We all aspire to deliver equitable services. This year’s APSAD Scientific Alcohol and Drug Conference makes this real. This year’s conference will leave a legacy.

Collaboratively we can make a difference.

Dr Susanna Galea-Singer and Dr David Newcombe
2018 APSAD Conference Convenors

A Note on the APSAD 2018 Key Findings Report

The 2018 APSAD Conference Key Findings Report provides a snapshot of research presented at the conference, with a focus on presentations by keynote speakers. The findings presented are the views of the presenters and do not represent the views of APSAD. To view the full range of research presented at the conference – including full program, links to abstracts and presentations – please visit www.apsadconference.com.au.
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OUR KEYNOTE SPEAKERS

International Speakers

JANE BUXTON
Harm Reduction Lead, BC Centre for Disease Control, Canada

SANDRA COMER
Professor of Neurobiology, Department of Psychiatry, Columbia University, USA

JOHN HOLMES
Reader in Alcohol Policy, Sheffield Alcohol Research Group, Section of Public Health, SchARR, University of Sheffield, UK

Australasian Speakers

TUARI POTIKI
Director, Office of Māori Development, University of Otago, New Zealand

ELIZABETH ELLIOTT
Professor, Paediatrics and Child Health, University of Sydney, Australia

CHRIS BULLEN
Professor of Public Health, National Institute for Health Innovation, University of Auckland, New Zealand

TUARI POTIKI
Director, Office of Māori Development, University of Otago, New Zealand

MARC BEECROFT
Consumer Advisor/Peer Support Project Lead, Odyssey House, New Zealand

EARLY CAREER KEYNOTE
GILLIAN GOULD
PhD, MBChB, MA (Arts Therapy), Dip Drama, NHMRC Early Career Research Fellow, Cancer Institute NSW ECR Fellow, University of Newcastle, Australia

JAMES RANKIN ORATOR
DOUG SELLMAN
MBChB, PhD, FRANZCP, FACHAM, Professor, National Addiction Centre, University of Otago, New Zealand
When I hear the sad song of the sirens that ring out in my neighborhood every day - all day long - I am dreading the story I will hear - whether this person made it or not.

This emergency crisis of overdoses and deaths has taken its toll here, in this city that I love so much, it is inconceivable. It’s so hard to understand why this problem can’t be helped or solved. Why isn’t what we are doing working?

Tracey Morrison, President of the Western Aboriginal Harm Reduction Society, Vancouver, Canada

KEY MESSAGES

• Unintentional opioid overdose deaths are preventable.
• The overdose crisis may happen when least expected. Be prepared and have good data. Australia and NZ have been spared so far but this could change rapidly.
• We need to reflect on how as a society we stigmatise and discriminate against people who use drugs. Stigma makes the crisis worse as people feel ashamed, hide their use and feel reluctant to seek help.
• Although fentanyl has been used in clinical settings for decades, its abuse liability, toxicity and responsiveness to treatment medications are not well understood.
• Buprenorphine developments look promising.
• Naloxone needs to be more affordable and more available.
• The war on drugs is not working.

WHAT IS THE OPIOID CRISIS?
World Health Organization Sheet on Opioid Overdoses August 2018

• Approximately 450,000 people died as a result of drug use in 2015.
• Overdose deaths contribute to between roughly a 1/3 to 1/2 of all drug-related deaths, which are attributable in most cases to opioids.
• An estimated 27 million people suffered from opioid use disorders in 2016.
• The majority of people dependent on opioids used illicitly cultivated and manufactured heroin, but an increasing proportion used prescription opioids.

Read the WHO information sheet...
Dr Jane Buxton shares her experience of overdose prevention in British Colombia, Canada

• North America is in the midst of an overdose crisis which is devastating families and communities.
• The overdoses are due to the contamination of the illegal drug supply with illicitly manufactured fentanyl.
• Fentanyl is now detected in more than 80% of overdose deaths.
• Despite initiatives, in 2017 illicit drug overdose deaths in BC remained unacceptably high and exceeded deaths due to suicide, motor vehicle incidents and homicides combined.

