

centre lines

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issuing forth

Prisoner health research: why bother?



contents

edspace 1

headspace 2

Simon Lenton introduces the
issue of prisoner health

issuing forth 2

Tony Butler discusses the dilemma
of prisoner health research

project notes 4

- Alcohol outlet density study
- Identifying the elements of alcohol TV advertising that impact on under-age youth
- Understanding the barriers to improved access, engagement and retention of methamphetamine users in health services

ndri news 5

abstracts 6

Summaries of recently
published articles

recent publications 7

staff list 8

edspace

This issue of *CentreLines* focuses on prisoner health. In *Headspace*, NDRI Deputy Director Associate Professor Simon Lenton introduces Associate Professor Tony Butler who joined NDRI in early 2007, greatly expanding the Institute's drug and alcohol research expertise in the prisons and corrections area. In *Issuing Forth*, Tony Butler discusses the dilemma that, while prisoners can be considered as having some of the greatest health needs in the community, their isolation from the mainstream means that they are often overlooked, and consequently there is very little support for formal research in this area.

In *NDRI News*, a new NDRI research program that will conduct research specifically aimed at addressing health and wellbeing issues in diverse populations, is outlined. The program - *Social contexts of substance misuse* - is organised within a social determinants of health framework and aims to complement and extend the work of the Indigenous and other NDRI research teams.

Project Notes includes information on the recently-completed *Alcohol outlet density study*, which confirmed that an increase in the number of liquor outlets (hotels and/or bottle shops) is associated with an increase in alcohol related violence and assault in the surrounding area.

I hope that you enjoy this issue of *CentreLines*. For further information about NDRI's research and other activities I encourage you to visit the Institute's website at www.ndri.curtin.edu.au.

Rachael Lobo
Editor

NDRI
national drug research institute

Prisoner health - who cares?

I suspect that, for many, prisoners epitomise the 'other' in the 'us versus them' dichotomy. We see prisoners as being incarcerated for their punishment or our protection, and it is doubtful whether our sense of 'community' extends to, or permeates within, the prison walls. When the issue of prisoners is discussed in the context of drug related harm, historically the focus has often been on seeing prison as a 'breeding ground' for the transmission of blood-borne viruses, with the main focus of our concern being the implications for 'us', when prisoners get released back into 'the community'.

However, as pointed out by Associate Professor Tony Butler in the current *Issuing Forth*, members of this 'forgotten population' have some of the greatest health deficits in the community before, during and after their incarceration. Unfortunately, the health of prisoners does not have the same political traction as many other areas of health concern. This translates into less formal support for research in this area. Other areas of health can generate both government and philanthropic sources of funding, but it is hard to imagine a philanthropist wanting to be associated with this topic over less morally contentious areas of need.

While many of us at NDRI recognise the importance of prisons in the reduction of drug-related harm, few have undertaken research in this area. My own reluctance to become involved in prisoner research has, in part, been driven by a sense that one needs to know the system before one can realistically conduct research with prisoners, and also, I have to admit, a real pessimism about the likelihood of change. A recent search of NDRI's publication database revealed seven publications having 'prisoners' as a keyword. Notable among these is the work of our recently retired colleague, Associate Professor Wendy Loxley, who recognised the importance of this issue and published studies including prisoner samples in the late 1990s and early 2000s.

Against this background it has been a privilege to have Tony Butler join us at NDRI in early 2007. Tony brings an extensive and ongoing research record in this area and a proven and, to some extent inspirational, commitment to the area of prisoner health. Importantly, Tony's prison research is backed up by a long history of working within the New South Wales correctional health system. This provides him with an intimate insider's knowledge of the prison system and the people working and incarcerated within it, an understanding

of what is achievable, and the know-how to make it happen.

I know that Tony believes that opportunities for developing responses to prisoner health issues are increased through being located in a national institute. While corrective services are the primary remit of State and Territory governments, some of the ways forward may best be addressed at the Federal level. A case in point is that currently people lose their access to Medicare when incarcerated, resulting in disadvantaged access to health care compared to other Australians.

With a new Australian government, which has a focus on 'cooperative federalism,' now might be the time to progress initiatives at a national level that can simultaneously benefit offender populations and the broader community. We would do well in the health arena to measure our achievements by how well we improve the position of the most marginalised in our community. Along with the plight of Indigenous Australians, improving the health of those Australians in custody is a worthy goal. **cl**

Simon Lenton



issuing forth

Prisoner health research: why bother?

