

# centre lines

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## issuing forth

Pathologising young adults who use alcohol and other drugs...again:  
In search of an alternative view



## edspace

Welcome to the April issue of *CentreLines*.

In this edition, *Issuing Forth* is provided by Professor David Moore who is located at NDRI's Melbourne office, from where he leads NDRI's ethnographic research program. In *Issuing Forth*, Professor Moore questions common representations of young adult alcohol and other drug users, in which their drinking and other drug use practices are portrayed as disordered, dangerous, incompetent or ignorant. Based on his own and others' qualitative research, he suggests that these views obscure the variety, complexity and strategic nature of drinking and drug-using practices, and prematurely close off alternative ways of thinking about, and responding, to alcohol and other drug use.

*Project Notes* includes reports on the 2010 Illicit Drug Reporting System, which monitors trends in illicit drug use and markets, and the 2010 Ecstasy and Related Drugs Reporting System, which tracks emerging trends in use and markets for these drugs. Also included is a report on a new project investigating the use of kava in Aboriginal and Pacific Islander communities.

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

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

**Rachael Lobo**  
Editor

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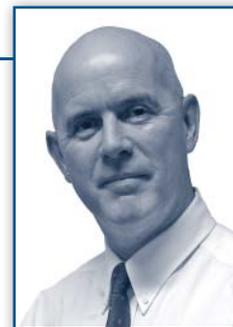
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## headspace

### Effective responses require an open mind

David Moore's article in this edition of *CentreLines* reminds us of an important issue. How we construe an issue has clear implications for how we develop our responses – and both may have unintended, and adverse, outcomes. As he observes, if we: “emphasise .... disorder, incompetence, impairment and violence ... (we) ... obscure the variety, complexity and strategic nature of drinking and drug-using practices.” He reminded me of an important observation, from many years ago. An international research project was aiming to develop an instrument to measure “loss of control”, at that time a hotly debated feature of alcohol dependence. Amongst the

questions were those such as the following: “Have you ever found it difficult to go out drinking and avoid getting drunk?” (I am sure it was worded better, but my imperfect memory renders it thus). This question, and others like it, elicited responses that suggested an acceptable level of reliability and validity. That is, until it was presented to some Scottish heavy drinkers, whose responses could be summarised as “Why would anyone want to do that?” The point appeared to be that, while some of us might be concerned at the harm they did themselves, going out and getting drunk was intended. They had not lost control, they did it on purpose. I do not intend to



use this limited space to debate the obvious retorts, reasonable and appropriate as they may be. I simply use the illustration to emphasise the critical point made by Moore – effective responses must take into account diverse perspectives on use and harm. **cl**

**Steve Allsop**  
Director

## issuing forth

### Pathologising young adults who use alcohol and other drugs...again: In search of an alternative view

In Australia, so-called ‘binge drinking’ and the use of amphetamine-type stimulants (ATS) amongst young adults have received extensive coverage in media, policy and research discourses. In this article, I consider whether these discourses, and the ways in which they construct young adults and their practices as pathological, are useful. How well do images of pathological drinking and ATS use correspond with the findings of qualitative research? How do young adults understand their alcohol and ATS use? What alternative policy responses might be glimpsed once we move beyond descriptions and explanations that emphasise pathology?

#### Existing discourses on alcohol and ATS use amongst young adults

In media discourses on drinking, young ‘binge drinkers’ are frequently described as ‘yobs’ who are ‘out-of-control’, ‘violent’ and ‘savage’, and who create ‘mayhem’, form ‘gangs’ and ‘drink just to get drunk’. For example, in Melbourne, young adults involved in ‘alcohol-fuelled violence’ in and around inner-city licensed venues have been the focus of extensive media coverage. These reports often cite influential community leaders such as the Victorian Premier, who offered the following definition of young drinkers engaged in violence:

*‘They’re people who can hardly stand up, they’re people who’ve had 20 or 30 drinks and they’re in a state where they’re just not in control of their senses and I think some of them unwittingly are involving themselves in violence and alcohol is the sole cause of that’.*  
(Herald Sun, 27 August 2009)

