

centre lines

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issuing **forth**

Drinking and alcohol-related
harm: An Australian story



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edspace

Welcome to the final issue of CentreLines for 2003.

The main focus for this issue is the publication of a major new NDRI report entitled *Australian Alcohol Indicators, 1990-2001: Patterns of alcohol use and related harms for Australian states and territories*. The report is the culmination of the five-year National Alcohol Indicators Project (NAIP), funded under the National Drug Strategy, and focuses on patterns of use and levels of harm arising from alcohol use in Australia over the last 10 years. The report was launched at the recent APSAD conference in Brisbane by the Federal Parliamentary Secretary for Health, Trish Worth, and received extensive media coverage across Australia.

In *Headspace*, Tim Stockwell discusses the relevance to the new NAIP report of the recent "McAllister Report", which addresses the evidence base for the assertion that alcohol consumption by young people has been increasing to an alarming level over the last decade. In *Issuing Forth*, Tanya Chikritzhs briefly describes the major findings of the new report, which include a worrying increase in consumption in recent years by teenage girls, over 30,000 deaths caused by alcohol, half a million hospital episodes, and documentation of the stark contrast between low risk drinking for health benefits and risky drinking in excess of NHMRC guidelines.

We hope that you enjoy this issue of CentreLines and offer you our best wishes for a safe and happy festive season.

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.

Risky use of alcohol by young Australians: A growing problem?

In this issue of *CentreLines*, Tanya Chikritzhs, co-ordinator of the National Alcohol Indicators Project (NAIP), provides a brief commentary on patterns and trends in alcohol-related harm in Australia. This issue marks the publication of a comprehensive report from this project entitled, *"Australian Alcohol Indicators, 1990-2001: Patterns of alcohol use and related harms for Australian states and territories"*¹. The report assesses trends in alcohol-caused mortality and morbidity for all states and territories as well as recent changes in drinking patterns. Among other findings we report that between 1998 and 2001 teenage girls substantially increased their risky use of alcohol while young adult males have decreased their high risk alcohol use — albeit from a much higher level.

I want to comment briefly on how these findings relate to a recent report from Ian McAllister, commissioned by the Distilled Spirits Industries Council of Australia. The McAllister report² addresses the evidence base for the assertion that alcohol consumption by young people has been increasing to alarming levels over the last decade. An incredibly valuable resource for the field, it summarises very clearly most of the available surveys on alcohol consumption conducted since the mid-1980s and provides an assessment of their overall validity and comparability across time. McAllister identifies the two National Drug Strategy (NDS) Surveys, ie the Household Surveys and the Secondary School Surveys as being the most significant. The only significant omission would appear to be the National Health Survey series. The report concludes:

- (1) Rates of drinking by young people should be expressed as percentages of the total population rather than the population of drinkers alone - to do otherwise is to exaggerate the use of alcohol by young people.
- (2) More systematic use of terms and definitions of levels of alcohol consumption is needed. Specifically, the terms used by National Health and Medical Research Council (NHMRC)³ are recommended.
- (3) While noting some significant methodological problems over time with the NDS surveys (notably falling response rates), there has been no *consistent* trend in drinking patterns since 1990. While

consumption has increased since the mid-1990s, this is only to levels evident in 1990. McAllister concludes that researchers and policy makers should be more cautious about making claims regarding trends in young people's drinking.

The NAIP group has independently adopted the first two of the above recommendations in their analyses of the 1998 and 2001 NDS Household Surveys. We were fortunate to have been able to work with the Australian Institute of Health and Welfare to introduce additional questions on alcohol which were consistent with the new NHMRC Alcohol Guidelines³.

The McAllister report limited its scope to data relating to: (a) whether respondents had ever had an alcoholic drink; (b) their age of first drink; and (c) their frequency of alcohol use. The NAIP group went further by also analysing recent trends in patterns of risky and high-risk alcohol consumption from the quantity frequency questions contained in both the 1998 and 2001 surveys. Frequency of drinking, age of initiation and lifetime use of alcohol do not show what is happening to risky alcohol use. Another NAIP study will attempt to analyse risky patterns of use across the NDS Household Surveys as well as the National Health Surveys and over a longer time period. In the meantime, we can confirm that between the years 1998 and 2001 there have been some intriguing changes evidenced by the drinking of younger age groups. That these were confirmed by data on hospital admissions for the same age groups supports the validity of our findings.

