undertaken several large studies that have examined the attitudes of workers to a number of key workforce development issues. In addition, NCETA has produced a range of resource materials to assist health and human services workers, including law enforcement staff, to address AOD issues. The resources that contain components that specifically address AOSD are outlined below.

Prevalence of Amphetamine Use and Associated Problems

The prevalence and correlates of amphetamine use have been well documented and will be addressed in some detail by others making submissions to this Inquiry. Therefore only the following summary comments are made in this regard.

Amphetamines are the second most commonly used illicit drug in Australia, after cannabis. There has been a substantial increase in the level of use of amphetamine type substances (AOSD), most notably since the period 2000-2001. The types of amphetamines type substances (AOSD) used have also changed in important ways. The 2004 National Drug Strategy Household Survey reports that 3.2% of Australians aged 14 years and over had used amphetamines for non-medical purposes in the last 12 months, and 9.1% of the population (i.e., 1.5 million Australians) report ever having used in their life time. The Survey reported an increase in use of methamphetamine (the more potent form of amphetamine) from 5.4% in 1993 to 9.1% in 2004.

Males are generally significantly more likely to use amphetamines than females. Use is highest amongst those aged 20-29, and the most common frequency of use is once or twice a year with only 11% of recent users reporting that they used at least once a week.

The 2004 National Drug Strategy Household Survey further reports that the most common forms of AOSD used by recent users were powder (70.5%), crystal (41.3%) and base (27.1%). The most common locations of use were in a home (66%), at private parties (50%), and at public establishment (46%) or rave/dance party (46%). Other drugs, including alcohol (reported by 87% of recent users) and cannabis (reported by 68% of recent users), are commonly consumed with AOSD.

In general, AOSD are commonly perceived as 'social' drugs and have a more pro-social image than some other illicit substances. This is in contrast to some other drugs such as heroin or cannabis, which are viewed as solitary and personal behaviours, if not anti-social. This view is reflected in the settings in which AOSD are most commonly consumed. The widespread use of AOSD and their pro-social image make law enforcement efforts particularly challenging. The common use of these substances in public venues (i.e., rave parties, pubs, etc.) results in the need for law enforcement responses at the level of street policing. The aggressive and violent nature of the adverse reactions often experienced by AOSD users represents a considerable workload burden for police. Police are often called upon to manage and constrain AOSD-related aggressive behaviours, and frequently to transport such individuals to Hospital Emergency Departments (ED). Police are then further required to provide assistance, often for very prolonged periods of time, until medical staff can restrain the presenting person.

It is relevant to note that in response to increased concern by hospital ED staff about the growing presentations of violence and aggressive patients, security staff are now employed in most of the large EDs around Australia. It is believed that the growing concern about such presentations reflects the increased prevalence of AOSD use and especially the more potent forms such as methamphetamine.

Aggregate findings from various data sources indicate that use of more potent forms of AOSD has increased, rather than prevalence per se (in recent years). A significant increase in hospital admissions has been reported for all age groups (from 10-59 years), but particularly among the 20-29 year olds.

Cases of amphetamine induced psychosis are increasing, and health and law enforcement staff report concerns about their ability to effectively manage affected persons. Such cases are often associated with aggressive, paranoid and difficult to manage behaviours. As it is frequently young adult males who experience this condition, it represents an important area of workforce concern in terms of AOD workers' health and safety.

In recent years there has been greater focus on the need for all health and human services workers, including law enforcement, to have a better knowledge base in regard to AOSD. NCETA has made some contributions to addressing these deficits.

NCETA Educational Resources

The relatively rapid increase in the use of AOSD over the past 5-10 years has resulted in a pressing need for better professional education and training. Identification of the substances used, mode of use and effects of AOSD use were not well known until relatively recently. The adequacy of the response of many human services providers, including law enforcement personnel, was hampered by lack of up-to-date knowledge and information about AOSD. A number of educational resources and training opportunities were needed to achieve improvements in this area.

NCETA has contributed to this in the following ways.

