

# centre lines

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

NDRI (35)

December 2011

## issuing **forth**

Mapping progress: Young people in residential treatment



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
<b>issuing forth</b> .....	2
Lynn Roarty discusses issues around drug and alcohol treatment approaches and outcomes for young people	
<b>conference report</b> .....	4
<b>project notes</b> .....	5
School health and alcohol harm reduction project (SHAHRP): 2011 and beyond	
<b>ndri news</b> .....	5
<b>abstracts</b> .....	6
Summaries of recently published articles	
<b>recent publications</b> .....	7
<b>staff list</b> .....	8

## edspace

Welcome to the December issue of *CentreLines*. In *Issuing Forth*, NDRI Research Fellow Lynn Roarty, who works within the prevention, early intervention and inequality team, looks at problematic drug and alcohol use by young Australians and discusses research into approaches and outcomes for young people in residential treatment.

*Project Notes* includes an update on future plans for the award winning School Health and Alcohol Harm Reduction Project (SHAHRP) study - an evidence based school alcohol harm reduction program impacting on alcohol use, alcohol-related behaviours and alcohol-related harm. Also included in this issue is a report on a recent NDRI conference held in Prato, Italy; *Beyond the buzzword: problematising 'drugs'*.

As the year draws to a close and the festive season is full swing, NDRI has cause to celebrate. Associate Professor Tanya Chikritzhs, who leads NDRI's alcohol policy research team, was recently presented with an Achievement Award as part of the 2011 National Health and Medical Research (NHMRC) Awards and recognised as one of 'Australia's leading health researchers' (see page 5). In stop press news, Aboriginal health researcher Associate Professor Ted Wilkes has been awarded the Public Health Association of Australia (PHAA) President's Award for 2011. Ted has been recognised for his many outstanding contributions to public health in Western Australia and nationally over more than 25 years, his commitment to campaigning for better health, and his strength and integrity as a public and community health leader.

We hope that you enjoy this issue, and have a safe and happy festive season. 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

As Lynn Roarty indicates, there is increasing concern about drug use among young people. For many people, this has been driven by images on the nightly news, particularly of drunken people at large scale events causing harm to themselves and others. Whilst the majority of young people do not have severe alcohol or other drug problems, and while few become dependent, there is a need to better target prevention and treatment services towards young people.

Unfortunately, despite some notable exceptions, there is limited understanding of the wants and needs of young people. What are the most attractive and effective treatment approaches? How do we make services to young people more accessible? How do we turn this into practice guidelines and workforce development?

While treatment outcome research is one critical element of responding to these questions, better identification of the needs and wants of young people, through their own voices, is equally important.



Lynn and her colleagues seek to provide the opportunity for those voices to influence our endeavours. **cl**

**Steve Allsop**  
Director

## issuing forth

### Mapping progress: Young people in residential treatment

There is presently an increased focus on problematic drug and alcohol use by young Australians. Public concern around this issue is heightened by a 24-hour news cycle with recurrent information around binge drinking, newspaper reports and television images of large gatherings of 'drug and/or alcohol-fuelled youth' confronting police, and, towards the end of each year, advice for parents and the general public on necessary precautions and risks around such events as 'Schoolies' or 'Leavers'.

Adolescent experimentation with drugs and alcohol is considered 'relatively' normative in Australian culture<sup>1</sup>. That is, a significant number of young people will at least occasionally use alcohol and less frequently other drugs. Indeed, drug use has been described as *an important source of status and recreation for young people*<sup>2,3</sup>. While a range of harms can arise, only a small number of young people become dependent<sup>4</sup> - most risks appear to be related to acute effects, or intoxication. However, there is some concern that earlier initiation into drug and alcohol use is particularly risky<sup>5</sup>, and current levels of risky drug use amongst adolescents generally, and young women in particular, are raising concern<sup>6</sup>.

The 2008 Australian Secondary Students' Alcohol and Drug Survey (ASSAD) reported that 23.6% of males and 21.6% of females aged 12-17 had consumed alcohol in the week prior to the survey. At age 17, 46% of males and 37% of females were classified as 'current drinkers', that is, they reported consuming alcohol in the week prior to the survey. Six percent of males and 6.6 percent of females had consumed alcohol at high

risk/risky levels on one occasion in the week prior to the survey, with slightly more girls than boys drinking at risky levels in each year between ages 13-16<sup>7</sup> (pp 37-38). In the older youth cohort, the 2007 National Drug Strategy Household Survey found that 19% of young men and 16% of young women aged 18-24 reported regularly (at least once a week over the previous 12 months) engaging in high risk/risky drinking<sup>8</sup> (p 2). Of course these may be conservative figures as there is reason to believe that surveys tend to underestimate consumption.

#### Drug and alcohol related harms

The potential for harms to young people engaging in risky drug use is well established in the literature<sup>5, 9, 10</sup>. These young people face significantly increased risks to their health and wellbeing, including anxiety and depression, difficulties with schooling and employment, and family dysfunction. They also risk greater exposure to violence (including sex-related violence), trauma, and post-traumatic stress disorder (PTSD)<sup>1, 11-14</sup>. Young women of childbearing age who drink alcohol are vulnerable to additional risks around pregnancy and alcohol-related harms to their unborn babies<sup>15</sup>. There is evidence to suggest that young women who drink at risky levels and have a family history of breast cancer are also at increased risk of benign breast disease and, in turn, of developing breast cancer<sup>16</sup>. How well young people 'manage' the risk of harms is dependent upon a range of individual and systemic factors, including biological and personal attributes, social and academic functioning, relationships with



family and peers, and developmental and environmental factors<sup>4, 5, 17-20</sup>.

