

# centre lines

**NDRI (25)**  
**September 2008**

A bi-monthly newsletter published alternately by the National Drug Research Institute (NDRI), Perth and the National Drug and Alcohol Research Centre (NDARC), Sydney

## issuing **forth**

Enhancing the management of alcohol-related problems among Indigenous Australians



Funded by the  
National Drug Strategy

Registered by Australia Post –  
Print Post Publication No  
PP236697/00013  
ISSN 1034-7259

## contents

<b>edspace</b> .....	1
<b>headspace</b> .....	2
Steve Allsop discusses the need to invest in Indigenous communities	
<b>issuing forth</b> .....	2
Dennis Gray outlines a new NDRI research program aimed at enhancing the management of alcohol-related problems among Indigenous Australian	
<b>ndri news</b> .....	4
<b>project notes</b> .....	5
■ The Kalgoorlie Alcohol Action Project (KAAP)	
■ Alcohol use during pregnancy study - formative intervention research	
<b>abstracts</b> .....	6
Summaries of recently published articles	
<b>recent publications</b> ..	7
<b>staff list</b> .....	8

## ed**space**

Welcome to the September issue of *CentreLines*, which focuses on Indigenous Australian research. In *Headspace*, NDRI Director Professor Steve Allsop discusses the need for improved responses to alcohol and drug problems affecting Indigenous people and communities. In *Issuing Forth*, Professor Dennis Gray, who heads NDRI's Indigenous Australian Research Program, outlines a new \$2 million program of research aimed at enhancing the management of alcohol-related problems among Indigenous Australians.

NDRI hosted its inaugural *NAIDOC Week* event in July this year, with Noongar elder and Associate Professor Ted Wilkes leading the proceedings. The event, which featured traditional Noongar dancing by the Wilkes Dancers (pictured above) is described in *NDRI News*.

*Project Notes* includes the findings of the first phase of the *Alcohol use during pregnancy - formative intervention research study*, which aims to reduce alcohol consumption during pregnancy. Also included is an update on the 3.5 year *Kalgoorlie Alcohol Action Project*, a whole of community initiative that aims to reduce the high rate of alcohol-related harm in Kalgoorlie-Boulder.

I hope that you enjoy this issue of *CentreLines*. For further information about NDRI's research and other activities I encourage you to visit the Institute's website at [www.ndri.curtin.edu.au](http://www.ndri.curtin.edu.au).

**Rachael Lobo**  
Editor

# headspace

## Investing in Indigenous communities

On numerous occasions we have used these pages to argue for improved responses to alcohol and other drug problems affecting Indigenous people and communities. I have no claim to being unique in this appeal – many others, including Ted Wilkes and Dennis Gray from this Institute, have made the point far more eloquently than I can. The evidence indicates that there is some mixed news for Indigenous people and communities affected by alcohol and other drug use. Preventive effort can make a difference and treatment is also effective, at least in the short term. The problem is that the evidence base about interventions that are specifically relevant for Indigenous Australians has been lacking.

As Dennis Gray describes in *Issuing Forth*, the Australian Government Department of Health and Ageing has acknowledged the importance of advancing the capacity of Indigenous communities to respond effectively to alcohol and other drug problems. As described by Gray, one component of the Department's

action has been the funding provided to NDRI to facilitate partnerships across the country that aim to enhance treatment responses to Indigenous people affected by alcohol problems. This is an important initiative, especially when it coincides with other capacity building approaches, such as the Indigenous workforce development program supported through the Ministerial Council on Drug Strategy cost-shared funding and led by Wendy Casey (WA), Coralie Ober (Qld) and Scott Wilson (SA).

While these are welcome developments, they should be seen in the context of the overall poor health status of Indigenous Australians, and reports that suggest that alcohol and drug problems are probably getting worse for many Indigenous communities. We do need to build the capacity of the broad Indigenous workforce. We do need to help develop culturally secure interventions based on the substantial evidence base that is accumulating about effective prevention and treatment



responses to alcohol and other drug problems. Obviously we need significant investment to enhance the economic and cultural quality of life for many Indigenous people and communities. However, a long term vision means we also need much more investment in developing Indigenous scholars and leaders who can advance research and practice. This has been an important part of building effective responses to drug problems in Australia over the past two decades. We need a similar investment in Indigenous communities. Without such investment there is a risk that Indigenous communities will continue to lag behind developments in the rest of Australia and we will prolong their experience of higher levels of alcohol and other drug related harm while having poorer access to quality services. **cl**

**Steve Allsop**

# issuing forth

## Enhancing the management of alcohol-related problems among Indigenous Australians

A National Drug Research Institute team – consisting of Dennis Gray, Steve Allsop, Sherry Siggers and Ted Wilkes, and Coralie Ober from the University of Queensland – has been provided with funding totalling almost \$2 million to conduct research aimed at enhancing the management of alcohol-related problems among Indigenous Australians. Award of this funding is clear recognition of the combined expertise of the team in this area and will provide positive outcomes for Indigenous Australians.