In media discourses on the use of ATS, ecstasy and methamphetamine are often linked with pathological consumption leading to serious health and social problems. They form part of wider discourses that construe any level of illicit drug use as problematic and which call into question the drug user’s rationality, responsibility and capacity for self-control<sup>1</sup>. For example, the use of ecstasy is frequently reported in relation to overdose and death (eg ‘Teenager dead after drug overdose at Big Day Out’, *The Age*, 2 February 2009; ‘Ecstasy linked to deaths’, *The Age*, 29 May 2008). Methamphetamine is commonly associated with violence, addiction and other forms of disorder. For example, NSW Police Commissioners have stated that ‘About 80 per cent [of ‘dependent’ methamphetamine users] have been involved in a case of violence’ (*The Age*, 21 October 2009) and described crystalline methamphetamine as more destructive



than heroin: ‘The physical and mental manifestations of this drug are absolutely horrific. It has the potential to destroy generations’ (*Sydney Morning Herald*, 1 October 2006). In a 2007 media release, Steve Bracks, the Victorian Premier at the time, stated that:

*‘We must not let ice take hold in Victoria. It is a highly addictive drug and we must act now to stop it having a devastating effect on our community. [...] Ice ruins lives and we need to educate our young people to make the right decisions when it comes to drugs.’* (Media Release, 21 February 2007)

An Australian television documentary entitled ‘*The Ice Age*’ (aired on the Australian Broadcasting Corporation on 20 March 2006) explicitly linked crystalline methamphetamine with addiction, violence, psychosis, multiple personality disorder, chaos and death.

‘Binge drinking’ and ATS use among young adults have also elicited numerous expressions of concern in the policy sphere. In relation to drinking, a Victorian parliamentary committee expressed

concern over the ‘apparent “normalisation” of binge drinking culture(s)’<sup>2</sup>. The 2006-2009 National Alcohol Strategy argued that ‘too many Australians now partake in “drunken” cultures rather than drinking cultures’<sup>3</sup>. It identified young people as one of the population subgroups with ‘special needs’ because of their ‘risky’ or ‘high-risk’ drinking levels and tendency to ‘drink to intoxication’. The Australian government moved to address youthful ‘binge drinking’ through a range of initiatives including a media campaign featuring the slogan ‘Don’t Turn a Night Out into a Nightmare’, which linked heavy drinking to accidents, violence and unwanted sexual activity.

Several Australian government policies and campaigns have focused on violence and the mental health and physical health risks associated with ATS use. For example, the ‘Don’t Let Ice Destroy You’ campaign linked use of crystalline methamphetamine with ‘drug-induced psychosis which may lead to aggressive and violent behaviour’ and increased risk of ‘panic attacks, anxiety, and severe depression’ (Press Release, 19 April 2009). The Ice-specific material was part of a wider campaign against the ‘scourge of drug abuse’ in which ecstasy use was associated with ‘anxiety, nervousness, hallucinations [and] severe depression’. A more recent campaign, launched in early 2010, was designed to present the ‘ugly facts of illicit substance use’, on the basis that ‘[too] many young Australians don’t understand the very real and dangerous impacts of taking or using illegal drugs’ (Media Release, 25 February 2010). The media release announcing the campaign warned that ‘the potential for overdose is in every single [ecstasy] pill’.

Quantitative and clinical research, while generally avoiding terms such as ‘binge drinker’, also associates alcohol and ATS use among young adults with violence, abuse, injury or impairment. In relation to drinking, statistical analyses depict young adults as drinking at levels that place them at ‘risk’ or ‘high risk’ of experiencing acute alcohol-related harm, such as violent assault and road injury<sup>4</sup>. In particular, young males – a perennial focus of societal concern<sup>5</sup> – are linked with alcohol-related injury<sup>6</sup> such as serious road crashes<sup>7</sup> and hospitalisations for assaultive injuries<sup>8</sup>. Young Australians are well-represented in statistics on ‘alcohol dependence’<sup>9</sup>, and regular intoxication is linked with physical, cognitive and moral impairment – memory loss, blackouts, sexual risk-taking, impaired brain development and cognitive deficits<sup>10,11</sup>.

