

centre lines

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issuing **forth**

"Don't wake up angry no more"

The evaluation of the Norseman Voluntary Liquor Agreement



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Welcome to the September issue of CentreLines. In Issuing Forth, NDRI Research Fellow Andreia Schineanu discusses the findings of research into unique voluntary liquor restrictions that were introduced in the remote Western Australian community of Norseman. The full report, which received significant media attention when it was launched by Andreia in July, is available on the NDRI website at ndri.curtin.edu.au.

Project Notes includes a report on the trial of an adapted version of the School Health and Alcohol Harm Reduction Project (SHAHRP) in Northern Ireland. SHAHRP continues to receive attention both across Australia and internationally, with SHAHRP research and program materials being used in a number of countries including the United States, United Kingdom and Canada.

NDRI News has an Indigenous theme, with two members of the NDRI's Indigenous Australian Research Team, Professor Dennis Gray and Annalee Stearne, having recently been recognised for their outstanding contributions to research in this area.

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

For more information about NDRI's research and other activities, please visit ndri.curtin.edu.au.

Rachael Lobo
Editor

NDRI
national drug research institute

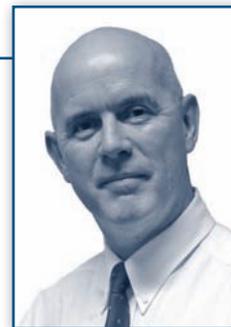
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Investing in effective alcohol prevention strategies

Alcohol related problems are receiving increasing attention. Emerging evidence is indicating that consumption has been increasing over the past decade or so, accompanied by evidence of increasing alcohol caused liver disease and hospital admissions. A majority of affected individuals have not sought treatment. While it is clear we need to increase access to effective treatment, we also need to invest in effective prevention strategies. Of course, the strongest and most consistent evidence is for strategies that influence the general availability of alcohol, through price, hours of sale and so on. In recent years local alcohol restrictions have become more widespread, especially in rural and remote communities that have been experiencing particularly high levels of alcohol related harm (eg see NDRI 2007). Diverse approaches have been adopted to control how alcohol is provided, including banning the sale of particular types of alcohol, restricting bulk sales, imposing special restrictions on the hours or days on which off-premise sales can occur or even

banning alcohol sales altogether. There is increasing evidence that many approaches have had a significant impact on alcohol sales and related harm, measured in terms of reduced alcohol caused hospital admissions, reduced impost on police and fewer admissions to sobering-up shelters. Some commentators have called for such controls to be matched by strategies that enrich communities, providing meaningful alternatives to hazardous drinking, and the provision of improved access to treatment for those in need. A feature of most approaches is that they rely on legislative imposition and enforcement by the relevant authorities. This should be so – alcohol is, after all, a drug which is associated with high levels of social and health problems. Indeed, some reviews have indicated that a critical ingredient of effective prevention of alcohol problems is the extent to which legislation is enforced.

In this edition's *Issuing Forth*, Andreia Schineanu describes the controls accepted and voluntarily implemented by a licensee



in one community. The evidence indicates that the controls had an impact on consumption and harm. The convergence of the licensee's interest in reduced alcohol problems and those of public health is evident and important. This illustration, from a unique community with one licensee, can serve us well. However, consistently the evidence warns against reliance on such convergence. Effective responses are likely to be based on policy that does not create high-risk promotion and availability of alcohol, that supports those who supply alcohol responsibly and holds to account those who do not through legislation that supports public health, and the meaningful enforcement of that legislation. **cl**

Steve Allsop
Director

issuing forth

Norseman Voluntary Liquor Agreement – the exception, not the rule

It is well established that in general more Indigenous people do not drink compared to non-Indigenous people; however among those that drink, alcohol problems are significantly higher among the Indigenous population¹⁻³. One way to address this issue is by restricting the supply of alcohol in Indigenous communities either by declaring 'dry' (alcohol-free) areas or by using liquor licensing legislation to control availability^{4,5}. The two main components of such restrictions are to limit the opening hours for licensed premises and/or to ban the sale of certain items. While voluntary liquor accords to restrict the supply and sale of alcohol have been largely ineffective, it seems that in the case of Norseman, such approaches have worked.

