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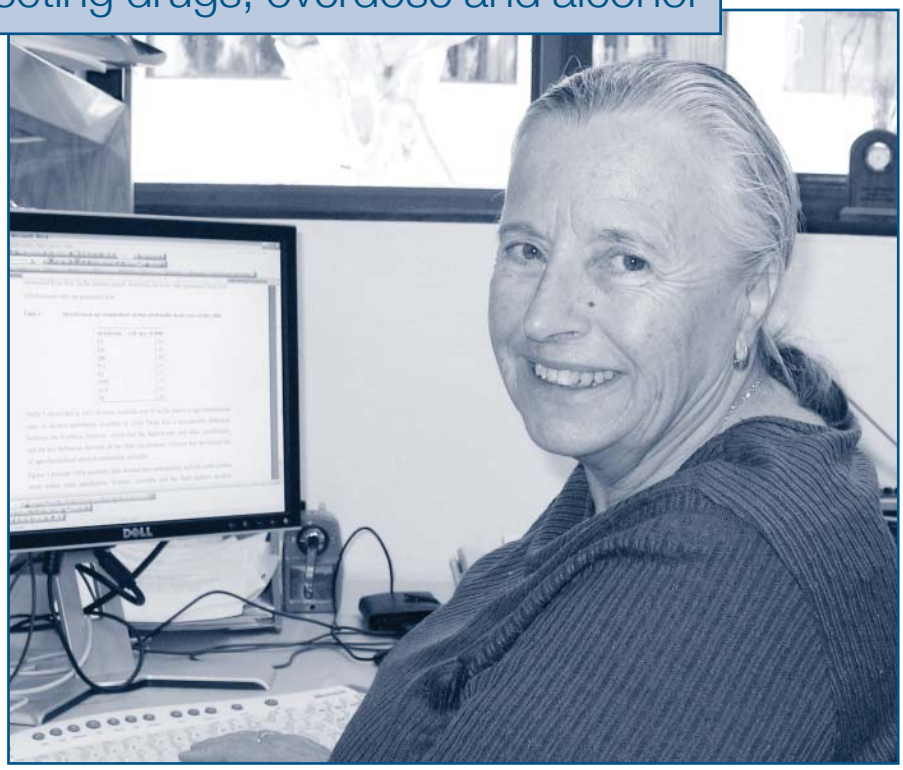
issuing **forth**

Researching the edge: Young people, injecting drugs, overdose and alcohol



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edspace

Welcome to the final issue of *CentreLines* for 2007. The previous (August) issue included news that NDRI researcher Wendy Loxley had been inducted into the prestigious Honour Roll at the 2007 National Drug and Alcohol Awards, in recognition of her significant contribution to the alcohol and other drug field.

In *Headspace* of this issue, Steve Allsop bids farewell to Wendy who, after conducting research at the National Drug Research Institute for the past 20 years, is shortly due to retire from her position of Associate Professor. Wendy uses the opportunity of her final *Issuing Forth* to reflect on some of her personal research experiences during her time at NDRI, focusing particularly on drug and alcohol use by young people.

Project Notes includes information on the recently-completed *Alcohol restrictions project*, which reviewed the evidence for the effectiveness of a range of restrictions on the sale and supply of alcohol in reducing consumption and alcohol related harm, and which recently received significant media attention. The full report from this project is available on NDRI's website at www.ndri.curtin.edu.au.

We hope that you enjoy this issue of *CentreLines* and offer you our best wishes for a safe and happy festive season.

Rachael Lobo

Editor

NDRI
national drug research institute

headspace

Farewell to Associate Professor Wendy Loxley

Associate Professor Wendy Loxley has been a central part of the National Drug Research Institute for some two decades, as a researcher, a mentor and, for 4 years, the Deputy Director. She is soon to retire from her permanent position, but we expect to maintain an active relationship, enjoying her continued contribution to research and capacity building activities.

