NDRI (8)
December 2002

centre lines

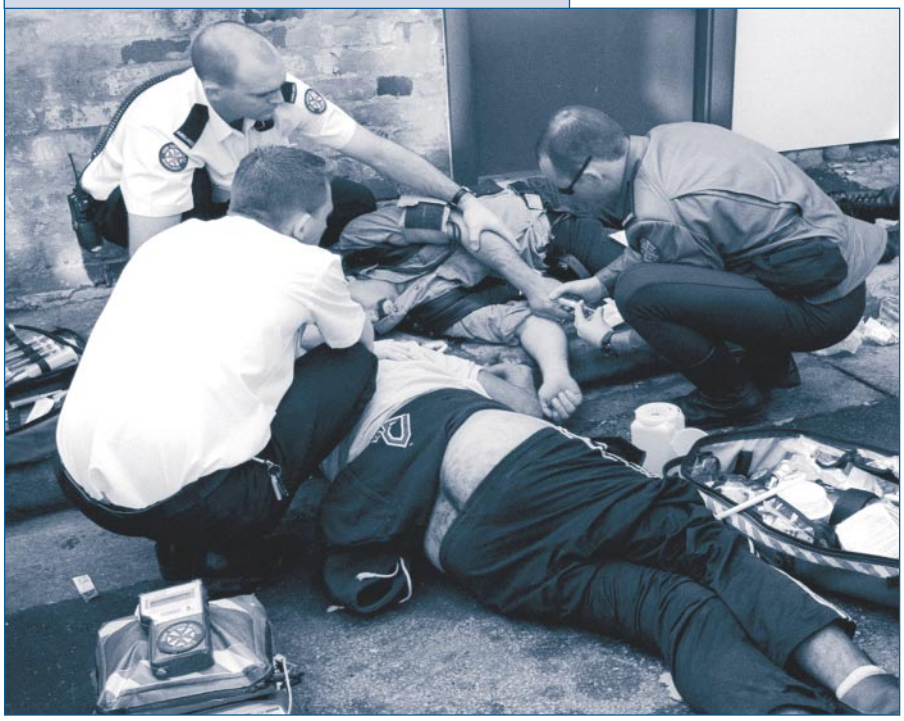
A bi-monthly newsletter from the National Centres for Drug and Alcohol Research
Published this issue by the National Drug Research Institute, Perth

Funded by the National Drug Strategy

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

issuing forth

Drug overdose: Widening the parameters of research and prevention



contents

edspace

In this issue we are pleased to include an article co-authored by David Moore, who is with us on a Visiting Fellowship from Deakin University in Melbourne. Together with Paul Dietze of Turning Point, David has been conducting ethnographic research on street drug use, street sex work and service provision in the St Kilda area of Melbourne, and in *Issuing Forth* they discuss some significant issues relating to drug overdose that have arisen out of this research.

Arrangements have been progressing for NDRI's international research symposium: *Preventing substance use, risky use and harm: What is evidence-based policy?* which will be held in Fremantle from 24-27 February 2003 (see Issue 6, April 2002). As participation in this symposium is limited, we are very pleased to also offer a one-day conference on Friday 28 February 2003 which is open to all (see advert on page 2). This event features some of the international speakers from the research symposium, and we hope that many of you will be able to attend. Further details about both events are available on the NDRI website at http://www.ndri.curtin.edu.au.

We hope that you enjoy this final issue of CentreLines for 2002, and offer you our very best wishes for the festive season.

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

Australia's ageing population should be drinking less, not more

Observers of the field of alcohol studies may have noticed that there are two apparently contradictory trends in the available data on Australian levels and patterns of consumption during the 1990s. On the one hand, data from World Drink Trends[1] shows Australian per capita consumption virtually steady after 1992 but with a slight increasing trend at the end of the 1990s. By contrast the National Drug Strategy Secondary School Surveys have indicated a markedly increasing trend in high risk drinking particularly by 14 to 17-year-olds[2] that has been evident since the late 1980s and has continued through the 1990s. Until further analyses are conducted it is not possible to confirm these trends with reference to the National Drug Strategy Household Surveys since there have been variations in the questions used over the relevant period. However, it is noteworthy that increased high risk alcohol consumption among young people has been documented in most economically developed countries over the past decade[3].

How are such apparently contradictory trends possible? There are two likely explanations. Firstly, measures of per capita consumption of alcohol can disguise contradictory trends in different population subgroups. It is entirely possible that one subgroup (teenagers) has had increasing alcohol use with slight compensating decreases among other population subgroups. The increasing trend in total per capita alcohol consumption in recent years may be due to a cohort of younger drinkers having increasing influence on total per capita estimates as they age and acquire more disposable income. Certainly at the present time the alcohol consumption of drinkers aged 18 to 24 comprises both a substantial proportion of all alcohol consumed and much risky and high risk drinking[4]. A second consideration is that the demographic profile of Australia has undergone significant changes over the last two decades[5]. The combined effects of increasing numbers of older Australians (who drink much less than the young and middle-aged) and the declining birth rate should, all other things being equal, result in a gradual reduction in population alcohol consumption. That this has not occurred should be a cause of some concern.

