

centre lines

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issuing **forth**

Mapping progress: Young people in residential treatment



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edspace

Welcome to the December issue of *CentreLines*. In *Issuing Forth*, NDRI Research Fellow Lynn Roarty, who works within the prevention, early intervention and inequality team, looks at problematic drug and alcohol use by young Australians and discusses research into approaches and outcomes for young people in residential treatment.

Project Notes includes an update on future plans for the award winning School Health and Alcohol Harm Reduction Project (SHAHRP) study - an evidence based school alcohol harm reduction program impacting on alcohol use, alcohol-related behaviours and alcohol-related harm. Also included in this issue is a report on a recent NDRI conference held in Prato, Italy; *Beyond the buzzword: problematising 'drugs'*.

As the year draws to a close and the festive season is full swing, NDRI has cause to celebrate. Associate Professor Tanya Chikritzhs, who leads NDRI's alcohol policy research team, was recently presented with an Achievement Award as part of the 2011 National Health and Medical Research (NHMRC) Awards and recognised as one of 'Australia's leading health researchers' (see page 5). In stop press news, Aboriginal health researcher Associate Professor Ted Wilkes has been awarded the Public Health Association of Australia (PHAA) President's Award for 2011. Ted has been recognised for his many outstanding contributions to public health in Western Australia and nationally over more than 25 years, his commitment to campaigning for better health, and his strength and integrity as a public and community health leader.

We hope that you enjoy this issue, and have a safe and happy festive season. For more information about NDRI's research and other activities, please visit ndri.curtin.edu.au.

Rachael Lobo
Editor

NDRI
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headspace

As Lynn Roarty indicates, there is increasing concern about drug use among young people. For many people, this has been driven by images on the nightly news, particularly of drunken people at large scale events causing harm to themselves and others. Whilst the majority of young people do not have severe alcohol or other drug problems, and while few become dependent, there is a need to better target prevention and treatment services towards young people.

Unfortunately, despite some notable exceptions, there is limited understanding of the wants and needs of young people. What are the most attractive and effective treatment approaches? How do we make services to young people more accessible? How do we turn this into practice guidelines and workforce development?

While treatment outcome research is one critical element of responding to these questions, better identification of the needs and wants of young people, through their own voices, is equally important.



Lynn and her colleagues seek to provide the opportunity for those voices to influence our endeavours. **cl**

Steve Allsop
Director

issuing forth

Mapping progress: Young people in residential treatment

There is presently an increased focus on problematic drug and alcohol use by young Australians. Public concern around this issue is heightened by a 24-hour news cycle with recurrent information around binge drinking, newspaper reports and television images of large gatherings of 'drug and/or alcohol-fuelled youth' confronting police, and, towards the end of each year, advice for parents and the general public on necessary precautions and risks around such events as 'Schoolies' or 'Leavers'.

Adolescent experimentation with drugs and alcohol is considered 'relatively' normative in Australian culture¹. That is, a significant number of young people will at least occasionally use alcohol and less frequently other drugs. Indeed, drug use has been described as *an important source of status and recreation for young people*^{2,3}. While a range of harms can arise, only a small number of young people become dependent⁴ - most risks appear to be related to acute effects, or intoxication. However, there is some concern that earlier initiation into drug and alcohol use is particularly risky⁵, and current levels of risky drug use amongst adolescents generally, and young women in particular, are raising concern⁶.

The 2008 Australian Secondary Students' Alcohol and Drug Survey (ASSAD) reported that 23.6% of males and 21.6% of females aged 12-17 had consumed alcohol in the week prior to the survey. At age 17, 46% of males and 37% of females were classified as 'current drinkers', that is, they reported consuming alcohol in the week prior to the survey. Six percent of males and 6.6 percent of females had consumed alcohol at high

risk/risky levels on one occasion in the week prior to the survey, with slightly more girls than boys drinking at risky levels in each year between ages 13-16⁷ (pp 37-38). In the older youth cohort, the 2007 National Drug Strategy Household Survey found that 19% of young men and 16% of young women aged 18-24 reported regularly (at least once a week over the previous 12 months) engaging in high risk/risky drinking⁸ (p 2). Of course these may be conservative figures as there is reason to believe that surveys tend to underestimate consumption.

