

# centre lines

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issuing forth  
Translating research into practice



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## edspace

Welcome to the first issue of CentreLines from NDRI in 2002.

A criticism often levelled at researchers is that, while the research they conduct may be valuable and interesting in its own right, its full potential to benefit the wider community is often not realised. This issue of CentreLines focuses on activities that are helping to rectify this situation.

In *Headspace*, Tim Stockwell is pleased to announce details of an international symposium; *'Preventing substance use, risky use and harm: What is evidence-based policy?'*.

The symposium aims to provide a forum for high quality discussion and debate about what works in prevention, based on the best evidence currently available and with the aim of establishing priorities for policy development and funding. Further information about the symposium will be available in due course through various channels including the NDRI website at [www.ndri.curtin.edu.au](http://www.ndri.curtin.edu.au).

In *Issuing Forth*, Susan Carruthers outlines how the findings of research into risky injecting behaviours are being used to develop a peer-based intervention. The intervention, aimed at preventing the transmission of hepatitis C among novice injectors, will help precisely that group of people amongst whom the initial research was conducted.

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

Rachael Lobo  
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

## Preventing substance use, risky use and harm: What is evidence-based policy?



I am delighted to be able to announce that NDRI will be hosting an international symposium in Perth from 24 to 27 February 2003, in partnership with the Centre for Adolescent Health, University of Melbourne, and the Alcohol and Public Health Research Centre, Auckland, NZ. Initial funding for the symposium has been provided by the National Drug Strategy Unit, Commonwealth Department of Health, Canberra. I would like to use this issue of Centrelines to provide some background for the meeting and invite readers to consider submitting papers and/or attending. Numbers for the main symposium will be limited but there will also be a one day seminar that will be open to all and that will feature some of the international speakers. Further details regarding date and venue for the seminar will be confirmed shortly.

### Background

Over the past 12 months, NDRI has been engaged in two major projects that have involved reviewing evidence for 'what works' in the prevention of risky and harmful substance use, including both licit and illicit substances. The first project was sponsored by the Department of Mental Health and Substance Dependence of WHO, Geneva and sought to identify those research studies which provided 'exemplary' evidence regarding the effectiveness of programs concerned variously with public education, school-based education, regulation of availability and community action. The second study is being funded by the National Drug Strategy Prevention Agenda and is being conducted in partnership with the Centre for Adolescent Health, University of Melbourne and in association with a multi-disciplinary group of expert advisers. The result will be (i) a research monograph which summarises the available empirical and scientific evidence regarding best practice in the prevention of substance use problems and (ii) a companion document

which considers the evidence and issues in detail for young people.

It is hoped that dissemination of these reviews will contribute both to general understandings about evidence-based prevention both throughout the life course and across the full range of intervention modalities. It is anticipated that there will be some common themes and clear linkages with recent prevention reviews from the areas of crime prevention and mental health promotion<sup>1,2</sup>. It is also anticipated that there will be some unique issues, risk factors and opportunities that are specific to the prevention of particular varieties of drug-related harm.

Of major importance, it is hoped that the outcomes of the prevention monograph project will be a contribution towards effective national policy development. It is with this objective in mind that an international symposium is proposed as a means of raising the quality of debate about what works in prevention and what are the priorities for policy development and funding. To achieve these aims, the format of a Kettil Bruun Society thematic meeting will be employed. This involves series of brief presentations based on previously circulated papers with formal commentary by a discussant and extensive time for discussion. This format provides an ideal opportunity for rigorous examination of the quality of evidence underlying particular positions providing the group is not too large. It is proposed that there would be a maximum of 80 participants representing a variety of research and policy interests meeting for four days. The participating researchers would be drawn from an international base while the policy makers would mainly be from Australia and New Zealand with some representation it is hoped from WHO.

