

# centre lines

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## issuing forth

Counting the cost of alcohol related harm in Australia: the need for new data and new methods



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## edspace

Welcome to the first issue of CentreLines from NDRI in 2001 and my first issue as acting Editor. NDRI's Media Liaison Officer, Rachael Lobo, is on maternity leave and will be returning later in the year.

NDRI offers PhD students access to a wealth of expertise and information relating to the prevention of drug use and harms arising from use. The Institute has completed over 100 national and international research projects, many of which have resulted in positive outcomes for drug policy and the community. In Headspace Wendy Loxley discusses what makes an NDRI PhD scholar and invites those of you interested in a post-graduate qualification in the drug field to contact her.

In Issuing Forth Tanya Chikritzhs and Tim Stockwell look at counting the cost of alcohol-related harm in Australia and the need for new data and new methods. Aetiological fractions are a necessary and basic component to any estimate of alcohol-caused morbidity and mortality and therefore accurate estimates are essential to identifying reliable measures of levels of alcohol-caused harm experienced in a community. Alcohol consumption in Australia has not been static and there is now a need to revise estimates for all aetiological fractions.

This issue presents a number of research projects that look at what works in prevention, the tracking and reporting on trends in alcohol-related harm in Australia, and some of the current research being undertaken in the area of Indigenous Australian drug and alcohol problems.

I hope you enjoy this issue of CentreLines and that it continues to be of use to you and your work in the drugs field.

Fran Davis

Acting Editor

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

## The National Drug Research Institute Doctoral Program



The National Drug Research Institute (NDRI) has been enrolling its own PhD students since 1999. Prior to that we supervised PhD and Masters' students within other Curtin University programs. One of my major responsibilities, since our enrolment program commenced, has been to advertise, attract and recruit post graduate students to our program.

NDRI also has two National Drug Strategy Post Graduate Scholarships at any one time. Currently these Scholarships are filled, and will not be available again until one or both of our Scholars completes. Potential post graduates can, however, apply for a Curtin University scholarship. We enrol both internal and external, full and part-time students and as part of the Division of Health Sciences at Curtin University of Technology, all Doctoral degrees undertaken at NDRI are governed by Curtin University Regulations, links to which can be found on the NDRI Web site (<http://www.curtin.edu.au/curtin/centre/ndri/>).

The Institute was founded in 1986 as one of two Centres of Excellence in drug research by the National Campaign Against Drug Abuse, now known as the National Drug Strategy.

**NDRI's mission is 'to conduct and disseminate high quality research that contributes to the primary prevention of harmful drug use and the prevention of drug related harm'.**

NDRI complements the role of its Sydney-based sister organisation, the National Drug and Alcohol Research Centre (NDARC), whose primary focus is on treatment.

So what makes a likely NDRI PhD scholar? In the first place, they need to be aware that NDRI research is social and behavioural: our staff are drawn from a range of disciplines including psychology, epidemiology, public health, sociology and anthropology, but we do not support biomedical, pharmacological or clinical research. We are an interdisciplinary group, drawing freely on ideas from each others' disciplines, and it is likely that a PhD scholar would feel most at home if they were prepared to do likewise.

Secondly, they need to be aware that NDRI's Mission and WorkPlan relate to the prevention of drug use and harms arising from use. Over 100 national and international research projects have been completed by the Institute, many of which have resulted in positive outcomes for drug policy and the community. The Institute has been a designated a World Health Organisation (WHO) Collaborating Centre for the prevention and control of alcohol and drug abuse since 1994.

We interpret prevention broadly, having research interests ranging through supply reduction, demand reduction and harm reduction, but do not support PhD projects which are too distant from our WorkPlan. Research activities are grouped into four broad categories:

- Alcohol research
- Community and school interventions research
- Illicit drug use research
- Indigenous Australians research

Details of our research interests and projects can be seen on our Web site.

Finally, and most importantly, NDRI PhD scholars will be vitally engaged and interested in the prevention of drug related harm. They might be currently working in a relevant field and feel the need for a further qualification, or just finishing degrees and wanting to go on. They will have good academic records with an appropriate Masters degree, Bachelors degree with Honours and superior performance, or Bachelors degree and completed postgraduate diploma or equivalent with a course-weighted average of 70 percent or more (or equivalent qualifications from other institutions).