1. NCETA formed a key part of the Steering Committee overseeing the production of the training package "From Go to Whoa: Amphetamines and their analogues. The trainer's package for health professionals" (Pead, Lintzeris, Churchill, 1999).
2. The document "National Drug Strategy Monograph No. 32 Models of Intervention and Care for Psychostimulant Users" was produced by NCETA and authored by Kamieniecki, Vincent, Allsop and Lintzeris (1998).
3. NCETA formed part of a consortium in 2002-03 to update the literature review in Monograph 32 (above) and to produce new clinical guidelines for Accident and Emergency personnel, police, ambulance officers and GPs.
4. In 2004, NCETA produced a comprehensive 300 page handbook on drugs, titled "Alcohol and other Drugs: A Handbook for Health Professionals" which contains chapters on amphetamines, ecstasy and cocaine. Approximately 9,000 copies of the handbook have been distributed to health and human services workers, including law enforcement, across Australia. A copy of the chapter on amphetamines is attached.
5. NCETA produced a comprehensive training kit for GPs on alcohol and other drugs. It contains over 700 PowerPoint slides and covers all major illicit drugs including amphetamines. Although designed specifically for medical personnel this resource is also suitable and widely used by a range of other human services workers, including police and law enforcement.

Workforce Development Issues Associated with AOSD

A range of important workforce development issues are associated with the wide scale prevalence of AOSD. Many of these workforce development issues are specific to the specialist AOD sector, but many also pertain to those workers that have contact with AOD users in the course of their routine work roles, including law enforcement officers and police.

To determine the extent to which Australian AOD specialist services are affected by changing patterns of drug use and to ensure that our services offer high quality, evidence based care, NCETA has undertaken a number of recent studies relevant to the present Inquiry.

The section below outlines findings from two recent NCETA studies and highlights how changing patterns of drug use and particular consequences of some drug using patterns impact health and human services workers.

STUDY #1

“Satisfaction, Stress and Retention: An examination of critical workforce development needs of AOD specialist frontline workers”

In 2005 NCETA undertook a national survey of frontline Alcohol and Other Drug (AOD) workers from treatment services across Australia. The primary aim of the study was to examine crucial work factors likely to impact on the broader workforce development issues of recruitment, reward and retention within the AOD field. In particular, the focus was on factors associated with work stress, job satisfaction, and turnover intention. The study was the first of its kind in Australia. The relevance of job satisfaction and stress are briefly outlined below.

Job satisfaction

Job satisfaction is a particularly salient issue for the AOD field. Maintaining levels of job satisfaction has been shown to relate to higher standards of performance and worker retention (Judge, Thoresen, Bono, & Patton, 2001; Tett & Meyer, 1993). Research from the U.K., Canada, and the U.S. has found that AOD specialists report relatively high levels of job satisfaction (Evans & Hohenshil, 1997; Farmer, Clancy, Oyefeso, & Rassool, 2002; Ogborne & Graves, 2005). The most common sources of job satisfaction identified by AOD treatment staff are personal growth, interactions with clients, collegial co-worker relationships and a commitment to treatment (Gallon, Gabriel, & Knudsen, 2003). In contrast, factors such as workload, paperwork and other “bureaucratic issues” have been identified by AOD workers as a significant source of dissatisfaction (Ogborne & Graves, 2005).

Stress

It is increasingly acknowledged that workers in the health and human services fields often experience high levels of work-related demands and stressors, and are therefore particularly vulnerable to stress and burnout (Dollard, Winefield, & Winefield, 2003; Dollard, Winefield, & Winefield, 2001; Dollard, Winefield, Winefield, & de Jonge, 2000). Stress is experienced when individuals perceive they are unable to cope with the

demands placed upon them (Farmer et al., 2002). A related concept is burnout which is essentially the experience of chronic stress over a long-term period, due to not being able to cope with work psychologically and emotionally (Maslach, Schaufeli, & Leiter, 2001). One of the main components of burnout is exhaustion, which can be defined as a sense of emotional depletion and deep fatigue which is indicative of high stress levels (Koeske & Koeske, 1989, 1993).

Only a limited number of studies have examined the antecedents of stress in AOD workers. One study of U.S. AOD workers found that higher levels of exhaustion were linked with less workplace support and lower levels of self confidence concerning work-related skills (Shoptow, Stein, & Rawson, 2000). In a British study, Farmer (1995) found that the major stressors for workers in drug treatment clinics were organisational and client-related factors. In particular, high workloads, staff shortages, unsupportive work relations, poor physical work conditions, and difficult patients were the main sources of stress (Farmer, 1995). The difficulties and challenges of AOD-related work that contribute to stress are also likely to result in low job satisfaction.