### Harmful alcohol use and treatment

Harmful levels of alcohol use remain a major problem within some sections of the Indigenous Australian community. There is a degree of uncertainty about the precision of estimates of consumption levels, and there is relatively little data on variations in these within the Indigenous population. Nevertheless, it is clear that harmful levels of consumption are considerably in excess of those in the

non-Indigenous population.<sup>1</sup> These higher levels of harmful use are clearly evident in the higher levels of alcohol-related mortality and hospitalisations for conditions known to be associated to varying degrees with excessive alcohol consumption.<sup>2,3</sup>

Attempts to address this problem were first undertaken by Indigenous community-controlled organisations – such as Benelong's Haven – as far back as the early 1970s. Since that time, there has been a considerable expansion of intervention programs.<sup>4</sup> Currently, there are over 500 intervention projects being conducted by about 300 service providers (most of which are Indigenous community-controlled). Most of the funding for these interventions comes from a range of Australian and state and territory government agencies including health, Indigenous affairs, and justice departments and Aboriginal Hostels for the accommodation component of residential treatment services.



This activity is loosely coordinated within the framework of both the National Alcohol Strategy and the National Drug Strategy: Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009.<sup>5,6</sup> The latter document was based on extensive consultation with Indigenous people and provides a comprehensive framework for intervention. Within this framework, treatment of alcohol problems is a major focus.

The evidence both nationally and internationally among non-Indigenous populations clearly demonstrates that treatment for people with alcohol problems is effective and in Australia a comprehensive set of guidelines for the treatment of alcohol problems has been developed.<sup>7,8</sup> The evidence base for the effectiveness of alcohol treatment for Indigenous Australians is limited. Nevertheless, the Australian Government Department of Health and Ageing has funded

the development of a set of Alcohol Treatment Guidelines for Indigenous Australians.<sup>9</sup> These are based on the evidence for what is effective in the broader population, the limited evidence pertaining specifically to Indigenous Australians and consultation with a range of clinicians with experience in Indigenous contexts.

Despite this activity, it remains clear that a large proportion of Indigenous people with alcohol problems do not have access to specialist treatment services and that there is considerable untapped potential to deliver treatment in primary health care settings.<sup>10</sup> Furthermore, service providers do not always effectively engage Indigenous people, and the appropriateness of some treatment modalities for Indigenous people is uncertain.

### The NDRI program

To address gaps in our knowledge in this area, the Department of Health and Ageing has funded the National Drug Research Institute to conduct a research program aimed at enhancing the management, in primary health care settings, of alcohol-related problems among Indigenous Australians. The specific aims of the program are to:

- review the range of interventions and their application among Indigenous people;
- identify factors that inhibit or facilitate the application of those interventions;
- identify gaps in current knowledge, especially in relation to the process of implementation of effective interventions;
- undertake a number of commissioned action research projects to address those gaps;
- develop a comprehensive set of recommendations for enhancing the management of alcohol-related problems;
- develop a plan for implementation of the recommendations.

The program is being conducted in three stages:

1. identification of research priorities and development of specific research proposals;
2. undertaking of specific intervention research projects;
3. development of a comprehensive set of recommendations for improving treatment and for their implementation.

The first stage of the program has been completed. Initially, a Program Advisory Committee was established to identify priority research areas. The Committee included members of the National Indigenous Drug and Alcohol Committee, Indigenous service providers and representatives of the Department of Health and Ageing. The priority areas identified by the Committee were:

- screening and assessment;
- brief interventions;

- withdrawal management;
- pharmacotherapies;
- psychosocial interventions;
- relapse prevention and management;
- co-existing mental and physical health problems;
- shared care/integrated care/case management.

The Committee agreed that, within the priority areas, there was a need to consider issues of access to treatment, standards of care and quality assurance, and poly-drug use.

A call was made for 3–5 page expressions of interest in conducting research in these areas from collaborative teams of Indigenous service providers and experienced Indigenous and non-Indigenous researchers. This approach was taken to minimise the effort put into development of proposals, not all of which could be funded. The expressions of interest received were independently reviewed and, on the basis of those reviews, six groups were invited to prepare review papers suitable for publication and comprehensive research proposals. To assist in the development of the proposals, and in recognition of the limited resources available to Indigenous community-controlled organisations, each group was awarded an amount of \$3000 to assist with proposal development. One of the six groups subsequently withdrew from the process, but five completed proposals were received and sent out for independent review.

Following review of the proposals, a two-day workshop was convened to enable each of the research teams to make a presentation on their proposal to the Advisory Committee. Travel costs for two people from each team were provided by NDRI. In a spirit of collaboration, members of each of the teams agreed that they wanted to be present at the other groups' presentations to the Advisory Committee – a process which all later agreed had been mutually beneficial. On the basis of the reviews, the proposals and the presentations, the Advisory Committee made decisions to fund each of the proposals – for amounts of between \$120,000 and \$268,000.

