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issuing forth

Kalgoorlie Alcohol Action Project: Working with a Community to Prevent Alcohol Problems

contents

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Welcome to the August edition of CentreLines.

In *Headspace*, NDRI Director Steve Allsop says that in the context of increasing media coverage and community and political interest in alcohol use and related problems, a 'window of opportunity' appears to be opening for action on reducing the harm caused by alcohol.

In *Issuing Forth*, Richard Midford suggests community action is the most promising alternative for addressing alcohol harm at a population level in the wake of a global trend towards increasing liberalisation and diminishing state control of alcohol markets.

Project Notes outlines a project which aims to help to build the capacity of Indigenous community-controlled organisations to conduct their own research.

Also in this edition, visiting health economist Ric Fordham examines the 'return on investment' of drug prevention programs.

I trust the August edition of CentreLines will provide enjoyable and thought-provoking reading.

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

Action on alcohol?

As noted many times in CentreLines and elsewhere, alcohol related harms are significant social, health and economic burdens for Australia. A range of scientific publications and media reports have consistently indicated the extent and nature of this burden. Many people have been frustrated at the apparent limited action to prevent and reduce these harms.

But does something appear to be happening? In the context of increasing media coverage and community and political interest in alcohol use and related problems, some significant activity is occurring in government discussions, in our research endeavour and among practitioners.

Over the past 12 months, national and local media have run a number of high profile stories regarding alcohol problems, whether these are stories expressing alarm at the unacceptable human cost of alcohol problems (e.g. among underage drinkers) or arising from specific incidents, such as drunkenness at public events or private parties. In Western Australia, a community consultation process involving several hundred people including Indigenous elders, community members, health workers, police and other key stakeholders, identified alcohol as one of the most significant and comparatively neglected drug concerns for the community.

Several jurisdictions are reviewing or have recently reviewed their liquor licensing legislation. Some of these reviews, and proposed changes to the legislation, aim to give more emphasis to the health and social impacts of alcohol in liquor licensing decisions. The impact of these proposed and actual changes remains to be seen, but they are welcome considerations. The evidence consistently indicates that licensing legislation, and its application and enforcement, can make a significant difference to levels of alcohol related harm in a community. It is important that health and social impact are considered, and have influence, in decisions about how alcohol is made available.

More broadly, several jurisdictions are reviewing or developing comprehensive alcohol strategies. The Commonwealth has sponsored the development of a new National Alcohol Strategy, currently being prepared under the leadership of Professor Margaret Hamilton. Again, the detail remains to be unveiled but there is an unprecedented opportunity to harness quality evidence, emerging interest and momentum to effectively reduce alcohol related harm.

This is occurring when there is a much improved evidence base that can inform effective responses to alcohol problems. Relatively recently, NDARC developed some excellent clinical guidelines on evidence based responses to alcohol problems [1] and they and their partners at Turning Point are developing evidence-based standard alcohol treatment outcome measures for clinicians and researchers. These two important developments would hardly have been possible one and a half decades ago. The evidence base was comparatively weak and the potential audience, outside of the small coterie of drug specialists (or dare I say it, "inebriatricians"), was largely unreceptive. An increasing array of evidence-based interventions, including some important advances in pharmacotherapies for alcohol problems, improved workforce and organisational development, and professional support have created more fertile ground for such outputs.

Similar advances have been made in prevention and harm reduction strategies. The recently published 'Prevention Monograph' [2] is an excellent evidence-based guide to investing in effective prevention and harm reduction strategies. It would have been a fairly thin, or at least depressing, volume 15 years ago. Unfortunately, the audience for effective prevention strategies remains to be convinced. The strategies with the strongest evidence base are often those with the lowest levels of political and community support. For example, the evidence regarding the role of taxation in shaping and influencing levels of alcohol consumption and harm is compelling, but it receives little community or political support. While much has been done to improve the receptivity of the audience for research on effective treatment, we have been somewhat less successful in gaining support for effective prevention. This is a critical challenge for the future: how do we get community and political commitment for strategies that we know are effective, and at the same time direct resources and activity away from ineffective and sometimes harmful alternatives?

Governments appear to be influenced, at least to some extent, by the current discussion, as indicated by the various reviews of liquor licensing, media comments and the development of various alcohol plans. While I do not wish to overstate the importance of these things, it appears there is a 'window of opportunity' to advance the debate.