This discussion illustrates the importance of being able to monitor both patterns and volumes of alcohol consumed in a comprehensive national monitoring system[6]. It also emphasises the need for such monitoring to take account of changing demographic structures of populations both when comparing trends over time and making comparisons between different geographic regions. Part of the reason that the Northern Territory invariably has the highest levels and related harm of any Australian jurisdiction is that it is also has a younger population[7]. In a forthcoming report the National Alcohol Indicators Project will attempt to identify genuine trends in consumption and harm for all Australian jurisdictions taking account of changes in underlying demography.

Tim Stockwell

References

1 **World Drink Trends** (2002) *International Beverage Consumption and Production Trends.* Henley-on-Thames: NTC Publications Ltd.

2 **White, V.** (2001) *Australian secondary students' use of over-the-counter and illicit substances in 1999.* Monograph Series No. 46. Canberra: Commonwealth Department of Health and Aged Care.

3 **White, V.M., Hill, D.J. and Letcher, T.R.** (2000) Alcohol use among Australian secondary students in 1996. *Drug and Alcohol Review, 19,* 4, 371-379.

4 **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 Australian alcohol guidelines? Letter to the Editor. *Medical Journal of Australia, 176,* 2, 91-92.

5 **Australian Bureau of Statistics** (2002) *Australian Social Trends.* Canberra: ABS

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

7 **Catalano, P.W., Chikritzhs, T., Stockwell, Webb, M., Rohlin, C-J. and Dietze, P.** (2001) *Trends in per capita alcohol consumption in Australia, 1990/91-1998/99. Monograph Number 4.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

issuing forth

Drug overdose: Widening the parameters of research and prevention

[A focus on risk environments] helps to overcome the limits of individualism characterising most [drug] prevention interventions as well as to appreciate how drug-related harm intersects with health and vulnerability more generally[1].

Past Australian research on overdose has produced important data on the epidemiology, circumstances and definition of overdose and 'multiple drug toxicity'; heroin mortality and morbidity; drug market characteristics; suicide; risk factors; and spatiality and risk behaviours[2-20]. Summarising the findings of this research, we can make several points. First, that risk factors for overdose in general include: mixing heroin with benzodiazepines and/or alcohol; being out of drug treatment; and using the drug under conditions of changed tolerance (eg resuming drug use following a period of abstinence or increasing use following a reduction in use). Additional risks for heroin-related death include using heroin by oneself and failing to call for assistance with an overdose for fear of arrest or because of lack of knowledge. We can also note that the 'typical' overdose victim is not a novice but an experienced, male heroin user not in treatment at the time of death; that overdose deaths are only moderately related to fluctuations in purity; that overdose is also possible via smoking, snorting and swallowing heroin; and that 'instantaneous' overdose deaths represent only a minority of overdose cases (ie most deaths occur some time after the use of the drug).

Based on this research, a number of strategies for the prevention of overdose have been recommended: public and peer-based education and health promotion to address the behavioural risk factors outlined above (ie sample heroin first, don't mix with other drugs, don't inject alone, always call an ambulance in the event of overdose, monitor one's tolerance); expanded treatment services; a trial of naloxone provision to heroin users for peer administration; greater regulation of benzodiazepines; a trial of Safe Injecting Facilities; overdose specific support, recovery and referral services; court diversion into treatment; law enforcement that does not increase drug-related harm; and CPR training for drug users. These are all worthwhile prevention strategies that should be pursued. However, they also leave unaddressed many significant issues that have arisen during recent ethnographic research on street drug use, street sex work and service provision in the St Kilda area of Melbourne.

Most of the people who participated in the research reported circumstances leading to overdose that were consistent with the five behavioural risk factors outlined above, yet many of them were also well aware of prevention messages around polydrug use, and, to a lesser extent, injecting with other people present and resuming use following abstinence. Given this apparently high level of awareness of risk factors for overdose, and the general acceptance within the drug field that knowledge about risks is poorly correlated with behaviour change, the question we should now be seeking to answer is: Why do so many people continue to engage in 'risky' practices? To begin to explain this, we need to employ developments in understandings of 'risk' as cultural, contextual and environmental[(eg 1, 21-24)].

The St Kilda materials contain several themes that support this move to understanding risk as contextual. Many of the women in the study are involved in street sex work, an extremely hazardous occupation that involves the high probability of physical and/or sexual assault, robbery, arrest and sexually transmitted infection. Some of these women and many of the men are also involved in various forms of criminal 'rorts' and in unstable accommodation. In this context, messages about overdose prevention are added to a long list of 'possible risks' encountered during the course of a typical day. This is not to say that street IDUs are unconcerned about their health but that, seen in context, there are many other, more pressing, priorities that must also be met - eg avoiding arrest and assault, evaluating potential 'mugs' (sex work clients) for safety, finding the money to 'score' and use drugs, avoiding debtors and securing accommodation.