In relation to the use of ATS, research studies describe ecstasy as having ‘dependence potential’ and link it to

‘compulsive’ and ‘escalating use’<sup>12</sup>, ‘psychological distress’<sup>13</sup>, ‘memory dysfunction’<sup>14</sup> and drug-driving<sup>15</sup>. Methamphetamine use is also associated with drug-driving<sup>15</sup> and with increased risk of experiencing ‘two or more psychotic symptoms (indicative of psychosis risk)’<sup>16</sup>, ‘neuropsychological impairment’<sup>17</sup>, violence arising from ‘persecutory delusions and perceived threat’<sup>18</sup> and, in its crystalline form, with increased risk of ‘dependence’<sup>19</sup>.

Notwithstanding differences across media, policy and research discourses, these discourses emphasise or reference pathology in their construction of young adults: as ‘binge drinkers’, as ‘compulsive ecstasy users’, as ‘violent methamphetamine users’. Key attributes in these constructions include an inability to regulate consumption and a tendency to engage in ‘risky’, compulsive use and violence, and to consume in ways that produce cognitive and moral impairment. Young adults are understood as having given up ‘the calculating subjectivity that is necessary for governing oneself in a neo-liberal paradigm and monitoring one’s own risks’<sup>20</sup>.

### **Challenging existing discourses on young adults who use alcohol and other drugs**

The images of uncontrolled, incompetent and disordered drinking and ATS use constructed in media, policy and research discourses are directly challenged, however, by the findings of recent qualitative research in Australia<sup>(eg 21-26)</sup> and Europe<sup>(eg 27-32)</sup>. Although heavy drinking to intoxication, and the use of ATS, is integral to the social lives of young adults, who consider it to be normal, acceptable and pleasurable, such research also suggests that they drink and use ATS strategically. Aware of the potential harm, young adults structure their alcohol and ATS use in ways that maximise the pleasures and reduce the risks, via strategies to ensure personal and social safety. They negotiate changes in night-time leisure economies that facilitate heavy alcohol consumption<sup>33</sup>, the increasingly normalised recreational use of ATS among their peers<sup>21</sup>, the social regulation of alcohol and other drug consumption via public health campaigns and the ongoing stigmatisation of illicit drug use in public discourses. They negotiate these complex social contexts through the pursuit of ‘calculated hedonism’ or ‘controlled loss of control’, where apparently pathological consumption of alcohol and other drugs remains bounded by space, time and social situation<sup>29</sup>. They balance the desire for ‘having fun’, ‘letting go’ and ‘taking risks’ within the constraints imposed by study, work and family, and try to avoid risking their

social and cultural credibility when drinking and using ATS.

Comparing existing media, policy and research discourses on ‘binge drinkers’ and ATS users with the findings of qualitative research prompts several comments and observations. First, media, policy and research discourses are homogenising and ignore how gender and social class shape the ways in which young adults drink and use ATS. For example, existing research suggests a greater emphasis on the care of drunken friends amongst young women. Further, although more research is needed, police data suggest that much of the alcohol-related violence in central Melbourne is perpetrated by residents of some of the most economically disadvantaged suburbs (The Age, 25 August 2009). A more complex and nuanced view of the political economy, diversity and agency of youthful alcohol and ATS use is required in order to inform policy and practice.

Second, pleasure is a consistent theme in existing qualitative research. While young adults espouse and enact practices that are consistent with harm reduction injunctions to moderate their alcohol and other drug use, they also enthusiastically seek opportunities for sociopharmacological pleasure. How should harm reduction respond to those who articulate its regulatory ethos but pursue pleasure in practice? Should it identify and promote forms of pleasure associated with lower levels of harm? Should it support discursive environments in which existing representations of young alcohol and other drug users as disordered, incompetent or ignorant are replaced by alternative representations, in which they can be seen as both pleasure-seeking and disciplined?<sup>34,31</sup>

At the very least, media campaigns should avoid representing young adults through pathologising images of alcohol-related violence, ecstasy overdose or methamphetamine psychosis. Such images may contribute to the marginalisation of young adults by potentially robbing them of a positive discursive resource in political struggles over alcohol and illicit drug use. Messages that recognise young adults as evincing competence, responsibility and a desire to reduce harm, whilst simultaneously pursuing pleasure, may be experienced as empowering, thus enabling them to counter marginalisation, deal with alcohol and other drug-related issues more effectively, and create new forms of identity and ethics<sup>35,31</sup>. For example, in recent months, two media campaigns have been launched in Victoria that provide positive images of young men, redefining the expression of masculine

# issuing forth **continued...**

loyalty in terms of extricating drunken friends from potentially violent situations rather than through assisting them to commit violent acts. Such messages, and their welcome and long-overdue focus on masculinity, provide a useful complement to measures designed to reduce the overall availability of alcohol.