At this stage, provisional support has been given by the Kettil Bruun Society for Social and Epidemiological Research on Alcohol for the meeting to be designated as a

thematic meeting concerned with the prevention of harm arising from both licit and illicit drugs. Formal approval will be sought at the KBS annual symposium in Paris in June 2002. Interest has also been expressed by the Substance Abuse Department of WHO, Geneva. The Centre for Adolescent Health in Melbourne, the Alcohol and Public Health Research Centre in Auckland and Harold Holder of the Prevention Research Center, USA have all agreed to participate and support the eventual meeting.

### Provisional shape of the program

It would be unwise to anticipate too precisely the eventual shape and range of topics of the meeting as there are many to choose from. The range of choices and potential areas to examine is enormous, especially when 'prevention' is understood to broadly encompass all drug types, the prevention of risk and harm as well as use and also the impact of regulatory as well as educational initiatives. At this stage it is suggested that there might be three main elements to the program:

1. What are the main patterns of risk and harm which demand improved prevention responses? (Day 1)
  - How do these patterns evolve over the life course for different population sub-groups? A special focus on Indigenous issues included.
  - At the population level are most of the harms associated with identifiable high risk individuals with multiple problems or are they among the more numerous low risk individuals? (ie when does the 'prevention paradox' apply?)
  - To what extent should prevention efforts focus on prevention of drug use, risky patterns of use or of harm?

- How are the adverse effects of legal sanctions against drug use to be considered?
  - What are the linkages between different drug types? Are there 'gateway' drugs?
2. What is the best evidence for what works in prevention? To include prevention of risky use by young people, regulation of availability, community action, public education, law enforcement initiatives and harm reduction initiatives across the life span. (Day 2 and 3)
- Results of major reviews from the substance misuse area but also crime prevention, mental health and injury prevention
  - Formal comparisons of effectiveness and cost-effectiveness of different prevention approaches and prevention potential in terms of reduction in total population levels of harm.
  - Does making treatment programs more available reduce levels of use and harm in wider community?
  - What is the evidence base for optimal processes for delivering effective interventions?
  - Overviews of major prevention initiatives eg the community trials project
- Cost-effectiveness of different prevention approaches with different populations.
3. What are most useful conceptual models for the full range of opportunities for prevention? What models exist for the implementation of a comprehensive national prevention policy? What are the optimal policy mixes for drug prevention? (Day 4)
- Examples of evaluated national policy initiatives
  - Examples of comprehensive national monitoring systems
  - How to overcome impediments to effective implementation
  - Models for comprehensive and multi-sector interventions?
  - Models for working with Indigenous peoples
  - How best to spend the prevention dollar?

Papers to be considered at the symposium will comprise a combination of those emanating from recently completed reviews, invitations to policy and research leaders and papers submitted for presentation. Papers covering broad issues around prevention are particularly encouraged –

conceptual overviews, evaluations of national prevention policies, systematic reviews of interventions and cost-effectiveness studies. A set of edited proceedings will be produced soon after the meeting based on edited versions of the selected papers accompanied by invited overviews of each topic area.

It is timely for such a meeting given some of the exciting developments in the prevention field and at a time when our Inter-Governmental Committee on Drugs is developing a prevention agenda. We hope the meeting will provide an opportunity for high quality debate about the optimal directions for future policy designed to prevent and reduce drug-related harm. A more formal call for papers will follow in due course.

*Tim Stockwell*

## References

1. **Brown, M., Homel, R., Putt, J. and Simmons, K.** (1999) *Pathways to prevention: Developmental and early intervention approaches to crime in Australia*. Canberra: AGPS.
2. **Williams, B., Sanson, A., Toumbourou, J. and Smart, D.** (2000) *Patterns and predictors of teenagers use of licit and illicit substances in the Australian temperament project cohort*. Commissioned by the Ross Trust.

