

centre lines

NDRI (2)

December 2000

A bi-monthly newsletter from the National Centres for Drug and Alcohol Research
Published this issue by the National Drug Research Institute, Perth

issuing forth

International exchange in
indigenous research



edspace

Indigenous Australian issues have been at the forefront over the past year, with even Prime Minister John Howard recently dramatically shifting his position on Aboriginal reconciliation, describing it as an 'unstoppable force' in the Australian community.

The National Drug Research Institute is proud to have at its core a program which is specifically dedicated to research into substance abuse among Indigenous Australians. The program aims to identify factors which can prevent alcohol and other drug-related harm among Indigenous Australian populations, develop culturally appropriate means for measuring the extent and consequences of such misuse, and disseminate information on alcohol and other drug related issues affecting Indigenous Australians.

While contributing to a broad national understanding of alcohol and other drug related problems, projects attempt to meet the practical needs of particular Indigenous communities. This practical focus includes the transfer of information, skills and resources to members of Indigenous community organisations.

In Issuing Forth, Associate Professor Dennis Gray, head of the Indigenous Australian Research Program, looks at some of the issues and difficulties inherent in this area of research, and some of the ways in which these are being addressed.

We hope that you enjoy the final issue of CentreLines for 2000, and offer you our very best wishes for Christmas and the New Year.

Rachael Lobo
Editor

Funded by the
National Drug Strategy

Registered by Australia Post –
Print Post Publication No
PP236697/00013
ISSN 1034-7259

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Summaries of recently published articles

CentreLines is a joint publication from the National Drug Research Institute, Perth and the National Drug and Alcohol Research Centre, Sydney. It is published bi-monthly and produced alternately by each centre.

headspace



Travellers tales and comparative international research on alcohol

Travel can be invaluable for the student of alcohol policy – truly! Some of the differences in how alcohol issues present and are responded to can be both startling and informative. Here follows a selection of contrasts I have observed in different countries over the past decade:

- the extraordinary sight of large signs dangling from the ceiling of a Californian bar warning pregnant women not to drink alcohol – Australian proposals for even small warnings on bottles have been fiercely opposed;
- the complete absence of beers with a strength below 4% in Canadian liquor stores compared with a total of 36 brands available in Australia, which take up over 40% of the beer market in Western Australia and Queensland;
- liquor licensing inspectors in Ontario, Canada who regularly check advertisements for pubs and clubs to ensure they are not using low prices, in contrast to a billboard spotted recently in Bali for a club with perhaps the longest recorded 'happy hour' – 9pm to 2am;
- the fierce debate regarding whether to reduce the New Zealand legal drinking age from 19 to 18 years, in contrast with Japan where literally thousands of street vending machines can be found selling spirit-based drinks to anyone of any age with the right change;
- the delightful decision of the Swedish retail alcohol monopoly, Symbolaget, NOT to introduce self-service in their stores since it was found to result in a worrying increase in sales¹. How would such a policy fare under Australian National Competition Policy, I wonder?

Of course superficial observation only reveals the more obvious differences – the extent to which different policy arrangements have implications for levels of use and of harm is beyond casual observation and requires careful study.

In this issue of CentreLines, Dennis Gray points to a dearth of systematic comparative research on indigenous drug and alcohol issues. Difficulties and inconsistencies in the ways in which alcohol is researched in different countries also led the Geneva Office of the World Health Organisation (WHO) to commission NDRI to develop international guidelines for monitoring alcohol consumption and related harm.

With the kind assistance of alcohol researchers from Nigeria, Estonia, Mexico, Germany, South Africa, Thailand, Scotland, Canada, Scandinavia, USA and

even Australia, Tanya Chikritzhs and myself were able to compile the *International Guide to Monitoring Alcohol Consumption and Related Harm* recently published by WHO².

These guidelines provide advice on best methods and sources for estimating national per capita alcohol consumption, for asking drinking questions in national surveys and for estimating alcohol-caused deaths, illnesses and injuries. There are also sections recommending that basic empirical work is conducted to provide more accurate estimates of typical drink strengths and serve sizes. Evidence is presented that these can vary significantly across place and time, a fact that perhaps international alcohol epidemiology should no longer ignore.

Recommendations for monitoring are provided for countries with different levels of resources available for this task – sometimes referred to by the working group as the Rolls Royce, the Holden Commodore, the VW and the rickshaw models. Wherever possible, the Rolls Royce model has been the basis of the National Alcohol Indicators Project which NDRI currently has carriage of in partnership with Turning Point Alcohol and Drug Centre Inc, Melbourne^{3,4,5}.

