

centre lines

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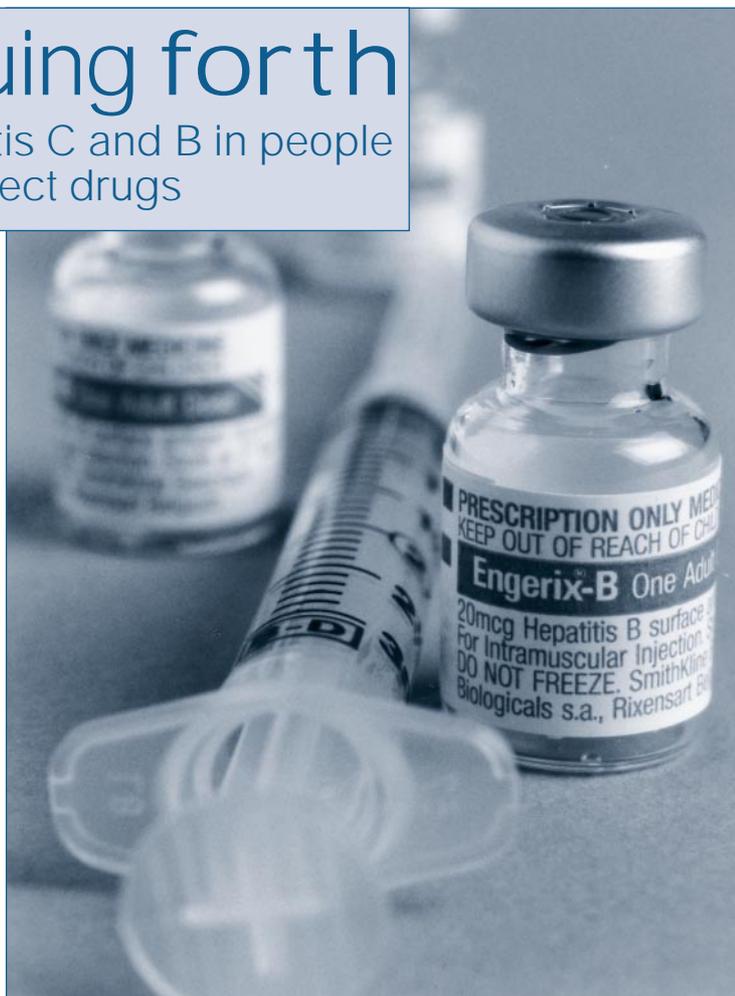
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issuing forth

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who inject drugs



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This is the first issue of the 'new' CentreLines to be produced by the National Drug Research Institute. Although still a joint newsletter from NDRI and NDARC, CentreLines is now published alternately by each organisation on a bi-monthly basis. NDRI issues of CentreLines have a prevention focus, while NDARC issues have a treatment focus, reflecting the research direction of each centre.

Although you are welcome to continue to receive CentreLines from both NDRI and NDARC, depending on your area of work, you may prefer to receive only issues focusing on prevention (NDRI issues) or treatment (NDARC issues). If you haven't already advised us of your preference, we ask you to please take the time to complete the form on the back page of this issue and return it by mail or fax so that we can update our database.

I hope that that the information included in CentreLines continues to be both useful and relevant to you and your work in this area.

Rachael Lobo
Editor

CentreLines is a joint publication from the
National Drug Research Institute, Perth and
the National Drug and Alcohol Research
Centre, Sydney. It is published bi-monthly
and produced alternately by each centre.



Partners in Prevention

We interpret our brief of conducting research that can contribute towards the reduction of 'harmful drug use' very broadly. Prevention is a widely used term but in relation to drugs it seems to be used rather differently to emphasise different, though equally important, concerns about drug use. For many the primary concern is with preventing the uptake of any illicit drugs by young people, for others it is the prevention of major harms associated with some patterns of drug use, for example overdose and blood-borne viruses. For some, prevention activities are mainly within the realm of community-based health promotion campaigns, for others it is the use of regulation and law enforcement to deter unsafe patterns of use. We attempt to span all of these facets of prevention in relation to both legal and illegal drugs as is illustrated by the range of activities shared with our collaborating centres.