WHAT CAN BE DONE?

KEY FINDINGS FROM BRITISH COLOMBIA

1. Reduce stigma
   • We need to reflect on how as a society we stigmatise and discriminate against people who use drugs.
   • As professionals we can model language – reduce stigma and reclaim compassion.

2. Include the experts: Peers (PwLE)

3. Decriminalise drugs
   • The war on drugs is not working. We can move forward together to advocate for evidenced based policies and lead the way with compassion and inclusion.

Language matters...

4 guidelines to using non-stigmatising language

1. Use people-first language
   - Person who uses opiates
   - Opioid user OR addict

2. Use language that reflects the medical nature of substance use disorders
   - Person experiencing problems with substance use
   - Abuser OR Junkie

3. Use language that promotes recovery
   - Person experiencing barriers to accessing services
   - Unmotivater OR Non-compliant

4. Avoid slang and idioms
   - Positive test results OR Negative test results
   - Clean test results OR Dirty test results
This presentation provided a broad overview of the chemistry and pharmacology of fentanyl, as well as the clinical characteristics of fentanyl overdose and opportunities for treatment.

**WHAT WE KNOW**

- Fentanyl is approximately 50 times more potent than heroin and 100 times more potent than morphine.
- Naloxone and naltrexone are competitive antagonists and theoretically increasing the doses of these medications should provide effective blockade of fentanyl.

**WHAT WE DON'T KNOW**

- The range of street doses for fentanyl and its analogues.
- How effective the clinical doses of buprenorphine, methadone or naltrexone are against fentanyl.
- What fentanyl dependence looks like (i.e. how to transition patients onto Medication Assisted Treatment (MAT)).
- The optimal dose of naloxone that is required to reverse fentanyl-induced respiratory depression (anecdotal reports suggest that much higher doses of naloxone are needed to reverse a fentanyl OD).

**POSSIBILITIES**

1. The dose of naloxone is insufficient to antagonise fentanyl.
2. The person is already dead when naloxone is administered.
3. Naloxone is not as effective in reversing fentanyl analogues, about which we know almost nothing.

**CONCLUSIONS**

- We need more research on ways to increase the effectiveness of existing medications.
- We need new medications and new approaches (e.g. devices to reduce the need for opioids, prevent diversion).
- Polydrug use also needs to be part of the testing.

The bottom line is that we just don’t know how these medications work in a fentanyl dependant person. It’s not enough to just have done testing in someone on opioids as the responses could be completely different. We really need to go back and do a whole lot of research.
OVERDOSE CRISIS

PRESENTATION:
THE MEDICALLY SUPERVISED INJECTING ROOM AT NORTH RICHMOND COMMUNITY HEALTH – THE FIRST 100 DAYS
Nicolas Clark, Medical Director, Medically Supervised Injecting Room, North Richmond Community Health

On 30th June 2018 Victoria’s first Medically Supervised Injecting Room was opened in North Richmond Community Health. A presentation of key findings after the first 100 days found:

• Uptake was higher than initially anticipated indicating a clear demand.
• Clients have high levels of health and social care needs.
• Integrating the medically supervised injecting room with a health centre provides a mechanism to address opioid overdose and increase the uptake of health and social care.
• The integration of hepatitis C testing has been well received. This initiative should be considered globally.

PRESENTATION:
POTENTIAL FENTANYL CONTAMINATION OF AUSTRALIAN STREET DRUG MARKETS: THREATS, ISSUES AND OPPORTUNITIES
Simon Lenton, National Drug Research Institute, Curtin University

"It is probably a case of ‘if’ rather than ‘when’."