Norseman is a small country town in the Goldfields region of Western Australia, with significantly higher rates of alcohol use and associated harms than the state

average but comparable to the rest of the Goldfields⁶. The development of the Norseman Voluntary Liquor Agreement has been a result of a community planning process by Population Health (Goldfields) and the Norseman Aboriginal community to address chronic disease where the community identified alcohol as the primary issue. Between 2005 and 2007, the community, assisted by Population Health (Goldfields) developed various local strategies to reduce their alcohol consumption. However they were unable to maintain change for extended periods and hence decided stronger measures were needed.

Negotiation with the local licensee to voluntarily restrict the sale of the identified packaged liquor products ensued, supported by various stakeholders. Only one outlet in Norseman has a licence to sell packaged liquor to the general public, and



the licensee was agreeable to support the community's request. Thus, from 1 March 2008, the following voluntary restrictions were imposed on the sale of take away alcohol:

Between 12 midday and 6pm, Monday to Sunday, red and white Lambrusco wine was limited to one 5 litre cask per person per day, port wine was limited to one 2 litre cask per person per day and non fortified wine was limited to one 4 litre cask per person per day. No sales of the above mentioned products were permitted at any other time.

In 2008, the Kalgoorlie Alcohol Action Project, funded by the Alcohol Education and Rehabilitation Foundation, was invited by the Norseman Aboriginal community

to evaluate the restrictions. As part of this process we collected and compared health and law and order data for 12 months prior and 12 months post the voluntary restrictions. Sales of alcohol for 16 months prior and 16 months post the restrictions were obtained from the publican. Time series analyses were conducted to identify changes in alcohol use. The analyses included assessment of changes in types of beverages purchased and, in particular, identification of any product switching.

Qualitative data were also collected through face-to-face interviews with stakeholders and in focus group discussions with members of the local Aboriginal community. The topics discussed were: the rationale for restricting certain alcoholic beverages; changes, if any, in individual and communal patterns of alcohol use; individual and community climate before and after the restrictions, focusing on health; the impact of restrictions on relationships, children, employment and relations with the wider Norseman community; and future plans regarding the restrictions.

Results indicate that overall there was a 10.3% reduction in total incidents reported to police in the 12 month period after the restrictions. Assaults decreased by 17.5%, domestic violence by 15.3% and burglaries decreased by 23.9% in the year after the restrictions compared to the same time frame prior to the restrictions. Interestingly, drink driving cases increased by 19.5%. However, this increase occurred among the non Aboriginal community, while there was a decrease in drink driving in the Aboriginal community.

In the year after the introduction of the restrictions, presentations to the Emergency Department for all ailments declined by more than a third for Aboriginal patients while it remained constant for non Aboriginal patients. Time series analysis of these data indicates that post restrictions there is a downward trend in ED presentations for Aboriginal patients but an upward trend in presentations for non Aboriginal patients. Furthermore, total alcohol related admissions dropped by two thirds after the restrictions and the reduction occurred almost exclusively in the Aboriginal population.

There was a decrease of 10% in the per capita sale of pure alcohol from 21.39 litres to 19.29 litres. There was a 75% reduction in sales of cask red wine ($p=0.002$) and 50.6% decrease for fortified wines, both products used almost exclusively by the Aboriginal community. Ready to Drink (RTD) spirits sales also decreased by a third, although sales of regular spirits increased marginally. Beer sales did not change in the post restriction period.