# issuing forth

## Translating Research into Practice

Researchers in the illicit drug area often face the criticism from those working at the coalface that their research findings are not disseminated to those who can make the most use of it and that it is often irrelevant. To many community workers, repeatedly measuring the risks associated with injecting is of little value when it comes to changing the behaviours of injectors in the field. I have some sympathy with this criticism but also understand that the translation of research findings into practice is not always a simple task. This Issuing Forth article outlines the translation of research from the HIT (hepatitis C, injecting and transmission) study<sup>1</sup> into a peer-based intervention designed to prevent the transmission of hepatitis C among novice injectors (those who have been injecting for three years or less). The intervention was

designed and produced by NDRI research staff, in conjunction with injectors, and has been implemented by a peer researcher.

While the prevalence of hepatitis C amongst those who inject drugs declined significantly between 1995 and 1997 (from 63 percent to 50 percent) and incidence rates are showing a downward trend<sup>2,3</sup>, there is continuing evidence that the prevalence of risk behaviours associated with injecting remains high. The sharing of needles and syringes continues at varying rates, and other risk behaviours, such as the sharing of other items of injecting equipment and the giving or receiving of injections, have proved to be highly prevalent, especially amongst novice injectors.

In recognition that some injecting behaviours are not easily identified by the use of standard

questionnaires, an investigation aimed at examining the minutia of injecting was conducted. Named the HIT (hepatitis C, injecting and transmission) study, it examined the process of injecting using a recorded observation method, that is, groups of injectors were recruited and videoed as they injected in their usual location. Twenty-seven injecting events, involving 56 injectors, were filmed while preparing and administering a drug and disposing of used equipment. This technique enabled the in-depth examination of injecting as it occurred in a natural setting. The resulting data revealed alarmingly high levels of risk, the majority of it emanating from the close physical contact between injectors involved. The



data clearly demonstrated that injectors share not only drugs, which they commonly purchase together, but also the preparation, the administration and the aftermath, the period of time immediately following injection, when used needles are capped and used equipment disposed of. Injectors were observed to touch their own and others' injection sites, they shared swabs or tissues when wiping blood from injection sites and frequently handled each others used equipment.

The findings from the HIT study strongly suggested that major changes needed to be made to current safe injecting guidelines as well as the way in which information on safe injecting is imparted to injectors, especially novice injectors (classified as those who have been injecting for three years or less). This conclusion led to the development of a pilot intervention project, targeting novice injectors, especially those not in contact with health and education services. This project has taken the form of a randomised controlled trial and initially involved the making of a short video and an implementation manual. The video, filmed and produced by NDRI staff and current injectors, provides information on the prevalence of hepatitis C amongst Perth injectors, the characteristics of the virus and possible health consequences of infection. It also illustrates the ease with which hepatitis C can be transmitted via injecting, even when sterile injecting equipment is used. The instruction manual contains detailed information about the history of hepatitis C, the consequences of infection and the chronic nature of infection. It also contains explicit instructions for safe injecting specifically to avoid hepatitis C infection (or infection with other blood borne viruses). It highlights the various injecting actions which can transmit the virus and presents a number of injecting rules which could result in reduced risk of exposure. The program underwent a peer review in 2000 in which it was sent to eight

organisations involved in peer education or the provision of services to injectors. A total of 32 staff members and 28 clients examined the program and provided written feedback about its suitability for use as a peer education resource. As a result of this review both the video and the manual were modified.

The randomised controlled trial of the intervention, delivered in a peer setting by a peer researcher, is now nearing completion. The injecting behaviours of fifty novice injectors have been assessed (using a recorded observation method) and were randomly allocated to control or intervention group. The control group received standard written resources, commonly available from health centres as well as safe injecting resources only available from the West Australian Substance Users Association (WASUA). The intervention group took part in a two hour session in which they viewed the video, assessed their own injecting practices and took part in a safe injecting demonstration. The interventions took place in small groups (maximum three people) consisting of individuals who usually injected together. Follow-up took place one month after the intervention and consisted of the same assessment as occurred at recruitment. At follow-up participants were also asked to provide details of any educational material they had accessed during the intervening period or any involvement in other educational activities.

