

centre lines

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A bi-monthly newsletter from the National Centres for Drug and Alcohol Research
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issuing forth

Contributing to policy change
through research –
The cannabis story



edspace

Welcome to the August 2002 issue of CentreLines.

In November last year, the WA Government agreed to the introduction of a system of prohibition with civil penalties for minor cannabis offences. In *Issuing Forth*, Simon Lenton discusses his involvement in, and the contribution of his research to, this process of policy change. As a preface, in *Headspace* Tim Stockwell puts forward some ground rules for researchers to follow when disseminating their research findings, in order to ensure that they are both socially useful and free of bias.

An NDRI activity that intends to achieve both of these aims is the international symposium: *Preventing substance use, risky use and harm: What is evidence-based policy?*, which will be held in Fremantle, WA from 24-27 February 2003. We are delighted that the symposium has now been given formal approval by the Kettil Bruun Society to be designated a thematic meeting concerned with the prevention of harm arising from both licit and illicit drugs, and that the World Health Organization has agreed to be a co-sponsor of the meeting.

Please note that the closing date for submission of abstracts is 15 September 2002. For further information, contact NDRI on (08) 9426 4200 or visit the website at <http://www.ndri.curtin.edu.au>

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

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headspace

When does research dissemination become policy advocacy?

Like all drug researchers I know, I happen to care about the impact of drugs on people and society. In the same way that, I am sure, virtually all branches of the social and medical sciences are populated by scientists who value the improvement of social conditions and/or treatments for diseases. Without such values, it is hard to imagine not only why so many people would be motivated to do the difficult and demanding work required, but also how the work would be usefully directed for practical benefit. However, since we of all groups must be impartial and objective in our assessments of data and consideration of rival hypotheses, it is important to periodically examine our own motives. If nothing else, the first thing an external vested interest group may do when research findings are inconvenient is to question the motives of the researchers and insinuate bias and partiality. How do we guard against this possibility?

I raise these issues in the context of Simon Lenton's *Issuing Forth* article, which describes some of the interactions that have occurred between research and cannabis policy formation in Australia. I do so because I am acutely aware that Simon's work has not only been excellent from a scholarly perspective but also because of how effectively he was able to bring it to the attention of the WA Drug Summit organisers, delegates and our elected representatives. Had he not done so, his work would have merely gathered dust on various library shelves. Instead he has ensured that a set of alternative models for cannabis legislation and enforcement are clearly defined along with a set of mostly testable assumptions and issues that recommend one model over another. He has provided a framework in which we can locate such key questions as: what will happen to levels of cannabis use in the Australian population if we move from criminal to civil penalties? What are the relative social costs of these main alternative systems? Does the application of criminal penalties deter future use? How serious are the health and social consequences of cannabis use anyway? Having done so, doubtless some will say Simon has become a policy advocate. My own

experience has been that if researchers do not make the effort to promote research findings to policy makers, they will usually be ignored. It becomes necessary, therefore, to operate with some ground rules when we disseminate our findings outside of the academic journals.

The first ground rule must be that the arguments and information we provide to policy makers and the public is research-based. Ideally, that research should be published in respected academic journals, though the time-frame for doing this is often long and would result in the policy process being held up. However, it is vital that we maintain two parallel streams of public communication (i) to policy makers by way of commissioned research, prompt technical reports with good executive summaries, media releases, easy to read bulletins, this research newsletter and public presentations (ii) to the research community by way of peer reviewed journals, books published by recognised publishers and contributions to scientific meetings. In this way we can strive to maintain both policy relevance and scientific integrity.

A second ground rule is that we must be fully cognisant of research from other centres both in Australia and overseas. We must represent a broad range of that work and not only promote our own. Active contributions to international literature reviews and collaborations with other researchers and research groups are vital for ensuring that the best available evidence is utilised from wherever it may have been produced.

Simon's work¹ has clearly complied with both of these first two ground rules. While there are other issues to consider, I will confine myself to one final recommendation: That we are always open to changing our mind if the evidence demands this. I am proud to say that there are major alcohol policy issues on which I have changed my mind at least twice! One is the issue of longer trading hours and whether these impact adversely on public health and safety. I used to accept that was the case uncritically, then in 1993 I reviewed the evidence and concluded that it was weak. More recent work

overseas and here at NDRI has again reversed my view on

this². Similarly with the issue of whether alcohol provides protection against heart disease – I am currently of the view that we need a much more careful and sceptical appraisal of the evidence due to what may be major weaknesses in the relevant epidemiological studies³. In the same vein, Simon has established a rigorous process for evaluating potential benefits and costs of the proposed decriminalisation of cannabis laws. The results of that research (assuming it can be completed) may change some of the recommendations we make to policy makers for cannabis law reform.