It is with mixed feelings that we provide Wendy with the opportunity for a valedictory *Issuing Forth*. I say 'mixed' because, while this signifies the loss of a valued colleague, Wendy has, as I anticipated, risen to the challenge and taken the chance to reflect on a range of initiatives that have shaped the alcohol and drug landscape. She has also thrown her support behind an issue that, among our colleagues and in the broader community, is contentious and sure to be the theme of continued debate.

While readers may focus on one or another of the programs highlighted by Wendy, I was struck by an overriding theme across them all: the importance of access, particularly for young people. Firstly, ease of access to alcohol and other drugs is one important factor that contributes to whether people use, and probably how they use, drugs. Secondly, young people affected by drug use are often disadvantaged by their limited access to information, advice, support and treatment – and often the way information is communicated and services provided to young people is suboptimal. In concert with research into supply reduction and supply control, we must also continue to explore the factors that enhance quality communication among young people and identify and address the barriers to effective treatment and harm reduction strategies.

These are issues for the future, but I want to use my remaining space to acknowledge the contribution Wendy Loxley has made to the drug field. Her work over the past two decades has covered diverse areas of interest across 40 projects, from drink-driving and criminal justice to illicit drug use (particularly injecting) and alcohol policy, resulting in significant and influential publications, conference presentations and media commentary. She has completed research on the prevention of HIV/AIDS and hepatitis C amongst injecting drug users, focussed on strategies to reduce illicit drug and alcohol use among young people, sought to reduce the impact of alcohol and drug problems in the criminal justice system, and informed the development of alcohol policy. Wendy has also directly and indirectly supported a range of students to complete masters and doctoral level research programs.

Most recently she was Chief Investigator, working in partnership with the Centre for Adolescent Health and with a diverse group of colleagues, on what has become known as the "Prevention Monograph". This monograph has informed the evidence base for the National Drug Strategy and, since publication in 2004, has provided direction for the alcohol and other drug field. For example, the monograph had a significant impact on the thinking of the government agency I was working in at the time: it prompted a review of our service provision to allow more support for programs that were effective and to shift away from programs that were of doubtful value.

As well as her demonstrable contribution to research, Wendy has been active with peak agencies and service providers. For example, she has been: a member of Palmerston's Board of Management and was Vice President of the Association between 1992 and 1996; a member of the Board of Management of the Western Australian AIDS Council; the WA Representative on the Australasian Professional Society on Alcohol and Drugs Council; a member of the WA Ministry of Health Needle and Syringe Vending Machines Working Party; and Vice-President of the Hepatitis C Council of WA.

I am sure many readers of *CentreLines* will join me in acknowledging Wendy Loxley's contribution to our field, wishing her all the very best for the future and hoping she will continue to contribute her skills and expertise, albeit somewhat attenuated by more relaxing activities. **cl**

Steve Allsop

issuing forth

Researching the edge: Young people, injecting drugs, overdose and alcohol

Some people will know that I intend to retire from employment at the National Drug Research Institute at the end of this year, and this short article started life as a reflection on 20 years of drug research in Western Australia. When I came to prepare it, however, I found my thoughts continually revolving around four of the many studies in which I have been involved that specifically targeted young people under the age of 21. Two were concerned with injecting drug use and the risk of blood-borne viruses, which was the issue that claimed most of my attention for the first half of my research life. A third study was concerned with the risk of opiate overdose, and my final reflections relate to young people and alcohol.

Before I describe these studies in more detail, I need to mention a conference presentation that I recently heard. This concerned the effect of intoxicants on adolescent brains, and the telling point was that young people are designed by evolution to take risks. The need to keep the gene pool as broad as possible means that young adults should leave the family home and seek sexual partners elsewhere, which is a risky undertaking. The implication of this is that attempts to simply teach adolescents and young adults not to take risks—with drugs or anything else—are not likely to be very effective. We need to find other ways to limit the damage that young people can do to themselves, at least until they reach an age when they are more concerned about the potential for harm.

