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issuing forth

Can communities help to prevent and reduce illicit drug use by young people?



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edspace

Welcome to the August 2003 edition of CentreLines.

NDRI's Director, Professor Tim Stockwell, has been enjoying some well-earned long service leave, and this issue's *Headspace* is provided by Acting Director, Associate Professor Dennis Gray. In *Headspace*, Dennis outlines some of the changes that have been occurring at NDRI - one of which is our relocation to some fantastic new premises. The refurbished building has a great seminar room and we are looking forward to hosting a wide range of presentations in the future, which we hope many of you will be able to attend. If you haven't done so already, please make a note of our new contact details which are included on page 7 of this issue.

In 2000, NDRI was appointed to evaluate the scores of new community projects taking place across the country as part of the Commonwealth Government's Community Partnerships Initiative (CPI). This initiative is aimed at mobilising communities into helping prevent and reduce illicit drug use by young people. In *Issuing Forth*, Associate Professor Wendy Loxley discusses the main findings of the evaluation of the first two rounds of the initiative, and makes some recommendations for improving the effectiveness of community projects in the future.

We hope that you enjoy this issue of CentreLines.

Rachael Lobo
Editor

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NDRI: Looking ahead to the next five years



I am writing this at a time of change for the National Drug Research Institute. We are about to sign a new five year contract with the Commonwealth Department of Health and Ageing and we have just moved into new premises – both events which herald a new era.

Late last and early this year, NDRI – along with our sister centres of excellence in drug research: the National Drug and Alcohol Research Centre and the National Centre for Education and Training on Addiction – underwent its fifth evaluation. In essence, the reviewers found that NDRI had:

- Developed research programs that reflect its commitment to coherent, incremental research that addresses the need for evidence to support action to prevent and minimise the harm associated with drug and alcohol use;
- Enhanced the quality of its research over the past five years;
- Built a significant international and national reputation as a major contributor to the body of knowledge in the field of drugs and alcohol; and,
- Is widely recognised for its leadership role, particularly in relation to research on alcohol, research with and for Aboriginal and Torres Strait Islander communities, and (to a lesser extent) cannabis.

The reviewers also found that:

- Stakeholders expressed a high level of satisfaction with the level of influence exercised by NDRI research findings on policies and practices; and,
- NDRI represents a significant and valued investment that has developed a body of knowledge on issues that others may not have addressed.

On the basis of the positive outcome of the evaluation, the Department of Health and Ageing has made a commitment to renew NDRI'S core funding for a further five year term. For the coming five years, we have developed a number of research priorities. These are based on nationally identified priorities, the recommendations made in the recent NDRI evaluation, and NDRI's existing research strengths.

National monitoring of alcohol and other drug patterns and related harms

A key activity here is the continuation of NDRI's National Alcohol Indicators Project (NAIP). As part of this project, NDRI staff have developed the methodology for monitoring five key indicators of alcohol-related harm and these are now reported on for all state and territory jurisdictions. An important enhancement of this project will be the trial of its extension to cover Indigenous Australians. Other work to be conducted under

this priority will include that on the Western Australian arm of the national Illicit Drug Reporting System and monitoring alcohol-related harm in NSW (in collaboration with the NSW Bureau of Crime Statistics and Research).

Partnerships in the prevention of alcohol and other drug misuse among Indigenous Australians

Activity under this priority will continue to focus upon research and evaluation that enhances the ability of Indigenous Australian communities to address alcohol and other drug misuse. In the coming five year period, greater attention will be focused upon enhancing the capacity of Indigenous community-controlled organisations to manage and/or conduct their own research.

Prevention of the spread of blood-borne viruses and other harms among injecting drug users

There will be three foci to continuing work in this area. These are: research into the injecting behaviours and practices that contribute to transmission; the effect that medical management of hepatitis C infection has on injecting behaviours and its role in the prevention of further transmission; and the role that hepatitis C positive injectors have in preventing the transmission of the virus to partners and friends.

The impact of legislative, regulatory and educational strategies to minimise alcohol and other drug-related harms

The aim of work in this area is the collection of data on the impact of various educational, regulatory and legislative strategies as a basis for informing the future implementation and modification of such strategies. This work is informed by a recognition of the need to take into account the broader context that influences the implementation of effective prevention strategies.