Participants in the Aboriginal community focus groups reported that they substituted the restricted products with full strength beer and sometimes some of them drank mid strength beer. The community reports increased voluntary and early health care seeking behaviour, improved nutrition and participation in family, community and sporting activities, and decreased interpersonal violence and public drunkenness. The Norseman Aboriginal Community is currently working on a number of ongoing projects, but remain keen on restrictions continuing and they are currently seeking funding for a locally based, full time alcohol and other drugs support worker.

The interviews with key stakeholders revealed that there has been a noticeable change with regard to alcohol related harm, particularly in the Aboriginal community, with reports of reduced public drunkenness and offending, increased attendance rates for school children, and a community becoming more proactive about social and health issues.

The voluntary liquor restrictions in the Norseman community have produced positive results. However, there are indications that the majority of changes have largely occurred in the Aboriginal community and to a much lesser extent in the non-Aboriginal community. It is unclear why this might be the case.

So what are the implications for policy and practice?

A recurring question is whether the Norseman Voluntary Liquor Restrictions can be applied elsewhere. The answer is a qualified yes and no. As a model of collaboration and development of local ownership, the process that has led to these restrictions can be applied in other communities around Australia, Aboriginal or non-Aboriginal. However, it is important to recognise the unique nature of Norseman – it has a small population and a single, engaged publican who, along with the community process, was a key to the success of this Accord. The community ownership was critical and it is important to ensure funding and processes that allow this to happen.

The voluntary aspect of the restrictions is interesting. The liquor licensing authorities were not involved at any stage of the development of the restrictions, thus there was no implicit threat to force restrictions on the local publican if he decided not to collaborate. In most communities when responses to alcohol related problems are discussed, resistance may arise from licensees who are concerned about business impacts. In this case, the publican

saw that the long term business outcomes for him were consistent with strategies that reduced harm for the whole community. Of course, this may be a feature of this particular licensee, in a context where his was the only liquor outlet. **cl**

Andreia Schineanu Research Fellow and Project Coordinator Kalgoorlie Alcohol Action Project

The full report of this study is available on the NDRI website at ndri.curtin.edu.au.

Schineanu, A., Welander, F. and Sagers, S. (2010) *"Don't wake up angry no more" - the evaluation of the Norseman Voluntary Liquor Agreement*. National Drug Research Institute, Curtin University, Perth.

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project notes

Reducing the harm from adolescent alcohol consumption: results from an adapted version of SHAHRP in Northern Ireland

Michael McKay¹, Nyanda McBride, John Cole¹ and Harry Sumnall²

(¹University of Liverpool, ²Liverpool John Moore's University)

This research project trialed an adapted version of the School Health and Alcohol Harm Reduction Project (SHAHRP) in Northern Ireland. The original SHAHRP study was conducted in Australia resulting in an evidence based, classroom, alcohol harm minimisation program which had significant behavioral impact on total consumption, risky consumption and harm experienced through own use of alcohol (see SHAHRP website for more details of this study <http://ndri.curtin.edu.au/research/shahrp/index.cfm>).

The Northern Ireland SHAHRP study aimed to enhance alcohol related knowledge, create more healthy alcohol-related attitudes and reduce alcohol-related harms in 14- to 16-year olds. Students were from post-primary schools (high schools) in the Eastern Health Board Area in Northern Ireland. A total of 2349 participants were recruited at baseline (mean age 13.84) with an attrition rate of 12.8% at 32 month follow up.

The non-randomised control, longitudinal design with intervention and control groups, assessed students at baseline and 12, 24 and 32 months after baseline. Within the intervention arm SHAHRP was differentially facilitated by school teachers and community-based facilitators. The intervention was an adapted, culturally competent version of SHAHRP (Australia), a curriculum programme delivered in two consecutive academic years, with an explicit harm reduction goal. Using the original SHAHRP (Australia) measurement instruments, this study also assessed knowledge, attitudes, alcohol consumption, context of use, harm associated with own alcohol use (own harm) and harm associated with the alcohol use of other people (else harm) were assessed at all time points.