The recent WHO publication has coincided happily with the formal announcement of renewed WHO Collaborating Centre status for a further four year term, held jointly between the National Drug and Alcohol Research Centre (NDARC) and NDRI. We were delighted to host a visit in October from Dr Linda Milan, Director of Building Healthy Communities and Populations for the WHO Western Pacific Regional Office in Manila, to mark this occasion.

During Dr Milan's visit we learned that Australia is just one of some 40 countries who are members of the Western Pacific Region of WHO. These countries range in size from the United States of America to Pitcairn Island (population less than 100) – apparently



Possibly the longest recorded 'happy hour', spotted recently in Bali

the latter now enables the United Kingdom to retain its membership of the region having relinquished the government of Hong Kong! There are four other Collaborating Centres in the region with a focus on alcohol and/or other drug issues: two in Japan, one in China and one in New Zealand.

Plans were discussed for our involvement in regional activities, including our organising meetings around indigenous issues and also the dissemination of the new international guidelines. In relation to the latter, NDRI has accepted an invitation to host a one-day meeting in Stockholm for the European Region of WHO to conduct a such a workshop, which it is intended will be a prototype for similar events in other WHO regions. The focus of the workshop will be on simple and practical measures that can be used as indicators of alcohol-related harm as a means of evaluating impacts of policy changes. To be realistic, this is a more achievable goal than the development of directly comparable international data, though there are some small steps that can be taken towards that particular holy grail.

In closing, I am pleased to be able to announce a further WHO project to start early in the new year. NDRI has been commissioned by WHO, Geneva to conduct a systematic review of 'what works' in prevention, with a particular emphasis on the transferability of different strategies from the developed to the developing country context. The focus of this study will be both on alcohol and illicit drugs. We welcome this opportunity to learn from prevention experiences in other countries and look forward to further collaboration with WHO. One challenge will clearly be to consider the transferability of policy successes and failures from across different socio-cultural and political contexts. **cl**

Tim Stockwell

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Copies of the WHO publication *International guide for monitoring alcohol consumption and related harm* can be ordered free of charge from Tess Narciso, WHO, Geneva by emailing narcisot@who.ch.



International exchange: Indigenous alcohol and other drug research

The misuse of alcohol and other drugs among some sections of the Indigenous Australian population is a major public health and social problem. The pattern of alcohol use among Indigenous Australians is now well known. There is a larger proportion of non-drinkers (made up of a significant proportion of people who used to but no longer drink) in the Indigenous than in the non-Indigenous population; and, among those who do drink, a larger proportion do so at harmful levels (although they are still a minority of the Indigenous population)^{1,2}.

Within the Indigenous population, the prevalence of tobacco smoking is approximately twice the rate in the non-Indigenous population, and is the largest single contributor to preventable mortality among Indigenous Australians. In addition, the inhalation of volatile substances is a major problem in many remote communities and there are indications that the prevalence of illicit drug use—particularly cannabis, amphetamines and heroin—is increasing².

This pattern of drug use and related harm is not confined to Australia; to a greater or lesser degree it is also found among indigenous populations in countries such as New Zealand and Canada. Given both the genetic and cultural heterogeneity of indigenous people in these countries, the common pattern cannot be explained by those factors. However, although not the cause of all indigenous alcohol and other drug use, much of the difference between indigenous and non-indigenous populations is best explained by their common history of colonialism and dispossession³.

This commonality has long been recognised by indigenous people themselves, and since at least the 1970s there have been exchange visits to intervention programs by indigenous people from these countries, international conferences have been held, and in one relatively well-known example a Native Canadian was employed by an alcohol intervention program in Central Australia⁴.

Despite such exchanges, and inter-country visits by prominent researchers such as Maggie Brady, there is little published comparative research on indigenous alcohol and drug issues in these countries.

Furthermore, the little that has been published sometimes suffers from the fact that the authors have had little first hand experience in countries other than their own⁵.

In an attempt to overcome the limited exchange of research personnel and information, in the past year the Indigenous Research Team at the National Drug Research Institute (NDRI) has actively sought to establish links with researchers in both Canada and New Zealand. In 1999, Associate Professor Sherry Sagggers—from Edith Cowan University and the holder of an adjunct appointment at NDRI—visited several Native Canadian intervention programs, the National Native Alcohol and Drug Abuse Program, and the Centre for Addiction and Mental Health. Plans are now underway for a return visit by staff from the Centre for Addiction and Mental Health, and the development of collaborative research on community-based alcohol control initiatives which builds upon research previously undertaken independently by each group⁶⁻⁸.