Development and evaluation of more effective school drug and education programs

A key focus here will be on research that advances understanding of effective prevention approaches in whole of school settings. This work will include defining and evaluating best-practice in an Australian educational context and formative research on harm reduction focused illicit drug education.

Development and evaluation of more effective community drug prevention programs

Effort here will be directed at undertaking innovative research that will advance understanding of effective prevention approaches in whole community settings. As part of this, it is planned to conduct a long-term, national, multi-

site efficacy trial of community mobilisation as a strategy to reduce alcohol-related harm.

Identifying fundamental, strategic and developmental research questions in the area of prevention of harmful drug use

Last year, in conjunction with the Centre for Adolescent Health at Melbourne University, NDRI undertook a major review of the international literature on prevention. The project was undertaken to inform the development of a comprehensive National Drug Strategy Prevention Agenda. This work has stimulated a number of new research questions and these will be actively pursued over the next five years.

Investigating the influence of structural determinants and the social contexts of drug use on the implementation of strategies designed to reduce and prevent harmful drug use

Work in this area is designed to address the dearth of ethnographic research on drug use in the Australian context. The research program will comprise a series of linked ethnographic, qualitative or multi-disciplinary studies that aim to investigate the ways in which educational, legislative and regulatory strategies impact on social contexts to produce or reduce drug-related harm.

In July, NDRI moved to what it is hoped will be a more permanent location. Since its inception, NDRI has been located in commercial rental properties – first in South Perth and for the past three years in West Perth. NDRI's new home is in a refurbished building on Curtin University of Technology's Shenton Park health research campus. The new premises provide us with considerably more enclosed office space, a secure location for NDRI's extensive library, and large seminar and meeting rooms.

The Shenton Park building is also to be occupied by other research centres from Curtin's Division of Health Sciences, including the Centre for Behavioural Research into Cancer Control and the Centre for International Health. The co-location of these research centres will enable the sharing and more efficient use of resources, and will facilitate some collaborative activities – both of which will enhance the research capabilities of all centres.

With our revised work agenda and our enhanced research facilities we are looking forward to a productive and effective new chapter in NDRI's history.

Dennis Gray



Can illicit drug use be prevented in the community? The evaluation of the first two rounds of the Community Partnerships Initiative

In recent times, there has been renewed interest in the development of ways to prevent illicit drug use among – particularly – young people. The local community is considered to be one of the primary levels for prevention, offering prospects for addressing some broad social determinants related to both the social disadvantage and disconnection that underlie aspects of drug use and drug-related harm.

The National Illicit Drugs Strategy (NIDS), commonly known as "Tough on Drugs" was launched in 1997 at a time of nationwide concern at the escalating problem of illicit drug use, particularly the use of opiates which was associated with high morbidity and mortality. The Community Partnerships Initiative (CPI) is a community grants program within NIDS which was first funded in 1997. CPI aims to encourage quality community action to prevent illicit drug use, and to build on existing activity occurring across Australia. To date 134 projects have been funded in three national funding rounds to a total of \$10.5 million, and a fourth round is being assessed. Projects funded range from school holiday programs to parent training initiatives to youth run radio stations and cafes; are based all over Australia; and engage with a wide range of people, from toddlers to grandparents. Funded activities in the first two rounds included:

- Ongoing bush adventures for 15-18 year olds at high risk of illicit drug use.
- Peer education and drug information for parents, carers and friends in Indo-Chinese communities.
- Workshops to develop coping skills for parents whose use of alcohol and other drugs had affected family functioning.
- Engaging young people in action research to feed into the strategic development of a municipality health plan.
- Education and information in local schools to address illicit and poly drug use at parties.
- Provision of a recreational, friendly drug-free environment, including anti-drug dance parties, for gay and lesbian people under 18.

NDRI was awarded the contract to evaluate the first two rounds (87 projects) of the CPI. The evaluation took place over two years (2000 – 2002) and was focused on process, impacts and outcomes. It was advised by a National Expert Advisory Group (NEAG) which was recruited for the purpose. The evaluation comprised literature review; review of existing documentation including background documents, project progress reports which were required to be

submitted on a standard pro-forma every 6 months, and final reports; and collection and assessment of new data through Key Informant (KI) interviews and on-site project visits.