In Western Australia, the Commissioner for Children and Young People recently sought the views of young people themselves about alcohol-related harms. The responses from participants make it clear that not all young people drink, while for those who do the majority do not report drinking to excess<sup>21</sup>. Nonetheless, drinking alcohol to 'become drunk' was identified by many of the young people (aged 14 to 17 years) taking part in the consultation as a cultural 'norm' for their peer group. These young people, drinkers and non-drinkers alike, were knowledgeable and concerned about the harms caused by alcohol-related violence, identifying verbal abuse, physical harm, damage to friendships and to reputations, family conflict, and potential legal ramifications, as negative outcomes of excess alcohol consumption. They also had concerns about taking care of friends who had had too much to drink, and expressed some uncertainties around the consequences of contacting parents in these circumstances.

#### Treatment approaches and outcomes

Adolescent patterns of drug and alcohol use differ from those of adults in a variety of ways. They are more likely to have shorter histories of use, but are also more likely to be polydrug users, to progress more rapidly

to harmful use, and to engage in heavy episodic drinking, than are adults<sup>22-24</sup>. Those adolescents who enter treatment have a higher rate and more rapid onset of relapse after treatment<sup>23,25</sup>.

Contemporary research notes an historical failure to recognise the unique and complex needs of adolescents in approaches to treatment<sup>26-29</sup>. As well as a time of physical and psychological change, of asserting autonomy and beginning to act independently in the world, adolescence is also for many young people a time for sensation-seeking and testing limits and, as a consequence, a time of increased vulnerability. These biological, psychological, social and transitional developmental features of adolescence have been recognised by services and in the literature as essential ingredients for positive and productive assessment of and responses to the treatment needs and outcomes for adolescents affected by drug problems<sup>22, 30-32</sup>. Treatment approaches, in other words, need to be developmentally appropriate, attractive, and meaningful for the young people accessing the services.

Recent research indicates that this recognition has not yet been translated into a significant evidence base of developmentally informed treatment approaches<sup>31</sup>. Even research into the views of young people on their treatment experiences is relatively scarce<sup>33</sup>. A qualitative study conducted in 2003 identified those programs that offered concrete assistance with family issues or schooling, offers of after care, the provision of shelter and structure, and respite from their usual environment, as those things young people found most useful in residential care<sup>23, 34</sup>. Outcomes from the 2005 National Survey on Drug Use and Health in the United States<sup>35</sup> reported that very few adolescents who had undergone treatment described positive outcomes. Findings from a recent Australian study suggest that young people respond well to programs that encompass 'recreational, creative and vocational experiences' – with activities such as art therapy, vocational education, and journaling all eliciting support and participation by the young people<sup>33</sup> (p538).

Other researchers have noted that there are still too few assessments of the quality, availability, and effectiveness of adolescent-only treatment programs<sup>29, 32, 36</sup>. A range of problems have been identified in those outcome studies of adolescent residential programs that have been undertaken, including methodological variation, and systemic barriers such as caseload size and staff time and resources<sup>37</sup>. It has been argued that, rather than more large quantitative studies, there is a need to add a stronger qualitative element to our research

to help inform staff about the needs, wants and expectations of the diverse clients they serve and the kinds of services they can provide<sup>38</sup>.

## Current research

Researchers from the *Prevention, early intervention and inequality team* and the *Substance use among Indigenous Australians team* at NDRI, together with a multidisciplinary team of colleagues from other universities, government, and non-government organisations<sup>#</sup>, are currently engaged in an Australian Research Council (ARC) Linkage project to develop a narrative-based approach to mapping young people's progress in residential rehabilitation services. This project builds on preliminary qualitative work carried out in 2007/2008 in two Perth-based drug and alcohol services for young people<sup>12</sup>. This earlier research involved one of the researchers spending time in each of the services over a period of five months, observing and participating in day-to-day activities and conducting one-on-one interviews with some young service consumers. These data, together with documentary material and interviews with staff, formed the basis for the development of narratives around a five-stage framework reflecting the continuum along which the young people travelled – not always in a linear fashion - in treatment. The framework's five stages, similar to the 'stages of change' model proposed by Prochaska and colleagues<sup>39</sup>, see the young people move from a state of disengagement, through resistance, reflection and realisation, to imagining a future and, finally, towards more realistic and tangible plans for their futures.

Very broadly, the current project aims to develop an approach to outcomes mapping for young people in residential rehabilitation services that is accessible for and responsive to the complex needs and life stories of the young people in the services, as well as producing meaningful data for practitioners. Our expectation is that it will provide a qualitative map that captures, at two or three points in time and from multiple viewpoints, a useful visual representation of the journey the young people have taken during their time in the services.

