

centre lines

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issuing forth

Identifying Risk and Enabling Change: NDRI's Ethnographic Research Program



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edspace

Welcome to the April edition of CentreLines.

In *Headspace*, National Drug Research Institute director Steve Allsop reflects on significant advances made by the alcohol and drug research community over the past 15 years, and the challenges that lie ahead, including policy and practice keeping pace with the wealth of quality research, and addressing the marginalisation of people affected by drug use.

In *Issuing Forth*, David Moore outlines how ethnographic research addresses the overlapping social, cultural, economic, physical and political environments of drug-related harm, elaborating on three new NDRI projects that focus on psychostimulant use, risky drinking and concurrent use of party drugs and alcohol amongst young people.

Project Notes describes a project aimed at changing the way a WA mining town, well-known for its drinking culture, conceptualises and responds to alcohol problems; and looks at extending the National Alcohol Indicators Project to include Indigenous populations.

This edition of CentreLines also outlines NDRI's recent "Show and Tell" tour of the eastern states.

For more information on the National Drug Research Institute's activities, please visit its new-look web site at www.ndri.curtin.edu.au.

Vic Rechichi
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.

headspace

Progress brings new challenges for researchers



The opportunity to write my first headspace as Director of NDRI is a welcome and correspondingly intimidating task. I sit here in the shadow of the considerable contribution of my predecessors and my compatriots. David Hawks, Nick Heather, Wayne Hall, Tim Stockwell and Rene Pols have all made substantial and unique contributions that inform and enhance responses to drug-related problems. Richard Mattick and Ann Roche have high esteem as current leaders of their respective Centres, with an enviable record of quality academic output and contribution to government and community debate. I trust I will be able to emulate some of the best attributes of my predecessors and contribute equally with my compatriots.

The last 15 years has witnessed major advances in our knowledge of drug use and related harm and evidence of effective interventions. We know much more about the extent and nature, and potential strategies to prevent heroin overdose. Effective treatments for opioid dependence, responses to cannabis related problems and clinical guidelines to respond to alcohol related problems have been developed. The relationship between drug use and mental health problems is better understood. Research into young people's needs has been advanced. We have identified practices and developed guidelines that enhance the capacity of organisations and individuals to prevent and respond to drug related problems and have a stronger theoretical and empirical base regarding workforce development. Knowledge of the cultural influences on drug use has improved, school and community prevention strategies have been enhanced, strategies to reduce risks associated with injecting drug use have been identified and developed, we have begun to accurately assess the impact that alcohol has on our community and develop more informed policy to prevent and reduce drug related harm. The research output has been considerable, the impact has been substantial, especially when we consider the relative recency of resources allocated to advance Australian drug research.

This wealth of quality research creates its own challenges. Richard Mattick, at a recent presentation, commented that the sheer volume and nature of the advances will

probably require many years to become fully embraced by policy makers and practitioners. Budgetary constraints, paradigm clashes, poor pay and conditions, rigid and restrictive contracts, stress and overwork do not create the ideal conditions in which to launch innovation.

On the other hand, there are good examples where the emerging evidence has had impact. Research, including quality Australian research, has informed the often contentious debate regarding pharmacotherapies for opioid dependence. Many people have contributed to the development of policy and clinical guidelines. I think we might be in quite a different political and clinical place without their work. Others have considerably advanced our knowledge of responses to people affected by co-existing drug and mental health problems, and importantly helped place this issue at the centre of policy debate. The research and other endeavours of a small group of people have had much the same impact in relation to heroin overdose. An evidence base for effective drug education has been built in Australia where, just one decade ago, practice was suspect and there was little to guide effective interventions. Others have directly influenced government policy which has, for example, resulted in changes to legislation regarding possession of small amounts of cannabis for personal use. Some researchers have substantially influenced policy relating to alcohol use and related problems, and helped maintain interest at a time when community and political will to respond appeared to wane. Community leaders, elders and researchers have combined to advance research and effective policy responding to the needs of ATSI people and communities, and directed our attention to the critical need to build the capacity of communities to respond directly to alcohol and other drug challenges.

There are many other examples where individual expertise and quality research have clearly contributed to changes in practice. Those involved in workforce development, community advocacy, providing funds, and managing services have helped establish a more professional field and created a more fertile ground for evidence-based practice to flourish than might otherwise exist.