There were five stages in the first two rounds of the CPI:

1. Development of the model,
2. Funding round 1,
3. Development and provision of tools and resources to support groups in the community to undertake prevention strategies of quality,
4. Funding round 2; and
5. Evaluation and dissemination.

The evaluation focused on each of these stages as well as making an overall assessment of outcomes at the end of the two year evaluation period. The interested reader is referred to the evaluation final report¹ which is available on the CPI Web site at <http://www.health.gov.au/pubhlth/strateg/drugs/illicit/evaluation.htm>.

CPI is modelled on the WHO Global Initiative on Primary Prevention of Substance Abuse (GIPPSA)². GIPPSA aims to mobilize communities to prevent and reduce the health and social problems related to psychoactive substance use among young people through the mobilization of local resources for human resource development. The principles and criteria for funding projects were drawn very closely from the WHO GIPPSA and reflected those elements which were found in the literature to be related to successful community projects.

The aims of CPI were to develop and/or demonstrate:

- A range of local community partnerships for primary prevention of illicit substance use;
- Examples of quality practice in community participation and action of a significant public health issue;
- An increase in the capacity of communities to develop effective prevention activity;
- An increase in a sustainable community action across Australia;
- National dissemination of quality practice in primary prevention of illicit substance use; and
- A database of projects.

In terms of meeting these objectives, we found that a range of community partnerships was developed, but the extent to which the projects could be said to be examples of 'quality' practice was more difficult to ascertain. Projects in both rounds demonstrated positive impacts on

individuals and the community, but evidence of behaviour change tended to be limited to a few specific examples. Sustainability was a major concern to both participants and informants, which made the assessment of whether there had been an increase in the capacity of communities to develop effective prevention activity, and an increase in a sustainable community action across Australia, difficult. Many projects were replicable, but not all had documented their work thoroughly enough, and it was not clear how dissemination would occur. All the projects identified and mobilised local resources which was one of the strengths of the Initiative, but few provided training to their communities.

In drawing together the threads of the evaluation, we found that good community process was a *sine qua non*, whatever the approach or approaches of the project. However projects with multiple and flexible approaches seemed to be the most successful: a finding supported by the literature. Views of the value of CPI funding were mixed: project informants thought that it was money well spent, but National KIs were more divided in their views.

We believe that there are a number of implications for the future of the CPI drawn from the evaluation, which we have encapsulated into six major messages for community based primary prevention of illicit drug use in Australia:

1. Macro behaviour change from initiatives such as the CPI is unlikely in the short term. Effective prevention is hard to demonstrate without longer well controlled longitudinal studies.
2. Sustainability of impact and outcome is difficult to obtain unless the community is left with more capacity to undertake prevention activities than it had to begin with. Capacity building, however, must be continually nurtured if it is to last beyond the project. Ongoing funding for longer periods should be considered in communities where it can be demonstrated there are likely to be effective outcomes.
3. Dissemination of outcomes and replicability of projects are clearly linked. These are essential if the results of the CPI to date are to be extended beyond the individual projects. A clearer consideration of mechanisms would assist, as would technical support to projects.
4. Incorporating more than one approach to project activities appears to be more effective than single approaches.

- Adequate groundwork in consulting the community and relevant organisations prior to the funding submission was critical, as was effective process in working with the community during implementation.
- We observed an aura of self reliance and a general lack of communication between projects as well as high staff stress levels and turn-over. Project work like this is difficult and workers need encouragement to seek support for themselves, particularly if their own organisations are not well established.

Finally, we offer three major alternative approaches to community based prevention as a contribution to discussions about the continuation of CPI in its current form.

Funding fewer longer projects

Because behaviour change and creating effective community relationships take a long time, funding fewer projects over longer periods of time - at least 7-8 years - may be necessary to effect and demonstrate not only impact but also outcomes.

Such studies incorporate longitudinal data collection, which allows for specificity in predicting which elements of a program are most influential so that these can be replicated in other projects.