We have recently begun to formalise links with other research centres in Australia whose brief includes alcohol and other drug research and with whom we have active collaboration. So far we have awarded (or been awarded) Collaborating Centre status with the Australian Institute of Criminology (Canberra), the Drug and Alcohol Services Council of South Australia, Turning Point Alcohol and Drug Centre Inc (Melbourne), the New South Wales Bureau of Crime Statistics and Research and the National Drug and Alcohol Research Centre (Sydney). Joint projects past and present with each are briefly listed below:

Drug and Alcohol Services Council (DASC) of South Australia - awarded 16 May 2000

We have had a long and fruitful relationship with DASC. Perhaps of most note is that DASC CEO, Graham Strathearn, has served as member of our Board of Management since 1990. He has never failed to provide us with sound advice, encouragement and support. Substantial research collaborations have included a number of linked studies regarding the effectiveness of different legal options for cannabis¹.

Turning Point Alcohol and Drug Centre Inc – awarded 17 May 2000

Turning Point is NDRI's partner in one of our major research programs, the National Alcohol Indicators Project and also in an NHMRC-funded case-crossover study of risk factors for heroin overdose. Turning Point has developed a highly successful group involved in mainly epidemiological studies under the leadership of Dr Paul Dietze. We also share longstanding interests in liquor licensing issues and the evaluation of community interventions such as Accords.

NSW Bureau of Crime Statistics and Research (BOCSAR) – awarded 22 June 2000

I am delighted to be able to announce that, with the assistance of funding from the NSW Health Department and in partnership with the NSW Police Service, a new joint appointment has been established at BOCSAR, initially for three years. BOCSAR is located within the NSW Attorney-General's Department and was selected as a consequence of having pursued complementary research to that of NDRI over a number of years, in particular in relation to the policing of licensed premises. Neil Donnelly has been appointed as Research Fellow with responsibility for initiating a program concerned with alcohol, violence and liquor licensing issues. In addition, we are exploring with BOCSAR opportunities for joint research into the impacts of law enforcement activities on high-risk drug use practices.



Australian Institute of Criminology (AIC) - awarded 26 July 2000

Our first major collaboration with AIC was the preparation of a review of Australian liquor licensing laws for the 1993 National Alcohol and Violence Symposium². Currently we are a partner in the Drug Use Monitoring in Australia project which is coordinated by AIC. This involves the regular testing of urine samples for the presence of drugs among persons held in custody after allegedly committing an offence. Interviews regarding alcohol and other drug use are also conducted³.

National Drug and Alcohol Research Centre (NDARC)

Since both our Centres were created under the National Campaign Against Drug Abuse we have collaborated formally and informally over many research activities. Since 1993, however, we have been formally designated as comprising a Joint WHO Collaborating Centre with the Mental Health and Substance Abuse Department of WHO. Our current major collaboration is as a partner in the Illicit Drug Reporting System with responsibility for the WA arm of this multi-state project. We are also working together on the development of background papers to inform the setting of future alcohol research priorities.

We are planning to award Collaborating Centre status to other research centres in the future. We are immensely grateful to the above agencies for allowing us to realise and develop a national research agenda around the prevention of harmful drug use. **CI**

Tim Stockwell

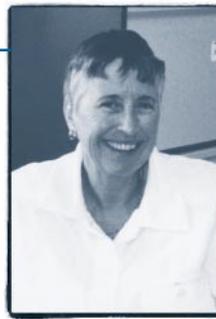
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Wendy Loxley with Adam Graycar, Director, Australian Institute of Criminology

issuing forth

Hepatitis C and B in people who inject drugs: Prevention and harm minimisation through testing and vaccination



People who inject drugs in Australia are at high risk of hepatitis (C and B at least) through the transmission of infected blood. The hepatitis C virus was identified in 1989 and since then we have become aware of how massive the epidemic is: an estimated 200,000 infections with around 18,000 to 20,000 notifications a year¹, 80% of which are considered to be as a result of injecting drugs². The hepatitis B virus was first identified in 1965. There are 150,000 to 180,000 infected individuals with an estimated 1,200 deaths per annum³.

