

# centre lines

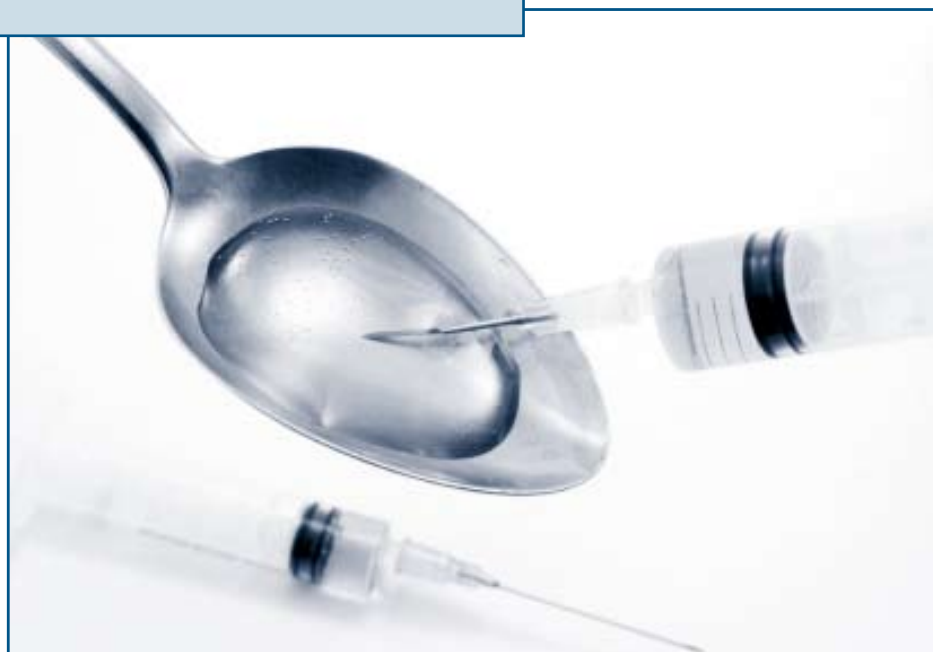
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## issuing **forth**

Hepatitis C prevention:  
past, present and future



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## edspace

Welcome to the May issue of *CentreLines*. In *Issuing Forth*, NDRI Research Fellow Susan Carruthers examines past, present and future strategies aimed at controlling the ongoing epidemic of hepatitis C in Australia.

*Project Notes* includes information about two new projects concerned with alcohol related harm. The first examines the direct and indirect economic costs of alcohol incurred by Local Governments in metropolitan Western Australia. The second project, funded by an NHMRC Postdoctoral Training Fellowship, will be undertaken over the next four years to determine the effect of an alcohol-related diagnosis in Western Australian mothers on maternal and child health.

NDRI has an active PhD program and this issue of *CentreLines* includes a *PhD Update*, featuring the research of doctoral scholar Robyn Dwyer who completed her PhD on *Social, cultural and economic processes in illicit drug markets* in 2009.

As previously advised, NDRI is endeavouring to move away from the distribution of printed copy towards predominantly electronic circulation of *CentreLines*. If you have not yet provided NDRI with your email address we encourage you to do so as soon as possible. For further information, please see the back page of this issue.

For more information about NDRI's research and other activities, please visit [ndri.curtin.edu.au](http://ndri.curtin.edu.au).

**Rachael Lobo**  
Editor

**NDRI**  
national drug research institute

# headspace

## Rethinking our approach to blood-borne viruses

Susan Carruthers' *Issuing Forth* article reminds us that blood-borne viruses (BBVs) pose a substantial challenge for both the community in general and drug consumers in particular. A key issue identified in *Issuing Forth* is that while needle and syringe programs (NSPs) have been identified to have a significant public health benefit – for consumers and the broader community – their success has not been given the deserved prominence nor the resources needed to have a sustained and widespread impact. Access is particularly limited in outer metropolitan, rural and remote communities and restricted or non-existent in some high risk contexts, such as the prison system.

