

centre lines

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issuing forth

Profit versus harm: The paradox of alcohol regulation in Australia



edspace

Welcome to the first issue of CentreLines from the National Drug Research Institute (NDRI) in 2006.

This year is a significant one for NDRI in that it marks the 20th anniversary of the centre's operation. To celebrate this milestone, we are delighted to announce that the Institute will be hosting a 2-day international research symposium in Perth on 25th and 26th September 2006.

Focusing on the drug and alcohol research sector in Australia, the purpose of the symposium will be to review achievements to date, examine current challenges, and determine future directions for the field. The event is being sponsored by the Australian Government Department of Health and Ageing, and will feature an eminent group of national and international experts on drug and alcohol policy, prevention and harm minimisation.

Please put the symposium dates in your diary and look out for further details which will be available soon through various means including the NDRI website at www.ndri.curtin.edu.au.

This CentreLines focuses on the regulation of alcohol in Australia and some of the issues that are likely to affect this controversial area in the future. I hope that you find it interesting reading, and that CentreLines continues to be of use to you and your work in the drug and alcohol field.

Rachael Lobo
Editor

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contents

edspace	1
headspace	2
Steve Allsop discusses some of the influences on regulating alcohol availability.	
issuing forth	3
Tanya Chikritzhs reflects on changes to alcohol regulation in Australia and highlights some confronting issues likely to affect it in the future.	
project notes	4
■ Alcohol outlet density and related harm	
■ Illicit Drug Reporting System	
■ Improving understanding of psychostimulant-related harms in Australia: An integrated ethno-epidemiological approach	
■ National Alcohol Indicators Project: Alcohol consumption and related harms for older Australians.	
■ Towards developing a model of care for injecting drug users in hepatitis C treatment: Assessing current services and identifying barriers to participation	
abstracts	6
Summaries of recently published articles	
recent publications	7
staff list	8

CentreLines is a joint publication from the National Drug Research Institute, Perth and the National Drug and Alcohol Research Centre, Sydney. It is published bi-monthly and produced alternately by each centre.

headspace

Regulating alcohol availability

In the current edition of CentreLines, Tanya Chikritzhs reminds us that alcohol is no ordinary commodity and that decisions about its availability can have a significant impact on the level of harm experienced by individuals and the whole community. More easily accessible alcohol and low enforcement of liquor licensing regulations are associated with an increase in alcohol use and related harm. Controls on availability and enforcement of regulation are associated with decreases in harm. This observation is not remarkable. However, while such relationships are accepted in relation to a wide range of drugs, it has been a challenge to develop alcohol regulations based on this premise. We must continue to ensure that the evidence influences decision making – we cannot, with impunity, make alcohol more available.

Over the last few decades, a number of influences (jurisdictional pressures: compliance with the National Competition Policy) have resulted in liberalisation of alcohol availability. Liberalisation is often defended by recourse to the claim that alcohol problems beset a small proportion of the population and that proposed changes will have an overall benefit for the broader community. It is important that such beliefs are effectively challenged by the evidence that a large proportion of the population use alcohol at levels that pose risk in the short and long term, that a large proportion of the Australian

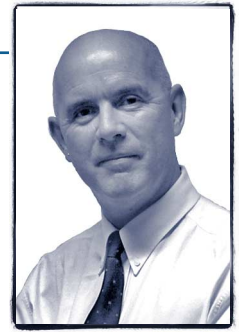
population are affected not only by their own drinking, but the drinking of those around them, and that increased availability increases these risks. The costs of alcohol related harm are substantial and have human and economic impact through the whole Australian community.

It is heartening to see that harm minimisation has been included as central in many recent changes and proposed changes to liquor licensing legislation. However, the translation of this into effective strategies remains to be seen, simply because of the recency of the changes and the tension between harm minimisation and interpretation of the implications of the National Competition Policy (NCP). Those who rely on the NCP as a rationale to support unfettered liberalisation should be mindful that this is not a view expressed by members of the National Competition Council. In 2005 Crawford and Feil¹ reported that

There is no conflict between appropriate regulation of alcohol sales and the National Competition Policy.

