

centre lines

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issuing forth

Celebrating 20 years of Indigenous Australian research at NDRI



edspace

In September 2012 the National Drug Research Institute's Indigenous Australian Research Program celebrated 20 years of operation. The occasion was marked with a symposium which was attended by State and Federal parliamentarians and their advisors, and representatives from health, police, treatment, funding and Indigenous agencies.

This issue of *CentreLines* records some of the achievements of the Indigenous Australian Research Program since its inception. In *Headspace*, guest writers Donna Ah Chee, Acting CEO of the Central Australian Aboriginal Congress, Alice Springs and John Boffa, Public Health Medical Officer, Alice Springs, review the considerable impact of the partnership between NDRI, the Congress, and other Aboriginal organisations in the Northern Territory. In *Issuing Forth*, program leaders Dennis Gray and Ted Wilkes and research associate Anna Stearne reflect on the history and achievements of the program to date.

Anna Stearne is coincidentally to be congratulated on recently receiving the First People's Award in the annual Australasian Professional Society on Alcohol and other Drugs (APSAD) Awards. The First People's Award recognises a substantial and practical contribution to the advancement of the health of Indigenous people. Anna's research focuses on improving the health and social inequities that face Indigenous people by empowering them with the knowledge to address alcohol and other drug issues in their own communities.

We hope that you enjoy this issue. For more information about NDRI's research and other activities, please visit www.ndri.curtin.edu.au.

Rachael Lobo
Editor

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headspace

Damming the "Rivers of Grog": a partnership between NDRI and Aboriginal community controlled health services in the Northern Territory

Over the more than twenty years since its inception there has been a growing partnership between the National Drug Research Institute (NDRI), the Central Australian Aboriginal Congress (Congress), and Aboriginal health services and other Aboriginal organisations in the Northern Territory (NT). There are many people involved in this partnership, but the strength of the partnership between Ted Wilkes and Dennis Gray is the foundation upon which the partnership between NDRI, as a non Aboriginal research institution, and Aboriginal community controlled health services is based. Ted has played a leading role in Aboriginal Affairs for many years well beyond the area of alcohol and other drugs. Ted and Dennis lead by example in their own partnership and they have been well backed up over the years by Sherry Siggers, Anna Stearne, Tanya Chikritzhs and Steve Allsop.

NDRI has been developing an evidence base in Aboriginal communities since its Indigenous program began. At a time when the term "political economy" was very unpopular in academia – because it was so counter-cultural to the neoliberal paradigm – the 1997 publication, "Supplying and promoting 'grog': the political economy of alcohol in Aboriginal Australia", was very important to community level activism because it legitimised what we all knew – there is big money to be made in alcohol and this is a big part of why it is hard to implement policies that work to reduce consumption. This was music to the ears of those on the ground in the struggle against the vested interests of the alcohol industry.

In 2000, Dennis and Tanya revealed very large variations in alcohol consumption in different parts of the NT. For Alice Springs in particular this enabled us to argue more effectively that we needed a differential response to address the problem and that we should "go first" with innovative supply reduction measures because we had the largest problem.

A huge volume of work has now been done in developing an evidence base for policy and practice that has now made its way into international publications, and not only peer reviewed journal articles. All of this makes it harder for policy makers to ignore the evidence and continue to promote popular

but ineffective policies. There is more opportunity now than ever before to argue for policy changes based on a more widely known and published evidence base and this is vital for community level activism.

NDRI has focused on the development of effective treatment services for Aboriginal people. In 2007, NDRI received funding to implement a research program in six Aboriginal communities looking at applying mainstream evidence and assessing whether such approaches also work for Aboriginal people. As usual, NDRI did things differently in a process that was based on collaboration and support rather than competition. Congress developed, in collaboration with NDRI and other experts, a research proposal for what became known as the "Grog Mob" alcohol treatment program – a 12 month intervention trial.

