

# centre lines

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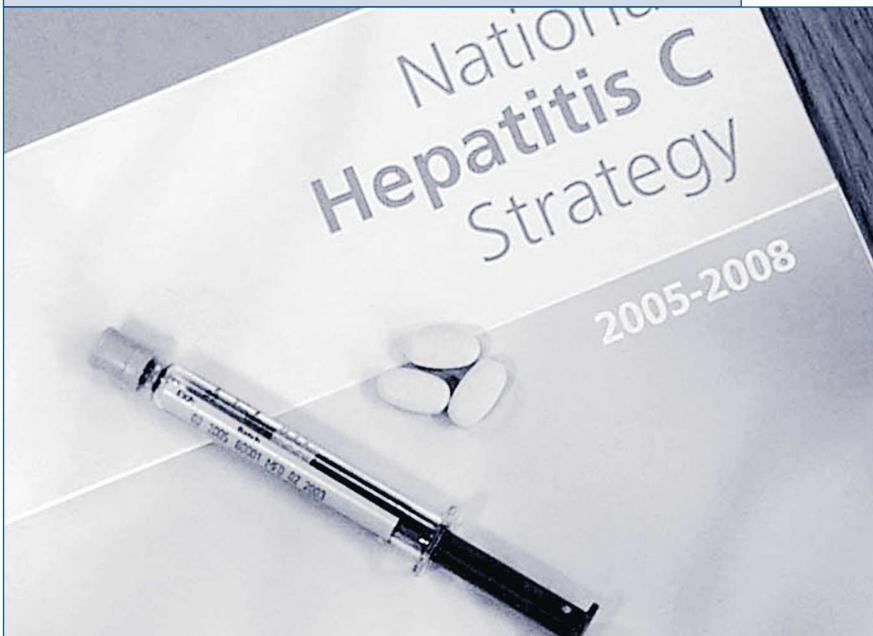
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## issuing forth

Hepatitis C treatment for injecting  
drug users: some major barriers



## edspace

Welcome to the final edition of CentreLines for 2005.

In *Headspace*, NDRI Director Steve Allsop and Deputy Director Dennis Gray examine the various challenges that lie in addressing alcohol and other drug problems in Indigenous communities, including directing our attention to structural determinants of drug use and related harm.

In *Issuing Forth*, Susan Carruthers suggests that improving access to anti-viral treatment and developing specific models of care will give us the best chance of reducing the prevalence of hepatitis C among injecting drug users.

*Project Notes* outlines a range of projects, from the Responsible Parenting Initiative to alcohol and party drug use among young people and project partnerships with Indigenous Communities.

This edition also marks the recognition of the work of two NDRI researchers with an Injury Prevention Award by the Injury Control Council of WA.

Best wishes for a happy and safe festive season and I look forward to seeing you in 2006.

Vic Rechichi  
Editor

## contents

edspace ..... 1

headspace ..... 2

Enough is enough: Addressing the  
harm in Indigenous communities

issuing forth ..... 3

Susan Carruthers discusses the  
barriers to hepatitis C treatment for  
injecting drug users

project notes ..... 4

- A study of alcohol use among young adults
- The social, cultural and economic contexts of concurrent alcohol and party drug use: Risk environments and the implications for prevention
- Youth Led Futures – Partnerships with Indigenous Communities
- Evaluation of the Western Australian Responsible Parenting Initiative

abstracts ..... 6

Summaries of recently published  
articles

recent publications ..... 7

Summaries of recently published  
articles

staff list ..... 8

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# headspace

## Indigenous harm slipping under the radar?

It has been consistently pointed out that alcohol and other drug problems affect the whole Australian community. Nevertheless, they have a particular resonance for Indigenous people and communities. While there are a number of government and community responses, problems remain at unacceptably high levels and indeed, in some cases, may be getting worse.

The phrase "may be getting worse" is used advisedly. Unfortunately, the most thorough attempt to identify the level of use and harm among Indigenous Australians is now more than a decade old<sup>(1)</sup>. No similarly comprehensive national survey has been undertaken since. What evidence is available, from the triennial National Drug Strategy Household Surveys and from more localised studies, does create concern. While there are indications of small reductions in tobacco use, rates of consumption among Indigenous Australians are still twice as high as among other Australians, and tobacco related disease and death are similarly elevated. While many Indigenous Australians do not drink, or drink at modest levels, Indigenous Australians are twice as likely to consume alcohol at harmful levels, and the situation is not really getting better, and may even be getting worse especially for young Indigenous women. There is evidence that cannabis and amphetamine use is beginning to have greater impact, and rates of injecting are comparatively high in some communities.<sup>(2)</sup>