They were particularly concerned to note that the key issue is not whether there is a requirement for regulation, but whether

particular regulatory responses are properly directed at harm reduction and whether they work. ... regulation that successfully addresses



the public interest but also restricts competition can be justified, so long as the impact on competition is minimised.

Their comments make it clear that compliance with the NCP need not be an automatic call to increase alcohol availability.

Many governments have now taken the first important step of declaring harm minimisation to be an important rationale for and component of liquor licensing regulation. The test will be the degree to which evidence-based strategies are adopted to support such intent.

Steve Allsop

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issuing forth

Profit versus harm: The paradox of alcohol regulation in Australia

This Issuing Forth reflects on some of the changes that have occurred among the various Liquor Acts in Australia and highlights some of the confronting issues likely to affect the future of alcohol regulation in this country.

The prescription and enforcement of liquor legislation in Australia falls individually to each of the states and territories. Each jurisdiction has its own Liquor Act (or equivalent), which is reviewed from time to time with a view to making improvements and amendments. The reviews which occurred in the 1980s and 1990s ultimately led to most jurisdictions adopting, at least in principle, "harm minimisation" as a primary objective of liquor legislation. Indeed, for some jurisdictions this represented a fundamental shift of focus. However, it is worth reflecting on the fact that up until recently the main purpose of most Liquor Acts was to ensure a viable liquor industry. Victoria serves as a good example of this. For the current Liquor Control Reform Act 1998 of Victoria, the central object is:

... to contribute to minimising harm arising from the misuse and abuse of alcohol ... by such means as restrictions on supply and responsible liquor service.

However, prior to that, the purpose of the Victorian Liquor Control Act 1987 was to:

... respond to community interest ... by such means as the (a) promotion of economic and social growth in Victoria ... (b) facilitating the development of a diversity of licensed facilities ... (c) providing adequate controls over the sales, disposal and consumption of liquor.

In New South Wales (NSW), the Liquor Act 1982 states that:

A primary object of this Act is liquor harm minimisation, that is, the minimisation of harm associated with misuse and abuse of liquor (such as harm arising from violence and other anti-social behaviour). The court, the Board, the Director, the Commissioner of Police and all other persons having functions under this Act are required to have due regard to the need for liquor harm minimisation when exercising functions under this Act. In particular, due regard is to be had to the need for liquor harm minimisation when considering for the purposes of this Act what is or is not in the public interest.

In response to public perceptions of increasing alcohol-related problems the NSW government hosted the 2003 NSW Alcohol Summit¹ which was widely attended by key stakeholders including: alcohol industry representatives; community groups; representatives from the health sector; local, state and federal governments; and researchers from throughout Australia. Despite the fact that NSW still maintains some of the most liberal alcohol regulations in Australia (especially in relation to trading hours), many summit delegates felt that the alcohol industry should accept greater responsibility for the manner in which alcohol is consumed. Moreover, the Alcohol Summit was clear in its support for a more determined and unambiguous focus on the public health responsibilities of alcohol control policies².

In Western Australia (WA), the original Liquor Licensing Act 1988 identified four primary objectives centered around the development of liquor, hospitality and tourism, with no reference to harm minimisation policy. However, the current Act



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continued..