The determinants of these epidemics are background virus prevalence, viral infectiousness, and the existence of behaviour that permits spread. Hepatitis C is considered to be more infectious than HIV, which means that smaller amounts of blood can transmit the infection⁴. While enough injecting drug users (IDUs) have stopped sharing needles to limit the spread of HIV, environmental contamination with infected blood during an injecting occasion may be enough to transmit hepatitis C, and these are contaminations of which the average IDU may be largely unaware⁵.

The success of harm reduction strategies such as needle and syringe provision, drug treatment and education and prevention programs in very largely preventing an epidemic of HIV/AIDS among heterosexual IDUs in Australia has been evident for some years. The same cannot be said about hepatitis C although there are some promising signs that incidence might be falling¹. All the evidence points to hepatitis C in people who inject drugs being far more difficult to control than HIV/AIDS, not least because of the size of the epidemic. Hepatitis B can be prevented by vaccination but the uptake of vaccination by high-risk populations such as people who inject drugs has been far from satisfactory, in part because there have been structural barriers such as the cost of vaccine. Prevention and harm minimisation programs also need also to focus on the reduction of re-infection with the same or different hepatitis C genotypes, and co-infection between hepatitis C and hepatitis B which can increase the severity of symptoms and outcome.

One of the difficulties in prevention is making contact with the target audience. Blood borne virus (BBV) testing is one of the commonest ways in which people who inject drugs make contact with health services, and therefore presents an opportunity for health promotion and harm minimisation interventions. In a recent study we found that approximately 70% of 200 injectors had been tested an average of 5.6 times for hepatitis C and 5.8 times for hepatitis B.

Hepatitis testing can be used to assist testees to become aware of the extent of the epidemics, the prognosis of infection, and the realistic likelihood of becoming infected, reflect upon their risk behaviour, and develop strategies to avoid it, thus minimising the risk of infection. For those who return a positive test, post-test counselling, as well as a medical intervention, can be an important opportunity for the development of strategies to minimise the risk of reinfection and transmission of the virus to others. For those who are negative, post-test counselling can assist the individual to remain negative, and promote vaccination to those who are hepatitis B negative. Since so many IDUs are tested, the potential for the prevention of new cases of hepatitis C and B, and the reduction of re-infection is enormous.

We have been engaged for some time in research investigating the BBV testing of people who inject drugs. In the first study, we explored the experience of testing with 200 injectors in Perth and 39 test service providers (TSPs) from across the country⁶. In the second study we are investigating the extent to which the NH&MRC Guidelines for pre- and post-test counselling are practicable and efficacious from the perspectives of both testees and TSPs.

In the first study we found that 75% of injectors who had been tested claimed to have received no pre-test counselling although some said that this was because they did not want or need it as they were frequently tested. They reported that GPs and hospitals were significantly less likely to have provided counselling than medical, sexual health and drug treatment clinics. All the service providers (SPs), on the other hand, said that they provided pre-test counselling for a BBV test.

Injectors reported that no post-test counselling was given on 81% of described test occasions, but whether or not post-test counselling was received was related to the test result. Clients who received post-test counselling were more likely to be seropositive for at least one test than clients who were not counselled and testees tended to believe that the major role of post-test counselling was to follow up positive results.

Of the 200 injectors, 24% had been vaccinated against hepatitis B; almost 60% had not; 9% were hepatitis B positive and 8% were unsure. Two thirds of those who had been tested for hepatitis B had not been vaccinated despite the fact that so few were immune. Many of those who had not been vaccinated, moreover, reported that had never heard of vaccination or been offered it. Some did not understand why IDUs were at risk of hepatitis B, or why they should be vaccinated.

In the second study we are finding support from both testees and testers for the notion of testing as a brief intervention to prevent and minimise the harms of hepatitis, and as the opportune time to promote vaccination to those who are hepatitis B negative. The outcome of the study will be a report recommending amendments to current Guidelines for pre- and post- test counselling for hepatitis testing with people who inject drugs. These recommendations will take into account the specific needs and circumstances of drug injectors who are tested, as well as the constraints and circumstances of the practices and clinics in which they are tested. **CI**

Wendy Loxley

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project notes

Liquor licensing demonstration project WA

Tim Stockwell, Tanya Chikritzhs and Sally Brinkman

A joint project with the Alcohol Advisory Council of WA funded by the Health Department of WA as a Commonwealth demonstration project.