In July 2000, I visited New Zealand under the sponsorship of Putahi-a-Toi, School of Maori Studies at Massey University. As well as visiting that institution, I also visited the Alcohol Advisory Council; the National Centre for Treatment Development at the Christchurch Medical School, University of Otago; and Whariki Maori Health Research Roopu, Alcohol and Public Health Research Unit, University of Auckland.

Last month, in a follow-up to my visit to New Zealand, Terry Huriwai from the National Centre for Treatment Development and Megan Tunks from Whariki Maori Health Research Roopu visited NDRI in Perth. A highlight of the visit was a half-day workshop which was jointly sponsored by NDRI, the Centre for Aboriginal Studies at Curtin University of Technology, the Institute for the Service Professions at Edith Cowan University, and Noongar Alcohol and Substance Abuse Service, a Perth-based community controlled organisation.

Four papers were given at the workshop. The first by Carol Atkinson from Northern Territory Health described a new project designed to develop an effective network and support base for Indigenous substance misuse workers in remote communities. The second paper on tobacco and Aboriginal people was given by

Clive Walley, an Indigenous Australian lecturer from the Centre for Aboriginal Studies at Curtin University of Technology. Megan Tunks described a project aimed at assisting communities to increase their capacity to deal with alcohol and drug use among young Maori⁹. Finally, Terry Huriwai discussed a project to provide a culturally responsive alcohol and drug program for Maori prisoners.

Despite the breadth of topics addressed in these papers, each reflected a number of common themes. First and foremost, they emphasised the need for research to focus not upon simply describing the magnitude of indigenous substance misuse and related harm, but on identifying effective solutions to the problem. In this regard they reinforced similar statements by prominent Indigenous Australians such as Puggy Hunter, Chairperson of the National Community Controlled Health Organisation and Scott Wilson, Chairperson of the National Indigenous Drug and Alcohol Network.

The second theme was a call for wider recognition by non-Indigenous people that Indigenous people are not homogeneous. In each country there is a plurality of Indigenous cultures and communities. In this context it cannot be assumed—indeed it is unlikely—that any one intervention is going to be appropriate for all.

All speakers made the point that a key to the success of any intervention—or research—project is the involvement of Indigenous people at all stages of the project. This echoes the recent call by Noel Pearson for Indigenous Australians to take responsibility for their lives¹⁰. The involvement of Indigenous people is essential both to ensure the cultural appropriateness of projects, and to ensure that Indigenous people are not further disempowered. The available evidence points to the fact that the projects that are most effective in addressing alcohol and other drug misuse among Indigenous people are those initiated by Indigenous people themselves¹¹.

The speakers also emphasised the fact that it is not possible to address problems of alcohol and drug use among Indigenous people in isolation. Much alcohol and drug misuse among Indigenous people is a consequence of the inequalities they face. Indigenous people themselves have taken the initiative in addressing misuse of alcohol and drugs in their communities, and most intervention programs have been initiated by them¹². However, unless more is done to address inequalities in areas such as education and employment and to facilitate the return of land, the impact of specific alcohol and other drug intervention initiatives will be limited.

Apart from the public workshop, the visit by the New Zealanders also provided the opportunity

project notes

for them and NDRI staff to discuss some of the practicalities of conducting research in the area. Of particular concern in this regard is the difficulty of recruiting and retaining Indigenous research personnel when university salary scales do not reflect the reality of the high demand for skilled Indigenous personnel in the government and (to a lesser extent) private sector employment markets, and when universities do not provide the same high trajectory career paths as those sectors.

These exchanges with researchers from New Zealand and Canada have been particularly successful. They have provided researchers from each country with access to a broader base of research materials, introduced the research of each group to a wider international audience, and opened the way for future collaborative research projects. It is to be hoped that this will lead to a stronger comparative research focus which will translate into more successful interventions. **cl**

Dennis Gray

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Evaluation of a school leavers' intervention

Richard Midford, Fiona Farrington, Nyanda McBride and Nicole Young

The School Drug Education Project (SDEP) received funding from the National School Drug Education Strategy through the Department of Education, Training and Youth Affairs (DETYA) to implement a harm reduction intervention on Rottnest Island (off Perth) during school leavers' celebrations in November 2000. NDRI received funding to evaluate this intervention.