To date, the project has established the validity of the qualitative framework of stages and identified five broad dimensions that are common to each - social, emotional and psychological, physical, drug use, and developmental - and the differing aspects of life within each of these dimensions. For example, the social dimension contains aspects pertaining to the young person's family, peers, partner, and society at large. The narrative approach taken has revolved

around the writing of narrative 'sets' for each stage, and for each aspect within the five dimensions. Creating narratives about ourselves and our lives is something we all do and something we can all probably relate to. These 'stories' we tell to and about ourselves grow and change, reflecting different aspects of ourselves in different situations and over time – for example, the story a young person might tell her or himself or others will likely change in treatment as health improves, energy increases, and an awareness of other life possibilities emerges<sup>eg 40, 41</sup>. In writing the narratives, we have attempted to capture these changes, drawing both from the data collected in the foundation research, and the expertise of the research associates on the project who are working with the young people in the services. The narratives we have constructed use language the young people are most likely to recognise as relevant to their own lives and situations – that of other young people who have been in similar situations.

The resultant mapping 'tool' is presently being trialled in a number of services, here in Perth, and in New South Wales where other project partners are based. Feedback from both the young people and service providers has thus far been largely positive. The narrative-based mapping approach appears to be both more approachable and more engaging for the young people than are many of the quantitative measures currently in use. Staff have also commented that it is easy and quick to use, an important consideration for time-poor practitioners and, at least in the initial stages of their stay, for young people who are likely to be under considerable stress.

## Conclusion

Recreational drug and alcohol use is common among young people in Australia, and for most such use will not impact significantly on their everyday lives. For those young people with problematic substance use issues, however, there are increased risks of health and life-related harms. There is a demonstrated need to understand the factors that lead to best practice in treatment and to positive outcomes for these young people. The shift in recent years towards integrating adolescent-specific developmental domains in treatment strategies is one of the ways in which these issues are being addressed. There is also a growing recognition that the voices of young people themselves are a valuable resource for the development and progress of treatment programs and outcome measures that are appropriate, meaningful, and successful. **cl**