There were significant intervention effects on all study measures (intervention versus controls) with differential effects observed for teacher-delivered and outside facilitator-delivered SHAHRP. There were better observed intervention effects for knowledge, attitudes, own harm and consumption

of alcohol when SHAHRP was delivered by outside facilitators, with no observed difference in respect of else harm.

The study provides evidence of the cultural applicability of a harm reduction intervention, (SHAHRP adapted) for risky drinking and alcohol related harm in adolescents in the Northern Ireland context. The replication of the Australian SHAHRP study in Northern Ireland with similar behavioral results, strengthens the importance of providing interactive harm minimisation approach to school based classroom alcohol education.

Results of this study have been submitted for publication.

Evaluation of services to CaLD women with comorbidity

Sherry Saggars, Lynn Roarty

The objective of this research was to provide an evaluation of services for culturally and linguistically diverse (CaLD) women with comorbid mental health and drug and alcohol issues in Perth, Western Australia. The evaluation aimed to better inform the development of evidence-based training resources to improve the capacity of Womens Health Services Consortium to deliver services to this client group, and to enhance the capacity for self-evaluation of services. The research provides an overview of the literature around, and service provider views about, the availability and efficacy of services for women from culturally and linguistically diverse backgrounds who suffer with co-occurring mental health and drug and alcohol issues. The project provides an assessment of the range and availability of academic and 'grey' literature relevant to this client group; and some evidence, drawn from interviews, about the issues involved in and best practice approaches for working with CaLD women with co-occurring disorders.

FASD knowledge and referral pathways in early childhood settings

Kate Frances, Sherry Saggars, Nyanda McBride, Anne Mahony¹ and Lorian Hayes²

(¹WA Population Health, Goldfields, ²University of Queensland)

Objectives: It is expected that this project will build on existing FASD research in Western Australia by exploring what is known and done about FASD in early learning and care settings, specifically to:

- Explore knowledge of FASD in early learning and care settings in Western Australia;
- Explore awareness of referral pathways (both formal and informal) for children with suspected FASD in those settings; and
- Identify use of services and incidence of referrals for children with suspected FASD in those settings.

Methods: This project is a cross-sectional study involving the distribution of a survey for primary data collection. This will involve surveying a representative sample of staff in playgroups, kindergartens, preschools and child care settings across WA. This survey will explore current knowledge of FASD and level of access to referral options, referral pathways and other support services for children with FASD and their carers.

Likely benefits: It is expected that this research will identify: what is currently known about FASD in early learning and care settings; the extent to which this is a concern for staff in those settings; and resources and referral options for children with FASD and their carers. It is also anticipated that this project will form the basis of a larger research project that will identify both the scope of possible interventions for early learning and care contexts, and ways to enable and enhance collaboration within and across health, education, disability services and child care sectors. **cl**

NAIDOC: a sense of pride

'Proud to be indigenous and proud to be Australian' was the theme of the 2010 NAIDOC Week barbecue at NDRI.

The annual celebration of Indigenous culture, which attracted about 80 visitors, featured the Wilyak traditional dancers and a 'didgeridoo duel' between brothers Ted and Nigel Wilkes. Ted Wilkes, an Aboriginal elder who is also Associate Professor at NDRI, said it was pleasing that there were so many children at the 2010 event.

"It gives us the opportunity to fulfil our responsibility to teach them about Indigenous Australian culture, and it's important that they see Aboriginal people who are proud of their culture, proud to be Indigenous and proud to be Australian," said Prof Wilkes.



The Wilyak dancers at NDRI's NAIDOC celebration
(Picture courtesy Ron Olson)

NAIDOC recognition for NDRI researcher

Indigenous researcher Annalee Stearne was recognised by Curtin University as an 'Unsung Hero' at its 2010 NAIDOC Week celebrations.

Annalee, who has worked at NDRI since 2001, was nominated by Indigenous Australian Research Team Leaders Professor Dennis Gray and Associate Professor Edward Wilkes, for her dedication to helping people affected by drug and alcohol problems.