There is still much work to do. While significant and important effort is being made to gather quality data on illegal drug use to facilitate intelligence led prevention, treatment and policing, a number of jurisdictions appear less interested or reluctant to gather quality data on alcohol consumption or locations of the most harmful drinking. Except in the broadest terms, we have limited Australian information about the contexts of alcohol use and how these influence use and related harms, especially in relation to underage drinking. We need to know much more about the proximal and distal factors that influence the experience of drinking and harm across various Indigenous communities and how we can improve the evidence base regarding effective interventions. We could ask whether changes to taxation have shaped beverage choice and whether this has relevance for patterns of drinking and related harm, especially among young people. We have an ageing population – what are the implications for alcohol use and the experience of harm and what does this mean for our prevention and treatment strategies?

I have been influenced by the observation made by McAndrew and Edgerton [3] – societies get the sort of drunken behaviour they are prepared to tolerate. I would extend this and add – they also get the sort of responses they are prepared to tolerate and invest in. There are some important points here. Yes, we need to invest in quality research. We need to promote those strategies that have good evidential credentials and have, or are likely to gain, community and political support (e.g. strategies to reduce problems associated with drunkenness). We also need to ensure that there are advocates who are well informed and who can help generate and maintain support for other evidence-based strategies that are currently less well accepted by communities. Effective approaches are likely to require engagement beyond the health sector, the traditional source of momentum for responses to alcohol problems. For example, economic analyses of the use and harms associated with alcohol use, and the work of Collins and Lapsley [e.g. 4] in particular, have been influential. There is a need to continue to build the contribution of health economists to assessments of the impact of alcohol use and the value of the various potential and actual responses. Similarly, police have begun to add their voice and expertise to the debate and they have a key role in preventing and responding to alcohol related harm. To effectively reduce alcohol related harm it is important that we continue to extend communities of interest and influence to include private enterprise, community leaders and elders, local government, police, education, social welfare and family policy groups and economists. After all, alcohol related harm has relevance across the whole Australian landscape.

Steve Allsop

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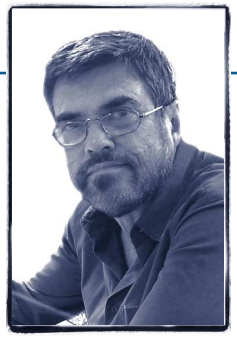
Kalgoorlie Alcohol Action Project: Working with a Community to Prevent Alcohol Problems



Over recent decades state control of alcohol in most western countries has progressively lessened in the name of free trade, greater competition and consumer benefit. However, there is a fundamental incompatibility between greater access to alcohol and public health. Countries that have typically managed alcohol problems at a population level by judicious control of availability have also experienced lower rates of harm, but this has not proved a barrier to the tide of market deregulation. The experience of Scandinavian countries is particularly illustrative in this regard.

Powerful state monopolies on the production and sale of alcohol have existed in all Scandinavian countries since the beginning of the 20th century, keeping alcohol consumption relatively low in comparison to other western countries. In Sweden for example, per capita alcohol consumption during the 1980s ranged from 5.2 to 5.7 litres, compared with between 8.5 and 9.8 litres in Australia (World Advertising Research Center, 2005). However, as the populations of Scandinavian countries began to downplay the problems associated with alcohol use, they wanted easier access (Kurzer, 2001). Control on availability was progressively relaxed and as a consequence consumption rose. In 1968, Finland allowed the sale of medium strength beer from grocery stores as well as from state monopoly outlets. The result was a 46% rise in alcohol consumption the following year, and a corresponding increase in alcohol problems (Makela et al, 2002). In 1995, Finland and Sweden joined the European Union (EU). In compliance with the EU's one market policy, consumers got progressively better access to cheaper alcohol in neighbouring member countries. In 1994 Finnish tourists imported 3.5 million litres of beer. In 1995, the first year of membership, the figure rose to 30 million litres (Kurzer, 2001). In Sweden, in 1996, when quantity limits were still relatively restrictive, 1.1 litres of alcohol consumed by the average Swede, aged 15 years and older, had come into the country as a tourist import. By 2004, when all quantity restrictions had been lifted, tourist imports contributed 2.6 litres to per capita consumption. Increased levels of acute alcohol related harm accompanied this rise in consumption. The assault rate, for example, increased from 608 per 100,000 in 1996 to 682/100,000 in 2002 (Holder et al, 2005).