Following a literature review that was funded as part of developing the proposal, a service delivery model was developed based on three streams of care, with care coordination and case management. An independent evaluation demonstrated the success of this approach for the 127 people who were referred into the service in its first 12 months and this led to the development and funding of the Safe and Sober Support Service (SSSS) which continues to provide alcohol treatment to many Aboriginal people as part of Congress. Again, with the credibility and support of NDRI, Congress was in the right space at the right time and following the success of "Grog Mob" was able to capitalise on the largest amount of funding ever on offer to an Aboriginal health service for alcohol treatment. NDRI has just completed an evaluation of the first two years of the SSSS.

In 2010 another really important report showed that governments across the nation were not investing sufficiently in Aboriginal controlled organisations but were increasingly expecting Aboriginal people to use mainstream treatment services.

NDRI has also played a role in supporting the implementation of evidence into practice in the area of alcohol supply reduction. The evidence for the effectiveness of supply reduction pre-dates NDRI but with the help of NDRI we are now making progress in this key public health area.



Donna Ah Chee and John Boffa

The evaluation of the NT's "Living With Alcohol Program" – which ran from 1992 until 2000 and was funded by revenue raised from the Territory's excise on heavy beer and wine – led to national recognition of it as the most successful initiative of this type in the nation. The NDRI evaluation found that 129 lives were saved over the eight years during which the program ran, and almost as many million dollars in costs were avoided. Unfortunately, the High Court ruled that such State and Territory revenue-raising was unconstitutional and therefore unlawful, but NDRI had already demonstrated the effectiveness of price in reducing consumption.

The evaluation of the Tennant Creek alcohol restrictions further added evidence to the importance of price and reduced take-away trading hours in reducing consumption.

The official evaluation of the 2002 trial of restrictions in Alice Springs by Crundall and Moon contained many serious errors and if it was not for the fact that Dennis Gray was prepared to stick his neck out and write an academic critique of the report then nothing good would have come from the trial.

Dennis showed that there was in fact an absolute reduction in alcohol caused assaults and other injuries in the afternoons as measured through presentations to Emergency Department and there had not been a shift into the evening as the Crundall and Moon report had found. As a result of this finding the Liquor Licensing Commission elected to retain 2pm trading instead of reverting back to 12pm, and this is still in place today.

The report that Dennis prepared also ensured that the lesson about the shift to port when cask wine was banned was learnt and so when political support changed and Claire Martin decided that something needed to be done in Alice Springs, restrictions were designed in a way that this time would lead to a shift to high priced beer rather than cheaper alcohol. This time when there was a shift to cheap long neck beer in bottles this was acted on immediately and not left as it was in the 2002 trial. Again this was a major

recommendation of the critique done by Dennis which led to a better approach.

In spite of all of the evidence about the key role that price plays in determining the consumption of alcohol, there have been many who continue to argue that Aboriginal people are different and that they have access to unlimited money to spend on alcohol. Therefore, unlike all other human beings, their response is price inelastic which means as the price goes up their consumption does not change because they spend more money. We always knew from our own experience that this was rubbish, but the supporters of this view kept quoting a piece of work done by Martin in Cape York. Well thankfully, yet again, Dennis has taken care of that with a critique that has literally blown the conclusion of the Martin paper out of the water. In fact Dennis found, using Martin's original data, that price has a very big impact on consumption and thanks to Dennis it now seems that Aboriginal people are human beings after all!

The partnership between us and NDRI on price helped shape a landmark decision when in mid-2011 Coles led the way and agreed to implement a voluntary floor price at \$1 per standard drink in Alice Springs. This was immediately matched by Woolworths and all the other supermarket outlets leaving the two pubs as the cheapest outlets selling two litre casks at 80 cents per standard drink. However this effectively increased the floor price in

Alice Springs from 25 cents at its worst to 80 cents per standard drink and was a major breakthrough in getting evidence into practice. NDRI has been a true partner in this struggle. A major new report has just been released evaluating the impact that price has had on alcohol consumption and harms in Alice Springs from 2000 to 2010. All of this work has been vital and building an evidence base for what works in Aboriginal communities.