Key findings

The 2001 Clients of Treatment Service Agencies (COTSA) database was used as the sampling frame for the study. A total of 1,345 responses were analysed. Of these 1,345 respondents, 66% were female, mean age was 43 years, most worked as generalist AOD workers (40%) or nurses (31%), the majority worked in the government sector (50%) and in urban locations (63%). Nearly a third of workers reported excessive workloads. Female workers reported more role overload than male workers and more female workers (24%) reported unfair workloads, compared to male workers (13%). Staff shortages were a major source of work-related pressure.

Half the respondents reported high levels of pressure from dealing with violent and aggressive clients. Medical and nursing staff indicated higher levels of client-related pressure, compared to other workers.

Client-related pressure

Most client-related pressures concerned clients' behavioural characteristics rather than clients' AOD issues (Table 1). In particular, around half of the sample reported high levels of pressure in relation to violent and aggressive clients, while about one-third of respondents reported high levels of pressure in relation to manipulative and demanding clients. A quarter also experienced high levels of pressure in relation to uncooperative clients and those with co-morbidity issues. The majority of workers felt little or no pressure in relation to clients with alcohol-related or poly drug use presentations.

Table 1. Proportions of respondents reporting degree of pressure in relation to client presentations

Issue \ Pressure	None (%)	A little (%)	Some (%)	A lot (%)	Extreme (%)	n
Co-morbidity	8	24	38	24	4	1,334
Poly drug use	27	27	33	10	1	1,329
Alcohol-related problems	41	32	20	4	1	1,326
Younger clients	27	32	23	9	2	1,329
Manipulative clients	9	23	34	25	8	1,328
Demanding clients	8	23	34	27	8	1,331
Violent clients	7	15	23	28	24	1,333
Aggressive clients	6	19	26	31	17	1,335
Uncooperative clients	13	28	34	18	5	1,337

Note: Percentage of respondents who selected 'not applicable' is not included

Nurses and doctors experienced significantly more pressure than counsellors, psychologists, and general AOD workers ($p < .001$) (see Figure 1).