### The projects

Stage 2 of the program is currently underway. The review papers developed by each of the teams have been reviewed and are currently being revised before submission for publication. Each of the intervention projects has commenced and it is anticipated that they will be completed by March 2009.

*Evaluating the management of alcohol-related problems among urban Aboriginal people in Western Australia: using an action research approach to enhance service delivery and collaboration for client care*

This project aims to ensure that the views

of Aboriginal service users are taken into account in planning and management of alcohol rehabilitation services, and that there are genuine efforts to work collaboratively to improve service outcomes. It is being conducted by the Perth-based Aboriginal Alcohol and Drug Service (AADS) in collaboration with Derbarl Yerrigan Health Service and researchers from Curtin University of Technology. The project is utilising an action research methodology to evaluate and strengthen partnerships between AADS and community-controlled primary health care and mainstream alcohol rehabilitation service providers with a particular focus on strengthening collaboration to improve client care.

*Multidisciplinary, self management rehabilitation care plans and case management to improve alcohol treatment for Aboriginal people in Alice Springs*

This project is being conducted by Central Australian Aboriginal Congress (CAAC) in collaboration with researchers from James Cook University and the University of NSW. Clients in Alice Springs with alcohol problems identified at CAAC, by Drug and Alcohol Services Association outreach workers or Alice Springs Hospital, are being offered a brief intervention followed by a full assessment leading to the development of individual multidisciplinary rehabilitation plans. These plans involve three streams of care: a medical stream – including pharmacotherapies; a psychosocial stream – providing focused psychological strategies; and a stream of social and cultural support – including assistance with employment and housing and accommodation as needed. The effectiveness of each of these approaches is being evaluated.

*"Where's your country?" "Who are your people?" Asking the right questions when treating problematic alcohol use amongst Indigenous Australians*

This project is being conducted in the Australian Capital Territory by Winnunga Nimmityjah Aboriginal Health Service and the National Centre for Epidemiology and Population Health. It includes development and evaluation of brief interventions, an integrated screening and assessment tool, and shared-care/integrated-care/case management. It will result in the production of a set of resources and training materials which will be widely disseminated for use by other service providers.

*The integration of brief intervention into Aboriginal Community Controlled Health Services in five rural communities in NSW*

This dissemination trial is being conducted by the National Drug and Alcohol Research Centre and Aboriginal community-controlled health services (ACCHS) in five rural communities in NSW. The aim of the



# issuing forth continued...

project is to implement evidence-based brief interventions in each of the health services, demonstrating the level of tailoring to individual services required to optimise the likelihood of successful integration and sustainability into routine care. Primary outcomes relate to demonstrating the extent to which evidence-based brief intervention for alcohol is effectively integrated into the routine delivery of health care within each of the five ACCHSs.

*A community based brief intervention: increasing access to the full range of treatment services for alcohol problems for Aboriginal and Torres Strait Islander Australians*

This project – conducted by Sydney South Area Health Service – is examining the feasibility, acceptability and effectiveness of brief and early intervention for alcohol problems in a community setting, for local Aboriginal residents. Informal community gatherings provide a setting for group education on alcohol and the option for individual screening and confidential brief advice. Participants can also provide feedback on barriers to accessing mainstream treatment services. Three months after this intervention, participants who have agreed to be re-contacted will be phoned to ask how their drinking has changed, and for feedback on the group session and services they have contacted.

## Program synthesis

On completion of the individual research projects – in Stage 3 – representatives of each of the research teams, the Advisory Committee, and members of the NDRI program team will participate in a workshop aimed at synthesising the results of the projects and developing a set of recommendations both for enhancing treatment and for their implementation. It is anticipated that the program will make a significant contribution to the reduction of alcohol-caused harms. **cl**

**Dennis Gray**

## References

1. Gray D, Siggers S, Atkinson D, Wilkes E. (2008) Substance misuse. In Couzos S. and Murray R. Aboriginal Primary Health Care: An Evidence Based Approach (3rd edn). Melbourne: Oxford University Press.
2. Chikritzhs T, Pascal R, Gray D, Stearne A, Siggers S, Jones P. (2007) Trends in alcohol-attributable deaths among Indigenous Australians, 1998–2004. National Alcohol Indicators Bulletin No.11. Perth: National Drug Research Institute, Curtin University of Technology.
3. Australian Bureau of Statistics (2008) The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples: 2008. Canberra: Australian Bureau of Statistics & Australian Institute of Health and Welfare.