But NDRI has never been about just building an evidence base for the sake of it or to let others get on and implement change. From "Day One" they have engaged with Aboriginal communities and have used their expertise to advocate for change alongside the community – even when this means leaving the pure environment of universities and journals and getting involved in messy, passionate and difficult public debates.

NDRI has provided strong independent, public support for the policy directions of the Alice Springs Peoples Alcohol Action Coalition since its inception in 1995. NDRI was also a key institution in the formation of the National Alliance for Action on Alcohol again recognising the need for strong, collaborative advocacy for change.

NDRI is always in the media supporting the key messages. In 2010, Ted and Dennis, the dynamic duo, promoted the need for long term funding for Aboriginal controlled organisations on ABC Radio

National's PM program as they had done in 2009 on the same program defending the Fitzroy Crossing and Halls Creek alcohol restrictions against opposition from vested interests. In 2011 Dennis made the most of an opportunity on ABC TV's national 7.30 Report to highlight alcohol related harms in Aboriginal communities and support evidenced based policies and the need for innovation with evaluation. NDRI is full of what used to be called "public intellectuals" – they are there for the common good of society and to effect change, not just to describe the problem.

In conclusion, recent data has demonstrated what this partnership has meant for alcohol consumption in the NT. There has been a decline from 15.5 litres of pure alcohol per person to 13.5 litres per person since 2007 and this has primarily come about due to the decline in sales of cheap wine. Along with this decline in consumption there has also been a large decrease in the age standardised death rates for Aboriginal people partly due to this decline. The partnership between NDRI, Congress and other Aboriginal organisations here in the NT is helping to "Close the Gap". **cl**

Donna Ah Chee, Acting CEO, Central Australian Aboriginal Congress, Alice Springs and John Boffa, Public Health Medical Officer, Alice Springs

issuing forth

Indigenous Australian Research Program: history and achievements

In 1992 – on the initiative of the then Director, Professor David Hawks, and in response to a recommendation of the Royal Commission into Aboriginal Deaths in Custody¹ that the three national drug research centres undertake more research in the area – the National Centre for Research into Drug Abuse's (later to become the National Drug Research Institute) Indigenous Australian Research Program was established. Dennis Gray was appointed to lead the research program and, soon after, Mary Drandich, an Aboriginal co-worker, was employed.

This was not the first time that Indigenous research had been conducted at the Centre. Previously, Ernie Lang had conducted a review of a petrol sniffing intervention and David Moore had published a paper on the role of anthropology in research into

Aboriginal alcohol use.^{2,3} Nor, since that time, has Indigenous research been confined to the Indigenous Australian Research team. Team members have collaborated with those working in other areas of the Institute (such as alcohol and illicit drugs),^{4,5} and the Social Contexts of Drug Use team has conducted Indigenous Australian research in its own right.⁶

The program

Soon after his appointment, Dennis Gray, who had a background in Indigenous health, undertook a series of informal consultations with Indigenous leaders including Dean Collard, then CEO of Manguri, Rob Riley, CEO of the Aboriginal Legal Service of



Dennis Gray, Ted Wilkes and Anna Stearne

Western Australia and 'Puggy' Hunter, Chair of the Kimberley Aboriginal Medical Services Council and the National Aboriginal Community Controlled Health Organisation. At the time there was a strong perception among Indigenous Australians that, generally, research had not delivered outcomes for many people 'on the ground', so the purpose of the consultations was to focus research on issues that Indigenous people themselves identified as a priority. On the basis of those consultations and the reports of the Royal Commission into Aboriginal Deaths in Custody and the National Aboriginal Health Strategy Working Party,^{1,7} the aims and

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objectives of the program were formulated. Although there has been some slight modifications over the years these have remained essentially the same.