Young people and blood borne viruses

In the first year or so that I was employed as a drug researcher, I was encouraged to think about the research area in which I would like to be more fully engaged. One of the articles I read was by Dr Les Drew, who suggested that Australia was heading in the direction of a full-blown epidemic of HIV/AIDS, transmitted to the general community by injecting drug users who had become infected through needle-sharing. It seemed to me then—and still does—manifestly unfair that lifestyle choices made some people vulnerable to infection with a deadly virus, and even if injecting drug use was not believed to be an appropriate life choice, the punishment seemed to be outrageous in comparison to the crime. I counted myself fortunate to be one of the people contributing to the fight against it.

My PhD research in the early 1990s was with young injecting drug users and their risk of HIV/AIDS, and I was dismayed to find them to be both at risk and unprotected. They were worried about HIV/AIDS, but had received almost no education about the epidemic, and knew little about transmission. Although they preferred not to share needles, they often did so because they found it difficult to obtain sterile needles and syringes in Perth. This was mainly because pharmacies comprised the main source of supply, and pharmacy staff were often unfriendly towards young people seeking injecting equipment. Fortunately, the HIV/AIDS epidemic was very limited among young injectors in Perth at that time.

Doing this study taught me a little about the lives of people who live on the edge. We used to talk at the Centre about the 'levers of prevention' and I began to realise that levers to prevent HIV/AIDS had to be far wider than simply education. The young people in my study were caught up in complex attitudes and beliefs relating to their expectations about drug use and its exigencies, their need to form and maintain intimate relationships, and their reliance on their mates as perhaps the only people they could really trust. These understandings structured and influenced their behaviour. It wasn't enough to think of them as individuals who could make decisions about whether or not to share needles: they needed to be understood in terms of their social relationships and the world in which they lived. Above all, many were risk takers. I frequently found it hard to understand how they could take the risks they did, but to many the dangers were remote compared to the everyday challenges of their lives.

My second experience of research with young injectors was a study of hepatitis C. Australian researchers had come to realise that hepatitis C was so endemic among injectors that it had to be prevented among young injectors if at all. I received a grant to undertake one of the first studies of hepatitis C and young injectors which I did with Susan Carruthers. As with the earlier study we found that these young people had little knowledge about hepatitis C, but were relatively unconcerned about this new viral threat. While their knowledge of risk factors for hepatitis C was barely adequate, knowledge of other aspects of hepatitis C, such as available treatment and long-term health consequences was extremely poor. Almost all were at risk of infection through unsafe injecting practices. The hidden nature of their drug use meant that making contact was extremely difficult, and we concluded, as others had, that peer outreach had to be one of the best approaches to education and prevention. Mainstream health messages were never going to be enough.

Young people and opiate overdose

During the 10 years that I was engaged in injecting research, Western Australia, like every other Australian state, found itself embroiled in an 'epidemic' of opiate overdose. During these 5-6 years, too many people died of opiate overdoses; too many parents grieved for their lost children; too many health workers, bureaucrats, researchers, and drug user representatives met in urgent committees to consider what to do. Multiple drug toxicity—combining CNS depressants such as heroin, benzodiazepines and alcohol—turned out to be the major culprit, but this was not well understood by drug users.

The average age of death was 28, but there was tremendous community angst about teenage and young adult drug users. I received a small amount of funding to investigate what Perth teenagers understood and practiced in relation to opiate use and overdose. The study report was entitled *Forgetting to Breathe*, which was how one of our respondents described a heroin overdose.