Prison hygiene procedures were: "Not for the benefit of the prisoners but rather to increase the 'salutary humiliation' of prison life and to prevent the spread of epidemic disease beyond the prison walls and to the general citizenry".

Sir George Onesiphorus, 1784

Prisoner populations are characterised by extreme disadvantage, backgrounds of abuse and neglect, stigmatisation and social exclusion. Studies of prison inmates consistently find high levels of engagement in risk behaviours such as drug and alcohol use, injecting drug use, tobacco smoking, and unsafe sexual practices. These factors result in a heightened vulnerability to blood borne pathogens such as viral hepatitis and HIV, sexually transmissible infections, drug dependence, mental illness, and a range of other chronic health problems. Without any doubt, prisoners can be considered as having some of the greatest health needs in the community.

Several recent Australian studies have highlighted the excess mortality endured by this group and an increased risk of death from overdose and suicide in the immediate post-release period.^{1,2} This highlights the vulnerability of this group in the transition from prison to community life and the need for effective interventions and programmes aimed at re-integrating this group back into society.

The current full-time prisoner population in Australia is around 26,000 with up to 40 percent more flowing through the prison system each year. The median age of prisoners is 33 years and the vast majority

(93 percent) are men. Over the last decade, the number of female prisoners has increased by 90 percent compared with 39 percent for male prisoners. The offender population is even greater if we consider the wider criminal justice system including juvenile offenders, those appearing before the courts and given non-custodial sentences, periodic detainees, parolees, and those held in police cells.

The Indigenous community is particularly impacted by incarceration. Aboriginal people are 13 times more likely to be imprisoned than their non-Indigenous counterparts (18 times



in Western Australia). While the overall rate of incarceration in Australia is 165 per 100,000, the Indigenous rate is 2,182 per 100,000. Western Australia has the highest incarceration rate in Australia at 3,628 per 100,000; the highest of any Indigenous group in the OECD. It is estimated that if the Aboriginal incarceration rate was applied to the general population in Australia, we would have a prisoner population in the order of 300,000. The over-incarceration of Aboriginal people is perhaps one of greatest social policy failings in Australia. It was no surprise to see that this issue failed to rate a mention in the 2020 Summit proceedings and highlights the antipathy felt by society towards those held in prison!

It has been commented that the discipline of prisoner health research is “*where diabetes research was in the 1950s*” (Wodak 2005 NSW Justice Health Research Symposium). While this might sound harsh (particularly to someone who has spent over 10 years undertaking research into prisoner health) there is some truth in the observation. Few randomised controlled trials have been conducted in this setting leading to a paucity of reliable evidence across a range of health areas. Interventions are often implemented by well-meaning individuals in isolated settings and have little value in terms of transferability across jurisdictions or impacting on broader policy in this area. Overwhelmingly, programmes in prison lack an effective evaluation component that would pass the litmus test demanded by the Cochrane or Campbell collaborations.

Three recent initiatives aimed at developing national capacity in the area of prisoner health are noteworthy: the National Prison Entrants’ Bloodborne Virus & Risk Behaviour Survey (NPEBBV&RBS), the development of a National Minimum Dataset for prisoners’ health, and the Aboriginal Prisoner Health Roundtable. The NPEBBV&RBS is the only nationally collaborated prisoner health research project in Australia. It was first conducted in 2004 by NSW Justice Health and the National Centre in HIV Epidemiology & Clinical Research (NCHECR) and is modelled on the national centre’s Needle & Syringe Program Survey (NSPS). It had been commented that the NSPS survey, the mainstay of blood borne virus monitoring among injecting drug users (IDU) in Australia, overlooked key groups such as prisoners. The NPEBBV&RBS screens all new prison receptions over a two week period. The 2004 survey involved four states (New South Wales, Western Australia, Queensland and Tasmania), and the 2007 undertaking involved all jurisdictions bar the Northern Territory.³

With prison health services delivered by the states and territories, no national health standards exist, and there is little coordination across jurisdictions in terms of quality and

scope of services provided to prison inmates. Prisoner populations are also excluded from all national health surveys such as the ABS National Health Survey, the National Mental Health survey and national drugs surveys. With the absence of national data on the health of this population the need for some form of national monitoring is important. To address this, the Australian Institute of Health and Welfare is currently field-testing a process whereby all jurisdictions would be asked to provide data on a range of health indicators for prisoners’ health. These indicators range from system level factors such as the number of health staff at each facility and whether Aboriginal Community Controlled Health Organisations operate at the facility, to individual indicators such as the proportion of prisoners with drug and alcohol problems and the proportion of prisoners with chronic health complaints (eg asthma, cardiovascular disease, diabetes).