### Some current NDRI Doctoral research projects include:

**Hepatitis C and novice injecting drug users: Identifying the risks and recommending harm reduction messages.**

The major aim of this project is to identify injecting practices other than those involving the

sharing of injecting equipment, that could put users at risk of direct blood to blood contact, thus increasing the risk of exposure to hepatitis C or other blood borne viruses (BBV). Qualitative data were collected participants who were videoed during the injection process and interviewed and filmed during the injection process.

### Two Indigenous projects, both developed in collaboration with local Aboriginal community controlled organisations.

Both projects address problems of real concern to those local community organisations. The first project is a response to Aboriginal perceptions that conventional alcohol intervention projects have limited effectiveness and helps Aboriginal people in the community to identify the essential elements of culturally appropriate interventions. The other, but it seeks to identify the role of alcohol in grief and loss among Aboriginal town campers. It is described in more detail elsewhere in this journal.

### An investigation of the effects of legislative and policy initiatives upon alcohol-related violence and driving offences.

Time series of data regarding numbers of drink driving offenders identified as having drunk last at particular premises are being examined for trends before and after the granting of Extended Trading Permits (ETPs) to hotels and nightclubs in the Perth metropolitan area. Analysis is also being made of numbers of assaults identified as occurring on or in the vicinity of particular licensed premises before and after the granting of extended trading permits.

### Criminal penalties for minor cannabis offences

This project is concerned with testing fundamental assumptions underpinning the application of criminal law to the personal use of cannabis. It aims to determine the consistency between the current cannabis laws and public opinion, and the extent to which the law deters cannabis use and results in significant social costs for persons so convicted.

We are always interested in talking to potential PhD students, who can enrol at any time of the academic year. If you are interested in following up with us, a good first step would be to contact me by e-mail: [W.Loxley@curtin.edu.au](mailto:W.Loxley@curtin.edu.au) **CI**

Wendy Loxley

# issuing forth

## Counting the cost of alcohol-related harm in Australia: the need for new data and new methods



**A**lcohol aetiologic fractions - otherwise known as attributable risks, attributable proportions, or the risk difference - provide an indirect means of quantifying the causal relationship between alcohol and various conditions which may result in death or hospitalisation. Since they operate from a probability basis, aetiologic fractions remove the need to know about causes of illness or injury among individuals. They are a necessary and basic component to any estimate of alcohol-caused morbidity and mortality and therefore accurate estimates are essential to identifying reliable measures of levels of alcohol-caused harm experienced in a community. Both the National Drug Research Institute (NDRI) and the Australian Institute of Health and Welfare (AIHW) have made estimates of alcohol-caused morbidity and mortality for recent years which have relied on the use of aetiologic fractions (Mathers et al., 1999; Chikritzhs et al., 2000; Higgins et al., 2000; Ridolfo and Stevenson, 2001).

For many years, *The Quantification of Drug Caused Morbidity and Mortality in Australia 1995*, a seminal work by English and colleagues (1995), has provided the basis for epidemiological alcohol research throughout Australia and internationally. Their substantial meta-analysis investigated over 50 different types of diseases and injuries for which there was a suspected association with alcohol consumption. The literature searches spanned studies published during the 1980's and early 1990's, across both national and international research and uncovered 38 conditions for which there was sufficient evidence to conclude a causal relationship with high-risk alcohol consumption (hazardous/harmful drinking, NHMRC 1992). Although this remains an important and influential work, alcohol consumption in Australia *has not been static* and there is now a need to revise estimates for all aetiologic fractions.

### Why are aetiologic fractions so important?

Aetiologic fractions are important to alcohol research because they are necessary for the derivation of population rates of alcohol-caused morbidity and mortality (eg. numbers of deaths, hospital admissions, bed-days) and estimates of years of life lost due to premature death. These measures are invaluable for tracking changes in levels of problems over time, for economic analyses and for informing and shaping public health decisions.