4. Gray D, Sputoré B, Stearne A, Bourbon D, Strempel P. (2002) Indigenous Drug and Alcohol Projects: 1999–2000. ANCD Research Paper 4. Canberra: Australian National Council on Drugs.
5. Ministerial Council on Drug Strategy (2006) National Alcohol Strategy 2006–2009: Towards Safer Drinking Cultures. Canberra: Ministerial Council on Drug Strategy.
6. Ministerial Council on Drug Strategy (2003) National Drug Strategy: Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009. Canberra: National Drug Strategy Unit, Australian Government Department of Health and Ageing.
7. Shand F, Gates J, Fawcett J, Mattick R. (2003a) The Treatment of Alcohol Problems: A Review of the Evidence. Canberra: Australian Government Department of Health and Ageing.
8. Shand F, Gates J, Fawcett J, Mattick R. (2003b) Guidelines for the Treatment of Alcohol Problems. Canberra: Australian Government Department of Health and Ageing.
9. Australian Government Department of Health and Ageing (2007) Alcohol Treatment Guidelines for Indigenous Australians. Canberra: Australian Government Department of Health and Ageing.
10. Gray D, Siggers S, Atkinson D, Strempel P. (2004) Substance Misuse and Primary Health Care Among Indigenous Australians (Commonwealth of Australia, Aboriginal and Torres Strait Islander Primary Health Care Review: Consultant Report Volume. 7). Canberra: Australian Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health.

# ndri news

## NAIDOC Week at NDRI

The National Drug Research Institute hosted its inaugural NAIDOC Week event this year. The event, held on 7 July, combined a celebration of Indigenous Australian culture with a presentation on the work of the NDRI Indigenous Australian Research Team.

The 'lunchtime gathering' featured traditional Noongar dancing by the Wilkes Dancers, accompanied by Noongar elder and NDRI Associate Professor Ted Wilkes playing the didgeridoo. He also led a doak (stick) throwing demonstration.

The event concluded with a presentation describing NDRI's research into Indigenous drug and alcohol issues over the past 15 years, and outlining ongoing projects.

Ted Wilkes said he hoped the event would become an annual fixture. "NDRI is in a great position to be able to bring people in to celebrate our culture while being able to educate them about some of most important issues affecting our people and how they can help," he said.

"Drugs and alcohol affect the whole Australian community and we need a good understanding of the issues. We need research, like that which NDRI has done over the past 15 years, to make sure our efforts in dealing with alcohol and drugs are aimed in the right direction."

Indigenous Australian Research team leader Professor Dennis Gray said NDRI actively promoted Aboriginal and Torres Strait Islander



The Wilkes Dancers perform a traditional Noongar dance accompanied by Noongar elder and NDRI Associate Professor Ted Wilkes on the didgeridoo.

ownership of research and encouraged new and emerging researchers.

"It is important when we do research to always keep in mind that Aboriginal culture is living and breathing and all Australians should celebrate and take pride in the fact that we have the oldest culture in the world," he said.

# project notes

## Kalgoorlie Alcohol Action Project (KAAP)

**Fredrik Welander, Andreia Schineanu, Natalie Ord and Sherry Sagers**

This 3.5 year long project, which is now entering its final year, has both faced obstacles and achieved a number of significant successes. In 2006, as part of the baseline survey, readiness for change interviews indicated a very low level of readiness for change, ie the community was not ready for the type of interventions initially planned. The results revealed a need to raise the overall awareness of existing problems associated with excessive alcohol use in a community plagued by alcohol fuelled violence, domestic violence and alcohol related hospital admissions at levels far above average state figures.

First, to raise awareness of alcohol related issues, an elaborate media strategy was implemented using local radio advertisements to promote moderate drinking. The first Christmas campaign in 2006 also used radio as a vehicle and an evaluation showed the message reached 30% of the population. The 2007 Christmas campaign used radio and newspaper advertisements, and this year's Christmas campaign will be using radio, newspaper and TV to pass on the message of moderation.

Second, building networks with existing agencies and NGOs was emphasised and attempts were made to increase collaboration as a way to overcome staff shortages frequently caused by a highly transient population. KAAP has been chairing the Goldfields AOD Interagency Forum since 2007 to facilitate better collaboration between agencies and to streamline services to the community, with the support of the Drug and Alcohol Office.

Third, a significant effort was put into raising the profile of KAAP by presenting the project to leading key stakeholders in the community, eg city council, heads of agencies and various community groups. The result is that KAAP is regarded as an expert advisory group by local media outlets, and is frequently contacted for comment on alcohol related issues. Since mid-2008 KAAP has had a fortnightly health column in the Kalgoorlie Miner newspaper and project staff have a regular spot on Radio West. Furthermore, with KAAP's support and guidance, local organisations are attempting structural changes such as decreasing the number of licensed premises in town and shortening opening hours.

Since this project is dealing with community wide behavioural change or normative change, it may be difficult to find solid evidence for any measurable change within the project's time frame. In part, this may be due to the highly transient nature of Kalgoorlie-Boulder, where 45% of the population renews every 3 years. The final post intervention survey will take place in April 2009.