A preliminary analysis of the data shows some promising results. In particular, the follow-up of new initiates, those who have been injecting for six months or less, indicates that some behaviour change has occurred and post intervention injecting risk has been reduced. Only time will tell whether or not these changes can be maintained. The next step in the process is to refine the intervention as a result of the findings and investigate ways in which the package can be disseminated to peer educators in the field who are most likely to be in

touch with novice drug injectors.

The connection between research and practice is a vitally important one, but one that is not often followed through. In terms of reducing the risk associated with injecting there is little value in continuing to measure the risk without then attempting to modify it. The flow demonstrated here, from the research to the development and evaluation of an intervention demonstrates the pathways by which research can be translated into practice, albeit in a small way. Neither should the process stop at this point. The plans for dissemination of the intervention will need to include the delivery of training to peer educators as well as suggestions for modification of the intervention to suit the local situation. This can only be achieved in conjunction with peer community groups who employ the peer educators. Hopefully the process will travel full circle - from the research, which involved the target population of drug injectors, to the development of the intervention also involving the target population of drug injectors, to the delivery of the intervention, via the peer educators, back in the target population of drug injectors.

*Susan Carruthers*

## References

1. **Carruthers, S.** (2002) The context of injecting in the assessment of risk associated with injection. (Submitted for publication)
2. **MacDonald, M., Wodak, A., Dolan, K., van Beek, I., Cunningham, P. and Kaldor, J.** (2000) Hepatitis C virus antibody prevalence among injecting drug users at selected needle and syringe programs in Australia, 1995-1997. *Medical Journal of Australia* 172, 57-61.
3. **Crofts, N and Aitken, C.K.** (1997) Incidence of blood borne virus infection and risk behaviours in a cohort of injecting drug users in Victoria, 1990-1995. *Medical Journal of Australia* 167, 17-20.

Preliminary announcement of an international symposium:  
**PREVENTING SUBSTANCE USE, RISKY USE AND HARM:  
 WHAT IS EVIDENCE-BASED POLICY?**  
 24 – 27 February 2003, Perth

The National Drug Research Institute is pleased to announce that it will be hosting an international symposium in partnership with the Centre for Adolescent Health, University of Melbourne, and the Alcohol and Public Health Research Centre, Auckland, NZ.

Please see Headspace in this issue of CentreLines for more information  
 Further details about the symposium and a call for papers will follow shortly.

# project notes

## The harm reduction needs of Aboriginal people who inject drugs

*Dennis Gray, Wendy Loxley and May Carter with Sherry Siggers (ECU), David Atkinson (UWA) and Dennis Hayward (NASAS)*

Associate Professor Dennis Gray with a team of colleagues from the National Drug Research Institute, the Institute for the Service Professions at Edith Cowan University (ECU), the Centre for Aboriginal Medical and Dental Health, University of Western Australia (UWA) and the Noongar Alcohol and Substance Abuse Service (NASAS) has recently completed research which examined the nature and extent of injecting drug use of Aboriginal people in Western Australia; in particular, Perth, Kalgoorlie, Geraldton, Bunbury and Broome.

Funded by the Department of Health, Western Australia the study was supported by both local Aboriginal health services and state umbrella health organisations that were keen to reduce harms associated with injecting drug use such as blood borne viruses, and a wide range of social harms such as problems with families and crime.

Utilising a variety of quantitative and qualitative methods, the study revealed that injecting drug use among Indigenous people has probably doubled since 1994 and that amphetamine is the drug of choice among Indigenous injectors, with little reported use of heroin. Indigenous injecting drug users tend to be younger than their non-Indigenous counterparts, and injecting is more common in the metropolitan area.

Researchers found considerable discrepancies between the harms perceived by users and those identified by service providers. Injectors were worried primarily about the impact of their use on their immediate and extended families, while service providers see crime and health issues as most significant.

Interviews with injectors about their drug use revealed risky injection practices such as sharing equipment which are exposing Indigenous people to blood borne viruses, in particular. As in the general injecting population

Indigenous people are more likely to share with family and friends who are perceived as being of lower risk than strangers. Sharing frequently occurs when people are unable to obtain clean needles quickly and cheaply.