Polydrug use also frequently occurs not as the result of careful planning, but as an outcome of relatively unstructured days (with the notable exception of obtaining money and heroin on a regular basis) and the search for action and purpose, or even as the result of a mistake. Because of the relatively low cost of benzodiazepines and highly-alcoholic drinks, many study participants had consumed several units of one or both before being unexpectedly presented with the opportunity to inject heroin, which they then took.

Another clear finding that emerges from the research is that categories such as 'IDU' and 'overdose' gloss over the multiple cultures and practices that exist within the IDU population — even at the local level of St Kilda. For example, people's accounts of overdose, and of heroin use more generally, frequently include descriptions of a 'honeymoon' period during the early stages of use. A central aspect of the honeymoon period is 'getting smashed' (ie being heavily intoxicated) - one's tolerance is low, the money required is not prohibitive, and the drug's effects are powerful and intensely pleasurable. With the age of first use of heroin falling in recent years, we can also assume that this honeymoon period usually corresponds with either the mid/late-teens or the early twenties, both stages of life in which there are many demands placed on young people.

The desire for heavy intoxication arises from several, not mutually exclusive, sources. For example, some people emphasise the emotionally numbing qualities of intoxication as a means of coping with past and/or current family-related trauma[a]. Another motivation for intoxication has to do with establishing an identity and social role in a drug-using peer group. If the group or network has established patterns of heavy intoxication, the desire for membership may exert, in all kinds of subtle as well as overt ways, pressures to conform. The general point to recounting this material is that prevention messages are filtered through one's stage in a drug career. Strategies for reducing the amount of heroin used, and therefore the risk of overdose, appear less likely to be adopted in situations where 'getting smashed' is the primary aim of use. While strategies for testing heroin strength should be encouraged and reinforced as an overdose prevention strategy, there is also a danger that, for many participating in street-based drug and sex work markets, with frequently accompanying problems of homelessness, mental illness and acute poverty, and the associated desire for extreme intoxication, such messages will be seen as irrelevant.

There also appear to be gender differences in relation to the circumstances leading to overdose. Women more often describe situations in which part of their role appears to be the regulation of their partners' heroin use, especially after periods of abstinence, in order to prevent overdose. Men are sometimes implicated in overdose through the provision of too much heroin to their partners. This raises more general issues of power, autonomy and control. While some women take, or are forced to take, passive roles in relation to managing

money, scoring drugs, and preparing them for injection (even some who are the primary income generators through street sex work), some men also appear to be relatively powerless in the face of potentially health-compromising situations. For example, one young man, with a history of sexual abuse, schizophrenia, suicide attempts and institutional care, calmly described how he took no role in the purchase and preparation of the heroin that was then injected into him by a newly-made friend. In a street drug market, where 'friendship' is relatively rare and network composition changes rapidly over time, he trusted his accomplice to provide the 'right' dose to produce intoxication but not overdose.

The question of 'friendship' is also related to the social organisation of the St Kilda drug market. In addition to the existence of long-term social relations built on family, neighborhood or other non-drug ties, a central characteristic is the superficiality of relationships with other participants who share little apart from their common participation in street IDU and sex work. The transience of large segments of the St Kilda drug-using population makes this a particularly relevant issue for drug policy and prevention. For example, transience is one factor contributing to IDU shifts from private to public injection settings, where there is increased risk of harm[4]. Attempts to build social, economic and cultural capital amongst IDU may also be undercut by the superficiality of some street-based IDU networks. Likewise, the 'never-use-alone' advice ignores the tensions at play in street drug markets between trust and exploitation. One exchange witnessed during the research featured a female sex worker urging a female associate not to inject heroin alone in a nearby park. The sex worker suggested that she take her (ie the sex worker's) boyfriend with her to be safe. The would-be park injector looked a little hesitant. The sex worker assured her that the boyfriend would not expect a 'shot' (injection of heroin) in return for his company and that she (and her money and drugs) would be quite safe with him. Overdose prevention needs, then, to be aware of the social organisational features of particular drug markets that might undermine attempts at peer education and community development amongst IDUs.

Prevention messages also need to recognise the different forms of capital available to different groups of IDUs [(eg 25, 26)]. Middle-class, privately educated, tertiary-qualified IDUs are more likely to have cultural, social and economic capital to draw upon in structuring their use and in responding to related problems. Street IDUs (some of whom are also from middle-class backgrounds but who have exhausted their capital) do make 'choices' about their use, but these are 'choices' made from a more limited repertoire than their middle-class counterparts.