Liberalisation of the alcohol market in these Scandinavian countries was part of a world wide trend driven by substantial popular support (Drummond, 2000). This has made it increasingly difficult to deal with population level alcohol problems by altering state policies and regulations. In this new environment of reduced government involvement, other mechanisms for taking action at the population level are needed and community action has emerged as the most promising alternative.

The Benefits of Community Prevention

There are powerful advantages to community level prevention. It attempts to remove or modify the underlying cause of the problem. It has considerable potential for change because of the large numbers involved. Once behavioural change has been achieved it is likely to be self sustaining, because a new community norm has been established (Rose, 1985). A number of research studies have shown that community action can change norms about alcohol use and alcohol harm (Casswell, 2000). This can facilitate structural change within the community, which in turn works to reduce actual harm. A few studies, such as the 'Preventing Alcohol Trauma: A Community Trial', conducted in three American communities, have also been able to directly demonstrate a significant change in patterns of local consumption and harm (Holder et al, 1997). In Australia, the COMPARI project showed that a community based prevention intervention was able to initiate and institutionalise cultural and structural change in the management of local alcohol problems. This was associated with a decrease in local alcohol consumption and a relative improvement in alcohol harm that was maintained over a ten year period (Midford et al, 2005).

Rural and remote populations in Australia consume greater amounts of alcohol and suffer higher levels of associated harm than metropolitan populations (Chikritzhs et al, 1999; Midford et al, 1998). At the same time effective prevention is more difficult: community amenities are generally poor; the population in many cases is younger and more male dominated; family and social networks are often limited; local social norms and established drinking patterns can encourage high levels of consumption. On top of this AOD services are likely to be thinly spread and focussed on individual treatment, because this is always a more immediate need. In these circumstances it is not surprising that very little community based alcohol prevention work has been undertaken in non metropolitan settings (Midford & Boots, 1999). However, this is exactly the type of approach that needs to be developed if the level of alcohol related harm in these communities is to be reduced in the long term. Providing treatment for problematic drinking is important as it is likely to benefit treated individuals, but it is not enough. As Holmila (2000) asserted, curing or removing the individual problem drinker will not result in a reduction in alcohol–related harm, because the community dynamics that contributed to these problems are unchanged. In order to change the aggregate level of alcohol-related harm, long term environmental and structural changes are essential.

The Kalgoorlie Alcohol Action Project

Kalgoorlie-Boulder is a well known mining city, and the major population centre in the Goldfields/ Esperance region of Western Australia. The city was established in 1893, as a result of gold being discovered in the area, and grew rapidly over the following decade. Two of the legacies Kalgoorlie-Boulder inherited from its frontier past are a tradition of heavy drinking and the greatest number of hotels per head of population of any regional centre in Western Australia. These are likely contributors to the substantial population level alcohol problems. In 1997/98 the per capita consumption of alcohol in Kalgoorlie-Boulder was 13.99 litres, substantially above the state average of 10.3 litres for that year. In the same period Kalgoorlie-Boulder experienced 84.89 hospitalisations per 10,000 residents for acute alcohol problems, whereas the state average was only 52.95. Alcohol related violence has been a particular problem. Rates of night-time assaults, a proxy measure of alcohol related violence, were 83.24 per 10,000 residents in 1997/98. The equivalent state figure was 5.91 per 10,000 [1].

The Kalgoorlie Alcohol Action Project (KAAP) is a 3 1/2 year, whole of community, alcohol harm prevention intervention that aims to reduce alcohol related harm in the Kalgoorlie community. At one level it is designed to have a beneficial impact on a community with clear needs. However, the broader aim is to provide a practical demonstration of how rural and remote Australian communities can take action to reduce alcohol related harm at the local level. To fulfil this aim the project will develop, evaluate and disseminate an integrated range of local interventions that address the individual, social and structural determinants of alcohol consumption and harm at the community 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.