• Fentanyl contamination in Australian street drugs is currently low but may change quickly.
• The recent increase in fentanyl detections among opioid overdose fatalities in Australia appears driven by fentanyl pharmaceuticals rather than contamination of the powder heroin market.
• Meeting of key stakeholders from the National Naloxone Reference Group concluded Australia needs:
  ▪ A co-ordinated national approach;
  ▪ Continual monitoring of ‘street heroin’ for fentanyl contamination at sentinel sites including supervised injecting facilities and some Emergency Departments;
  ▪ While being mindful of the caveats in the literature, trialling the distribution of fentanyl urine test strips with a view to potentially shaping the market away from fentanyl should be considered.

The current low rates of fentanyl contamination of street drugs in Australia provides an opportunity for policy makers to consider intervening with new strategies to prevent harm, but time may be short.
PRESENTATION:
FINDINGS OF THE IMPLEMENTATION OF OVERDOSE RESPONSE WITH TAKE HOME NALOXONE (ORTHN) IN NSW

Nicholas Lintzeris, University of Sydney

Trial of a ‘one stop’ model of service delivery (ORTHN) to disseminate take home naloxone (THN) in NSW Alcohol and other Drugs (AOD) treatment and Needle Syringe Program (NSP) settings found:

• Brief interventions delivered by trained AOD and NSP workers are an effective approach to providing THN to at-risk opioid users attending these services.
• The model is feasible in a range of health settings and addresses barriers including the requirement of medical and pharmacy staff.

Abstract

PRESENTATION:
WA NALOXONE PROJECTS 2018-2020

Grace Oh, Addiction Studies Graduate and Senior Workforce Development Officer

Recommendations from a project to expand the availability of naloxone in the Perth metropolitan and South West regions via Emergency Departments, Aboriginal AOD Outreach Programs and Needle Syringe Programs and Needle Syringe Exchange Programs:

• Use different settings and delivery models;
• Use state regulatory mechanisms to allow non-medical staff to supply naloxone after providing a brief education session and/or group face-to-face training;
• Make naloxone more affordable and more available.

We have to put the call out there - make naloxone more affordable and available.
TAKE HOME NALOXONE + THE POLITICS OF CARE

Robyn Dwyer, SSAC, NDRI, CAPR

A politics of care approach focusing on social relations (and how they can shape the use and impact of naloxone) has potential to:

- Contribute to the development of delivery in ways that reduce unnecessary discomfort;
- Advance naloxone’s reputation;
- Improve individual experiences of revival; and
- Ethically encourage uptake.

A politics of care approach holds political issues of marginalisation, material resourcing and stigma at the centre of analysis.

Abstract

INSTRANASALLY ADMINISTERED NALOXONE

Marianne Jauncey, Uniting Medically Supervised Injecting Centre, Sydney

- 800 mcg intranasal naloxone is not as effective as 800 mcg intramuscular naloxone for reversing opioid overdose.
- More likely to need rescue dose (23% versus 9%).
- Takes longer to work (17 v 8 minutes to response rate >9).
- BUT – positive response to intranasal within 10 minutes for 77% of cases.

When considering intranasally administered naloxone need to consider risk of administering too little or too much vs implications of no naloxone present.

Presentation Sides

INTO THE FUTURE:

Depot buprenorphine products are likely to significantly impact upon how opioid treatment is provided. An APSAD workshop provided one of the first opportunities for general discussion with the AOD sector in Australasia.

Watch this space!
8.5 million Australians have reported use of illicit drugs. The illicit market is more high risk for consumers/people who use drugs (PWUDs).

Pill testing is a harm reduction strategy used internationally, also known as drug checking or adulterant screening. Testing involves dance-party and music festival attendees volunteering a sample of their drugs for analysis by scientists, who provide information concerning composition and purity. The first government endorsed pilot of a pill-testing service in Australia was conducted in the ACT at a large single day music festival in April 2018.