Again, I was overwhelmed and dismayed by the extent of misunderstanding and risk behaviour practised by these young people. Public information and education had made very little impact on them. They had little adequate knowledge of the causes and mechanisms of overdose, particularly multiple drug toxicity, and used CNS depressants—particularly benzodiazepines and oral morphine, which were readily available and cheap, and alcohol—freely. Some young users deliberately mixed these drugs in search of heightened effects. Concern about being taken to hospital emerged as a major issue because they were afraid that hospitals would inform parents or "the welfare" if a juvenile was admitted to hospital with a suspected overdose, and this also mitigated against calling ambulances to overdoses.

I found myself thinking, again, about the levers of prevention: how do you influence the attitudes and behaviour of young people who feel themselves to be distant from the mainstream, who are not likely to be influenced by mainstream health messages and who would rather turn to cultural beliefs for support and assistance? We had no clear answers then except to look to removing structural barriers such as those perceived in ambulances and hospitals, and recommend that education materials were couched in language and symbols that were meaningful to the group, and conveyed by peer educators rather than authorities. In the end the overdose epidemic diminished when the supply of heroin became uncertain and expensive.

Notwithstanding anything I have said above, my experiences with young people have not all been sombre. On the contrary, I have met many who were realistic, canny, optimistic and full of life. Spending time with them was one of my great joys as a researcher. And you could always believe that they would mature out of their extravagant drug use, and come to lead more normal lives. But my last example, drawn from literature review rather than new data, belies the impression that the main drug-related harm comes about from exotic drugs used by the few rather than the many. The main drug-related harm for young people is, of course, alcohol, and most young people drink it.

Young people and alcohol

There is both an Australian and an international trend in many countries towards increasing consumption, binge drinking and intoxication by young people. Ninety percent of all the alcohol consumed in Australia by young adults, and over 80 percent of all the alcohol consumed by 14 to 17 year olds is drunk at high risk levels. In the 10 years to 2004, over 2,000 young Australians died, and over 100,000 young people were hospitalised from injury and disease caused by risky drinking. And the risk is ongoing: brain development that continues through adolescence can be placed at risk by alcohol, and early initiation into alcohol use increases the likelihood of subsequent progression to problems with alcohol.

How do we prevent the early onset and development of harmful alcohol use? Many people point to better school-based and community education as solutions, but authoritative reviews suggest that regulatory approaches such as increasing the price of alcohol, regulating and controlling the physical availability of alcohol, increasing the minimum drinking age and specific regulations for young drivers are more effective.

The regulation of marketing has also to be taken seriously. The range and variety of ready to drink products (RTDs) has increased dramatically over recent years and these are marketed specifically to young people—particularly, in the case of sweet coloured drinks based on white spirits (often called 'alcopops') to young women. Should active promotion of alcohol be permitted as part of a market economy, or be constrained in the interest

issuing forth continued...

of reducing harm? Alcohol advertising in Australia is subject to a self-regulatory code but, as it does not appear to be effective, it may be time to consider alternative regulatory structures.

Conclusion

These research experiences have taught me that, while there are specific things we can do to limit the risk of, variously, blood-borne virus transmission, overdose or alcohol mortality and morbidity, these problems have a number of elements in common which are related to the nature of young people. We cannot rely on teenagers and young adults to wholly protect themselves against harmful drug use. They require additional protection by structural and regulatory interventions that increase the distance between the individual and potential harm. Needle exchange schemes finally allowed young people in Perth to access sterile injecting equipment without hassle; increases in the price of heroin reduced the extent of overdose (although it is unclear which particular intervention brought this about); and increasing the price of alcohol or reducing the number of alcohol outlets can reduce alcohol consumption and harm.

Moreover, drug use is a social behaviour and drug use decisions are made in groups. If we regard young people as individuals, without recognising the power of their peer group to mediate beliefs and understandings and structure context and culture, we have little hope of changing risky behaviour. Individual decision-making models, which are the implicit base for much health education, need to be replaced with more sophisticated understandings of the complex social realities of young people's lives, if programs and messages which are effective are to be developed. Moreover, such programs should be based on theoretical understandings of risk behaviour which address all the individual, cultural and societal constraints that operate to prevent young people from acting safely.