**Lynn Roarty**  
**Research Fellow**

## References

- Prior M, Sanson A, Smart D, Oberklaid F. Research Report No. 4. Pathways from infancy to adolescence: Australian Temperament Project 1983-2000. Canberra: Australian Institute of Family Studies; 2000.
- Fletcher BW, Grelia CE. Preface to the Jar special issue: the drug abuse treatment outcome studies for adolescents. *Journal of Adolescent Research*. 2001;16(6):537-44.
- Henderson S, Holland J, McGrellis S, Sharpe S, Thompson R. *Inventing adulthood: a biographical approach to youth transitions*. London: Sage; 2007.
- Gowing L, Proudfoot H, Henry-Edwards S, Teesson M. Evidence supporting treatment: the effectiveness of interventions for illicit drug use. Canberra: Australian National Council on Drugs; 2001.
- Loxley W, Toumbourou J, Stockwell T. *The prevention of substance use, risk and harm in Australia: a review of the evidence*. Canberra: Department of Health and Ageing; 2004.
- Carr-Gregg MRC, Enderby KC, Grover SR. Risk-taking behaviour of young women in Australia: screening for health-risk behaviours. *Medical Journal of Australia*. 2003;178:601-4.
- White V, Smith G. *Australian secondary school students use of tobacco, alcohol, and over-the-counter and illicit substances i 2008*. Victoria: The Cancer Council; 2009.
- Australian Bureau of Statistics. *Risk taking by young people. Australian Social Trends (cat no 41020)*. Canberra: Australian Bureau of Statistics; 2008.
- Bukstein OG, Winters K. Salient variables for treatment research of adolescent alcohol and other substance use disorders. *Addictions*. 2004;99:23-37.
- Fletcher A, Calafat A, Pirona A, Olszewski D, editors. *Young people, recreational drug use and harm reduction*. Luxembourg: Publications Office of the European Union; 2010.
- Ford IJH, Green CA, Hoffman KA, Wisdom JP, Riley KJ, Bergmann L, et al. Process improvement needs in substance abuse treatment: admissions walk-through results. *Journal of Substance Abuse Treatment*. 2007;33:379-89.
- Wilson M, Saggars S, Wildy H. Outcome measures for young people attending substance misuse services for detoxification and residential rehabilitation in Perth, Western Australia. Perth: Centre for Social Research, Edith Cowan University 2008.
- Staiger PK, Melville F, Hides L, Kambouropoulos N, Lubman DI. Can emotion-focused coping help explain the link between posttraumatic stress disorder severity and triggers for substance use in young adults? *Journal of Substance Abuse Treatment*. 2009;36:220-6.
- Joshi V, Grelia CE, Hser YI. Drug use and treatment initiation patterns: differences by birth cohorts. *Journal of Drug Issues*. 2001;31:1039-62.
- NH&MRC. *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: National Health & Medical Research Council; 2009.
- Berkey CA, Tamimi RM, Rosner B, Frazier AL, Colditz GA. Young women with family history of breast cancer and their risk factors for benign breast disease. *Cancer Wiley Online Library* Published online 14 November 2011 doi 10.1002/cncr.26519. 2011.
- National Treatment Agency for Substance Misuse. *Getting to grips with substance misuse among young people. The data for 2007/08*. London: National Treatment Agency for Substance Misuse 2009.
- National Treatment Agency for Substance Misuse. *Young people's specialist substance misuse treatment. Exploring the evidence*. London: National Treatment Agency for Substance Misuse 2009.
- Stockwell T, Toumbourou JW, Letcher P, Smart D, Sanson A, Bond L. Risk and protection factors for different intensities of adolescent substance use: when does the prevention paradox apply? *Drug and Alcohol Review*. 2004;23:67-77.
- Dodd J, Sagger S. *The impact of drug and alcohol misuse on children and families*. Canberra: Australian Research Alliance for Children and Youth; 2006.
- Commissioner for Children and Young People WA. *Speaking out about reducing alcohol-related harm on children and young people. The views of Western Australian children and young people*. Perth: Commissioner for Children and Young People; 2011.
- Brown SA. Measuring youth outcomes from alcohol and drug treatment. *Addiction*. 2004;99(Suppl. 2):38-46.
- Currie E. "It's our lives they're dealing with here": some adolescent views of residential treatment. *Journal of Drug Issues*. 2003;33(4):833-64.
- Milne B, Bell J, Lampropoulos B, Towns S. Alcohol, drugs and Australian young people. *International Journal of Adolescent Medicine and Health*. 2007;19(3):245-53.
- Wisdom JP, Gogel LP. Perspectives on adolescent residential substance abuse treatment: when are adolescents done? *Psychiatric Services*. 2010;61:817-21.
- Etheridge RM, Smith JC, Rounds-Bryant JL, Hubbard RL. Drug abuse treatment and comprehensive services for adolescents. *Journal of Adolescent Research*. 2001;16(6):563-89.
- Flanzer J. The status of health services research on adjudicated drug-abusing juveniles: selected questions and remaining questions. *Substance Use & Misuse*. 2005;40:887-911.
- Hser YI, Grelia CE, Hubbard RL, Hsieh SC, Fletcher BW, Brown BS, et al. An evaluation of drug treatments for adolescents in four US cities. *Archives of General Psychiatry*. 2001;58:689-95.
- Knudsen HK. Adolescent-only substance abuse treatment: availability and adoption of components of quality. *Journal of Substance Abuse Treatment*. 2009;36(2):195-204.
- Colby SM, Lee CS, Lewis-Esquerre J, Esposito-Smythers C, Monti PM. Adolescent alcohol misuse: methodological issues for enhancing treatment research. *Addiction*. 2004;99(Suppl. 2):47-62.
- Wagner EF. Developmentally informed research on the effectiveness of clinical trials: a primer for assessing how developmental issues may influence treatment responses among adolescents with alcohol use problems. *Pediatrics*. 2008;121:S337-S47.
- Wagner EF. Improving treatment through research: directing attention to the role of development in adolescent treatment success. *Alcohol Research & Health*. 2009;32:67-75.
- Foster M, Nathan S, Ferry M. The experience of drug-dependent adolescents in a therapeutic community. *Drug and Alcohol Review*. 2010;29:531-9.
- Currie E, Duroy TH, Lewis L. Qualitative explorations of adolescents in treatment. *Journal of Drug Issues*. 2003;33(4):769-76.
- SAMHSA. *Results from the 2004 National Survey on Drug Use and Health: national findings*. United States: Substance Abuse and Mental Health Services Administration; 2005.
- American Association of Children's Residential Centers. *Redefining residential: performance indicators and outcomes. Residential Treatment for Children & Youth*. 2009;26(4):241-5.
- Butler LS, Little L, Grimard AR. Research challenges: implementing standardized outcome measures in a decentralized, community-based residential treatment program. *Child & Youth Care Forum*. 2009;38(2):75-90.
- Bell E. Time, space and body in adolescent residential services: re-imagining service research. *Addiction Research and Theory*. 2007;15(1):97-111.
- Prochaska JO, DiClemente CC, Norcross JC. In search of how people change. Applications to addictive behaviours. *Am Psychol* 47:1102. *American Psychologist*. 1992;47(9):1102-14.
- Mishler EG. *Historians of the self: restorying lives, revising identities*. Research in Human Development. 2004;1(1&2):101-21.
- Taieb O, Revah-Levy A, Moro MR, Baubet T. Is Ricoeur's notion of narrative identity useful in understanding recovery in drug addicts? *Qualitative Health Research*. 2008;18(7):990-1000.

## conference report

## Beyond the buzzword: Problematising 'drugs'

3-5 October 2011, Prato, Italy

Early October saw NDRI's research activity and collaborative networks expand into Europe via the leading role staff took in an international conference on drug use entitled *Beyond the buzzword: Problematising 'drugs'*. Organised in collaboration with Monash University's School of Political and Social Inquiry and the Centre for Population Health at the Burnet Institute, the conference was held at Monash University's Prato campus, located just outside Florence, Italy. The conference attracted over 50 participants, all of whom are involved in research bringing together social theory and innovative methodologies to produce new understandings of drugs and drug consumption. Opened by Professor David Moore, head of NDRI's Ethnographic

Research Program, the conference promoted the international journal Professor Moore edits, *Contemporary Drug Problems*, offering a unique forum in which drug researchers could present original research in an atmosphere attuned to the value of social theory in re-imagining drug use and the challenges it presents.

Keynote speakers for the conference were Professor Robin Room, Director of the AER Centre for Alcohol Policy Research in Melbourne, and Dr Helen Keane, Senior Lecturer in the School of Sociology at the Australian National University in Canberra. Professor Room's day 1 plenary presentation set the context for later sessions by analysing the language used over time to describe and label alcohol and other drug use and the problems associated with it. On day 2, Dr Keane's plenary presentation provided a different but equally valuable contextualising analysis

in her discussion of the debates currently circulating around addiction terminology for the forthcoming edition of the DSM (Diagnostic and Statistical Manual of Mental Disorders, due out in 2013). Sessions on policy, stigma, gender, consumer involvement, youth and popular culture, among others, drew on and added to these contextualising discussions.