In November 2007, an Aboriginal Prisoner Health roundtable was convened by the Cooperative Research Centre for Aboriginal Health, the Australian Institute of Health and Torres Strait Islander Health, and the Public Health Association of Australia. The aim of the roundtable was to explore ways in which prison health researchers, particularly those in the Indigenous health field, could collaborate more effectively. A discussion paper arising from the roundtable is currently being prepared and will hopefully lead to increased capacity and collaboration.

The national initiatives outlined above are important moves that may help to focus national attention on the prisoner population and ensure it is not a ‘forgotten population’.

With around two-thirds of prisoners reporting drug or alcohol problems and 55 percent reporting a history of injecting drug use, it is surprising how little research has been undertaken in this area by drug and alcohol researchers in Australia.^{3,4} The absence of quality research on what works best for this population undoubtedly contributes to an overall lack of progress in reducing recidivism and improving health outcomes for prisoners. However, undertaking research in this area is fraught with difficulties. Not only are prisons difficult environments in which to work from an access perspective, prisoners are certainly not a ‘feel good’ population and do not warrant the same level of research funding seen with other groups. Researchers often have to undertake a tortuous ethical pathway before being allowed to conduct research in the prison setting. In addition to health-based human research and ethics committees, institutional committees also need to be fronted. These have been established to ensure that past excesses and human experimentation do not occur, but they can often be over-protective and suspicious of ‘outsiders’. These factors serve to deter

researchers and lead to a situation whereby offender populations are viewed in isolation from the mainstream and are overlooked. This isolation from the mainstream is epitomised by prisoners losing their Medicare rights on entry to prison, leaving their health care needs to the largesse of the states and territories. Given the unpopularity of this group and their poor health, this can lead to a situation whereby the health needs of prisoners are not fully addressed. The Australian Medical Association recently called for the Medicare exclusion to be removed as one of the necessary steps towards addressing the health problems of prisoners.⁵

One irony of offender health is that while the community clings to the retribution model of incarceration, it is the community which ultimately bears the cost of this group’s ill-health. The cost of crime is estimated to be in the order of \$19 billion per year and it costs around \$160 per day to keep somebody in prison. Nowhere near these amounts are invested in effective diversion programmes, rehabilitation, retraining, re-integration, improving health, and research.

The quote at the beginning of this article was clearly intended for another era and refers to diseases spreading from prison to the wider community, but it can easily be applied to the modern day in areas such as mental health, substance misuse, tobacco smoking and other health problems. Sadly we still struggle with this concept when considering prisoner populations, as the cycle of offending and incarceration continues unabated. **cl**

Tony Butler

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project **notes**

Alcohol outlet density study

Tanya Chikritzhs, Dennis Gray, Zaza Lyons and Sherry Sengers

The overall aim of this feasibility study was to progress the development of an Australian model sensitive to local risk factors to help authorities determine appropriate liquor outlet densities for minimising alcohol-related harms within communities. The objectives pursued by the research team were a pointed response to the current information gap in relation to the regulatory practice of controlling outlet density for licensed premises. The project explored how best to apply the wealth of international and Australian research evidence, and systematically collected information on alcohol consumption and related harms to objectively evaluate (and ultimately predict) the impact of outlet density changes to the public health, safety and amenity of communities. There were five specific project objectives:

1. undertake a literature review of the national and international evidence in relation to the effect of outlet density for licensed premises on alcohol consumption and related harms and identify existing data sets (ie secondary data) on liquor outlet density and indicators of alcohol-related harms;
2. examine routinely collected secondary data on indicators of alcohol consumption and related harms for relationships with type and density of licensed premises;
3. determine the most appropriate means of identifying 'high' and 'low' risk regions in relation to outlet density, alcohol consumption and harms;
4. identify the most effective means of using this information to identify future high and low risk regions for alcohol consumption and related harms and to predict the likely impact of changes to outlet density; and
5. create a framework to map the requirements for developing an outlet density model for minimising alcohol-related problems.