So, my answer to the question posed at the outset is: the moment you begin to target policy makers with research findings, you are engaging in a form of policy advocacy. This is essential work, however, for applied researchers though we should spend more time collecting the evidence than we do advocating policy based on the outcomes. So long as we retain critical awareness of our methods, allow our peers to critique these and are open to changing positions if the evidence demands it, then this is the most socially useful form of research dissemination possible.

Tim Stockwell

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issuing forth

Contributing to policy change through research – The cannabis story

Unlike treatment research, which has a clear audience of potent ‘agents of action’ in the form of treatment service providers, the agents for implementing drug policy research (policy makers, legislators, politicians) are far less accessible. Typically, they are not seekers of research findings, they have limited expertise in how to read such findings, and they are not, by their nature, ‘research practitioners’. Furthermore, the levers of policy change, which research findings might be able to influence, are difficult to pull, and are subject to many other competing forces, not least of which is the political process.

The impact of research on drug policy needs to be evaluated over a long time period. Implementation of policy change is rarely a smooth incline of improvement, but rather hills and dales and long plains, where seemingly very little improvement happens. Additionally, when windows-of-opportunity for changing drug policy open, they rarely stay open for long. The following story of NDRI’s involvement in evidence-based policy recommendations for minor cannabis offences demonstrates many of these themes.

Australia has a long and internationally recognised history of research on cannabis law. Publications by researchers such as Sarre, Christie, McDonald, Atkinson, Sutton, Ali, Hall, Donnelly, Weatherburn, Sanson-Fisher, Makkai, McAllister, and others including NDRI staff have provided a considerable body of evidence on cannabis law in Australia.

In May 1999 NDRI finalised a report entitled: *The regulation of cannabis possession, use and supply*¹ for the Drugs and Crime Prevention Committee of the Parliament of Victoria. The report summarised the Australian and international literature on legislative options for cannabis and, as requested, made recommendations as to the most viable and appropriate options for Victoria. The recommended model was one of *prohibition with civil penalties which incorporated cautioning*. However, while the report was being considered, an election was called by the Liberal Kennett Government, and the process of cannabis policy review in Victoria was put on hold.

It was not until November 1999 that the new Victorian Labor Government appointed a Drug Policy Expert Committee, chaired by Professor David Penington, who had also headed the previous Government’s Premier’s Drug Advisory Council. Unfortunately, by the time the NDRI report was finally approved by the new

Government for release in April 2000, the Victorian cannabis reform policy window was probably closing, if not already closed.

The new Government appeared to have gone quiet on its drug law reform agenda in the wake of two events. A community consultation process on the proposed establishment of a Supervised Injecting Facility had led to a great deal of community opposition that was extensively covered in the media. Also, there was a great deal of concern about the role of cannabis use in psychosis, following an international conference in Melbourne in February 1999.

However, there was considerable interest in the publication from elsewhere, including the Western Australian branch of the Australian Labor Party, who were in opposition, and were formulating their drugs policy in preparation for an election the following year.

In February 2001, the Labor Party was elected to government in WA with a policy platform which included the intention to hold a community drug summit and to introduce a system of *prohibition with civil penalties* for minor cannabis offences (see box below).

Given the prevalence of cannabis use throughout the community, and given that criminalising its use apparently fails to provide any real deterrence, the adverse effects of continuing with this policy need to be given serious consideration. If criminal penalties do not act as a deterrent but do have a range of negative effects, and if the community does not wish to have the personal use of cannabis legalised, the options of the civil penalty, or expanding the current Government’s cautioning system, may be acceptable and logical alternatives.

We propose a decriminalised regime which would apply to possession of 50 grams of cannabis or less and cultivation of no more than two plants per household. A person who admitted to a simple cannabis offence would be issued with a cautioning notice as a first offence, be required to attend an education and counselling session for a second offence or, in lieu of accepting that option, face a fine as a civil offence, and be fined for any subsequent offence. Possession and cultivation of cannabis would not be legalised.