Aetiologic fractions define the degree to which alcohol is known to be a causal factor in any particular disease or injury. For example, the aetiologic fractions for alcoholic liver cirrhosis,

alcohol dependence, alcoholic poisoning and alcohol abuse are all '1' since all cases are 'wholly attributable' to alcohol. Other conditions, however, are only 'partially attributable' to alcohol and so have aetiologic fractions less than 1 (eg. assault, road crashes, stroke and oesophageal cancer).

English et al. (1995) derived their estimates by comparing risks for "responsible" versus "unsafe drinking" (as defined by NHMRC, 1992) and updated earlier estimates derived for an abstinence based contrast (Holman et al., 1990). Both international and Australian epidemiological studies were utilised in the meta-analyses, although for some conditions, only limited numbers of studies were available. Notably few epidemiological studies included in the English et al., (1995) meta-analyses used Australian populations - a reflection of the past and current shortage of Australian research on alcohol.

Until recently, English et al's., (1995) fractions have been assumed to be generalisable and have been employed in many Australian studies to estimate levels of alcohol-caused morbidity and mortality regardless of time and place (eg. MAPP, 1995; Higgins et al., 2000; Hanlin et al., 1999). However, for several reasons it has become increasingly apparent that without consideration of changes in the prevalence of drinking levels over time, drinking patterns and regional variations, the use of these fractions may result in less than accurate estimates of alcohol-caused morbidity and mortality.

### Current problems with alcohol aetiologic fractions

Most of the issues regarding alcohol aetiologic fractions relate to those conditions which are only partially attributable to alcohol (eg. assault, road injury). This is because the size of fractions for these conditions depends on the prevalence of alcohol consumption in the community being investigated. Conversely, aetiologic fractions for wholly attributable conditions remain '1' regardless of changes in prevalence.

Alcohol-related conditions can be generally divided into two groups - 'acute' and 'chronic'. Chronic conditions are those which tend to develop over many years of alcohol misuse (eg. oropharyngeal cancer, chronic pancreatitis) and reflect degenerative disease states. Acute conditions are generally those which result from episodes of drinking to intoxication (eg. assault, road injury, drowning). Since aetiologic fractions for the two types of conditions are derived from somewhat different methodologies their associated problems are also best described separately.

### Chronic conditions

In general, aetiologic fractions for chronic conditions are derived using an 'indirect' method which combines estimates of both Relative Risk and prevalence. While estimates of Relative Risk are derived from cohort, case control and cross-sectional studies and are generally transferable across populations (but not always), sex and age specific prevalence estimates must be derived from surveys which are representative of the community being studied. Thus, since these population aetiologic fractions are directly influenced by prevalence they are susceptible to wide variation across time and place.

In order to estimate alcohol-caused morbidity and mortality for 1992 death and hospital records, English and colleagues (1995) used prevalence estimates derived from two surveys conducted in 1989 and 1989/90. However, it is now known that from 1989 to the early 1990's national per-capita alcohol consumption declined by about 10% (World Drink Trends, 1998). Moreover, when national prevalence estimates for 1989 and 1995 are compared, it is evident that there has been at least a 5% increase in the proportion of people who abstain from drinking, at the same time levels of moderate and high risk drinkers have declined markedly (Ridolfo and Stevenson, 2001). This strongly suggests a need to adjust the aetiologic fractions originally identified by English et al. (1995) to reflect current estimates of drinking prevalence in Australia, particularly where trend data is to be examined.

Similarly, just as the prevalence of alcohol consumption may vary over time it may also vary between regions. The Northern Territory provides a striking example of how widely alcohol consumption may vary throughout Australia. In the Territory, per capita alcohol consumption is about twice that of the national average (Chikritzhs et al., 1999). Using regionally specific information on population drinking levels, it was estimated that alcohol aetiologic fractions for the NT were between 50% and 75% greater than those for the nation (Chikritzhs et al., 1999). There is little doubt therefore that due to the high levels of alcohol consumption in this region, nationally derived fractions are not applicable and if applied would inevitably result in serious underestimations of alcohol-caused morbidity and mortality. It is entirely possible that similar situations exist elsewhere in Australia (eg. northern Western Australia)