(amended in 1998) explicitly identifies harm minimisation as a primary objective. It is worth noting though that the secondary objects include:

a) the proper development of the liquor, hospitality and related industries in the State ... b) to cater for the requirements of the tourism industry

In the current decade, however, new forces have come into play at a federal level that have the potential to de-rail some of the ground made in the name of public health and safety. The federal government's push toward eliminating anti-competitive practices throughout Australia has created some incompatibilities between itself and the states that administer jurisdiction-based liquor laws. In late 2003, after refusing to meet requirements in relation to de-regulation of the liquor industry stipulated by the national competition policy, NSW was fined \$51 million by the federal treasurer. In a radio interview in December 2003, Premier Bob Carr accused the federal government of forcing the NSW government to adopt policies that 'encourage alcoholism, all in the name of competition'². WA was also fined for similar breaches of the national competition policy. Thus, despite the recognition, in principle, by all states and territories that harm minimisation should be a fundamental objective of alcohol control policy, the effectiveness of such regulatory approaches may be undermined by conflicting national policy.

Another round of Liquor Act reviews are now due across Australia, with the 2005 WA Report of the Independent Review Committee⁴ indicating where change may occur in the near future. In particular, under the guise of facilitating the national competition policy and supporting tourism, the Review makes a number of recommendations which reflect the national preoccupation of tinkering with trading hours for licensed premises and the application of extended trading permits. Among the recommendations relating to trading hours is that hotels and taverns be allowed to trade to midnight on Sundays. Under current legislation trading after 10pm on Sundays by hotels/taverns is only allowed where an extended trading permit (ETP) is applied for and granted by the Director of Liquor Licensing.

The local research evidence in relation to the impact of longer trading hours for hotels/taverns on levels of alcohol consumption and related harms is clear enough. A Perth study of the very hotels to which the changes may apply, found that hotels/taverns which received an additional one or two hours of trading on the busiest nights of the week (ie Fridays, Saturdays and Sundays) were associated with a 70% increase in violent assault in and around the premises and a 50% increase in drink driver road crashes where the driver last drank at the premises. The study was also able to clearly demonstrate that the extra harm was a direct result of greater alcohol purchases made by these hotels, and, it follows, greater levels of sales^{5,6}. A clear financial advantage was indicated for those licensees that obtained the extra trading hours. On average, hotels/taverns that obtained ETPs increased the volume of their wholesale alcohol purchases by 85% over and above the general increases found for premises with standard hours⁷.

These findings are not unique to WA. In NSW, Briscoe and Donnelly from the NSW Bureau of Crime Statistics and Research recently conducted

a study which examined police recorded violent incidents that occurred on licensed premises in inner-urban regions of Sydney, Newcastle and Wollongong⁸. The study found that a small proportion of between 8% and 12% of hotels accounted for between 60% and 80% of all assaults on hotel premises and that the assaultive incidents which occurred on licensed premises were concentrated late at night or early in the morning and on weekends. They also showed that hotels with 24-hour trading recorded greater numbers of assaults than those with 'normal' extended trading hours (ie up to 3am closing time). In turn, hotels with 'normal' extended hours showed higher levels of recorded assaults than hotels with standard trading hours (ie no extension of closing time). Of the hotels that were associated with more than 10 assaults, 74% had 24-hour trading and the remaining 26% were attributed to hotels with shorter extended trading hours. Nevertheless, about 20% of 24-hour and about 50% of normal extended trading hotels had no assaults. No hotels with normal trading hours recorded more than 10 assaults.

It has to be borne in mind that a licensee's desire or determination to operate their business for longer hours must primarily come down to a business decision made in the context of a competitive and largely profit-driven industry. Presumably, individual licensees weigh-up the probable costs (eg increased wages, power costs, inconvenience) and benefits (eg greater alcohol sales, larger profits) to their businesses of taking on later trading hours. It is reasonable to assume therefore that licensees who embrace late trading hours must foresee an overall benefit to their bottom line, that is, alcohol sales and profitability. Yet, the majority of WA licensees have never applied for an ETP. This is also the case in NSW, where, when given the opportunity, the vast majority of licensees had no intention of extending their trading hours, most believing that there was not enough demand to warrant an increase⁹.