Whether or not the use of alcohol by young Australians is at historically high levels, or has merely increased somewhat in recent years, there is still much cause for concern. Over 80 percent of the alcohol consumed by both 14-17 year olds and 18-24 year olds was drunk at either risky or high-risk levels for acute harm. These estimates were based on reports of recent alcohol consumption by survey respondents using a recent recall method that accounted for 78 percent of known alcohol sales of the year preceding the survey, ie there was still significant underestimation of actual consumption. Whether or not consumption of alcohol by young Australians has been increasing over the last 3-5 years, 10 or even 15 years seems insignificant when examining this statistic: risky alcohol use is clearly entrenched in young Australians and

sadly this is reflected in the data on serious harms.

Finally, why might it be that risky alcohol use by teenage girls has increased so dramatically from 1 percent to 9 percent between 1998-2001, while consumption by young adult males aged 20-24 years has decreased? The answer may lie in the introduction of the new Australian taxation system on 1 July 2000. This resulted in a dramatic increase in the consumption of pre-mixed spirits, some of which was at the expense of regular strength beer. Regular strength beer is still cheaper per unit of alcohol than pre-mixed spirits. It is conceivable, therefore, that the substitution in males for more expensive alcohol has resulted in a reduction in their consumption, while the reverse has been true for young females. Young females are more likely to be substituting pre-mixed spirits for wine, usually a more expensive form of alcohol. The NAIP team will conduct a more detailed analysis of these issues and will continue to use the WHO *International Guidelines for Monitoring Alcohol Consumption and Related Harms*⁴ to inform this work.

Tim Stockwell

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Drinking and alcohol-related harm: An Australian story



From an international perspective and at a quick glance, Australians present an unremarkable picture of total alcohol consumption. In terms of average consumption per person (per capita consumption), among 44 other nations listed by World Drink Trends¹ we currently rate 23rd, consuming an estimated 7.4 litres of *pure* alcohol per person in 2001 (about 9.3 litres per adult). Citizens of other nations such as Luxembourg (which tops the list), Hungary, France, Spain and even New Zealand drink more than the average Australian.

Australians are also drinking less than they have done in many years, with current levels similar to those in the mid 1960s. One of the main contributions to this decline has been the gradual but large fall in the amount of beer consumed (high strength in particular) while consumption of wine and spirit based drinks have increased¹. This change is likely to reflect a real change in individual drink preferences influenced by an evolving beverage market and supported by sophisticated designer drinks, targeted advertising strategies and, more positively, a real increase in the popularity of low strength beers (to the detriment of regular strength beer). Perhaps the historically accurate reputation of Australia as a "nation of beer drinking pub goers"² is gradually giving way to a more sophisticated one? Maybe so, but measuring the impact of alcohol by only the magnitude of total consumption is just part of the Australian story.

Despite our average international rating and declining overall alcohol consumption, over the last ten years more than 31,000 Australians are estimated to have died from diseases and injuries caused by problem drinking (ie drinking in excess of 'low risk' drinking levels defined by the NHMRC³). Adding to that, during the last eight years over half a million admissions to hospital are estimated to have been caused by risky or high risk drinking⁴. This does not include the many thousands more cases that would have been treated in emergency rooms without formal admission to hospital. Not surprisingly, the economic cost of alcohol misuse in our society is substantial (second only to tobacco) and exceeds the total cost of all illicit drugs combined – at a total estimated economic cost of \$7.56 billion in 1998/99⁵.

Australians succumb to a range of different conditions that are known to have been either entirely or at least partly caused by alcohol – about 40 in all, including road injury, alcoholic liver cirrhosis, assault, falls and breast cancer. It is useful to think of these conditions in relation to two main groups; those *chronic* conditions caused by long term excessive drinking – mostly diseases (eg alcoholic liver cirrhosis, liver cancer, alcohol

dependence), and those *acute* conditions or harms caused by short episodic bouts of drinking to intoxication (ie binge drinking) - mostly injuries (eg road injury, injuries resulting from violence, falls, suicide, poisoning).