There are many starting points in these data for designing individual behaviour change and peer education programs targeting the micro-level aspects of IDU and overdose. However, the effectiveness of well-intentioned but individually-focused peer education and community development programs is likely to be compromised unless there is concerted attention to the stages in drug careers, multiple IDU cultures (eg based on gender, social class, stage of drug career), reasons for use and macro-level elements of risk environments that structure particular individual and group IDU practices (eg the unavailability of overnight NSP in St Kilda leading to risky use[b]). Reducing overdose, and drug-related harm more generally, requires complementary and integrated interventions that range from the individual through to the environmental levels.

David Moore and Paul Dietze, Turning Point

We acknowledge the generous support of Victorian Health Promotion Foundation Project Grant 1999-0263.

Footnotes

[a] There are also many who explicitly reject such 'excuses' and who espouse widely-accepted notions of personal responsibility and individual volition (eg, 'I'm not blaming anyone else. It was my choice to use [drugs]').

[b] This is consistent with epidemiological indicators of street drug market activity indicating St Kilda's higher proportion of overdoses between midnight and 6am when compared with Melbourne's other identified street drug markets[13].

References

[1] **Rhodes, T.** (2002) The 'risk environment': A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy* 13: 85-94.

[2] **Darke, S.** (2000) Issuing forth: Heroin overdose — A complex problem with no easy fix. *Centrelines* (June): 3-4.

[3] **Darke, S., Hall, W., Kaye, S., Ross, J. and Duflou, J.** (2002) Hair morphine concentrations of fatal heroin overdose cases and living heroin users. *Addiction* 97(8): 977-984.

[4] **Darke, S., Kaye, S. & Ross, J.** (2001) Geographical injecting locations among injecting drug users in Sydney, Australia. *Addiction* 96: 241-246.

[5] **Darke, S. and Ross, J.** (2002) Suicide among heroin users: Rates, risk factors and methods. *Addiction* 97: 1383-1394.

[6] **Darke, S., Ross, J. and Hall, W.** (1996) Overdose among heroin users in Sydney, Australia: I. Prevalence and correlates of non-fatal overdose. *Addiction* 91(3): 405-411.

[7] **Darke, S., Ross, J. and Hall, W.** (1996) Overdose among heroin users in Sydney, Australia: II. Responses to overdose. *Addiction* 91(3): 413-417.

[8] **Darke, S. and Zador, D.** (1996) Fatal heroin 'overdose': A review. *Addiction* 91(12): 1765-1772.

[9] **Dietze, P., Cvetkovski, S., Rumbold, G. & Miller, P.** (1998) *Non-Fatal Heroin Overdose in Melbourne: Establishment and Analysis of a Database of Ambulance Service Records. Project Report 1997/1998.* Melbourne: Turning Point Alcohol and Drug Centre, Inc.

[10] **Dietze, P. and Fitzgerald, J.** (2002) Interpreting changes in heroin supply in Melbourne: Droughts, gluts or cycles? *Drug and Alcohol Review* 21: 295-303.

[11] **Dietze, P., Fry, C., Rumbold, G. and Gerostamoulos, J.** 2001. The context, management and prevention of heroin overdose in Victoria, Australia: The promise of a diverse approach. *Addiction Research and Theory* 9(5): 437-458.

[12] **Dietze, P., Cantwell, K. and Burgess, S.** (2002) Bystander resuscitation attempts at heroin overdose: Does it improve outcomes? *Drug and Alcohol Dependence* 67: 213-218.

[13] **Dietze, P., Jolley, D. and Cvetkovski, S.** (2002) Patterns and characteristics of ambulance attendance at heroin overdose at a local area level in Melbourne: Implications for service provision. *Journal of Urban Health.* Under review.

[14] **Dovey, K., Fitzgerald, J. and Youngju, C.** (2001) Safety becomes danger: Dilemmas of drug use in public space. *Health and Place* 7: 319-331.

[15] **Fitzgerald, J., Hamilton, M. and Dietze, P.** (2000) Walking overdoses: A re-appraisal of non-fatal illicit drug overdose. *Addiction Research* 8(4): 327-355.

[16] **Lenton, S. and Hargreaves, K.M.** (2000) Should we conduct a trial of distributing naloxone to heroin users for peer administration to prevent fatal overdose? *Medical Journal of Australia* 173(4): 260-263.

[17] **Lenton, S., Stockwell, T. and Ali, R.** (1998) *Proceedings of a national workshop on the prevention of heroin overdose organised jointly by the National Centre for Research into the Prevention of Drug Abuse and the Drug and Alcohol Services Council.* Perth: National Centre for Research into the Prevention of Drug Abuse, Division of Health Sciences, Curtin University of Technology.

[18] **Loxley, W. and Davidson, P.** (1998) *Forgetting to breathe: Opioid overdose and young injecting drug users in Perth.* Perth: National Centre for Research into the Prevention of Drug Abuse, Division of Health Sciences, Curtin University of Technology.

[19] **McGregor, C., Darke, S., Ali, R. and Christie, P.** (1998) Experiences of non-fatal overdose among heroin users in Adelaide, Australia: Circumstances and risk perceptions. *Addiction* 93(5): 701-711.

