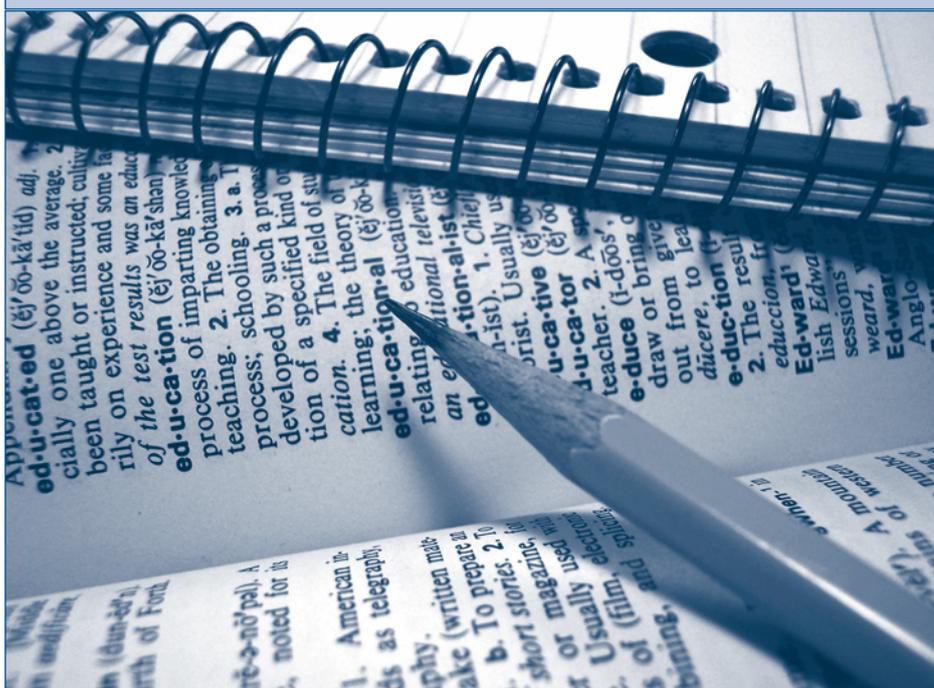


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issuing forth

School drug education: Irredeemably ineffective or just poorly researched?



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edspace

Welcome to the August issue of *CentreLines*, the main theme of which is school drug education.

Steve Allsop introduces the topic in *Headspace*, by considering whether school drug education has a role in drug prevention strategies, and if so, what that role should be.

In *Issuing Forth*, Richard Midford, together with Geoff Munro and Jane Mallick from the Australian Drug Foundation, look at the history of school drug education and question whether it deserves its poor reputation. They suggest there is a reasonable body of evidence indicating the right type of drug education provided under the right conditions can be effective.

Project Notes outlines several projects including an update on ethnographic research by David Moore and his team looking at the social meanings of alcohol misuse among young adults in recreational settings.

This edition also marks the recognition of work by NDRI researcher Associate Professor Wendy Loxley, who was recently inducted into the Honour Roll at the 2007 National Drug and Alcohol Awards.

Rachael Lobo
Editor

headspace

School drug education - a place in prevention strategies?

School drug education is variously held up as central to any effective response to drug problems, or discarded as ineffective and a waste of time and resources. Unfortunately, the evidence base to support either contention has not been strong, a situation compounded by the fact that, as Geoff Munro from the Australian Drug Foundation once observed, school-based responses to drug problems have been burdened by 'fantastic objectives'. More reasoned and reasonable objectives, and programs and evaluations designed in concert with these objectives, have resulted in a stronger evidence base compared to ten years ago. We now have advice on what to avoid, have identified some promising approaches, and have been able to develop some principles of good practice. It appears that well structured and adequately resourced initiatives do have impact, albeit a more modest impact than some would have claimed, and perhaps not enduring for as long some would have hoped. There is also no doubt that a range of other interventions have been found to have more significant impact on drug use (although again, not always as large or enduring an impact as hoped).

Young people have a right to be informed about the risks of drug use, the wisdom of avoiding use and preventing problems, and how to seek help if they do occur. Given that a large number of young people are affected by other people's drug use (eg parents, friends, other members of the community), they should also be informed about how to avoid and reduce risks from these quarters. Young people (and parents and teachers) also have a right to expect that any investment in drug education will be based on the best available evidence and, where that evidence is lacking, an investment made to develop new knowledge.