With problems of such magnitude, it is imperative that we improve and maintain quality evidence on patterns and prevalence of use and harm. However, it is more than simple regular data gathering. Many of the assumptions regarding the contribution of alcohol and other drug use to health and other related harm may need to be reviewed and not unquestioningly applied to Indigenous communities. To illustrate, alcohol aetiologic fractions must be based on sound and timely estimates of the prevalence of the criteria of interest in a given population. The vast majority of studies, which are used to calculate Australian alcohol aetiologic fractions, are based on international populations. Meta-analyses based on data from developed countries with largely Caucasian populations have resulted in a conclusion that there is insufficient evidence to determine any causal or protective role for alcohol in diabetes.<sup>(3)</sup> While this may apply to the general Australian population, for Indigenous Australians alcohol could play a more substantial role, resulting in an underestimation of alcohol-attributable mortality and morbidity. It is timely that the Commonwealth Department of Health and Ageing has commissioned the Australian Institute of Health and Welfare to bring together Indigenous leaders and research expertise to examine and develop effective responses to this

important weakness in strategies to enhance Indigenous well-being.

Of course, intelligence arising from accurate assessment of the needs of communities will be valuable to the extent that it informs and is accompanied by effective responses. Unfortunately, again there is a dearth of evidence that can guide effective responses. Various responses directed towards individuals, families and/or communities have been funded and developed, but there are limited robust evaluations of these interventions. That is not to say that they all lack indications of success – far from it, there is much for us to learn from local interventions. Stempel and colleagues<sup>(4)</sup> have described the factors that are associated with success, such as Indigenous community control and good governance, adequate resourcing and recruitment, and development and retention of quality staff who can embrace holistic and flexible interventions. However, in the absence of adequate resourcing and with a limited evidence base, it is hard to develop bold guidelines on quality practice.

This contributes to and is compounded by an uneven distribution of resources and services. Gray and colleagues<sup>(5)</sup> found that allocations of resources across Australia relate more to historical factors rather than other factors that should also influence service planning. For example, the largest proportion of resources is allocated to regions that are not necessarily exhibiting the greatest need (at least in terms of size of population, because we have inadequate data on variations in the extent of problems) and of all the interventions, residential services attract the greatest amount of funding. Community based interventions and prevention initiatives attract a very small proportion of the funding and much of this is short-term, non-recurrent funding. Consequently, many Indigenous community-controlled organisations invest an inordinate amount of time and resources developing funding submissions that result in a short term outcome. It is difficult to attract and retain quality staff and achieve quality outcomes in such environments.

In general, there is a challenge to enhance the expertise of those who respond to people affected by drug use. The need is more acute for Indigenous communities. Again, some action is occurring – IGCD has supported a cost-shared funding project to develop and enhance the capacity of those responding to Indigenous people's needs. It is also important to invest in strategies to support Indigenous leaders who can develop and build Indigenous research capacity, which in turn can enhance responses. Long-term investment in developing prevention, clinical and research expertise will assist this. Those of us in mainstream services can contribute by responding positively to invitations



to share our expertise, developing sustainable capacity as we do so.

In concert with building the capacity of Indigenous community controlled organisations, we might invest effort and resources in extending primary care interventions, to complement the important role played by residential treatment services<sup>(6)</sup>. This can be enhanced by significant investment in longer term and more stable prevention and community based interventions. Strategies aimed at individuals, families and communities are important. However, we should also direct our attention to the structural determinants of drug use and related harm – the cultural, economic and quality of life factors that are antecedents to and help maintain harmful drug use can be ignored only if we are prepared to accept the current high levels of harm that exist for a significant proportion of Indigenous communities.

*Steve Allsop and Dennis Gray*

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## Hepatitis C treatment for injecting drug users: some major barriers

Harm reduction measures, such as needle and syringe programs, drug treatment and prevention education, introduced to prevent the spread of HIV among injecting drug users (IDU) have had a marginal effect on the hepatitis C epidemic that exists in the same population. Although needle and syringe programs (NSP) have prevented an estimated 23,000 cases of hepatitis C over the past decade, prevalence of infection among IDU remains very high and there are few indications that it is decreasing (National Centre for HIV Epidemiology and Clinical Research, 2005). Indeed, transmission among Aboriginal IDU and among IDU aged between 19-25 years is increasing (MacDonald & Zhou, 2002).

Although prevention of transmission remains a critical component in the fight to control the hepatitis C epidemic, there is another way to reduce prevalence that is supported by the National Hepatitis C Strategy (Commonwealth Department of Health and Aging, 2005): increasing the uptake of anti-viral treatment. There have been major advances in the development of hepatitis C treatments over the past five years. Monotherapy with Interferon, which was successful in less than 20% of cases in the early 1990s, has been modified and in combination with a second antiviral drug, Ribavirin, now boasts a success rate in the region of 75%.

The aim of anti-viral therapy is to improve survival by reducing progression to the major health consequences of hepatitis C - cirrhosis, liver failure and liver cancer - which affect one-fifth of those infected. The drugs involved in therapy are however associated with severe side effects. Interferon is associated with a range of debilitating side effects including nausea, weight loss, lack of concentration, general malaise and extreme tiredness. While most of these effects do not lead to discontinuation of treatment, they can affect an individual's ability to function day-to-day. Ribavirin is also associated with side effects and is known to be teratogenic, hence strict rules regarding contraception apply to those of child-bearing years.