In common with Liquor Acts in other States, the WA Liquor Act now has an explicit focus on harm minimisation as one of its primary objectives. The purpose of this project was to develop and apply a model for the dissemination of local information about levels of alcohol-related harm and high-risk drinking, serving and promotional practices. The database established for the Measurement of Alcohol Problems for Policy (MAPP) project was updated and interviews with stakeholders and decision-makers in the area of liquor licensing took place to investigate the optimal form of local information on harm and risk. Issues of confidentiality were examined in detail and also the issue of the legal admissibility of the data as evidence in a court case. A major outcome of the project was confirmation that the WA Police were willing to pass on information about violent incidents and drink-driving offences associated with particular licensed premises to the WA Health Department as well as the Director of Liquor Licensing. A formal legal agreement was drawn up and signed by all relevant authorities to ratify this arrangement. Local profiles of harm and consumption were created for the use of the Health Department and their input to licensing decision-making will be monitored by NDRI in the future. The final report has been completed and is available both from NDRI and the Alcohol Advisory Council of WA.

The national alcohol indicators project (NAIP): Report on trends in alcohol-related road injury in Australia, 1990-1997

Tanya Chikritzhs, Tim Stockwell and Matthew Webb, with Penny Heale and Paul Dietze (Turning Point)

The National Alcohol Indicators Project (NAIP) recently released its second Bulletin which examines trends in alcohol-related serious road injury (see Recent Publications). The aim of NAIP is to monitor and report on trends in alcohol-related and alcohol-caused harm in Australia, at national, state and local levels. NAIP is funded by the National Drug Strategy.

The report presents data for the first time on trends in alcohol-related serious road injuries in Australia for all jurisdictions. A methodology for estimating these trends is also described along with methods for estimating non-alcohol related road crashes for purposes of comparison. A substantial proportion of all deaths occurring on Australian roads are alcohol-

related and although declines were evident in the early 1990s numbers of serious road injuries no longer appear to be reducing. The decline in the early 1990s followed the evident decline in national per capita consumption as well as overall declines in alcohol-caused mortality reported in the first NAIP Bulletin. Males in particular constitute a high-risk group for alcohol-related road death and hospitalisation. Alcohol-related road death and trauma also remains a leading public health concern in relation to young people. Since declines in alcohol-related deaths on the road have stalled since the early 1990s, new approaches may be needed for the prevention of drinking and driving.

Exploring testing injecting drug users for hepatitis and HIV/AIDS

Wendy Loxley, Susan Carruthers and Amanda Bolleter

Testing provides an ideal opportunity in which IDUs can be assisted to prevent hepatitis C and other BBVs or to minimise the risk of reinfection and/or other complications associated with hepatitis C infection. This project aims to extend knowledge about the process of testing injecting drug users for hepatitis C and other blood borne viral infections through a qualitative in-depth examination of clinical and practical difficulties with current pre-and post-test counselling guidelines. The study will throw some light on how the value of the testing process can be maximised to achieve these objectives.

Drug use monitoring in Australia (DUMA)

Wendy Loxley and Maree Even

This project is the West Australian arm of a national study which is being managed by the Australian Institute of Criminology. The study is funded by the Federal Ministry of Justice for three years to investigate the prevalence of illicit drug use among people who have recently been charged with a criminal offence. The gathering of such information is necessary for the development of a plan of action to combat the problem of illicit drug use and crime in the community generally.

DUMA is a pilot project that seeks to measure drug use among those people who have been charged with a criminal offence and detailed in a lockup facility in the previous 48 hours, thereby focusing specifically on the drug/crime connection. Voluntary interviews and analysis will be conducted with this section of the alleged offender population on a quarterly basis over a two-three week period.

In Perth, the survey takes place in the East Perth lockup with the cooperation and support of the WA Police Service. The first data collection took place in January 1999 and six surveys have now been completed with a further 6 planned.