[20] **Warner-Smith, M., Darke, S. and Day, C.** (2002) Morbidity associated with non-fatal heroin overdose. *Addiction* 97(8): 963-967.

[21] **Bourgois, P.** (1998) The moral economies of homeless heroin addicts: Confronting ethnography, HIV risk, and everyday violence in San Francisco shooting encampments. *Substance Use and Misuse* 33: 2323-51.

[22] **Connors, M.M.** (1992) Risk perception, risk taking and risk management among intravenous drug users: Implications for AIDS prevention. *Social Science and Medicine* 34(6): 591-601.

[23] **Douglas, M.** (1986) *Risk Acceptability According to the Social Sciences.* London: Routledge and Kegan Paul.

[24] **Maher, L.** (2002) Don't leave us this way: Ethnography and injecting drug use in the age of AIDS. *International Journal of Drug Policy* 13(4): 311-325.

[25] **Erickson, P. and Cheung, Y.W.** (1999) Harm reduction among cocaine users: Reflections on individual intervention and community social capital. *International Journal of Drug Policy* 10: 235-246.

[26] **Lovell, A.M.** (2002) Risking risk: The influence of types of capital and social networks on the injection practices of drug users. *Social Science and Medicine* 55: 803-821.

Repeat drink drivers study

James Fetherston, Simon Lenton and Rina Cercarelli, UWA

The objective of this joint project between NDRI and the Injury Research Centre at the University of Western Australia was to identify the characteristics of drivers with repeat drink-driving charges in order to determine the best mix of countermeasures aimed at reducing drink-driving in this group of high risk offenders. The study, which was funded by the Road Safety Council of WA, involved three components: a review of the international literature; an analysis of data on repeat drink drivers in Western Australia; and a quantitative and qualitative in-depth interview study of 40 repeat drink drivers. Repeat drink drivers were defined as those with two or more drink driving charges.

International literature

The international literature suggests that repeat drink drivers are more likely to have a history of alcohol related problems in general, and dependence in particular. With regards to repeat drink driving countermeasures the literature suggests that licence suspension, whilst an effective deterrent, is frequently violated once implemented. Similarly, heavily punitive measures are not well supported. Better support appears to exist for those measures such as ignition interlocks that selectively immobilise the vehicle.

In-depth interviews

Data from the in-depth interviews with 40 repeat drink drivers found that 90% had a significant alcohol problem at the time of interview and about half were dependent on alcohol. Some 52% of respondents said that they had not planned alternatives to drink driving at their most recent drink driving charge. Across all drink driving charge episodes where the respondent had passengers in the vehicle, the driver perceived themself as the least intoxicated person in the car on only 30% of occasions. However, 70% of the sample believed their driving was not impaired when they were apprehended primarily because they believed they were not driving recklessly or were not as susceptible as others to the effect of alcohol. Those who said they continued to drink and drive were asked why this was the case. Some 35% gave peer acceptance of drink driving as the reason; 25% cited economic or family reasons, or saw no practical alternative; 25% because they saw the risk of apprehension as low, and 20% put their continued drink driving down to intoxication. Altogether, 74% of the 35 respondents who had had their licence suspended on at least one occasion admitted to driving while under suspension during at least one of these suspensions. Some did this routinely, while others did it occasionally. Family responsibilities and economic factors such as the need to maintain employment were cited as reasons why people under suspension drove at some level.

Respondents identified a number of shortcomings in existing alternatives to drink driving including public transport, taxis, and designated driver schemes. There was strong support for alcohol interlock schemes.

Recommendations

The report makes a number of specific recommendations as to how the results of this research can inform strategies to reduce drink-driving in this group of high risk offenders. It makes the general point that as much as possible we should seek ways to keep offenders within the system that consists of formal laws and informal social controls, rather than apply penalties in ways that undermine adherence to the law and reinforce further drink driving. The report is available from NDRI.

Systematic literature review of school drug education

Nyanda McBride

There is an extensive body of literature on school-based drug education extending over several decades. The quality of this literature varies and there is a need to adequately collate the information to define the components that have the potential to contribute to effective drug education based on literature that is of acceptable quality and scope.

The structure of this analysis involved: 1) assessment of all reasonably available published and grey literature, that in themselves provide a review of the field (1990 to June 2001); 2) identification and assessment of primary studies on which past reviews based their recommendations; and 3) assessment of recent primary studies with a focus on school drug education (1997 to June 2001). A set of predetermined selection and acceptance criteria ensured that only good quality reviews and primary studies were included in this review. Defining the dimension of this review also allows for comparisons to be readily made with previous reviews of school drug education.