However, as well as attending to the emerging maturity of our research endeavours, ensuring that we are able to point to quality academic outputs, many of us are painfully aware that the continuing marginalisation of people affected by drug use is a major challenge to the adoption of effective responses. One colleague, engaged in developing clinical learning objectives, training programs and assessment procedures, pointed out that at the end of the day the biggest barrier is not the complexity of the clinical challenge, it is negative attitudes. To paraphrase him "It's not rocket science – it's just that they don't like them, don't want to get involved". Whilst people affected by drug use are marginalised, the best policy, the best prevention strategies, the most effective treatment programs will receive little community or political support, and thus have limited impact.

Our research can help respond to this challenge. We can identify the value and relevance interventions have for improving community health and well-being through assessment of cost-effectiveness and flow on benefits for business, community safety, and families. We can embrace strategies to ensure that our research is disseminated and adopted in the context of practitioner expertise and the unique needs of different individuals and communities. Importantly, informed debate and evidence-based practice need to thrive in a context where we constantly humanise people affected by drug use. Without this, moral high ground will continue to challenge evidence-based practice as a rationale for interventions, and our community, our colleagues and people affected by drug use will be ill-served by our research endeavours.

Steve Ailsop



Identifying Risk and Enabling Change: NDRI's Ethnographic Research Program

NDRI's ethnographic research program began in July 2003 and currently consists of five projects: two ongoing projects focused on street-based drug markets in Melbourne and three recently-funded projects on alcohol and other drug use amongst young people. The program draws on various anthropological and sociological approaches, with a particular interest in identifying 'risk environments' for alcohol and other drug-related harm (Rhodes 2002). This framework focuses on the *overlapping* social, cultural, economic, physical and political environments of drug-related harm across two *interacting* levels:

- The 'micro' or local and immediate aspects of drug use – eg, what drug users think, say and do; the specific characteristics of the local area in which drug use occurs.
- The 'macro' or wider societal aspects – eg, government policy; drug laws; community attitudes; discrimination; inequality.

In this framework, policy and practice should aim to create 'enabling environments' (Tawil et al 1995) by identifying various environmental barriers to reducing harm and systematically removing or decreasing them. The risk/enabling environment framework complements attempts to persuade drug users to change their behaviour by assuming that individual behaviour change is more likely if the environment is conducive to and supportive of such change.

The ongoing projects: Street-based drug markets in Melbourne

1. *An ethnographic study of heroin markets and health-related harm in Melbourne; David Moore, Greg Rumbold (Monash University) & Paul Dietze (Turning Point Alcohol and Drug Centre); VicHealth Project Grant 1999-0263 & Australian Government Department of Health and Ageing core funding to NDRI*

The first ongoing project on street-based drug markets focuses on overdose and other drug-related harm amongst street-based injectors and sex workers in the Melbourne suburb of St Kilda. A key finding is that despite good recognition amongst street-based injectors of overdose risk factors and behavioural prevention strategies, their adoption was being undermined by the social, cultural and economic contexts of street-based injecting and sex work (Moore 2004). Therefore, in addition to encouraging individual behaviour change, policy and practice must consider how

to create enabling environments for the reduction of drug-related harm, both at the micro (eg, extended needle and syringe program coverage, safer working environments for street sex workers and supervised injecting facilities) and macro levels (eg, addressing marginalisation through housing, employment and education) (Moore and Dietze, in press).

2. *Social, cultural and economic processes in illicit drug markets and their public health consequences; Robyn Dwyer (NDRI PhD student) & David Moore; Australian Postgraduate Award, AGDoHA PhD Scholarship & AGDoHA core funding to NDRI*

The second ongoing project on street-based drug markets is Robyn Dwyer's PhD research with Vietnamese injectors in the Melbourne suburb of Footscray. Data collection has finished and a central aim of the emerging analysis is to develop an understanding of the various processes constituting fluidity in street drug markets, including a particular focus on the ways in which Vietnamese injectors understand and act in this market, and how this knowledge might inform interventions (Dwyer 2004). Other emerging themes include the public health consequences of policing, and the ways in which marginalised Vietnamese injectors conceive of and engage with health and other services.