SDEP's 'Leavers Live' project involved bringing together a very diverse group of health professionals to work alongside members of the host community with the aim of reducing the alcohol-related harms and risks experienced by school leavers. Many of the intervention activities implemented were in response to recommendations of formative evaluation conducted by NDRI in 1999.

A range of prevention activities was undertaken with involvement from members of health-related agencies. The 'Chill-Out Tent' is one activity worth mentioning in some detail because of its impact. Young people appreciated the facility, and its presence substantially reduced the workload for the small nursing station that has traditionally been overrun by the large influx of leavers. The low-key presence of the tent seemed to encourage young people to seek care early and, importantly, a number of cases were referred quickly to the nursing post where potentially life saving treatment was provided.

The Rottnest Island Authority cooperated with SDEP to extend business hours on the Island in order to ensure that food was available late at night. Additionally two sausage sizzles and a recovery breakfast were arranged and provided cheap and accessible food for drunken revellers.

SDEP engaged a high school PE teacher to coordinate beach activities including volleyball and cricket outside the Rottnest Hotel.

A strict regime of ID checking and a large contingent of security employed by the Hotel kept underage drinkers from illegally entering its licensed area. However leavers were welcomed onto the premises through provision of a large de-licensed area. Importantly, young people from the Youth Advisory Council played a key role in organising a number of local bands and DJs to provide entertainment for leavers at the Hotel, and the music generally seemed to be very well received.

The Rottnest Police conducted school visits prior to the end of semester and enhanced their profile by hosting a sausage sizzle on the first morning of the celebrations. The leavers were generally well appraised of what was expected of them and an atmosphere of cooperation was fostered.

The preliminary data collection was conducted during the seven-day leavers period on Rottnest. Two

hundred and fifty young people were interviewed about their expectations, experiences of harm and perceptions of the intervention. Although in-depth analysis of the data has not yet been completed, preliminary analysis suggests that most young people on Rottnest were appreciative of the SDEP initiatives and the intervention appears to have been a success.

Trouble with leavers at Dunsborough during the same period provided a contrast to the relatively controlled celebrations on Rottnest Island, and may prove to be an incentive for other communities to follow Rottnest's lead. Key stakeholders will be interviewed over the coming weeks and then formal data collation will begin. An evaluative report is expected to be complete by the end of February.

Carnarvon partysafe project

Richard Midford, Kevin Boots, Martin Cooper and Julie-Anne Jaeger

Alcohol is a major factor in many injuries and deaths in Australia each year. Combine this with the fact that alcohol consumption is disproportionately high in rural regions of Western Australia, and the rationale behind the Partysafe Project becomes clear.

Previous research suggests that in rural communities, alcohol is most often consumed in private residences. Hence the aim is to introduce harm reduction strategies pertaining to drinking in private homes and other non-licensed settings. Partysafe has adopted a community mobilisation approach to implement such strategies, which in practice means actively seeking involvement from the Carnarvon community in identifying specific local concerns regarding alcohol misuse and in developing and implementing ways to minimise this misuse. This has meant that the project has become involved in a broader range of harm reduction activities than originally intended. However the benefit of greater community involvement is that the prevention package is both locally relevant and acceptable to the population of Carnarvon. A number of the strategies currently being implemented are discussed below.

Responsible server training

Responsible server training has been provided for local service groups who apply for occasional licences with a view to decreasing the incidence of irresponsible serving. Many of the local bars and hotels approached Partysafe to participate in the training when they heard it was being provided. Local clubs were also approached, however it proved difficult to secure their participation.

Peer character plan

As an ongoing media presence a weekly cartoon strip has been placed in the local newspaper. This strip has followed the progress of a thirty-something male with a young family as he realises the impact that alcohol is having on his health and relationships. Over the course of a year the character has gradually reduced his alcohol intake and made positive lifestyle

changes. Cartoon scenarios have reflected local circumstances and the development of the character has been informed by local input.

Placement of water dispensers in public bars

To reduce the impact of alcohol consumption, water has been made available in public bars in Carnarvon. It is theorised that having water readily available via self-service dispensers will make it easier for it to be consumed as the customer does not have to approach the bar to request a drink. This will be evaluated simply by examining the number of litres consumed over the period of implementation.

Community education

Issues related to the responsible hosting of parties have been covered via articles and advertisements in the local media.