**KEY FINDINGS**
- MDMA most commonly found: 51% of samples
- Filler/cutting agent: 20% of samples
- Other drugs: MDA, MDEA, ketamine, cathinone, caffeine
- Other ingredients: antihistamine, fibre, foodstuff, general chemical, oil, protein, toothpaste
- Analysis of concordance found 43% agreement between patron’s expectation and what was found; much lower than other findings internationally (80%, The Loop, UK)*

**Abstract**
- 41% reported they were very surprised at the result of the test
- 19% reported they were somewhat surprised
- 35% reported they would change their use patterns
- 7% undecided
- 8% (n=6) reported they would discard the drugs
- 11% were still unsure what to do.

**KEY RECOMMENDATIONS**
- Further front-of-house pill testing, as part of a commitment to harm reduction services, should be supported in the ACT.
- Australian state and territory governments should engage in discussions with their relevant ACT counterparts on the introduction of medical and peer-based front of house pill testing services.
- Federal government should take a national leadership role in advancing a mixed-model approach to pill testing as a harm reduction service across Australia, where front-of-house testing services are delivered on site at music events and festivals, as well as at fixed locations, such as participating public health, drug and alcohol and needle and syringe programs.

While preliminary findings validate the model and corroborate global experiences in the Australian context, it remains to be seen if this will lead to pill testing becoming standard practice at future music festivals nationally.
Pill-testing became a contested political point in 2018, particularly in NSW, where multiple drug-related deaths occurred at music festivals, including two overdoses at Defqon. Read the article in Junkee.

SPOTLIGHT ON PILL TESTING

COULD THIS BE YOU?

The newly established National Centre for Clinical Research on Emerging Drugs (NCCRED) provides clinical treatment interventions to people experiencing methamphetamine-related problems and other emerging drugs of concern.

NCCRED would like to hear from clinicians, clinical researchers, and researchers who are interested in the work of the centre, driving the clinical research priorities, and being kept informed of the Centre's work (research projects, funding opportunities, mentorship and fellowship programs, and new and emerging evidence). Please contact info@nccred.org.au to provide feedback and ideas, and to join their mailing list or visit www.nccred.org.au.
KEY LEARNINGS
Minimum Unit Pricing (MUP) was sold as an evidence-based policy but what was the reaction of stakeholders?

Alcohol industry:
• Misrepresentation of strong evidence.
• Promotion of weak evidence.
• Unsubstantiated claims about adverse effects of policy.
• Promotion of alternatives without evidence.

Policy Actors:
• Evidence did inform decision-making, but only to a degree.
• Policy impact was achieved by design.
• Academic credibility of evidence was earned, not awarded.
• Evidence had a rhetorical and symbolic value.
• Public health actors negotiated tensions between evidence and demands of the policy arena.

WILL MUP WORK?
The Sheffield Alcohol Policy Model (SAPM) estimates the impact of alcohol policies that are not yet introduced. Key findings regarding Minimum Unit Pricing:

1. MUP is effective
2. MUP is targeted and impacts those most in need
3. MUP has advantages over taxation
4. MUP reduces health inequalities

Find out more about the Sheffield Alcohol Research Group.
Efforts to curb alcohol related violence in Queensland’s night and entertainment districts (NED) are being undermined by ‘preloading’ - the practice of drinking before going out.

The Griffith University study presented at APSAD 2018 assessed the impact of recently introduced legislation restricting alcohol sales in NED. The laws limit the types and times of alcohol sales, with a view to reducing binge drinking and related violence in youth.

“We found that the contrary to the intention of the legislation, the restrictions have resulted in greater preloading, and, hence, more intoxication within NEDs. The impact on alcohol related violence is negligible,” explains lead researcher Associate Professor Grant Devilly from Griffith University.
Alcohol misuse by over-50s on rise in Australia and New Zealand, study finds

It's 'critically important' to identify hazardous drinking in older people, researchers say.

The rise in hazardous drinking in older adults has serious implications for our health systems, which are not designed to identify at-risk older drinkers nor to address their needs until their condition becomes critical.