The broad range of identified risk and protective factors that influence drug use, and the experience of drug problems, should caution against overstating our expectations of school drug education programs and encourage us to avoid implementing and evaluating them in isolation from other initiatives. School-based drug education can only be a small part of prevention and harm reduction efforts because we also need to address factors such as alcohol and other drug availability; the needs of vulnerable families, children and communities; and economic and employment



opportunities. School drug education cannot combat poor housing, readily available alcohol and drugs, and poor community and family functioning. School drug education can be a component of integrated evidence-based prevention strategies in the broad community. In particular, drug education can be a component of whole-of-school approaches that include evidence-based school drug policy, management of the children and families who are at risk, and specific strategies to better engage vulnerable children in the school system.

The impact of drug interventions can be limited if they address specific risk factors in isolation. It is important that our strategies, and related evaluations, better reflect the complexity of drug use. Otherwise, we will continue to be burdened with narrow and competitive approaches, as opposed to more integrated, and effective, systems of prevention and treatment.

Steve Allsop

issuing forth

School drug education: Irredeemably ineffective or just poorly researched?

There has been debate on the value of school drug education dating back to the days of temperance education in late 19th century America. A group of scholars that made up the 'Committee of Fifty to Investigate the Liquor Problem' attacked the textbooks that purportedly provided scientific temperance instruction, for stating dubious theories as fact, espousing principles that were only partly true and presenting conclusions at odds with the latest and most accurate scientific research¹. The modern era of drug education, beginning in the 1960s, was spurred by concern that if schools did not provide education, young people would be more open to the influence of drug dealers². Providing factual information on harmful effects of drugs was seen as the way to prevent uptake³. As evidence mounted on the ineffectiveness of the information approach it was replaced by 'affective' education, which focused on self-esteem, decision-making, values clarification, stress management and goal-setting^{3,4}. Once again, however, the evidence indicated no demonstrable change in drug using behaviour³.

A new generation of school drug education programs, drawing on social modelling theory, began appearing in the 1980s⁵. The rationale for this social influence approach was that young people begin to smoke, drink and use other drugs because of social pressure from a variety of sources - the mass media, their peers, and even aspirational images they have of themselves. In order to resist this pressure, young people need to be inoculated by prior exposure to counter-arguments and have the opportunity to practise responses. Unlike previous approaches, some of these social influence programs did report modest reductions in student drug use⁶.

Most well regarded, contemporary school drug education programs are based on the social influence approach, but Gorman^{3,7,8} has repeatedly made the point that evaluation of these programs does not meet the standard of scientific hypothesis testing. He has identified practices such as multiple sub group analysis, post hoc sample refinement, attrition rates not calculated from baseline, changing

the dependent variable to get a more favourable outcome, and employing less rigorous statistical criteria such as one-tailed tests and p values of 0.1.

Do these flaws in past drug education efforts condemn the approach as a waste of time and effort? Gorman³ did not suggest school drug education should be abandoned on the basis of his findings; rather he seemed to be arguing for greater scientific rigour. Others, however, see this implication. Craplet⁹ was particularly concerned about the future of alcohol education if it becomes accepted wisdom that education is not effective prevention. He saw the likely consequences as a reduction in funding and a devaluing of both the strategy and the workers who implement it. In turn this could lead to the abandonment of education as a prevention strategy, which then leaves the field open to the alcohol industry.

The criticism that so concerned Craplet⁹, because it is both authoritative and unambiguous, was made by Babor and his colleagues¹⁰ in their book, *Alcohol: No Ordinary Commodity*. In chapter 16 the authors



Richard Milford



Geoff Munro



Jane Mallick

rated prevention strategies on the basis of evidence of effectiveness. School alcohol education was assigned the lowest effectiveness ranking – evidence indicates a lack of effectiveness. Craplet has argued for a more cautious approach in deciding upon the merits of school alcohol education, suggesting that even without evidence there are still compelling philosophical reasons for continuing provision. While Craplet's arguments have merit from a therapeutic perspective they do not address the very real scientific concerns about school drug education raised by Gorman, Babor and others. However, these are capable of being addressed on their own terms.