New projects: Alcohol and other drug use amongst young people

1. *Improving understanding of psychostimulant-related harms in Australia: An integrated ethno-epidemiological approach; David Moore, Paul Dietze (Turning Point Alcohol and Drug Centre), Lisa Maher (National Centre in HIV Epidemiology and Clinical Research), Gabriele Bammer (National Centre in Epidemiology and Population Health) & Michael C. Clatts (National Development and Research Institutes, USA); NHMRC Project Grant 323212 & AGDoHA core funding to NDRI*

The first of the new projects focuses on psychostimulant use amongst young people. Surveillance systems have noted rising rates of psychostimulant use and related harms, especially amongst young people (Maxwell 2003), but, at present, we cannot link these harms to particular contexts, and this impedes our ability to develop appropriate interventions (Moore et al 2005). We also want to apply and further develop US-style drug ethno-epidemiology (eg, Ciccarone and Bourgois

2003). The research has several distinctive features:

- A multi-site focus on psychostimulant-related harm amongst street-based injectors in Sydney, clubbers and ravers in Melbourne and recreational drug users in Perth.
- Concurrent and interactive ethnography and epidemiology in the three sites.
- Integration of various data types using innovative techniques being developed in environmental science and drug market modelling.

2. *A multi-site investigation of the social meanings of alcohol misuse among young adults in recreational settings; David Moore & Jeremy Northcote (NDRI); AERF Research Grant & AGDoHA core funding to NDRI*

The second new project takes as its starting point the widespread epidemiological evidence of high rates of risky drinking and related harm amongst young people (Chikritzhs et al 2003). However, we know much less about the social and cultural aspects of drinking amongst young people that might inform interventions. In this research, to be conducted in Perth, peer research assistants will observe drinking practices in social networks of young people attending three types of leisure environments: hotels, pubs and private parties. These observations will be complemented by serial interviews with social network members in order to explore their perspectives on drinking.

3. *The harms associated with concurrent alcohol and 'party drug' use amongst young people: Risk environments and the implications for prevention; David Moore, Simon Lenton (NDRI) & PhD student (TBA); AERF PhD Scholarship & AGDoHA core funding to NDRI*

The final new project has as its main focus two connected processes: the movement of raves and dance parties into licensed venues where alcohol is heavily promoted and its use is added to that of 'party drugs', and, secondly, the increasing normalisation of 'party drugs' whereby drugs previously associated with raves and dance parties are being used more widely amongst 'mainstream' youth (Duff 2003). Ethnographic research, including direct observation and in-depth interviews, will be conducted with young people at nightclubs, raves and dance parties. In addition, interviews

[Continued on page four.](#)

project notes

will be conducted with venue staff, licensing regulators and health policymakers and practitioners in order to explore current and potential responses to the new challenges posed by concurrent alcohol and party drug use.

To summarise, NDRI's ethnographic research program is underpinned by a risk environment approach to identifying drug-related harm; has an empirical focus on street-based drug markets and alcohol and other drug use amongst young people; and aims to develop recommendations that might create enabling environments for the reduction of drug-related harm in the Australian community.

David Moore

References

- Chikritzhs, T., Catalano, P., Stockwell, T., Donath, S., Ngo, H., Young, D. and Matthews, S.** 2003. *Australian Alcohol Indicators, 1990-2001: Patterns of Alcohol Use and Related Harms for Australian States and Territories*. National Drug Research Institute, Curtin University of Technology.
- Ciccarone, D. and Bourgois, P.** 2003. Explaining the geographical variation of HIV among injection drug users in the United States. *Substance Use and Misuse* 38(14): 2049-2063.
- Duff, C.** 2003. Drugs and youth culture: Is Australia experiencing the 'normalisation' of adolescent drug use? *The Journal of Youth Studies* 6(4): 433-447.
- Dwyer, R.** 2004. Fluidity in a local drug marketplace. Paper presented in the Talking Point Series, Turning Point Alcohol and Drug Centre, Melbourne, 19 November.
- Maxwell, J.C.** 2003. Update: Comparison of drug use in Australia and the United States as seen in the 2001 National Household Surveys. *Drug and Alcohol Review* 22: 347-357.
- Moore, D.** 2004. Governing street-based injecting drug users: a critique of heroin overdose prevention in Australia. *Social Science and Medicine* 59(7): 1547-57.
- Moore, D. and Dietze, P.** 2005. Enabling environments and the reduction of drug-related harm: Re-framing Australian policy and practice. *Drug and Alcohol Review*. In press.
- Moore, D., Dietze, P., Maher, L., Bammer, G. and Clatts, M.C.** 2005. Developing an ethno-epidemiology of psychostimulant use in Australia. Paper presented at the 16th International Conference on the Reduction of Drug-Related Harm, Belfast, 20-24 March.
- Rhodes, T.** 2002. The 'risk environment': A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy* 13: 85-94.
- Tawil, O., Verster, A. and O'Reilly, K.R.** 1995. Enabling approaches for HIV/AIDS prevention: Can we modify the environment and minimize the risk? *AIDS* 9: 1299-1306.