So what sort of premises are best suited to turn a profit from longer trading hours? The Perth study has indicated that the hotels/taverns which will apply for an ETP at some time are more likely to be located in inner city areas than premises that prefer to trade with standard hours. Perhaps more telling is the fact that even before they begin to trade with extended hours, hotels/taverns which eventually obtain an ETP are known to purchase significantly larger quantities of "high-risk" beverages known to be associated with violent assault and road crashes (eg regular strength beer and spirits) but not "low-risk" beverages, than their counterparts with standard trading hours. In addition, even while they are still trading with standard hours, hotels/taverns which apply for an ETP are more likely to be identified by drink drivers involved in road crashes as their "last place of drinking". These drink drivers are, on average, about 3 years younger than those who last drank at premises with standard hours⁵.

Given the existence of local and relevant Australian research evidence, it is difficult to reconcile how a Liquor Act, the primary object of which is to minimize harm could be used to support actions which are likely to exacerbate that harm. No doubt, deference to national competition policy, the weeding out of anti-competitive practices, well funded special interest groups and support for the "tourism industry" have brought

considerable pressure to bear. Nevertheless, if there exists a will to put policy into practice, at the very least the various Acts should support those responsible for enforcing them as far as possible, and resist implementing changes which have the potential to increase levels of harm.

The consumption of alcohol in Australia and its related outcomes are deeply embedded in cultural, economic, legal and health systems. The production and sale of alcohol generates significant income for producers, manufacturers and those who operate licensed premises. The industry also provides employment and social opportunities for individuals. Many benefit from the funds generated by alcohol taxation, exports and tourism related to the sale of alcohol.

Despite its legal status, alcohol is a drug, the sale and supply of which must remain regulated, but with a strengthened resolve to truly embrace practices which minimise the harm and do away with those practices that prolong and inflame it. To do otherwise would be to assume that alcohol is merely a "commodity" to be bought and sold with impunity. This would be a mistake for which we would all pay.

Tanya Chikritzhs

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project notes

Alcohol outlet density and related harm

Paul Catalano and Tanya Chikritzhs

The use of policy interventions to minimise alcohol related harm by controlling alcohol outlet density is not currently considered within legislation in Western Australia (WA). This project aims to determine whether it is feasible to develop a model of alcohol outlet density that can be used to inform such interventions. The feasibility study will focus on WA but will also include an assessment of the practicalities of developing such models in other states and territories in Australia. To determine if such a model is feasible, this project will provide a comprehensive international literature review of the methodologies, applications and critiques of the relatively new field of alcohol outlet density analysis. An assessment of data sources for use in constructing a model based around statistical analysis in SPSS and geographical analysis using the ArcView geographic information system will allow some preliminary testing of the relationship between outlet density and alcohol related harms in WA. Data sources being assessed include: morbidity and mortality data from the Health Department of WA and the Australian Institute of Health and Welfare, assault and drink driving data from the WA Police Service and wholesale alcohol purchase data from the Liquor Licensing Division of the Office of Racing Gaming and Liquor, WA. Based on the outcomes of this analysis, suggestions for a possible model will be outlined. This project is funded by a grant from the National Drug Law Enforcement Research Fund and is supported by the Health Department of WA and the WA Police Service.

Illicit Drug Reporting System

James Fetherston and Simon Lenton

The Illicit Drug Reporting System (IDRS) has been operating in Western Australia (WA) since 1999. The project, which is funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund aims to serve as an early warning system for detecting emerging trends in illicit drug markets and in patterns of use. The IDRS is conducted on an annual basis in the capital cities of all Australian jurisdictions and coordinated at a national level by the National Drug and Alcohol Research Centre in Sydney. It attempts to triangulate data from three distinct sources: interviews conducted with regular injecting drug users (IDU), interviews with "key experts" (outreach workers, NSEP staff, drug counsellors, law enforcement officials, emergency department staff etc) and with existing formalised data

sources (ambulance callouts to overdoses, calls to the Alcohol and Drug Information Service, police purity analysis of drug seizures etc).