Thompson and Kine (1999) stress the 'principle of ownership' in change, which means that effective and lasting change is most likely to occur when the people affected are part of the change process. Accordingly a considerable amount of time was spent negotiating a local partnership. This resulted in a joint application by the National Drug Research Institute (NDRI) and the City of Kalgoorlie/Boulder, which was successful in obtaining project funding from the Alcohol Education and Rehabilitation Foundation. Ongoing local direction will be provided by a committee comprised of key local decision makers and community representatives.

A menu approach will be used to increase local ownership, 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

Continued on page five.

project notes

A review of restrictions on the sale and supply of alcohol in Western Australia

Tanya Chikritzhs, Sherry Saggers, Dennis Gray and Zaza Lyons

The availability of alcohol, drinking patterns and the subsequent harms and possible benefits experienced by communities can be positively influenced by formal regulatory controls. Communities that seek to reduce alcohol related harm, improve social outcomes and reduce the impact of alcohol related crime can benefit from harm minimisation policies that are informed by research evidence. To predict the potential impact of their decisions, liquor licensing authorities need access to current evidence to assist their decision making processes. However, while there is evidence in both the national and international literature that supports the effectiveness of restrictions, there are no recent studies that have systematically reviewed this literature in any detail.

To address this shortcoming, the Alcohol Education and Rehabilitation Foundation and the WA Department of Health have funded NDRI to conduct a systematic review of restrictions on the sale and supply of alcohol in Australia and Western Australia. The objectives of the Review are to:

- determine the effectiveness of past and existing restrictions or 'packages' of restrictions and conditions placed on the sale of alcohol and measures of alcohol related harm, drawing on both national and international studies;
- identify current best practice in relation to the use of restrictions on the supply of alcohol;
- identify the key factors determining whether or not restrictions on the sale of alcohol are or could be effective in the short and long-term in relation to both metropolitan situations and regional and remote communities, Indigenous communities, and also both individual premises and locality restrictions; and,
- identify the restrictions or package of restrictions most likely to result in meaningful and/or sustainable reduction of alcohol-related harm within regional and remote communities in Western Australia, and identify other conditions or factors that need to be in place for optimal effectiveness.

The Review will assess relevant literature from a variety of sources such as peer reviewed journal publications, government publications and reports and will include a comprehensive assessment of the 'grey literature.' Interviews will also be conducted with key informants who have access to West Australian data on alcohol related harm, alcohol sales, self reported consumption and alcohol related crime. In particular, there will be a focus on Indigenous communities to determine the effectiveness of various restrictions on the sale and supply of alcohol.

The final report will include recommendations to assist liquor licensing regulators in decision making, both in Western Australia and nationally, with specific recommendations relating to 'packages' of restrictions appropriate for rural and remote communities.

Enhancement of the Patrol Monitoring and Evaluation Database

Dennis Gray, Brooke Sputore and Annalee Stearne

NDRI, in collaboration with Tangentyere Council, Julalikari Council, and Kununurra-Waringarri Aboriginal Corporation, developed the Patrol Monitoring and Evaluation Database. The aim of this Database is to develop and distribute a low-cost computerised database that will enable Aboriginal community controlled organisations to independently monitor and evaluate their night patrols and warden schemes. The Patrol Database was completed at the end of October 2001, and the package was officially launched in Alice Springs on 3 December 2001. It was subsequently distributed to various patrol and warden programs as part of a pilot program. Initial trials of the Patrol Monitoring and Evaluation Database were positive. However, a number of patrols are yet to use it because the current training resources are inadequate. As a result, NDRI and Tangentyere Council plan to further enhance the Database by refining the current database and developing an interactive electronic training package.

It is planned that this training package will incorporate animation, video footage, audio sound, speech in English and three Aboriginal languages, and interactive onscreen testing. The development of the electronic training package will be guided by patrollers based in Western Australia, the Northern Territory and Queensland, and will take into consideration the specific needs of Indigenous people from remote regions.

The Alcohol Education and Rehabilitation Foundation is funding the enhancement of this package and the project is to be administered and managed by the Indigenous Australian Research Program, at NDRI. Two NDRI project officers will be based in Alice Springs at Tangentyere Council Research Hub for the 12 months of the project. The purpose of having project officers based in Alice Springs is twofold. Firstly, it will enable the project officers to consult with the patrols involved in this project more easily. Secondly the project officers will be able to provide further support and mentoring to the staff of Tangentyere Council's Research Hub, further enhancing their skills.