The Kalgoorlie Alcohol Action Project (KAAP): Taking a whole community approach to alcohol problems

Richard Midford

In western societies concepts of individual disease and addiction and cultural notions of autonomy and choice tend to cast alcohol problems as the responsibility of the individual drinker. Within this paradigm treatment is the response of choice. However, treatment is not enough. Providing for individual problem drinkers will not result in a reduction of alcohol-related harm at the community level if the community dynamics that contributed to these problems are left unchanged.

The Kalgoorlie Alcohol Action Project (KAAP) is a three and a half year, whole of community, alcohol harm prevention intervention. Funded by the Alcohol Education and Rehabilitation Foundation, it is designed to both change the way Kalgoorlie conceptualises and responds to alcohol problems and demonstrate how rural and remote Australian communities can take action to reduce alcohol related harm at the local level. The combination of initiatives seek to alter social developmental risk and protective factors in children and young people, reduce risky drinking practices and change the operation of community systems that impact on alcohol use. The project was initiated through a partnership between the National Drug Research Institute (NDRI) and, the City of Kalgoorlie/Boulder. Ongoing local direction will be provided by a committee comprised of key local decision makers and community representatives.

The following specific outcomes will be sought.

1. Reduce high risk alcohol consumption;
2. Reduce underage drinking
3. Reduce rates of drink driving.
4. Reduce night-time traffic crashes;
5. Reduce acute hospital morbidity due to alcohol;
6. Reduce night-time assaults.

Reduction on each measure is self evidently beneficial and will indicate changed community behaviour in relation to alcohol use. Other less direct measures will also be used to gauge change in community norms on alcohol use.

In order to increase local ownership, a menu approach will be used, whereby the community is involved in selecting the mix of interventions best suited to local circumstances. Local agencies will be provided with expert training enabling them to better assess local conditions leading to alcohol-related harm and to make choices regarding suitable intervention strategies. The community will be encouraged to commit some effort to improving conditions for healthy youth development, while also working simultaneously to reduce harms

across the population. The potential interventions would include parent education, family intervention, support for school programs, media marketing, community education, skills training, enforcement and high risk group programs. The Project will simultaneously address the individual, social and structural determinants of alcohol consumption and harm at the local level. This comprehensive approach is designed to achieve concordant change at all levels of the community and thereby maximise reductions in alcohol harm. There is also likely to be collateral benefit in terms of broader social problems, such as family functioning, crime, mental health and retention in education.

National Indigenous Alcohol Indicators Project

Tanya Chikritzhs, Richard Pascal, Dennis Gray, Sherry Siggers and Anna Stearne

At the request of both the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Reference Group and the former National Expert Advisory Committee on Alcohol (NEACA), the Australian Government Department of Health and Ageing funded the National Drug Research Institute (NDRI) to conduct a feasibility study into whether it was possible to apply the methods of the National Alcohol Indicators Project (NAIP) specifically to Indigenous populations.

The project began with an initial feasibility study that explored the available options for providing key stakeholders with up-to-date information about trends in alcohol consumption and related harms among Indigenous Australians. The feasibility study has now been completed and a discussion paper has been compiled: *Applying national indicators of alcohol-related harms to Indigenous Australians: a discussion paper*. A workshop was convened in July 2004 to discuss the outcomes of the investigation and to formulate recommendations. Workshop attendees included representatives from a range of key state and national bodies. Strong support for the project was evident at the workshop and a number of recommendations were endorsed, including the following:

- The project will use *existing* data sources, including morbidity and mortality data routinely collected by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW).
- NDRI will provide regular reports on estimates of Indigenous alcohol-attributable mortality and morbidity by ATSI zones (where possible) for dissemination.
- Where data allows, reports on Indigenous alcohol-attributable mortality and morbidity will include distinctions between acute (injuries) and chronic (disease) alcohol-related harms.
- Estimates will be based on alcohol aetiologic fractions calculated using data on Indigenous

drinking patterns from the *National Drug Strategy Household Survey Urban Aboriginal and Torres Strait Islander Peoples Supplement 1994*.