Developing comprehensive community based prevention programs

These programs are typically very expensive, include multiple interventions and involve whole communities, but have been demonstrated to be effective. Examples include the programs by Holder and colleagues in the USA in six locations over five years³.

Generic community prevention

Current thinking about prevention focuses on common risk factors for a range of problem social behaviours, such as crime, suicide, mental illness and substance use. It also stresses the importance of early interventions to address the common social and structural determinants of these behaviours. The health and social development of children, rather than prevention of

specific problems such as drug use is emphasised.

We believe that alternative programs such as these should be discussed and considered if community based prevention of illicit drug use among young Australians is to be as effective as possible.

Wendy Loxley and Amanda Bolleter (former NDRI researcher)

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project notes

Building Indigenous research capacity

Dennis Gray

Staff from NDRI's Indigenous Research Team along with staff from the Centre for Remote Health (CRH) – which is a joint initiative of the Flinders University of South Australia and the Northern Territory University – have been assisting Tangentyere Council in Alice Springs to build its own research capacity. Tangentyere Council is an umbrella organisation for the 19 town camps in Alice Springs and the initiative builds on several years of collaboration between Tangentyere Council and the university centres.

From 1 April 2002 to 31 March 2003, a trial was conducted of restrictions on the availability of alcohol in Alice Springs. The restrictions included: a ban on the sale of all alcoholic beverages except light beer on licensed premises before 11.30am; restriction of takeaway sales on weekdays to between the hours of 2.00pm and 9.00pm; and a ban on the sale of alcoholic beverages in containers of 2 litres or more. Various measures were put in place for the evaluation of the trial and these included the need to assess community attitudes to the restrictions. Because of the difficulties inherent in non-Indigenous organisations conducting survey research in the town camp settings, Tangentyere Council negotiated with the university centres to undertake a survey under its auspices.

The aims of the survey were determined by the larger evaluation of the restrictions, and were to ascertain:

- attitudes to the restrictions;
- views on the future of the restrictions; and,
- suggestions on other measures to reduce alcohol-related harm in Alice Springs.

Tangentyere Council recruited 14 people from the town camps to undergo training to conduct the survey, and training and supervision were provided by Dennis Gray and Jane Ulrik from NDRI and Juanita Sherwood an Indigenous researcher from CRH. The short, hands-on training program included: discussion sessions on the principles of research; the objectives of this particular project; the translation of the specific aims of both structured and open-ended questions in language that the town camp residents would be able to understand; and sampling principles and the selection of a stratified sample from each camp based upon its size.

Ten people completed the training and under the supervision of Jane Ulrik conducted the survey over a two week period in April 2003. During this period members of Tangentyere Council's research team interviewed a sample of 277 from among the approximately 990 town camp residents aged 18 years or over. A small sub-group of the team entered the data into a Microsoft Excel spreadsheet and with the assistance of Dennis Gray summarised the data using SPSS. The whole of the research team then reviewed the summarised results and provided an interpretation of them, and a report was prepared for the Northern Territory Licensing Commission¹.

The key findings of the survey were that the majority of town camp residents supported restrictions and were in favour of either retaining restrictions in their present form or strengthening them. In its decision regarding the future of the restrictions, the Licensing Commission decided that those relating to on-premise trading and takeaway hours would be retained. Unfortunately, however, the Commission decided that the restriction on container size would be dropped. Tangentyere Council, and other Indigenous organisations such the Central Australian Aboriginal Congress, see this as a major setback in their fight to reduce alcohol-related harm in Central Australia and are currently looking at what action they can take to address this.

While the Licensing Commission delivered a blow to the Aboriginal organisations in Central Australia, Tangentyere Council views the method of research collaboration used in the survey of restrictions as particularly successful. The Council is now looking at establishing a permanent 'research hub' which would include a research coordinator and members of the team that conducted the survey, and which would research and evaluate a number of issues pertinent to the role of Tangentyere Council and the services it provides. It is envisaged that research expertise, training and supervision would be provided to the research hub by university based researchers, and Tangentyere Council is currently negotiating memoranda of understanding with several institutions which will formalise such arrangements.