Hazardous drinking in older adults is on the rise:

- In New Zealand, up to 40% of older adults are considered hazardous drinkers.
- In Victoria, Australia, over-50's are responsible for the greatest increase in alcohol-related ambulance call outs.
- Alcohol use disorder is the leading cause of dementia in people under 65.
- Older people should limit their drinking to one standard drink per day with two alcohol free days a week to reduce their risk of alcohol related harms.
2018 JAMES RANKIN ORATION
FROM CLINIC TO COURT: REFLECTIONS ON THE STRUGGLE FOR ALCOHOL LAW REFORM IN NEW ZEALAND
Professor Doug Sellman

ALCOHOL: THE NEW ZEALAND WAY OF LIFE?
• 25% of drinkers are heavy drinkers (AUDIT 8+).
• 1/3 of all police apprehensions involve alcohol.
• More than 70,000 alcohol-related physical and sexual assaults.
• 200+ medical conditions caused by alcohol.
• Up to 3000 born with fetal alcohol spectrum disorder.

In this provocative James Rankin Oration, Professor Doug Sellman from the National Addiction Centre, University of Otago, Christchurch called for major political reform, pointing to the alcohol industry’s undue influence over policy. Alcohol, he argues, is a major drug causing considerable harm, and should be treated in the same way as tobacco.

Read his editorial in NZMJA “Why is alcohol in the government’s ‘too hard’ basket?”
Fetal Alcohol Spectrum Disorder is not an Indigenous problem. Sometimes it’s concentrated in communities where there’s been a lot of disadvantage and drinking, because women drink because of the stress in their life.

In May 2018 Elizabeth Elliot won the Australian Medical Association (AMA) Excellence in Healthcare Award 2018 for her pioneering research, clinical care and advocacy in Fetal Alcohol Spectrum Disorder (FASD). Read The Lillian Project - Fetal Alcohol Spectrum Disorders (FASD) Prevalence Study.

**Abstract**

- Alcohol use in pregnancy is common and it is harmful.
- FASD is a preventable tragedy and has lifelong implications. But we can address it.
- Drinking during pregnancy is NOT an Indigenous issue. A significant number of pregnant women still drink through pregnancy, many of them older women of higher socio-economic status.
- However some disadvantaged Aboriginal communities are at heightened risk of FASD due to stress factors.
- Prenatal alcohol exposure is relevant to the AOD Sector, because they may be seeing the mothers, and they may later be seeing the children.
- The health sector is reluctant to discuss FASD with parents, creating a hidden epidemic.
- About 1/3 of juveniles in custody meet the criteria for FASD and people with FASD are 19 times more likely to end up in jail.
- The earlier FASD children are diagnosed and their needs are identified, the earlier they can get the help they need.
- National Alcohol and FASD strategies and NHMRC guidelines are currently being revised.
- Prevention of FASD is the priority and requires increased awareness of alcohol harms and identification of women and infants at most risk.
- Underpinning this must be the political will to challenge the alcohol industry and implement evidence-based policies to minimise alcohol harms.

"FASD is a tragedy that somehow transcends other aspects of grief and trauma. Here is an innocent young life; the future of our people - our culture, our language, knowledge about our magic creation and laws of our country - being born into this world with brains and nervous systems that are so impaired that life for that person from birth to death is cruelly diminished."

June Oscar AO, Australian Parliament 2008

“A humanitarian crisis”
We need to lift our game as health providers and do more to help pregnant Aboriginal and Torres Strait Islander women quit through evidence-based care.

Read the opinion piece in MJA Insight "Tackling Smoking in Indigenous Women"

WHAT DO WE KNOW WORKS?

1. Health messages and campaigns: However, these need to be culturally appropriate. There have been very few campaigns featuring Indigenous pregnant women.

2. Counselling: Some emerging evidence that some behaviour change techniques are effective in pregnancy but nothing about what works for Indigenous women. Everybody should be offered help to quit.