- A new national survey of Indigenous drug and alcohol use is required to provide updated, and reliable data on the prevalence of alcohol and drug use by Indigenous Australians. The survey should: be large, with adequate sampling of remote, very remote and accessible regions; use techniques for asking about alcohol and drug use that are appropriate for Indigenous persons; preferably employ trained Indigenous interviewers and field researchers; and, consider the use of improved measurements of drinking patterns.
- Improvement of the quality of Indigenous status records in mortality and, especially, in morbidity statistics should be given continuing priority.
- Collection agency restrictions on the provision of small area health and population data should be lifted for the purposes of an approved Indigenous NAIP.

The Party Drugs Initiative 2004 – Western Australia

Simon Lenton and Francoise Chanteloup

The Party Drugs Initiative (PDI) examines the demographic characteristics, patterns of ecstasy and other drug use, perceived harms associated with use, drug market factors such as price, potency availability of ecstasy and related drugs. Co-ordinated nationally by NDARC and funded by the National Drug Law Enforcement Research Fund (NDLERF) the PDI was conducted in NSW,

SA and QLD in 2002 and extended to all states and territories, including WA, in 2003. NDRI conducts the PDI in WA where the 2004 PDI included: (1) a survey of 100 regular users of ecstasy; (2) interviews with 6 drug service providers, law enforcement personnel, DJ's, and club managers; (3) analysis of health and law enforcement data.

To meet the inclusion criteria for the study 'regular ecstasy users' must have used ecstasy at least monthly during the previous 6 months, resided in the Perth metropolitan region for at least 12 months prior to the interview, and be aged 16 years or older. Data from the WA PDI were reported at the National Drug Trends conference held as a satellite meeting to the APSAD conference in Fremantle in November 2004. Among findings on a range of 'party drugs', reports from regular users in Perth suggested that: the median price of ecstasy in Perth had increased from \$40 in 2003 to \$50 in 2004; 9 in 10 users continued to rate it as 'easy' or 'very easy' to obtain; and 6 in ten rated the purity as 'high' or 'very high'. On average, ecstasy was used on 12 days in the previous six months and 61% of regular users in the Perth survey said they typically used more than one tablet per episode of use.

NDRI welcomes the decision that the PDI will continue through 2005 with support of cost-shared funding and hopes this important national monitoring system will receive ongoing secure funding beyond this year.

Reducing alcohol harm at a local level

A unique partnership between the City of Kalgoorlie-Boulder and Curtin University's National Drug Research Institute (NDRI) has resulted in the Kalgoorlie Alcohol Action Project (KAAP), which was officially launched by City Chief Executive Officer Ian Fletcher, on behalf of Mayor Ron Yuryevich, at the Kalgoorlie Town Hall on March 17.

The launch was attended by a number of representatives of government service agencies, including Police and Health and Community Development, as well as a range of non-government agency and community representatives.

At the launch, Daryl Smeaton, CEO of the Alcohol Education and Rehabilitation Foundation, which is funding the project, NDRI Associate Professor Richard Midford and Esther Roadnight, from the City Council, spoke about the unique opportunities afforded by the project.

KAAP is a whole of community, alcohol harm prevention intervention designed to both change the way Kalgoorlie conceptualises and responds to alcohol problems and to demonstrate how rural and remote Australian communities can take action to reduce alcohol related harm at the local level. The combination of initiatives will seek to alter social developmental risk and protective factors in children and young people, reduce risky drinking practices and change the operation of community systems that impact on alcohol use.

Ongoing local direction will be provided by a committee comprised of key local decision makers and community representatives.

The launch of the \$1.4 million project generated significant media interest, receiving strong coverage by radio, television and print media in the Goldfields community.

Show and Tell: NDRI takes its research on the road

Senior Staff from the National Drug Research Institute embarked on an eastern states "Show and Tell" in March, which updated government and the alcohol and other drug sector on directions in the Institute's research program.

Under the banner of 'Future Directions in prevention of alcohol and other drug related harm', senior NDRI staff made half-day presentations to an audience of about 50 guests in both Canberra and Melbourne.

The audience for the Canberra presentation, organised by the Australian Government's Department of Health and Ageing, included representatives from several key policy making agencies, including the Attorney General's Department, the Australian Federal Police, Customs, the Office of Aboriginal & Torres Strait Islander Health, the Department of Education, Science and Technology, and the Australian Institute of Health and Welfare.