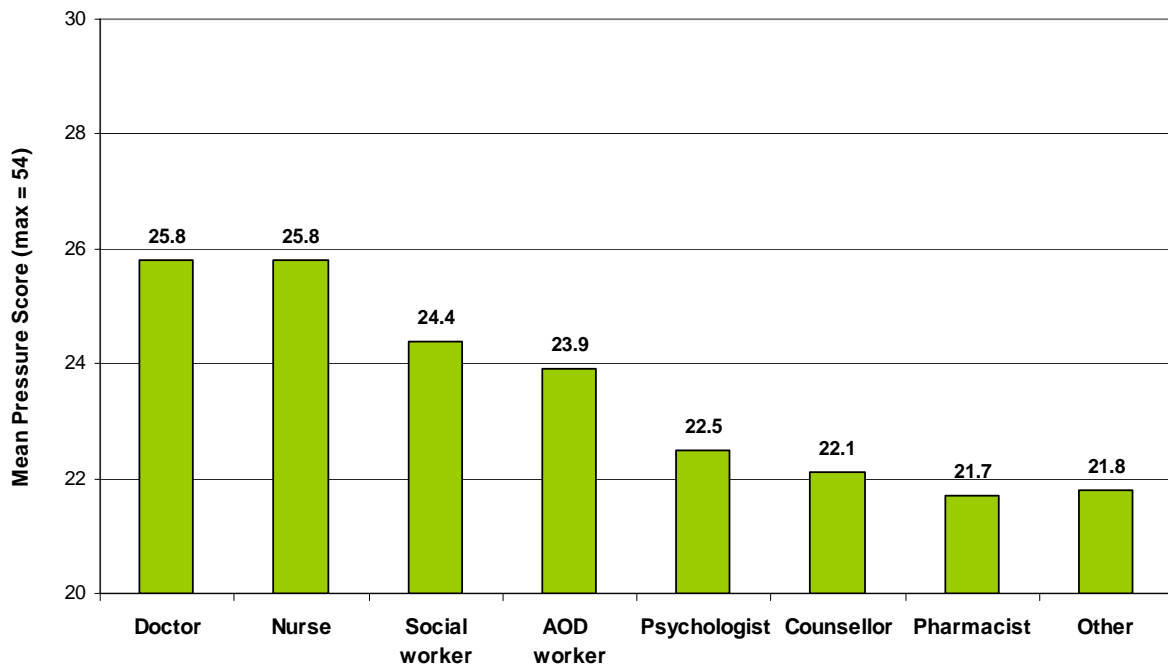


Figure 1: Average client pressure scores by occupation

Respondents were also asked to rank, in order of importance, the main workplace factors that created pressure for them at work (see Table 2). The most frequently selected factors were work conditions (staff shortages and workload) and client characteristics (difficult clients and clients with complex presentations) (see Table 2).

Table 2. Top ranked workplace pressure factors

Pressure	N	(%)
Staff shortages	154	14
Workload	148	13
Difficult clients	142	13
Complex client presentations	115	10
Lack of workplace support	99	9
Conflict between clinical and admin roles	83	8
Uncertainty about future funding	81	7
Inadequate rewards	79	7
Shortage of infrastructure	69	6
Conflicting models of care between agencies	66	6
Lack of professional development	36	3
Unsuitable / limited contractual agreements	14	1
Clients with alcohol-related problems	5	<1
Other (staff conflict, poor management, poor govt. policies & support, etc.)	36	3
TOTAL	1,127	100

Workplace factors that created pressure for respondents varied according to occupation. Psychologists, general AOD workers, nurses, and doctors reported significantly more pressure when dealing with poly drug presentations compared to counsellors ($p<.001$). Similarly, compared to counsellors, nurses and doctors reported significantly more pressure when dealing with manipulative clients ($p<.001$). Nurses also reported significantly more pressure when dealing with violent and aggressive clients compared to psychologists and general AOD workers ($p<.001$). Nurses and general AOD workers reported significantly more pressure when dealing with younger clients compared to psychologists ($p<.001$).

Role overload and work stress

While the majority of respondents reported relatively low levels of work stress, nearly one in five workers reported high levels of stress. This is of concern, not only for worker health and well-being, but also for staff retention. The results obtained in the current study are consistent with previous research findings (e.g., Barak et al., 2001; Griffeth et al., 2000). That is, stress is strongly associated with low levels of job satisfaction, which in turn are highly predictive of turnover intention.

The strongest predictor of stress was excessive workload (role overload). While one in five respondents reported high levels of stress, a much larger proportion reported excessive workloads, but not all workers experience high stress levels as a result of excessive workloads.

Along with excessive workloads, the other main factor most frequently cited by respondents as creating pressure for them at work was staff shortages. Staff shortages may account for the large proportion of workers (more than one in three) that felt they had too much to do at work. Staff shortages may be due to funding limitations, the limited availability of qualified staff, or inability to successfully recruit qualified staff. Either way, for both worker health and staff retention reasons, the excessive workloads of some members / sectors of the AOD workforce require immediate attention. In addition, more females compared to males reported excessive workloads. This finding may reflect differences in actual workload, or the challenge of balancing work and domestic / family demands. Regardless of the reasons, this is an important gender issue needing to be addressed.

Client presentations were also identified as contributory factors to work stress. Pressure, or stress, associated with client presentations mainly involved clients with complex presentations and clients who were difficult to deal with. Interestingly, clients with alcohol-related problems caused the least pressure for workers. An important issue concerning complex presentations involved co-morbidity issues. About a quarter of all respondents reported that clients with co-morbidity problems (in particular mental health issues) created pressure for them at work. This finding indicates that there is a need to develop greater skills and resources to support clients with co-morbidity issues.

However, of more importance in relation to worker health, safety, and welfare is the pressure of dealing with violent and aggressive clients. Approximately half the AOD workers surveyed reported high levels of pressure in relation to violent and aggressive clients. This finding is consistent with the increasing use of, and reports of violence and psychosis associated with, amphetamine type substances (AOSD) (McKetin, McLaren, & Kelly, 2005). This evidence reports an increasing prevalence of AOSD use and associated violence and indicates that this will become an increasing problem for the AOD workforce, including law enforcement personnel, in the future (McKetin et al., 2005).