Apart from needle and syringe programs most Indigenous users knew little about services available for them, and few would consult them as they saw their use as unproblematic. There are very few services available which provide culturally appropriate, technically competent and non-judgemental advice to Indigenous people who inject drugs.

Recommendations from the study cover prevention, harm minimisation and treatment, with a much stronger role for Indigenous organisations in all areas. Greater access to clean injecting equipment; better education and training for users, service providers and the community about injecting and its consequences; and more appropriate counselling and treatment models for Indigenous people are among the recommendations. The research should provide Indigenous and mainstream health providers with the information they need to reduce the harms associated with Indigenous injecting use, if adequate resources are also committed to this emerging health issue.

## An evaluation of the impact of changes to cannabis law in WA on cannabis use, the drug market, law enforcement, knowledge and attitudes, and cannabis-related harms – Year 1

*Simon Lenton, Fiona Farrington, James Fetherston and Kim Hargreaves with Adam Sutton (Department of Criminology, University of Melbourne)*

In November 2001, the WA Government agreed to the introduction of a system of prohibition with

civil penalties for minor cannabis offences. These legislative changes represented an endorsement of recommendations made at the WA Community Drug Summit hosted by the WA Government in August 2001. This project is designed to evaluate the impact of the proposed changes to cannabis law in WA using a pre-post evaluation. Year 1 represents the first wave of data collection for this pre-post evaluation and has been funded by the National Drug Law Enforcement Research Fund (NDLERF).

Distinct sub-studies, each designed to examine the impact of these legislative changes on different populations, have been developed with several being conducted in this phase.

### **Substudy 1: Effects of changes in cannabis law in WA on population-based prevalence of cannabis use, attitudes, knowledge regarding cannabis and the law, and deterrent effects**

This study aims to examine the effect amongst members of the general public of replacing criminal law sanctions for these offences with civil penalties. Using computer assisted telephone interviewing techniques, 800 randomly selected households will be contacted both prior to and two years after the legislative changes have taken place. The survey will cover a range of issues including knowledge and attitudes towards cannabis, respondent's own use of the drug, knowledge and attitudes with respect to the law and the proposed legislative changes.

### **Substudy 2: Study of regular cannabis users regarding rates of cannabis and other drug use, drug market factors and attitudes regarding cannabis and the law**

This study is designed to explore the impact of the proposed legislative changes on a sample of regular cannabis users in terms of their rate of cannabis and other drug use, and their attitudes relating to cannabis and the law. The study will also examine indicators of the WA cannabis market, such as price; perceived potency; availability; source (user-growers v large scale criminal suppliers etc); sale of hydroponic equipment; cannabis supplying; income from cannabis supplying; and perceived risk of supplying, to determine whether legislative change has altered aspects of the market.

**Substudy 5: Study of police and judicial attitudes (regarding cannabis, law, goals of the scheme) and practices (such as discretion and netwidening)**

This study will involve focus groups and qualitative interviews with key informants in law enforcement and the judiciary to explore their attitudes towards, and experiences of, the proposed legislative changes. Topics covered will include respondents' experiences of cannabis laws under strict prohibition and cautioning systems; their understanding of the proposed legislative change; their beliefs about the strengths and weaknesses of these changes compared to the systems preceding it; the deterrent value of current and proposed cannabis laws and their opinions about the appropriateness of using the law to structure the cannabis market.

**Substudy 7: Study of the impact of legislative change on attitudes and drug use behaviour of school children**

This study aims to explore the impact of legislative change on attitudes and drug use behaviour of school children and involves a survey of students in years 9 and 12 at a sample of government secondary schools in WA. The student survey will address: attitudes to cannabis use and the law; knowledge of the laws and of the consequences of being apprehended; frequency of cannabis use; intention to use; impact of perception of laws on use and context of use, drug market factors. The second component of this sub-study will be a focus group study of school drug education teachers to explore attitudes and issues regarding how the legislative change might affect drug use and drug use education of school students. It will also be used to gather information regarding what challenges and opportunities such legislative changes will have at a school level.