Presentations included:

- Cannabis law reform in Western Australia - evidence, process, evaluation, and implications: Dr Simon Lenton presented an overview of the new WA Cannabis Infringement Notice Scheme.
- Recent research on Indigenous issues and its implications – Associate Professor Dennis Gray highlighted research projects on Indigenous substance misuse and their implications for policy, practice and future research.
- NDRI's contribution to alcohol and other drug prevention at the local community level: past projects, future directions – Associate Professor Richard Midford discussed what works at the local level to address concerns and increase awareness of alcohol and other drug issues.
- NDRI's ethnographic research program – Dr David Moore outlined several ongoing and new ethnographic research projects, focusing on why they are needed, how they contribute to theoretical and/or methodological innovation, and

the potential policy and practice implications.

- NDRI's approach to key issues in Alcohol policy research: Research Fellow Tanya Chikritzhs outlined recent and ongoing research projects and their implications for policy and future research.

NDRI's Melbourne presentations canvassed similar issues. Hosted by Turning Point Alcohol and Drug Centre, about 50 invited guests, including representatives from the Parliament of Victoria Drugs and Crime Prevention Committee and the Premier's Drug Prevention Council, were updated on directions in the Institute's research program.

The Show and Tell also served as an introduction to NDRI's research program for new Institute Director Steve Allsop, who attended the presentations in Canberra as an observer.

Professor Allsop thanks NDRI's colleagues in the eastern states who assisted in organizing and hosting the presentations.

abstracts

Emerging patterns of cannabis and other substance use in Aboriginal communities in Arnhem Land, Northern Territory: a study of two communities

Alan Clough, Peter d'Abbs, Sheree Cairney, Dennis Gray, Paul Maruff, Robert Parker and Bridie O'Reilly

Drug and Alcohol Review, 2004, 23, 381-390

A recent rise in cannabis use in Indigenous communities in northern Australia may have compounded existing patterns of other substance use. This paper describes these patterns in Arnhem Land in the 'Top End' of the Northern Territory (NT). Economic impacts of the cannabis trade are also described. In a descriptive cross-sectional study, random samples included 336 people (169 males, 167 females) aged 13-36 years. Consensus classification of lifetime and current use of cannabis, alcohol, tobacco, kava, inhalants (petrol) and other drugs was derived based on health workers' proxy assessments. A sample (n = 180, aged 13-36) was recruited opportunistically for interview. Lifetime cannabis users among those interviewed (n=131, 81 males, 50 females) described their current cannabis use, usual quantities purchased and consumed, frequency and duration of cannabis use and other substance use. In the random samples, 69% (63-75%) of males and 26% (20-31%) of females were lifetime cannabis users (OR=7.4, 4.5-12.1, p<0.001). The proportion of males currently using cannabis was 67% (60-73%) while the proportion of females currently using cannabis was 22% (16-27%) (OR=7.9, 4.8-13.1, p<0.001). Current cannabis users were more likely than non-users to be also using alcohol (OR=10.4, 4.7-23.3, p<0.001), tobacco (OR=19.0, 7.9-45.8, p<0.001) and to have sniffed petrol (OR=9.1, 4.6-18.0, p<0.001) but were less likely to be using kava (OR=0.4, 0.2-0.9, p<0.001). Among those interviewed, higher tobacco consumption in current users and greater alcohol use in lifetime users was associated with increased cannabis use. Action is required to reduce cannabis use, especially in combination with other substances.

The evidence base for responding to substance use problems in Indigenous communities

Dennis Gray and Sherry Siggers

Preventing harmful substance use: The evidence base for policy and practice. John Wiley & Sons Ltd, West Sussex, 2005, pp. 381-393.

This chapter provides a review of the effectiveness of measures to prevent psychoactive substance misuse in indigenous minority populations in Australia, New Zealand, Canada and the United States of America. Despite considerable heterogeneity between and within these populations, there are also important commonalities. Generally, levels of substance misuse are significantly higher among them than among the non-indigenous majority populations of those countries and this results in commensurately high rates of substance caused health and social problems.

These levels of misuse and harm are socially determined. They are a consequence of a complex hierarchy of social relationships – including common histories of colonialism and dispossession and economic and social marginalisation – that influence both demand for and supply of various substances. As well as focusing on interventions to address the obvious manifestations of substance misuse, strategies to prevent the elevated levels of substance misuse among indigenous peoples must address the underlying social determinants.