Collaboration with other local groups

Partysafe has also been working collaboratively with other community groups in efforts to reduce alcohol-related harm. This has taken place particularly at special community events during the year. The Christmas Collaborative Campaign, an intervention that was first run in December 1999 and which is being run again this year, sees Partysafe combine with many other local organisations to provide safe drinking messages and practical harm-reduction strategies in the community. The Campaign won a Prime Minister's award for excellence in community partnership in 2000.

The Partysafe project will continue until early 2001 after which it is hoped that the community itself will have achieved enough momentum with regard to minimising harm resulting from alcohol abuse to continue on independently of the National Drug Research Institute.

Monitoring of alcohol-related violence and crime in NSW

Tim Stockwell and Tanya Chikritzhs with Neil Donnelly, Suzanne Briscoe and Don Weatherburn (BOCSAR), and Peter McCarthy and Devon Indig (Drug Programs Bureau, NSW Health)

This collaborative research project has been established between NDRI, the NSW Bureau of Crime Statistics and Research (BOCSAR), and the Drug Programs Bureau, NSW Health to investigate alcohol-related crime in NSW. The project has been funded by NSW Health for an initial period of three years and a Research Fellow position based at BOCSAR has been established to manage the project on a day-to-day basis. Neil Donnelly commenced as the Research Fellow at BOCSAR in August this year and has also been appointed as an Adjunct Research Fellow at NDRI.

The overall focus of the project is to initiate and conduct research into alcohol-related crime, violence and other social disorders. A major component of the project involves an epidemiological analysis of the COPS (Computerised Operational Policing System) database of the NSW Police Service with respect to

incidents of alcohol related crime. To date, all incidents of assault, malicious damage to property, offensive behaviour and proscribed concentration of alcohol (PCA) in NSW have been extracted for the period July 1999 through June 2000. Local area-based analyses are currently being conducted to both identify hot spots for alcohol related crime and also quantify its relationship with a range of sociodemographic measures. Additionally, the partnership with NSW Health enables an examination of the relationship between recorded crime and health outcomes data such as hospital separations and emergency room incidents at the local area level.

Additional research questions being addressed by the project include:

- an evaluation of the effect of the Extended Trading Scheme during the Olympic period in Sydney
- an evaluation of the effect of the Kings Cross Licensing Accord
- an analysis of the last financial year in which alcohol wholesale sales data was collected by the NSW Department of Gaming and Racing (1995/96)

The project team will also liaise closely with the NSW Police Service with a view to producing research findings which have operational as well as academic relevance.

The national alcohol indicators project (NAIP): Patterns of alcohol consumption in Australia, 1998

Tanya Chikritzhs, Tim Stockwell and Paul Catalano, with Penny Heale and Paul Dietze (Turning Point)

Funded by the National Drug Strategy, the National Alcohol Indicators Project (NAIP) is a nationally coordinated project aimed at tracking and reporting on trends in alcohol-related harm in Australia at national, state and local levels. A first for Australia, the development of a nationally coordinated source of data on alcohol consumption and related harms has arisen from the need for an efficient monitoring system on alcohol and increasing concern over levels of alcohol-related harm in the Australian community.

The first and second NAIP reports were released in December 1999 and May 2000. The first report documented rates of deaths between 1990 and 1997 and hospitalisations between 1993/94 and 1996/97 caused by hazardous/harmful alcohol consumption. The second report identified trends in alcohol-related serious road injuries between 1990 and 1997. The third report in the NAIP series has recently been completed and deals with patterns of alcohol consumption across Australia in 1998.

Using the 1998 National Drug Strategy Household Survey conducted by the Australian Institute of Health and Welfare, estimates were made of how much alcohol was consumed at risky levels for health.

It was found that 39 percent of alcohol consumed in Australia in 1998 was drunk at levels posing health risks in the long term. In addition, 51 percent of the alcohol consumed was found to pose short-term

health risks to drinkers.

Nine percent of both male and female drinkers were at medium or high risk of long-term health problems due to alcohol, such as alcoholic liver cirrhosis and oesophageal cancer. However, much larger proportions of drinkers were at risk of short-term harm, with 46 percent of males and 31.5 percent of females drinking at levels which posed medium or high risk of injuries such as violent assault and road crashes.