(Australian Labor Party WA Branch, 2001)

The new Government promoted their Community Drug

Summit and approach to drugs as ‘evidence based’ and through some of the processes before and during the summit there was an opportunity for NDRI researchers to feed in the results of research and literature reviews we had performed on cannabis and other drug policy. Unlike drug summits held elsewhere in Australia, the majority of delegates to the WA summit were members of the public. Consistent with some of the practices used for citizen juries it was decided to advertise for the 100 delegates. There were 80 delegate places from the general community and 20 places for persons involved in illicit drug related policy, service delivery or research.

The WA Community Drug Summit was held from August 13 to 17 2001, and made 45 recommendations which were endorsed by the majority of delegates. One of its recommendations passed by the 100 community delegates (72 for, 27 against, and 1 abstention) was:

Recommendation 39

“For adults who possess and cultivate small amounts of cannabis the government should adopt legislation that is consistent with prohibition with civil penalties, with the option for cautioning and diversion”.

This should also address:

- Education for the public re the health risks of cannabis and the laws that apply to the drug
- The evaluation and monitoring of the impact of this legislation on patterns of use, harms and the drug market
- The re-affirmation of relevant responsibilities and legislation re preventing intoxication while driving, or operating machinery

(The Western Australian Government, 2001, p.13)²

On 27 November 2001, the Government released its response to the recommendations of the Drug Summit³. It accepted all but one (dealing with a supervised injecting facility) of the 45 recommendations. It also set up a *Ministerial Working Party on Drug Law Reform* to provide advice on how the recommended cannabis and



other drug law reforms could be implemented. The eight-member working party is chaired by a WA Law Society representative and includes representatives of the WA Police Service, a justice official, a medical practitioner, a drug researcher, and staff from the new Drug and Alcohol Office. I was lucky enough to be the drug researcher appointed. The working party presented its report to the Minister of Health at the end of March 2002, after which it was considered by Cabinet⁴. On 25 May 2002 the report was released to the public. The Government endorsed all of the recommendations in the report for a scheme of *prohibition with civil penalties* for minor cannabis offences, but excluded hydroponic cultivation of cannabis plants from the infringement notice scheme. The proposal has now been referred to the parliamentary drafts people, and the Minister hopes to have the scheme before Parliament and in place by the end of the year.

The main features of the *prohibition with civil penalties* scheme recommended to the WA Government by the Ministerial Drug Law Reform Working Party are:

- Persons found to be in possession of less than 30 grams of cannabis or no more than 2 plants, will be eligible for an infringement notice.
- Offenders who receive an infringement notice will be required to, within 28 days, pay their penalty (between \$100 and \$200), or complete a specified cannabis education session.
- Police will lay criminal charges against those persons who attempt to flout the intention of the scheme, for example by engaging in cannabis supply, even if they are only in possession of amounts otherwise eligible for an infringement notice.

- There will be tougher thresholds for dealing, down from 100 grams or 25 plants to 100 grams or 10 plants.
- Suppliers of smoking paraphernalia, such as water pipes or bongs will be required to display information about cannabis, its health effects and the laws, and will not be permitted to sell to juveniles.
- People who possess hash or hash oil, the most potent forms of cannabis, will not be eligible for an infringement notice and will be charged with a criminal offence.
- Juveniles are not eligible for an infringement notice under the proposed cannabis scheme but can be cautioned and directed to intervention programs.
- Comprehensive education will be provided for the general public, school children and cannabis users about the health effects of cannabis and the laws which apply to it, emphasizing the point that cannabis possession and use remains illegal.
- The scheme will be subject to ongoing monitoring and review.

NDRI has received initial funding from the National Drug Law Enforcement Research Fund (NDLERF) for the first year of a three-year project to evaluate the impact of changes to cannabis law in WA on cannabis use and related harm. The study consists of seven substudies, four of which will entail data collection before, and 18 months after, the proposed changes are implemented. The substudies will address impacts on: (1) The general public: cannabis use, attitudes, knowledge; (2) Regular cannabis users: use, attitudes, knowledge; (3) The drug market: price, potency, availability, source (self supply, dealer

supply, etc); (4) Apprehended offenders: use, attitudes to the law and social impacts; (5) Law enforcement: trends in activity; attitudes and practices; drug market perceptions; (6) Health effects: drug treatment seeking, serious road injuries, psychosis and violence; and (7) Impacts on school students and teachers: use, attitudes, knowledge.

The study will be unique in documenting the changes from a scheme of *prohibition with cautioning for first offenders*, to a scheme of *prohibition with civil penalties*. Importantly the prospective pre-post design will enable stronger conclusions to be drawn about the relative effectiveness of these models for cannabis regulation.