Interventions aimed specifically at indigenous populations usually seek to: make interventions for general populations more culturally appropriate for indigenous populations; to address those factors that exacerbate levels of substance misuse and related harm among indigenous populations; or employ elements of indigenous cultures to address misuse and related harm. Such interventions – which generally focus on the individual, family or community levels – are considered under the headings: supply reduction, demand reduction and harm reduction. Rigorous evaluations of these interventions are relatively few but point to some successes and to the factors that contribute to them.

Nevertheless, overall, such interventions have had limited success in reducing indigenous substance misuse. This and the limited impact of large-scale programs aimed at ameliorating the status of indigenous peoples – as attested by the social inequalities they continue to face – indicates the need for greater efforts to address the structural inequalities that contribute to indigenous substance misuse and related harm.

Interventions for illicit drug users within the criminal justice system: a review of some programs in Australia, the United Kingdom and the United States

Wendy Loxley

Preventing harmful substance use: The evidence base for policy and practice. John Wiley & Sons Ltd, West Sussex, 2005

This chapter describes procedures and programs in criminal justice which divert illicit drug users to education or treatment. The programs discussed include the Australian Illicit Drug Diversion Initiative (IDDI), which involves State-based pre-arrest and pre-sentence programs diverting illicit drug users to education or treatment; the British Arrest Referral (AR) Schemes in which drug-using offenders at the point of arrest are offered referral to treatment by drug workers working in close co-operation by the police; and Australian and US drug courts and UK Drug Treatment and Testing Orders (DDTO), which give courts pre- and post-sentence powers to require drug-related offenders to undergo treatment. The extent to which these various procedures have been found to be effective and meet their stated objectives is examined.

Most of those diverted in the Australian IDDI are cannabis users, and it is concluded that civil penalties for cannabis use may be a better approach to keeping minor cannabis offenders out of the criminal justice system. It is not yet clear whether AR Schemes reduce drug use and offending, although it is clearly feasible for workers to make contact with drug users who have never been in treatment before. US drug courts have been shown to be effective in reducing drug use and criminal behaviour but evaluations are plagued with methodological difficulties. Australian drug courts have been found to improve the health and well being of participants, reduce illicit drug use and reduce recidivism and the cost is comparable to that of incarceration. Evaluators of the British DDTOs claim that the program shows promise but is not yet proven.

It is generally too soon to say whether these programs will reduce crime and illicit drug use, and it is of concern that most of the approaches have been mainstreamed before good evidence of effectiveness is available. Other concerns include the need to develop programs in consultation with ethnic and other minorities, and to extend programs to those apprehended for, or convicted of, alcohol-related crimes.

recent publications

School leaver celebrations in Western Australia: A three year intervention study

Richard Midford, Nicole Young, Fiona Farrington and Troy Bogaards

International Journal of Health Promotion & Education, 2004, 42, (4), 100-108.

A project involving community management of school leaver celebrations in Western Australia was evaluated over three years. In the first year formative evaluation was undertaken. The findings were then used to draw up a comprehensive intervention program designed to reduce harm for the leavers and the host community. In the second year the externally co-ordinated and well-resourced intervention was evaluated in terms of impact. In the third year the intervention was on a smaller scale and co-ordinated by an agency within the local community. The evaluation emphasised sustainability. A similar mixed methodology comprising surveys of school leavers, interviews with community stakeholders and participant observation was used in all three years. The findings indicate strategic support can produce sustainable benefits by enhancing community capacity. Activities that brought leavers together in social situations were well received and worked directly to reduce risk. In addition, the act of providing for the leavers built a relationship with the community, which acted indirectly to reduce risk. This sense of relationship seems to be the key to well run leavers' celebrations.

An evaluation of the Comgas Scheme: 'They sniffed it and they sniffed it – but it just wasn't there'

Gillian Shaw, Andrew Biven, Dennis Gray, Anne Mosey, Anna Stearne and Jimmy Perry

Australian Government Department of Health and Ageing, Canberra 2004

This report, An evaluation of the Comgas Scheme, evaluates the Comgas Scheme, which subsidises the cost of aviation fuel (Avgas) as an alternative motor vehicle fuel for remote Aboriginal and Torres Strait Islander communities. The subsidy provided under the Comgas Scheme means that, for approximately the same cost as ordinary unleaded petrol, participating communities can access a fuel that contains low levels of aromatic hydrocarbons, and is therefore unattractive to petrol sniffers. The report found that the Comgas Scheme is a 'safe, effective and popular intervention' which should be continued. The report also made a number of other recommendations for expanding the scope of the Comgas Scheme.