The conclusion drawn by Babor and his colleagues¹⁰ was challenged at the time by Jernigan¹¹ as over-reaching the evidence on which it was based, and for assessing the worth of education in isolation, rather than as a component within the broader community response that shapes normative use. This issue of over-reaching the evidence has been taken up in more detail by Foxcroft¹². He was the primary author of the Cochrane review of alcohol prevention for young people^{13,14} that Babor and colleagues substantially drew upon to justify their conclusions. He asserted that the findings from the Cochrane review indicated not so much evidence of ineffectiveness, but an 'absence of evidence'. This is a fundamentally different interpretation of the research literature and carries with it the implication that more investigation is needed in the area of school drug education, rather than dismissing the activity out of hand.

We would like to add a couple of other considerations to the debate on the 'worthiness' of drug education. Firstly, meta-analyses of individual drug education studies consistently indicate that methodologically sound drug education interventions, with certain characteristics, do stop or delay the onset of use in a small proportion of students exposed to the program^{15,16,17,18,19}. This should be considered a promising achievement for a population prevention strategy. White and Pitts¹⁹ illustrate this point quite elegantly. Their meta-analysis of well conducted studies calculated a combined effect size of 0.037, which means that only 3.7% of those receiving the education would delay use or not use. They compared this, however, with an investigation into the effect of aspirin on heart attack rates that was discontinued when an effect size of 0.034 was reached, because it was considered unethical to withhold this treatment from the controls. Secondly, the effectiveness of drug education has typically been assessed in terms of abstinence goals. However, given the high prevalence of alcohol and cannabis use by students, there is a cogent argument for looking at harm reduction as an additional or alternative measure of effectiveness. Put simply, education may not stop a young man drinking a six pack of beer at a party, but if it persuaded him to get home afterwards without driving or convinced his friends to take care of him while he was intoxicated, it may be worthwhile. The School Health and Alcohol Harm Reduction Project (SHAHRP) provides research evidence of this differential effectiveness²⁰. At final follow up, 17

months after program completion, students who received the alcohol education were only 4.2% less likely to consume at risky levels, whereas they were 22.9% less likely to experience alcohol related harm.

We suggest there is actually a reasonable body of evidence that indicates the right type of drug education provided under the right conditions can be effective. However, understanding how to provide school drug education that makes a difference on a mass scale requires further research to fill in the gaps. Demonstration studies that combine elements identified as effective in systematic reviews and meta-analyses need to be undertaken, and given Jernigan's¹¹ concern about education being evaluated in isolation, exploration of the prevention effects of drug education in the context of school wide support and as part of a whole of community approach is warranted. In addition, there needs to be replication and extension of the harm reduction approach taken by SHAHRP.

Finally, we suggest there is a need to consider what it would be useful to know about drug education and how best to find this out. Defining the value of drug education in terms of narrow behaviour change, measured by means of positivist experimental studies, derives from health culture not education. New methodologies need to be considered and trialled that are more sympathetic to education culture.

Richard Midford, Geoff Munro^a and Jane Mallick^b

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project notes

Alcohol restrictions project

Tanya Chikritzhs, Dennis Gray and Zaza Lyons

The aim of this project was to review the evidence for the effectiveness of restrictions on the sale or supply of alcohol in reducing alcohol-related harm. The specific objectives were to:

- Evaluate the effectiveness of current and recent liquor licensing interventions to reduce alcohol-related harm through restricting the sale and supply of alcohol;
- Identify which types of alcohol sale and supply restriction strategies would be potentially effective in both metropolitan and regional and remote areas; and
- Identify the potentially most effective restriction strategies for Western Australian communities, particularly outside the Perth metropolitan area in regional and remote centres and communities with high levels of alcohol-related harm.

An extensive and detailed review of the effectiveness of current and past alcohol restrictions throughout Australia including published and grey literature has been completed. The final report, including recommendations for 'best practice' suitable for a range of communities and environments (eg metropolitan regions as distinct from rural and remote Indigenous communities), is in its final stages of completion. This will serve as an important source of information for evidence-based alcohol policy in Australia. The project was funded by the Western Australian Department of Health and the Alcohol Education and Rehabilitation Foundation, and supported in-kind by the Western Australian Drug and Alcohol Office.

A multi-site investigation of the social meanings of alcohol misuse among young adults in recreational settings

David Moore, Jeremy Northcote and Jocelyn Grace

This Alcohol Education and Rehabilitation Foundation-funded project aims to:

- Describe the social contexts and cultural meanings of alcohol use amongst young adults at nightclubs, hotels and private parties in Perth;
- Understand binge drinking, related risk activities and associated harms;

- Investigate the impact of social networks and life transitions on young adults' use of alcohol; and
- Inform harm reduction strategies that are suited to the social, cultural and spatial contexts of young adults' drinking.