Simon Lenton

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International Research Symposium:

PREVENTING SUBSTANCE USE, RISKY USE AND HARM: WHAT IS EVIDENCE-BASED POLICY?

24 – 27 February 2003, Esplanade Hotel, Fremantle, Western Australia

CLOSING DATE FOR SUBMISSION OF ABSTRACTS IS 15 SEPTEMBER 2002

For further information please contact the National Drug Research Institute on (08) 9426 4200
or visit the website at <http://www.ndri.curtin.edu.au>

A Kettil Bruun Society Thematic Meeting sponsored by the World Health Organisation,
Commonwealth Department of Health and Ageing, and Drug and Alcohol Office of Western Australia

project notes

Indigenous Australian alcohol and other drug issues: Research from the National Drug Research Institute

Dennis Gray and Sherry Siggers

The National Drug Research Institute and the Office of Aboriginal and Torres Strait Islander Health (OATSIH) have jointly released a book entitled *Indigenous Australian Alcohol and Other Drug Issues: Research from the National Drug Research Institute*. The book, which collects a number of research reports produced by NDRI, was funded by OATSIH. The aim of the book is to more widely disseminate, in an accessible form, the results of research into Indigenous Australian alcohol and other drug issues conducted by the Institute.

Staff from NDRI have produced about thirty percent of all research and evaluation publications on Indigenous Australian alcohol and other drug issues in the past ten years. Where they directly involve particular communities, the findings of these projects have been disseminated at a local or regional level. The results have also been published in academic journals and books, but these have limited circulation.

Numerous reviews – including the Review of the Commonwealth's Aboriginal and Torres Strait Islander Substance Misuse Program and the report of the National Aboriginal Health Strategy Working Party – have emphasised the need for more widespread dissemination of information about successful interventions and of research results. Production of this book reflects the commitment of both NDRI and OATSIH to address this need.

The book contains six chapters on primary research projects, seven chapters on review or secondary research projects, and an introductory chapter that discusses common issues and the themes underlying the research. All of the primary research projects were undertaken in collaboration with, or were requested by, Indigenous community controlled organisations. Of the six primary research projects, Indigenous research personnel were employed on four and Indigenous personnel were co-authors of three of the articles reporting on them. The chapters cover the areas of: supply and consumption of alcohol and strategies to address excessive consumption and related harms (including licensing controls); issues in evaluation and evaluation of particular interventions; and theories of use and intervention.

The book will be disseminated free-of-charge to all organisations working in the Indigenous substance misuse field. It is hoped that the book will provide communities with information about what others are doing and assist them in their efforts to provide improved alcohol and other drug services for their members.

Mapping indigenous drug and alcohol programs

Dennis Gray, Brooke Sputore, Anna Stearne, Deirdre Bourbon and Phillipa Strempel

The National Drug Research Institute was commissioned by the Australian National Council on Drugs (ANCD) to undertake a two phase project, the aim of which was to map the number and nature of alcohol and drug projects that specifically target indigenous people, and to identify projects that could be suitable models for other communities to implement. Phase one of the project, which involved mapping the geographic and demographic distribution of intervention projects conducted in 1999-2000, is now completed. As well as documenting the location of the projects, NDRI believed it was also important to document the availability of financial resources for the implementation of these interventions. Accordingly, total expenditure and per capita expenditure on indigenous alcohol and other drug misuse intervention projects within each ATSI region were also mapped.

The identification of projects was made possible by using NDRI's *Indigenous Australian Alcohol and Other Drugs Intervention Projects Database*. Additional project data and funding information was provided by all Commonwealth and state/ territory departments that funded relevant projects in 1999-2000 financial year. All organisations thus identified were contacted and the purpose of the project explained. Representatives nominated by the organisations were interviewed by telephone to confirm the data that was obtained, and to seek permission to use these data for the purposes of the project.

It was found that, for the 1999-2000 financial year, a total of 277 alcohol and other drug intervention projects were conducted by or for Indigenous Australians. Of the 277 projects: 48 were primarily non-residential treatment; 33 residential treatment; 57 were prevention projects; 91 were acute interventions; 26 were multi-service project; and the remaining 22 were categorised as other.

There appeared to be no relationship between the number of projects in a region and either population size or the accessibility/remoteness of a region. There was also no correlation

between total expenditure and either estimated resident population or regional accessibility/remoteness.