A high proportion of the workforce reporting pressure concerning violent and aggressive clients is consistent with current data on the Australian workforce in general, that

identifies those employed in the health industry and / or in health-related professions are more likely to be exposed to alcohol- and / or drug-related abuse or intimidation than those employed in other industries and occupations (Pidd et al., 2006). The relatively large number of AOD workers who report that aggressive and violent clients create pressure for them at work warrants further attention. Given that nurses were the most concerned about these types of clients, this attention may need to focus on activities such as responding to medical crises, detoxification and the dispensing of drug-maintenance therapies.

STUDY #2

Workers Alcohol- and Drug-Related Experiences (Secondary analysis of the 2001 National Household Survey data).

NCETA, in conjunction with the Centre for Research in Injury Studies also at Flinders University, conducted an analysis of selected data from the 2001 National Drug Strategy Household Survey (NDSHS). The study primarily focused on determining demographic, individual, and occupational factors associated with alcohol use in the workplace but also examined other drug use factors of relevance to the present Inquiry.

During 2001, the NDSHS was administered to 26,744 randomly selected Australians aged 14 years or over. The focus of this survey was on awareness, attitudes and behaviour relating to drug use, including alcohol and tobacco as well as illicit drugs. The total of 26,744 respondents corresponded to a weighted number of 15,705,803 Australians aged 14 years and over. Fifty-one per cent (n=13,582) were employed either full time or part time, corresponding to a weighted number of 8,129,232 employed Australians. These data were then analysed by occupational and industry groups.

High levels of workplace abuse or intimidation by persons affected by alcohol and or other drugs were found in certain occupations and industries, with highest prevalence among health and welfare professionals in particular, and workers in the health and hospitality industries in general.

Approximately one in five workers reported being put in fear, verbally abused, or physically abused by a person affected by alcohol and / or drugs. Over three-quarters of these incidents involved alcohol. While the majority of these incidents occurred in public places, 13% to 17% of all reported incidents occurred in the workplace. In most cases, perpetrators of workplace incidents were not co-workers, but customers, clients, or other persons encountered in the work context.

For some industries and occupations, the proportion of alcohol- and / or drug-related abuse and intimidation that occurred in the workplace was much larger compared to other industries and occupations. For example, across all industries and occupations, 13.6% of all reported incidents of being put in fear by a person affected by alcohol and / or other drugs occurred in the workplace. In comparison, nearly half (41.9%) of such incidents

reported by employees in the health services sector of the services industry and more than a quarter (27.7%) of such events reported by hospitality industry employees occurred in the workplace (Fig. 2).

Occupational groups with disproportionately high percentages of workers reporting alcohol- and / or drug-related intimidation and abuse in the workplace were health professionals, health and welfare associate professionals and managing supervisors (sales and services). Industry groups with disproportionately high percentages of workers reporting this type of incident in the workplace were the hospitality industry and health services sector of the services industry.

Alcohol- and / or drug-related abuse and intimidation in the workplace

Table 3 shows the proportions of all employed recent drinkers aged 14 years and over who reported being put in fear, or verbally abused, or physically abused by a person affected by alcohol and / or drugs and the proportion of these incidents that occurred in the workplace.

Table 3. Alcohol- and / or drug-related abuse or intimidation in the workplace experienced by employed recent drinkers, aged 14 years and over

Exposure to an alcohol or drug-related incident in the past 12 months	n unweighted (n weighted)	Proportion of employees reporting incidents (95% CI)	Proportion of incidents that occurred in the workplace (95% CI)
Responded to question on put in fear	12,012 (7,747,177)	–	–
Yes to put in fear	2,343 (1,445,917)	18.7% (17.8%–19.5%)	–
Yes to put in fear in the workplace	303 (180,265)	2.3% (2.0%–2.7%)	13.6% (12.0%–15.5%)
Responded to question on verbal abuse	12,175 (7,852,900)	–	–
Yes to verbal abuse	4,228 (2,656,098)	33.8% (32.8%–34.9%)	–
Yes to verbal abuse in the workplace	618 (369,690)	4.7% (4.3%–5.2%)	14.5% (13.3%–15.9%)
Responded to question on physical abuse	11,772 (7,607,449)	–	–
Yes to physical abuse	701 (464,285)	6.1% (5.6%–6.7%)	–
Yes to physical abuse in the workplace	106 (70,216)	0.9% (0.7%–1.2%)	16.7% (13.5%–20.5%)