This study demonstrated the utility of using systematically recorded data to model relationships between licensed outlet density and alcohol-related harm in Western Australia. The report describes in detail how volume of wholesale alcohol purchase data can be used effectively to: identify existing associations; identify the size and direction of associations; estimate the likely impact that changes to licensed outlet density will have on levels of alcohol-related harms; and demonstrate the variability of relationships among regions. The results also concur with the overall findings

from the research literature; that is, greater physical availability of alcohol is associated with higher levels of alcohol-related harms.

Tangible progress toward the range of recommendations listed above will potentially benefit a wide range of key stakeholders: state and territory liquor licensing authorities to whom falls the responsibility of administering liquor legislation in a complex and changing environment; police and health services upon whom falls the responsibility to care for and protect those who are affected by their own or another's alcohol consumption; and the communities at large upon which the financial and social burden ultimately falls.

Identifying the elements of alcohol TV advertising that impact on under-age youth

Lynda Fielder, Robert Donovan and Robyn Ouscham

Health and social problems resulting from alcohol consumption are well documented and widely accepted. There is growing acceptance by health authorities that the volume of alcohol consumed can impact on health. The current review of the NHMRC Australian Guidelines for low-risk drinking recommends a limit of two standard drinks per day for both men and women. Alcohol advertising impacts on consumption and attitudes toward alcohol, particularly among young people. Many studies have focused on exposure to alcohol advertising which has been found to promote positive attitudes toward alcohol and the experience of alcohol consumption among young people. Theme elements contained in alcohol advertisements (ie cartoon characters, celebrities, music and humour) are appealing to youth and have been shown to predict overall ad liking and effectiveness in terms of purchase intentions.

This one year Heathway funded study aims to identify the specific elements of television alcohol advertising that predict positive attitudes to the advertised brand and purchase/consumption intentions of underage viewers. It will also examine the relationship between advertising likeability and its influence on advertising effectiveness, and model the relationship between specific elements of alcohol advertising and advertising likeability using structural equation modelling.

High school students (N=500) in grades 8-10 at ten Government secondary schools in Western Australian will be invited to participate. Data will be collected using self-administered questionnaires which will measure Affective Responses to Advertising (ie liking of elements

where present), and Advertising Effectiveness (ie attitude to [wanting] the product and likelihood of trying the product). Participants will be exposed to a total of 25 television alcohol advertisements drawn from the top 50 alcohol ads most exposed to 13-17 year olds in the period November 2005 to October 2006.

This study replicates and expands on a US study conducted by Chen *et al* (2005). They found that liking of alcohol television advertisements predicted advertising effectiveness. This study will be innovative in extending Chen's study in two ways: first, it will further analyse the specific aspects of the elements (ie which were liked and which were not liked) (Chen explored which were liked only). Second, it will expand the list of constructs by incorporating coding elements of the advertisements on settings, actions (ie working, relaxing, flirting, romancing or sex, celebrating), and themes (ie relaxation, humour, masculinity, friendship, sex, quality, health or therapeutic benefits).

In Australia, all alcohol advertising is required to comply with the Australian Association of National Advertisers (AANA) Advertiser Code of Ethics and the Alcohol Beverages Advertising Code (ABAC) which is self regulated by the Australian alcohol beverages industry. Currently, no code articles regulate theme elements such as animation; cartoon characters, etc that children find appealing. This study will provide evidence of such appeals to youth and the impact of these appeals upon intentions and consumption. Hence, the findings of this study will inform policy and regulation in Australia.

Understanding the barriers to improved access, engagement and retention of methamphetamine users in health services

David Moore, Paul Dietze¹, Gabriele Bammer² and Pascal Perez³

This research, commencing 2008, aims to map the social contexts and epidemiology of methamphetamine use, related harms and health service utilisation/provision amongst street-based injecting drug users; to integrate these diverse data in order to better understand the barriers to improved access, engagement and retention of methamphetamine injectors in specialist drug treatment and other health services; to make recommendations for appropriate interventions; and to further develop and apply an enhanced ethno-epidemiology framework to the Australian context.

National surveillance systems have noted widespread use of methamphetamine, an addictive synthetic psychostimulant. Its regular use is associated with a range of physical and psychological harms. However, methamphetamine users have low rates of contact with health services. In order to develop health services that will improve access, engagement and retention, further research is needed to better understand the healthcare needs of methamphetamine injectors, their experiences, perceptions of and pathways to health services, and the barriers to health service utilisation.