Annalee has developed special purpose databases and the expertise to help evaluate and assess the effectiveness of community-based alcohol and drug intervention projects

"Annalee has worked diligently and given her time unstintingly both to NDRI and to the Indigenous community organisations with which NDRI has developed on-going research partnerships," the nomination outlined.

"These partnerships have been largely sustained by Annalee's absolute commitment. She is truly an unsung hero and worthy of Curtin's NAIDOC Week staff award."

Annalee was recognised as part of the NAIDOC Week awards jointly co-ordinated by Curtin, Centrelink, Medicare,



NAIDOC award winner Annalee Stearne

Child Support Agency Australia, the Commonwealth Rehabilitation Service and Australian Hearing. The awards, held at Curtin's Centre for Aboriginal Studies, were presented by Western Australia's first Indigenous news presenter Narelda Jacobs.

"This award has come as a great surprise," Annalee said. "I really enjoy working with Aboriginal people throughout Australia, and I am honoured that my work is being recognised during such an important week for Aboriginal Australians."

"Hopefully this recognition will help to raise the profile of the issues Aboriginal people face regarding alcohol and drug use, and will inspire others who are working quietly to improve the situation for Aboriginal Australians to continue their efforts."

Honour for NDRI researcher

A 35-year commitment to addressing health and alcohol and other drug (AOD) issues among Indigenous Australians has been recognised with Professor Dennis Gray being inducted into the National Drug and Alcohol Awards Honour Roll.

Professor Gray has been working to address health issues in Indigenous communities since 1975. The hallmark of his work, which included setting up the Indigenous Australian Research Team at NDRI, has been building the capacity of Indigenous community-controlled organisations to conduct research into AOD problems in their own communities.

The Honour Roll acknowledges individuals who have made a significant contribution to reduce the harms from alcohol and other drug use over many years.

In presenting the award in Brisbane on

June 25, Queensland Deputy Premier Paul Lucas said Professor Gray had made a major contribution to addressing alcohol abuse in Aboriginal communities.

"He is an exceptional academic in the extent to which he engages with community organisations and with people who are part of the struggle for change," Mr Lucas said.

"He enters difficult public debates confidently and in an expert manner, which has had a big impact in helping Aboriginal community-controlled health services achieve the types of policy changes that make a difference. In spite of his knowledge and strong academic standing he has always remained approachable and has made the time to communicate with and support Aboriginal community-controlled health services.

"Professor Gray continues to do the type of research which we are able to use to

support and inform our advocacy for policy change in the critical area of alcohol. This includes research that supports an alcohol floor price, reduced takeaway hours, effective treatment service models as well as making transparent resource allocation decisions which are undermining Aboriginal community-controlled health services and residential treatment services."



Professor Dennis Gray accepting his Honour Roll award

abstracts**Selling addictions: similarities in approaches between Big Tobacco and Big Booze****Laura Bond, Mike Daube and Tanya Chikritzhs***Australasian Medical Journal*, 2010, 3, (6), 325-332

Background: The purpose of this research was to identify, through alcohol industry documents, similarities between tobacco and alcohol companies in approaches to evidence and counter-arguments to public health measures.

Method: A search of the tobacco document archives through the World Wide Web for alcohol industry documents was conducted. Alcohol-related search terms were entered into search fields of the tobacco document archives.

Results: The documents show that alcohol and tobacco companies have worked closely together, have shared information, share similar concerns and have used similar arguments to defend their products and prevent or delay restrictions being placed on their products.

Conclusion: This paper provides evidence that alcohol and tobacco companies are similar in a number of ways and there is scope to use these similarities in developing more effective public health approaches to addressing alcohol consumption and related harms.