Searches

A combination of key words was used to identify appropriate publications for both the reviews and recent primary studies. These included: school, drug education, review, research, evaluation, project, study. An initial electronic database search produced 113 reviews for potential inclusion. Examination of the reference lists of the selected reviews revealed a further 52 publications that indicated potential worth as inclusions within a comprehensive review of alcohol and drug education in schools. Nineteen of the total 165 reviews revealed by the searches were eventually accepted into this review based on the acceptance criteria. Past primary studies that were acknowledged as good quality effective programs by the accepted reviews of drug education were then identified and documented. To be included, at least three reviewers were required to consider the program as effective. Ten programs were identified through this process, eight reporting main group effects and two reporting sub-group effects. Only two of these programs would have been accepted using the selection criteria for this current review.

The total number of recent primary study publications (1997 to June 2001) revealed during electronic data based searches, and the scanning of reference lists of previously accessed papers, totalled sixty-nine papers representing sixty five programs. The total number of primary studies accepted into this review based on the above mentioned criteria was five (7.7%), two of which were of the same program. Three of these programs reported main group effects and two reported sub-group effects only.

Findings

While earlier examinations of school drug education programs have had mixed success and even negative results, there are now a number of rigorously conducted and evaluated programs with meaningful behavioural effects. The findings of this systematic review attempt to identify the essential ingredients that can be adopted for future programs to enhance behavioural effectiveness as well as identifying areas of further research. In summary, programs can be improved by: adopting adequate research design; encouraging program planners to adopt a formative phase of development that involves talking to young people and testing the intervention with young people and teachers; providing the program at relevant periods in young people's development; programs that are interactive and based on skill development;

programs that have a goal that is relevant and inclusive of all young people; booster sessions in later years; utility knowledge that is of immediate practical use to young people; appropriate teacher training for interactive delivery of the program; making effective programs widely available and adopting marketing strategies that increase the exposure of effective programs. However, these improvements to school drug education research and program development cannot occur in isolation to the practical implementation of programs at the school level. Identification of barriers and strategies to overcome these barriers to effective drug education in schools is just as important as testing out and making such programs readily available to schools.

Conclusion

This systematic literature review of school drug education has attempted to synthesise understandings about the development, implementation and evaluation of programs that can contribute to better drug education in schools, and particularly those programs, or program components, which can potentially impact on young people's behaviour. Additionally, the review has attempted to identify potential areas in which more work can be undertaken to increase understandings and abilities in the area.

There is much refinement that can occur in school drug education and the way forward is to continue to create and test interventions in an attempt to bring together all components of the development, implementation and evaluation of school drug education that have the potential for behaviour change.

School leavers' celebrations on Rottnest: The evolution of community management

Richard Midford, Fiona Farringdon, Nicole Young and Troy Bogaards

In recent years school leaver celebrations at a number of Western Australian holiday destinations have become problematic for both the host community and the leavers themselves because of binge drinking and associated anti-social behaviour. Community concerns about these problems prompted implementation of a program designed to assist holiday communities manage the celebrations in way that reduced the harm for both the leavers and the host community. The School Drug Education Project (SDEP) received National Drug Education Strategy funding from DEST over three consecutive years to develop this prevention program. The National Drug Research Institute (NDRI) received part of this funding in each year for evaluation. The most popular destination for these celebrations has traditionally been Rottnest Island and this community was seen as the ideal partner for a major investigation of the problems faced by host communities and how these could be best managed.

In 1999 a formative study was undertaken. This involved surveying groups of school leavers during their stay on the island; interviewing community stakeholders; and having a field researcher live on the island during the celebratory week to observe activity. The aim of this initial study was to develop a better understanding of the behaviour that occurs during this celebratory week. In 2000 the formative findings were used to inform a comprehensive harm reduction program, which was undertaken by the local community and a consortium of education, health, law enforcement and youth agencies, led by the SDEP. The intervention comprised pre celebration briefings in schools, day time sporting activities, night time social activities which de-emphasised drinking, provision of cheap, convenient food, limiting access to alcohol and having a sobering up facility for intoxicated leavers. The results indicated that this program was well received and reduced risk of harm by moderating drinking practices. However, this was achieved with considerable external support.

In 2001 the Rottnest Island community undertook a prevention program from its own resources. The program was less elaborate, but retained key elements from the previous year. The reduced intervention was remarkably successful in maintaining prevention benefits. This shows how strategic expert support can produce long-term benefits by transferring skills to local workers. It also shows how a motivated community can take on board new initiatives and very rapidly develop an in house management capacity.

abstracts

Cops, drugs and the community: Establishing consultative harm reduction structures in two Western Australian locations

Richard Midford, John Acres, Simon Lenton, Wendy Loxley and Kevin Boots

International Journal of Drug Policy, 2002, 13, (3), 181-188

In Australia a police project incorporating four parallel trials was established to test a new model of illicit drug law enforcement, which gives greater emphasis to harm reduction at the community level. The project was based on a community-policing model developed in the United Kingdom and involved establishing a community based consultation structure comprising an implementation oriented Drug Action Team (DAT) and support oriented Drug Reference Group (DRG). Two of the trials operated in Western Australia: one in Geraldton, a small regional city; and the other in Mirrabooka, a large, diverse, metropolitan region within Perth. The project officers were faced with a number of challenges and had to develop strategies to overcome these. One of the important issues was the effect of continual changes in membership of DATs, and consequent fluctuating levels of enthusiasm and commitment. The size and composition of the DATs also had an impact on how they operated. Other issues included the management of different agency agendas and recognition that the project would only operate for a limited time. How the project officers dealt with these issues in their development of the DAT/DRG model and how the two trial sites incorporated harm reduction into illicit drug policing are presented and discussed.

