

## Editorial

The decision to devote a Special Issue to substance use issues arose primarily from the fact that such issues are common across the region. Moreover, there is growing awareness of the complexity of this area, and this Special Issue reflects this complexity.

It is likely that all readers have been directly or indirectly touched by substance use or misuse. From suffering a minor hangover at work to grieving the death of a loved one prematurely struck down, we are all affected by our own or other's substance use or misuse. Health economists provide estimates of the monetary costs to our societies, but it is the disturbing social and personal costs that can be overwhelming. Yet we must remain aware of the dangers of demonising the substances themselves; after all, the majority of individuals consume substances without harming themselves or others.

The popular media bombards us with lurid descriptions of the dangers of substance misuse, then provides simplistic explanations and solutions. Drug consumers are often confused by the difference between their own experiences with substances and the evils purported to be associated with these substances. One consequence is that the credibility of genuine and accurate health messages is subsequently questioned. Similarly, the general population is often confused by conflicting messages; should our society be embracing a harm minimisation policy or should we be emulating the United States' policy of zero tolerance? Alcohol and drug workers, clinicians and researchers are acutely aware that there is no one solution and that, irrespective of the actions of governments and communities, some level of substance use and misuse, and associated harms, will continue in most societies.

This Special Issue contains articles discussing substance use and misuse from a range of perspectives and the information contained is valuable locally, nationally and internationally. The issues are not confined to a single region and the findings have applications and implications across the globe. The first article by Williams and McAllister provides an overview of psychoactive substance use in Australia from 1998 to 1999 and sets the context for this northern Australia focus. This paper reports on the trends towards younger initiation into illicit psychoactive substance and maintenance of longer periods of substance use. The results are discussed with reference to the National Drug Strategy and some of its shortcomings in arresting these patterns.

The second paper by O'Reilly, Carr, Bolitho, Roberts and Jessen, examining the social context of substance use among tertiary students, provides some interesting findings and is one of the first studies in this area, particularly among Indigenous students. Students attitudes toward substance use and the norms surrounding alcohol highlight the challenges faced by both government and non-government sectors in addressing substance misuse patterns and developing appropriate harm minimisation strategies. This study will be useful for comparison with the international body of work, particularly alcohol consumption among college students, but the authors caution against extrapolation across cultures.

The next two papers report on kava use by Indigenous people in remote communities in Arnhem Land, northern Australia. The first by Clough, Cairney, Maruff, Burns and Currie examines patterns of kava consumption and the association between kava toxicity and withdrawal and grand mal seizures. The use of other substances such as alcohol, cannabis and petrol is also discussed. Peaks in kava seizures coincide with peaks in kava supply and this has implications for legislation attempting to regulate the supply of this banned substance. The paper by Clough tackles the validity of reports of heavy kava use causing hallucinations in Indigenous people in eastern Arnhem Land. The author reports social and personal stress, pre-existing psychiatric conditions and excess alcohol consumption were more important factors and that the 'hallucinations' are more akin to 'perceptual shifts.' Both these papers have particular relevance to the pacific region where there has been a long history of kava use for ritual and ceremony and more recent reports of misuse.

Psychosis is an important mental health issue and it rates highly in the global burden of illness. Substance use disorders can complicate the treatment and management of psychosis and the next paper by Nagel discusses the challenges of service delivery in an area where distances are vast, urban centres scarce and a sizeable proportion of the Indigenous population resides in remote areas. Nagel argues for innovative treatment approaches and the paper is useful for those in the Pacific region who are faced with the management of dual diagnosis in an area where isolation and remoteness also occur due to large bodies of water.

Blood borne viruses, particularly HIV, are causing alarm and are at epidemic proportions in some parts of the world. One of Australia's early responses to the threat of a HIV/AIDS epidemic was the introduction of needle/syringe programs as a harm reduction strategy. The early implementation of these programs played a key role in stemming the spread of this virus among injecting drug users. However, controversy still surrounds these programs and the paper by Aspin discusses the challenges of balancing the provision of an effective and responsive health service with meeting community and stakeholder needs.

There are few studies that explicitly seek the views and experiences of those engaged in substance use treatment programs and the paper by Jessen explores the factors influencing women's decisions to seek treatment and their experiences of various treatment services. This qualitative study highlights the barriers to seeking treatment and makes a number of recommendations to address the issues confronted by women. The findings are not only pertinent to northern Australia; they have relevance to various locations and provide insight into the development of treatment services.

Rysavy provides us with a more personal view of substance use through the case study of a young woman with amphetamine dependence and depression. We gain insight into the human cost of substance use through a brief examination of the young woman's background and mental health and substance use histories. From these an appropriate treatment plan is developed and we learn of the woman's progress toward control of substance misuse and mood management. This case study is consistent with many clients seeking treatment and is valuable at a time when the use of methamphetamines is increasing and presenting new challenges to treatment providers.

A self-report by a substance user provides us with the flip side of substance use and a unique opportunity to hear the positive aspects of substance use and 'functional use.' Blood outlines his background, followed by his history of substance use and how substance use has enhanced various experiences in his life. Blood argues it is time to cease viewing substance use as harmful and to acknowledge the potential benefits. He goes on to say that the laws relating to substance use are more responsible for the associated harms than are the substances themselves. This paper may challenge some readers but it provides another measure of this immensely complex area.

The final commentary by Towers continues on this more personal level and discusses the challenges and dilemmas of working with clients with complex issues, particularly young people. The author highlights these by using a short case study of the suicide of one of her young male clients. Towers argues for increased resources to develop flexible and creative approaches, including therapeutic environments. She concludes with a quote that has relevance to treatment workers across the globe: "...we first serve the patient, not the state. When we forget that, we may as well pick up our marbles and go home."

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