Data obtained from the 2005 survey reveals that striking changes have recently taken place amongst the IDRS sentinel IDU population. Following the onset of the so called "heroin drought" in 2001, WA IDU became the leading consumers of methamphetamine in any Australian jurisdiction. In the most recent survey however this situation appears to be reversing. The number of IDU in the sample reporting use of these drugs within the last six months fell to match the national level, and the number citing methamphetamine as their drug of choice also fell significantly. In part, this change appears to have been driven by increases in the price of methamphetamine and users' perceptions that purity and, in the case of crystal methamphetamine, availability have declined.

In contrast to the decline in methamphetamine use amongst regular injectors, the 2005 survey found a level of users describing heroin as their drug of choice that was unprecedented since the IDRS was first implemented in WA. Despite this, there was no corresponding rise in the use of the drug. This is likely to be due to heroin in WA remaining the most expensive of any Australian jurisdiction and users' perceptions of WA heroin purity continuing to be modest. Users appear to have compensated for these shortcomings however through increasing use of pharmaceutical opiates, most notably MS Contin®, oxycodone and buprenorphine®.

Copies of the 2005 state and national IDRS reports are expected to be available shortly.

Improving understanding of psychostimulant-related harms in Australia: An integrated ethno-epidemiological approach

David Moore, Paul Dietze, Lisa Maher, Gabriele Bammer and Michael C. Clatts

This NHMRC-funded research project aims to provide a greater understanding of the social, cultural and economic contexts of psychostimulant use and related harms amongst young Australians. It focuses on recreational drug use in Perth, street-based injecting in Sydney and rave drug use in Melbourne, and uses an ongoing and concurrent combination of anthropological and epidemiological approaches (ethno-epidemiology) as well as innovative approaches to the integration of diverse data (agent-based modelling).

Following a complex process of ethics approval from three institutions, the early stages of the

research involved discussion of the conceptual and methodological frameworks for the study and the recruitment of project staff. PhD students Rachael Green (Perth), Suzie Hudson (Sydney) and Christine Siokou (Melbourne) joined the team in order to conduct the ethnographies, and all three have begun their field research. PhD student Rebecca Jenkinson is conducting the epidemiological arm of the project, and we are currently recruiting and surveying 150 young psychostimulant users in each site. Pascal Perez and Anne Dray, from ANU, brought to the team their expertise in agent-based modelling and have begun preliminary mapping of the agents (ie drugs, actors, institutions, places) and relationships operating in each site.

The ethnographic research will continue until early 2007 and two further iterations of the survey are planned for late 2006 and mid-2007. This strategy will allow for iterative feedback between the two forms of data collection so that each informs the other, and the data collected will be used to further refine the agent-based modelling. The research project will provide important data that will inform future interventions, improve multidisciplinary models for drug research, and build capacity to conduct cutting-edge public health research.

National Alcohol Indicators Project: Alcohol consumption and related harms for older Australians

Tanya Chikritzhs and Richard Pascal

Funded by the National Drug Strategy, the National Alcohol Indicators Project (NAIP) is a nationally coordinated project aimed at tracking and reporting on trends in alcohol related harm in Australia at national, state and local levels. A first for Australia, the development of a nationally coordinated source of data on alcohol consumption and related harms has arisen from the need for an efficient monitoring system on alcohol and increasing concern over levels of alcohol-related harm in the Australian community. One of the main objectives of the project is to produce and disseminate summary bulletins which highlight the major points from each research area.

The latest bulletins 8-10 were released in December 2005 and reported on trends in alcohol consumption and related harms for Australians aged 65 years and over between 1990 and 2003.

Bulletin 8 focused on the 'young-old' (65-74 years) and it was estimated that 5,746 'young-old' Australians died from alcohol-attributable injury and disease between 1994 and 2003, mostly due to alcoholic liver cirrhosis and haemorrhagic

stroke. A further 61,000 'young-old' Australians were hospitalised for alcohol-attributable injury and disease over a 9-year period (1993/94–2001/02). Falls, supraventricular cardiac dysrhythmias and alcohol dependence were the most common causes of hospitalisation. Indigenous Australians aged 65–74 years were more than twice as likely as their non-Indigenous counterparts to die from alcohol-attributable causes.