The proposed research design employs ethnography, epidemiology, integrative modelling and policy analysis. The research will focus on street-based injecting drug users and health service providers in two Melbourne locations in order to research service utilisation and provision. Street-based injecting drug users have been chosen for study because they experience high rates of methamphetamine-related harms. The two locations have well-developed street drug markets as well as the services of research interest. Four types of service have been chosen to cover the main types of health service provision for injecting drug users. The two sites will allow comparison

of different geographical, demographic and service contexts and their relationship to methamphetamine-related harms.

Ethnographers will conduct targeted direct observation of, and in-depth interviews with, methamphetamine injectors and health service providers in the two sites in order to collect qualitative data on methamphetamine-related harms and the barriers to health service utilisation/provision. The epidemiological component will consist of a baseline and follow-up survey conducted concurrently with the ethnographic fieldwork in the two sites. This allows for iterative feedback between the two forms of data collection, minimises their limitations and maximises their interactive potential.

Qualitative analysis will focus on the social contexts of drug-related harms and health service utilisation/provision. Quantitative analysis will focus on patterns of health service utilisation, experience of harm and the identification of risk and protective factors. Agent-based modelling will be used to integrate diverse types of data. Analysis of policy and practice will explore the role of research and other factors in stimulating change, and the facilitators, inhibitors and time-lags in responding to new drug-related problems.

The use of multiple techniques will address some of the problems of bias and sampling inherent in researching illicit drug use. Triangulation will be used to develop the most systematic and comprehensive picture possible. Qualitative and quantitative data collection will be closely integrated with, and responsive to, preliminary findings emerging throughout the research.

There is a lack of in-depth data on methamphetamine use, related harms and health service utilisation/provision. Further research is needed to better understand the healthcare needs of methamphetamine injectors, their pathways to health services and the barriers to health service utilisation. The proposed project will establish a framework for collaborations amongst disciplines involved in drug research that will emphasise the synthesis of diverse data types in order to generate new knowledge. It will also develop a research partnership that enhances the capacity of Australian drug research to conduct cutting-edge, international-standard, multidisciplinary research. **CI**

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ndri news

New research program on the social contexts of substance misuse

A new NDRI research program will conduct research specifically aimed at addressing health and wellbeing issues in diverse populations. The program - *Social contexts of substance misuse* - is organised within a social determinants of health framework and aims to complement and extend the work of the Indigenous and other NDRI research teams.

The program is headed by Professor Sherry Siggers, who recently joined NDRI full-time from the Centre for Social Research at Edith Cowan University, where she has been a long-term collaborator. Professor Siggers said that in Australia today we are regularly reminded that we are primarily responsible for our own good or ill health – that eating wisely, drinking moderately or not at all, and exercising regularly are the keys to better health and longer lives. Smoking is now beyond the pale, and using any illicit drugs deemed an irresponsible act. This emphasis on the individual's responsibility for health from the media, politicians, and others makes it hard to argue that the social contexts in which we live profoundly influences – and sometimes

determines – our health profile, including the likelihood of misusing alcohol and other drugs. While it is true that our lifestyles influence diseases such as cardiovascular diseases and diabetes, and individual choices to drink and smoke contribute to these, factors which no individual can control continue to have a powerful impact on our health. This new program aims to conduct research and evaluation of positive approaches to better health and wellbeing, which acknowledge the broader contexts of people's lives.

Much of the research will be conducted in collaboration with other universities and organisations. Research areas include:

- the impact of early intervention among disadvantaged populations; particularly the way in which attention to maternal health and wellbeing, child health, and early learning and care ameliorates socio-economic disadvantage and leads to more positive futures;
- child-centred, family and community interventions and their role in improving health and social outcomes, such as school retention and employability;
- social inequalities and their impact on health outcomes; and

- models of leadership and community development in Indigenous and non-Indigenous communities which draw upon diverse theoretical and methodological approaches and incorporate understandings from many disciplines – anthropology, sociology, psychology, and the creative arts – to explore successful models of leadership and development.

The research builds upon international work exploring the social and economic benefits of prevention and early intervention, particularly among marginalised populations – in terms of more equal health outcomes, reduced substance misuse, safer children, and more cohesive communities.

Research funding will be sought from diverse sources – including national competitive grants such as the NH&MRC and the ARC, commissioned and competitive government tenders, the non-government sector, business and industry, and private philanthropy. The only qualifications to funding sources will be the absence of any real or perceived conflict of interest between funding sources and this program, and an 'arms length' approach by funders at all stages of the research process, including the right to publish research findings.