## Alcohol use during pregnancy study - formative intervention research

**Nyanda McBride, Susan Carruthers and Delyse Hutchinson (NDARC)**

Exposure to alcohol during the prenatal period remains the leading cause of preventable birth defects and developmental problems in Australia. Concerns about alcohol use during pregnancy relate to the outcome of Fetal Alcohol Syndrome (FAS), a serious condition associated with heavy alcohol use and binge drinking, and Fetal Alcohol Spectrum Disorder (FASD), which is associated with lower levels of alcohol use during pregnancy. These disorders are characterised by a range of adverse effects including neurobehavioural deficits which become more overt and have greater quality of life impact over time.<sup>1,2,3,4,5</sup>

Interest in poor outcomes associated with lower level use of alcohol during pregnancy has resulted in policy debate in Australia and internationally. The United Kingdom and New Zealand have recently modified policy to provide more stringent advice to women who are considering becoming pregnant, who are pregnant and/or who are breastfeeding.<sup>6,7</sup> This policy advice is reflected in nine of the other eleven national policies documented by the International Center for Alcohol Policies.<sup>8</sup> The more lenient Australian Guidelines (under review) are now in a minority, along with those of Ireland and Switzerland.

As guidelines for the consumption of alcohol during pregnancy become more supportive of non-use, there is an increasing need for interventions to assist those who may find it difficult to reduce alcohol consumption. Evidence-based interventions need to include information from the target audience in the early stages of intervention development to ensure that strategies and methods are appropriate, useful and resonate with the target audience.<sup>9</sup>

### Study design

The alcohol use during pregnancy – formative intervention research study is an explorative, descriptive study using both quantitative and qualitative research methods. The study is designed to assess factors that contribute to alcohol consumption during pregnancy, and to identify potential intervention strategies to reduce alcohol consumption during pregnancy. The study targets pregnant women who attend public hospitals in Perth, Western Australia, and who are in their second or third trimester of pregnancy. Participants have identified themselves as current alcohol drinkers, 18 years of age or older, and who have English as their primary language.

Over a 14 month period between October 2006 and December 2007, 144 self-completion surveys were returned. Surveys assessed: the demographics of women who consume alcohol during pregnancy; their pregnancy history; past and current alcohol consumption; and a series of questions to assist in identifying context and issues related to alcohol use during pregnancy which will assist in identifying potential intervention targets and strategies.

### Main findings to date

Initial frequency analysis of surveys show that the majority of women in this study (approximately 60%) were between the ages of 25 and 35 years when they were pregnant, with an age range of between 15-44 years. Under half of the women (41.5%) were pregnant for the first time. Approximately 91% were married or in a de-facto relationship and approximately 7.5% were single. A small number of women (16.3%) in the study group reported a low income of \$30 000 or below, with a fifth of the study group having a Government Health Care Card. The majority of study women were from households with an annual income of between \$45 000- \$90 000.

The proportion of women consuming alcohol to risky levels in the 12 months prior to becoming pregnant (48.6%) was higher than the proportion of women who consumed alcohol to risky levels while pregnant (9.9%). The proportion of women consuming alcohol to within the Australian Alcohol Guidelines varied between the 12 months prior to pregnancy and pregnancy, with a similar trend towards reduction as demonstrated in the risky drinking data. This raises two issues related to potential interventions. The first indicates a need for intervention during the preconception period, as recent research suggests that preconception health and lifestyle issues can play a part in postnatal outcomes.<sup>10,11</sup> The second issue indicates that a small group of high risk women may require intensive intervention during pregnancy to reduce levels of risky consumption and subsequent potential for adverse postnatal outcomes. Early results also indicate that some women, during second and subsequent pregnancies, are less likely to feel the need to abstain from alcohol, partially as a response to previous positive outcomes for their own, and their friends' pregnancies and infants.

The most common settings for alcohol use by study women was in private venues, either their own home (67.7%) or at a friend's house (15.4%). Study women were less likely to drink at public settings such as at restaurants (8.5%) or in pubs or bars (6.9%). Study women most commonly associated with partners (58.1%)

# project notes continued...

and friends (31.8%) during a drinking occasion. A small proportion of women also chose to drink alone (5.4%). Nearly three quarters (72.3%) of the women initiated a drinking session on most occasions, with friends and partners initiating a drinking occasion less often (16.2% and 10.8% respectively). The private nature of most alcohol consumption by pregnant women, and the fact that women themselves initiated alcohol consumption on most occasions, provides important information to assist in defining the form and targets of potential intervention. There is clearly a greater need to develop specific interventions that target both pregnant women themselves and their family and friends. Such interventions would go significantly beyond those provided by their antenatal health care professional.

Thirty percent (29.6%) of participants were advised by their obstetrician or other health professional not to drink while pregnant, and another 4.2% who were advised that an occasional drink was OK. The variation in obstetrician and health professional advice (and non-advice) to women about alcohol during pregnancy indicate that other methods, in addition to refined obstetrician/health carer intervention, which target site and situation of drinking, may be important to generate change.