## Conclusion

Existing media, policy and research discourses on 'binge drinking' and ATS use among young Australians emphasise pathology: disorder, incompetence, impairment and violence. They obscure the variety, complexity and strategic nature of drinking and drug-using practices, and prematurely close off alternative ways of thinking about, and responding, to alcohol and other drug use. Conspicuously absent from existing discourses on alcohol and ATS use are the perspectives and strategic practices of young adults. Yet young adults can be seen as 'lay experts' in alcohol and ATS use – they formulate knowledge which they then draw on in shaping their drug-related practices, sometimes in preference to the knowledge disseminated in health promotion and harm reduction campaigns. Acknowledging these perspectives and practices should be central to the development of future harm reduction policy. **cl**

**David Moore**  
**Professor and Project Leader**  
**Ethnographic Research Program**

## Acknowledgment

A longer version of the argument presented here appeared as:

Moore, D. (2010) Beyond disorder, danger, incompetence and ignorance: Re-thinking the youthful subject of alcohol and other drug policy. *Contemporary Drug Problems* 37(3): 475-498.

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# project notes

## Illicit Drug Reporting System

**Simon Lenton and Candice Rainsford**

The Illicit Drug Reporting System (IDRS) is an annual study conducted in every jurisdiction of Australia, and designed to monitor trends in illicit drug use and markets. It is coordinated nationally by the National Drug and Alcohol Research Centre (NDARC) and funded by the Australian Government Department of Health and Ageing. Presented here is a summary of the key findings from the survey of 100 regular injecting drug users (IDU) conducted for the Western Australian (WA) IDRS 2010.

The demographic characteristics for the 2010 IDU sample were mostly similar to those in 2009; however, there was a significant increase in the average age, from 35 years in 2009 to 37 years in 2010. The most noted demographic change was a significant increase in the proportion currently engaging in drug treatment, from 30% in 2009 to 47% in 2010. Of those in current drug treatment, 92% were receiving pharmacotherapies for opioid dependence. Mean age of first injection remained unchanged at 19 years. Frequency of injection proportions were not significantly different to 2009 findings, with the most commonly reported frequency of injection being 'more than weekly, less than daily' by 35% in 2010.

In 2010, heroin remained the most common 'drug of choice' reported by 60% of the IDRS sample. Heroin also remained the drug most often injected in the last month. In 2010, a further decline was observed in frequency of methamphetamine injection. The proportion of users reporting methamphetamine as the drug most frequently injected was the lowest since WA IDRS data collection began.

Findings from the 2009 WA IDRS suggested some significant changes in heroin use patterns may have been occurring among IDU in Perth at the time. These changes included increased frequency of heroin use among recent users as well as increased proportions reporting daily heroin use. Yet, findings from the 2010 WA IDRS sample suggest that even though lifetime and recent use rates have remained largely unchanged from 2009, there has been a significant decrease in the average days of heroin use among recent users. However, observed peaks and falls in average number of days heroin has been used has been consistently occurring since 2005, which may be due to fluctuations in heroin availability in Perth.

## Ecstasy and Related Drugs Reporting System

**Simon Lenton and Jessica Miller**

The Ecstasy and Related Drugs Reporting System (EDRS) aims to identify emerging trends in patterns of use and markets for these drugs. It is coordinated nationally by NDARC and funded by the Australian Government Department of Health and Ageing. Presented here is a summary of the major findings from interviews with regular ecstasy users (REU) for the 2010 EDRS in Western Australia (WA).

Many demographic characteristics of the 2010 REU sample were similar to those in 2009. There was however a significant decrease in the proportion of males in the 2010 sample (48%) compared with 2009 (65%).