Involving stakeholders in the evaluation of community alcohol projects: finding a balance between subjective insight and objective facts

Kevin Boots and Richard Midford

Substance Use and Misuse, 2007, 42, (12), pp 1955-1969

The role played by key community representatives in the evaluation of community alcohol projects differs according to the evaluation paradigm adopted. In evaluations that adopt a positivist, experimental design they are cast in the role of independent informants. In post positivist evaluations they are seen as having an interest in the evaluation and accordingly are considered active stakeholders. However, the degree to which stakeholders can be actively engaged in an evaluation varies considerably along a number of dimensions. Four dimensions of the stakeholder role: stakeholder inclusiveness, participation mode, participation frequency, and evaluation role, are examined in the context of eight evaluation theories. This is integrated into a model that links these dimensions to an object-subject continuum of stakeholder involvement. The model facilitates systematic consideration of these dimensions and will assist evaluators achieve their desired balance of subjective insight and object fact.

Dazzled by unity? Order and chaos in public discourse on illicit drug use

Suzanne Fraser and David Moore

Social Science and Medicine, 2008, 66, pp 740-752

One of the main ways in which researchers, policy makers and practitioners routinely characterise injecting drug users, their practices and, more generally, their lives is through a taxonomy of two paired conditions, the negative state of 'chaos' and the positive state of 'order' in the form of 'stability'. In this article, we explore some of the ways in which this taxonomy operates in public discourse on illicit drug use. Comprehensive Google searches were conducted in order to gather a corpus of Australian, United Kingdom and United States materials making use of notions of chaos and stability in discussing illicit drug use. The chaos/stability pairing was identified in a large number of materials, including government policy documents, web sites for treatment agencies and other drug related

services, newspaper articles and research papers in epidemiology, HIV/AIDS treatment and qualitative studies. Drawing on the work of Michel Foucault and Michel Serres, we analyse these materials, arguing that the chaos/stability pair found in them operates largely through poorly defined, poorly elaborated notions of order, which are, in their opacity and elusiveness, both easily applied and extremely powerful. Further, we argue that the taxonomy imports into research and policy debates around drug use largely unexamined normative assumptions about appropriate ways of living. These serve mainly to affirm the illegitimacy of injecting drug use by establishing and policing boundaries between the ostensibly unproductive, disorderly lives of injecting drug users and the 'normal', orderly and productive lives of non-injecting drug users. In concluding, we question the adequacy of chaos, as conventionally defined, in accounting for the circumstances and actions of drug users, and canvass alternative ways of viewing chaos that might offer useful critical tools for drugs research, policy and practice.

School leaver celebrations in Margaret River, WA: a community approach to management

Richard Midford, Sarah Midford and Fiona Farrington

Substance Use and Misuse, 42, (12), pp 1915-1932

In recent years an increasing number of young Western Australians have chosen the tourist town of Margaret River, about 300 kilometres south of Perth, as the place to celebrate completing school. Typically the celebrations involve intense socialising and considerable binge drinking. In 2001 the community developed a comprehensive management strategy to minimise the impact of the celebrations, while still facilitating an enjoyable experience for the leavers (recent graduates). This incorporated community members providing supervised activities for the leavers. Evaluation of the intervention employed a mixed methodology, comprising surveys of school leavers, interviews with community stakeholders and participant observation. The findings indicated that the leavers generally got what they wanted from the experience and the community felt it had maintained control. Providing activities built a relationship between the leavers and the community and seemed important in minimising problems for both groups. An added bonus was the community developed greater confidence and capacity.

The organisation of a community: community action to prevent injecting drug use-related health problems

Susan Carruthers

Substance Use and Misuse, 2008, 42, (12), pp 171-179

In the 1980s, injection drug users in Australia mobilised and organised as communities to prevent the transmission of HIV/AIDS, hepatitis C and other injecting related harms. This paper provides a brief history of the development and role of IDU communities in the prevention of drug related harms over the past 20 years and introduces the genesis of a new program which aims to improve peer based community organised prevention and harm reduction initiatives.

Broadening discussions of 'safe' in hepatitis C prevention: analysis of video recordings of injecting practices.

Carla Treloar, Becky Laybutt, Ingrid van Beek and Susan Carruthers

International Journal of Drug Policy, 2007, 19, (1), pp 59-65

Blood awareness messages have been used for some years in hepatitis C prevention efforts. However, hepatitis C prevention education has achieved only limited success. Innovative means of reaching people who inject drugs (PWIDs) are required.