Clearly, where there is evidence of differing levels of alcohol prevalence the obvious solution is to substitute current local estimates. However, accurate information on the prevalence of drinking is rare, even at the



national level. Currently in Australia, of the several national health surveys (eg. 1997 National Mental Health Survey; 1995 National Health Survey; 1999 National Drug Strategy Household Survey), none are conducted annually, methodological approaches are rarely consistent and most incorporate inappropriate or insufficient consumption questions. According to Donath (1999) there have been no equivalent national surveys using similar methodologies since the 1989 surveys utilised by English et al (1995). At the state/territory level, large scale reliable surveys are even less common and few national surveys have large enough sample sizes to allow disaggregation of data at the regional level.

## Acute conditions

Unlike chronic conditions, there are rarely enough cohort, case-control or cross-sectional studies conducted on acute alcohol-related conditions to allow the application of the preferred 'indirect' method. Thus, fractions for acute conditions are often derived 'directly', that is, from a series of cases where each case can be identified as either caused or not caused by alcohol. However, while these aetiological fractions do not directly incorporate prevalence estimates, they are nevertheless strongly influenced by levels of alcohol consumption and other related factors which may be specific to the sampled population. Thus, these fractions also have a strong propensity to vary widely over time and between regions.

Despite the likelihood of regional variation, few of the studies identified and incorporated into the English et al (1995) review were based on findings for Australian communities. In the case of drownings for example, only one of eight case series studies cited sampled an Australian population. Yet, many other factors may also influence the likelihood of the involvement of alcohol in drownings including cultural differences (eg. the Australian predilection for sun and surf, the popularity of backyard swimming pools) and average levels of alcohol consumption. However, despite the known limitations, the scarcity of Australian research in this area leaves little choice but to use international studies.

Adding to this, the studies examined by English and colleagues (1995) were published throughout the 1980s and early 1990s, thereby further reducing the likelihood that the sampled populations would at all resemble an Australian population in 2001. To again use the example of alcohol-caused drownings, the only Australian study cited by the English et al. (1995) review was published over 16 years ago in 1984.

## Recommendations

From an Australian perspective, one of the greatest weaknesses of currently available aetiological fractions is that they have largely been derived from non-Australian samples. Clearly, there is a strong argument for more Australian based alcohol research – for both acute and chronic conditions. In the case of fractions for acute conditions the problem is compounded by the fact that most have been based on case series studies which incorporate no estimate of relative risk and no direct means of adjusting for current levels of prevalence. One solution of course is

to increase the numbers of good quality case-control studies of injury such as the recent research by McLeod and colleagues (1999).

Ridolfo and Stevenson (2001) have very recently updated relative risks (female breast cancer, stroke) and aetiological fractions (road injuries, falls) for 4 conditions, each of which is markedly different from the original fractions estimated by English and colleagues (1995). Besides altering how we view the relationship between alcohol and these specific conditions, these new estimates have the ability to significantly change overall estimates of alcohol-caused morbidity and mortality. Ideally, this process should be repeated for all other conditions using Australian data wherever possible.

However, as we have seen for chronic conditions, one of the other major limiting factors in the accurate estimation of alcohol aetiological fractions is the lack of suitable and reliable information on the prevalence of drinking. In the absence of current annual prevalence data and regionally specific studies, one proposal has been to adjust aetiological fractions year by year by estimates of per capita alcohol consumption (WHO, 2000; Chikritzhs et al., 2000). This is possible since data for estimating per capita alcohol consumption at a national level is routinely collected on an annual basis by the Australian Bureau of Statistics (ABS). Such adjustment is reasonable given that there is a consistent positive linear relationship between mean per capita alcohol consumption and the proportion of individuals consuming at high-risk levels (Edwards et al., 1995; Smart et al., 2000) One of the limitations however is that since per capita consumption is unable to be differentiated by sex or age, any change in per capita consumption over time is necessarily assumed to produce a corresponding change in the proportion of people consuming alcohol across both sexes and all age groups. This is arguably a preferable assumption to that of assuming that drinking prevalence remains stable in all age groups despite significant changes in per capita consumption.