## Conclusion

A large proportion of women reduce or stop alcohol use when they find out that they are pregnant, however, there is a proportion of women who continue to drink in moderation, and an additional group who continue to drink to risky levels while pregnant. This initial analysis of study data provides some insights into intervention targets, components and strategies that may be useful to guide future interventions aiming to reduce alcohol consumption during pregnancy. The next phase of the analysis will assess the relationship between dependant and independent variables as well as data specific to subgroups within the study, and will further assist in defining and directing intervention planning. **cl**

## References

1. Elliott, E. and Bower, C. (2007) Alcohol and pregnancy: the pivotal role of the obstetrician. *Australian and New Zealand Journal of Obstetrics and Gynaecology*; 48: 236-239.
2. Henderson, J., Gray, R. and Brocklehurst, P. (2007) Systematic review of effects of low-moderate prenatal alcohol exposure on pregnancy outcome. *British Journal of Obstetrics and Gynaecology*; 114: 243-252.
3. Burden, M., Jacobson, S. and Jacobson, J. (2005) Relation of prenatal alcohol exposure to cognitive processing speed and efficiency in childhood. *Alcoholism: Clinical & Experimental Research*, 29 (8): 1473-1483.

4. Ontario Maternal Newborn and Early Child Development Resource Centre (2005) Supporting change: preventing and addressing alcohol use in pregnancy. Ontario Ministry of Health and Long-Term Care, Ontario.
5. Streissguth, A. and Dehaene, P. (1993) Fetal alcohol syndrome in twins of alcoholic mothers: concordance of diagnostic IQ. *American Journal of Medical Genetics*, 47: 857-861.
6. United Kingdom Department of Health (2007) Alcohol use during pregnancy. [http://www.dh.gov.uk/en/News/DH\\_074968](http://www.dh.gov.uk/en/News/DH_074968). 25th July 2007.
7. Alcohol Advisory Council of New Zealand (2007) Low risk drinking guidelines. <http://www.alcohol.org.nz/LowRiskDrinking.aspx>. 25th July 2007.
8. International Center for Alcohol Policies (2007) Pregnancy guidelines. [http://63.134.214.153/Portals/0/download/all\\_pdfs/tables/Pregnancy\\_Guidelines.pdf](http://63.134.214.153/Portals/0/download/all_pdfs/tables/Pregnancy_Guidelines.pdf). 25th July 2007.
9. Holman, D. (1996) The value of intervention research in health promotion. Presented at the Western Australian Health Promotion Foundation 'Enriching and improving health promotion research' seminar, 16th October 1996. Perth, Western Australia.
10. Centres for Disease Control and Prevention (2008) Department of Health and Human Services, Centres for Disease Control and Prevention. Why is preconception care a public health issue? <http://www.cdc.gov/ncbddd/preconception/whyconception.htm>.
11. Freda, M., Moos, M., and Curtis, M. (2006). The history of preconception care: evolving guidelines and standards. *Maternal and Child Health Care Journal*, 10: S43-S52.

## abstracts

### The epidemiology of methamphetamine use and harm in Australia

**Louisa Degenhardt, Amanda Roxburgh, Emma Black, Raimondo Bruno, Gabrielle Campbell, Stuart Kinner and James Fetherston**

*Drug and Alcohol Review*, 2008, 27, (3), pp 243-252

**Introduction and aims:** There has been considerable media attention recently upon possible increases in methamphetamine use in Australia. Much of this debate has focused upon extreme cases of problematic crystal methamphetamine use, without reference to the broader population context. This paper provides data on methamphetamine use in Australia, and documents trends in methamphetamine-related harms.

**Design and methods:** Data used were from: (1) Australian Customs Service drug detections;

(2) Australian Crime Commission drug seizure, arrest and clandestine laboratory detections data; (3) National Drug Strategy Household Survey (NDSHS) and Australian Secondary Student Alcohol and Drug Survey (ASSADS); (4) data from the Illicit Drug Reporting System (IDRS) and Ecstasy and related Drug Reporting System (EDRS); and (5) data from NSW Emergency Department Information System, National Hospital Morbidity Database and Australian Bureau of Statistics causes of death databases.

**Results:** There appears to have been an increase in both importation and local manufacture of meth/amphetamine. Population data show that meth/amphetamine use remains low and stable. However, clear increases in crystal methamphetamine use have occurred among sentinel groups of regular drug users. Frequent crystal use among regular injecting drug users is associated with earlier initiation to injecting, greater injection risk behaviours and more extensive criminal activity. In recent years, indicators of meth/amphetamine-related harm have stabilised,

following steady increases in earlier years.

**Discussion and conclusions:** Some methamphetamine users experience significant problems related to their use; harms are particularly prevalent among regular IDU. Methamphetamine users, however, are a diverse group, and strategies need to be appropriately targeted towards different kinds of users.