In addition to the anticipated outcomes, the project has the potential to indirectly contribute to positive attitudinal change regarding alcohol and drug evaluation, assist in social change, and influence government and organisational policy. It is expected that this project will commence by the end of August 2005.

Development of Tangentyere Council Research Hub

Dennis Gray, Sherry Saggers and John Wakerman

Most efforts to build Indigenous research capacity focus on the training and mentoring of individual researchers. This project is one of two ongoing projects in which NDRI staff are helping to build the capacity of Indigenous community-controlled organisations to conduct their own research.

Tangentyere Council is an umbrella organisation representing 18 incorporated town camps in Alice Springs. The Council provides an extensive range of services including employment and training, building and maintenance, landcare, banking, community development, youth activities and day and night patrols. In the past, Tangentyere Council has initiated various research projects. However, the organisation has not had the capacity to conduct projects on its own, and it is this that the project aims to facilitate.

This project has developed out of long-standing cooperative relationships between: Tangentyere Council; NDRI; the Centre for Social Research, Edith Cowan University; and the Centre for Remote Health, a joint centre of Flinders and Charles Darwin Universities. Among projects arising from these cooperative relationships are: the development (with Julalikari Council and Kununurra-Waringarri Corporation) of a Patrol Monitoring and Evaluation Database, which is now being used by 14 patrols in the Northern Territory, Western Australia and Queensland; and a PhD project on the role of alcohol in loss and grief in Alice Springs.[1]

Establishment of the Research Hub and the relationship between Tangentyere Council and the three university centres was formalised in a memorandum of understanding which also established a committee to provide research advice to the Council. Staff from NDRI and the Centre for Remote Health have provided survey research training for 20 Tangentyere Council employees, some of whom have had further training in data analysis, and some of whom will participate in a journal article workshop to be held in late August.

Tangentyere Council staff have already conducted a project on the attitudes of town camp residents to liquor licensing restrictions[2] and are currently working on a survey of mobility between remote communities and town camps which will facilitate better resource and service planning by Tangentyere Council. In addition, a joint NDRI-Tangentyere Council, Alcohol Education and Rehabilitation Foundation funded project to enhance the Patrol Database will be conducted under the ægis of the Research Hub.

Tangentyere Council Research Hub trainees

Rear: Dennis Gray (NDRI), Jane Vadiveloo, Doreen Abbott, Tracey Larkins, Juanita Sherwood (Centre for Remote Health), Jane Ulrik.

Centre: Vanessa Davis, Denise Foster, Donna Campbell, Sheridan McMasters.

Front: Roseanne Payne, Lorraine Pepperall, Pamela Lynch, Peggy Forrester.

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make choices regarding suitable intervention strategies. The potential interventions would include parent education, family intervention, support for school programs, media marketing, community education, skills training, greater enforcement and high risk group programs. Community and key informant perspectives on local alcohol issues will be gathered during the course of the project, as will objective measures of consumption and harm. Data will also be gathered from a community in the Pilbara region of Western Australia to control for background influences.

Institutionalisation of changes brought about during the course of the project will be sought in a number of ways. Most importantly KAAP will seek to demonstrate the success of prevention initiatives in terms that are locally meaningful. This is likely to build community efficacy, which in turn would act to support continuation. In addition the information gathered during the course of the project will increase the evidence base of what works in remote rural settings and provide a resource that other communities can draw upon. Undertaking a rigorous Australian demonstration project to underpin dissemination of novel prevention practices is important, because not only does this provide tested, culturally salient procedures to guide similar interventions, it also provides the legitimacy of evidence as to effect.