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The long term legacy of the COMPARI community alcohol project

Richard Midford

The Community Mobilisation for the Prevention of Alcohol Related Injury (COMPARI) project was a university demonstration project that aimed to reduce alcohol related harm within the Geraldton community. The project was initiated in early 1992 and twenty-two major component activities were undertaken during the three year demonstration phase using a range of strategies that included: community networking and support; community development; provision of alternative options; health education; health marketing and policy institutionalisation. The project did not cease on completion of the demonstration phase; rather it evolved into the major alcohol and other drugs service provider for the region.

This research identifies the legacy of COMPARI from interviews with key community informants and from objective serial measures of alcohol consumption and harm. Key informants indicated that the original whole community alcohol prevention focus of the project has been diluted. This was inevitable, because of the broader service mandate imposed on the project. However, prevention has also become more narrowly focused, because of greater emphasis on individual prevention through education and training. A culture of intersectoral collaboration on alcohol issues has endured and this contributes to more efficient use of resources, as well as higher levels of referral for treatment. Another legacy is increased community awareness of alcohol issues, which has translated into greater local input into responses. Finally, there was strong acknowledgement by the key informants that the local committee associated with the project has been important in sustaining COMPARI. In this regard it was seen as both an integral component and enduring product of the project.

These changes to the way Geraldton deals with local alcohol problems do seem to have translated into less consumption and harm. There has been a modest but consistent reduction in per capita alcohol consumption in Geraldton, which contrasted with a more variable, but seemingly greater increase in consumption in the control community of Bunbury. Per capita WA non-metro consumption, which was included to provide a reliable point of reference, because of larger numbers, consistently increased over the ten year period of this study from 13.4 litres to 14.25 litres



Members of Tangentyere Council's research team.

of alcohol per person of drinking age. Prior to the commencement of COMPARI, Geraldton residents on average were drinking slightly more than the WA non-metro average. Ten years later they were drinking a litre less than the average.

A proxy measure of alcohol harm: weekend, night, hospital accident and emergency occasions of service was also collected. A time series analysis was undertaken with this data to assess if service trends were significantly different between the intervention and control communities. An ARIMA analysis model was selected because of its greater power. A model building process was undertaken with each series. In the case of the Geraldton series the optimum ARIMA model provided a regression coefficient of 0.1486, which was not significant at the level of 0.05, indicating that the rate of weekend night accident and emergency department occasions of service did not change in Geraldton over the period of the study. In the case of Bunbury the optimum ARIMA model provided a regression coefficient of -0.4055, which was significant at $p = .0067$. This indicates a trend of increasing weekend night accident and emergency occasions of service in Bunbury over the study period.

In summary the COMPARI project has been sustained in Geraldton, although it has changed considerably in form. There is also objective evidence that it has reduced both alcohol consumption and harm over a substantial period of time.

The SHAHRP dissemination project

Nyanda McBride and Fiona Farringdon with Carol Kennedy, NCETA & DASC

Background

The School Health and Alcohol Harm Reduction Project (SHAHRP study) was a longitudinal intervention research study using evidence-based, classroom alcohol education lessons to reduce alcohol-related harm in young people^{1,2}. The critical evidence-based features of the

SHAHRP intervention were drawn from a range of health and drug education programs and research literature, and in particular, published evaluation studies and research that demonstrated some potential for behaviour change in the target population³. The SHAHRP study was a harm minimisation study. It combined thirteen alcohol harm minimisation classroom lessons with longitudinal measures of alcohol-related harm to assess change in the study students alcohol-related behaviours and experiences. The SHAHRP lessons assisted students by enhancing their ability to identify and use strategies that reduced the potential for harm in drinking situations, and that assisted in reducing the impact of harm once it occurred. Over the period of the study (from baseline to final follow-up 32 months later), students who participated in the SHAHRP program had a 10% greater alcohol related knowledge, consumed 20% less alcohol, were 19.5% less likely to drink to harmful or hazardous levels, experienced 33% less harm associated with their own use of alcohol and 10% less harm associated with other people's use of alcohol than students who participated in other alcohol education. With relatively low costs, schools can implement a classroom based program that has some proven ability to influence student behaviour. This provides schools with some means to optimise the contribution that they can make to the wider community prevention process.