3. Nicotine replacement therapy: Health providers wonder if it’s safe, if it’s effective and they don’t know how to use it. Evidence so far suggests it’s safe and it’s definitely safer than smoking, so if women can’t quit they should be offered this option. But note: women have a faster nicotine metabolism during pregnancy and so we need to do more tests on the impact of higher doses.

ABC is a systematic approach that should be used by health practitioners.

The SISTAQUIT™ trial aims to improve health providers’ skills and when offering smoking cessation care to pregnant Aboriginal and Torres Strait Islander women. The SISTAQUIT™ Team are currently recruiting Aboriginal Medical Services (AMS) and GP practices in NSW, WA, QLD, SA and NT for this study.
E-cigarettes have introduced a disruptive innovation in the world of tobacco smoking and nicotine delivery. This presentation argued the benefits of vaping as a smoking cessation tool.

KEY POINTS

• E-cigarettes are a popular consumer product that may help people cut down and quit smoking.
• They appear to be far safer than smoking; we should do more to encourage smokers to switch to them completely.
• With the right regulatory levers and settings and a shift in societal and health sector understanding, we can maximise the opportunities and the mitigate risks e-cigarettes present.
• We need to base our views and build policies on the highest quality evidence available, but be ready to change our views as new evidence emerges.

SYMPOSIUM

VAPOURED NICOTINE PRODUCTS FOR SMOKING CESSATION AMONGST PEOPLE RECEIVING DRUG AND ALCOHOL TREATMENT OR THOSE WITH COMORBIDITIES

Billie Bonevski, Natalie Walker, Olivia Wynne, Chris Bullen

• Among people in drug and alcohol (AOD) treatment, with mental health issues and/or living with Hepatitis C (HCV) or HIV, smoking rates continue to be substantially higher than the general community.
• New ways of thinking about how to address smoking amongst these populations are needed.
• This 75 minute symposium highlighted a number of current trials in Australia and New Zealand of vaporised nicotine products (VNPs or e-cigarettes) for smoking cessation in the drug and alcohol treatment setting or for people with comorbidities.

DIVERGENT PERSPECTIVES ON E-CIGARETTES

“Disruptive technology” that will end smoking, “Huge gains for public health if all smokers adopt e-cigarette use”, “A distraction from the tobacco end game”, “A major threat to tobacco control - they will discourage quitting, renormalise smoking, recruit new cigarette smokers and strengthen the arm of Big Tobacco”.
Drug law reform is happening at pace all around the world, and the spotlight will soon shine on New Zealand’s cannabis referendum. Can the AOD sector present a new vision for drug policy and law, and become active advocates for reform? And - considering the massively disproportionate impact of drugs issues on Māori, including lack of access to treatment - what leadership should APSAD be showing to address this?

Tuari Potiki throws out a challenge to the APSAD 2018 audience

KEY MESSAGES

- NZ needs drug law reform, particularly in relation to cannabis.
- At some point the sheer number of people using a drug brings a law into disrepair. So many Māori use cannabis: Don’t turn them into criminals.
- Cannabis may cause harm, but what about the harms being caused by the current law? And how does it compare to the harms being caused by alcohol?
- Change is coming and it’s inevitable. What are the genuinely transformative models we need to be looking at?

CANNABINOIDs FOR THE TREATMENT OF CHRONIC NON-CANCER PAIN: AN OVERVIEW OF THE EVIDENCE

Emily Stockings, National Drug and Alcohol Research Centre, UNSW Sydney

- Evidence for effectiveness of cannabinoids in CNCP is limited.
- Effects suggest the number needed to treat to benefit (NNTB) are high, with limited impact on other domains.
- However, it does not mean there is not ANY benefit.
- Trials so far have been small and underpowered.
- Many of the people looking for non-cancer pain relief suffer neck and back injuries, but only a small number with this profile included in the studies.
- We need more studies to properly ascertain who may benefit from what.
THE AOD WORKFORCE

AOD WORKERS: HOW ARE WE FARING?