The overall aim of the program is to conduct research that identifies strategies to reduce the harmful use of alcohol and other drugs among Indigenous Australians. Under this broad umbrella are three specific objectives which align with the role of NDRI:

1. Conduct research into: the changing patterns of Indigenous substance use; the context of substance use; and, the development and the efficacy of appropriate interventions.
2. Recognising the right of Indigenous people to own the pathways out of poverty, to: build the capacity of, and empower, Indigenous people to lead and conduct research; and, use research in constructive and sustainable partnerships with non-Indigenous peoples.
3. Disseminate the results of primary and secondary research into harmful substance use in response to the needs of Indigenous communities, policy makers, service providers and other key stakeholders.

These objectives were under-pinned by a number of key principles:

- Indigenous people should make the decisions about what research is to be conducted in their communities.
- Research must aim to reduce the burden of harmful substance use.
- Indigenous people should guide all stages of the research process.
- Research process should develop the capacity of Indigenous people in all facets of alcohol and other drug research.
- Research should be directed towards providing information that empowers Indigenous communities and enables them to control their own health services.

As well as these principles, research conducted by the Indigenous Australian Research Team has been informed by a social determinants of health approach which has focussed on issues of harm and supply as well as demand for alcohol and other drugs.

The Indigenous Australian Research Team

Initially the Team consisted only of Dennis Gray and Mary Drandich and, since its establishment, the team has always been small – although a number of people

have been employed at various times. These include Indigenous team members: Dawn Wallam, Kath Ryan, Lynette Coyne, Kimberley Baird, Leah Councillor, Donna Campbell and Michael Doyle. Non-Indigenous team members have included: Sherry Sagggers, Deidre Bourbon, Phillipa Stempel, and Brooke Morfitt/Sputore who made a significant contribution in the early years of the program. Currently the team is the largest it has ever been and consists of seven full-time and one part-time members: three of whom are Indigenous Australians (Ted Wilkes, Annalee Stearne and Maurice Shipp) and five of whom are non-Indigenous (Dennis Gray, Julia Butt, Mandy Wilson, Ed Garrison and Jennifer Low).

At the outset, it was clear that two people alone could not undertake the volume of work that was needed and that it would be necessary to form partnerships with others. The first project we undertook was research for a submission to a review of liquor licensing in Western Australia.⁸ This was done in partnership with: Rob Riley, CEO of the Aboriginal Legal Service of Western Australia; Ted Wilkes, Chair of the Aboriginal Legal Service and CEO of Perth Aboriginal Medical Service (now Derbarl Yerrigan Aboriginal Health Service) and Sandy Davies of the Aboriginal Legal Service and Geraldton Region Aboriginal Medical Service. Since that time we have conducted collaborative projects with over thirty Indigenous community-controlled organisations including the Queensland Aboriginal and Islander Health Council, the Aboriginal Drug and Alcohol Council in South Australia, Tangentyere Council and Central Australian Aboriginal Congress in the Northern Territory, and the Albany Aboriginal Corporation and Kununurra-Waringarri Corporation in Western Australia.

We also made alliances with academics at other universities – particularly with Sherry Sagggers who was then at Edith Cowan University and who later established the Social Contexts of Drug Use research program at NDRI. The first collaboration with Sherry was a comparative review of issues involved in the evaluation of government health substance misuse programs for Indigenous peoples.⁹ Again, this set the scene for a wide range of research collaborations including those with: David Atkinson, University of Western Australia; Peter d'Abbs and Alan Clough, Menzies School of Health Research; Kate Conigrave, University of Sydney; and Phyll Dance at the Australian National University. It has been these partnerships that has enabled the team to be so prolific in its output.