The project involves several components:

1. Direct observation of young adults in leisure settings;
2. In-depth interviews with young adults;
3. In-depth interviews with relevant stakeholders; and
4. The formation of a Consultation Committee to assist with the translation of research findings into policy and practice.

Direct observation of the drinking practices and related activities of young adults at pubs, clubs and private parties began in October 2005, following the recruitment of project staff and receipt of ethics approval. This component of the project was coordinated by Dr Northcote and data collection was conducted, after a series of training workshops, by a team of 10 casual research assistants. It was completed in March 2007 and has produced 130 field reports (some 450 A4 pages of detailed notes) covering the drinking of 8 distinct social groups comprising approximately 60 young people. These reports focus on the social, cultural and spatial contexts of drinking practices and include extensive details of consumption (eg type of drink, rates of drinking); the social networks involved (eg age, gender, social relationships) and their activities throughout the evening (eg changes of venues, social interactions, including conflicts, conversations and mode of transport home); and the settings for the evening (eg venue type, numbers of patrons, behaviour of venue staff).

In-depth interviews with a sub-sample of those young adults observed in the fieldwork component of the project began in June 2006. These interviews, conducted by Dr Grace, complemented the direct observation by focusing on past and current drinking patterns, motivations for drinking and the social meanings constructed through drinking practices and related activities. This component of the project was also completed in March 2007 and produced interviews with 31 participants.

Some findings emerging from preliminary and ongoing analyses of the data derived from direct observation of, and in-depth interviews with, the research participants include:

1. The centrality of drinking to youthful social interaction and its role as a voluntary rite of passage;
2. The identification of a number of subcultures, largely based on preferred musical and venue

type, alcohol consumption patterns and whether alcohol is regularly or occasionally supplemented by illicit drugs;

3. A general awareness of potentially harmful situations, and of the need to take measures to avoid them;
4. The existence and regular deployment of well-developed, rational strategies for avoiding alcohol-related harm;
5. Strategies of mutual reliance between friends, particularly amongst young women, in order to implement harm reduction strategies; and
6. The inaccuracy of media representations of young adults as inevitably and unequivocally reckless, out-of-control and a danger to themselves and others, which ignore the variety of drinking and associated practices, and disregard the agency of young people.

We are currently engaged in the third component of the study, which will involve in-depth interviews with relevant stakeholders. These interviews will explore relevant issues relating to current and future management of alcohol-related risks, the management of venues and the appropriateness of current licensing regulations, and will also explore from other perspectives key issues emerging in the ongoing analysis of the observational and interview data. Dr Grace has completed 10 interviews with the managers of those licensed venues most popular with participants in the fieldwork component of the project. The interviews have produced some interesting preliminary findings, including:

1. Increased difficulty in hiring experienced security staff, due to the lucrative positions available as a result of the mining boom in WA;
2. Additional difficulties posed by responding to drug-related issues (eg methamphetamine, steroids);
3. Need for venues to create a convivial atmosphere through effective door and serving policies (eg good security, strict entry criteria, not serving trouble makers and dealing with them in friendly, non-confronting ways, banning persistent trouble makers); and
4. Possible changes in female drinking patterns and culture so that they are beginning to more closely mirror those of men (eg binge drinking).

Over the next 2-3 months, Dr Grace will also interview a sample of stakeholders in alcohol- and/or youth-related policy, social work, law enforcement, health services and industry. Towards the end of 2007, once we have conducted further analysis of the research data, we will form a Consultation Committee involving key policy and practice stakeholders in WA in order to disseminate and discuss key findings and to ensure effective knowledge transfer.

project notes

continued..

Research needs analysis and action plan for drug prevention research in Victoria

Wendy Loxley, Zaza Lyons, John Toumbourou and Cathy Bauld

In 2006, the Premier's Drug Prevention Council of Victoria (PDPC) contracted NDRI and the Centre for Adolescent Health (CAH) at the Murdoch Children's Research Institute in Victoria to develop an action plan for drug prevention research in Victoria. The aim of this project was to identify and clarify where the PDPC could make the best strategic investment in research in order to have the most significant impact on preventing alcohol and drug related problems, in the short, medium and longer term.