Ann Roche - Work engagement, burnout, & quality of life among Australian AOD workers

Recent research conducted by the National Centre for Education and Training on Addiction (NCETA), Flinders University, in collaboration with the Network of Alcohol and other Drugs Agencies (NADA) and Matua Raki, suggests that more strategies are needed to improve AOD worker welfare.

In an NCETA survey of AOD workers:

• 88% of respondents reported that they found their work engaging – particularly those who were older, healthy, worked under good leaders, believed that they were making a difference, and spent time with their family outside of work.

• Only a small number of AOD workers surveyed were experiencing burnout – less than 2%.

• Burnout was more likely among workers who were younger, had high workloads, and performed emotionally demanding work.

• The risk of burnout could be mitigated by maintaining a good work/life balance, fostering resilience and good health, having good support networks and receiving performance feedback.

"These results highlight the importance not just of positive work environments for enhancing worker wellbeing (e.g. high quality leadership and manageable caseloads) but also external factors such as good physical health and supportive social networks."

Professor Ann Roche
THE APSAD AWARDS for Excellence in Science, Research and Practice

Some of Australasia’s brightest researchers in the alcohol and other drug (AOD) sector were recognised with 2018 APSAD Awards for Excellence in Science, Research and Practice. The Awards were handed out on Tuesday 6th November at the 38th APSAD Conference in Auckland, held at the Pullman Hotel.

“The APSAD Awards were established to acknowledge significant contributions to AOD science, practice, policy, and mentorship as well as to recognise and support young scientists,” said APSAD President Dr Anthony Gill. “Considering the comparative size of the AOD sector in Australasia, we are exceeding all expectations in terms of the calibre of people and research produced.”

This year there were three award categories: the Early Career Award, the Mentor Award, and the Senior Scientist Award.

Associate Professor Gillian Gould, a National Health and Medical Research Council (NHMRC) and Cancer Institute NSW Research Fellow, received the APSAD Early Career Award for excellence in research relative to career opportunities. Associate Professor Gould leads a new research stream in smoking cessation among Indigenous people at Newcastle University and is particularly interested in smoking prevention among pregnant Indigenous women.

“I value respectful community-based participatory research and engage with diverse Indigenous communities, upholding the importance of Indigenous culture and knowledge,” Associate Professor Gould said. The Mentor Award, which recognises an individual who has made an important contribution to mentoring and supporting the career development of others, was awarded to Brawn Career Development Fellow and behavioural scientist, Professor Billie Bonevski, also from the University of Newcastle. Professor Bonevski leads a team of innovators who are advancing research in the field of smoking cessation for priority groups such as people who are socio-economically disadvantaged. “I view supporting the careers of my students and mentees, promoting excellence, and building the workforce capacity of tobacco smoking cessation researchers as a privilege and key component of my role as a research academic,” Professor Bonevski said.

The Senior Scientist Award for a scientist who has made an outstanding contribution to the field of substance use and misuse was awarded to Professor Nicholas Lintzeris, Director and Senior Staff Specialist, Drug and Alcohol Services, South East Sydney Local Health District (SESLHD), NSW Health. Professor Lintzeris has been highly active for over a quarter of a century in drug and alcohol clinical service delivery, research, professional education and policy developments in Australia and has been a key leader in many important developments in our field across this time. He has an international reputation as an expert in the drug and alcohol field with interests across opioids, cannabinoids, stimulants, alcohol, benzodiazepines and ‘new’ psychoactive substances.

“These Awards reflect excellence in the application of theory, knowledge, and practice to any aspect of alcohol and other drugs use or misuse,” said Dr Gill.

“The achievements of this year’s APSAD Awards recipients, and the diverse areas within which they work, reflect the strength and talent that have won our region global recognition in the alcohol and other drugs field.”

Do you know someone you believe has made a significant contribution to the alcohol and other drug sector? Why not acknowledge them and nominate them for an APSAD Award? Visit the APSAD website for details.
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