Program activities

In line with NDRI's strategic plans, Indigenous Team members have undertaken three broad sets of activities: research, capacity building and dissemination of research findings. The team has undertaken over 80 research projects and published over 120 reports, book chapters and journal articles on them. This research has focussed on six main areas: patterns of alcohol and other drug use and their consequences; the social determinants of health and harmful alcohol and other drug (AOD) use; supply and control; service provision; evaluation of particular interventions; and secondary research and reviews. A full-list is available on the NDRI website (<http://db.ndri.curtin.edu.au/research/publications.asp>) but among key publications are: a comparative study of AOD use among Indigenous peoples in Australia, New Zealand and Canada; a report on the provision of Indigenous-specific AOD interventions, funding for them and gaps in service provision; reports dealing with the supply of alcohol; and the effectiveness of AOD interventions and various evaluations of particular community programs.¹⁰⁻¹⁴

A key focus of team activities has been building Indigenous research capacity. Within NDRI, this has included higher degree training, on-the-job mentoring and training, and staff support including employment of a qualified teacher with experience in working with Indigenous people to provide writing support. These activities have extended to building the capacity of Indigenous community-controlled organisations and have included: helping Tangentyere Council in Alice Springs to establish its own research unit; establishing a research internship with Aboriginal Alcohol and Drug Services in Perth; and providing TAFE accredited courses in 'Drug Use and Addictive Behaviour' and 'Welfare Research' for staff members of a collaborating organisation (two of whom went on to complete degrees). We have also collaborated in broad-based NHMRC-funded Indigenous capacity building grants focusing on broad-based health issues and justice and prison health.

As well as wide circulation of papers and reports, team members have been involved in a wide range of activities aimed at dissemination of the results of both NDRI's Indigenous research and that of others. These activities have included the development of a bibliographic database on Indigenous AOD use (which has since been taken over by the Indigenous Australian HealthInfoNet (<http://www.healthinfonet.net>).

ecu.edu.au/); approximately 200 keynote addresses, invited presentations and other conference presentations including invitations to speak in New Zealand, Canada, the United States and Brazil; and submissions and reports to various national and state/territory committees and expert working groups.

Importantly, these activities have had significant impacts at the local/regional, state/territory and national levels. These impacts have included contributions to policy and practice, improvements in service provision, and development of both the Indigenous and non-Indigenous workforce that is striving to make change.

The future

Clearly the level of harm caused by alcohol and other drugs remains significantly higher in the Indigenous than in the non-Indigenous population. Much remains to be done to reduce this and research has an important role to play. The National Drug Research Institute's Indigenous Australian Research Team aims to continue making a significant contribution to this effort. In particular we look to developing Indigenous research capacity to identify strategies that will enable

the broader Indigenous community to take the lead in reducing alcohol and other drug related harm and improving Indigenous health. **cl**

Dennis Gray, Professor, Deputy Director and Project Leader;
Ted Wilkes, Associate Professor and Project Leader; and
Anna Stearne, Research Associate

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project notes

Client pathways through treatment

Lynda Berends¹, Robin Room¹, Dan Lubman¹, Steve Allsop², David Best¹, Penny Buykx³, Janette Mugavin¹, Tina Lam², Susan Carruthers², Andrew Lerner¹, Dina Eleftheriadis¹ (1Turning Point, 2National Drug Research Institute, 3Monash University)

The 'Pathways' project is about the current provision of specialist alcohol and other drug (AOD) services across Australia and aims to inform future policy and planning.

There are several components to the project including: a review of public documents, data linkage, consultations with key informants, and interviews with clients.

In Western Australia (n=400) and Victoria (n=400), clients who have just commenced AOD treatment are being interviewed, with follow-up interviews 12 months afterward. In Western Australia, the initial interviews commenced in April and will continue until December 2012.

The interviews focus on clients' personal and social circumstances, as well as their history of AOD use and treatment seeking and engagement. The interviews

will include measures of substance use and physical and mental health, as well as instruments about barriers to treatment and stigmatisation.

WA clients are being recruited through AOD agencies across the metropolitan area, with the initial interviews conducted face-to-face at the agency site. Follow-up interviews will be conducted by telephone and, similar to initial interviews, may include an element of computer administration.

Analysis will focus on mapping people's use of AOD, health, and other systems (e.g. housing, criminal justice), their views on treatment, and whether the most recent treatment experience has been successful. The sample size will allow the identification of variations in people's experiences according to variables such as the extent of their treatment history, the nature of their AOD use, and their geographic location.