Susan also illustrates that while it is important for us to invest in more accessible treatment, it would be ill-advised to only focus on better drug treatment services. A large proportion, if not a majority, of consumers do not access treatment services or if they do their contact

is tenuous. Those in treatment are likely to have advanced drug consuming 'careers', meaning they have already had long-term risk exposure. If we intend better public health impact – and the number of existing and new cases of Hepatitis C each year suggests we must – then we need to identify accessible and innovative interventions that reduce the risk of BBVs associated with injecting drug use. This should include consideration of bold steps to address high-risk contexts. For example, failure to address the risk of BBVs in prisons is not just an issue within the prison system. It has implications for all of us when affected individuals return to the community.

We also probably need to re-think our approaches to engaging consumers. In contrast to some other areas, such as mental health, the drug field has been slower to embrace assertive outreach. Models of drug use that emphasise intrinsic motivation to change as central to treatment and narrow

treatment goals have probably influenced this situation. Limited treatment engagement with so many consumers suggests we should be taking a different tack.

Finally, but importantly, many interventions that have a sound evidence base lack community and political support. Perhaps those of us who work in the drug field need to develop our ability to engage the community and governments. One element of this will be to combat the continued marginalization of those affected by drug use. It is hard to generate support when the intended beneficiaries are perceived as undeserving. **cl**

**Steve Allsop**  
Director



# issuing forth

## Hepatitis C prevention: past, present and future

Since 1988, Australia has delivered blood-borne virus transmission prevention among injecting drug users (IDU) under the banner of harm reduction, with needle and syringe programs (NSPs) being the most prominent element. The scientific evidence indicating that this approach was effective in *preventing an epidemic* of HIV/AIDS manifesting itself in Australia is substantial<sup>1</sup>. On the other hand, the evidence for its success in *halting an established epidemic* of hepatitis C is less clear. While there has been a decline in the incidence of hepatitis C over the past decade, and NSPs have been associated with the prevention of more than 23,000 cases of hepatitis C since their inception in 1987, prevalence remains high among IDU across the world, reaching in excess of 50 percent after eight or more years of injecting<sup>2,3</sup>. The apparent failure of harm reduction strategies to control the epidemic has led some to suggest the approach is ineffective in relation to hepatitis C<sup>2,4</sup>. However, I would suggest this is not due to the failure of harm reduction. Rather the continued transmission of hepatitis C is a function of the characteristics of the hepatitis C

virus and the current epidemic. As described by Crofts *et al* in 1999, "it comes down to the force of numbers"<sup>5</sup>.

The strength of any epidemic is dependent upon three factors; the background prevalence of the infection in question; the frequency with which behaviours which transmit the virus occur; and the infectiousness of the virus in question. In terms of background prevalence, there is clear evidence that hepatitis C was present among IDU as far back as 1971<sup>6</sup>, and with the surge in injecting as a favoured method of drug administration among drug users in the last two decades of the 20<sup>th</sup> Century (numbers of regular IDU in Australia grew from almost nil in 1960 to 60,000 in 1990 and 120,000 in 1999) the epidemic of hepatitis C among IDU was well established prior to the introduction of NSPs in 1988. Furthermore, the behaviours which favour the transmission of hepatitis C, in particular the sharing of needles and syringes, continue to be reported, albeit at reduced levels. Finally, the infectiousness of the hepatitis C virus is known to be high, such that the virus can be transmitted in minute amounts of blood. Given this epidemic scenario it is not surprising

that the transmission of hepatitis C between injectors continues.