Employing this method, adjustments may also be made to aetiological fractions so that they are regionally specific. For example, Chikritzhs and colleagues utilised local per capita consumption information to derive aetiological fractions which were specific to the Northern Territory (Chikritzhs et al., 1999). The versatility of the formula also allows it to be applied to both acute and chronic conditions.

However, due to the well-known High Court decision of August 1997 outlawing the collection of alcohol, tobacco and petrol taxes by the States, only four jurisdictions continue to collect or are likely to resume collection of the necessary information in the near future (WA, Qld, NT, ACT). It is interesting that in at least three cases the sole purpose for continued data collection is the now almost universal objective of state/territory liquor legislation: to minimise alcohol-related harm. From a public health point of view, it is extremely important to recommence collection of these data in all jurisdictions so as to enable accurate monitoring of alcohol-related harm across both place and time. A nationally coordinated and consistent set of liquor data would be ideal. This would increase

accuracy and enable the tracking of some of the rapidly changing patterns of drinking in Australia. NDRI is currently working with experts from AIHW, Commonwealth Health and Turning Point to develop a nationally consistent approach to this issue in order to generate less discordant estimates in future work. **CI**

*Tanya Chikritzhs  
and Tim Stockwell*

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# project notes

## A Selected Review of What Works in the Area of Prevention: A World Health Organisation Commissioned Study

*David Hawks and Katie Scott*

The National Drug Research Institute has been commissioned by the World Health Organisation Geneva to undertake a review of the research literature in a number of areas with a view to identifying what has worked in the prevention of drug related harm. The review is not expected to be exhaustive, but will concentrate on those studies meeting a number of selection criteria. The final product will be available in both printed and electronic form so permitting users to interact with it and ensure its further development over time.

The areas selected for review will include media campaigns, school based programs, community based programs, early childhood interventions, and the regulation of the physical and economic availability of drugs.

When available the review will comprise a brief description of each of the studies selected including an evaluation of their generalisability.

It is expected that the review will evolve over time and while restricted to those studies published or extracted in English, will not necessarily be confined to reports appearing only in refereed sources.

## National Alcohol Indicators Project

*Tim Stockwell, Tanya Chikritzhs and Paul Catalano of the National Drug Research Institute, Perth, in conjunction with Susan Donath and Sharon Mathews of Turning Point, Melbourne.*

Funded by the National Drug Strategy, the National Alcohol Indicators Project (NAIP) is a nationally co-ordinated 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. One of the main objectives of the project is to produce and disseminate summary Bulletins which highlight the major points from each research area (ie. alcohol-caused morbidity and mortality, alcohol-related serious

road injury, drinking patterns, per capita alcohol consumption and alcohol-related violence) which are to be accompanied by technical reports.

The first, second and third NAIP reports were released in December 1999, May 2000 and November 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. Bulletin 3 reported on patterns of alcohol consumption in Australia in 1998. The fourth report in the NAIP series will be completed shortly and will present, for the first time, trends in per capita alcohol consumption at national, state/territory and metropolitan/non-metropolitan levels from 1990/91 through to 1998/99.

In order to estimate adult per capita consumption at the state/territory level and below, NAIP has refined the methodology for identifying numbers of consumers of alcohol which serves as the denominator in per capita estimates. While past methods have utilised only estimated residential populations (ERP) the current approach attempts to account for visitor consumption and time spent elsewhere by residents. Other methodological refinements such as the estimation of typical beverage strengths at jurisdictional levels have also been made. The end result is argued to be a more accurate indication of true levels of consumption than previous estimates.

The main findings indicated that there was a general decline in per capita consumption in the early 1990's for most jurisdictions, with the exception of Qld and WA where some evidence of increasing consumption was found. Per capita consumption was also consistently highest in the Northern Territory and lowest in Victoria ranging from 17 to 7.5 litres per adult person. Moreover, non-metropolitan consumption was consistently higher than for metropolitan regions.

The reports also highlight current problems in accessing the data required to measure per capita consumption. Due to a Federal High Court ruling in 1997 only Western Australia and the Northern Territory have continued to collect volume of purchase data through official Liquor Licensing bodies beyond 1995/96. Queensland and the ACT have recently reinstated data collection. The outcome is that an important tool for measuring alcohol-related harm is no longer available for the remaining states.