It is an interesting deposition on Australian drinking style that over the last ten years more people died from the *acute* effects of alcohol (16,756) than the long term or *chronic* effects of alcohol (14,377). In fact, more people died from alcohol-caused road injury alone than from all cancers, alcohol dependence and cardiovascular diseases combined⁴.

This is entirely congruent with the estimate that 61 percent of *all* alcohol consumption reported by the NDS Household Survey was drunk on days when the NHMRC Australian Alcohol Guidelines for minimising *acute* harm were exceeded (ie men drank more than six standard drinks and women more than four). Among young people, the estimate is over 80 percent. By comparison, a lesser (but still substantial) 44 percent of all alcohol was drunk by people who exceeded NHMRC guidelines for avoiding problems from the *chronic* effects of alcohol (ie an average of no more than four drinks per day for men and two for women)⁴.

Throughout Australia, those most at risk of acute harm are not the elderly or even the middle aged, but the young. Deaths and hospitalisations largely caused by drinking to intoxication such as road injury and violent assault are most common among the under 25s. On the other hand, chronic diseases occur almost entirely among people aged over 30 years. This is largely a reflection of the predominant binge drinking style of younger populations and the fact that chronic diseases are chiefly a consequence of accumulated years of problem drinking.

Not only are the majority of victims of *acute* alcohol-related harms young, they are also most often male – perhaps not surprisingly, since males tend to drink larger quantities and involve themselves in risk taking behaviour more often than females. What is surprising, however, is recent and reliable evidence of a change in the drinking levels of *very* young women. Analyses of the 1998 and 2001 National Drug Strategy Household Surveys presented in a recent report by the National Alcohol Indicators Project⁴ found evidence of *increased* risky/high risk alcohol use by 14 to 17 year old females, along with evidence of *reduced* high risk consumption by 18 to 24 year old men. Adding to the reliability of those findings was corresponding evidence that hospitalisation rates for young women increased during this time while male rates declined. Reasons for this dramatic change and whether the trend will continue are not yet entirely clear. However,

almost certainly complicit is the less than subtle targeting of vulnerable populations by the alcohol industry with well disguised spirit-based ready-to-drink beverages that are seductively advertised.

Many of the statistics described here can be found in the latest report by the National Alcohol Indicators Project (NAIP) - *Australian Alcohol Indicators, 1990-2001: Patterns of alcohol use and related harms for Australian states and territories*⁴. This is the sixth statistical summary report produced by the National Alcohol Indicators Project, a collaboration between the National Drug Research Institute and Turning Point Alcohol and Drug Centre in Melbourne. Previous bulletins and technical reports have developed methodologies and estimates for specific indicators of serious alcohol-related harm and risky drinking practices:

- Alcohol-caused deaths and hospitalisations to 1997 (Chikritzhs *et al*, 1999)
- Alcohol-related road trauma to 1997 (Chikritzhs *et al*, 2000)
- Patterns of risky alcohol use in 1998 (Heale *et al*, 2000)
- Trends in per capita alcohol consumption to 1998/99 (Catalano *et al*, 2001), and
- Trends in alcohol-related violence up to 2000/01 (Matthews *et al*, 2002)

All of these publications are available from the National Drug Research Institute and, in electronic format, from the Institute's website at <http://www.ndri.curtin.edu.au>.

Tanya Chikritzhs

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project notes

National Indigenous Alcohol Indicators Project

Tim Stockwell, Tanya Chikritzhs, Paul Catalano, Dennis Gray, Anna Stearne and Tuguy Esgin

The Indigenous Alcohol Indicators Project (IAI) is an expansion of the National Alcohol Indicators Project (NAIP) funded by the National Drug Strategy. The aim of the proposed project is to explore the feasibility of options for providing key stakeholders with up-to-date information about trends in alcohol consumption and related harms among Indigenous Australians.

The specific objectives of the project are to:

- conduct a review of available indicators of alcohol misuse and related harms among Indigenous Australians;
- seek agreement among key stakeholders on what are the most appropriate indicators to monitor alcohol misuse and related harms among Indigenous people;
- develop a strategy for the ongoing monitoring of such indicators; and,
- develop a plan for the effective dissemination of bulletins and reports on indicators of harms among Indigenous people.