So what is likely to tip the balance and lead to control of this ongoing epidemic? More than a decade ago Wodak warned that "the minimalist approach" – merely expanding existing HIV prevention strategies – would reduce the transmission of hepatitis C but not control it<sup>7</sup>. Others suggested a greater concentration on further decreasing needle and syringe sharing would be required which in turn would require a greater commitment to the continued support of established NSPs, as well as a consideration of the deregulation of needle and syringe supply such that they be made available at an expanded range of NSP outlets<sup>5</sup>. The call for the expansion of NSP programs has been echoed by others and is clearly stipulated in the National Hepatitis C Strategy 2005 – 2008<sup>8</sup> with the recommendation that governments "... continue to support and expand (author



*emphasis) availability of and access to NSPs...*" (pp16). There is little evidence that this recommendation has been actioned, with national figures for the distribution of needles and syringes showing little variation between 1999 (30.7 million syringes) and 2005 (29.9 million). Madden and Cavalieri<sup>9</sup> suggest that the full force of NSPs has not been seen due to constraints imposed by government policy in Australia. To illustrate their claim they point to government approved prevention education messages which encourage IDU to use clean equipment for all injections, yet the reality is that full range of equipment is rarely available through NSPs. Furthermore, while there are more than 3000 NSP outlets across Australia, rarely is access to even basic equipment available at all times. As an example, in Western Australia the only 24-hour access to needles and syringes is via one pharmacy in an inner-city location. Given the Perth metropolitan area extends at least 25km to the east, south and north of the city centre this cannot be described as easy access. Use of sterile equipment for every injecting event is further constrained for some by a fear of law enforcement action. While it is no longer illegal to be in possession of injecting equipment, IDU report that possession of used equipment can result in police intervention and subsequent arrest for the possession of drugs<sup>9</sup>.

The situation in Australian prisons, where prevalence of hepatitis C is up to 40 times higher than that in the general community<sup>10</sup>, also serves to illustrate a reluctance to commit to increasing access to clean injecting equipment to prevent the spread of blood-borne viruses. While the frequency of injecting is known to decline markedly in the prison setting, the risk per injecting event is significantly higher, with needles and syringes being shared multiple times by multiple users. The call to introduce NSPs in selected Australian prisons has been rejected despite organisations such as the Australian National Council on Drugs and the Association for Prevention and Harm Reduction Programs Australia (ANEX) voicing support for a trial program<sup>11,12</sup> and established programs in some European prisons with few, if any, documented adverse outcomes<sup>13</sup>.

Although the NSP is a prominent element of harm reduction it is not the only element. Others include drug treatment and education, including peer education. Drug treatment, and in particular methadone maintenance, has been associated with reduced frequency of injecting and reduced risk of exposure to HIV/AIDS<sup>14,15</sup>. It has not however, had the same impact on the transmission of hepatitis C<sup>5</sup>. This is most likely to be related to the timing of entry into treatment – by the time a large proportion of drug users present for treatment they may already have a long career of drug use, and thus be more exposed to and infected with hepatitis C. In terms of primary

prevention, treatment is likely to play a more minor role in the future, unless strategies to engage people into treatment at an earlier stage of their careers are more successful.

Drug treatment programs do however have the capacity to reduce future harms associated with chronic hepatitis C such as cirrhosis and advanced liver disease by providing interventions to promote the management of chronic hepatitis C including access to anti-viral treatment. Anti-viral treatment for HCV has improved considerably over the past decade and has moved from being relatively unsuccessful to being relatively successful although few IDU have so far taken the treatment option. While encouraging and promoting treatment for hepatitis C may improve individual health and reduce the likelihood of severe consequences of hepatitis C developing, this will have little effect on the overall prevalence of hepatitis C. Although the prevalence among the younger age groups (18-25 years) has fallen over the past 5 years there are still approximately 10,000 new cases of hepatitis C occurring across Australia over any given year. It is estimated that to have any effect on background prevalence, the number of people entering treatment would have to triple – but given that so few current injectors currently enter treatment, it might be expected that tripling the number would have negligible effect.

The third element of harm reduction is education. This includes education to prevent the uptake of drug use and prevention education aimed at preventing harmful consequences for those already using drugs. There is a wealth of written education material available to IDU mostly through the various peer user organisations around Australia, as well as in locations specifically targeting drug users. While the effect this material has on drug users' knowledge of hepatitis C or safe injecting is difficult to measure it remains a commonly used educational tool. Of potentially more value is peer education, described as *"users sharing knowledge and experiences with other users to educate each other about drug use and the possible harms associated with illicit drug use"*<sup>16</sup>. In a systematic review of peer education (also referred to as community based outreach) the World Health Organisation<sup>17</sup> reported on the success of more than 40 outreach programs conducted over a period of 15 years and concluded that *"despite evidence of the effectiveness of community based programs...a huge gap exists in most countries between the number of IDUs who want or could benefit from outreach services and the number of IDUs who actually receive them"* (pp 27).