A replication of a case-crossover study of the risk factors for non-fatal heroin overdose

Simon Lenton with Paul Dietze and Greg Rumbold (Turning Point), Damien Jolley (Deakin University), Ian Jacobs (UWA) and Gabriele Bammer (NCEPH)

This joint project with Turning Point Alcohol and Drug Centre Inc was funded by an NHMRC Grant through the 1999 National Illicit Drug Strategy (NIDS).

Background: Heroin overdose is a significant and growing public health problem. In spite of renewed public interest, people continue to die as a result of heroin overdose. Indeed, in Australia there has been a dramatic increase in the number of fatal heroin overdoses from 1979-1995. While many risk factors for overdose have been identified from the study of fatal overdoses, many questions remain about the major causes of heroin overdose. One way to examine these questions is to study cases of non-fatal heroin overdose.

The study is a replication and extension of a Melbourne study of the risk factors for non-fatal heroin overdose. An innovative research design, known as the case-crossover, is being used. The strength of the design is that it allows not only for the identification of specific risky behaviours, but it also allows for the examination of how atypical/typical patterns of behaviour influence overdose occurrence. This is achieved through comparisons between participants' recall of their behaviour prior to the overdose and their recall of their behaviour prior to other heroin-using episodes (both before and after the overdose) which did not result in overdose. It is envisaged that during the 12 months of data collection some 200 participants will be recruited through hospital emergency departments in Perth, and interviewed within ten days of experiencing an overdose.

Specific risk factors under investigation will include tolerance-related factors (eg length of heroin use), other drug consumption (eg alcohol), personal factors (eg psychiatric and medical conditions) and dose-related factors (eg source of heroin). The identification and investigation of the risk factors for non-fatal overdose is crucial in determining strategies for the prevention of overdose.

Mapping indigenous drug and alcohol programs

Dennis Gray, Brooke Sputore, Leah Councillor

This project aims to identify the number and nature of indigenous alcohol and other drug projects operating in Australia. A historical overview of the types of innovations that have been tried and an evaluation of a selection of these innovations will be undertaken to identify programs that could be used as examples of 'best practice'. The scope of this project also includes mapping the geographic/demographic distribution of projects by ATSI region and documenting the availability of financial resources for the implementation of projects in each region. **cl**

abstracts

Conducting research in schools: Lessons learnt from experience

Health Promotion Journal of Australia, 2000, 10, (1), 63-68

Fiona Farrington, Nyanda McBride, Richard Midford

In Western Australia, schools are extremely popular settings for conducting research involving young people. Due to the increasing number of research studies competing for time on the school's agenda and that the first priority of schools is the education of their students, it is often difficult to encourage schools to participate in research projects. Therefore, successful recruitment strategies must go beyond pure research considerations and address the diverse needs of the school. Based on the experiences of two large research projects in Western Australia, this paper provides practical recommendations regarding effective recruitment and retention strategies that may be used or easily adapted by other health professionals who wish to conduct research in schools. Given the importance of evidence-based health promotion strategies designed for young people, it is crucial that schools be retained as potential settings for research. Therefore, it is vital that researchers ensure the research experience for the school is a positive one. Recruitment and retention strategies that maximise the benefits and minimise the costs to the school will assist in making the experience positive, thereby increasing the likelihood that schools will be receptive to future requests to participate in research projects.

Cannabis policy and the burden of proof: Is it now beyond reasonable doubt that cannabis prohibition is not working?

Drug and Alcohol Review, 2000, 19, 95-100

Simon Lenton

'Innocent until proven guilty' - this is how many policy makers have thought about the prohibition of cannabis in Western Australia and elsewhere. Comparisons between so called 'decriminalised' and prohibitionist states show decriminalisation has not lead to higher rates of current cannabis use. Under prohibition, significant numbers of WA citizens receive a criminal record for a no more serious offence than the possession of a small amount of cannabis for personal use. Recent research has shown that such a conviction can have a real and detrimental impact on people's lives, reinforces disrespect for the cannabis laws, but appears not to deter cannabis use among those so convicted. This paper suggests that it is now beyond reasonable doubt that applying criminal sanctions for minor cannabis offences is not in the best interests of the community, and recommends an alternative.