Copies of all the NAIP Bulletins and their accompanying technical reports are available on request.

## Night Patrol Monitoring and Evaluation Project

*Dennis Gray, Brooke Sputore, Jane Ulrik*

Currently, there are approximately 40 night patrols conducted by Aboriginal community controlled organisations in various parts of the country. Many of these were established in direct response to the recommendations of the Royal Commission into Aboriginal Deaths in Custody, with the broad aim of keeping Aboriginal people out of police custody. Although their role has been widely praised, there have been few formal evaluations of night patrol projects and there are few agreed upon criteria for measuring their effectiveness.

Aboriginal community organisations themselves are keen to enhance the performance of their patrols and, to this end, Tangentyere Council in Alice Springs, Julalikari Council in Tennant Creek, and Kununurra-Waringarri Aboriginal Corporation are working on joint project with the National Drug Research Institute to develop a computerised monitoring and evaluation system that:

- will be flexible enough to meet the needs of night patrols of varying size; and,
- is a stand-alone package that can be made available to night patrols throughout the country at minimal cost should they wish to use it.

To date, a review of patrol objectives has been undertaken, data to be collected has been identified, data collection sheets have been trialed, and a prototype computer database has been developed. The system is now undergoing intensive testing in the three sites and it is hoped that they system will completed and available for distribution later this year.

## Loss and its consequences among Town Camp dwellers in Alice Springs: the role of alcohol and other drugs

*Jane Ulrik and Dennis Gray*

The aim of this project is to identify the impact of loss and grief on the ability of Aboriginal Town Campers in Alice Springs to function, to work and to care for family, and the role of alcohol in this. The project, which will be the first detailed study of loss and its meaning in an Aboriginal community, has been developed in conjunction with Tangentyere Council, an Aboriginal community-controlled organisation representing the Town Camps and Central Australian Aboriginal Congress the Alice Springs Aboriginal health service.

Aboriginal people in the Town Camps face many difficulties. These include loss of country,

poverty, and high rates of morbidity and mortality. The lives of some people with chronic disease have been medicalised to the extent that family structure has broken down. There appears among many to be an overwhelming sense of powerlessness over their health and their futures. The anxiety and grief arising in this situation is compounding and often unacknowledged, and our understanding of the processes involved and the role that alcohol plays in this is extremely limited.

In particular, the aims of the project are to describe the dimensions of loss and associated grief, to document how Aboriginal people perceive their situation, and provide insights into their social and cultural milieu. Particular attention will be paid to notions of resilience and vulnerability in this context. It will be a descriptive study, largely using qualitative research methods but also including collection of some quantitative data. As well as addressing some of the gaps in our knowledge of this phenomenon, the results of the study will provide information for use by Tangentyere Council in planning culturally appropriate interventions.

## The Harm Reduction Needs of Aboriginal Injecting Drug Users

*Dennis Gray, Dennis Hayward, Sherry Siggers, David Atkinson, Wendy Loxley, Deirdre Bourbon and Adrienne Moloney.*

Staff from the National Drug Research Institute at Curtin University of Technology, Noongar Alcohol and Substance Abuse Services, the School of International, Cultural and Community Studies at Edith Cowan University and the Centre for Aboriginal Medical and Dental Health at the University of Western Australia are conducting a research project on the harm reduction needs of Aboriginal injecting drug users in Western Australia. The project involves Aboriginal community organisations in Perth, Broome, Geraldton, Kalgoorlie and Bunbury, and has approval from the Western Australia Aboriginal Health Information and Ethics Committee.

The objectives of the project are to:

- conduct research into the nature and extent of illicit intravenous drug use by the Aboriginal population of Western Australia; and
- determine the needs for harm reduction services for Aboriginal people who inject drugs illicitly.

We hope to make a range of recommendations to the Health Department of Western Australia regarding appropriate harm reduction services and resources for Aboriginal people who inject drugs.