I want to conclude with a plea for one of the more controversial law reform strategies suggested to reduce the harm associated with young people's drinking—that is, raising the legal purchase and/or consumption age of alcohol. There is considerable research evidence to show that raising the drinking age reduces teenage drinking and hence harms, and recent attempts in New Zealand to change the minimum drinking/purchase age to 20 demonstrated that public debate could convince a majority of the public that raising the drinking age would be an appropriate way to reduce young people's harm from drinking. In Australia, public education through social marketing could put the issue on the public agenda and start the necessary public debate.

At the very least the community should understand that raising the legal minimum drinking age in Australia might be a powerful tool for delaying the onset of use and reducing underage drinking. It could save young people's lives. **cl**

Wendy Loxley

project notes

Alcohol restrictions project

Tanya Chikritzhs, Dennis Gray, Zaza Lyons and Sherry Saggers

Progress on this project was reported in the previous NDRI edition of *CentreLines*. The final report is now complete and available free of charge on the NDRI website; hard copies may be requested from NDRI administration.

The aim of the project was to extensively review the evidence for the effectiveness of restrictions on the sale and supply of alcohol in reducing consumption and alcohol-related harm. The review examined evidence from international and Australian sources and included a range of restrictions including those related to: hours and days of sale, outlet density, beverage price, legal minimum drinking age and age of purchase, high-risk beverages, community-based initiatives, voluntary accords, responsible beverage service, lockouts, special events and dry area provisions, and restricted areas legislation.

Restrictions on trading hours, economic availability (ie taxation and price), and access to alcohol by minors were each indicated as highly effective strategies for affecting alcohol consumption and related harms in an Australian context. The report also provides evidence for positive outcomes from other types of restriction such as limiting outlet density, restricting access to high-risk beverages and restricted areas legislation, although these types of restrictions also typically require substantial ongoing functional support in order to maintain effectiveness.

Unique to the review is the detailed collation and synopsis of restrictions and their evaluations conducted throughout regional and remote Australia - Western Australia, the Northern Territory, and Queensland in particular. For Indigenous Australian communities, a range of alcohol restrictions have been demonstrated as effective in reducing alcohol-related problems but are most effective when properly enforced, supported by the community, and complemented by measures that address the underlying causes of alcohol misuse.

The project was funded by the Western Australian Department of Health and the Alcohol Education and Rehabilitation Foundation and supported in-kind by the Western Australian Drug and Alcohol Office.

Alcohol use during pregnancy – Formative intervention research

Nyanda McBride, Susan Carruthers and Delyse Hutchinson (NDARC)

This is an explorative descriptive study using both quantitative and qualitative methods, designed to assess factors that contribute to alcohol consumption during pregnancy, and potential strategies to reduce alcohol consumption during pregnancy. Information is being collected using two methods: focus groups and anonymous self-completion surveys. Research questions include current patterns of alcohol consumption, place, amount and type of alcohol consumed, as well as identifying information from the target group about potential intervention targets and components which may assist in the reduction of alcohol consumption during pregnancy. This research is being conducted with women attending antenatal care in public hospitals in Perth, Western Australia.

Recruiting women who consume alcohol during pregnancy to participation in focus groups has been difficult, and an alternative method of direct recruiting has been proposed and is under consideration by the appropriate ethics committees. Direct interaction between researchers and potential focus group participants may eventuate but only time will tell. It is likely that recent intense media attention on alcohol use during pregnancy, and therefore an increased awareness among the general public about concerns relating to alcohol exposure *in utero*, may have acted as a form of intervention resulting in reduced alcohol use. Alternatively, as noted by some of the antenatal staff involved in the study, public concerns may have reduced the willingness of women to come forward and be identified. Other alternative recruitment methods may be required to gain the numbers needed to pursue this method of data gathering.