Double risk: Young injectors and sexual relationships

Sexual and Relationship Therapy, 2000, 15, (3), 283 - 296

Wendy Loxley

This paper addresses the risk of HIV/AIDS and other sexually transmissible diseases (STDs) and blood borne viruses (BBVs) to young people who inject drugs. Traditionally, focus has been placed on needle sharing as the major risk to injecting drug users (IDUs), but current research shows that unprotected sex may be as much or more of a concern. A study of young people who inject drugs and their risk of the transmission of HIV/AIDS through injecting and sexual behaviour undertaken in Perth, Western Australia, showed that there were interactions between having unprotected sex and sharing needles with the same sexual partner. These interactions were mediated through faulty risk perception; the belief that it was possible to tell without discussion whether or not a partner was 'safe'; the common practice of having unprotected sex with a casual partner while intoxicated and a general dislike of condoms.

The findings are discussed in terms of implications for health professionals working with these populations, and four maxims are outlined: understand the population; understand the constraints; discuss sexual and injecting risk and teach communication skills.

Health promotion evaluation and research in schools: Issues for consideration

Australian Journal of Primary Health-Interchange, 2000, 95, (4), 37-45

Nyanda McBride

Schools offer an attractive means for health promotion practitioners interested in improving the health of young people and therefore schools play a critical role as a setting for health promotion and public health program implementation. As a consequence schools are also settings in which evaluation and research is undertaken. This paper will discuss some broad issues that the literature suggests are important considerations for evaluation and research undertaken in school settings and discusses some of the practical implications of these considerations. Evaluation of school health promotion requires a balance between systematic, regulated research design and the variable, uncontrolled environment inherent in naturalistic settings. A clear understanding about the nature of the school setting, coupled with an evaluation targeted at the appropriate research phase and incorporating lessons learnt from previous interventions are various issues that need to be considered in well planned evaluations. A planning approach that takes into consideration the evaluation issues raised in this paper will help to ensure that appropriate and useful interventions and evaluations are developed, which also play an important role in contributing to the development of the field as a whole.

The Western Australian school health project: Evaluating the impact of a high intensity intervention and a low intensity intervention on organisational support for school health promotion

Health Education Research: Theory and Practice, 2000, 15, (1), 59-72

Nyanda McBride

The aim of this study was to evaluate changes in school health promotion practice related to two levels of intervention in the Western Australian School Health Project (WASH Project): 1) a low intensity intervention involving a single mail-out of WASH Project resources and, 2) a high intensity intervention involving training, planning time and expert support. The schools involved in the study were divided into three groups. Treatment group one received the high intensity intervention, treatment group two received the low intensity intervention and a comparison group received no intervention. Two scales were developed to assess change, a school organisational scale (cronbach alpha 0.76) and a health promotion activity scale (cronbach alpha 0.79). The results indicate that a high intensity intervention, such as the WASH Project, which provides training to a critical mass of school community members from each school, ongoing access to an expert in the field, as well as dedicated planning time, is able to increase the comprehensiveness and quality of health strategic planning by schools. Furthermore, the results suggest that a low intensity mail-out intervention is no more successful in initiating change that providing no intervention at all.

What harms do young Australians experience in alcohol use situations

Australian and New Zealand Journal of Public Health, 2000, 21, (1), 54-59

Nyanda McBride, Fiona Farrington and Richard Midford

Objective: This paper provides an insight into the alcohol-related experiences of young students in Perth, Western Australia with particular emphasis to alcohol-related harm. Method: The study sample of 2329 students (female: n=1089, male: n=1240) is a school-based group that was selected using cluster sampling, with stratification by socio-economic area and represents young 11 to 12 year olds experiences with alcohol and alcohol-related harm. The fourteen schools involved in the study represent approximately 23% of government, secondary schools in the Perth metropolitan area. The SHAHRP survey instrument was purposely developed and pre-tested to measure students' knowledge, attitudes, patterns of use, context of use, harms associated with the students own alcohol consumption and harms associated with other people use of alcohol and