Until 2001, active injecting drug use was considered an exclusion criterion for hepatitis C treatment. There were concerns that IDU would be unable to comply with the strict treatment regimes and the often severe side effects associated with anti-viral therapy. The publication of reports from a growing number of clinical treatment studies conducted in Australia, the United States and Western Europe (e.g. (Cournot et al., 2004; Matthews, Kronborg, & Dore, 2005; Sylvestre, 2002; Van Thiel, Anantharaju, & Creech, 2003) have allayed these concerns. These studies demonstrate that compliance with treatment and viral response among IDU are no different than those found among non-IDU. Injecting drug use is no longer an exclusion criteria and it is now recommended that decisions about treatment be made on a case by case basis. Nevertheless, IDU participation in hepatitis C treatment remains low. In 2004, less than 5% of NSP attendees reported having received hepatitis C treatment in the past and less than 1% were receiving treatment at the time of interview (National Centre for HIV Epidemiology and Clinical Research, 2005). These figures suggest there are major barriers

to IDU accessing hepatitis C treatment.

Three major barriers have been identified. The first concerns the treatment itself and affects all those considering treatment: the protracted nature of treatment (6 to 12 months), the association between Interferon and depression, and the general malaise and lack of concentration which can have a profound effect on the individual's ability to function at work or in the home. The second barrier concerns awareness of treatment options. Advances in hepatitis C treatment are relatively recent and studies of IDU in a variety of settings show that many are unaware of the availability of treatment or believe that injecting drug use is still an exclusion criteria for treatment (Doab, Treloar, & Dore, 2005). The third barrier, which is particularly pertinent to IDU, is associated with discrimination and stigmatisation against those with hepatitis C. Stigma and discrimination, which is acknowledged in both published literature and government reports, are reportedly experienced in a variety of settings including government agencies, within health and medical settings and in interactions with family and friends (Burrows & Basset, 1996; Publick, 1998). Much of the stigma attached to hepatitis C is thought to arise through its associations with injecting drug use, and investigations among IDU demonstrate the effect this has on access to hepatitis C treatment. In 2002, IDU in New South Wales were less likely to report ever having treatment than those who were infected by other means (Hopwood & Treloar, 2003). Furthermore, age variations in treatment uptake were found, with older respondents (>45 years) more likely to have taken part in anti-viral therapy. A Victorian study (Stoove, Gifford, & Dore, 2005) revealed that not being an IDU was an important predictor of referral to a liver clinic and, even when referral had taken place, a history of IDU was associated with a lower chance of receiving treatment for hepatitis C.

While the barriers to accessing hepatitis C treatment for IDU are considerable, they can be overcome. The 'shared care' model of treatment, which involves nursing and medical staff in hospital liver clinics, general practitioners in the community and psychiatric and social services, has been shown to be successful in supporting people on therapy. Discrimination and stigma need to be addressed by comprehensive health sector workforce development within which drug use and drug use issues are addressed and awareness of treatment options can be promoted among IDU populations through peer based programs, NSP and drug treatment programs.

All those with chronic hepatitis C, especially IDU, should be assessed for eligibility for anti-viral treatment. Even if not eligible for treatment at the time, the assessment process provides a window of opportunity to i) promote prevention of further transmission, ii) assess and counsel on lifestyle modifications that will assist in the management of infection, and iii) ensure that long term management plans are in place. Improving access to hepatitis C anti-viral treatment for current IDU has the potential to reduce the prevalence of infection within the IDU population which will not only result in significant future cost savings for the health sector but also reduce the risk of hepatitis C transmission through

injecting. Models of care specific to IDU will need to be developed to ensure that those who do choose the treatment option have the highest chance of success.

*Susan Carruthers*



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# project notes

## A study of alcohol use among young adults

David Moore and Jeremy Northcote

This study, funded by the Alcohol Education and Rehabilitation Foundation (AERF), addresses the important problem of alcohol misuse among young adults. Previous research has shown that more young adults are consuming alcohol at an earlier age, and using high-risk drinking patterns. Over-consumption of alcohol among young adults is contributing to higher risks and harms associated with alcohol misuse, such as acute alcohol intoxication, road accidents and violent injury. Despite clear evidence of its prevalence, there has been little in-depth, qualitative research on the social contexts and cultural meanings of young adults' drinking.

The project links structured direct observation of the drinking practices of young adults' with in-depth interviews that focus on the meanings that young adults attach to these practices. The results are intended for policy makers and practitioners involved in efforts to reduce harms associated with alcohol consumption, which present enormous health, social and personal costs to the community.

The specific aims of the research project are to:

1. Describe the cultural meanings and social contexts of alcohol use among young adults in recreational settings.
2. Compare and contrast alcohol use across three types of recreational venue – nightclubs, hotels and private parties.
3. Understand the specific circumstances in which binge drinking and related risk behaviours occur.
4. Investigate the impact of social networks and life transitions on young adults' use of alcohol.