The general approach to the task was consultation and literature review. Key informants were identified in consultation with the PDPC on the basis that they were generally recognised as expert in alcohol and drug issues, particularly in Victoria. Consultations focussed on major alcohol and drug use trends and future research needs.

The starting point for the literature review was the 'Prevention Monograph', which was developed

previously by this research team and others for the Australian Government Department of Health and Ageing. The monograph was a comprehensive literature review and synthesis of the prevention of drug related harm in the general community, and the primary prevention of drug related harm among children and young people. The literature review for this project was also informed by several major Australian and international reports and reviews published in the last five years, including reports of recent inquiries into the use of volatile substances, amphetamine type stimulants, 'party drugs' and alcohol by the Victorian Government's Drugs and Crime Prevention Committee.

Work commenced with a review of recent epidemiology of alcohol and other drug (AOD) use by young people in Victoria, drawing extensively on a range of Victorian data sets. Establishing where research was needed in relation to the prevention of the use and harms of licit and illicit substances was the major focus for the review. Literature relating to the use and harms of AOD in a range of sub-populations was also identified and reviewed.

The review concluded with priorities for a strategic research agenda for the PDPC presented to three levels of specification: long-term priorities, medium-term objectives and suggested specific projects.

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Review and meta-analysis of alcohol and prostate cancer

Tanya Chikritzhs, Kaye Fillmore, Tim Stockwell and Richard Pascal

The relationship between alcohol and the development of prostate cancer is uncertain. Research study results have been mixed and most past reviewers have concluded no association. This study includes a comprehensive literature review and meta-analysis of the published literature on alcohol and prostate cancer with particular emphasis on outcomes as they relate to study design and methodology. The literature review and meta-analyses have been completed and study is currently being written-up as an invited paper for the journal of Molecular Nutrition and Food Research. The study is funded by the Australian Government Department of Health and Ageing.

NDRI news

Honour for NDRI researcher



Professor Wendy Loxley receiving her Honour Roll Award from Emeritus Professor Ian Webster AO, Patron of the Alcohol and other Drugs Council of Australia

NDRI researcher, Associate Professor Wendy Loxley, was delighted to be inducted into the prestigious Honour Roll at the 2007 National Drug and Alcohol Awards held in Sydney recently.

Professor Loxley was recognised as a highly regarded researcher and advocate of harm reduction, who has also been a mentor to a number of junior staff at NDRI. Her work over the past 20 years on developing and promoting the evidence on drug prevention has been credited with helping shape service provision in Australia and overseas.

In the late 1980s, when HIV/AIDS initially appeared among injecting drug users in Australia, Professor Loxley was involved in the first national prevalence study and did her PhD thesis on the behaviour of young drug users in relation to exposure to HIV.

"One of the biggest challenges in the field of alcohol and other drug use is taking out the emotion, the moralising and the politics, and replacing them with scientific evidence," said Professor Loxley. "We have to focus on prevention, not just of the drug use itself which is immensely hard, but of the harm that alcohol and other drugs can do like death, serious injury and blood borne infections like Hepatitis C."

Research undertaken by NDRI's Associate Professor David Moore, to map the social contexts of alcohol and other drug use and related harms, was also recognised, with

Professor Moore being selected as a finalist for the Excellence in Research Award.

Working together with law enforcement

The alcohol and other drugs field has an enviable working relationship with law enforcement in Australia, and this was the theme of a recent presentation by senior WA Police as part of NDRI's Seminar Series.

Using the *Lord of the Rings* as an analogy, WA Police Superintendent Jim Migro (standing in for WA Police Commissioner Karl Callaghan who was unwell) spoke of a "fellowship" and of the collective effort of all agencies, including alcohol and drug researchers and police, in dealing with issues created by alcohol and drug use.

He pointed out that \$70.8m of the WA Police budget goes on dealing with incidents with a direct link to alcohol. Almost two-thirds of all police callouts are in response to matters directly related to alcohol, and that figure increases to 90 percent between 10pm and 2am on Friday and Saturday nights.