Ecstasy and related drugs reporting system

Jessica George and Simon Lenton

The Ecstasy and Related Drugs Reporting System (EDRS), formerly known as the Party Drugs Initiative (PDI), has operated in Western Australia (WA) since 2003. The EDRS and Illicit Drug Reporting System (IDRS) act as complementary early warning systems to identify emerging trends in illicit drug use patterns and markets. Both projects are conducted on an annual basis in the capital city of every Australian jurisdiction and coordinated nationally by the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales. In 2007, the EDRS was 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 2007 EDRS in WA.

The 2007 REU sample in WA was largely similar to that of previous years. The majority were of English speaking background and identified as heterosexual. The average number of education years remained at 11, with approximately half having tertiary qualifications. However, in 2007 there was a decrease in the proportion in full-time employment to 24% compared to 52% in 2006 and full-time students decreased to 3% compared to 19% in 2006. Conversely, those in part-time employment increased to 38% compared to 13% in 2006 and those who were unemployed to 25% compared to 14% in 2006. There was also some indication of an increasing trend in age with an average of 26 years in 2007 compared to 21 years in 2003.

Some changes in patterns of ecstasy use were found in comparison to last year's sample. While swallowing remained the main route of administration, the proportion typically using more than 1 tablet in a session decreased to 54% in 2007 compared to 70% in 2006. The average number of days ecstasy was used in the preceding six months was 15 days in 2007 compared to 21 days in 2006. The proportion reporting use of ecstasy for more than 48 hours without sleep ('binge use') decreased to 29% in 2007 compared to 45% in 2006. These decreases in amount and frequency of ecstasy use were unlikely to be related to changes in the market as reports of price, purity and availability of ecstasy were consistent across years.

Polydrug use has been characteristic of REU samples across years and the use of alcohol and cannabis during the previous six months remained high. There was a decrease in recent use of tobacco to 52% in 2007 compared to 74% in 2006 and recent use of all forms of methamphetamine decreased in 2007. During the previous six months, speed powder was used by 46% in 2007 compared to 65% in 2006, base methamphetamine by 10% compared to 32% in 2006 and crystal methamphetamine by 52% compared to 77% in 2006. Similar trends in decreasing use of methamphetamine were observed in REU samples for the EDRS in other jurisdictions. However, among WA participants who reported recent use of methamphetamine, frequency of use increased. During the previous six months, speed powder was used an average of 19 days in 2007 compared to 13 days in 2006 and crystal methamphetamine used an average of 28 days in 2007 compared to 14 days in 2006. **cl**

ndri **news**

First international conference on Indigenous mental health

From 22-25 October, Dennis Gray, Ted Wilkes and Anna Stearne and NDRI Adjunct Professor Sherry Saggers attended the First International Conference on Indigenous Mental Health in Brasilia. Attendance at the conference – which was organised and funded by the Brazilian Ministry of Health – was limited and by invitation. Delegates included Indigenous and non-Indigenous researchers and practitioners from New Zealand, Canada, Argentina and Australia and counterparts and policy makers from Brazil. The conference was held in conjunction with a national meeting on Indigenous Mental Health. The objective of the meeting was to develop a community-based approach to Indigenous mental health in Brazil – with substance misuse treatment and prevention and suicide prevention as key elements – based on information presented at the conference.

Dennis Gray, Ted Wilkes, Anna Stearne and Sherry Saggers

The first day's program focused on substance misuse with Ted Wilkes and Dennis Gray providing an overview of Indigenous issues in Australia, and Sherry Saggers and Anna Stearne reporting on their on-going evaluation of the highly successful Mt Theo Program. Other speakers included a Canadian fœtal alcohol spectrum disorder service provider, and three Brazilian researchers. The second day's program focused on suicide with presentations by suicide prevention workers from New Zealand, Canada and Brazil. The focus on suicide continued on the morning of the third day and was followed by presentations from the Director of Indigenous Health and other senior health administrators. The fourth day was devoted to the development of a statement on Brazilian Indigenous mental health policy which sought to incorporate what had been learnt in the previous three days.