Attitudes and knowledge of alcohol related harm minimisation initiatives in a rural Australian city: a baseline survey**Fredrik Welander, Andreia Schineanu and Richard Midford***Drugs: education, prevention and policy*, 2010, 17, (4), 354-369

Aims: This study investigates the knowledge and attitudes towards alcohol related harm minimisation initiatives in Kalgoorlie-Boulder, Western Australia, as part of a community project aimed at reducing harms associated with excessive drinking.

Methods: Baseline data were collected from a stratified, community sample, using a purpose designed instrument. The community's readiness was determined by interviewing key stakeholders and community leaders, using the "Readiness for Change" interview instrument.

Findings: There were substantial levels of binge drinking accompanied by low awareness of alcohol as a local problem and lack of

knowledge about interventions that are currently operating in the community. Support for measures designed to reduce problems associated with excessive use of alcohol was polarised. Community readiness to tackle alcohol related issues was low indicating a need for awareness raising.

Conclusions: These findings are critical to informing the development of interventions to ensure they are tailored to this community's needs and abilities. Since knowledge and awareness of alcohol related issues are low in Kalgoorlie-Boulder, the first step in changing community attitudes is to create greater awareness of these issues and their consequences, and provide information on potential interventions to address the current problems.

Diverging trends in alcohol consumption and alcohol-related harm in Victoria**Michael Livingston, Sharon Matthews, Monica Barratt, Belinda Lloyd and Robin Room***Australian and New Zealand Journal of Public Health*, 34, (4), 368-373

Objective: To examine recent trends in alcohol-related harm and risky drinking in Victoria, Australia.

Methods: The study compiled eight measures of alcohol-related harm from published and unpublished sources, covering data relating to health, crime, alcohol treatment and traffic crashes for the financial years 1999/2000 to 2007/08. In addition, published estimates of short and long-term risky drinking from three-sets of surveys between 2001 and 2007 were examined.

Results: Six of the eight harm indicators substantially increased, while only alcohol-related mortality and single-vehicle night-time crashes remained relatively stable. In particular, rates of emergency presentations for intoxication and alcohol-related ambulance attendances increased dramatically. Contrastingly, survey-derived estimates of the rate of risky-drinking among Victorians were stable over the time-period examined.

Conclusions: Evidence across the data examined suggests significant increases in alcohol-related harm taking place during a period of relatively stable alcohol consumption levels. This disparity may be accounted for by changing drinking patterns among small, high-risk, subgroups of the population.

Implications: The sharply increasing rates of alcohol-related harm among Victorians suggest that changes to alcohol policies focusing on improving public health are necessary.

Mortality rate of alcoholic liver disease and risk of hospitalisation for alcoholic liver cirrhosis, alcoholic hepatitis, and alcoholic liver failure in Australia between 1993 and 2005**Wenbin Liang, Tanya Chikritzhs, Richard Pascal and Colin Binns***Internal Medicine Journal*, 2010, doi: 10.1111/j.1445-5994.2010.02279.x

Background: Alcoholic liver disease (ALD) is an important contributor to the total burden of alcohol-related harm, however the morbidity

NDRI 2011 DOCTORAL SCHOLARSHIPS**Would you like the opportunity to extend your knowledge of the alcohol and other drug field through original research?**

The National Drug Research Institute (NDRI), one of Australia's leading alcohol and other drug research centres, has been granted funds by the Commonwealth Department of Health and Ageing for two PhD Scholarships.

The three-year scholarships are for doctoral research into the prevention or reduction of alcohol and/or other drug related harm. Each scholarship carries an annual stipend of \$27,638 (indexed to inflation).

Applications are invited in **any of these broad research areas:**

- Young people and alcohol
- Preventing and responding to alcohol and/or other drug problems in Indigenous communities
- Prevention and early intervention with alcohol and/or other drug problems
- Preventing and responding to alcohol and/or other drug problems in the criminal justice system.

Applications are invited from anyone with a health or relevant social science background. A good honours degree or its equivalent is required. Applications must be received by **31 October 2010**. For further information visit ndri.curtin.edu.au.

of different types of alcoholic liver disease in Australia has not been described.