It was calculated that in the 1999-2000 financial year, in Australia as a whole, \$35,429,530 was directly expended upon alcohol and other drug intervention projects for Indigenous Australians. Direct expenditure on individual projects ranged from \$0 to approximately \$932,000.

Phase two of the project is to commence mid-year 2002. The focus will be to identify and document – as a case study – five Indigenous Australian alcohol and other drug interventions projects that exemplify 'best practice', and which could be used as suitable models for the development and implementation of similar projects by other indigenous communities.

National Alcohol Indicators Project

Tim Stockwell, Tanya Chikritzhs and Paul Catalano with Susan Donath and Sharon Matthews 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 accompanied by technical reports.

The fifth Bulletin in the NAIP series was completed in April 2002 and, for the first time, documented trends in alcohol-related violence for all states and territories of Australia from 1991/92 through to 1999/00. Two main measures of alcohol-related violence were used: health data from hospital admission records and police data regarding serious assaults reported to police. For hospital data, the aetiologic fraction method was applied with updated estimates of these based on English et al (1995). For the police data, the difference between night-time incidents of serious assault (high alcohol-related) and day-time assault (low alcohol-related).

Measures of alcohol-related violence indicated consistently high levels in Australia in the 1990's with an estimated 8,661 people admitted to hospital for injuries caused by violent assault in 1998/99. Seventy four percent of people admitted to hospital with assaultive injuries were male and two-thirds were aged between 15 and 34 years. Non-metropolitan regions had markedly higher levels of violence than metropolitan areas. The Northern Territory had the highest rate of hospitalizations for assault related injuries and also the highest levels of per capita alcohol consumption in the nation. The Australian Capital Territory and Victoria had the lowest levels of hospital admissions for assaultive injury (Vic also had the lowest levels of per capita alcohol consumption of all jurisdictions).

The report highlights the fact that, overall, both hospital and police data on assaults showed that levels of alcohol-related violence have not declined in Australia (at least at the state/territory level) – despite community concern, the proliferation of Alcohol Accords and the introduction of harm reduction strategies into legislation.

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

Prevention is a two way bet

Susan Carruthers

The primary aim of the Prevention is a Two Way Bet study was to investigate what hepatitis C positive injectors do in terms of their injecting practices and lifestyle choices to prevent transmitting the virus to those with whom they inject and with whom they live.

The study group consisted of 111 hepatitis C positive, mostly long-term injectors, likely to be unemployed and to have attained 10 years or less of formal education. They were also most likely to have a hepatitis C positive partner or to regularly inject with other hepatitis C positive people.

The study used a combination of qualitative and quantitative research methods and included the creation of hypothetical injecting and needle

sharing situations to which respondents were asked to respond.

The results of the investigation indicate that a major proportion of the study group were prepared to take steps to reduce the risk of transmitting hepatitis C to those with whom they were injecting or living. In addition, they were able to describe the steps they would take given a hypothetical injecting/needle sharing situation. An assessment of the efficacy of the steps described indicated that some would indeed reduce, if not eliminate, the risk. However, other steps described were considered to be flawed in that they relied on the efficacy of secondary measures, such as the cleaning of needle and syringes, or the knowledge of others regarding their serostatus or of the risks involved in sharing. Very few respondents were disinclined to take any precautions although some were willing to allow others to decide what they would do, thus shifting the onus of responsibility.

The results of this investigation will be of most value in the design of prevention resources and the development of peer education.

abstracts

Attitudes of novice heroin injectors to non-injecting routes of administration

Susan Carruthers and Wendy Loxley

International Journal of Drug Policy, 2002, 13, 69-74

This study aimed to investigate attitudes towards and experiences with heroin use, by means other than injecting, in the West Australian city of Perth. As part of a major study of hepatitis C, injecting and the prevention of hepatitis C, a study group of 65 current drug injectors were invited to describe their experiences with heroin chasing, smoking or snorting, and to discuss their attitudes towards the suggestion that using heroin by non-injecting means could be utilised as a prevention strategy for hepatitis C. Experience with non-injecting (smoking or chasing) for the study group was limited, with less than half having initiated heroin use by non-injecting means and none having sustained the practice. Attitudes towards the promotion of non-injecting methods were largely negative. A small proportion of the study group expressed support for using non-injecting methods for health reason but the majority were dismissive of the idea. The major barriers from the injectors' perspective were seen to be related to cost and drug effect. A pre-existing barrier in Australia to using non-injecting means is the predominance

of salt of heroin which does not lend itself to smoking or chasing. The results of this investigation are discussed in terms of the barriers to the promotion of non-injecting drug use and methods by which such barriers might be overcome to encourage a cultural change from heroin injection to non-injecting means of administration.