Visit www.ndri.curtin.edu.au for more information on upcoming NDRI seminars.

abstracts

Positive and negative aspects of participation in illicit drug research: Implications for recruitment and ethical conduct

Monica Barratt, Josephine Norman and Craig Fry

International Journal of Drug Policy, 2007, 18, (3), pp 235-238

Improved understanding of incentives and barriers to drug user research participation may improve study recruitment, retention and outcomes and enhance the ethical acceptability of illicit drug research. In Melbourne, Australia during 2001–2004, 507 injecting drug users were recruited from Needle and Syringe Programs and asked to nominate the 'best' and 'worst' things about research. Commonly reported positive aspects of drug research were its capacity to provide valid information about drug use (39%), the potential to improve drug-related policies and practices (20%) and benefits to the community (14%). Reported negative aspects of drug research included concerns about lack of or negative impact of research findings (31%), personal dislikes about research projects such as discomfort (27%), inconvenience (21%) and risk (9%). IDU may participate in non-intervention research because of expected benefits for themselves and others, and may be discouraged from involvement by personal discomfort, inconvenience and risk, or a perceived lack of impact or benefit. To enhance recruitment to non-intervention research and fulfil ethical obligations investigators should (1) actively consider how best to minimise the IDU-defined negative aspects of research, and (2) clarify for prospective participants the intended impact of the research on policy and practice.

Moderate alcohol use and reduced mortality risk: Systematic error in prospective studies and new hypotheses

Kaye Fillmore, Tim Stockwell, Tanya Chikritzhs, William Kerr and Alan Bostrom

Annals of Epidemiology, 2007, 17, pp S16-S23

We have provided recent evidence suggesting that a systematic error may be operating in prospective epidemiological mortality studies that have reported "light" or "moderate" regular use of alcohol to be "protective" against coronary heart disease. Using meta-analysis as a research tool, a hypothesis first suggested by Shaper and colleagues was tested. Shaper et al suggested that people decrease their alcohol consumption as they age and become ill or frail or increase use of medications, some people abstaining from alcohol altogether. If these people are included in the abstainer category in prospective studies, it is reasoned that it is not the absence of alcohol elevating their risk for coronary heart disease (CHD) but, rather, their ill health. Our meta-analytic results indicate that the few studies without this error (i.e., those that did not contaminate the abstainer category with occasional or former drinkers) show abstainers and "light" or "moderate" drinkers to be at equal risk for all-cause and CHD mortality. We explore the history of this hypothesis, examine challenges to our meta-analysis, and discuss options for future research.

Does the consumption of green tea reduce the risk of lung cancer among smokers?

Wenbin Liang, Colin Binns, Le Jian and Andy Lee

Evidence-based Complementary and Alternative Medicine, 2007, 4, (1), pp 17-22

Experimental and epidemiological studies were reviewed to assess whether the consumption of green tea could reduce the risk of lung cancer in smokers. Articles published since 1990 were located by searching electronic databases PubMed, Ovid and Science Direct, using keywords 'lung cancer', 'tea' and 'smoking' without any restriction on language. After relevant articles had been located, further papers were obtained from their reference lists. Evidence from experimental studies (*in vitro* animal and human trials) suggested that regular intake of green tea may be protective against tobacco carcinogens. However, the mechanism behind the protective effect is only partly understood. In most of the epidemiological studies reviewed, the green tea exposure was within 5 years of the interview or follow-up, which would coincide with the induction period and latent period of lung cancer. Longer term studies are thus needed to further quantify the cancer risk. There is some evidence suggesting regular intake of green tea at high level (>3 cups per day) may reduce the risk of smokers developing lung cancer. Improvement in measuring green tea intake is required in order to confirm the evidence from epidemiological studies.

Alcohol and breastfeeding: What do Australian mothers know?

Roslyn Giglia and Colin Binns

Asia Pacific Journal of Clinical Nutrition, 2007, 16, Suppl 1, pp 473-477

Background: Drinking alcohol during pregnancy can cause many birth defects and developmental disabilities. There is considerable information available for pregnant women regarding the dangers of drinking alcohol during this time. Postpartum, many women enter the period of lactation, which can last for several months to years. However information regarding safe levels of alcohol consumption during lactation is limited despite potential harmful effects on infant development and maternal lactational performance.

Methods: A descriptive study using qualitative methods. Data was collected in focus groups interviews conducted from February 2004 to December 2005. Women eligible to participate in the focus groups were currently breastfeeding or had been breastfeeding within the previous 12 months.