While most community and peer drug user organisations employ peer educators and outreach workers they are rarely resourced at

the level at which they can truly be effective and their activities often do not reach those who most need information. This was clearly acknowledged in an economic review of hepatitis C in Australia<sup>18</sup> where the authors of the report stated *"...Moreover, in contrast to the successful experience with HIV/AIDS, and despite its acknowledgement in State and Territory and NGO strategic plans, peer education has not been widely used as a component of hepatitis C prevention programs"* (pp54). It is disappointing to be repeating 10 year old recommendations for interventions we know are crucial if the hepatitis C epidemic is to be controlled, especially as there are few indications that the prevention of hepatitis C has advanced in any meaningful way. It is well past time we took the advice of Power who suggested almost 15 years ago, that *"with training, supervision and debriefing, current drug users can contribute to risk reduction and have the capacity to make contact with difficult to access networks, including novice injectors. Furthermore peers are ideally placed to identify potential recruits to further extend contacts"*<sup>19</sup>. The reference to novice injectors is particularly pertinent given they are a group who are frequently difficult to contact, are unlikely to present for treatment or be in touch with peer services and are the most vulnerable in terms of exposure to hepatitis C.

Any discussion of HCV prevention would not be complete without mention of the prevention of injecting as a means of drug administration. The suggestion by Wodak almost 20 years ago, that Australia was an injecting nation and would do well to promote non-injecting methods of drug administration to reduce the risk of exposure to blood borne viruses, was met with ire from the peer advocacy groups who suggested that it was *"demonising the needle"* and nothing more than an attempt to gain control of drug users<sup>20,21</sup>. Wodak cited the increased uptake of smoking heroin observed among some ethnic minority groups in the northern hemisphere to support his suggestion. As the advocacy groups were quick to point out, the heroin available in Australia was not conducive to use by non-injecting means and campaigns to support the uptake of smoking were unlikely to be effective. However, the drug market in Australia has changed since 1993. The availability of heroin has decreased significantly and meth/amphetamine has become the primary drug of choice for many injecting drug users<sup>3</sup>. Meth/amphetamine can have the desired effect if consumed using non-injection techniques such as smoking, swallowing or inhaling. Perhaps it is time to resurrect the emphasis on the particular risks of injecting and suggest that IDU use alternative methods of administration whenever possible to reduce harms associated with injecting, including exposure to blood borne viruses.



A wealth of social research into hepatitis C and IDU has been conducted over the past decade. Such research has examined different aspects of prevention, such as the theory of mindfulness/mindlessness in relation to injecting<sup>22</sup>. This research found that the act of injecting, like many routine tasks, is often "automatic" and that risk embedded in the process or the ritual is often overlooked. Other research has closely examined construction of prevention messages and how they might be viewed as unintentionally discriminating against the very target group on which they are focussed<sup>23</sup>. Rhodes and Treloar<sup>24</sup> conducted a synthesis of the literature which described the meaning of HCV to IDU. They concluded that the conflation between HIV and HCV was damaging in that it did not allow individuals to process the seriousness of HCV, rather it was viewed in comparison to HIV/AIDS and therefore trivialised. While much of this research has been conducted in collaboration with peer IDU organisations there is little evidence that any has been translated into practice.