SHAHRP Dissemination

Past reviewers of school drug education have noted that effective school drug education programs are not readily available to teachers in a useable format. This project, funded by an Alcohol Education and Rehabilitation Foundation Community Partnership Grant, will therefore aim to disseminate the SHAHRP education materials by providing training to teacher trainers from Government, Private and Catholic Education sectors in several states of Australia. A key aspect of this dissemination process will be the training of new and existing teacher trainers so that a permanent skilled group of trainers is available to train interested school-based staff in the use of the program. A part time SHAHRP Project

Manager based at NDRI and a part time Project Officer based at the National Centre for Education and Training on Addiction (NCETA), will provide the initial training to teacher educators who will then be contracted to provide two workshops for teachers in their local district and education system.

Progress to date

Four states have been recruited for involvement in the study including South Australia (three sectors); ACT (three sectors); Tasmania (three sectors) and the Goulburn North East District in Victoria.

The Project Manager from NDRI conducted a 'train the trainer' two-day workshop in South Australia on 12-13 May 2003. Seventeen participants from the three education sectors attended the workshop. To date, five subsequent workshops for teachers have been planned including two for Catholic schools in Whyalla and the Gawler region; two for Government schools in the Riverland and Northern Adelaide suburbs; and one for Independent Schools in the metropolitan area.

A second train the trainer two-day workshop is planned for 14-15 August 2003 in Canberra. Participants will include five trainers from Tasmania (three sectors); four trainers from ACT

(three sectors); and ten trainers from the Goulburn District (three sectors).

The SHAHRP Dissemination Project is funded by the Alcohol Education and Rehabilitation Foundation.

The SHAHRP program materials were developed and tested in a research study funded by Healthway, the Health Promotion Foundation of Western Australia.

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Preventing alcohol related violence on licensed premises

Ben Haines

This PhD study on preventing alcohol related violence in and around licensed premises is

being conducted with financial support from the Alcohol Education and Rehabilitation Foundation.

Previous work demonstrates that the characteristics of individual licensed venues (such as pubs and clubs) make a significant contribution to the probability of violence, above and beyond the characteristics of the clientele. Risk factors for violence include overcrowding, overheating, an unpleasant atmosphere, binge drinking, and cheap drink promotions. Protective factors include positive features such as staff training, the availability of public transport, availability of food, and the nature of the entertainment provided.

Most licensed premises have few or no incidences of alcohol related violence, and the majority of alcohol related violence occurs in a very small minority of licensed premises. This study will be comparing high and low risk premises in order to assess the characteristics of the premise that contribute to the risk of violence. It will assess how high-risk venues could change their policy to reduce the risk of violence, without necessarily losing customers, and will investigate the ways in which venue management and staff can act to reduce the risk of violence. The focus will be on feasible, practical, and useful means of reducing alcohol related violence.

abstracts

The ins and outs of injecting in Western Australia

Susan Carruthers

Journal of Substance Use, 2003, 8, (1), 11-18

Hepatitis C is now the most commonly reported infectious disease in Australia and more than 90 percent of all infections are the result of injecting drug use. Efforts in Australia to reduce the transmission of this virus among injecting populations have largely been unsuccessful although there is some evidence that the incidence and prevalence rates in this country are declining. While the sharing of needle and syringes remains the risk of highest magnitude, the sharing of other equipment, the receiving or giving of injections and other practices involved in the injection of drugs are also implicated in the transmission of hepatitis C. This paper reports the findings of an in-depth examination of the act of injection using a recorded observation method. The findings indicate that there are multiple opportunities throughout the process of injection which could contribute to transmission. In particular, the degree of physical contact between those injecting contributes to the risk of contact with possibly infected blood. The implications of these

findings on the design of prevention material are discussed.

Policy from a harm reduction perspective

Simon Lenton

Current Opinion in Psychiatry, 2003, 16, (3), 271-277

Purpose of the review: The present review addresses recent literature on the effectiveness of reducing drug-related harm in a number of domains which might be promoted, facilitated, hindered, or prohibited by drug policy.