Results: Seventeen women aged 28 to 41 years participated in postpartum focus groups. The mothers were largely unaware of the effects of alcohol on breastfeeding performance and the development of the infant. The majority of the women in the focus groups expressed concern at the lack of information available regarding 'safe' alcohol consumption practices during lactation and reported being more diligent during pregnancy with regard to abstaining from alcohol.

Conclusion: There is a variable level of knowledge regarding consuming alcohol and breastfeeding among Australian mothers. The majority of participants were aware of the recommendations regarding alcohol during pregnancy and felt that a similar level of information was required to provide direction and support during lactation.

Benzodiazepine use and harms among police detainees in Australia

Wendy Loxley

Trends and issues in crime and criminal justice, No.336, May 2007, Australian Institute of Criminology, Canberra

This paper investigates self-reported prevalence, patterns of use and potential harms of benzodiazepine use in a sample of adult police detainees using data from the Drug Use Monitoring in Australia (DUMA) program for the period 1999 to 2005. Of the sample, 15 percent had used illegal benzodiazepines in the previous 12 months, and around 13 percent had used prescribed benzodiazepines in the previous fortnight. The extent of self-reported benzodiazepine dependence was much lower than that for heroin, and similar to that for amphetamines. There is evidence of use of benzodiazepines in conjunction with other drugs, particularly heroin and amphetamines, which indicates a greater risk of possible harms, notably heroin overdose. Although these are preliminary findings only, they point to the value of further analysis to reveal more complex patterns of behaviour and use.

Is Australia 'fair dinkum' about drug education in schools?

Richard Midford

Drug and Alcohol Review, 2007, 26, (4), pp 421-427

School drug education is seen by governments as an ideal prevention strategy because it offers the potential to stop use by the next generation. Australian schools substantially expanded drug education during the 1960s in response to rising use by young people, and in 1970 the first national drug education program was launched. In the mid 1990s the level and quality of drug education increased noticeably. Unfortunately, subsequent national initiatives have failed to capitalise on the gains made during this period. Some good quality, independent research such as the Gatehouse Project and the School Health and Alcohol Harm Reduction Project (SHAHRP) has been conducted in Australia. However, national level momentum is being lost, because there is little commitment to the development of evidence based mass programs. In this climate drug education has become vulnerable to short term decision making that emphasises palatable, policy driven outcomes and focuses on strategies designed to bolster the legitimacy of these goals. So is Australia 'Fair Dinkum' about drug education in schools? There is a history of innovation, and past programs have left behind pockets of expertise, but the challenge is to continuously invest in methods with evidence of success, rather than settle for cyclical programs driven by the political and moral palliatives of the day. To do less is to fail the young people of Australia.

abstracts

continued..

Alcohol-caused mortality in Australia and Canada: Scenario analyses using different assumptions about cardiac benefit

Tim Stockwell, Tanya Chikritzhs, Kaye Fillmore, William Kerr, Jürgen Rehm and Ben Taylor

Journal of Studies on Alcohol, 2007, 68, (3), pp 345-352

Objective: The purpose of this study was to examine how definitions of abstainers in prospective studies of alcohol and mortality influence estimates of the extent of coronary heart disease (CHD) protection due to low-risk alcohol consumption.

Method: Meta-analyses were conducted on 35 prospective studies categorized according to the presence of up to two postulated errors for men and women regarding the classification of abstainers. Risk of death from CHD was estimated to calculate age-gender specific etiological fractions for application to mortality data for Australia and Canada in 2002. Controls for study characteristics were age, history of illness, and smoking status. Abstainers were classified as (1) lifelong abstainers, ex-drinkers, and occasional drinkers both classification errors present; (2) lifelong abstainers and ex drinkers one error; and (3) lifelong abstainers only. Low-risk consumption was defined as up to 24 g, on average, per day for women and 44 g for men; elevated risk consumption was defined as more than 24 g on an average day for women and more than 44 g for men. Higher daily alcohol consumption was classified as high risk.

Results: Significant CHD protection was found for both men (odds ratio [OR] .79) and women (OR .89) only in studies committing both errors; it was found for women only in studies with occasional drinker error (OR .75) and for neither gender in the few available error-free studies. Estimates of net alcohol-caused deaths in 2002 varied accordingly, from -1,405 to 2,479 for Australia and from 4,321 to 7,319 for Canada.