Some notable changes in patterns of ecstasy use were found in comparison to 2009; in particular, decreases were observed in frequency of use and quantities of ecstasy used in a typical session. The proportion reporting use of ecstasy on a weekly basis or more decreased significantly from 29% in 2009 to 14% in 2010. The average amount used in a 'typical' session decreased significantly from two and a half tablets to approximately two tablets, however there was no significant change in the proportion that reported typically using more than one tablet in a session.

As in previous years, the vast majority of the sample (84%) reported using other drugs with ecstasy; however the proportion reporting use of other drugs to 'come down' from ecstasy decreased significantly. In 2010, 39% reported using other drugs to 'come down' compared to 54% in 2009. This decrease may be due to the larger proportion of females in the 2010 sample compared to previous years, as males were significantly more likely than females to use other drugs during 'comedown'.

The high level of alcohol use among the current REU sample is of concern. The majority of the sample obtained AUDIT scores that indicate hazardous and harmful use of alcohol. Alcohol was the main drug reported for depressant overdose, which increased significantly in 2010 compared to 2009. Reported symptoms included vomiting, losing consciousness and collapsing. In addition, almost three-quarters of the sample reported using alcohol with ecstasy and, among these respondents, the majority reported consuming more than five standard drinks.

## Kava Use in Aboriginal and Pacific Islander communities

**Julia Butt, Dennis Gray and Ted Wilkes**

The overall objective of this project is to examine the current pattern and extent of kava use in Australia with particular reference to the health impacts among Aboriginal and Pacific Islander peoples.

Kava is the commonly used term for the plant *Piper methysticin*, a member of the pepper family *Piperaceae*, and the psychoactive beverage made from its roots. Kava has been grown and consumed in wide range of Pacific Island countries (eg Tonga, Samoa, Vanuatu and Fiji). It is also consumed in some Aboriginal communities in the Northern Territory, and has been since the 1980s.

In June 2007, as a response to reports of growing health and social problems associated with kava in some Aboriginal communities in the Northern Territory, enforcement of import controls on kava were tightened. Under these controls importation of kava in commercial quantities was prohibited except for medical or scientific purposes. However, in recognition of the traditional cultural use of kava in Australia by Pacific Islander communities and to maintain limited access, provision was retained allowing incoming passengers, aged 18 years or over, to bring in to the country no more than two kilograms of kava per person.

Currently, there is little information on the extent of kava use and health and wellbeing problems associated with kava use in Aboriginal communities in the Northern Territory or Pacific Islander communities residing elsewhere in Australia. Utilising existing literature and data, key informant interviews and community interviews the project being undertaken at NDRI aims to: examine the current extent and patterns of kava use, examine the health impacts of kava use, review the social and cultural context of kava use and how this impacts upon health, examine the observed consequences of kava consumption and behaviour related to the access and distribution of kava (eg health complications, community participation complications, financial etc) on individuals and communities, review intervention options (including treatment, harm and demand reduction strategies) available to reduce harmful consequences of kava use, and examine community awareness of the effects and consequences of kava. **cl**

**abstracts****Affective disorders and anxiety disorders predict the risk of drug harmful use and dependence****Wenbin Liang, Tanya Chikritzhs and Simon Lenton**

Addiction, (2011), Early view: doi: 10.1111/j.1360-0443.2011.03362.x.

**Aim:** To investigate whether affective disorders, anxiety disorders, and alcohol use disorders may increase the risk of subsequently developing drug (non-alcohol related) dependence and/or drug (non-alcohol related) harmful use. **Design:** A retrospective cohort study based on nationally representative household survey data collected from the 2007 National Survey of Mental Health and Wellbeing (MHW). The MHW survey applied the World Mental Health Survey Initiative version of the Composite International Diagnostic Interview (WMH-CIDI 3.0) to collect information on ICD-10 mental disorder diagnoses. Ages at first onset for mental disorders and harmful drug use were used to reconstruct the cohort according to: definition of exposure, time at risk and outcome. **Participants:** 8,841 Australian adults aged 18–85 yrs who were included in the 2007 MHW survey. **Findings:** Participants with affective disorders and anxiety disorders were at higher risk of drug harmful use and drug dependence and the effects did not vary by the length of time respondents had been exposed to mental disorders. **Conclusion:** It is uncertain whether experience of affective disorders and anxiety disorders, possibly prior to the disorder being identified by the individual or a health worker, may lead to self medication with psychoactive substances or whether common genetic factors linking mental disorder and drug use disorders are the underlying cause. Symptoms of mental health disorders should alert health care providers to the possibility of drug use disorder co-morbidity and the need for early intervention, especially among young males