Drug and alcohol related harms

The potential for harms to young people engaging in risky drug use is well established in the literature^{5, 9, 10}. These young people face significantly increased risks to their health and wellbeing, including anxiety and depression, difficulties with schooling and employment, and family dysfunction. They also risk greater exposure to violence (including sex-related violence), trauma, and post-traumatic stress disorder (PTSD)^{1, 11-14}. Young women of childbearing age who drink alcohol are vulnerable to additional risks around pregnancy and alcohol-related harms to their unborn babies¹⁵. There is evidence to suggest that young women who drink at risky levels and have a family history of breast cancer are also at increased risk of benign breast disease and, in turn, of developing breast cancer¹⁶. How well young people 'manage' the risk of harms is dependent upon a range of individual and systemic factors, including biological and personal attributes, social and academic functioning, relationships with



family and peers, and developmental and environmental factors^{4, 5, 17-20}.

In Western Australia, the Commissioner for Children and Young People recently sought the views of young people themselves about alcohol-related harms. The responses from participants make it clear that not all young people drink, while for those who do the majority do not report drinking to excess²¹. Nonetheless, drinking alcohol to 'become drunk' was identified by many of the young people (aged 14 to 17 years) taking part in the consultation as a cultural 'norm' for their peer group. These young people, drinkers and non-drinkers alike, were knowledgeable and concerned about the harms caused by alcohol-related violence, identifying verbal abuse, physical harm, damage to friendships and to reputations, family conflict, and potential legal ramifications, as negative outcomes of excess alcohol consumption. They also had concerns about taking care of friends who had had too much to drink, and expressed some uncertainties around the consequences of contacting parents in these circumstances.

Treatment approaches and outcomes

Adolescent patterns of drug and alcohol use differ from those of adults in a variety of ways. They are more likely to have shorter histories of use, but are also more likely to be polydrug users, to progress more rapidly

to harmful use, and to engage in heavy episodic drinking, than are adults²²⁻²⁴. Those adolescents who enter treatment have a higher rate and more rapid onset of relapse after treatment^{23,25}.

Contemporary research notes an historical failure to recognise the unique and complex needs of adolescents in approaches to treatment²⁶⁻²⁹. As well as a time of physical and psychological change, of asserting autonomy and beginning to act independently in the world, adolescence is also for many young people a time for sensation-seeking and testing limits and, as a consequence, a time of increased vulnerability. These biological, psychological, social and transitional developmental features of adolescence have been recognised by services and in the literature as essential ingredients for positive and productive assessment of and responses to the treatment needs and outcomes for adolescents affected by drug problems^{22, 30-32}. Treatment approaches, in other words, need to be developmentally appropriate, attractive, and meaningful for the young people accessing the services.

Recent research indicates that this recognition has not yet been translated into a significant evidence base of developmentally informed treatment approaches³¹. Even research into the views of young people on their treatment experiences is relatively scarce³³. A qualitative study conducted in 2003 identified those programs that offered concrete assistance with family issues or schooling, offers of after care, the provision of shelter and structure, and respite from their usual environment, as those things young people found most useful in residential care^{23, 34}. Outcomes from the 2005 National Survey on Drug Use and Health in the United States³⁵ reported that very few adolescents who had undergone treatment described positive outcomes. Findings from a recent Australian study suggest that young people respond well to programs that encompass 'recreational, creative and vocational experiences' – with activities such as art therapy, vocational education, and journaling all eliciting support and participation by the young people³³ (p538).

Other researchers have noted that there are still too few assessments of the quality, availability, and effectiveness of adolescent-only treatment programs^{29, 32, 36}. A range of problems have been identified in those outcome studies of adolescent residential programs that have been undertaken, including methodological variation, and systemic barriers such as caseload size and staff time and resources³⁷. It has been argued that, rather than more large quantitative studies, there is a need to add a stronger qualitative element to our research

to help inform staff about the needs, wants and expectations of the diverse clients they serve and the kinds of services they can provide³⁸.