### Drug use and risk among regular injecting drug users in Australia: does age make a difference?

**Louisa Degenhardt, Stuart Kinner, Amanda Roxburgh, Emma Black, Raimondo Bruno, James Fetherston and Craig Fry**

*Drug and Alcohol Review*, 2008, 27, (4), pp 357-360

**Introduction and aims:** To examine age-related differences in drug use and risk among regular injecting drug users (IDU) in Australia.



Design and methods: Cross-sectional data from the 2006 Illicit Drug Reporting System were examined for age-related differences in demographic characteristics, drug use history and current use patterns and self-reported risk behaviours.

Results: IDU under 25 years of age were more likely to have initiated injecting at a younger age, to identify as Aboriginal and/or Torres Strait Islander, and to be injecting daily or more often than their older counterparts. They reported more frequent heroin use in the preceding 6 months, and were more likely to report morphine as the first drug injected than were IDU aged 35 years or over. Younger IDU were also more likely to report providing used needles to others, engaging in recent property crime and drug dealing and arrest in the last year.

Conclusions: Younger IDU reported significantly different drug use patterns and higher rates of risk behaviours than their older counterparts. Treatment services need to ensure that harm and demand reduction services deliver messages to new cohorts of IDU, particularly given that their drug use patterns may be different to those of older users.

## Cannabis potency and contamination: a review of the literature

**Jennifer McLaren, Wendy Swift, Paul Dillon, Steve Allsop**

*Addiction*, 2008, 103, (7), pp 1100-1109

Aims: Increased potency and contamination of cannabis have been linked in the public domain to adverse mental health outcomes. This paper reviews the available international evidence on patterns of cannabis potency and contamination and potential associated harms, and discusses their implications for prevention and harm reduction measures.

Methods: A systematic literature search on cannabis potency and contamination was conducted.

Results: Cannabis samples tested in the United States, the Netherlands, United Kingdom and Italy have shown increases in potency over the last 10 years. Some countries have not shown significant increases in potency, while other countries have not

monitored potency over time. While there are some grounds to be concerned about potential contaminants in cannabis, there has been no systematic monitoring.

Conclusions: Increased potency has been observed in some countries, but there is enormous variation between samples, meaning that cannabis users may be exposed to greater variation in a single year than over years or decades. Claims made in the public domain about a 20- or 30-fold increase in cannabis potency and about the adverse mental health effects of cannabis contamination are not supported currently by the evidence. Systematic scientific testing of cannabis is needed to monitor current and ongoing trends in cannabis potency, and to determine whether cannabis is contaminated. Additionally, more research is needed to determine whether increased potency and contamination translates to harm for users, who need to be provided with accurate and credible information to prevent and reduce harms associated with cannabis use. **cl**

## recent publications

### Monographs and Technical Reports

**Black, E., Roxburgh, A., Degenhardt, L., Bruno, R., Campbell, G., de Graff, B., Fetherston, J., Kinner, S., Moon, C., Quinn, B., Richardson, M., Sindicich, N. and White, N.** (2008) Australian Drug Trends 2007: findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No 1. National Drug and Alcohol Research Centre, University of NSW, Sydney.

**Fetherston, J. and Lenton, S.** (2008) WA Drug Trends 2007: findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No 7. National Drug and Alcohol Research Centre, University of NSW, Sydney.

**Carruthers, S.** (2008) A review of hepatitis C: from the global to the local. National Drug Research Institute, Curtin University of Technology, Perth.

### Articles, Chapters and Books

**Allsop, S.** (ed) (2008) Drug use and mental health: effective responses to co-occurring drug and mental health problems. IP Communications, Melbourne.

**Degenhardt, L., Kinner, S.A., Roxburgh, A., Black, E., Bruno, R., Fetherston, J. and Fry, C.** (2008) Drug use and risk among regular injecting drug users in Australia: does age make a difference? *Drug and Alcohol Review*, 27, (4), pp 357-360.

**Degenhardt, L., Roxburgh, A., Black, E., Bruno, R., Campbell, G., Kinner, S.A. and Fetherston, J.** (2008) The epidemiology of methamphetamine use and harm in Australia. *Drug and Alcohol Review*, 27, (3), pp 243-252.

**Hall, W., Chikritzhs, T., D'Abbs, P. and Room, R.** (2008) Alcohol sales data are essential for good public policies towards alcohol. *Medical Journal of Australia*, 189, (4), pp 188-189.

**Khan, S., Hudson-Rodd, N., Siggers, S., Bhuiyan, M. and Bhuiya, A.** (2008) Phallus, performance and power: crisis of masculinity. *Culture, Health & Sexuality*, 23, (1), pp 37-49.