**Beyond recruitment? Participatory online research with people who use drugs****Monica Barratt and Simon Lenton**

International Journal of Internet Research Ethics, (2010), 3, (1), pp 69–86

The use of the internet by people who use drugs presents an opportunity for researchers not only to successfully recruit drug users to participate in research, but

to go further and engage drug users more fully in dialogue. In this paper, we present data arising from a doctoral research project which examines drug use in an internet society by focusing on the experiences of participants in online dance music and drug discussion forums, and we examine the ethical issues and problems that arose in this context due to the illegal and stigmatised status of drug use. We chose to engage with forum moderators and users instead of treating public internet forums as freely available 'data'. Successes and failures that occurred during this process are outlined, and we discuss what was involved in maintaining the discussion threads once they were accepted and supported by group moderators. Issues that arose in attempting to continue engagement beyond recruitment are also discussed. To conclude the paper, we evaluate our efforts to conduct participatory online research and suggest how other researchers investigating illegal and/or stigmatised behaviours may build on our work.

**The adverse consequences of drinking in a sample of Australian adults****Paul Dietze, Robin Room, Damien Jolley, Sharon Matthews and Tanya Chikritzhs**

Journal of Substance Use, (2010), Early online, 16 September 2010, doi: 10.3109/14659891.2010.495816

**Objective:** To examine the adverse consequences of drinking reported by a subsample of participants in the Australian arm of the GenACIS (Gender Alcohol and Culture: an International Study). **Design and method:** A random sample of adults (18+, N = 1,608) was interviewed by telephone for self-reported experience of adverse consequences of alcohol consumption. **Results:** Ten per cent reported experiencing either alcohol related life-area problems and/or physical/emotional/legal problems as a result of their drinking in the previous year. Around 4% reported getting into a fight after they had been drinking and 6% reported adverse effects of alcohol on their physical health. There were variations by age, and other correlates, such as drinking patterns, but not by gender. For example, while only 4% of the sample aged 35–44 reported being injured or injuring someone else, 17% of the sample aged under 25 reported being injured or injuring another. **Conclusions:** Young Victorians and those who reported riskier drinking were generally more likely to report experiencing adverse

consequences than older Victorians and those who reported less risky drinking. This is important in the Australian context, with a focus on the harms associated with young people's drinking the subject of much recent public debate.

**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, Colin Binns**

Internal Medicine Journal, (2011), 41, (1a), pp 34–41

**Background:** Alcoholic liver disease (ALD) is an important contributor to the total burden of alcohol-related harm; however, the morbidity of different types of ALD in Australia has not been described. The aim of this study was 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:** This is a population-based cohort study including the total 15+ years Australian population. Data were obtained from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare. **Main outcome measures:** (i) trend of standardized mortality rates and trend of standardized hospital admission rates for males and females for 1993/1994–2004/2005 (fiscal year), (ii) relative risk of alcoholic liver cirrhosis, alcoholic hepatic failure and alcoholic hepatitis hospital admissions for 1999/2000–2004/2005. **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 10-fold increase in the risk of hospital admissions of alcoholic cirrhosis in 2002/2003 for the 20–29 years 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 Australian population. Dramatic increases in hospital admissions for alcoholic cirrhosis in 2002/2003 for the 20–29 years population may have been due to an increase in screening of alcohol-related harms in primary care settings.

## Reduction in alcohol consumption and health status

**Wenbin Liang and Tanya Chikritzhs**

*Addiction*, (2011), 106, (1), pp 75-81

**Aims:** This study investigated the association between alcohol consumption and health status using cross-sectional national survey data.