Of those put in fear in the workplace, 55.2% (95% CI, 48.3%–61.8%) perceived the person responsible for the incident to be affected by alcohol and illicit drugs, while 20.9% (95% CI, 16.0%–26.8%) perceived the person to be affected by alcohol alone, and 24.0% (95% CI, 18.6%–30.4%) perceived the person to be affected by illicit drugs alone.

Of those verbally abused in the workplace, 60.7% (95% CI, 55.9%–65.2%) perceived the person responsible for the abuse to be affected by alcohol and illicit drugs, while 28.6% (95% CI, 24.5%–33.2%) perceived the person to be affected by alcohol alone and 10.7% (95% CI, 8.2%–13.8%) perceived the person to be affected by illicit drugs alone.

Of those physically abused in the workplace, 38.2% (95% CI, 28.2%–49.3%) perceived the person responsible for the abuse to be affected by alcohol and illicit drugs, while 35.8% (95% CI, 25.7%–47.5%) perceived the person to be affected by alcohol alone, and 26.0% (95% CI, 17.1%–37.4%) perceived the person to be affected by illicit drugs alone.

A summary of the industries with the greatest numbers of workers reporting exposure to alcohol- and / or drug-related abuse or intimidation in the workplace is displayed in Figure 2.¹

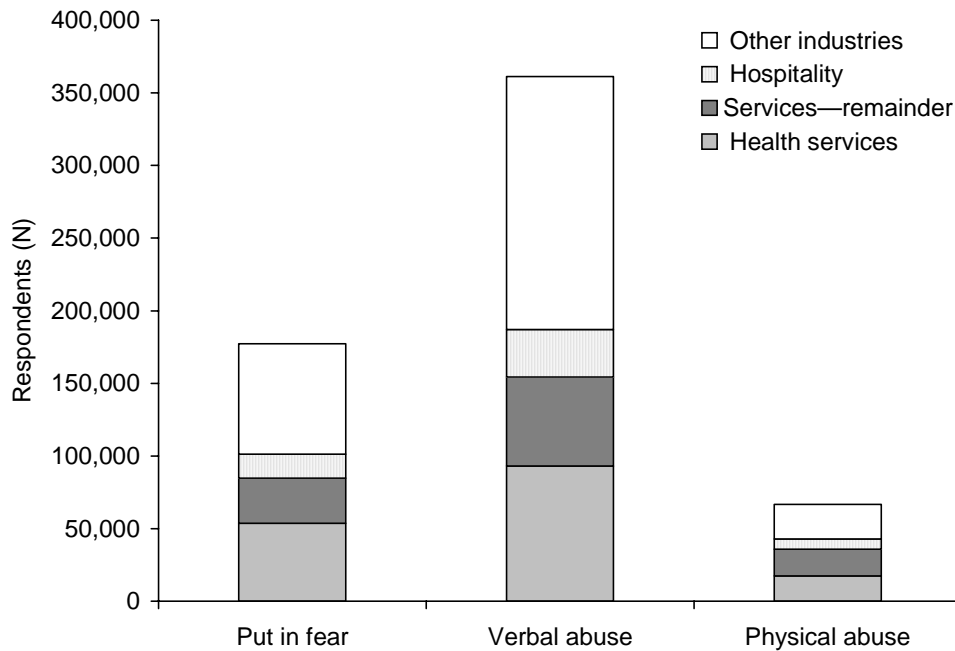


Figure 2: Number of employees reporting alcohol- and / or drug-related abuse or intimidation in the workplace in the past 12 months by type of industry

¹ The number of respondents reported here represents weighted estimates for the national population.