Current research

Researchers from the *Prevention, early intervention and inequality team* and the *Substance use among Indigenous Australians team* at NDRI, together with a multidisciplinary team of colleagues from other universities, government, and non-government organisations[#], are currently engaged in an Australian Research Council (ARC) Linkage project to develop a narrative-based approach to mapping young people's progress in residential rehabilitation services. This project builds on preliminary qualitative work carried out in 2007/2008 in two Perth-based drug and alcohol services for young people¹². This earlier research involved one of the researchers spending time in each of the services over a period of five months, observing and participating in day-to-day activities and conducting one-on-one interviews with some young service consumers. These data, together with documentary material and interviews with staff, formed the basis for the development of narratives around a five-stage framework reflecting the continuum along which the young people travelled – not always in a linear fashion - in treatment. The framework's five stages, similar to the 'stages of change' model proposed by Prochaska and colleagues³⁹, see the young people move from a state of disengagement, through resistance, reflection and realisation, to imagining a future and, finally, towards more realistic and tangible plans for their futures.

Very broadly, the current project aims to develop an approach to outcomes mapping for young people in residential rehabilitation services that is accessible for and responsive to the complex needs and life stories of the young people in the services, as well as producing meaningful data for practitioners. Our expectation is that it will provide a qualitative map that captures, at two or three points in time and from multiple viewpoints, a useful visual representation of the journey the young people have taken during their time in the services.

To date, the project has established the validity of the qualitative framework of stages and identified five broad dimensions that are common to each - social, emotional and psychological, physical, drug use, and developmental - and the differing aspects of life within each of these dimensions. For example, the social dimension contains aspects pertaining to the young person's family, peers, partner, and society at large. The narrative approach taken has revolved

around the writing of narrative 'sets' for each stage, and for each aspect within the five dimensions. Creating narratives about ourselves and our lives is something we all do and something we can all probably relate to. These 'stories' we tell to and about ourselves grow and change, reflecting different aspects of ourselves in different situations and over time – for example, the story a young person might tell her or himself or others will likely change in treatment as health improves, energy increases, and an awareness of other life possibilities emerges^{eg 40, 41}. In writing the narratives, we have attempted to capture these changes, drawing both from the data collected in the foundation research, and the expertise of the research associates on the project who are working with the young people in the services. The narratives we have constructed use language the young people are most likely to recognise as relevant to their own lives and situations – that of other young people who have been in similar situations.

The resultant mapping 'tool' is presently being trialled in a number of services, here in Perth, and in New South Wales where other project partners are based. Feedback from both the young people and service providers has thus far been largely positive. The narrative-based mapping approach appears to be both more approachable and more engaging for the young people than are many of the quantitative measures currently in use. Staff have also commented that it is easy and quick to use, an important consideration for time-poor practitioners and, at least in the initial stages of their stay, for young people who are likely to be under considerable stress.

Conclusion

Recreational drug and alcohol use is common among young people in Australia, and for most such use will not impact significantly on their everyday lives. For those young people with problematic substance use issues, however, there are increased risks of health and life-related harms. There is a demonstrated need to understand the factors that lead to best practice in treatment and to positive outcomes for these young people. The shift in recent years towards integrating adolescent-specific developmental domains in treatment strategies is one of the ways in which these issues are being addressed. There is also a growing recognition that the voices of young people themselves are a valuable resource for the development and progress of treatment programs and outcome measures that are appropriate, meaningful, and successful. **cl**

Lynn Roarty
Research Fellow

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conference **report**Beyond the buzzword:
Problematising 'drugs'

3-5 October 2011, Prato, Italy

Early October saw NDRI's research activity and collaborative networks expand into Europe via the leading role staff took in an international conference on drug use entitled *Beyond the buzzword: Problematising 'drugs'*. Organised in collaboration with Monash University's School of Political and Social Inquiry and the Centre for Population Health at the Burnet Institute, the conference was held at Monash University's Prato campus, located just outside Florence, Italy. The conference attracted over 50 participants, all of whom are involved in research bringing together social theory and innovative methodologies to produce new understandings of drugs and drug consumption. Opened by Professor David Moore, head of NDRI's Ethnographic

Research Program, the conference promoted the international journal Professor Moore edits, *Contemporary Drug Problems*, offering a unique forum in which drug researchers could present original research in an atmosphere attuned to the value of social theory in re-imagining drug use and the challenges it presents.