The research emphasises detailed fieldwork observation in combination with in-depth interviews. The fieldwork phase began in October 2005, involving a team of seven field investigators working in pairs to conduct field observation among multiple networks of young adults who frequent clubs, hotels and private parties in Perth. During each session, field investigators document detailed information about the alcohol consumption practices of participants. Fieldwork observation focuses on the situational factors that have been highlighted as important in previous research, such as: the amount, type and pace of alcohol consumption; time of alcohol consumption; spatial positioning and movement within the venues; social interactions; risk-related behaviour; harm-reduction strategies; and any modification of activity as a result of regulation by venue staff and police.

The fieldwork data will be complemented by in-depth interviews with participants, which will explore attitudes and biographical factors that help explain the behaviours observed. The result will be the compilation of detailed profiles of the drinking patterns and related social meanings of participants. These profiles will be the basis for devising models of best practice for harm minimisation among young adults, which will assist education programs that encourage young adults to drink responsibly and also assist policy makers and practitioners in helping to reduce the harms associated with alcohol misuse.

## Alcohol Education and Rehabilitation Foundation PhD Scholarship: The social, cultural and economic contexts of concurrent alcohol and party drug use: Risk environments and the implications for prevention

Amy Pennay, David Moore and Simon Lenton

Although it is now well-recognised that most illicit drug users are polydrug users, their use of alcohol, and the relationship between alcohol and other drugs, has been less often explored. In the past, the use of amphetamines, ecstasy, LSD and other 'party drugs' had been primarily part of a distinct 'rave' or 'dance party' counter-culture, where alcohol was usually shunned. However, in recent years, as rave culture has become more mainstream and parties held in licensed venues, concurrent use of alcohol and 'party drugs' has become a part of dominant youth culture. This is a potentially important area of study given that concurrent use of alcohol and other drugs can exacerbate both the risks and the harms associated with alcohol or any of these drugs when used in isolation. As the consumption of 'party drugs' has moved into the licensed club scene, new challenges have arisen for venue management, health authorities and regulators.

This project integrates two previously discrete bodies of research: research on alcohol use, and on 'party drug' use, amongst young people. National monitoring systems, such as the National Alcohol Indicators Project, the Illicit Drug Reporting System and the Party Drug Initiative, have documented recent increases in the prevalence of both alcohol and 'party drug' use amongst young people. They have also documented rises in the levels of risk behaviour and harms associated with their use: road trauma, assault and unsafe sexual behaviour in the case of alcohol; hospital admissions, dependence, psychiatric admissions, risk of blood-borne virus transmission, violence and unsafe sexual behaviour in the case of party drugs. However, little is known about the social, cultural and economic contexts of concurrent alcohol and 'party drug' use, and how the harms associated with concurrent use manifest themselves amongst young people.

Employing ethnographic methods of observation, interaction and interviews with young people, this project will examine the social, cultural and economic contexts of concurrent alcohol and 'party drug' use in licensed settings. Particular attention will be paid to the risks and associated harms of concurrent alcohol and 'party drug' use, with a focus on the strategies that young people may have already developed in order to reduce these harms. An examination of the challenges that concurrent alcohol and 'party drug' use pose for venue management, health authorities and regulators, and their current responses, will also be explored through interviews with these stakeholders. The findings will inform the design of appropriate policy recommendations and interventions to minimise the harm associated with the concurrent use of alcohol and 'party drugs'.

## Youth Led Futures – Partnerships with Indigenous Communities

Sherry Siggers and Anna Stearne

*My name is Polly-Anne Napangardi Dixon. I am 22 years of age. I live at Yuendumu community, 300km north-west of Alice Springs in the Northern Territory. Back in 1993, when I was 13, I sniffed petrol. It made me feel good but I know it was bad for me. I used to get a hiding from my family – they used to hit me with a nulla nulla (traditional Aboriginal weapon). They used to send me to Larjamanu to live with my father – but I had to come back and sniff petrol again because my friends were sniffing petrol. In 1994 my mother sent me to Kormilda College in Darwin. I had to stay there for two years. Every holiday I used to come back and sniff petrol again.*

*There were lots of young people sniffing petrol in Yuendumu then – about 30 or 40. But it's not good sniffing petrol – petrol makes you go mad. It will make you forget everything – forget your family and your country. Lots of young people used to go to the outstation Mt Theo because they were sniffing. People from Yuendumu wanted the sniffers to go out bush to stay away from petrol. Petrol sniffers have to be there for one month where they go out hunting with Traditional Owners. Life was difficult at that time. Now I don't sniff anymore. We don't have petrol sniffers in Yuendumu.*

*Now I'm working with Strong Voices project. We try to help young people not to sniff petrol and make our community better for young people and everybody. Every night young people walk around – not doing anything, they might end up being a sniffer or getting drunk from grog or gunga. We don't want young people to forget their culture and family. To stop young people getting into trouble we run discos and do basketball competitions and softball for young girls. We want our community to be strong.*