Living With Alcohol Evaluation II

Tim Stockwell, Tanya Chikritzhs and Paul Catalano

In 1999 NDRI published an evaluation of the public health, safety and economic benefits of the Northern Territory's Living With Alcohol program (LWA). The evaluation included data on alcohol-related harms up to 1995/96 and found substantial savings in both economic and human terms. However, on 6 August 1997, the levy on alcoholic beverages greater than 3 percent alcohol by volume that funded the Living With Alcohol program was ceased. It is the aim of this project to investigate the subsequent effects of the removal of the levy and the cessation of program funding. Time series data on reliable indicators of alcohol-related harms and consumption will be evaluated before, during and after the LWA program with both internal (non-alcohol-related) and external controls (concurrent alcohol-related harm rates in other states).

Repeat Drink Drivers Study

Simon Lenton, James Fetherston and Rina Cercarelli, UWA

The purpose of this study was to identify the characteristics of drivers with repeat drink-driving charges in order to determine the best mix of countermeasures aimed at reducing drink-driving in this group of high risk offenders. The study involved three components: a review of the international literature; an analysis of data on repeat drink drivers in Western Australia; and an in-depth interview study of 40 repeat drink drivers. Repeat drink drivers were defined as those with two or more drink driving charges. The report made a number of specific recommendations for improving responses for repeat drink drivers. It suggested that as much as possible, ways should be sought to keep offenders within the system that consists of formal laws and informal social controls, rather than apply penalties in ways that undermine adherence to the law and reinforce further drink driving. Among other strategies, the adoption of alcohol interlock devices was seen as worthy of consideration.

The report was submitted to the Road Safety Council (RSC) in August 2002. It recommended that the RSC establish an expert working group to review the report and advise it regarding policy implications and implementation of specific recommendations. Such a group was established in January 2003 comprising representatives from the Office of Road Safety, Injury Research Centre (University of Western Australia), National Drug Research Institute (Curtin University of Technology), Drug and Alcohol Office, Department of Justice, WA Police Service, and the Department for Planning and Infrastructure. The group submitted its report, including a recommended model for dealing with drink drivers, to the Road Safety Council in October 2003. The model, presented to the *Fourth International Symposium on Alcohol Ignition Interlocks*, Hilton Head, USA has been lauded by experts in the field as international best practice.

Fetherston, J., Lenton, S. and Cercarelli, R. (2002) *The Repeat Drink Drivers Study*. National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Illicit Drug Reporting System (IDRS) 2003

Simon Lenton, James Fetherston and Francoise Chanteloup

The Illicit Drug Reporting System (IDRS) is an ongoing study coordinated nationally by the National Drug and Alcohol Research Centre in Sydney and conducted in Perth by the National Drug Research Institute. It is funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). The IDRS is designed to monitor emerging trends in the illicit drug market. The injecting drug use study of the IDRS reports on the price, purity and availability of the main illicit drugs in this country, namely, heroin, cocaine, amphetamine and cannabis. It involves 3 components: (i) interviews with 100 injecting drug users (ii) interviews with 30 key informants, and (iii) an examination of existing indicators (eg survey data, health and police data). The three sources of data are triangulated against each other in order to minimise the weaknesses inherent in each one and to ensure that only valid emerging trends are documented.

As the Australian Government wanted to extend the project to incorporate ecstasy, the party drugs initiative of the IDRS was conducted in New South Wales, South Australia and Queensland in 2002, and extended to all states and territories in Australia, including Western Australia in 2003. The IDRS party drugs initiative uses a similar methodology to examine demographic characteristics, patterns of ecstasy and other drug use, perceived harms associated with use, drug market factors such as price, potency and availability of ecstasy and other party drugs in Perth, Western Australia. The interview sample consists of 100 regular users of ecstasy.