Keynote speakers for the conference were Professor Robin Room, Director of the AER Centre for Alcohol Policy Research in Melbourne, and Dr Helen Keane, Senior Lecturer in the School of Sociology at the Australian National University in Canberra. Professor Room's day 1 plenary presentation set the context for later sessions by analysing the language used over time to describe and label alcohol and other drug use and the problems associated with it. On day 2, Dr Keane's plenary presentation provided a different but equally valuable contextualising analysis

in her discussion of the debates currently circulating around addiction terminology for the forthcoming edition of the DSM (Diagnostic and Statistical Manual of Mental Disorders, due out in 2013). Sessions on policy, stigma, gender, consumer involvement, youth and popular culture, among others, drew on and added to these contextualising discussions.

The conference committee – Dr Robyn Dwyer (NDRI), Associate Professor Suzanne Fraser (Monash University), Professor Moore, Dr Mark Stoové (Burnet Institute) and Nicola Thomson (NDRI) – is currently evaluating the conference based on delegate feedback, and the results will inform planning for a second conference, planned for 2013. The 2011 conference program and abstracts are available at: http://ndri.curtin.edu.au/local/docs/pdf/conferences/cdp_2011_program_and_abstracts.pdf

project notes

School health and alcohol harm reduction project (SHAHRP): 2011 and beyond

Nyanda McBride

Background: The award winning SHAHRP study was the first school alcohol harm reduction program to assess for impact on alcohol use, alcohol-related behaviours and alcohol-related harm. A series of studies from formative to dissemination have contributed to the development of SHAHRP.

The SHAHRP formative intervention research study (1996) incorporated drug education research, and information from focus groups with older secondary students reflecting on their alcohol-related experiences, into an early version of the program. This version was piloted with students and teachers to provide an additional assessment of content, implementation and functional capacity. Subsequent longitudinal research (funded by Healthway) of the refined SHAHRP program occurred during 1997-1999 with 2300 young people in secondary schools over a 32 month period and resulted in the several significant behavioural findings (<http://ndri.curtin.edu.au/research/shahrp/>).

Initially dissemination through conferences and scientific publications was supported by the SHAHRP Dissemination Project (funded by AERF), where training and

resources were offered to education departments around Australia. Based on this work, SHAHRP is currently the primary alcohol resource for secondary schools in South Australia. A website was developed where information about the research and resources could be downloaded. The website has helped coordinate responses to national and international interest in the program and research.

Current status of SHAHRP: The study's significant behavioural findings on both harm and risky alcohol use have seen adoption of the program and research methodology extend beyond Australia. The SHAHRP behavioural findings were supported in a recent Northern Ireland replication of SHAHRP research (with cultural alterations) (Michael McKay, University of Liverpool). Behavioural findings in two separate jurisdictions, provides a strong evidence basis for a harm reduction paradigm in schools using a classroom based approach. The SHAHRP program is now conducted with 16 000 students annually in Northern Ireland. In addition to an influence on practice, SHAHRP has also contributed to policy considerations in the UK with the London School of Economics recommending SHAHRP as one of ten evidence based programs to be incorporated into UK Personal and Wellbeing Curriculum. Further research is planned in the UK with the National Institute of Health (UK) recently funding a random

control trial of SHAHRP with a parental component (2012-2015).

The SHAHRP Refresh project is currently underway in Australia. Funded by Healthway, this project incorporates input from key informants who have used the program over several years. It includes: an updated review of research evidence; updated prevalence data; the inclusion of national guidelines for young people; new harm reduction strategies based on social networking; modifications to the resource packaging to reduce teacher workload; changing the trigger visual to digital format; and changes to the website to include additional requested supportive information. This work is being undertaken without modifying the evidence basis of SHAHRP as determined by the Australian and Northern Ireland analysis of fidelity of implementation. Future work on SHAHRP in Australia will involve an update of the trigger visual; possibly a reassessment of SHAHRP impact using a shorter version of the program; and the application of SHAHRP within the Indigenous context.