MONOGRAPHS AND TECHNICAL REPORTS

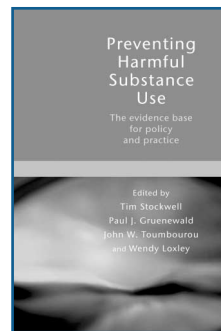
Chikritzhs, T. and Pascal, R. (2004). *Trends in Youth Alcohol Consumption and Related Harms in Australian Jurisdictions, 1990–2002.* Bulletin No. 6. National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Chikritzhs, T., Pascal, R. and Jones, P. (2004). *Under-aged drinking among 14-17 year olds and related harms in Australia.* Bulletin No. 7. National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Chikritzhs, T., Stockwell, T.R., Pascal, R. and Catalano, P. (2005). *The Northern Territory's Living With Alcohol Program, 1992-2002: revisiting the evaluation.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Shaw, G., Biven, A., Gray, D., Mosey, A., Stearne, A. and Perry, J. (2004). *An evaluation of the Comgas Scheme: 'They sniffed it and they sniffed it – but it just wasn't there'.* Australian Government Department of Health and Ageing, Canberra.

Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) (2005). *Preventing harmful substance use: The evidence base for policy and practice.* John Wiley & Sons Ltd, West Sussex.



PUBLISHED ARTICLES, CHAPTERS AND BOOKS

Donnelly, N. and Briscoe, S. (2005). Intelligence-led regulation of licensed premises. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing harmful substance use: The evidence base for policy and practice.* John Wiley & Sons Ltd, West Sussex.

Gray, D. and Siggers, S. (2005). The evidence base for responding to substance use problems in Indigenous communities. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing harmful substance use: The evidence base for policy and practice.* John Wiley & Sons Ltd, West Sussex. pp. 381-393.

Haines, B. and Graham, K. (2005). Violence prevention in licensed premises. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing harmful substance use: The evidence base for policy and practice.* John Wiley & Sons, West Sussex.

Lenton, S. (2005). Deterrence theory and the limitations of criminal penalties for cannabis use. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing harmful substance use: The evidence base for policy and practice.* John Wiley & Sons, West Sussex.

Loxley, W. (2005). Interventions for illicit drug users within the criminal justice system: a review of some programs in Australia, the United Kingdom and the United States. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing Harmful Substance Use: The Evidence Base for Policy and Practice.* John Wiley & Sons Ltd, West Sussex.

Loxley, W., Toumbourou, J. and Stockwell, T.R. (2005). A new integrated vision of how to prevent harmful drug use (Editorial). *Medical Journal of Australia*, 182, (2), pp. 54-55.

McBride, N. (2005). The evidence base for school-based interventions. *In* Stockwell, T., Gruenewald, P., Toumbourou, J., & Loxley, W. *Preventing harmful substance use: The evidence base for policy and practice.* John Wiley & Sons., Chichester.

Midford, R. (2005). Whole of community alcohol prevention. *Kalgoorlie Miner*, Saturday 26 March 2005. pp. 8.

Midford, R. (2005). The Kalgoorlie Alcohol Action project: Taking a whole community approach to alcohol problems. *DrugInfo*, 3, (3), pp. 3.

Midford, R., Welander, F. and Allsop, S. (2005). Alcohol and other Drugs in the Workplace. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing harmful substance use: the evidence for policy and practice.* Wiley & Sons Ltd, West Sussex.

Moore, D. (2005). Key moments in the ethnography of drug-related harm: Reality checks for policy makers? *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing Harmful Substance Use: The Evidence Base for Policy and Practice.* John Wiley & Sons, West Sussex. pp. 433-442.

Stockwell, T.R. (2005). Introduction. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing harmful substance use: The evidence base for policy and practice.* John Wiley & Sons Ltd, West Sussex.

Stockwell, T.R. (2005). Patterns of risk and related harms. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing harmful substance use: the evidence base for policy and practice.* John Wiley & Sons Ltd, West Sussex.

Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (2005). Recommendations for new directions in the prevention of risky substance use and related harms. *In* Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (eds.) *Preventing harmful substance use: The evidence base for policy and practice.* John Wiley & Sons Ltd, West Sussex.

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Nyanda McBride	Senior Research Fellow
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