Implementing a school drug education program: Reflections on fidelity

Nyanda McBride, Fiona Farrington and Richard Midford

International Journal of Health Promotion and Education, 2002, 40, (2), 40-50

A major concern in gaining accurate information about the effectiveness of health education programs, including drug education, is the issue of fidelity of implementation. The School Health and Alcohol Harm Reduction Project (SHAHRP), a longitudinal research study incorporating a series of lessons is used to illustrate fidelity issues. The various methods adopted to optimise and measure the fidelity of SHAHRP implementation served several purposes. Teacher training assisted in skilling and informing teachers about the importance of fidelity rigour, teacher self-report data documented the extent of completion for each activity, assessment of selected activities in

student workbooks provided quantitative information about fidelity, student self-assessment and in-depth interviews with teachers provided insight into teachers and students level of involvement in SHAHRP.

These methods provided a rich amount of data that were then analysed using statistical means, so that implementation could be analysed against other study measures. Descriptive analysis was also undertaken so that deeper understanding of issues effecting implementation could be clearly identified. A balance of measures that meet the research requirements while also maintaining the support and goodwill of school-based staff is necessary for measurement of implementation in naturalistic settings such as schools.

Responsible alcohol service: Lessons from evaluations of server training and policing initiatives

Tim Stockwell

Drug and Alcohol Findings, 2002, 20, (3), 257-266

Responsible alcohol service programs have evolved in many countries alongside a general increase in the availability of alcohol and a greater focus on the prevention of alcohol related road crashes. They also recognise the

reality that a great deal of high risk drinking and preventable harm occurs in and around licensed premises or as drinkers make their way home. Early US efficacy studies of programs which trained managers and bar staff to limit customers' levels of intoxication and prevent drink driving showed promise. Studies of effectiveness of these programs in the wider community and in the absence of the enforcement of liquor laws, found little benefit. The data will be interpreted as suggesting that, in reality, skills deficits in the serving of alcohol are not a significant problem compared with the motivational issue for a commercial operation of abiding by laws that are rarely enforced and which are perceived as risking the goodwill of their best customers. Australian, UK and US experiences with liquor law enforcement by police will be discussed along with outcomes from the Australian invention of Alcohol Accords, informal agreements between police, licensees and local councils to trade responsibly. It will be concluded that the major task involved in lifting standards of service and preventing harm is to institutionalise legal and regulatory procedures which impact most on licensed premises. A number of strategies are suggested also for

creating a political and social climate which supports the responsible service of alcohol and thereby supports the enactment and enforcement of appropriate liquor laws.

Alcohol consumption, setting, gender and activity as predictors of injury: A population-based case-control study

Tim Stockwell, Roberta McLeod, Margaret Stevens, Mike Phillips, Matthew Webb and George Jelinek

Journal of Studies on Alcohol, 2002, 63, (3), 372-379

A case-control design was employed to quantify the risk of injury after the recent consumption of alcohol and as a function of setting, concurrent activity and usual drinking habits. A total of 797 cases and 797 controls were interviewed. The response rate was 83% for eligible cases approached for an interview. Cases were injured patients from a hospital Emergency Department. Controls were matched on suburb and were

interviewed at home regarding activities leading up to the time of their matched case's injury. The self-report data on alcohol consumption were largely consistent with both medical records and breathalyser tests. Drinking any alcohol and using prescribed medication in the prior 6 hours were both associated with significantly increased risk of injury when controlling for demographic and setting variables. Use of illicit drugs (mainly cannabis) was associated with reduced risk of injury. Setting (eg recreational, work setting) and activity (eg playing sport, travelling, working) variables were also independently associated with risk of injury. The risk of injury for women was significantly elevated for any consumption of alcohol but for men it was only when consumption exceeded 90g. These data confirm earlier findings that risk of injury for women for a given level of consumption is greater than for men. They extend earlier findings by identifying significant setting, activity and drug use variables predictive of injury. In addition, when these latter variables are controlled, it is found that for women, but not men, the risk of injury is significantly elevated even at low levels of alcohol intake.

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Richard Midford	Senior Research Fellow
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Tanya Chikritzhs	Research Fellow
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