James Fetherston and Francoise Chanteloup presented overviews of the 2003 Western Australian data on the two IDRS studies at the National Drug Trends Conference, held in Sydney in November 2003. The full reports on these projects will be available early in 2004.

abstracts

Alcohol-related injury in the ER: A cross national meta-analysis from the Emergency Room Collaborative Alcohol Analysis Project (ERCAAP)

Cheryl Cherpitel, Jason Bond, Guilherme Borges, Scott MacDonald, Tim Stockwell and Norman Giesbrecht

Journal of Studies on Alcohol, 2003, 64, (5), 641-649

Objective: To examine the impact of usual drinking patterns and related problems on the acute use of alcohol in injury. Methods: The impact of quantity and frequency of drinking, alcohol problems and dependence symptoms on admission to the emergency room (ER) for an alcohol-related injury (based, separately, on a positive BAC and self-reported drinking within six hours prior to injury) compared to a non-alcohol related injury was examined using meta-analysis, across 15 ER studies covering seven countries. Results: Pooled effect size for consuming 5 or more drinks on an occasion at least monthly was significant but not homogeneous, with odds ratios of 4.02 for BAC and 3.88 for self-report. Frequency of drinking among non-heavy drinkers was found to have the largest effect size (5.65 for BAC and 4.83 for self-report), while heavy drinking, controlling for frequency, was also significant (odds ratios of 2.07 for BAC and 1.86 for self-report), but effect size was homogeneous only for self-report. Alcohol-related problems and dependence symptoms were also significant with odds ratios of 4.15 and 3.47, respectively, for BAC and 3.73 and 3.76, respectively, for self-report. In meta-regression analysis, among contextual variables, the level to which alcohol use is stigmatized in the culture was most consistently predictive of heavy drinking effect size on an alcohol-related injury, with larger effect sizes found in those studies reporting a lower level of stigmatization. Conclusions: While quantity and frequency of drinking were both found to be highly predictive of an alcohol related injury, socio-cultural variables may affect observed associations of heavy drinking with an alcohol-related injury.

Reforming Andy Capp? How a cartoon character was used in a community alcohol project

Martin Cooper, Richard Midford, Julia-Anne Jaeger and Chris Hall

Health Promotion Journal of Australia, 2003, 14, (2), 114-118

Issue addressed: Health promotion projects often utilise comics and cartoons as a method of message delivery to their target audience. However, there is little literature evaluating the merits of this strategy. This paper examines the reasons why the utilisation of this medium may be beneficial and describes the use of a cartoon strip in a community alcohol harm reduction project carried out in Western Australia's remote North-West.

Methods: A cartoon strip was locally written and published weekly to present issues related to alcohol over-consumption to the target group of 24-45 year old males and model change strategies. Data on the impact of the cartoon was collected through a survey of 300 community members and structured interviews with 15 key members of the community.

Results: Data indicated the cartoon strip had a substantial readership within the population and was a better vehicle for alcohol messages than state and national campaigns. These lacked the community flavour and flexibility possible in a locally produced cartoon strip.

Conclusions: The authors conclude that the use of a cartoon strip was an effective method of presenting a responsible drinking message to a small remote community. This method allowed ongoing exploration of the theme in a non-confrontational, cost effective, locally relevant, and humorous manner.

So what?: Health promotion projects, particularly those being undertaken in small or remote communities, should view the cartoon strip or comic as a useful tool with which to present their message to the community. This is especially the case where there are distinct local issues that render state or national campaigns less relevant.

Signs of intoxication and server intervention among 18-39 year olds drinking at licensed premises in New South Wales, Australia

Neil Donnelly and Suzanne Briscoe

Addiction, 2003, 98, (9) 1287-1295

Aims: To estimate the extent of responsible service of alcohol (RSA) practice to young adults showing signs of alcohol intoxication on licensed premises in New South Wales.

Design: Telephone-based cross-sectional survey.

Setting: New South Wales, Australia.

Participants: A total of 1090 people aged 18-39 years old.

Findings: Seventy-five per cent of males and 64% of females reported that they had consumed at levels for acute alcohol-related harm during the previous 12 months, with 34% of males and 24% of females reporting doing so weekly; 54% (95% CI: 51-58%) of both males and females who had consumed at acute-risk levels, reported that this last drinking occasion occurred at a licensed premises. Of these, 56% (95% CI: 51-61%) reported that they had exhibited at least one sign of overt alcohol intoxication, while 19% (95% CI: 15-23%) reported showing three or more signs of intoxication. Among those reporting at least one sign of intoxication, only 10% (95% CI: 7-15%) reported that the licensed premises staff had provided at least one of seven different responsible service initiatives, while 55% (95% CI: 48-61%) reported that they were continued to be served alcohol. While these results suggest that intoxicated patrons are not being refused service as often as they should, there was evidence for some degree of responsible service provision with around half of the 'non-intoxicated' patrons reporting that they had seen licensed premises staff intervene in some way with other 'intoxicated' patrons.