Aim: To investigate recent trends in hospital admission rates among alcoholic liver cirrhosis, alcoholic hepatic failure and alcoholic hepatitis in Australia, as well as the mortality of ALD.

Method: A population-based cohort study including the total 15+ yrs Australian population events record of ALD were obtained from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

Main outcome measures: 1) Trend of standardised mortality rates and trend of standardised hospital admission rates for males and females for 1993/94-2004/05 (fiscal year), 2) relative risk of alcoholic liver cirrhosis, alcoholic hepatic failure and alcoholic hepatitis hospital admissions for 1999/00-2004/05.

Results: The mortality rate of ALD decreased significantly. Significant increases in hospital admissions for alcoholic hepatic failure among older adults and alcoholic hepatitis among younger age groups were observed. There is a significant ten fold increase in the risk of hospital admissions of alcoholic cirrhosis in

2002/03 for the 20-29 yrs population.

Conclusion: Reductions in overall ALD mortality observed are likely the result of advances in disease management. Significant increase in hospital admissions suggests an increase in the prevalence of ALD among the Australia population. Dramatic increases in hospital admissions for alcoholic cirrhosis in 2002/03 for the 20-29 yrs population may have been due to an increase in screening of alcohol-related harms in primary care settings.

'Muzzas' and 'Old Skool Ravers': ethnicity, drugs and the changing face of Melbourne's dance party/club scene

Christine Siokou, David Moore and Helen Lee

Health Sociology Review, 2010, 19, (2), 192-204

The relationship between ethnicity and the use of 'party drugs' (eg methamphetamine and ecstasy) has received little attention in

Australia. This paper focuses on ethnicity and party drug use within the context of dance parties and clubs in Melbourne, Australia's second largest city. The young people who participated in our research, many of whom are long-time dance party attendees, or 'old skool ravers', frequently made claims to the possession of subcultural capital by labelling as 'muzzas' and 'beefcakes' those they perceived to be outsiders to the dance scene. 'Muzzas' are defined as heavily-muscled young men, commonly of Southern European or Middle Eastern background, who are obsessed with cars, have 'no class' and dance in an overly aggressive way. Although the 'old skool ravers' were often from similar ethnic backgrounds to 'muzzas', they rarely drew on ethnicity in forming their own identities. They did, however, explicitly invoke ethnicity in the distinctions they created between themselves and 'muzzas'. Their claims to subcultural capital are based on notions of nostalgia and an authentic involvement in the dance scene, and on their perceived distance from a mainstream culture consisting of 'normal people'.

recent publications

Monographs and Technical Reports

Laslett, A-M., Catalano, P., Chikritzhs, T., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M., Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) The range and magnitude of alcohol's harm to others. AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Fitzroy, Victoria.

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

Rainsford, C.A., Lenton, S. and Fetherston, J. (2010) Indications of changing trends in heroin and other opioid use in IDRS data nationally and in Western Australia. Drug Trends Quarterly Bulletin, April. National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW.

Schineanu, A., Welander, F. and Siggers, S. (2010) "Don't wake up angry no more" - the evaluation of the Norseman Voluntary Liquor Agreement. National Drug Research Institute, Curtin University, Perth, WA.

Articles and Books

Bond, L. Daube, M. and Chikritzhs, T. (2010) Selling addictions: similarities in approaches between Big Tobacco and Big Booze. *Australasian Medical Journal*, 3, (6), 325-332.

Fillmore, K. and Chikritzhs, T.N. (2010) Commentary on Britton et al. (2010): the dangers of declining drink. *Addiction*, 105, (4), 646-647.

Gray, D. (2010) The Northern Territory Emergency Response and cannabis use in remote Indigenous communities (Refereed letter to the Editor). *Medical Journal of Australia*, 192, (10), 555.

Liang, W., Chikritzhs, T. and Fillmore, K. (2010) Letter to the editor: Mental disorders the missing piece? *Addiction*, 105, (8), 1497-1498.