There are no grand schemes or magic bullets. To control hepatitis C we need to invest in a range of approaches; continue to support and increase the investment in strategies known to be effective such as NSPs, increase access to services and resources so that IDU can implement harm reduction messages and better resource those strategies, such as peer education, which have been shown to hold promise. We must also be prepared to be innovative in relation to translating the findings from social research into practice. We should not however, ignore the fact that bringing the current hepatitis C epidemic under control will come about in incremental stages as we learn to address the barriers which limit the ability of the current workforce to truly implement HCV harm reduction. **cl**

**Susan Carruthers**  
Research Fellow

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## project notes

### Cost of alcohol to Local Government

**Steve Allsop and Rina Cercarelli**

The problems associated with the excessive consumption of alcohol impact both directly and indirectly on the business of many Local Governments. Local Government authorities have existing legislative roles and already commit resources to managing alcohol-related problems such as property damage. In addition, many local authorities are becoming involved in issues such as crime prevention and community safety, issues that are strongly linked with alcohol misuse.

The aim of this project is to estimate the economic costs of alcohol incurred by Local Governments in Western Australia. There will be several benefits of determining this for Local Government. This includes increased awareness of the true costs of alcohol-related problems; an increased awareness of how much time and resources are being used to respond to alcohol-related matters; the ability to identify and quantify the efforts of Local Government to the community; and using the information to inform strategic planning processes.

Local Governments in the Perth metropolitan area will be asked to consider the costs associated with the following:

1. Clean up and litter management costs
2. Security costs
3. Event management costs
4. Cost of maintenance of public space
5. Costs associated with noise complaints
6. Creation and enforcement of local laws
7. Costs in anticipation of crime
8. Administrative approvals

In particular, Local Governments will be asked to consider the level of resourcing involved in each of the above activities. The information will come from across many departments of Local Government including environmental health, community development, planning, rangers, executive officers, youth services, community security, and event management.

## Mothers with an alcohol-related diagnosis in Western Australia 1983-2007: the effect on the health of mother and child

**Colleen O'Leary**

Harmful maternal alcohol use places their children at risk of physical and mental health, behaviour, cognition, developmental and educational problems. Children exposed to high levels of alcohol in utero are at risk of a Fetal Alcohol Spectrum Disorder which includes the diagnoses of Fetal Alcohol Syndrome (FAS), partial FAS, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects. As well, children of mothers with an alcohol-related diagnosis are exposed to a number of interacting risk factors stemming from the environment, family, and child, which increase the risk of adverse health and social problems developing throughout childhood. However, not all exposed children will be harmed or harmed to the same degree and there is little population-based data on the rate or extent of harms in children exposed to high levels of alcohol in-utero.

A project funded by an NHMRC Postdoctoral Training Fellowship will be undertaken over the next four years to determine the effect of an alcohol-related diagnosis in Western Australian mothers (1983-2007) on maternal and child health. The study aims to:

- (1) determine the effect of an alcohol-related diagnosis in Western Australian mothers (1983-2007) on maternal and child health using linked population health administrative data sets to conduct epidemiological and health services research; and
- (2) inform policy and practice for women with an alcohol-related diagnosis and their children in the areas of pregnancy care, health, mental health and alcohol services.

Routinely collected hospital administrative datasets and record linkage will be used to identify women who have had an alcohol-related diagnosis (ICD9/10) recorded on either the hospital morbidity dataset, midwives notification system (MNS), mental health information system and/or alcohol service datasets, and who have a pregnancy recorded on the MNS from 1983 to 2007. The data will be linked with data from the WA Birth Defects Register, Cerebral Palsy Register, Intellectual Disability Database and Death Registrations. The analysis of population data that have been linked across a range of administrative datasets provides a unique opportunity to investigate maternal and child health outcomes and service use for this high-risk group, overcoming many of the problems relating to loss to follow-up. The study will provide new information on the health, economic, and social costs of alcohol in Australia. **cl**

## PhD update

### Social, cultural and economic processes in illicit drug markets

Five doctoral scholars supervised or co-supervised by NDRI – Fredrik Velander, Roslyn Giglia, Susan Lee, Dada Su and Robyn Dwyer – completed their PhD research in 2009. Robyn received a letter of commendation from the University Chancellor for her thesis, which was officially passed without revision.

Robyn's thesis was concerned with the social, cultural and economic processes that constitute street-based illicit drug marketplaces. Her research involved an ethnographic study of an active and highly visible street-based heroin marketplace in Footscray, a suburb of Melbourne.