*Every month we take young people out bush and we talk to them about Strong Voices – we stay out bush, near sacred sites, for about three nights. We talk about our lives, what we like and don't like about Yuendumu and how we can make Yuendumu better for young people and young people love it. I like living in Yuendumu with my family and close to my country. When we live in town we get into trouble – drinking all day smoking gunga – out bush we can go hunting and our grandmothers tell us stories about the old days and we love it. We want young people to help us with Strong Voices to keep the community strong. We want to share our strong voices with other young people outside Yuendumu too so they can learn what life is really like for Yapa (Warlpiri Aboriginal people) and we can all share stories of life (Polly-Anne Napangardi Dixon – About Life, [www.abc.net.au/heywire/stories/2002/nt/pand.htm](http://www.abc.net.au/heywire/stories/2002/nt/pand.htm)).*

The Strong Voices project Polly-Anne refers to is one of four initiatives under Youth Led Futures – Partnerships with Indigenous Communities (funded by the Foundation for Young Australians) designed to promote innovative enterprises for young Indigenous people across Australia. Sherry Siggers and Anna Stearne (with Jude Bridgland Sorenson from Edith Cowan University) are evaluating these four projects over two years. All of the projects are designed to engage young Indigenous Australian people more broadly in their communities and provide leadership opportunities for them. In the process, it is hoped

that substance misuse and other risky behaviours might be reduced. As Polly-Anne's story indicates, some of the projects have already achieved strong community support.

The evaluation aims to provide assistance to each of the partners (in Fitzroy Crossing, WA; Yuendumu, NT; and Bowraville and Toomelah, NSW) and to The Foundation for Young Australians with the ongoing implementation of each initiative. Evaluation objectives are to describe and monitor the implementation and development of each project, and to make recommendations for change and adaptation to each project where required. Sherry, Anna and Jude have been working with each group to develop a suitable methodology to achieve its aims and objectives. This includes, for instance, photographic diaries of initiatives and personal and community narratives. They are also measuring the performance of the Youth Led Futures grant model and its broad social impact.

## Evaluation of the Western Australian Responsible Parenting Initiative

*Peter Homel, Julia Tresidder, Denise Cail, Richard Midford*

The Responsible Parenting Initiative is a new program introduced by the WA Government under the auspices of the Office of Crime Prevention to promote the responsibility of parents for ensuring that their children do not engage in anti-social, truanting or offending behaviour and to provide appropriate assistance and support to enable them to meet this responsibility. *ParentSupport* is the service component of this program and has been introduced as a way of increasing parenting capacity, by improving the skills and confidence of parents and caregivers of children with problematic behaviour. The referral of parents to *ParentSupport* can only come from certain State Government service agencies that have identified children misbehaving in the community or at school. Involvement with *ParentSupport* is currently voluntary and parents may discontinue working with the service at any time. This may change in the future with the introduction of legislation to allow a Court to make an order requiring a parent to undertake certain activities, including engaging in parenting support services.

The Australian Institute of Criminology (AIC) has overall responsibility for evaluating the Responsible Parenting Initiative, and has involved NDRI in collecting data for the evaluation of *ParentSupport*. The objectives of this element of the evaluation are to investigate the effectiveness of *ParentSupport* in regard to the provision of skills training and support for parents, and to assess the nature and extent of collaboration between stakeholding agencies. NDRI will be involved in surveying consenting parents, who have engaged the services of *ParentSupport*, and in conducting in-depth interviews with a sub-sample from this group. In addition, structured interviews will be conducted with key staff from the stakeholding agencies involved in the Responsible Parenting Initiative. A report due at the end of March 2006 will provide details of the referral process between *ParentSupport* and the partner agencies, and provide an analysis of how they are working together. Some of the outcomes for parents and children will be analysed in a later report due at the end of September 2006.

## Injury Prevention Award for researchers

Two National Drug Research Institute researchers have won the Award for Excellence in Injury Prevention Research from the Injury Control Council of Western Australia.

Tanya Chikritzhs and Richard Pascal were recognised for their work on the National Alcohol Indicators Project, which has produced seven influential Bulletins widely cited in the national media and policy documents.

These Bulletins, which have had a particular focus on alcohol related injury (e.g. alcohol related violence; alcohol caused road traffic injury), have distilled large data sets to effectively show the relationship between alcohol consumption and related harm.

The award recognises achievements and excellence in injury prevention research undertaken in Western Australia. The criteria by which the award was judged included that the research was based on good science, produced practical useful results, contributed to reducing injury in WA and that the results of the research were widely disseminated.

In announcing the award, the judges said sound scientific research provided the evidence on which effective injury prevention advocacy, policy and programs were based.

"Tanya and Richard have been involved in and have taken a leadership role in a range of major national and international projects related to alcohol use and harm," the judges said.

"The first seven National Alcohol Indicators Project Bulletins have been widely distributed and have been used by government and non government organisations across the country to inform policy – which is evidenced by regular citations in government policy documents and NGO sector publications.