The project is scheduled to finish late in 2013 and is funded by the Commonwealth Department of Health and Ageing. The research team is a consortium led by Turning Point Alcohol and Drug Centre, with the National Drug Research Institute at Curtin University, the School of Rural Health, at Monash University (Bendigo), and the Alcohol and other Drug Council of Australia.

Consumer evaluation of syringe vending machines in rural Western Australia

Susan Carruthers and Clare Stevens

Needle Syringe Vending Machines (NSVMs) are a key part of the public health response to reducing blood borne virus transmission associated with injecting drug use and have been used in Australia and internationally for a number of years. In 2007 there were an estimated 673 NSVMs operating around the world, with 118 located in Australia with the large majority on the east coast (Islam and Conigrave 2007). An international review of the effectiveness and safety of NSVMs found that they:

- increased access to injecting equipment by providing a service during hours in which other supply sources were unavailable;
- reduced exposure to stigma that some drug users report experiencing when they purchase injecting equipment from pharmacies and;
- engaged hard to reach populations of IDU known to be at higher risk of exposure to blood-borne viruses (BBVs). (Islam, Wodak et al. 2008).

project notes

continued...

In an effort to increase access to sterile injecting equipment in rural Western Australia (WA), the Health Department of WA installed NSVMs in six locations; Esperance, Busselton, Nickol Bay, Carnarvon, Geraldton and Kalgoorlie. These areas (other than Busselton) do not have staffed needle and syringe program (NSP) outlets available specifically catering for injecting drug users (IDUs), which means without the machines IDUs would be limited to accessing clean sterile equipment via pharmacies or hospital emergency departments. The introduction of the NSVM has translated into less hospital staff involvement and time spent on NSP, which has been well received by staff, and has provided clients with an anonymous

and non-judgemental method of accessing injecting equipment outside business hours.

Although feedback has been received from hospital staff, very little is known about the IDUs who reside in rural Western Australia and whether the service meets their needs. The National Drug Research Institute has recently received funding from the WA Department of Health to address this lack of data by evaluating the NSVMs from the perspective of the drug users who use them in each area.

The research project is designed to evaluate the NSVM from the perspective of those people who utilise them to access clean injecting equipment. The project will recruit

and interview 120-150 clients (20-25 in each region) to ask their opinions and document their experiences in using the NSVM. The aim of the project is to evaluate the current service and to suggest ways in which the service might need to be improved.

One expressed concern with the machines is that they provide equipment to IDUs without offering health information which would otherwise be provided at many NSP fixed sites. The study will ask users where else they access their equipment as well as about health related status and knowledge in order to determine whether this is an issue we need to address. **cl**

abstracts

Reducing alcohol use during pregnancy: listening to women who drink as a prevention starting point

Nyanda McBride, Susan Carruthers, Delyse Hutchinson

Global Health Promotion, 2012, 19, (2), pp 102-114

Objectives: This formative intervention research study assesses factors that contribute to alcohol consumption during pregnancy, and identifies potential intervention strategies to reduce consumption.

Methods: The study sample includes 142 pregnant women who attended a public hospital for prenatal health care in Perth, Western Australia. All participants returned a self-completion survey.

Results: Women who discontinued drinking during pregnancy were significantly more likely to be engaged in full time home duties and had completed less formal education. Women who continued to drink were more likely to have drunk in previous pregnancies, and during the preconception period. Nearly 40% of high risk women reported a negative comment in response to their drinking. One third of women in the risky group were advised by a health professional not to drink alcohol. Women were most likely to drink in their own home or at the home of a friend.

Conclusions: Australia is at a grassroots level in dealing with the effects of alcohol on

fetal development. Participatory research with women who drink while pregnant can assist in identifying potential intervention strategies that have resonance with this group and therefore more potential for creating behaviour change.

Implications: The World Health Organisation recognises, and has done for over 10 years, that alcohol use during pregnancy which results in FASD, is the leading cause of environmental-related birth defects and mental retardation in the Western World.

Is the demand for alcohol in Indigenous Australian communities price inelastic?