**Measurements and design:** This study relied upon self-report data collected by the 2004 and 2007 Australian National Drug Strategy Household (NDSH) surveys. Households were selected using a multi-stage, stratified-area, random sample design. Both surveys used combinations of the drop-and-collect and computer-assisted telephone interview approaches. Respondents were questioned about their current and past drinking, the presence of formal diagnosis for specific diseases (heart disease, type 2 diabetes, hypertension, cancer, anxiety, depression) and self-perceived general health status. Associations between drinking status, the

presence of diagnoses and self-perceptions of general health status among respondents aged 18+ and 45+ were assessed using multivariate logistic regression.

**Setting and participants:** Males and females aged 18 years or older and resident in Australia. The sample sizes for the 2004 and 2007 NDSH surveys were 24 109 and 23 356, respectively.

**Findings:** Respondents with a diagnosis of diabetes, hypertension and anxiety were more likely to have reduced or stopped alcohol consumption in the past 12 months. The likelihood of having reduced or ceased alcohol consumption in the past 12 months increased as perceived general health status declined from excellent to poor.

**Conclusions:** Experience of ill health is associated with subsequent reduction or cessation of alcohol consumption. This may at least partly underlie the observed 'J-shape' function relating alcohol consumption to premature mortality. **cl**

## Upcoming NDRI Seminars

Thursday 19 May, 2pm

**Grant Akesson**

*Community Programs Manager,  
Drug and Alcohol Office of WA*

**Topic: The impact of restrictions in Halls Creek and Fitzroy Crossing**

Thursday 2 June, 12pm

**Professor Michael Farrell**

*Director, National Drug and Alcohol  
Research Centre, University of NSW*

**Topic: TBA**

Thursday 11 August, 2pm

**Professor Robert West**

*Health Behaviour Research Centre,  
University College London;  
Editor-in-Chief, *Addiction**

**Topic: How can we improve behavioural support to help people overcome addictions?**

*NDRI's free public seminars are held in the NDRI seminar room at Shenton Park, Perth. For further information visit [ndri.curtin.edu.au](http://ndri.curtin.edu.au).*

# recent publications

## Articles and Books

**Allsop, S.** (2011) Perverse interpretation of evidence in alcohol policy. In Ghodse, H., Herrman, H., Maj, M. and Sartorius, N. (eds.) *Substance Abuse Disorders. WPA Series, Evidence and Experience*. Wiley-Blackwell. pp 175-178.

**Barratt, M.J. and Lenton, S.** (2010) Beyond recruitment? Participatory online research with people who use drugs. *International Journal of Internet Research Ethics*, 3, (1), pp 69-86.

**Dietze, P., Room, R., Jolley, D., Matthews, S. and Chikritzhs, T.N.** (2010) The adverse consequences of drinking in a sample of Australian adults. *Journal of Substance Use*. Early online, 16 September 2010, doi: 10.3109/14659891.2010.495816

**Green, M. and Siggers, S.** (2011) Race and reconciliation in Australia. in Germov, J & Poole, M. (Eds) *Public sociology. An introduction to Australian society* (2nd ed). Allen & Unwin, Crows Nest, NSW. pp 271-289. ISBN: 9781742371450

**Haynes, R., Griffiths, P., Chikritzhs, T.N., Butler, T.G., Allsop, S. and Gunnell, A.** (2010) Drug trends and crime tracking: a research study investigating the relationship between heroin, amphetamine and cannabis use, drug-related harms, and crime in Western Australia (ABSTRACT). In Haynes,

R. (ed.) 2010 WA Alcohol and Other Drug Symposium. *Delivering a Healthy WA*, (8). Drug and Alcohol Office, Perth.

**Liang, W. and Chikritzhs, T.N.** (2011) Brief report: marital status and alcohol consumption behaviours. *Journal of Substance Use*. Early online, 10 January 2011, doi: 10.3109/14659891.2010.538463

**Liang, W. and Chikritzhs, T.N.** (2011) Moderate alcohol consumption and risk of coronary heart disease. *American Journal of Cardiology*, 107, (6), pp 957.

**Liang, W. and Chikritzhs, T.N.** (2011) Reduction in alcohol consumption and health status. *Addiction*, 106, (1), pp 75-81.