Robyn's ethnography revealed that the drug marketplace is constituted by complex and dynamic social processes and relations. With a focus on drug user/dealers, her analysis condensed to two major themes – those of agency and exchange. Throughout the thesis, Robyn showed how, and in what ways, drug marketplace participants act on the world, achieve diverse outcomes and, thus, express their agency. Robyn also demonstrated the complexities of heroin exchange in the marketplace, revealing that heroin is exchanged in multiple ways (eg through trade, barter and gifts) for multiple purposes and according to multiple and fluid classifications of social relationships. Robyn's account showed the embeddedness of the Footscray drug marketplace – that it is shaped by its particular

historical, social, cultural, political and economic context – and that market processes – such as exchange – are shaped by culturally patterned ideas.

Robyn's thesis provides an alternative to the dominant approaches to understanding Australian drug markets and marketplaces. Accounts of drug markets tend to privilege an etic view that is theoretically underpinned by the neo-classical economic model of the market. Additionally, the quantitative methodological approaches that predominate in Australian drug market research tend to preclude considerations of process and temporality. In contrast, Robyn privileges an emic account of the drug marketplace. Influenced by theoretical frameworks drawn from anthropology, in her examination of the everyday lives of drug user/dealers, Robyn's account stresses the importance of the social, political and cultural dimensions of these people's lives and directs attention to the importance and creativity of personal agency.

Robyn has published a series of journal articles drawn from her doctoral research. She is currently employed at NDRI's Melbourne Office as a Research Fellow in the Ethnographic Program. **cl**



*Robyn Dwyer*

## ndri news

### NIDAC report launched

NDRI Indigenous Team Leaders Dennis Gray and Ted Wilkes recently launched a major report identifying Indigenous-specific alcohol and other drug intervention projects and the funding for them.

The report, *Indigenous specific alcohol and other drug interventions: continuities, changes and areas of greatest need*, was commissioned by the National Indigenous Drug and Alcohol Committee (NIDAC) of the Australian National Council on Drugs (ANCD). The report was prepared by NDRI researchers Dennis Gray, Anna Stearne, Mandy Wilson and Michael Doyle.

Since being launched at the Aboriginal Medical Service in Redfern, the report has been the subject of national media interest and several



*Ted Wilkes presenting the NIDAC report*

presentations, including a seminar at Curtin University of Technology jointly organised by NDRI and the Centre for International Health. The report is available on the ANCD website at [www.ancd.org.au](http://www.ancd.org.au). **cl**

# abstracts

## Tools for policy and prevention: the Australian National Alcohol Indicators Project (NAIP)

**Tanya Chikritzhs**

*Contemporary Drug Problems*, 2009, 36, pp 607-624

Alcohol is a leading cause of preventable death, disease and disability in Australia. The National Alcohol Indicators Project (NAIP) is funded by the Commonwealth Government of Australia to monitor and report on trends in alcohol consumption and related harms across states and communities with special emphasis on the wide dissemination of information and evaluation of policy change.

Using aetiological fraction and surrogate methods, the NAIP has established a minimum set of reliable indicators of alcohol-related harms for monitoring and evaluation purposes, including: alcohol-attributable deaths and hospitalisations; police-reported road crash and violent offences related to alcohol intoxication; alcohol sales data; and national alcohol consumption surveys. The NAIP uses a range of strategies for maintaining policy-relevant outputs that are both scientifically rigorous and readily accessible by non-researchers, including: a range of dissemination modes which potentially appeal to diverse audiences (eg bulletins, submissions, journal articles); proactive communication of outputs to potential audiences; timely response to key stakeholder information needs; and a strong commitment to capitalizing on opportunities for alcohol policy evaluation at local, state, and national levels.

## A tale of CIN – the Cannabis Infringement Notice scheme in Western Australia

**Simon Lenton and Steve Allsop**

*Addiction*, 2010, 105, (5), pp 808-816

**Aims:** To describe the development and enactment of the Western Australian (WA) Cannabis Infringement Notice scheme and reflect on the lessons for researchers and policy-makers interested in the translation of policy research to policy practice.