The 'older-old' Australians (75–84 years) were the focus of bulletin 9. An estimated 3,320 'older-old' Australians died from alcohol-attributable injury and disease between 1994 and 2003, and approximately 35,000 'older-old' Australians were hospitalised for alcohol-attributable injury and disease between 1993/94 and 2001/02.

Haemorrhagic stroke and alcoholic liver cirrhosis were the most common causes of death. Similarly to the 'young-old', falls were the most common cause of hospitalisations in this age group.

Bulletin 10 completed the series on older Australians and reported trends in alcohol consumption and related harms among Australians aged 85 and over (the 'old-old'). It was found that 1,526 'old-old' Australians died from alcohol-attributable injury and disease between 1994 and 2003, mostly due to strokes and falls. Another 14,800 were hospitalised for alcohol-attributable injury and disease over the 9-year period, 1993/94–2001/02. As with the other age group, falls were by far the most common cause of hospitalisation (over 60% of all alcohol-attributable hospitalisations).

In general, trends in alcohol-attributable mortality were found to be gradually increasing, particularly in the 'older-old' and 'old-old' age

groups. The bulletins also reported that elderly Australians living in non-metropolitan areas were more likely to die from alcohol-attributable causes than those living in the cities.

Copies of all NAIP Bulletins are available on the NDRI website (www.ndri.curtin.edu.au) and hard copies can be obtained on request.

Towards developing a model of care for injecting drug users in hepatitis C treatment: Assessing current services and identifying barriers to participation

Susan Carruthers

Hepatitis C is a chronic blood borne viral infection resulting in considerable morbidity and mortality and for which there is no protective vaccine. While the prevalence of hepatitis C infection among the general population is low (approximately 1%), among injecting drug users (IDU) it is extremely high (58%). Incidence among this group is also high at approximately 16.9 cases per 100 person years. Conventional blood borne virus prevention strategies targeting IDU (needle and syringe programs, prevention education and illicit drug treatment) appear to have had only a modest effect on the prevalence or incidence of infection among IDU. This is not surprising given the epidemic of hepatitis C among IDU was well established by the time the virus was identified and diagnostic tests became available in 1990. Because the hepatitis C virus is highly infectious and background prevalence is high, reducing transmission among IDU is proving very difficult. Alternative methods of

reducing the prevalence of infection, and hence further transmission, of hepatitis C among IDU are required. One option is to increase the uptake of hepatitis C treatment among IDU, a strategy recommended in 2nd National Hepatitis C Strategy as '*central to the response to hepatitis C in Australia*'.

Despite the availability of an effective hepatitis C treatment in the form of pegylated interferon and ribavirin (referred to as combination therapy or CT) less than 1% of the estimated 185,000 Australians chronically infected with hepatitis C, of whom at least 85% are past or current IDU, have taken up the option. Participation is thought to be constrained by a lack of knowledge of improved treatments and a fear of the sometimes severe side effects of treatment. Furthermore, there is a limited service infra-structure (number, capacity and location of clinical services) and staff to deliver services. Active injecting drug use was an exclusion criteria for CT until 2001, when it was recognised that, with suitable support and access to concomitant illicit drug treatment, IDU could successfully complete treatment regimes, with outcomes similar to those in non-IDU.

This project will identify the barriers and incentives which exist for current IDU in terms of accessing hepatitis C treatment in Perth, Western Australia. The project will also investigate the local health and medical services which are currently available to support IDU during hepatitis C treatment, identify gaps in these services and suggest future links with essential services such as drug treatment. In consultation with key stakeholders around Australia the findings from this project will be used to develop a model of care for treatment of hepatitis C among IDU.