Richard Midford

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The benefits of drug prevention: A health economist's view

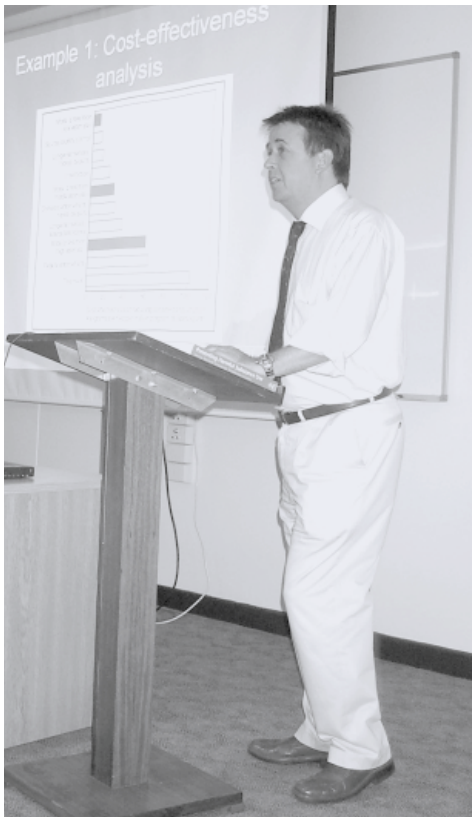
Dr Ric Fordham, Adjunct Senior Fellow from the University of East Anglia, UK recently spent five months at NDRI. During this time he worked on reviewing the economic evidence in the drug prevention field.

There is a growing amount of economic evidence of drug prevention programs showing positive 'returns on investment', making them comparable with drug treatment programs. However these studies are relatively new and the economic methodology that underpins them relatively underdeveloped. Nonetheless with a growing number of these studies it is important to assess whether any consistent results are emerging.

Estimates found in the current literature are quite variable but an analysis of 12 drug prevention programmes specifically in the area of behaviour modification (where more robust economic evaluation has been undertaken) has shown a positive BCR (benefit-cost ratio) in every case. The benefits realised at a whole programme level ranged from 2.4 to 19.64 per dollar expended. From this small number of studies the unweighted mean BCR was 7.2:1. In other words, for every dollar spent on drug prevention we might expect to save around $7.

Obviously, these diverse programmes have impacts on different types of drug-users (actual and potential individuals) and on quality of life (from addict to occasional user) and their economic impact needs further consideration.

It is important to establish the efficiency of drug prevention because of limited resources available to do all that is desired. Whilst prevention remains under-evaluated compared to other areas without a proven cost-benefit track record, these will continue to be dominated by investment decisions. But high variability in claims for return on investment in prevention means that without a standardised economic framework, this is unlikely to occur. Additionally, design of cost-benefit analyses could be significantly improved to avoid merely the present 'cost off-setting' practices. Capturing the broader costs and benefits of drug prevention is essential and will only strengthen the case for such activities. In particular non-market assessment techniques and willingness-to-pay valuation methods used in other areas of economic policy are as applicable in the drug arena. Making such methodological improvements offers a promising way to conduct economic evaluations of drug prevention in the future. Unfortunately as Maynard (2001) has observed, governments still "blunder into expensive policies world-wide, asserting rather than evaluating their cost-effectiveness".



abstracts

Indigenous health: the perpetuation of inequality

Dennis Gray and Sherry Saggers

Second Opinion: An Introduction to Health Sociology. Oxford University Press, Melbourne. pp. 111-128.

Everyone in Australia knows that Indigenous people have poor health, and many people believe they know why. This chapter attempts to peel away these common-sense understandings of the causes of Indigenous ill health by locating explanations within the broader social context of both the past and the present. This type of analysis reveals the historical development of Indigenous inequality through processes of colonisation, dispossession, and marginalisation from the dominant economy, as well as the health implications of these processes. Although Indigenous people have struggled to improve their health status, these efforts have been impeded by the unwillingness of successive governments to significantly address the underlying structural inequalities.

A framework for prevention

Simon Lenton

Drug and Alcohol Review, 2005, 24, (1), pp. 49-55.

Prevention activity often occurs at different levels of community and social network. At the smallest level it could occur among a group of drug users and their peers; at the largest level, it could take the form of international drug treaties and conventions. Clearly, there are a number of ways of facilitating changes at these different levels of community and social network. This paper describes a framework that has been used by the National Drug Research Institute. It is useful in explaining that various prevention activities can operate at different community levels and in different contexts, and describes their mechanisms of action. The framework borrows from, and adapts, the 'alcohol prevention conceptual model' of Holder and the 'conditional matrix' of Strauss and Corbin. The framework is limited in that it is not a fully conceptualised, data based or theory driven model that specifies how its elements relate to one another. Despite these limitations, it has proved to be useful in planning, understanding and describing prevention activity.