The conference committee – Dr Robyn Dwyer (NDRI), Associate Professor Suzanne Fraser (Monash University), Professor Moore, Dr Mark Stoové (Burnet Institute) and Nicola Thomson (NDRI) – is currently evaluating the conference based on delegate feedback, and the results will inform planning for a second conference, planned for 2013. The 2011 conference program and abstracts are available at: [http://ndri.curtin.edu.au/local/docs/pdf/conferences/cdp\\_2011\\_program\\_and\\_abstracts.pdf](http://ndri.curtin.edu.au/local/docs/pdf/conferences/cdp_2011_program_and_abstracts.pdf)

# project notes

## School health and alcohol harm reduction project (SHAHRP): 2011 and beyond

**Nyanda McBride**

**Background:** The award winning SHAHRP study was the first school alcohol harm reduction program to assess for impact on alcohol use, alcohol-related behaviours and alcohol-related harm. A series of studies from formative to dissemination have contributed to the development of SHAHRP.

The SHAHRP formative intervention research study (1996) incorporated drug education research, and information from focus groups with older secondary students reflecting on their alcohol-related experiences, into an early version of the program. This version was piloted with students and teachers to provide an additional assessment of content, implementation and functional capacity. Subsequent longitudinal research (funded by Healthway) of the refined SHAHRP program occurred during 1997-1999 with 2300 young people in secondary schools over a 32 month period and resulted in the several significant behavioural findings (<http://ndri.curtin.edu.au/research/shahrp/>).

Initially dissemination through conferences and scientific publications was supported by the SHAHRP Dissemination Project (funded by AERF), where training and

resources were offered to education departments around Australia. Based on this work, SHAHRP is currently the primary alcohol resource for secondary schools in South Australia. A website was developed where information about the research and resources could be downloaded. The website has helped coordinate responses to national and international interest in the program and research.

**Current status of SHAHRP:** The study's significant behavioural findings on both harm and risky alcohol use have seen adoption of the program and research methodology extend beyond Australia. The SHAHRP behavioural findings were supported in a recent Northern Ireland replication of SHAHRP research (with cultural alterations) (Michael McKay, University of Liverpool). Behavioural findings in two separate jurisdictions, provides a strong evidence basis for a harm reduction paradigm in schools using a classroom based approach. The SHAHRP program is now conducted with 16 000 students annually in Northern Ireland. In addition to an influence on practice, SHAHRP has also contributed to policy considerations in the UK with the London School of Economics recommending SHAHRP as one of ten evidence based programs to be incorporated into UK Personal and Wellbeing Curriculum. Further research is planned in the UK with the National Institute of Health (UK) recently funding a random

control trial of SHAHRP with a parental component (2012-2015).

The SHAHRP Refresh project is currently underway in Australia. Funded by Healthway, this project incorporates input from key informants who have used the program over several years. It includes: an updated review of research evidence; updated prevalence data; the inclusion of national guidelines for young people; new harm reduction strategies based on social networking; modifications to the resource packaging to reduce teacher workload; changing the trigger visual to digital format; and changes to the website to include additional requested supportive information. This work is being undertaken without modifying the evidence basis of SHAHRP as determined by the Australian and Northern Ireland analysis of fidelity of implementation. Future work on SHAHRP in Australia will involve an update of the trigger visual; possibly a reassessment of SHAHRP impact using a shorter version of the program; and the application of SHAHRP within the Indigenous context.

Attempts to help transfer SHAHRP from research to policy and practice have been proactive and reactive and continue to grow. The fundamental public health contribution of SHAHRP is the provision of a cost effective method of reducing alcohol use and harm in young Australian, and by extrapolation, within Australian society. **cl**

# ndri news

## NDRI researcher recognised as one of Australia's best

Alcohol policy expert Associate Professor Tanya Chikritzhs has been recognised as one of Australia's top researchers at the National Health and Medical Research Council annual awards ceremony in Canberra.

Tanya received an Achievement Award after her Career Development Fellowship (CDF) application was ranked first nationally in the Population Health Level 1 category. The CDF scheme aims to further develop Australian health and medical researchers early in their career, and to encourage the translation of research outcomes into practice.

Tanya leads NDRI's Alcohol Policy Research Team. She has academic qualifications in epidemiology and biostatistics, as well as 15 years' experience in alcohol research – earning her a national profile as a senior expert in her field. She has published more than 120 peer-reviewed journal articles, reports and book chapters on evaluations of alcohol policy and alcohol epidemiology.

In presenting the NHMRC awards, Minister for Mental Health and Ageing, Mark Butler said:

"Through these awards, Australia's peak body for health and medical research recognises the innovation and achievement of Australia's leading health and medical researchers."

"I congratulate the award recipients on their achievements and encourage all Australians to acknowledge the hard work and dedication of these researchers as they strive to improve the health of all Australians."



**abstracts****Evidence of increasing age of onset of cannabis use among younger Australians****Simon Lenton, Wenbin Liang and Tanya Chikritzhs***Addiction*, 2011, DOI: 10.1111/j.1360-0443.2011.03673.x

**Aim:** To determine whether declines in the prevalence of cannabis use in Australia have been accompanied by changes in age of onset of cannabis use. **Design:** A retrospective cohort study. To account for right censoring error we contrasted the mean age of onset for comparable age groups across the four surveys conducted from 1998 to 2007. Kaplan-Meier failure graphs were used to describe how the cumulative risk of first use of cannabis varied across birth cohorts born from 1947 to 1993. **Setting:** Australian data collected in the nationally representative, triennial, National Drug Strategy Household Surveys (NDSHS). **Participants:** A total of 88,268 Australian household residents aged 14yrs and older. **Measurements:** Lifetime use of cannabis and age of first use. **Findings:** For respondents under the age of 20yrs, mean age of first use of cannabis has increased from 14.6yrs in 1998 to 15.2yrs in 2007.