Liang, W., Chikritzhs, T., Pascal, R. and Binns, C.W. (2010) Mortality rate of alcoholic liver disease and risk of hospitalisation for alcoholic liver cirrhosis, alcoholic hepatitis, and alcoholic liver failure in Australia between 1993 and 2005. *Internal Medicine Journal*, accepted article, doi: 10.1111/j.1445-5994.2010.02279.x

Livingston, M., Matthews, S., Barratt, M.J., Lloyd, B. and Room, R. (2010) Diverging trends in alcohol consumption and alcohol-related harm

in Victoria. *Australian and New Zealand Journal of Public Health*, 34, (4), 368-73.

Nichols, F. (2010) Aboriginal recommendations for substance use intervention programs. *Aboriginal and Islander Health Worker Journal*, 34, (3), 4-8.

Nichols, F. (2010) Aboriginal recommendations for substance use program evaluation. *Aboriginal and Islander Health Worker Journal*, 34, (4), 17-19.

Nichols, F. (2010) Take the best from both cultures: an Aboriginal model for substance use prevention and intervention. *Aboriginal and Islander Health Worker Journal*, 34, (3), 10-14.

Siokou, C., Moore, D. and Lee, H. (2010) 'Muzzas' and 'Old Skool Ravers': ethnicity, drugs and the changing face of Melbourne's dance party/club scene. *Health Sociology Review*, 19, (2), 192-204.

Welander, F., Schineanu, A. and Midford, R. (2010) Attitudes and knowledge of alcohol related harm minimisation initiatives in a rural Australian city: a baseline survey. *Drugs: education, prevention and policy*, 17, (4), 354-369.

Wilson, M., Stearne, A., Gray, D. and Siggers, S. (2010). The harmful use of alcohol amongst Indigenous Australians. Published [14 June 2010] Australian Indigenous HealthInfoNet http://www.healthinonet.edu.au/alcoholuse_review.

staff list

subscriptions

NDRI staff as at September 2010

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Simon Lenton	Professor, Deputy Director
Tony Butler	Professor
Rob Donovan	Professor
Peter Howat	Professor
Andy Lee	Professor
Bruce Maycock	Professor
Sherry Siggers	Professor
Tanya Chikritzhs	Associate Professor
David Moore	Associate Professor
Ted Wilkes	Associate Professor
Julia Butt	Senior Research Fellow
Rina Cercarelli	Senior Research Fellow
Nyanda McBride	Senior Research Fellow
Susan Carruthers	Research Fellow
Owen Carter	Research Fellow
Robyn Dwyer	Research Fellow
Kate Frances	Research Fellow
Ed Garrison	Research Fellow
Jonathon Hallett	Research Fellow
Geoffrey Jalleh	Research Fellow
Wenbin Liang	Research Fellow
Eva Malacova	Research Fellow
Lynn Roarty	Research Fellow
Andreia Schineanu	Research Fellow
Amanda Wilson	Research Fellow
Michael Doyle	Research Associate
Michaela Evans	Research Associate
Christian Gardner	Research Associate
Colleen O'Leary	Research Associate
Richard Pascal	Research Associate
Candice Rainsford	Research Associate
Anna Stearne	Research Associate
Clare Stevens	Research Associate
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/Administrative Officer
Jodie Koch	A/Secretary/Admin Assistant
Jillian Evans	Clerical Officer
Monica Barratt	PhD Student
Beatriz Cuesta Briand	PhD Student
James Fetherston	PhD Student
Rachael Green	PhD Student
Tina Lam	PhD Student
Amy Pennay	PhD Student
Christine Siokou	PhD Student
Nicola Thomson	PhD Student

Adjunct Appointments

David Hawks	Professorial Fellow
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
Celia Wilkinson	Senior Research Fellow
Vi Bacon	Research Fellow
Jocelyn Jones	Research Fellow

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