Young people under 25 years of age were found to have the riskiest drinking patterns. It was striking to note that 14-to-17 year olds showed the highest proportion of alcohol consumed in a risky fashion for short-term harm, at 71 percent. The 18-to-24 year olds were the next highest with 66 percent of all alcohol consumed at a level which placed them at medium to high risk of experiencing alcohol-related injury.

It was noted that all estimates derived from the NDSH survey were very conservative since, compared to national estimates of per capita alcohol consumption, they account for less than half of all the alcohol sold in Australia in 1998.

Copies of all NAIP Bulletins and their accompanying Technical Reports can be requested from the National Drug Research Institute.

Evaluation of the national illicit drug strategy community partnerships initiative

Wendy Loxley, Tim Stockwell, Dennis Gray, Richard Midford and Amanda Bolleter

This project is an evaluation of the Community Partnerships Initiative (CPI) which has been initiated by the Commonwealth Department of Health and Aged Care. The purpose of the CPI is to contribute to the prevention and reduction of illicit substance use by young people by funding community-based projects. The evaluation includes literature review, finalisation of a comprehensive evaluation strategy, identification of key informants and the recruitment of a national advisory group.

Process and impact evaluations of the stages of the CPI will be undertaken by reviewing available documentation and interviewing key informants. Project outcomes will be primarily visible at a local level and project staff and local informants will be asked to assist in the identification of appropriate indicators against which the success of projects can be assessed. The success of the CPI as a whole will be assessed by interviewing key informants at both the beginning and end of the evaluation period to establish whether perceptions of the value of the CPI have changed. **CI**

The fine line: Students perceptions of drinking, having fun and losing control

Youth Studies Australia, 2000, 19, (3), 33-38

Fiona Farrington, Nyanda McBride and Richard Midford

The School Health and Alcohol Harm Reduction Project (SHAHRP) 2000 is a quasi-experimental research intervention currently being conducted in 14 high schools in Perth, Western Australia, involving over 2000 intervention and control students. The aim of the study is to provide senior high school students with skills to enable them to minimise alcohol-related harms they have identified as commonly encountered or of particular relevance, at a time when alcohol use typically increases. To ensure that the SHAHRP 2000 intervention was sensitive to the concerns of the students it sought to influence, a series of focus groups were conducted with Year 12 Western Australian students. The aim was to identify young people's alcohol use experiences, alcohol related harms that are of particular concern to young people, harm reduction strategies used by young people and educational approaches likely to be effective with young people.

The students were remarkably consistent in many of the issues they identified as being of concern to them. It is clear that drinking alcohol is commonplace and that drinking in moderation is the desired behaviour. For these young people however, drinking in moderation means not losing control, not necessarily not getting drunk, and they acknowledged that often it is difficult to find the line between drinking and having fun and then losing control. As a result they indicated that young people experience a range of harms and although they are aware of commonly promoted harm reduction strategies they believe these are not appropriate or realistic for young people. Regarding alcohol education, the young people interviewed were quite scathing in their views, indicating that it is boring, has abstinence as its primary goal and focuses on the negative aspects of drinking. This was viewed as inappropriate and inconsistent with young people's experiences with alcohol. One of the strongest messages from these focus groups is that alcohol education programs that ignore young people's concerns are likely to be viewed as irrelevant by young people. Consequently, the insights gained from the focus groups have been used in the development of the SHAHRP 2000 program, ensuring it has a basis in situations experienced by young people.

Public awareness, knowledge and attitudes regarding the CEN system in South Australia

Drug and Alcohol Review, 2000, 19, (3), 271-280

Penny Heale, David Hawks and Simon Lenton

A sample of 605 South Australian residents was

surveyed in 1997 regarding the Cannabis Expiation Notice (CEN) System. Thirty-nine percent had ever used cannabis and 14.5% used cannabis at least once a year. While only 17% knew of the CEN scheme, 76% were familiar with the 'on-the-spot fine' scheme. There was confusion about the legal status of two expiable offences; 24% thought possession of less than 100g of cannabis was legal and 53% thought growing three plants was legal. Only 40% knew that the two expiable offences involved some legal sanction. Regarding attitudes to cannabis law, the majority thought that growing 15 plants, selling 25g for profit, possession of less than 100g by a juvenile, and driving while affected by cannabis should remain illegal. Eighty percent thought medical use of cannabis should be legal. Half of the sample thought that growing three plants and possession of less than 100g of cannabis should be legal and most of those who thought the two offences should be illegal said a fine was the appropriate penalty. Most people (57 percent) thought the cannabis laws should either remain as they are or become less strict, indicating general support for expiation.