The Legacy of a Community Mobilisation Project to Reduce Alcohol Related Harm

Richard Midford, Kayli Wayte, Paul Catalano and Ritu Gupta

Drug and Alcohol Review, 2005, 24, (1), pp. 3-11.

The Community Mobilisation for the Prevention of Alcohol Related Injury (COMPARI) project aimed to demonstrate how alcohol related harm could be reduced within the Geraldton community. Twenty-two major component activities were undertaken over three years. On completion of the demonstration phase the project evolved into the main alcohol and other drug service provider for the region. This research seeks to identify the legacy of COMPARI from interviews with community key informants and from 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 is partly because of the broader service mandate. However, there is also more emphasis on individual prevention through education and training.

A culture of intersectoral collaboration on alcohol issues has endured and this contributes to better use of resources and higher levels of treatment referral. Another legacy is increased community awareness of alcohol issues, which has translated into greater local input into responses. Finally, there was strong acknowledgement that the local project committee 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. Local alcohol consumption has decreased, whilst increasing in the control community and in the non-metropolitan population of the state as a whole. A proxy measure of alcohol harm - weekend, night, hospital accident and emergency occasions of service - also indicates better outcomes in Geraldton.

Deterrence theory and the limitations of criminal penalties for cannabis use

Simon Lenton

Preventing harmful substance use: The evidence base for policy and practice. John Wiley & Sons Ltd, West Sussex, 2005, pp.267-277.

When policy makers think about how to get people to adhere to the law, they often think about increasing the certainty and severity of punishment. Most criminological research on deterrence has shown that certainty of apprehension, rather than severity of punishment, is more likely to produce deterrence. However, the likelihood of being apprehended for a minor cannabis offence is so low that it is unlikely variables such as certainty, celerity, or severity will have much impact on use. This chapter summarises the research literature on deterrence and employs data from Australian research on the social impacts of a conviction for a minor cannabis offence to explain why criminal penalties are not a major deterrent to cannabis use. It shows, however, that the social impacts of receiving a criminal conviction for such an offence can be considerable. A range of other variables such as public attitudes to use, the perceived fairness of the law and its enforcement, peer influences, and the utility of cannabis use are likely to far outweigh the deterrent value of a criminal conviction. It concludes that the application of the criminal law to prevent cannabis use is an inefficient and ineffective use of valuable and scarce criminal justice resources. Rather, prohibition with civil penalties should maintain any general deterrent effect while reducing individual and community costs of conviction.

recent publications

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Chanteloup, F. and Lenton, S. (2005). *WA Trends in Ecstasy and related drug markets 2004: Findings from the Party Drug Initiative (PDI). Technical Report No. 220.* National Drug and Alcohol Research Centre, Sydney.

Fetherston, J. and Lenton, S. (2005). *WA Drug Trends 2004: Findings from the Illicit Drug Reporting System.* National Drug and Alcohol Research Centre, Sydney.

Stafford, J., Degenhardt, L., Black, E., Bruno, R., Buckingham, K., Fetherston, J., Jenkinson, R., Kinner, S., Moon, C., Ward, J. and Weekley, J. (2005). *Australian drug trends 2004: Findings from the Illicit Drug Reporting System (IDRS).* National Drug and Alcohol Research Centre, Sydney.

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Allsop, S. (2005). Relapse Prevention. *In* Commonwealth Department of Veteran's Affairs. *Alcohol Practice Guidelines: For practitioners helping Veterans with alcohol problems.* Department of Veterans' Affairs, Canberra.

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Gray, D. (2005). Book review: Brady M. Indigenous Australia and alcohol policy. *Australian and New Zealand Journal of Public Health, 29,* (3), pp. 294-295.

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Lenton, S. (2005). A framework for prevention. *Drug and Alcohol Review, 24,* (1). pp. 49-55.

Loxley, W. (2005). Legislative and regulatory perspectives on the prevention of risky drug use and harm. 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, West Sussex. pp. 239-243

Midford, R. (2005). Alcohol myths still powerful. *Joondalup Community Newspaper* (7 July ed). pp. 6.

Midford, R. (2005). Australia and alcohol: living down the legend. *Addiction, 100,* (7). pp. 891-896.