Attempts to help transfer SHAHRP from research to policy and practice have been proactive and reactive and continue to grow. The fundamental public health contribution of SHAHRP is the provision of a cost effective method of reducing alcohol use and harm in young Australian, and by extrapolation, within Australian society. **cl**

ndri news

NDRI researcher recognised as one of Australia's best

Alcohol policy expert Associate Professor Tanya Chikritzhs has been recognised as one of Australia's top researchers at the National Health and Medical Research Council annual awards ceremony in Canberra.

Tanya received an Achievement Award after her Career Development Fellowship (CDF) application was ranked first nationally in the Population Health Level 1 category. The CDF scheme aims to further develop Australian health and medical researchers early in their career, and to encourage the translation of research outcomes into practice.

Tanya leads NDRI's Alcohol Policy Research Team. She has academic qualifications in epidemiology and biostatistics, as well as 15 years' experience in alcohol research – earning her a national profile as a senior expert in her field. She has published more than 120 peer-reviewed journal articles, reports and book chapters on evaluations of alcohol policy and alcohol epidemiology.

In presenting the NHMRC awards, Minister for Mental Health and Ageing, Mark Butler said:

"Through these awards, Australia's peak body for health and medical research recognises the innovation and achievement of Australia's leading health and medical researchers."

"I congratulate the award recipients on their achievements and encourage all Australians to acknowledge the hard work and dedication of these researchers as they strive to improve the health of all Australians."



abstracts**Evidence of increasing age of onset of cannabis use among younger Australians****Simon Lenton, Wenbin Liang and Tanya Chikritzhs***Addiction*, 2011, DOI: 10.1111/j.1360-0443.2011.03673.x

Aim: To determine whether declines in the prevalence of cannabis use in Australia have been accompanied by changes in age of onset of cannabis use. **Design:** A retrospective cohort study. To account for right censoring error we contrasted the mean age of onset for comparable age groups across the four surveys conducted from 1998 to 2007. Kaplan-Meier failure graphs were used to describe how the cumulative risk of first use of cannabis varied across birth cohorts born from 1947 to 1993. **Setting:** Australian data collected in the nationally representative, triennial, National Drug Strategy Household Surveys (NDSHS). **Participants:** A total of 88,268 Australian household residents aged 14yrs and older. **Measurements:** Lifetime use of cannabis and age of first use. **Findings:** For respondents under the age of 20yrs, mean age of first use of cannabis has increased from 14.6yrs in 1998 to 15.2yrs in 2007.

Conclusions: The decline in cannabis use prevalence that has occurred since 1998 in Australia has been accompanied by an increase in age of first use among those aged under 20yrs.

Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability**Wenbin Liang and Tanya Chikritzhs***Drug and Alcohol Review*, 2011, 30, (5), pp 524-35

Introduction and aims: Associations between alcohol-related harms and numbers of outlets at the neighbourhood level have been demonstrated; however, the degree to which alcohol consumption or sales plays a part in levels of violence is not clear. This has contributed to uncertainty regarding the actual mechanisms by which outlet density may influence levels of violence. This ecological cross-sectional study investigated the effect of outlet numbers and alcohol sales on the risk of assault in Western Australia.

Design and methods: For 2000/2001, information on type, number and wholesale alcohol purchases of all licensed outlets

in operation, police-reported assault offences, socioeconomic/demographic data were obtained from official sources. Multivariate negative binomial regression was applied at local government area level in order to assess associations between outlet density, alcohol sales and violence occurring in both licensed and domestic settings. **Results:** Average alcohol sales volume per off-site outlet was significantly associated with all measures of assault. Numbers of on-site outlets significantly predicted violence with the exception of assaults occurring at residential premises. Alcohol sales from off-site outlets predicted violence occurring at on-site outlets.