Screening for hazardous alcohol use and dependence in psychiatric inpatients using the AUDIT questionnaire

Drug and Alcohol Review, 2000, 19, (4), 291-298

Gary Hulse, John Saunders, Raylene Roydhouse, Tim Stockwell and Maria Basso

The Alcohol Use Disorders Identification Test (AUDIT) has been used to screen for hazardous and harmful alcohol consumption among general hospital populations but not in psychiatric patients. Using the AUDIT, we assessed alcohol use in patients with four major types of psychiatric disorder, namely mood, adjustment, anxiety and psychotic disorders. Nine hundred and ninety consecutive admissions to the psychiatric units of two hospitals during a 12-month period underwent assessment. In each diagnostic group a high proportion of patients was alcohol-dependent. Among those with mood disorders 25.4% of men were alcohol-dependent, compared with 16.3% of women, while 34.5% of men with anxiety disorder were alcohol-dependent, compared with 25.0% of women. Both gender differences were statistically significant. The differences were even greater for adjustment disorder (44.4% vs 14.5%) and psychosis (29.2% and 4.2%, respectively). More men than women with anxiety disorder were classified as hazardous (24.1% vs 11.7%) or harmful drinkers (13.8% vs 3.3%), but for the other diagnostic groupings the percentages in these drinking categories were more nearly similar. Thus, there is a high rate of excessive alcohol consumption in people with psychiatric disorders, especially males. Such individuals may be particularly vulnerable to complications of alcohol misuse such as suicide and exacerbation of their disorder. The potential for

decreased severity of psychiatric symptoms and a reduction in the number of hospital admissions following cessation or reduction in alcohol consumption is considerable. The AUDIT is a simple screening device for investigating alcohol use and dependence, and offers a means of initiating intervention in this population.

Should we conduct a trial of distributing naloxone to heroin users for peer administration to prevent fatal overdose?

Medical Journal of Australia, 2000, 173, (4), 260-263

Simon Lenton and Kim Hargreaves

- Heroin overdose is a major cause of death among heroin users, and often occurs in the company of other users. However, sudden death after injection is rare, giving ample opportunity for intervention.
- Naloxone hydrochloride, an injectable opioid antagonist that reduces the respiratory depression, sedation and hypotension associated with opioids, has long been used to treat opioid overdose.
- Experts have suggested that, as part of a comprehensive overdose prevention strategy, naloxone should be provided to heroin users for peer administration after an overdose.
- A trial could be conducted to determine whether this intervention improves the management of an overdose or results in a net increase in harm (by undermining existing strategies, precipitating naloxone-related complications, or resulting in riskier heroin use).

Infringement versus conviction: the social impact of a minor cannabis offence in South Australia and Western Australia

Drug and Alcohol Review, 2000, 19, (3), 257-264

Simon Lenton, Rachael Humeniuk, Penny Heale and Paul Christie

Quantitative data is reported from a study of 68 South Australians who had received an infringement notice or 'cannabis expiation notice' (CEN) and 68 West Australians who received a criminal conviction for a minor cannabis offence not more than 10 years ago to compare impact of the infringement notice and the conviction on their lives. The majority of both groups saw themselves as largely law-abiding, had respect for the law in general and had positive views regarding cannabis. However, more of the convicted group, compared to the infringement notice group, reported negative employment consequences (32% vs 2%), further problems with the law (32% vs 0%), negative relationship consequences (20% vs 5%) and accommodation consequences (16% vs 0%) as a result of their apprehension. While neither conviction nor infringement deterred subsequent cannabis use for the vast majority, the negative social impacts of conviction were far greater than those resulting from an infringement notice. The findings have implications for the legislative options for regulation of cannabis possession and use.

Citizens who inject drugs: the 'Fitpack' study

The International Journal of Drug Policy, 2000, 11, 285-297

Simon Lenton, Kathryn Kerry, Wendy Loxley, Anita Tan-Quigley and Russell Greig

Most injecting drug users have never been in drug treatment yet much research is done on samples with high treatment rates drawn from agency and peer recruited populations. This study accessed drug injectors with little or no prior drug treatment, described their characteristics, BBVI risk behaviours and feedback on services. Its results challenge some stereotypes about citizens who inject drugs. A sample of 511 'hidden' drug injectors, of whom only 28.7% had any specialist drug treatment agency contact, completed a questionnaire which was distributed with 'Fitpack' needle packs sold through community pharmacies in WA. The mean age of respondents was 26.2 years, 43.4% were women, 44.3% were living with their sexual partner, 41.7% were parents, and 46.4% were employed, mostly in full time work. In the previous month 61.2% had injected less frequently than daily. The study accessed a diverse group of drug injectors not typically seen in agency and peer recruited research. They provided useful feedback about how harm reduction strategies among injectors can be improved. However, they also reported higher rates of injecting and sharing than found previously in traditionally recruited samples of injectors which suggests there is no room for complacency regarding the potential for blood-borne viral infection (BBVI) transmission in this group.