## Development of a prevention monograph and companion document

*Wendy Loxley, Ben Haines and Katie Scott*

NDRI in collaboration with the Centre for Adolescent Health (CAH) has been selected by the Commonwealth Department of Health and

Ageing to contribute to the development of a comprehensive prevention agenda for the National Drug Strategic Framework.

This project involves the preparation of two major literature reviews which will inform the evidence base of the National Drug Strategy Prevention Agenda:

- A 'prevention monograph' which will identify the full spectrum of prevention intervention measures and evaluated Australian approaches to the prevention of drug supply, use and harm; review current application of prevention policy and strategy in Australia and gaps in prevention knowledge and effort; offer policy advice for future drug strategy application at international, national and local levels and make recommendations for future prevention activity within the National Drug Strategy context. This review will be mainly undertaken by NDRI staff.
- A 'companion document' which will analyse and make recommendations drawn from the international literature and experience that assist in identification of evaluated Australian approaches to prevent or delay the uptake of licit and illicit drugs by children and young people; the application of these approaches in Australia; gaps in these approaches and priority areas of research program and policy development. This review will be mainly undertaken by CAH staff.

Both reviews will be informed by experts around Australia who have a wide range of understandings of not only addictions but also developmental issues, health across the lifespan, social policy, at risk populations, crime and law enforcement. The relevance and credibility of draft recommendations will be tested in a consultation with experts and key stakeholders.

An initial consultation was conducted with key stakeholders drawn from government, non-government, business organisations and the community representing a wide range of organisations and professions whose brief included or linked to the prevention of drug-related risk, use and harm. The purpose of this consultation was to map recent and current prevention strategies perceived as effective in Australian settings; provide a vehicle for

discussion on prevention for key stakeholders and discuss prevention strategies for which there was little or no evidence of effectiveness. The findings of the consultation were linked to the conceptual frameworks for the prevention monograph and companion document.

Management of the total project is being undertaken by NDRI. Associate Professor Wendy Loxley is the overall project director and is responsible for the development of the prevention monograph. The development of the companion document by CAH is under the direction of Associate Professor John Toumbourou. The draft reports should be completed by the end of June 2002.

## An analysis of the 2001 National Drug Strategy Household Survey on alcohol consumption

*Tim Stockwell, Susan Donath (Turning Point), Tanya Chikritzhs, Martin Cooper-Stanbury and Cid Mateo (AIHW)*

The latest National Drug Strategy Household Survey provides an exciting opportunity to achieve several outcomes for the first time in Australia: (i) a reliable reporting of levels and patterns of alcohol consumption for each state and territory using an identical questionnaire; (ii) the use of a set of questions that permits a precise analysis of levels of compliance with NHMRC drinking guidelines for minimising the risk of both acute and chronic alcohol-related problems; (iii) the trialing of a methodology which promises to account for much of the "missing 50 percent" of alcohol consumption that usually occurs when survey-based estimates of consumption are compared with those derived from alcohol sales data. The National Alcohol Indicators Project team will be working in collaboration with the Australian Institute of Health and Welfare to generate answers to these fundamental questions. This project is funded by the Commonwealth Department of Health and Ageing through the National Alcohol Indicators Project.

# abstracts

## Alcohol policy, harm reduction and the prevention paradox

Tim Stockwell

*Promoting Health, 2001, 15, 22-25*

It is widely thought that there are currently two opposing camps in alcohol policy: those who espouse the need for a reduction in total consumption of alcohol in order to achieve less alcohol-related harm versus those who advocate for a harm reduction approach without requiring a reduction in overall consumption. The apparent differences between the two camps have been inflamed, at least in academic circles, by the delicate matter of who receives funding from the alcohol industry. At the heart of the matter is a running controversy over the basic epidemiology of alcohol-related harm. This can be summarised by two empirical questions:

- (i) Is the total consumption of alcohol in a community (ie per capita alcohol consumption) closely related to levels of serious alcohol-related harm?