Discussion and conclusions: The link between on-site outlets and violence may be primarily underpinned by negative amenity effects while off-site outlet effects occur via increased availability. Alcohol sales volumes from off-site outlets influence levels of violence, which occur at both licensed and residential settings. The substantial and wide-ranging effects of liquor stores on alcohol-related harms may have been underestimated in the literature and by policy makers.

Guidelines for pregnancy: What's an acceptable risk, and how is the evidence (finally) shaping up?**Colleen O'Leary and Carol Bower***Drug and Alcohol Review*, 2011, DOI: 10.1111/j.1465-3362.2011.00331

Issues: The lack of consensus about whether low to moderate levels of prenatal alcohol exposure are a risk factor for fetal development has generated considerable debate about what advice policies and guidelines should provide. **Approach:** This paper reviews the evidence from systematic reviews and meta-analyses examining the risk from low and moderate levels of prenatal alcohol exposure, along with the results of articles published 2009–2010, after the reviews. **Key Findings:** The reported significant effects from low levels of prenatal alcohol exposure are likely due to methodological issues such as confounding and/or misclassification of exposure or outcome and there is no strong research evidence of fetal effects from low levels of alcohol exposure. However, harm is well-documented with heavy exposure and moderate levels of exposure, 30–40 g per occasion and no more than 70 g per week, have been demonstrated to increase the risk of child behaviour problems.

Implications: With such a small margin before there is increased risk to the fetus, it would be morally and ethically unacceptable for policies and guidelines to condone consumption of alcohol during pregnancy. Not all women will follow this advice and some women will inadvertently consume alcohol prior to pregnancy awareness requiring non-judgmental counselling and the provision of rational advice about the likelihood of risk to the fetus. **Conclusions:** The policy advice that 'the safest choice for pregnant women is to abstain from alcohol during pregnancy' should be maintained. However, the abstinence message needs to be presented in a balanced and rational manner to prevent unintended negative consequences.

Does light alcohol consumption during pregnancy improve offspring's cognitive development?**Wenbin Liang and Tanya Chikritzhs***Medical Hypotheses*, 2011, DOI:10.1016/j.mehy.2011.09.043.

We posit that: (i) light alcohol consumption during pregnancy does not improve the cognitive development of human offspring and (ii) observational study outcomes indicating apparent protective effects arise from residual confounding due to socioeconomic status. Our hypotheses counter emerging hypotheses apparent in the epidemiological literature that light alcohol consumption during pregnancy improves offspring's cognitive development. Determining the plausibility of this proposition is important given its potential to influence women's alcohol consumption behavior during pregnancy. However, given ethical concerns, it is unlikely that a randomized control trial will be conducted to test this hypothesis. The veracity of alcohol's purported positive effect on cognitive development is therefore explored here by comparing research evidence on light alcohol consumption to the evidence for folate and DHA supplementation intake during pregnancy. An alternative approach for further testing this hypothesis in observational studies is also suggested. **cl**

recent publications

Monographs and Technical Reports

Butler, T.G., Lim D., and Callander, D.

(2011) *National prison entrants' bloodborne virus and risk behaviour survey report 2004, 2007 and 2010*. Kirby Institute, University of New South Wales, Sydney, NSW and National Drug Research Institute, Curtin University, Perth, Western Australia.

Cercarelli, R., Allsop, S., Evans, M.

and Welander, F. (2011) *Reducing alcohol-related harm in the workplace, an evidence review: full report* (Creating Healthy Workplaces evidence review series). Victorian Health Promotion Foundation (VicHealth), Carlton, Australia.

Saggers, S. and Stearne, A. (2011)

Evaluation of the Jaru Pirijirdi suicide prevention project: final report. National Drug Research Institute, Curtin University, Perth, Western Australia.

Saggers, S. and Stearne, A. (2011) *Palka-*

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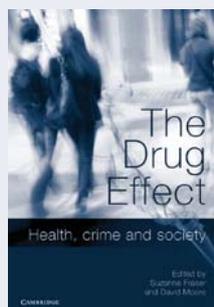
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