**McLaren, J., Swift, W., Dillon, P. and Allsop, S.** (2008) Cannabis potency and contamination: a review of the literature. *Addiction*, 103, (7), pp 1100-1109. **cl**

### DRUG USE AND MENTAL HEALTH Effective responses to co-occurring drug and mental health problems

Edited by **Steve Allsop, National Drug Research Institute**

There is a dearth of quality research to guide the development of evidence-based responses to co-occurring drug and mental health problems. This book introduces the reader to the issues, and encourages consideration of the evidence about the nature and prevalence of co-occurring disorders and the challenges they create for individuals, the community and service providers. The diverse range of expertise of contributors provides the opportunity to consider the challenges of navigating the various systems of care from the perspective of consumers, parents and clinicians. Researchers and clinicians examine the available evidence about the links between the various disorders and discuss the implications for treatment through a series of case studies. The editor and contributors argue that, while our knowledge and expertise is improving, there is need to better resource and integrate treatment services to foster the adoption of evidence-based and effective responses.



Paperback, 360 pages, \$A70.00, ISBN 978-0-9804586-1-9  
Published August 2008 by IP Communications  
Tel: +61 3 9811 6818 Email: ipcomm@bigpond.com

# staff list

National Drug Research Institute

## Staff as at 1 September 2008

Steve Allsop	Professor, Director
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
Sherry Saggars	Professor
Tony Butler	Associate Professor
Bruce Maycock	Associate Professor
Richard Midford	Associate Professor
David Moore	Associate Professor
Ted Wilkes	Associate Professor
Julia Butt	Senior Research Fellow
Tanya Chikritzhs	Senior Research Fellow
Nyanda McBride	Senior Research Fellow
Susan Carruthers	Research Fellow
Owen Carter	Research Fellow
Jennifer Dodd	Research Fellow
Ed Garrison	Research Fellow
Jocelyn Grace	Research Fellow
Geoffrey Jalleh	Research Fellow
Jeremy Northcote	Research Fellow
Andreia Schineanu	Research Fellow
Fredrik Welander	Research Fellow
Amanda Wilson	Research Fellow
Paul Catalano	Senior Research Officer
Michael Doyle	Research Associate
Natalie Ord	Research Associate
Cerissa Papanastasiou	Research Associate
Richard Pascal	Research Associate
Candice Rainsford	Research Associate
Laura Santana	Research Associate
Anna Stearne	Research Associate
Claire Stevens	Research Associate
Maggie Halls	Resource Officer
Jo Hawkins	Clerical Officer
Paul Jones	Computer Systems Officer
Rachael Lobo	Communications Officer
Jillian Evans	Clerical Officer
Patricia Niklasson	Secretary/Admin Assistant
Vic Rechichi	Communications Officer
Pauline Taylor-Perkins	Administrative Officer
Monica Barratt	PhD Student
Beatriz Cuesta Briand	PhD Student
Robyn Dwyer	PhD Student
James Fetherston	PhD Student
Rachael Green	PhD Student
Tina Lam	PhD Student
Amy Pennay	PhD Student
Christine Siokou	PhD Student
Celia Wilkinson	PhD Student

## Adjunct Appointments

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

# feedback & subscriptions

We welcome your feedback on all issues discussed in *CentreLines*. If you would like to write to us, please send all correspondence to the Editor at the address below.

If you currently subscribe to *CentreLines* and require future issues to be sent to a new address, please fill out the Change of Address form.

If you would like to be included on the *CentreLines* subscription list, please fill out the New Subscriber form, indicating whether you wish to receive all issues, or only those focusing on treatment (NDARC issues) or prevention (NDRI issues). Please return completed forms to:

**CentreLines, National Drug Research Institute**  
Curtin University of Technology, GPO Box U1987, Perth WA 6845  
Fax (08) 9266 1611

## New Subscriber Details

Please add me to the mailing list for my free copies of *CentreLines*

Name: Ms / Mr / Dr
Title:
Organisation:
Department:
Address:
Postcode:
Phone No:
Fax No:
Issues Required: <input type="checkbox"/> NDARC <input type="checkbox"/> NDRI <input type="checkbox"/> Both

## Change of Address

Please alter my details on the mailing list for my free copy of *CentreLines*

Name: Ms / Mr / Dr
Title:
Organisation:
Department:
Address:
Postcode:
Phone No:
Fax No:
Issues Required: <input type="checkbox"/> NDARC <input type="checkbox"/> NDRI <input type="checkbox"/> Both

**Curtin**   
University of Technology

National Drug Research Institute  
Curtin University of Technology  
GPO Box U1987 Perth WA 6845  
[www.ndri.curtin.edu.au](http://www.ndri.curtin.edu.au)



**UNSW**  
THE UNIVERSITY OF NEW SOUTH WALES

National Drug and Alcohol Research Centre  
University of New South Wales  
Sydney NSW 2052  
[www.ndarc.med.unsw.edu.au](http://www.ndarc.med.unsw.edu.au)