This study involved video recording injecting episodes of 13 clients of the Sydney Medically Supervised Injecting Centre in Kings Cross. Participants were interviewed the following day and asked to review their video and comment on their injecting practice. Also, feedback was provided to the participants on injecting technique and hepatitis C prevention. A peer researcher was present and engaged the participant in discussion around safer practice and explored the participants' explanations of their practice. This analysis provides information about the common aspects of "safer" and "unsafes" injecting technique observed in the video recordings. Unsafer in this context was defined as any practice which could cause harm including blood borne virus transmission risks, vein damage and introduction of other pathogens to the blood stream.

Analysis of the video data show that common "unsafes" practices which have implications for blood borne virus transmission include: not washing hands before injecting; using fingers

to stop bleeding; wiping injection site with swab (instead of applying pressure) to stop bleeding after injecting; and using the same swab to wipe another site.

Analysis of interview data provided participants' explanations of their practices. Analysis of the discussions between the

interview team and the participant provides insight into the types of messages and communication strategies which had credibility with the participants.

These data show that broadening hepatitis C education discussions to include other aspects of "safer" injecting can be useful in engaging

experienced PWIDs in prevention. Embedding blood borne virus prevention messages in discussions about vein care may provide innovative ways to reinvigorate hepatitis C prevention efforts and impart these messages in a context which acknowledges the skills and knowledge of experienced PWIDs. **cl**

recent publications

Monographs and Technical Reports

Chikritzhs, T., Catalano, P., Pascal, R. and Henrickson, N. (2008) *Predicting alcohol-related harms from licensed outlet density: A feasibility study.* NDLERF Monograph Series No 28. National Drug Law Enforcement Research Fund, Hobart.

Fetherston, J. and Lenton, S. (2007) *Effects of the Western Australian Cannabis Infringement Notice Scheme on public attitudes, knowledge and use: a comparison of pre- and post change data.* National Drug Research Institute, Curtin University of Technology, Perth.

Midford, R., Chikritzhs, T. and Pascal, R. (2007) *Follow up evaluation of the liquor licensing restrictions in the Town of Port Hedland, Report prepared for the Health Department of Western Australia.* National Drug Research Institute, Curtin University of Technology, Perth.

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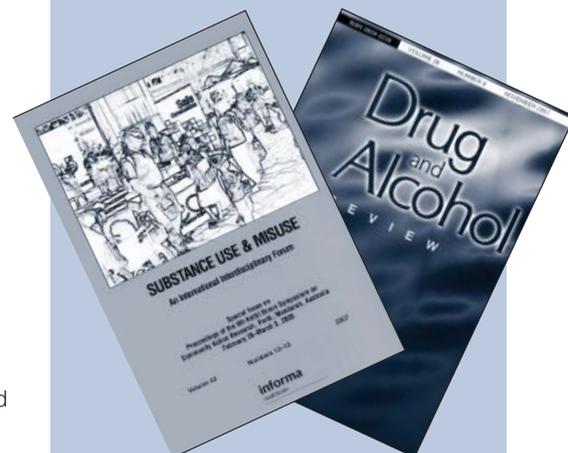
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Special editions edited by NDRI researcher

Two special editions of journals guest-edited by Associate Professor Richard Midford, who heads NDRI's community prevention research program, were published in late 2007.

Substance Use and Misuse (volume 42, nos 12-13) reported on proceedings of the Sixth Kettil Bruun Society symposium on community-based prevention of alcohol and drug-related problems, held in Mandurah, Western Australia from 27 February to 3 March 2005. The articles represent recent thinking by a range of experienced Australian and international researchers and program managers on the best way to undertake community-based prevention of alcohol and drug use-related problems, and are likely to influence future practice in this area.

A special edition of *Drug and Alcohol Review* (volume 26, no 6), dealing with policy and practice research in the area of school and college drug education was published in November 2007. The journal includes eleven papers, ranging from the theoretical to the empirical in their approach and from national policy to classroom practice in their focus, which aim to provide fresh insight into the possibilities of drug education and other student-focussed prevention programs.



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Celia Wilkinson	PhD Student

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Tim Stockwell	Professor
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Wendy Loxley	Associate Professor
Richard Fordham	Senior Research Fellow
Richard Chenhall	Research Fellow
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