**Methods:** An insiders' description of the background research, knowledge transfer strategies and political and legislative processes leading to the enactment and implementation of the WA Cannabis Control Act 2003. Lenton and Allsop were involved

centrally in the process as policy-researcher and policy-bureaucrat.

**Results:** In March 2004, Western Australia became the fourth Australian jurisdiction to adopt a 'prohibition with civil penalties' scheme for possession and cultivation of small amounts of cannabis. We reflect upon: the role of research evidence in the policy process; windows for policy change; disseminating findings when apparently no one is listening; the risks and benefits of the researcher as advocate; the differences between working on the inside and outside of government; and the importance of relationships, trust and track record.

**Conclusions:** There was a window of opportunity and change was influenced by research that was communicated by a reliable and trusted source. Those who want to conduct research that informs policy need to understand the policy process more clearly, look for and help create emerging windows that occur in the problem and political spheres, and make partnerships with key stakeholders in the policy arena. The flipside of the process is that, when governments change, policy born in windows of opportunity can be a casualty.

## Recidivist drink drivers' self reported reasons for driving whilst unlicensed – a qualitative analysis

**Simon Lenton, James Fetherston and Rina Cercarelli**

*Accident Analysis and Prevention*, 2010, 42, (2), pp 637-644

**Aim:** This paper presents qualitative data from an in-depth interview study of 40 repeat drink drivers in Perth, Western Australia to inform countermeasures for these high risk offenders.

**Background:** Licence sanctions are effective countermeasures for most drink drivers but the small group of repeat offenders are less responsive. Many choose to drive while unlicensed as the probability of detection is low and the social and economic costs of not driving can be high. This undermines other drink drive countermeasures.

**Results:** Most respondents who had had their licence suspended admitted to driving while under suspension. Employment and social factors were key themes emerging in respondents' accounts of driving while under licence suspension.

**Conclusions:** While a range of enforcement countermeasures are needed to deter drunk and unlicensed driving, this study suggests

that where possible we aim to keep offenders within the system that consists of formal laws and informal social controls, rather than apply penalties in ways that undermine adherence to the law by increasing unlicensed driving. Allowing for interlock installation early in the driving suspension period, and allowing fines to offset cost of interlock installation and monitoring, may maximise community benefit and reduce unlicensed driving.

## Understanding illicit drug markets in Australia: notes towards a critical reconceptualization

**Robyn Dwyer and David Moore**

*British Journal of Criminology*, 2010, 50, (1), pp 82-101

The dominant Australian approaches to the study of illicit drug markets are surveillance and criminological research. In this paper, we outline the main features of these approaches before presenting a critical discussion of some of their methods, assumptions and modes of analysis. We argue that these approaches are limited in terms of their methods; reliance on neo-classical economic models; abstraction from local contexts; oversight of social, cultural and political processes; exclusive focus on commercial transactions; under-theorizing of the market; and narrow conceptions of drug market subjects. We conclude by beginning to outline an alternative framework that draws on the anthropology and sociology of markets and which may lead to more nuanced understandings of illicit drug markets.

## Using mindfulness to develop health education strategies for blood-borne virus prevention in injecting drug use

**Carla Treloar, Becky Laybutt and Susan Carruthers**

*Drugs: Education, Prevention and Policy*, 2010, 1-12, Early Online

**Aims:** Prevention education has had limited success in reducing transmission of blood borne virus among people who inject drugs. Innovative approaches to prevention education are required.

**Method:** This study used video recordings of injecting episodes and interviews with participants reviewing their video recordings to explore the concept of mindlessness as a new tool for prevention education.



Findings: The data demonstrate elements of mindlessness in participants' injecting practice. Participants were unable to provide detailed description of their practice, could not recall the origin of their practices, described limited sensitivity to the environment around them and described learned behaviours 'dropping out of mind'.

Conclusions: Although potentially useful as a prevention tool, prevention messages using mindlessness concepts should be developed in collaboration with injecting drug users to avoid judgmental or alienating messages. Finally, the use of these video recordings themselves can be a powerful education tool given the very hidden and stigmatized nature of injecting drug use.