**Conclusions:** The decline in cannabis use prevalence that has occurred since 1998 in Australia has been accompanied by an increase in age of first use among those aged under 20yrs.

**Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability****Wenbin Liang and Tanya Chikritzhs***Drug and Alcohol Review*, 2011, 30, (5), pp 524-35

**Introduction and aims:** Associations between alcohol-related harms and numbers of outlets at the neighbourhood level have been demonstrated; however, the degree to which alcohol consumption or sales plays a part in levels of violence is not clear. This has contributed to uncertainty regarding the actual mechanisms by which outlet density may influence levels of violence. This ecological cross-sectional study investigated the effect of outlet numbers and alcohol sales on the risk of assault in Western Australia.

**Design and methods:** For 2000/2001, information on type, number and wholesale alcohol purchases of all licensed outlets

in operation, police-reported assault offences, socioeconomic/demographic data were obtained from official sources. Multivariate negative binomial regression was applied at local government area level in order to assess associations between outlet density, alcohol sales and violence occurring in both licensed and domestic settings. **Results:** Average alcohol sales volume per off-site outlet was significantly associated with all measures of assault. Numbers of on-site outlets significantly predicted violence with the exception of assaults occurring at residential premises. Alcohol sales from off-site outlets predicted violence occurring at on-site outlets.

**Discussion and conclusions:** The link between on-site outlets and violence may be primarily underpinned by negative amenity effects while off-site outlet effects occur via increased availability. Alcohol sales volumes from off-site outlets influence levels of violence, which occur at both licensed and residential settings. The substantial and wide-ranging effects of liquor stores on alcohol-related harms may have been underestimated in the literature and by policy makers.

**Guidelines for pregnancy: What's an acceptable risk, and how is the evidence (finally) shaping up?****Colleen O'Leary and Carol Bower***Drug and Alcohol Review*, 2011, DOI: 10.1111/j.1465-3362.2011.00331

**Issues:** The lack of consensus about whether low to moderate levels of prenatal alcohol exposure are a risk factor for fetal development has generated considerable debate about what advice policies and guidelines should provide. **Approach:** This paper reviews the evidence from systematic reviews and meta-analyses examining the risk from low and moderate levels of prenatal alcohol exposure, along with the results of articles published 2009–2010, after the reviews. **Key Findings:** The reported significant effects from low levels of prenatal alcohol exposure are likely due to methodological issues such as confounding and/or misclassification of exposure or outcome and there is no strong research evidence of fetal effects from low levels of alcohol exposure. However, harm is well-documented with heavy exposure and moderate levels of exposure, 30–40 g per occasion and no more than 70 g per week, have been demonstrated to increase the risk of child behaviour problems.

**Implications:** With such a small margin before there is increased risk to the fetus, it would be morally and ethically unacceptable for policies and guidelines to condone consumption of alcohol during pregnancy. Not all women will follow this advice and some women will inadvertently consume alcohol prior to pregnancy awareness requiring non-judgmental counselling and the provision of rational advice about the likelihood of risk to the fetus. **Conclusions:** The policy advice that 'the safest choice for pregnant women is to abstain from alcohol during pregnancy' should be maintained. However, the abstinence message needs to be presented in a balanced and rational manner to prevent unintended negative consequences.

**Does light alcohol consumption during pregnancy improve offspring's cognitive development?****Wenbin Liang and Tanya Chikritzhs***Medical Hypotheses*, 2011, DOI:10.1016/j.mehy.2011.09.043.

We posit that: (i) light alcohol consumption during pregnancy does not improve the cognitive development of human offspring and (ii) observational study outcomes indicating apparent protective effects arise from residual confounding due to socioeconomic status. Our hypotheses counter emerging hypotheses apparent in the epidemiological literature that light alcohol consumption during pregnancy improves offspring's cognitive development. Determining the plausibility of this proposition is important given its potential to influence women's alcohol consumption behavior during pregnancy. However, given ethical concerns, it is unlikely that a randomized control trial will be conducted to test this hypothesis. The veracity of alcohol's purported positive effect on cognitive development is therefore explored here by comparing research evidence on light alcohol consumption to the evidence for folate and DHA supplementation intake during pregnancy. An alternative approach for further testing this hypothesis in observational studies is also suggested. **cl**

# recent publications

## Monographs and Technical Reports

**Butler, T.G., Lim D., and Callander, D.**

(2011) *National prison entrants' bloodborne virus and risk behaviour survey report 2004, 2007 and 2010*. Kirby Institute, University of New South Wales, Sydney, NSW and National Drug Research Institute, Curtin University, Perth, Western Australia.

**Cercarelli, R., Allsop, S., Evans, M. and Welander, F.**

(2011) *Reducing alcohol-related harm in the workplace, an evidence review: full report* (Creating Healthy Workplaces evidence review series). Victorian Health Promotion Foundation (VicHealth), Carlton, Australia.