In order to develop a range of estimates of the prevalence of injecting drug use, we will be examining various quantitative data including:

epidemiological data on overdose and Hepatitis C notifications; police data on drug-related incidents and 'break and enter' and car theft offences; admissions to treatment and counselling agencies; and, Australian Bureau of Statistics data on Indigenous Australian drug use.

We will be speaking to representatives of Aboriginal and non-Aboriginal health, welfare and justice agencies; Aboriginal people who inject drugs; and, family and community members. The areas that will be discussed include patterns of injecting drug use, users' perceptions of risk and harm, harms associated with injecting drug use and user and community views on the need for harm reduction services.

## Mapping Indigenous Drug and Alcohol Programs

*Brooke Sputore, Dennis Gray, Anna Stearn, Phillipa Stremple*

The National Drug Research Institute (NDRI) has developed an internet-based Indigenous Australian Alcohol and Other Drugs Database (<http://www.db.ndri.curtin.edu.au>). With the voluntary participation of Indigenous community organisations and government agencies we have been able to publish on the Database information on over 345 relevant drug and alcohol intervention services and projects. The Database is a user-friendly resource that has been designed for people working in the Indigenous drug and alcohol field and is available free-of-charge on the internet.

Recently, NDRI was contracted by the Australian National Council on Drugs to build on the Database by conducting the Indigenous Drug and Alcohol Programs Project. The project aims to identify programs that serve as models of best practice in efforts to reduce the harm caused by alcohol and other drugs among Indigenous Australians; and to effectively disseminate that information to Indigenous Australian communities, those organisations conducting intervention projects, funding agencies, and policy makers.

As part of the Indigenous Drug and Alcohol Programs Project, NDRI is mapping all Indigenous alcohol and other drug programs that were operating in Australia in the 1999/2000 financial period. To be able to do this we have contacted relevant community service organisations to request information regarding Indigenous alcohol and other drug intervention services they operate. In addition, we intend to map the amount of government funds per capita that are allocated to each ATSIC region for Indigenous alcohol and drug programs. We have received ethical approval to map this information on the basis that we do not disclose funding provided to particular agencies without their consent. The project is due to be completed at the end of March 2001. **CI**

# abstracts

## An indicator approach to the measurement of alcohol related violence.

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*Brinkman, S.A., Chikritzhs, T., Stockwell, T.R. and Mathewson, P.*

This chapter makes a case for using surrogate measures of alcohol-related violence as a tool for targeting and evaluating local prevention initiatives and policies. We suggest that a sufficient volume of timely health and police data on conditions or cases known to be highly alcohol-related can be used to develop effective surrogate measures of alcohol-related harm. The use of three main varieties of indicators will be illustrated and discussed: night-time assaults occurring in public places; night-time presentations of assault injuries to emergency departments; and hospital admissions for assault injuries adjusted by a locally estimated aetiologic fraction. The data sources covered include: hospitalisation records (morbidity and mortality data); police recorded charges (in particular assaults); emergency room (ER) data; and surveys. This chapter recommends that, whenever possible, steps should be taken to increase the electronic recording of time and place of occurrence of violent events, especially in ER data. It also recommends that, where possible 'triangulation' between different sets of indicators should be used in order to confirm and interpret observed trends. Each source of data has its own inherent biases that the researcher must be aware of and attempt to allow for. The more indicators available, and the greater the researcher's knowledge of potential threats to validity, then the greater confidence there can be in the observed trends.

## Mortality and life years lost due to alcohol: a comparison of acute and chronic causes.

*Medical Journal of Australia, 2001, 174, 281-284*

*Chikritzhs, T., Jonas, H., Stockwell, T., Heale, P., & Dietze, P Objectives.*

1. To estimate the numbers of deaths and prematurely lost years of life due to high-risk alcohol consumption in Australia during 1997, using current estimates of consumption.
2. To compare the number of deaths and person-years of life lost due to acute conditions associated with bouts of intoxication (e.g.