"Their work regularly gains substantial media coverage across the country including front page coverage in the major print media and considerable electronic media coverage.

"The work produced by Tanya and Richard has had a significant impact on the prevention of injury and violence associated with alcohol use."



**Tanya Chikritzhs, second from left, and Richard Pascal, right, with Minister for Community Safety Michelle Roberts and ICCWA President Associate Professor Richard Midford at the Injury Control Council of WA Awards.**



## Anna off to the Alice

NDRI Indigenous Research Associate Anna Stearne will spend the next 10 months as a Senior Project Officer at Tangentyere Council in Alice Springs, helping to enhance a Patrol Monitoring and Evaluation Database and developing an interactive electronic training package to broaden the database's reach.

Originally developed in partnership between Tangentyere Council, Julalikari Council, Kununurra-Waringarri Aboriginal Corporation and the National Drug Research Institute, the Database project aimed to develop and distribute a low-cost computerised database that enabled Aboriginal community controlled organisations to independently monitor and evaluate their night patrols and warden schemes.

The database has proven reasonably successful, being used by 14 patrols. However, inadequate training support has meant a number of patrols that wish to do so have yet to use it. Enter Anna who will work alongside Donna Campbell – a local Indigenous Project Officer selected by Tangentyere Council – to address this problem.

The project, funded by the Alcohol Education and Rehabilitation Foundation, provides an opportunity to upgrade and enhance the database and develop the training package. It is anticipated the training package will incorporate animation, video footage, audio sound, speech in English and three Aboriginal languages, and interactive onscreen testing. Development of the package will be guided by patrollers based in Western Australia, the Northern Territory and Queensland.

Anna (pictured above) said having project officers based in Alice Springs would allow them to more easily consult with the patrols involved in this project.

## London calling

NDRI Deputy Director Simon Lenton presented research on cannabis law reform at three presentations in London in September. During the visit, Dr Lenton spoke at a conference, Cannabis: mental health, treatment and criminal justice responses - Appraising the latest evidence, held at the Royal College of Physicians. He also presented at the National Addiction Centre and the Institute for Criminal Policy Research at Kings College.

## NDRI promotional tour

Three NDRI staff received promotions as this edition of *Centrelines* was about to go to press. Simon Lenton and David Moore have been promoted to Associate Professor, and Tanya Chikritzhs was promoted to Senior Research Fellow.

## abstracts

## Cannabis law reform in Western Australia: an opportunity to test theories of marginal deterrence and legitimacy

Monica Barratt, Francoise Chanteloup, Simon Lenton and Alison Marsh

*Drug and Alcohol Review*, 2005, 24, (4), pp. 321-330

**Background:** Marginal deterrence refers to deterrence of a more harmful act because its expected sanction exceeds that for a less harmful act. Legitimacy of the law predicts that laws perceived as fair will generate compliance and laws perceived as unfair will generate defiance. The introduction of the Cannabis Infringement Notice (CIN) scheme in Western Australia provided an opportunity to test these theories by assessing whether perceptions of certainty, severity and fairness of punishments dictated by the CIN scheme would affect how regular cannabis users intended to obtain cannabis after legislative change.

**Methods:** 100 Perth residents (mean age 32.2 years; two-thirds male) who reported using cannabis at least once a week were given semi-structured interviews before the CIN scheme came into effect.

**Results:** There was limited opportunity for the CIN scheme to affect marginal deterrence as most of the sample were already purchasing or growing within the lower penalty thresholds. Yet of the minority who were purchasing and growing outside of the CIN scheme, a significant proportion reported intending to change their behaviour to fit within the scheme, including the only purchaser of more than 30 grams and 6 of 14 non-hydroponic growers of 3 or more plants. Perceived certainty, severity and fairness of penalties were not as important in determining purchasing and growing behaviour as factors such as 'meeting needs', 'cost' and 'preference'.

**Conclusion:** The results suggest that under the CIN scheme, marginal deterrence and legitimacy will likely play only a small or selective role in decisions about obtaining cannabis, although in some areas, such as the numbers of non-hydroponic plants, marginal deterrence may be evident.

## Expected impacts of the Cannabis Infringement Notice Scheme in Western Australia on regular users and their involvement in the cannabis market

Francoise Chanteloup, Simon Lenton, James Fetherston and Monica Barratt

*Drug and Alcohol Review*, 2005, 24, (4), pp. 311-319

**Background:** Effect on the cannabis market is one area of interest in the evaluation of the new

'prohibition with civil penalties' scheme for minor cannabis offences in WA. One goal of the scheme is to reduce the proportion of cannabis consumed that is supplied by large-scale suppliers that may also supply other drugs.

**Methods:** As part of the pre-change phase of the evaluation, 100 regular (at least weekly) cannabis users were given a qualitative and quantitative interview covering knowledge and attitudes towards cannabis law, personal cannabis use, market factors, experience with the justice system, and impact of legislative change.