Conclusions: There is a need for CHD mortality studies that use lifelong abstinence as the reference point for estimating CHD protection. There may be gender differences in CHD protection. Separate estimates for the effects of low- and elevated-risk alcohol consumption on mortality should be made and communicated.

recent publications

MONOGRAPHS AND TECHNICAL REPORTS

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Dunn, M., Degenhardt, L., Campbell, G., George, J., Johnston, J., Kinner, S.A., Matthews, A., Newman, J. and White, N. (2007) *Australian trends in ecstasy and related drug markets 2006: Findings from the Ecstasy and related Drugs Reporting System (EDRS)*. NDARC Monograph No. 61. National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

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Barratt, M.J., Norman, J.S. and Fry, C. (2007) Positive and negative aspects of participation in illicit drug research: Implications for recruitment and ethical conduct. *International Journal of Drug Policy*, 18, (3), pp 235-238.

Fillmore, K., Stockwell, T.R., Chikritzhs, T., Kerr, T. and Bostrom, A. (2007) Moderate alcohol use and reduced mortality risk: Systematic error in prospective studies and new hypotheses. *Annals of Epidemiology*, 17, pp S16-23.

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Liang, W., Binns, C.W., Jian, L. and Lee, A. (2007). Does the consumption of green tea reduce the risk of lung cancer among smokers? *Evidence-based Complementary and Alternative Medicine*, 4, (1), pp 17-22.

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Midford, R. (2007) Is Australia 'fair dinkum' about drug education in schools? *Drug and Alcohol Review*, 26, (4), pp 421-427.

Moore, D. (2007) Book review: B. Sanders (ed.). *Drugs, clubs and young people*. *Health Sociology Review*, 16, (1), pp 91-92.

Stockwell, T.R., Chikritzhs, T., Fillmore, K., Kerr, W., Rehm, J. and Taylor, B. (2007) Alcohol-caused mortality in Australia and Canada: Scenario analyses using different assumptions about cardiac benefit. *Journal of Studies on Alcohol*, 68, (3), pp 345-352.

NDRI establishes Melbourne Office

NDRI has established a satellite office in Melbourne to augment the Institute's main operations in Perth. The Melbourne office is home to a group of research staff including Ethnographic Program Project Leader Associate Professor David Moore and four PhD scholars. Staff are conducting or collaborating on a number of research projects that will benefit from them being located in Melbourne.

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Dennis Gray	Professor, Deputy Director
Simon Lenton	Associate Professor, Deputy Director
Fran Davis	Business Manager
Colin Binns	Professor
Rob Donovan	Professor
Peter Howat	Professor
Andy Lee	Professor
Tony Butler	Associate Professor
Wendy Loxley	Associate Professor
Richard Midford	Associate Professor
David Moore	Associate Professor
Ted Wilkes	Associate Professor
Tanya Chikritzhs	Senior Research Fellow
Nyanda McBride	Senior Research Fellow
Bruce Maycock	Senior Lecturer
Susan Carruthers	Research Fellow
Owen Carter	Research Fellow
Ed Garrison	Research Fellow
Jocelyn Grace	Research Fellow
Geoffrey Jalleh	Research Fellow
Andreia Schineanu	Research Fellow
Jeremy Northcote	Research Fellow
Fredrik Welander	Research Fellow
Andrew Joyce	Lecturer
James Fetherston	Research Associate
Jessica George	Research Associate
Zaza Lyons	Research Associate
Pritish Nanda	Research Associate
Richard Pascal	Research Associate
Anna Stearne	Research Associate
Maggie Halls	Resource Officer
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Vic Rechichi	Communication Officer
Patricia Niklasson	Secretary
Pauline Taylor-Perkins	Administrative Assistant
Philippa Greaves	Clerical Officer
Jo Hawkins	Clerical Officer
Monica Barrett	PhD Student
Robyn Dwyer	PhD Student
Rachael Green	PhD Student
Penny Heale	PhD Student
Amy Pennay	PhD Student
Christine Siokou	PhD Student
Jane Ulrik	PhD Student
Celia Wilkinson	PhD Student

Adjunct Appointments

David Hawks	Professorial Fellow
Kate Graham	Professor
Sherry Saggars	Professor
Tim Stockwell	Professor
Kaye Fillmore	Professor
Peter d'Abbs	Associate Professor
Neil Donnelly	Senior Research Fellow
Richard Fordham	Senior Research Fellow
Vi Bacon	Research Fellow
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