Does drug education work?

Drug and Alcohol Review, 2000, 19, (4), 441-445

Richard Midford

Recent research indicates that certain drug education programs do stop or delay the onset of drug use under optimum conditions. Social inoculation programs have generally enjoyed the greatest degree of success, but the behaviour changes have been confined to a small number of students; have not been uniform across all drugs and have diminished over time. Research on the cost effectiveness of drug education programs indicates that they compare favourably with the cost effectiveness of most law enforcement approaches, but are not as cost effective as treatment. While there are some methodological qualifications, the drug education literature does indicate that soundly conceptualised and rigorously implemented programs can influence drug using behaviour and that comprehensive provision of such programs is likely to produce a net social cost saving to society. This does not mean that proven drug education programs will necessarily be implemented. The most powerful factor in the implementation process is selection of programs on the basis of ideal outcomes, rather than on the evidence of what can realistically be achieved. Ultimately, this is self-defeating, because program failures will again discredit the whole drug education approach. Drug education programs must be selected because they have demonstrated the ability to have a beneficial impact on youth drug use and youth drug problems. **Cl**

recent publications

Monographs and Technical Reports

Heale, P., Stockwell, T.R., Dietze, P., Chikritzhs, T. and Catalano, P. (2000). *Patterns of alcohol consumption in Australia, 1998. National Alcohol Indicators Project Bulletin No.3*. National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Stockwell, T.R., Chikritzhs, T., Dawson, D., Holder, H., Jernigan, D., Medina-Mora, M. and Single, E. (2000). *International guide for monitoring alcohol-related problems, consumption and harm*. Prepared for the World Health Organisation, Geneva, Switzerland.

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Farrington, F., McBride, N. and Midford, R. (2000). The fine line: Students perceptions of drinking, having fun and losing control. *Youth Studies Australia*, 19, (3), 33-38.

Heale, P., Hawks, D.V. and Lenton, S. (2000). Public awareness, knowledge and attitudes regarding the CEN system in South Australia. *Drug and Alcohol Review*, 19, (3), 271-280.

Hulse, G.K., Saunders, J., Roydhouse, R.M., Stockwell, T.R. and Basso, M.R. (2000).

Screening for hazardous alcohol use and dependence in psychiatric inpatients using the AUDIT questionnaire. *Drug and Alcohol Review*, 19, (4), 291-298.

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Lenton, S., Humeniuk, R., Heale, P. and Christie, P. (2000). Infringement versus conviction: the social impact of a minor cannabis offence in South Australia and Western Australia. *Drug and Alcohol Review*, 19, (3), 257-264.

Lenton, S., Kerry, K., Loxley, W., Tan-Quigley, A. and Greig, R. (2000). Citizens who inject drugs: the 'Fitpack' study. *The International Journal of Drug Policy*, 11, 285-297.

Midford R. (2000) Does drug education work?. *Drug and Alcohol Review*, 19 (4), 441-445.

Stockwell, T.R. (2000). Responsible beverage service: lessons from server training and policy initiatives around the world. In Elmeland, K. (Ed) Proceedings of the Nordic Council for Drug Research (NAD) thematic meeting. Community prevention of alcohol and drug problems in the Nordic countries. *NAD Publication No. 38. Nordic Council for Drug Research, Stockholm, Sweden*. 113-125.

INTERNATIONAL GUIDE FOR MONITORING ALCOHOL CONSUMPTION AND RELATED HARM

Coordinated and edited by Tim Stockwell and Tanya Chikritzhs of the National Drug Research Institute, with contributions from leading international researchers, the aim of this World Health Organisation guide is to raise awareness of alcohol's negative contribution to public health and safety and to stimulate new prevention efforts.

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The Guide is available free of charge from WHO Geneva, Switzerland. Please order by emailing Tess Narciso at narcisot@who.ch

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