**Results:** Some 85% of those who commented identified the changes as having little impact on their cannabis use. Some 89% of the 70 who intended to cultivate cannabis once the CIN scheme was introduced suggested they would grow cannabis within the 2 non-hydroponic plant limit eligible for an infringement notice under the new law. Only 15% believed an increase in self supply would undermine the large scale suppliers of cannabis in the market and allow some cannabis users to distance themselves from its unsavoury aspects. Only 11% said they would enter or re-enter the cannabis market as sellers as a result of the scheme's introduction.

**Conclusion:** Most respondents who commented believed that the impact of the legislative changes on the cannabis market would be negligible. The extent to which this happens will be addressed in the post-change phase of this research. Part of the challenge in assessing the impact of the CIN scheme on the cannabis market is that it is distinctly heterogeneous.

## The impact of the Northern Territory's Living With Alcohol program, 1992-2002: revisiting the evaluation

Tanya Chikritzhs, Tim Stockwell and Richard Pascal

*Addiction*, 2005, 100, pp. 1625-1636

**Aims:** To evaluate the effects of the Living With Alcohol (LWA) program and the LWA Alcoholic Beverage Levy on alcohol-attributable deaths in the Northern Territory (NT) controlling for simultaneous trends in death rates from a control region and non-alcohol related death trends in the NT, between 1985 and 2002.

**Design:** The LWA program was introduced in 1992 with funding from a special NT tax (Levy) on beverages with greater than 3% alcohol content by volume. The Levy was removed in 1997 but the LWA program continued to be funded by the Federal Government until 2002. Trends in age standardised rates of acute and chronic alcohol-attributable deaths in the NT were examined before, during and after the combined implementation of the LWA program and Levy; and before and during the full length of the LWA program. ARIMA time series analyses included internal and external control series and adjustments for possible confounders. Separate estimates were made for Indigenous and non-Indigenous NT residents.

**Findings:** When combined, the Levy and the LWA program were associated with significant declines in acute alcohol-attributable deaths in the NT as well as Indigenous deaths between 1992 and 1997. A significant but delayed decline in chronic deaths was evident towards the end of the study period between 1998 and 2002.

**Conclusions:** The combined impact of the LWA program levy and the programs and services funded by the levy reduced the burden of alcohol-attributable injury to the NT in the short-term and may have contributed to a reduction in chronic illness in the longer term. The results of this study present a strong argument for the effectiveness of combining alcohol taxes with comprehensive programs and services designed to reduce the harms from alcohol, and underline the need to distinguish between the acute and chronic effects of alcohol in population level studies.

## Adverse mental health effects of cannabis in two Indigenous communities in Arnhem Land, Northern Territory (Australia): an exploratory study

Alan Clough, Peter d'Abbs, Sheree Cairney, Dennis Gray, Paul Maruff, Robert Parker and Bridie O'Reilly

*Australian and New Zealand Journal of Psychiatry*, 2005, 39, (7), pp. 612-620

**Objective:** We investigated adverse mental health effects and their associations with levels of cannabis use in Indigenous Australian cannabis users in remote communities in the Northern Territory (NT).

**Method:** Local Indigenous health workers and key informants assisted to develop 28 criteria describing mental health symptoms. Five symptom clusters were identified using cluster analysis of data compiled from interviews with 103 cannabis users. Agreement was assessed (method comparison approach, kappa-k statistic) with a clinician's classification of the 28 criteria into five groups labelled: 'anxiety', 'dependency', 'mood', 'vegetative' and 'psychosis'. Participants were described as showing 'anxiety', 'dependency', etc, if they reported half or more of the symptoms comprising the cluster. Associations between participants' self-reported cannabis use and each symptom cluster were assessed (logistic regression adjusting for age, sex, other substance use).

**Results:** Agreement between two classifications of 28 criteria into five groups was 'moderate' (64%,  $k=0.55$ ,  $P<0.001$ ). When five clusters were combined into three: 'anxiety-dependency', 'mood-vegetative' and 'psychosis', agreement rose to 71% ( $k=0.56$ ,  $P<0.001$ ). 'Anxiety-dependency' was positively associated with number of 'cones' usually smoked per week and this remained significant when adjusted for confounders ( $P=0.020$ ) and tended to remain significant in those who had never sniffed petrol ( $P=0.052$ ). Users of >5 cones per week were more likely to display 'anxiety-dependency' symptoms than

# recent publications

those who used 1 cone per week (OR=15.8, 1.8-141.2, P=0.013). A crude association between the 'mood-vegetative' symptom cluster and number of cones usually smoked per week (P=0.014) also remained statistically significant when adjusted for confounders (P=0.012) but was modified by interactions with petrol sniffing (P=0.116) and alcohol use (P=0.276). There were no associations between cannabis use and 'psychosis'.

**Conclusions:** Risks for 'anxiety-dependency' symptoms in cannabis users increased as their level of use increased. Other plausible mental health effects of cannabis in this population of comparatively new users were probably masked by alcohol use and a history of petrol sniffing.