incorporates the students perceptions of alcohol-related harm. Results: The results indicate that: nearly two thirds of all young people consumed alcohol under adult supervision; nearly 40% of all young males and 34% of all young females also drink alcohol in unsupervised situations; and a fifth of young males consumed alcohol alone. Young males start drinking at a younger age than young females, consumed alcohol more regularly than young females and consumed more alcohol per occasion. In the last 12 months, young males experienced over five alcohol-related harms associated with their own alcohol consumption, young females experienced over three alcohol-related harms associated with their own drinking. Young males and females experienced a similar number of harms associated with other people's use of alcohol. Overall, young people experienced an average of seven alcohol-related harms in the last 12 months. Unsupervised drinkers experienced 12 alcohol-related harms per month and were nearly 7 times more likely to experience alcohol-related harm than supervised drinkers and nearly 13 times more likely to experience alcohol-related harm than non-drinkers. Conclusion/Implications: The results of this study can assist in the informing the development of alcohol education programs for young people.

Alcohol harm reduction education in schools: Planning an efficacy study in Australia

Drug and Alcohol Review, 2000, 19, 83-93

Nyanda McBride, Richard Midford and Fiona Farrington

The School Health and Alcohol Harm Reduction Project (SHAHRP) is a four year, quasi-experimental, evidence-based intervention research study designed to explore the effects of a student focused, secondary school, alcohol education intervention in reducing alcohol-related harm experienced by school students. The SHAHRP study is unusual in that it has a primary aim of harm minimisation rather than non-use or delayed use. The SHAHRP intervention aims to reduce harm by enhancing students' abilities to identify and deal with high risk drinking situations particularly likely to be encountered by young people. The intervention involves eight lessons in the first year with five booster lessons in the subsequent year. The SHAHRP research will follow individual students exposed to both the alcohol and health promotion interventions, over three successive years taking measures in: knowledge; attitudes; patterns of use; context of use; alcohol related harm associated with the students own use; alcohol related harm associated with other people's use of alcohol. This paper describes the evidence-based conceptual components and design of the study by providing a review of the health and drug education literature particularly related to components that have the potential of influencing behaviour.

Early results from a school alcohol harm minimisation study

Addiction, 2000, 95, (7), 1021-1042

Nyanda McBride, Richard Midford, Fiona Farrington and Mike Phillips

Aims: The School Health and Alcohol Harm Reduction Project aims to reduce alcohol-related harm by enhancing students' abilities to identify and deal with high risk drinking situations particularly likely to be encountered by young people. **Design:** The SHAHRP study has adopted a quasi-experimental research design, incorporating intervention and control groups and measuring change over a three year period. **Setting:** The study is set in metropolitan, government secondary schools (13-17 year olds) in Perth, Western Australia. The fourteen schools involved in the SHAHRP study represent approximately 23% of government, secondary schools in the Perth metropolitan area. **Participants:** The sample was selected using cluster sampling, with stratification by socio-economic area and involves over 2300 intervention and control students from junior secondary schools. Seventy three percent (73.7%) of students completed surveys at both baseline and first follow-up. **Intervention:** The intervention incorporated evidence-based approaches to enhance potential for behaviour change in the target population. The intervention is a curriculum based program, with an explicit harm minimisation goal and will be conducted in two phases over a two-year period. **Measures and Findings:** The early results of the study demonstrate initial knowledge and attitude change, predicted by the students' involvement in the intervention. A surprising impact of the first phase of SHAHRP was the significant difference in alcohol consumption and harms between control and intervention groups, with the SHAHRP group demonstrating a significantly lower increase in alcohol consumption than the control group. Students who were supervised drinkers at baseline and who received the SHAHRP intervention were overwhelmingly represented in the change results. **Conclusions:** Results from phase one of the SHAHRP study suggest that classroom based alcohol education programs can reduce harm, particularly in students who are supervised drinkers prior to the intervention.