**Saggers, S. and Stearne, A.**

(2011) *Evaluation of the Jaru Pirjirdi suicide prevention project: final report*. National Drug Research Institute, Curtin University, Perth, Western Australia.

**Saggers, S. and Stearne, A.**

(2011) *Palka-Jarrija: enhancing capacity management*. National Drug Research Institute, Curtin University, Perth, Western Australia.

## Published Articles, Chapters and Books

**Barratt, M.J.** (2011) A trip down the Silk Road. *Injecting Advice*. [injectingadvice.com/articles/guestwrite/247-monicabarratt](http://injectingadvice.com/articles/guestwrite/247-monicabarratt)

**Barratt, M.J.** (2011) Drugs and information and communication technologies. *DrugInfo*, 9, (1), pp. 2.

**Breen, L., Wildy, H. and Saggers, S.**

(2011) Challenges in implementing wellness approaches in childhood disability services: views from the field, 58, pp. 137-153.

**Dwyer, R.** (2011) The social life of smokes: Processes of exchange in a heroin

marketplace. In Fraser, S. and Moore, D. (eds.) *The drug effect: Health, crime and society*. Cambridge University Press, Melbourne, pp 19-34.

**Fraser, S.** (2011) Beyond the 'potsherd':

The role of injecting drug use-related stigma in shaping hepatitis C. In Fraser, S. and Moore, D. (eds.) *The Drug Effect: Health, Crime and Society*. Cambridge University Press, Melbourne, pp 91-105.

**Fraser, S. and Moore, D.** (eds.)

(2011) *The Drug Effect: Health, Crime and Society*. Cambridge University Press, Melbourne.

**Fraser, S. and Moore, D.** (2011)

Constructing drugs and addiction. In Fraser, S. and Moore, D. (eds.) *The Drug Effect: Health, Crime and Society*. Cambridge University Press, Melbourne, pp 1-16.

**Fraser, S. and Moore, D.** (2011)

Governing through problems: The formulation of policy on amphetamine-type stimulants (ATS) in Australia. *International Journal of Drug Policy*, 22, (6), pp 498-506.

**Lenton, S., Liang, W. and Chikritzhs, T.N.**

(2011) Evidence of increasing age of onset of cannabis use among younger Australians. *Addiction*. "Postprint"; doi: 10.1111/j.1360-0443.2011.03673.x

**Liang, W. and Chikritzhs, T.N.** (2011)

Affective disorders, anxiety disorders and the risk of alcohol dependence and misuse. *British Journal of Psychiatry*, 199, (3), pp 219-24.

**Liang, W. and Chikritzhs, T.N.** (2011)

Does low level alcohol consumption during pregnancy improve offspring's cognitive development? *Medical Hypotheses*. doi:10.1016/j.mehy.2011.09.043.

**Liang, W. and Chikritzhs, T.N.** (2011)

Obstetric conditions and risk of first ever mental health contact during infancy, childhood and adolescence. *Midwifery*. doi:10.1016/j.midw.2011.06.003

**Liang, W. and Chikritzhs, T.N.** (2011)

Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability. *Drug and Alcohol Review*, 30, (5), pp 524-35.

**Liang, W., Chikritzhs, T.N. and Lee, A.H.**

(2011) Asthma and risk of injury for Australian males aged 6 to 30 years: A population-based birth cohort study. *Journal of Asthma*, 48, (7), pp 736-40.

**Liang, W., Lee, A.H. and Binns, C.W.**

(2011) Dietary intake of minerals and the risk of ischemic stroke in Guangdong Province, China, 2007-2008. *Preventing Chronic Disease*, 8, (2): A38.

**Malacova, E., Butler, T.G., Richters, J., Yap, L., Grant, L., Richards, A., Smith, A. and Donovan, B.**

(2011) Attitudes towards sex: a comparison of prisoners and the general community. *Sexual Health*, 8, pp 355-362.

**Massey, P.D., Miller, A., Saggers, S., Durrheim, D.N., Speare, R., Taylor, K., Pearce, G., Odo, T., Broome, J., Judd, J., Kelly, J., Blackley, M. and Clough, A.R.**

(2011) Australian Aboriginal and Torres Strait Islander communities and the development of pandemic influenza containment strategies: community voices and community control. *Health Policy*, 103, pp 184-190.

**Moore, D.** (2011) The ontological politics of knowledge production: Qualitative research in the multidisciplinary drug field. In Fraser, S. and Moore, D. (eds.) *The Drug Effect: Health, Crime and Society*. Cambridge University Press, Melbourne, pp 73-88.

**Nielsen, S., Bruno, R., Lintzeris, N., Fischer, J., Carruthers, S.J. and Stooze, M.**

(2011) Pharmaceutical opioid analgesic and heroin dependence: How do treatment-seeking clients differ in Australia? *Drug and Alcohol Review*, 30, (3), pp 291-299.

**Northcote, J.** (2011) Alcohol and the 'big night': Heavy drinking among young adults as a multi-faceted and multi-staged decision-making process. *Social Science and Medicine*, 72, (12), pp 2020-2025.