Conclusions: While the majority of 18-39-year-olds report showing signs of intoxication while drinking at licensed premises in NSW, only a small minority report experiencing RSA initiatives from bar staff in response to these signs.

Early unsupervised drinking - reducing the risks. The School Health and Alcohol Harm Reduction Project

Nyanda McBride, Fiona Farrington, Richard Midford, Lynn Meuleners and Mike Phillips

Drug and Alcohol Review, 2003, 22, (3), 263-276

The School Health and Alcohol Harm Reduction Project (SHAHRP) aimed to reduce alcohol-related harm by enhancing students' abilities to identify and deal with high risk drinking situations and issues. The SHAHRP study involved a quasi-experimental research design, incorporating intervention and control groups and measuring change over a 32 month period.

The study occurred in metropolitan, government secondary schools (13-17 year olds) in Perth, Western Australia. The fourteen intervention and control schools involved in the SHAHRP study represent

approximately 23% of government secondary schools in the Perth metropolitan area. The sample was selected using cluster sampling, with stratification by socio-economic area and involved over 2300 intervention and control students from junior secondary schools. The retention rate of the study was seventy six percent (75.9%) over 32 months.

The intervention incorporated evidence-based approaches to enhance potential for behaviour change in the target population. The intervention was a classroom based program, with an explicit harm minimisation goal and was conducted in two phases over a two year period. The results were analysed by baseline context of alcohol use to assess the impact of the program on students with varying experience with alcohol.

Knowledge and attitudes were simultaneously modified after the first phase of the intervention in all baseline context of use groups. The program had little behavioural impact on baseline supervised drinkers, however, baseline non

drinkers and unsupervised drinkers were less likely to consume alcohol in a risky manner, compared to their corresponding control groups.

In line with program goals, early unsupervised drinkers from the intervention group were also significantly less likely to experience harm associated with their own use of alcohol compared to the corresponding control group. Unsupervised drinkers experienced 18.4% less alcohol related harm after participating in both phases of the program and this difference was maintained (19.4% difference) 17 months after the completion of the program.

This study indicates that a school drug education program needs to be offered in several phases, that program components may need to be included to cater for the differing baseline context of use groups, and that early unsupervised drinkers experience less alcohol related harm after participating in a harm reduction program.



INTERNATIONAL CONFERENCE
on the Reduction of Drug Related Harm
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The 15th ICRDRH will combine cutting edge science with activism, bring consumers and affected communities together with researchers, practitioners and policy makers, and encourage and facilitate dialogue and understanding between all who have a commitment to humane and rational approaches to humanity's relationship with drugs.

As well as the normal wide range of topics, speakers and styles of presentation or discussion, the 15th ICRDRH will also concentrate on a number of major themes including:

- Policing and harm minimisation
- The economics of drugs
- Local government, drug policy and harm reduction
- International treaties
- Indigenous populations, drugs and harm reduction
- Pharmacotherapies
- Needle and syringe exchange and harm reduction
- Public health law and harm reduction
- Alcohol and harm reduction
- The media and harm reduction.

For further information please visit: www.ihra.net or email: ihrc2004conference@adf.org.au

recent publications

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THE ESSENTIAL HANDBOOK OF TREATMENT AND PREVENTION OF ALCOHOL PROBLEMS

Edited by

NICK HEATHER, School of Psychology and Sport Sciences, Northumbria University, UK and

TIM STOCKWELL, National Drug Research Institute, Curtin University of Technology, Australia

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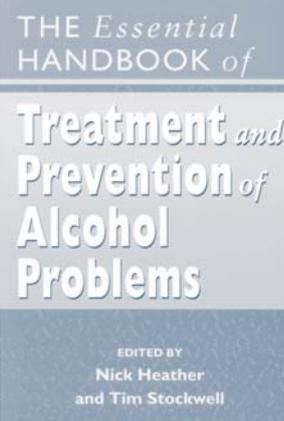
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