**Liang, W., Chikritzhs, T.N. and Lee, A.H.** (2011) Is asthma associated with increased risk of injury? *Journal of Asthma*, 48, (3), pp 311-315.

**Liang, W., Chikritzhs, T.N. and Lenton, S.** (2011) Affective disorders and anxiety disorders predict the risk of drug harmful use and dependence. *Addiction*. Early view, 7 March 2011, doi: 10.1111/j.1360-0443.2011.03362.x.

**Liang, W., Chikritzhs, T.N., Pascal, R. and Binns, C.W.** (2011) 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*, 41, (1a), pp 34-41.

**Moore, D.** (2010) Beyond disorder, danger, incompetence and ignorance: Re-thinking the youthful subject of alcohol and other drug policy. *Contemporary Drug Problems*, 37, (3), pp 475-498.

**Rhodes, T., Stimson, G., Moore, D. and Bourgois, P.** (2010) Qualitative social research in addictions publishing: Creating an enabling journal environment. *International Journal of Drug Policy*, 21, (6), pp 441-444.

**Siggers, S., Walter, M. and Gray, D.** (2011) Culture, history and health. In Thackrah, R., Scott, K. and Winch, J. (eds.) *Indigenous Australian Health and Cultures: An Introduction for Health Professionals*. Pearson, Sydney.

**Targowska, A., Siggers, S. and Frances, K.** (2010) Licensing and regulation of Indigenous child care services. *Australian Journal of Early Childhood*, 35, (4), pp 30-39.

**Wilkes, E., Wilson, M. and Ward, J.** (2010) Commentary on Milloy et al. (2010): The stark reality of overdose mortality among indigenous peoples—a(nother) plea for action. *Addiction*, 105, (11), pp 1971-1972.

**Wilkinson, C., Allsop, S. and Chikritzhs, T.N.** (2011) Alcohol pouring practices among 65 to 74 year olds in Western Australia. *Drug and Alcohol Review*, 30, (2), pp 200-206. **cl**

# staff list

## NDRI staff as at April 2011

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Dennis Gray	Professor, Deputy Director
Simon Lenton	Professor, Deputy Director
Rob Donovan	Professor
Peter Howat	Professor
Andy Lee	Professor
Bruce Maycock	Professor
David Moore	Professor
Sherry Siggers	Professor
Tanya Chikritzhs	Associate Professor
Ted Wilkes	Associate Professor
Julia Butt	Senior Research Fellow
Suzanne Fraser	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
Jeane Roberts	Research Fellow
Amanda Wilson	Research Fellow
Michael Doyle	Research Associate
Michaela Evans	Research Associate
Jessica Miller	Research Associate
Colleen O'Leary	Research Associate
Richard Pascal	Research Associate
Aurora Popescu	Research Associate
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Anna Stearne	Research Associate
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Vic Rechichi	Communications Officer
Paul Jones	Computer Systems Officer
Jo Hawkins	A/Administration Officer
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Clare Dalais	Clerical Officer
Jillian Evans	Clerical Officer
Monica Barratt	PhD Scholar
Michael Cole	PhD Scholar
Beatriz Cuesta Briand	PhD Scholar
James Fetherston	PhD Scholar
Rachael Green	PhD Scholar
Tina Lam	PhD Scholar
Amy Pennay	PhD Scholar
Christine Siokou	PhD Scholar
Nicola Thomson	PhD Scholar

## Adjunct Appointments

David Hawks	Professorial Fellow
Tony Butler	Professor
Kaye Fillmore	Professor
Kate Graham	Professor
Tim Stockwell	Professor
Nicole Lee	Associate Professor
Wendy Loxley	Associate Professor
Richard Midford	Associate Professor
Neil Donnelly	Senior Research Fellow
Celia Wilkinson	Senior Research Fellow
Vi Bacon	Research Fellow
Allyson Brown	Research Fellow
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National Drug Research Institute  
Curtin University  
GPO Box U1987 Perth WA 6845  
[ndri.curtin.edu.au](http://ndri.curtin.edu.au)



National Drug & Alcohol Research Centre  
University of New South Wales  
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