**O'Leary, C.M. and Bower, C.** (2011)

Guidelines for pregnancy: What's an acceptable risk, and how is the evidence (finally) shaping up? *Drug and Alcohol Review*, <http://onlinelibrary.wiley.com/doi/10.1111/j.1465-3362.2011.00331.x/pdf>

**Small, W., Shoveller, J., Moore, D., Tyndall, M., Wood, E. and Kerr, T.** (2011)

Injection drug users' access to a supervised injection facility in Vancouver, Canada: The influence of operating policies and local drug culture. *Qualitative Health Research*, 21, (6), pp 743-756. **cl**

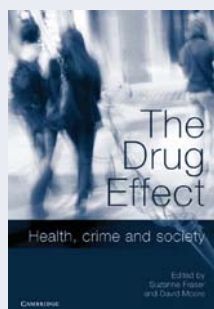
### The Drug Effect: Health, Crime and Society

Edited by Suzanne Fraser, Monash University and David Moore, NDRI, Curtin University

This textbook offers new perspectives on critical debates in the field of alcohol and other drug use. It explores social and cultural meanings of drug use and analyses law enforcement and public health frameworks and objectives related to drug policy and service provision.

- Written by international leaders in the field of drug use and emerging scholars working at the cutting edge of research.
- Offers individual pieces and an overarching critical analysis for use both as a research resource and as a teaching tool.
- Provides fresh, new perspectives on critical debates.

Paperback • Sept 2011 • AUD\$59.95 • ISBN 9780521156059  
Cambridge University Press • [www.cambridge.edu.au](http://www.cambridge.edu.au)



# staff list

# subscriptions

## NDRI staff as at December 2011

Steve Allsop	Professor, Director
Dennis Gray	Professor, Deputy Director
Simon Lenton	Professor, Deputy Director
Rob Donovan	Professor
Peter Howat	Professor
Andy Lee	Professor
Bruce Maycock	Professor
David Moore	Professor
Sherry Saggars	Professor
Tanya Chikritzhs	Associate Professor
Ted Wilkes	Associate Professor
Julia Butt	Senior Research Fellow
Owen Carter	Senior Research Fellow
Geoffrey Jalleh	Senior Research Fellow
Nyanda McBride	Senior Research Fellow
Monica Barratt	Research Fellow
Susan Carruthers	Research Fellow
Robyn Dwyer	Research Fellow
Kate Frances	Research Fellow
Ed Garrison	Research Fellow
William Gilmore	Research Fellow
Jonathan Hallett	Research Fellow
Wenbin Liang	Research Fellow
Irene Ngune	Research Fellow
Lynn Roarty	Research Fellow
Martyn Symons	Research Fellow
Amanda Wilson	Research Fellow
James Fetherston	Research Associate/PhD Scholar
Tina Lam	Research Associate/PhD Scholar
Richard Pascal	Research Associate
Aurora Popescu	Research Associate
Candice Rainsford	Research Associate
Maurice Shipp	Research Associate
Anna Stearne	Research Associate
Clare Stevens	Research Associate
Lauren Bell	Research Officer
Jesse Young	Research Assistant
Jemma Pope	Research Assistant
Fran Davis	Business Manager
Rachael Lobo	Communications Officer
Vic Rechichi	Communications Officer
Paul Jones	Computer Systems Officer
Jo Hawkins	A/Administration Officer
Patricia Niklasson	A/Administration Officer
Jodie Koch	A/Secretary/Admin Assistant
Angela Riccardi	A/Secretary/Admin Assistant
Clare Dalais	Clerical Officer
Jillian Evans	Clerical Officer
Michael Cole	PhD Scholar
Rashid Fflewellen	PhD Scholar
Rachael Green	PhD Scholar
Amy Pennay	PhD Scholar
Nicola Thomson	PhD Scholar

## Adjunct Appointments

David Hawks	Professorial Fellow
Tony Butler	Professor
Kaye Fillmore	Professor
Kate Graham	Professor
Tim Stockwell	Professor
Nicole Lee	Associate Professor
Wendy Loxley	Associate Professor
Richard Midford	Associate Professor
Neil Donnelly	Senior Research Fellow
Peter Miller	Senior Research Fellow
Celia Wilkinson	Senior Research Fellow
Vi Bacon	Research Fellow
Allyson Brown	Research Fellow
Jocelyn Jones	Research Fellow

## IMPORTANT INFORMATION FOR READERS

### Changes to *CentreLines* distribution

NDRI would like to advise subscribers and readers of *CentreLines* that the distribution arrangements for *CentreLines* are in the process of changing, moving away from printed hard copy towards predominantly electronic circulation.

In future readers will be sent an email which advises that the latest *CentreLines* issue is available, gives a brief outline of content, and provides a direct link to a PDF of the issue on the NDRI website, which can then be read online or downloaded and printed.

We hope that you find *CentreLines* of value and wish to continue receiving it. In order to do so, please ensure that you provide us with your email address using one of the following methods:

1. Send an email giving your name, organisation and telephone number, with the words "CentreLines Subscription" in the "Subject" box to:

[ndri@curtin.edu.au](mailto:ndri@curtin.edu.au)

2. Complete the form below, copy and return it by mail or fax to:

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

## CentreLines Electronic Subscription Details

Please add me to the electronic mailing list for my free copy of *CentreLines*  
from the National Drug Research Institute

Name:

Organisation:

Email Address:

Phone Number:

We welcome your feedback on all issues discussed in *CentreLines*. If you would like to write to us, please send all correspondence to Rachael Lobo, Editor at the address below or email [r.lobo@curtin.edu.au](mailto:r.lobo@curtin.edu.au).



Curtin University



UNSW  
THE UNIVERSITY OF NEW SOUTH WALES

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

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