Researching drug information needs in Australia

Fiona Lindsay, Richard Midford and Martin Cooper

Drug and Alcohol Review, 2002, 21, (3), 287-294

National research about drug information needs and access strategies from a cross-section of professionals and community respondents was undertaken in conjunction with the development of the Australian Drug Information Network (ADIN). Many professionals who have an active concern about drug and alcohol issues

experience frustration with their access to high quality and relevant drug information. Although the Internet is widely perceived to be the answer to disseminating information, it remains the least favoured source of drug information among professionals, especially in regional and remote locations. Limited access to technology and doubts about the quality of web-based information were expressed concerns. Community differences about where and how to access information were also apparent, with the Internet being a more feasible resource for metropolitan and younger respondents.

Theorising Indigenous health: A political economy of health and substance misuse

Sherry Saggers and Dennis Gray

Health Sociology Review, 2002, 10, (2), 21-32.

For more than two decades we have been engaged in a program of research which examines the health of Indigenous people. More recently this work has focused on ways in which substance misuse affects communities, and their responses to it. Our work is framed by understandings derived from political economy, which directs attention to the web of political and economic relations surrounding individuals and social groups. We have stressed that this framework should not be interpreted in a crudely deterministic fashion, which neglects the nuances of the social determinants of health, or individual and community agency. Much of our recent work documents such agency in community-based actions throughout Australia. In this paper we examine Indigenous drinking and its consequences, outline a political economy approach to drinking, and discuss how this has informed our work. We conclude with a discussion of some criticisms of this approach and our responses.

recent publications

Monographs and Technical Reports

Bolleter, A., Britten, N. and Loxley, W. (2002) *Community Partnerships Initiative evaluation project case studies, rounds one and two.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Bolleter, A. and Loxley, W. (2002) *Fourth report on the evaluation of the Community Partnerships Initiative.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Bolleter, A. and Loxley, W. (2002) *Final report on the evaluation of the Community Partnerships Initiative.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Chikritzhs, T., Unwin, L., Codde, J., Catalano, P. and Stockwell, T.R. (2002) *Alcohol-related codes: Mapping ICD-9 to ICD-10.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia. ISBN: 1 74067 1872

Donnelly, N. and Briscoe, S. (2002). *Young adults' experience of responsible service practice in NSW. Alcohol Studies Bulletin No. 3.* New South Wales Bureau of Crime Statistics and Research, Sydney, Australia.

Fetherston, J., Lenton, S., Cercarelli, R. (2002) *The Repeat Drink Drivers Study.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia. ISBN: 1 74067 156 2

McBride, N. (2002) *Systematic literature review of school drug education. NDRI Monograph No. 5.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia. ISBN: 1 74067 188 0

Midford, R., Midford, S. and Farringdon, F. (2002) *Leavers at Margaret River: A community approach to planning and management.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Young, N., Farringdon, F. and Midford, R. (2002) *School leavers' celebrations on Rottnest Island: Going it alone.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Published Articles, Chapters and Books

Aitken, C., Moore, D., Higgs, P., Kelsall, J., Kerger, M. (2002) The impact of a police crackdown on a street drug scene: Evidence from the street. *International Journal of Drug Policy, 13,* 189-198.

Chikritzhs, T., Stockwell, T.R., Jonas, H., Stevenson, C., Cooper-Stanbury, M., Donath, S., Single, E. and Catalano, P. (2002) Towards a standardised methodology for estimating alcohol-caused death, injury and illness in Australia. *Australian and New Zealand Journal of Public Health, 26,* (5), 443-450.

Hawks, D.V. (2002) Book Review: Quantum Change: Bridging the schism between science and spirituality, ordinary people tell their stories of extraordinary change: When epiphanies and sudden insight transform ordinary lives. *Addiction, 97,* 763.

Lindsay, F., Midford, R. and Cooper, M. (2002) Researching drug information needs in Australia. *Drug and Alcohol Review, 21,* (3), 287-294.

Midford, R. and Munro, G. (2002) The need for a national drug education demonstration project. *DrugInfo Newsletter, 1,* (3), 11.

Midford, R., Acres, J., Lenton, S., Loxley, W. and Boots, K. (2002) Cops, drugs and the community: Establishing consultative harm reduction structures in two Western Australian locations. I*nternational Journal of Drug Policy, 13,* (3), 181-188.