Recent findings: Increasingly, there is a recognition among health professionals, the judiciary, and the public, that it is possible to design a system of drug control which has less of an emphasis on criminal law. However, for countries contemplating models of drug law other than strict prohibition, the three main international drug treaties limit the scope of changes to domestic laws. In the last 25 years alcohol policies have shifted from reducing the total population consumption to addressing risky drinking situations and patterns of use to reduce alcohol related problems. With regards to drug use the evidence supports: needle and syringe provision schemes in the community; prison drug substitution treatment and needle

exchange programs; removal of criminal penalties for minor cannabis offences; and supervised injecting facilities in localised areas with open, public drug scenes and associated amenity problems. Schemes which divert drug offenders from the criminal justice system to treatment are increasingly common, but their effectiveness is yet to be demonstrated. Provision of naloxone hydrochloride to heroin users and their friends and family to aid in management of heroin overdose has promise, but more research is needed before widespread distribution is advocated.

Summary: Clinical and research practitioners should use their influence to call for policy that facilitates interventions which have been shown to be effective in reducing drug-related harm.

The Partysafe project: Working with an Australian rural community to reduce alcohol harm

Richard Midford, Martin Cooper and Julie-Anne Jaeger

Nordic Studies on Alcohol and Drugs (English Supplement), 2003, 20, 69-80.

Partysafe was a community mobilisation project, conducted in the remote Northwest town of

Carnarvon in Western Australia over a period of 18 months. The initial goal was to reduce alcohol-related harm associated with drinking in private settings. However, subsequent to the pre-intervention community survey, greater emphasis was placed on influencing males in the age range 25-45 years, because of the high risk drinking behaviour identified in this group. The intervention comprised a number of

components, including local media advertising and advocacy; participation in high profile community collaborative campaigns and use of a peer character cartoon strip to highlight alcohol issues and model behaviour change. Use of local media content was particularly effective in raising community awareness as to the project's message and obtaining support for its aims. On completion of the intervention

phase, process and impact data were gathered from a number of community sources. The major impact of the Partysafe project in its own right was heightened awareness of alcohol issues in the community. However, the project also contributed in a major way to institutionalising a collaborative Christmas alcohol harm prevention campaign.

recent publications

Monographs and Technical Reports

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NDRI HAS
MOVED

**The National Drug
Research Institute**

**has moved to
new premises.**

**Please note the
following changes
for your records.**

New main contact numbers:

Phone: 08 9266 1600

Fax: 08 9266 1611

Web and email addresses remain the same:

Web: www.ndri.curtin.edu.au

Email: enquiries@ndri.curtin.edu.au

New street/delivery address:

National Drug Research Institute
Curtin University of Technology
Health Research Campus
Level 2, 10 Selby Street
Shenton Park, WA 6008

Postal address remains the same:

National Drug Research Institute
Curtin University of Technology
GPO Box U1987, Perth, WA 6845

staff list

National Drug Research Institute

Staff as at 1 August 2003

Tim Stockwell	Director, Professor
Dennis Gray	Deputy Director, Associate Professor
Wendy Loxley	Associate Professor
Simon Lenton	Senior Research Fellow
Richard Midford	Senior Research Fellow
David Moore	Senior Research Fellow
Paul Catalano	Research Fellow
Susan Carruthers	Research Fellow
Tanya Chikritzhs	Research Fellow
Nyanda McBride	Research Fellow
Deidra Young	Research Fellow
Francoise Chanteloup	Research Associate
Tuguy Esgin	Research Associate
James Fetherston	Research Associate
Brooke Sputore	Research Associate
Anna Stearne	Research Associate
Fiona Farrington	Project Officer
Phillipa Stempel	Research Officer
Fran Davis	Business Manager
Rachael Lobo	Media Liaison Officer
Paul Jones	Computer Systems Officer
Matthew Webb	Resource Officer
Susan Wilson	Secretary
Linda Matthews	Administrative Assistant
Philippa Greaves	Clerical Officer
Ben Haines	PhD Student
Alison Dale	PhD Student
Penny Heale	PhD Student
Jane Ulrik	PhD Student

Emeritus Professor

Professor David Hawks

Adjunct Appointments

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

Honorary Staff

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

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