alcohol-related road injuries and assaults) and chronic conditions associated with long-term misuse of alcohol (e.g. alcoholic liver cirrhosis and alcohol dependence). Methods. All Australian deaths during 1997, which corresponded to conditions considered to be partially or wholly caused by high-risk alcohol consumption, were extracted from the Australian Bureau of Statistics Mortality Datafile and adjusted by alcohol aetiologic fractions calculated for Australia in 1997. To estimate the person-years of life lost for people dying from alcohol-caused conditions, a life table method was used. Main Outcome Measures. Numbers of all deaths and person-years of life lost due to chronic and acute alcohol-related conditions. Results. Of the 3,290 estimated alcohol-caused deaths in 1997, chronic conditions accounted for 42%, acute conditions 28% and mixed chronic/acute 30%. Of the 62,914 estimated potential life years lost, acute conditions were responsible for 46%, chronic 33% and mixed acute/chronic 21%. The average numbers of years of life lost through deaths from acute conditions were over twice those from chronic conditions, because the former conditions mostly involved younger people. Conclusions. In view of the societal burdens imposed by premature deaths, more effective public health strategies are needed to reduce the harm associated with drinking alcohol to intoxication, especially among young people.

## Harm reduction, drinking patterns and the NHMRC Drinking Guidelines.

*Drug and Alcohol Review*, 2001, 20, (1), 125-133.

**Tim Stockwell**

In June 2000 Australia's National Health and Medical Research Council released a Consultation Draft of new National Drinking Guidelines 1. There were several new departures from the previous guidelines 2 reflecting not only advances in scientific evidence base but also the increasing influence of the related concepts of harm reduction and drinking patterns on the alcohol field in Australia. These guidelines were developed largely from a comprehensive literature review commissioned specially for the project 3. At the time of writing the guidelines are still being revised in the light of the community consultation exercise which included an open seminar at the 1999 APSAD conference and a call this year for written submissions. Some 45 submissions were received and a number of modifications are currently being made. The purpose of this article is not to anticipate the final version but to reflect on the significance of drinking guidelines for harm reduction in Australia and to suggest the kind of research that is needed for the next version in five years time to be improved further.

## Doing the possible: harm reduction, injecting drug use and blood borne viral infections in Australia.

*International Journal of Drug Policy*, 2000, 11, (6), 407-416.

**Wendy Loxley**

Most surveys show that, other than among men who inject drugs and have a history of homosexual contact, the prevalence of HIV infection among injecting drug users (IDUs) in Australia is about 2%. Rates of needle sharing have also declined greatly in the last decade, although the high prevalence and incidence of hepatitis C infection suggest that existing strategies have not yet brought this epidemic under control.

Harm reduction has been the major Australian approach to the reduction of blood borne viral infections (BBVIs) in IDUs. Harm reduction strategies include needle distribution schemes, drug substitution therapies and education about safe administration practices. Importantly, with IDUs as with gay men, the infected and affected communities have been brought into partnership with health educators, researchers and policy makers.

This paper will review Australia's approach to the prevention of BBVI in IDUs and the effectiveness of current strategies. I will argue that while HIV/AIDS among heterosexual IDUs appears to have been successfully prevented, international experiences of rapidly emerging epidemics demonstrate there is little room for complacency. Moreover, reducing the incidence of hepatitis C and hepatitis B among IDUs remains a major challenge. **cl**

## recent publications

### Monographs and Technical Reports

**Stockwell, T.R. and Lenton, S.** (2000). *Demand Reduction: A Glossary of Terms*. United National Office for Drug Control and Crime Prevention, New York. ISBN: 92-1-148129-5

**McBride, N. and Farrington, F.** (2000). *SHARHP 2000. Alcohol Education Program for Secondary School Students. Annual Report 2000*. National Drug Research Institute, Perth, Western Australia.

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**Brinkman, S.A., Chikritzhs, T., Stockwell, T.R. and Mathewson, P.** (2000). An indicator approach to the measurement of alcohol related violence. In Williams, P. *Alcohol young people and Violence, Australian*. Australian Institute of Criminology, Research and Public Policy, Canberra.

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**Weatherburn, D., Topp, L., Midford, R. and Allsop, S.** (2000). *Drug Crime Prevention and Mitigation: A Literature Review and Research Agenda*. NSW Bureau of Crime Statistics and Research, Sydney.

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Preventing harmful drug use in Australia

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