NDRI 20th Anniversary International Research Symposium

The National Drug Research Institute (NDRI) is hosting a two-day International Research Symposium in Perth, Western Australia, on 25th and 26th September 2006.

While marking the 20th year of NDRI operation, the symposium will gather an eminent collection of international and Australian experts on drug and alcohol policy, prevention and harm minimisation.

Keynote speakers will reflect on the aims of the National Drug Strategy, the achievements of the drug and alcohol research sector in Australia, and examine current challenges and chart future directions for the field.

The confirmed list of speakers for the Symposium, which is sponsored by the Australian Government Department of Health and Ageing, already includes Robin Room, Wayne Hall, Gerry Stimson, Kate Graham and Harold Holder.

Numbers are limited and registration will be by application.

For more information, visit www.ndri.curtin.edu.au.

abstracts

Preventing hepatitis C: What can positive injectors do?

Susan Carruthers

Drug and Alcohol Review, 2005, 24, (2), pp 193-198

The majority of blood borne virus prevention research among injectors is concerned with preventing initial exposure to hepatitis C. However, the prevalence of hepatitis C among injectors is between 50% and 60%, indicating that for at least half of those who inject, the aim should be to prevent further transmission of the virus to those with whom they inject. Hence, the major aim was to investigate what risk management strategies hepatitis C positive injectors might take to prevent further transmission of the virus. A secondary aim of this study was to document the experiences of hepatitis C positive injectors with the medical management of their infection, its consequences on their health and discrimination associated with their infection.

A total of 111 hepatitis C positive injectors were recruited and interviewed with a questionnaire designed to gather information regarding current and past injecting behaviours, experiences with living with hepatitis C and risk management strategies (RMS) outlined in response to a series of hypothetical scenarios. The recorded RMS indicated that the majority of respondents recognised the risks associated with the various injecting and lifestyle scenarios and could describe actions by which they could reduce those risks. However, examination of RMS revealed that while some would indeed eliminate the risk of further transmission, others would be less effective because they either relied on unproven methods of removing viral material from used needle and syringes or they assumed that other injectors had knowledge equivalent to that of the respondent.

In terms of living with the virus, this investigation revealed that many had made a variety of changes to both their lifestyles and injecting behaviours as a result of their diagnosis and were experiencing varying levels of symptomology. Furthermore, there was limited participation in the medical management of hepatitis C infection. The majority had also experienced some level of discrimination, although it was unclear what proportion of this was related to their hepatitis C as opposed to the fact they were injecting drug users. The report concludes with a number of recommendations for future research in the area of preventing further transmission of hepatitis C and the need to increase injectors' participation in the medical management of infection.

Implicit and explicit learning in aged and young adults

Richard Midford and Kim Kirsner

Aging, Neuropsychology and Cognition, 2005, 12, pp 359-387

There is a wealth of evidence that learning ability declines with age. In almost all of the studies however, the performance measures employed are explicit, even though research has consistently indicated that aged adults have well preserved implicit learning ability. This suggests that under certain circumstances aged adults should be at no great learning disadvantage in comparison to young adults. This experiment used the artificial grammar-learning paradigm, developed by Reber, in a 2 X 2 factorial design that involved systematic manipulation of grammatical complexity and rule provision. The study explored how each combination of conditions influenced explicit or implicit learning and the relationship between learning style and performance by aged and young adults. Learning was assessed primarily by recognition accuracy, involving correct and incorrect grammar exemplars. However, reaction time, error pattern, reliability, and verbal report data was also collected as a way of confirming and providing added detail on learning performance patterns. Aged adults, irrespective of experimental learning conditions, evidenced a remarkably consistent reaction time deficit. In contrast, the accuracy differential between age groups varied markedly across the four treatments. The most salient contrast occurred between complex grammar, without rules, where there was no difference in accuracy between the two age groups and simple grammar, with rules, where the difference was greatest. This change in learning performance between these two conditions indicates that aged adults will learn as well as young adults in situations where the knowledge domain is conducive to implicit learning.