COMPARI: Insights from a three-year community based alcohol harm reduction project

Australian Journal of Public Health - Interchange, 1999, 5, (4), 46-58

Richard Midford and Kevin Boots

COMPARI (Community Mobilisation for the Prevention of Alcohol-Related Injury) was a demonstration project, designed to show that alcohol related injury could be reduced by mobilising a community to take an active role in changing individual drinking behaviour and the environmental factors that influence alcohol related harm. The project operated in the small Western Australian regional city of Geraldton from January 1992 to February 1995. There were initial difficulties in gaining support at the local level. However, the project

team developed a strong local network, contributed to the community's capacity to deal with alcohol problems and demonstrated the benefits of a community harm prevention approach by initiating a number of high profile activities that generated broad community support. In total, COMPARI undertook twenty-two major component projects over three years. The nature of these individual projects and the implementation and evaluation strategies employed by the COMPARI team are outlined. The mistakes, successes and lessons learned from the intervention are presented. Four major conclusions have been drawn from the project. These concern project initiation, project strategies, project impact and outcomes, and the evaluation methodology. On completion of the demonstration phase, the project was valued by its host community to the extent that it received local funding and evolved into the major alcohol and drug service provider for the city and the surrounding region.

The impact of a youth alcohol forum: What changes for the participants?

International Journal of Health Promotion & Education, 2000, 38, (2), 65-70

Richard Midford, Nyanda McBride and Fiona Farrington

A Youth Alcohol Forum was conducted in Perth, Western Australia to provide the opportunity for students to learn about alcohol harm and to develop methods for reducing such harm in their community. Seventy-five Year 10 students, from 10 high schools in Perth, participated in the Forum. The event consisted of a three day, peer-led, residential program where students could talk about alcohol use and harm in a non judgmental setting and in turn access information that was of immediate practical use in minimising harms related to their own and others' use of alcohol. After the Forum, project groups continued to work together to implement their community action plans. The participating students were surveyed immediately prior to the Forum on their consumption patterns, their knowledge of alcohol and related harms and their attitude to alcohol issues pertinent to their age group. They were surveyed again at the conclusion of the Forum on knowledge and attitudes and once again comprehensively, six months later. Their consumption patterns were compared with the National Drug Household Survey sample of 14-19 year olds (AGB McNair 1995; Commonwealth Department of Health and Family Services 1996). Participants' knowledge and attitudes changed significantly during the course of the Forum and this change was substantially preserved six months later. There was also some indication that participants did not progress to more risky consumption patterns as would be expected of young people their age. Participants knew more about alcohol and held attitudes about alcohol related issues that were more knowledge based, when followed up six months subsequent to their participation in the Forum. In this regard the Forum seems to have been both useful and influential for the participants. Achieving sustained change in knowledge and attitude with a brief, intense intervention, albeit with follow up, suggests that such Forums can be important components in school drug education. **CI**

recent publications

Monographs and Technical Reports

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staff list

National Drug Research Institute

Staff as of 1 August 2000

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Wendy Loxley	Deputy Director Associate Professor
Dennis Gray	Associate Professor
Richard Midford	Senior Research Fellow
Susan Carruthers	Research Fellow
Tanya Chikritzhs	Research Fellow
Simon Lenton	Research Fellow
Nyanda McBride	Research Fellow
Amanda Bolleter	Research Associate
Dee Bourbon	Research Associate
Paul Catalano	Research Associate
Leah Councillor	Research Associate
Kim Hargreaves	Research Associate
Brooke Sputore	Research Associate
Fiona Farrington	Part-time Project Officer
Julie-Anne Jaeger	Part-time Project Officer
Martin Cooper	Part-time Research Associate
Matthew Webb	Part-time Research Assistant
Ursula Ladzinski	Part-time Research Assistant
Maree Even	Part-time Research Assistant
Fran Davis	Business Manager
Rachael Lobo	Media Liaison Officer
Paul Jones	Computer Systems Officer
John Somerville	Part-time Librarian
Linda Mathews	Administrative Assistant
Susan Wilson	Secretary
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Fiona Nichols	PhD Student
Alison Dale	PhD Student

Emeritus Professor

David Hawks

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Margaret Stevens	Research Fellow
Kevin Boots	Research Fellow

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Dr Peter d'Abbs	Senior Research Fellow
Mr Mike Phillips	Senior Research Fellow
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