Moore, D. (2002) Opening up the cul-de-sac of youth drug studies: A contribution to the establishment of some alternative truths. *Contemporary Drug Problems, 29,* (1), 13-63.

Moore, D. (2002) Ethnography and the Australian drug field: Emaciation, appropriation and multidisciplinary myopia. *International Journal of Drug Policy, 13,* 271-284.

Moore, D. and Maher, L. (2002) Editorial: Ethnography and multidisciplinarity in the drug field. *International Journal of Drug Policy, 13,* 245-247.

Moore, D. and Maher, L. (eds) (2002) *International Journal of Drug Policy* (Special Issue: Ethnography and Multidisciplinarity in the Drug Field), 13, (4).

Roche, A. and Stockwell, T.R. (2002) Prevention of alcohol-related harm: Public policy and health. *National Alcohol Research Agenda.* Commonwealth Department of Health and Ageing, Canberra, 57-74.

Saggers, S. and Gray, D. (2002) Theorising Indigenous health: A political economy of health and substance misuse. *Health Sociology Review, 10,* (2), 21-32.

Stockwell, T.R. (2002) Five reasons why universal prevention strategies targeting legal drugs should be a major focus for prevention. *DrugInfo Newsletter, 1,* (2), 2.

Stockwell, T.R. and Chikritzhs, T. (2002) Epidemiological considerations relevant to the appraisal of recommendations arising from papers commissioned for the National Alcohol Research Agenda Workshop, March 2001. *National Alcohol Research Agenda.* Commonwealth Department of Health and Ageing, Canberra, 137-150.

staff list

National Drug Research Institute

Staff as at 1 December 2002

Tim Stockwell	Director, Professor
Dennis Gray	Deputy Director, Associate Professor
Wendy Loxley	Associate Professor
Simon Lenton	Senior Research Fellow
Richard Midford	Senior Research Fellow
David Moore	Visiting Senior Research Fellow
Susan Carruthers	Research Fellow
Tanya Chikritzhs	Research Fellow
Martin Cooper	Research Fellow
Nyanda McBride	Research Fellow
Paul Catalano	Research Associate
Francoise Chanteloup	Research Associate
James Fetherston	Research Associate
Hanh Ngo	Research Associate
Brooke Sputore	Research Associate
Anna Stearne	Research Associate
Fiona Farringdon	Project Officer
Phillipa Strempel	Research Officer
Fran Davis	Business Manager
Philippa Greaves	Clerical Officer
Paul Jones	Computer Systems Officer
Rachael Lobo	Media Liaison Officer
Linda Matthews	Administrative Assistant
John Somerville	Librarian
Susan Wilson	Secretary
Alison Dale	PhD Student
Penny Heale	PhD Student
Fiona Nichols	PhD Student
Jane Ulrik	PhD Student

Emeritus Professor

Professor David Hawks

Adjunct Appointments

Prof Eric Single	Professor
Dr Sherry Saggers	Associate Professor
Dr Richard Fordham	Senior Research Fellow
Dr Toni Makkai	Senior Research Fellow
Mr Kevin Boots	Research Fellow
Mr Neil Donnelly	Research Fellow

Honorary Staff

Prof Colin Binns	Professorial Fellow
Dr Peter d'Abbs	Senior Research Fellow
Dr Helen Jonas	Senior Research Fellow
Mr Mike Phillips	Senior Research Fellow
Mr Ben Haines	Research Fellow

feedback & subscriptions

We welcome your feedback on all issues discussed in CentreLines. If you would like to write to us, please send all correspondence to the Editor at the address below.

If you currently subscribe to CentreLines and require future issues to be sent to a new address, please fill out the Change of Address form.

If you would like to be included on the CentreLines subscription list, please fill out the New Subscriber form. Please indicate on the form whether you wish to receive all issues, or only those focusing on treatment (NDARC issues) or prevention (NDRI issues).

Please return completed forms to:

CentreLines, National Drug Research Institute
Curtin University of Technology, GPO Box U1987, Perth WA 6845
Fax (08) 9486 9477

New Subscriber Details

Please add me to the mailing list for my free copies of *CentreLines*.

Name: Ms / Mr / Dr

Title:

Organisation:

Department:

Address:

Postcode:

Phone No:

Fax No:

Issues Required: ☐ NDARC ☐ NDRI ☐ Both

Change of Address

Please alter my details on the mailing list for my free copy of *CentreLines*.

Name: Ms / Mr / Dr

Title:

Organisation:

Department:

Address:

Postcode:

Phone No:

Fax No:

Issues Required: ☐ NDARC ☐ NDRI ☐ Both

28778-12.2002

National Drug Research Institute
Curtin University of Technology
GPO Box U1987 Perth WA 6845
www.ndri.curtin.edu.au

National Drug and Alcohol Research Centre
University of New South Wales
Sydney NSW 2052
www.med.unsw.edu.au/ndarc