Evaluation of the *In Touch* training program for the management of alcohol and other drug use issues in schools

Richard Midford, Deb Wilkes and Deidre Young

Journal of Drug Education, 2005, 35, (1), pp 1-14

In Touch is a professional training program designed to develop staff skills and support structures that enable schools to manage alcohol and other drug (AOD) matters in a coordinated manner, maximising beneficial outcomes for at risk students while maintaining school discipline

and community relationships. This study is an evaluation of the impact of the program on AOD-related knowledge, attitudes and activity of participating school staff and on AOD management practice in their schools.

Data from 53 intervention participants and 21 controls were compared at pre and post intervention. These data indicated a 46% increase in AOD knowledge among those who participated in *In Touch* training. Attitudes favourable to integrated, supportive management of AOD issues also increased significantly in this group, as did desirable practice. However, change in school practice was limited. Significantly more schools whose staff participated in *In Touch* training had a written drug policy at post intervention, but schools' usual responses to AOD-related incidents were substantially the same. These findings indicate that professional training on the management of AOD matters can change the understanding and practice of individual staff members but a broader program is required if school structures and practice are to be substantially influenced.

The regulation of research by funding bodies: An emerging ethical issue for the alcohol and other drug sector?

Peter Miller, David Moore and John Strang

International Journal on Drug Policy, 2006, 17, (1), pp 12-16

The degree to which funding bodies can and do control the content and dissemination of research products raises important issues which need to be openly debated by the alcohol and other drug (AOD) sector. Current policies relating to censorship and other means of controlling research topics or output are explored alongside an examination of how some institutions, particularly some academic journals, deal with such issues. We argue that regulation of research by funding bodies clearly contravenes the scientific ideal of freedom of information and open access to knowledge. Using international ethical guidelines, we also demonstrate that regulation raises concerns in relation to the ethical concept of beneficence. A number of examples specific to harm reduction strategies are presented in order to demonstrate how censorship might conceivably increase the harms associated with drug use. The commentary closes with recommendations concerning the establishment of the prevalence of censorship and other forms of control over research in the AOD sector, and the role that ethics committees, journal editorial boards and professional societies might play in resisting the imposition of unacceptable conditions on publication of findings.

recent publications

The cannabis infringement notice scheme in Western Australia: A review of policy, police and judicial perspectives

Adam Sutton and David Hawks
Drug and Alcohol Review, 2005, 24, (4), pp 331-336

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. This study examined the attitudes and practices of policy makers, members of the law enforcement, magistracy and other judicial sectors involved in enforcing the new scheme, and their views as to its likely impact on the drug market. As part of the pre-post evaluation of the legislative reforms, a sample of 30 police, other criminal justice personnel and policy makers have been qualitatively interviewed. Data were collected both at the pre-implementation stage (March and June 2003) and shortly after the Act became operational (mid-June 2004).

The Western Australian Police Service's implementation of the CIN scheme has been extremely professional. However, these early results suggest that while the CIN scheme has been designed to take into account problems with similar schemes elsewhere in Australia, possible problems include: some operational police being unsure about the operation of the scheme; expected savings in police resources will probably be reduced by procedures which require offenders to be taken back to the station rather than issuing notices on the spot as intended; probable net widening; problems with exercise of police discretion to issue a CIN; and public misunderstanding of the scheme.

In the early months of the scheme, understanding of the new laws among both police and members of the public was far from perfect. For the system to achieve the outcomes intended by legislators, it is essential that levels of understanding improve. Media and other campaigns to inform the public that cannabis cultivation and use remain illegal, and to warn about risks associated with cannabis use, should be extended. As it will be at least 18 months before the scheme is operationally settled in, the media and others should be cautious about reading too much into police data on numbers of notices issued and on rates of compliance.

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Prof Tim Stockwell	Professor
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