Dennis Gray

Drug and Alcohol Review, 2012, DOI: 10.1111/j.1465-3362.2012.00425.x

Objective: To review the findings of a paper that have often been cited as evidence – with potentially adverse public health consequences – that the demand for alcohol in Indigenous Australian communities is price inelastic and that in the face of increasing prices expenditure is diverted from basic sustenance to alcohol.

Methods: The raw data on income and various items of expenditure from the original study were entered in a database, a trend variable was created, and trends in measures of interest were tested using appropriate cross-correlations.

Results: Re-analysis of the data did not support the findings of the original study.

Conclusions and implications: The original study does not contradict the general findings of the national and international literature that the demand for alcohol is price elastic and does not provide evidence for the assertion that, other factors being equal, price controls on the availability of alcohol in Indigenous communities are likely to be ineffective.

The efficacy of interviewing young drug users through online chat

Monica Barratt

Drug and Alcohol Review, 2012, 31, pp 566-572

Introduction and aims: Despite the fact that most young people who use 'party drugs' also use the internet, accounts of drugs research involving qualitative interviewing using real-time instant messaging or online chat are yet to be published. This paper assesses the efficacy of conducting qualitative research interviews with young party drug users through instant messaging or online chat.

Design and methods: In 2007-08, 837 Australian residents who reported recent use of psychostimulants and/or hallucinogens and participated in online drug discussion completed a web survey and a subsample of 27 completed online interviews (median age 21, range 17-37, 59% male). Quantitative and qualitative analyses are reported.

Results: Experienced drug users were more likely to volunteer to be interviewed than novices. The time and space flexibility provided by the online interviews was convenient; however, interviews were more prone to interruption. Establishing legitimacy, personal disclosure, appropriate linguistic style and humour facilitated the development of rapport and enabled the

production of more detailed and in-depth data. These strategies were not successful in all cases and when unsuccessful, interviewees were more easily able to exit the interview by choosing not to respond.

Discussion and conclusions: Young drug users already using the internet to chat about drugs find online interviewing

an acceptable and convenient way to contribute to research. With adequate preparation to develop technical and cultural competencies, online interviewing offers an effective way of engaging with young people that is worthy of consideration by researchers in the alcohol and other drug field. **cl**

recent publications

Monographs and Technical Reports

Rainsford, C.A. and Lenton, S. (2012) Findings from the Illicit Drug Reporting System (IDRS). NDARC Technical Report No. 79. National Drug and Alcohol Research Centre, UNSW, Sydney.

Miller, J., Fetherston, J., Rainsford, C.A. and Lenton, S. (2012) WA trends in ecstasy and related drug markets 2011: Findings from the Ecstasy and Related Drugs Reporting System (EDRS). NDARC Technical Report No. 88. National Drug and Alcohol Research Centre, UNSW, Sydney.

Stevens, C.F., McBride, N., Farrington, F. and McKay, M. (2012) SHAHRP Refresh: Updating the School Health and Alcohol Harm Reduction Project. Year One Report. National Drug Research Institute, Curtin University, Perth, Western Australia.

Published Articles, Chapters and Books

Allsop, S. (2012) Fanning the flame of prevention effort. *Drug and Alcohol Review*, 31, (6), pp 729-730.

Allsop, S. and Lee, N. (eds) (2012) Perspectives on amphetamine-type stimulants. IP Communications, Melbourne.

Barratt, M.J. (2012) The efficacy of interviewing young drug users through online chat. *Drug and Alcohol Review*, 31, pp 566-572.

Barratt, M.J. (2012) Markets, methods and messages. Dynamics in European drug research [book review]. *Drug and Alcohol Review*, 31, pp 826-827.

Barratt, M.J., Bouchard, M., Decorte, T., Frank, V.A., Hakkarainen, P., Lenton, S., Malm, A., Nguyen, H. and Potter, G. (2012) Understanding global patterns of domestic cannabis cultivation. *Drugs and Alcohol Today*, 12, (4), pp 213-221.

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