Summary

Important changes in the types of drugs being used have implications for law enforcement, prevention and treatment resources and strategies. Significant increases in AOSD in recent years have a range of consequences. The adverse effects of the use of potent forms of AOSD, particularly methamphetamine, have resulted in an increased prevalence of aggressive and violent drug-related behaviours. These aggressive and violent behaviours often occur in public settings (e.g., dance parties) or with friends and companions due to the pro-social nature of the drugs involved. This in turn, places greater pressure on both law enforcement and treatment personnel required to manage clients, mostly young males, who are often aggressive, violent and at times psychotic. As the excerpts from the two recent NCETA studies above clearly indicate, managing such individuals creates considerable pressure and stress for workers, with a concomitant impact on the retention of workers. More training and resources are needed to better equip law enforcement and other personnel in the recognition and management of problems associated with use of AOSD. In addition, greater appreciation of the stresses involved in dealing with AOSD clients and corresponding support for such workers, is required.

References:

- Barak, M. E. M., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *Social Science Review*, 75(4), 625-661.
- Dollard, M. F., Winefield, H. R., & Winefield, A. H. (2001). *Occupational Strain and Efficacy in Human Service Workers: When the Rescuer becomes the Victim*. London: Kluwer Academic Publishers.
- Dollard, M. F., Winefield, A. H., & Winefield, H. R. (2003). *Occupational stress in the service professions*. London: Taylor & Francis.
- Dollard, M. F., Winefield, H. R., Winefield, A. H., & de Jonge, J. (2000). Psychosocial job strain and productivity in human service workers: A test of the demand-control-support model. *Journal of Occupational and Organizational Psychology*, 73, 501-510.
- Evans, W. N., & Hohenshil, T. H. (1997). Job satisfaction of substance abuse counselors. *Alcoholism Treatment Quarterly*, 15(2), 1-13.
- Farmer, R. (1995). Stress and working with drug misusers. *Addiction Research*, 3(2), 113-122.
- Farmer, R., Clancy, C., Oyefeso, A., & Rassool, G. H. (2002). Stress and work with substance misusers: The development and cross-validation of a new instrument to measure staff stress. *Drugs: Education, prevention and policy*, 9, 377-388.
- Gallon, S. L., Gabriel, R. M., & Knudsen, J. R. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment*, 24, 183-196.
- Griffeth, R. W., Hom, P. W., & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the next millennium. *Journal of Management*, 26, 463-488.
- Judge, T. A., Thoresen, C. J., Bono, J. E., & Patton, G. K. (2001). The job satisfaction-job performance relationship: A qualitative and quantitative review. *Psychological Bulletin*, 127(3), 376-407.
- Kamieniecki, G., Vincent, N., Allsop, S., & Lintzeris, N. (1998). *Models of Intervention and Care for Psychostimulant Users*. National Drug Strategy Monograph Series No. 32. Canberra: Commonwealth Department of Health and Family Services.
- Koeske, G. F., & Koeske, R. D. (1989). Workload and burnout: Can social support and perceived accomplishment help? *Social Work*, 34, 243-248.
- Koeske, G. F., & Koeske, R. D. (1993). A preliminary test of a stress-strain-outcome model for reconceptualising the burnout phenomenon. *Journal of Social Service Research*, 17, 107-135.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.
- McKetin, R., McLaren, J., & Kelly, E. (2005). *The Sydney methamphetamine market: Patterns of supply, use, personal harms and social consequences*. NDLERF Monograph Series No. 13. Adelaide: National Drug Law Enforcement Research Fund.

- Ogborne, A. C., & Graves, G. (2005). *Optimizing Canada's addiction treatment workforce: Results of a national survey of service providers*. Ottawa: Canadian Centre on Substance Abuse (CCSA).
- Pead, J., Lintzeris, N., & Churchill, A. (1999). *From Go to Whoa. Amphetamines and their analogues: The trainers' package for health professionals*. Commonwealth Department of Health and Family Services.
- Shoptow, S., Stein, J. A., & Rawson, R. A. (2000). Burnout in substance abuse counselors. Impact of environment, attitudes, and clients with HIV. *Journal of Substance Abuse Treatment, 19*, 117-126.
- Tett, R. P., & Meyer, J. P. (1993). Job satisfaction, organizational commitment, turnover intention, and turnover: Path analyses based on meta-analytic findings. *Personnel Psychology, 46*, 259-293.