Midford, R., Wayte, K., Catalano, P. Gupta, R and Ckikritzhs, T. (2005). The Legacy of a Community Mobilisation Project to Reduce Alcohol Related Harm. *Drug and Alcohol Review, 24,* (1). pp. 3-11.

Midford, R. (2005). Time to break the booze shackles. *Stirling Times,* (19 July ed). pp 10.

Moore, D. (2005). Identifying risk and enabling change: NDRI's ethnographic research program. *CentreLines,* (15). pp. 3-4.

Russell, M. and Carruthers, S.J. (2005). The evidence base for preventing the spread of blood-borne diseases within and from populations of injecting drug users. *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. 367-379

Stockwell, T.R. (2005). Future directions for prevention policy and research. 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, West Sussex. pp397-399

Stockwell, T.R., Gruenewald, P., Toumbourou, J. and Loxley, W. (2005). Preventing risky drug use and related harms: the need for a synthesis of new knowledge. *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. 3-16

Wilkinson C. (2005). Book review: Gossop, M. Drug Addiction and its treatment. *Drug and Alcohol Review,* 24 (1) pp. 83-84.

NDRI News

Maximising Research Impact

Under the topical title of 'Maximising Research Impact: A Case Study', NDRI recently gave a presentation at Curtin University of Technology outlining strategies to maximise the impact of research on policy and practice.

Parliamentary Committee

Members of the Victorian Parliament Drugs and Crime Prevention Committee met with NDRI staff on July 25 during a visit to Perth. Discussion centred on strategies to reduce harmful alcohol consumption.

Simon Chapman speaks

In a recent seminar jointly promoted by the John Curtin Institute of Public Policy and NDRI, well-known public health advocate Professor Simon Chapman encouraged researchers to embrace opportunities for advocacy.

Senator visits

Tasmanian Senator Guy Barnett visited NDRI in July, meeting with Director Steve Allsop and senior staff Dennis Gray and Tanya Chikritzhs to discuss alcohol policy. The visit followed Professor Allsop speaking in Canberra at an Underage Drinking Forum hosted by the Senator.

staff list

National Drug Research Institute

Staff as at 1 August 2005

Steve Allsop	Professor, Director
Dennis Gray	Associate Professor, Deputy Director
Simon Lenton	Senior Research Fellow, Deputy Director
Fran Davis	Business Manager
Wendy Loxley	Associate Professor
Richard Midford	Associate Professor
David Moore	Senior Research Fellow
Nyanda McBride	Senior Research Fellow
Susan Carruthers	Research Fellow
Tanya Chikritzhs	Research Fellow
Ed Garrison	Research Fellow
Jeremy Northcote	Research Fellow
Nathan Barrow	Research Associate
Francoise Chanteloup	Research Associate
James Fetherston	Research Associate
Jessica George	Research Associate
Richard Pascal	Research Associate
Zaza Lyons	Research Associate
Brooke Sputore	Research Associate
Anna Stearne	Research Associate
Gwen Cherry	Secretary
Philippa Greaves	Clerical Officer
Maggie Halls	Resource Officer
Paul Jones	Computer Systems Officer
Pauline Taylor-Perkins	Administrative Assistant
Vic Rechichi	A/Media Liaison Officer
Alison Dale	PhD Student
Robyn Dwyer	PhD Student
Rachael Green	PhD Student
Nancy Hampton	PhD Student
Penny Heale	PhD Student
Amy Pennay	PhD Student
Christine Siokou	PhD Student
Jane Ulrik	PhD Student
Celia Wilkinson	PhD Student

Adjunct Appointments

Emeritus Prof David Hawks	Professorial Fellow
Prof Kate Graham	Professor
Prof Tim Stockwell	Professor
Prof Sherry Saggers	Professor
Dr Richard Fordham	Senior Research Fellow
Dr Toni Makkai	Senior Research Fellow
Dr Peter d'Abbs	Senior Research Fellow
Mr Kevin Boots	Research Fellow
Mr Neil Donnelly	Research Fellow

Honorary Staff

Prof Colin Binns	Professorial Fellow

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National Drug Research Institute
Curtin University of Technology
GPO Box U1987 Perth WA 6845
www.ndri.curtin.edu.au

National Drug and Alcohol Research Centre
University of New South Wales
Sydney NSW 2052
www.ndarc.med.unsw.edu.au