## Cannabis policy: moving beyond stalemate

**Robin Room, Benedikt Fischer, Wayne Hall, Simon Lenton and Peter Reuter**

Oxford University Press, New York, 2010.  
ISBN: 0199581487

Cannabis, marijuana, pot, ganja – it goes by many names – is by far the most widely used illegal substance, and accounts for more arrests than any other drug. Barely a week goes by without this drug appearing in the

newspapers, and politicians have famously tied themselves in knots, trying to decide just how to deal with this recreational drug. While there have been many drug policy books on other substances – both legal and illegal – few have focused on this drug.

*Cannabis Policy: Moving Beyond Stalemate* is unique in providing the materials needed for deciding on policy about cannabis in its various forms. It reviews the state of knowledge on the health and psychological effects of cannabis, and its dangerousness relative to other drugs. It considers patterns and trends in use, the size and character of illicit markets, and the administration of current policies, including arrests and diversion to treatment, under the global prohibition regime. It looks at the experience of several countries which have tried reforming their regimes and softening prohibition, exploring the kinds of changes or penalties for use for possession: including depenalization, decriminalization, medical control, and different types of legalization. It evaluates such changes and draws on them to assess the effects on levels and patterns of use, on the market, and on adverse consequences of prohibition.

For policymakers willing to look outside the box of the global prohibition regime, the book examines the options and possibilities for a country or group of countries to bring about



change in, or opt out of, the global control system. Throughout, the book examines cannabis within a global frame, and provides in accessible form information which anyone considering reform will need to make decisions on cannabis policy (much of which is new or has not been readily available).

This book will be essential for those involved in policymaking and be of interest to a wide range of readers interested in drugs and drug policy, as well as being an excellent supplementary text for university courses in criminology, policy science social science, or public health.

## recent publications

### Monographs and Technical Reports

**Gray, D., Stearne, A., Wilson, M. and Doyle, M.F.** (2010) Indigenous-specific alcohol and other drug interventions: continuities, changes and areas of greatest need. ANCD Research Paper 20. Australian National Council on Drugs, Canberra. ISBN: 9781877018237.

**Roarty, L. and Siggers, S.** (2010) Evaluation of services to culturally and linguistically diverse (CaLD) women with comorbid mental health and drug and alcohol issues. National Drug Research Institute, Curtin University of Technology, Perth, WA.

### Articles and Books

**Chikritzhs, T.N.** (2010) Protecting the integrity of shared scientific knowledge: is the conflict of interest statement enough? *Commentary*. *Addiction*, 5, (2), pp 200-201.

**Chikritzhs, T.N.** (2009) Tools for policy and prevention: the Australian National Alcohol Indicators Project (NAIP). *Contemporary Drug Problems*, 36, pp 607-624.

**Dwyer, R. and Moore, D.** (2010) Understanding illicit drug markets in Australia: notes towards a critical reconceptualization. *British Journal of Criminology*, 50, (1), pp 82-101.

**Higgs, P., Dwyer, R., Duong, D., Thach, M., Power, R. and Maher, L.** (2009) Heroin-gel capsules and groin injecting practices among ethnic Vietnamese in Melbourne, Australia. *International Journal of Drug Policy*, 20, (4), pp 340-346.

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**Northcote, J. and Moore, D.** (2010) Understanding contexts: Methods and analysis in ethnographic research on drugs. In P.G. Miller, J. Strang & P.M. Miller (eds), *Addiction Research Methods*. Wiley-Blackwell, Oxford. pp 287-298.

**Room, R., Fischer, B., Hall, W., Lenton, S. and Reuter, P.** (2010) *Cannabis policy: moving beyond stalemate*. Oxford University Press, New York.

**Treloar, C., Laybutt, B. and Carruthers, S.J.** (2010) Using mindfulness to develop health education strategies for blood-borne virus prevention in injecting drug use. *Drugs: Education, Prevention and Policy*, 1-12, Early Online.

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