- (ii) Is the bulk of serious alcohol-related harms experienced by the many 'moderate' drinkers or by the relatively few problem drinkers in a community?

The latter point that it may be the moderate drinkers who experience the most harm is known as the 'prevention paradox'. The prevention paradox is often used as a defence of the total consumption position to the charge that it is unreasonable and illogical to require that all drinkers must reduce their consumption when it is only a few 'alcoholics' who experience serious problems.

## Drowning in words? Using NUDIST to assist in the analysis of long interview transcripts from young injecting drug users

Wendy Loxley

*Addiction Research and Theory, 2001, 9, (6), 557-573*

This paper describes the analysis, using the software package NUDIST 2.3, of long interview

data from a qualitative study of young drug injectors and their risk of HIV/AIDS. The aims and processes of the study are briefly described, and the method of analysis detailed. Examples are used to illustrate specific points, and the use and indexing of memos to track the development of emerging understandings of the data is described.

NUDIST 2.3 is a sophisticated computer software system for managing, organising and supporting qualitative data analysis. The data for this study consisted of word for word transcripts of 105 90-minute interviews: the management and organisation of this quantity of data was a formidable task in itself, and this will be described, as will the development of initial coding frames (with cautionary tales) and the process by which increasing levels of analytic abstraction were generated.

Reliability and validity has been held by some researchers not to be relevant to qualitative research, but that was not the position adopted for this study. The paper ends with a discussion of some issues relating to reliability and validity and how these were addressed in the analysis of the data.

# recent publications

## Monographs and Technical Reports

**Gray, G., Siggers, S., Atkinson, D., Carter, M., Loxley, W. and Hayward, D.** (2001) *The harm reduction needs of Aboriginal people who inject drugs*. National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

**Hargreaves, K. and Lenton, S.** (2002) *WA Drug Trends 2001: Findings from the Illicit Drug Reporting System (IDRS). NDARC Technical Report No 134*. National Drug and Alcohol Research Centre, Sydney.

**McBride, N. and Farrington, F.** (2001) *SHAHRP 2000 annual report. Year 2001 annual report to the Western Australian Health Promotion Foundation*. National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

**McBride, N., Farrington, F. and Midford, R.** (2001) *The School Health and Alcohol Harm*

*Reduction Project. Pushing Prevention Seminar proceedings booklet*. Australian Drug Foundation, Melbourne.

**McBride, N., Farrington, F., Midford, R., and Phillips, M.** (2001) *SHAHRP final report to the Western Australian Health Promotion Foundation*. National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

**Midford, R., Snow, P. and Lenton, S.** (2001) *School-based illicit drug education programs: A critical review and analysis. Literature review prepared for the Department of Employment, Training and Youth Affairs, Melbourne*. Centre for Youth Drug Studies, Australian Drug Foundation, Melbourne.

## Published Articles, Chapters and Books

**Loxley, W.** (2001) Drowning in words? Using NUDIST to assist in the analysis of long interview

transcripts from young injecting drug users. *Addiction Research and Theory, 9, (6), 557-573*.

**Sputore, B.A.** (2002) Self-evaluation made easier: Patrol monitoring and evaluation database. *Aboriginal and Islander Health Worker Journal, 26, (1), 29*.

**Stockwell, T.R.** (2001) Alcohol policy, harm reduction and the prevention paradox. *Promoting Health, 15, 22-25*.

**Stockwell, T.R.** (2002) Book Review - Excessive appetites: A psychological view of addictions (2nd edn). *Addiction, 97, 113-116*.

**Stockwell, T.R., Dietze, P., Chikritzhs, T., Catalano, P. and Heale, P.** (2002) How much alcohol is drunk in Australia in excess of the new National Drinking Guidelines. Letter to the Editor. *Medical Journal of Australia, 176, (2), 91-92*.

# staff list

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Dr Sherry Siggers	Associate Professor
Dr Richard Fordham	Senior Research Fellow
Dr Toni Makkai	Senior Research Fellow
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