## Community attitudes towards cannabis law and the proposed Cannabis Infringement Notice Scheme in Western Australia

James Fetherston and Simon Lenton

*Drug and Alcohol Review, 2005, 24, (4), pp. 301-309*

**Background:** Western Australia became the fourth Australian jurisdiction to adopt a prohibition with civil penalties scheme for minor cannabis offences when its Cannabis Infringement Notice (CIN) Scheme became law on March 22, 2004. Previous criminological research has demonstrated the importance of public attitudes towards the law in determining the effectiveness of legislation. This survey represents the first phase of a pre-post study that attempted to gauge public attitudes towards the legal status of cannabis, the proposed legislative reforms surrounding the drug and their likely effects.

**Methods:** A random telephone survey of 809 members of the WA population was conducted prior to the implementation of the new laws with a view to exploring contemporary views of the existing legal status of cannabis, attitudes to the proposed legislative model, and respondent perceptions of its likely effects.

**Results:** Despite cannabis being viewed negatively by large numbers of the sample, criminal penalties for minor cannabis offences were viewed as inappropriate and ineffective. Once explained, the proposed civil penalty scheme was viewed as "a good idea" by 79% of the sample, despite significant differences due to personal experience of cannabis use, political affiliation, religiosity, and age of offspring. Most believed that the legislative change would not result in changes to levels of cannabis use (70%) or ease of obtaining cannabis (59%).

**Conclusions:** These data suggest that prior to its implementation the new legislation was highly acceptable to the majority of the community. These baseline data will be compared with data to be collected at the post-change phase of the study to allow empirical observations of attitudinal and behavioural changes occurring in the community.

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**Midford, R., Young, D.J., Playford, D., Kite, E., Chikritzhs, T. and Pascal, R. (2005).** *An Evaluation of Liquor Licensing Restrictions in the Western Australian Community of Port Hedland.* National Drug Research Institute, Perth.

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**Barratt, M.J., Chanteloup, F., Lenton, S. and Marsh, A. (2005).** Cannabis law reform in Western Australia: an opportunity to test theories of marginal deterrence and legitimacy. *Drug and Alcohol Review, 24, (4), pp. 321-330.*

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**Chikritzhs, T., Stockwell, T.R. and Pascal, R. (2005).** The impact of the Northern Territory's Living With Alcohol program, 1992-2002: revisiting the evaluation. *Addiction, 100, pp. 1625-1636.*

## Expected impacts of the Cannabis Infringement Notice Scheme in Western Australia on attitudes and drug use of school children

Simon Lenton and Fiona Farringdon

*Drug and Alcohol Review, 2005, 24, (4), pp. 337-345*

**Background:** Western Australia became the fourth Australian jurisdiction to adopt a prohibition with civil penalties scheme for minor cannabis offences when its Cannabis Infringement Notice (CIN) scheme came into effect on March 22, 2004. This study, part of the pre-post evaluation of the legislative reforms, aimed to measure the impact of the changes on attitudes and drug use of school children.

**Methods:** A self completion survey was conducted of 2638 students in years 9 and

**Clough, A., d'Abbs, P., Cairney, S., Gray, D., Maruff, P., Parker, R. and O'Reilly, B. (2005).** Adverse mental health effects of cannabis in two Indigenous communities in Arnhem Land, Northern Territory (Australia): an exploratory study. *Australian and New Zealand Journal of Psychiatry, 39, (7), pp. 612-620.*

**Fetherston, J. and Lenton, S. (2005).** Community attitudes towards cannabis law and the proposed Cannabis Infringement Notice Scheme in Western Australia. *Drug and Alcohol Review, 24, (4), pp. 301-309.*

**Lenton, S. (2005).** Evaluation of the Western Australian Cannabis Infringement Notice Scheme - an overview. *Drug and Alcohol Review, 24, (4), pp. 297-299.*

**Lenton, S. (2005).** 'Windows of opportunity' and other useful ideas for understanding drug policy change. *ADCA News.*

**Lenton, S. and Farringdon, F. (2005).** Expected impacts of the Cannabis Infringement Notice Scheme in Western Australia on attitudes and drug use of school children. *Drug and Alcohol Review, 24, (4), pp. 337-345.*

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12 from a selection of 11 Government secondary schools in Perth.

**Results:** The students knew more about the risks and harms associated with cannabis than they did about prevalence of use and cannabis law. Half the year 12s and 28% of the year 9s had used the drug. Only 32% of students understood the term prohibition with civil penalties. Once explained, 70% of those who had never used the drug said they would not try it if such a scheme were introduced, 5% said they would try it and 24% did not know. Significantly more (11%) said that they would try the drug if it were legalised.

**Conclusion:** Although the CIN scheme only applies to adults there was a concern that such a change would indirectly affect cannabis use by children. This pre-change study suggests this is unlikely but this will be monitored in the post change phase of the research.

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Prof Sherry Siggers	Professor
Prof Tim Stockwell	Professor
Dr Peter d'Abbs	Senior Research Fellow
Dr Kypros Kypri	Senior Research Fellow
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