There was considerable interest in the work of NDRI – especially that dealing with the effectiveness of intervention strategies and in ways of working with Indigenous people. NDRI is looking to establish on-going contact through which the potential exists for significant research impact at the international level.

Two receive VC's awards for excellence

NDRI's Associate Professor David Moore and NDRI Tier 1 Research Fellow Geoffrey Jalleh were recent recipients of Curtin Vice-Chancellor's Awards for Excellence. These annual awards recognise individual staff and staff groups who have demonstrated significant innovation in their area of work and the pursuit of excellence in their activities.

David Moore - whose research involves mapping the social contexts of alcohol and other drug (AOD) use and related harms through the use of ethnographic/qualitative research methods - was recognised for his work informing AOD policy and practice, building national capacity and promoting innovation in research, and disseminating research findings. His diligence in ensuring his research is translated into practical benefit for the community was noted.

Geoffrey Jalleh was recognised for his development of strong working relationships through collaborative research projects and supervision of staff and students undertaking higher degrees. He has established an innovative Computer Assisted Telephone Interviewing (CATI) system which through its accessibility has increased the research capacity of his own Centre, other Curtin research groups, and external organisations in terms of research data collection.

abstracts

What potential might Narrative Therapy have to assist Indigenous Australians reduce substance misuse

Violet Bacon

Australian Aboriginal Studies, 2007, 1, pp 71-82

Substance misuse is associated with adverse consequences for many Australians including Aboriginal and Torres Strait Islander Peoples. Extensive research has been conducted into various intervention, treatment and prevention programs to ascertain their potential in reducing substance misuse within Aboriginal and non-Aboriginal communities. This paper explores Narrative Therapy as a counselling intervention that might have potential in assisting Indigenous Australians reduce the harm associated with substance misuse.

The 2004 Australian prison entrants' blood-borne virus and risk behaviour survey

Tony Butler, Leng Boonwaat, Sue Hailstone, Tony Falconer, Pam Lems, Tricia Ginley, Vanessa Read, Nadine Smith, Michael Levy, Greg Dore, John Kaldor

Australian & New Zealand Journal of Public Health, 2007, 31, pp 44-50

Objectives: To assess the prevalence of blood-borne viruses and associated risk factors among prison entrants at seven Australian prisons across four States.

Design: Consecutive cross-sectional design. Voluntary confidential testing of all prison entrants for serological markers of human immunodeficiency virus (HIV), hepatitis C (HCV) and hepatitis B (HBV) over 14 consecutive days in May 2004. Demographic data and data related to risks for blood-borne virus transmission, such as sexual activity, body piercing, tattooing, and injecting drug use, were collected.

Results: National prevalence for HIV was 1%, hepatitis B core antibody 20%, and hepatitis C antibody 34%. Fifty-nine per cent of participants had a history of injecting drug use. Among injecting drug users, the prevalence of HIV was 1%, hepatitis C antibody 56%, and hepatitis B core antibody 27%. Forty-one per cent of those screened reported a previous incarceration. In the multivariate model, Queensland and Western Australian (WA) prison entrants were significantly less likely to test positive to HCV than those in New South Wales (NSW). Amphetamine was the most commonly injected drug in Queensland, Tasmania and WA. In NSW, heroin was the most common drug injected. In the multivariate analysis a history of injecting drug use, being aged 30 years or more, and a prior incarceration were positively associated with hepatitis C infection. For hepatitis B core antibody, age over 30 years and a history of injecting drug use were associated with an increased risk.

Conclusions: The findings support the view that prisoner populations are vulnerable to blood-borne virus infection, particularly hepatitis B and C. Prisoner populations should be included in routine surveillance programs so as to provide a more representative picture of blood-borne virus epidemiology in Australia.

The impact of later trading hours for hotels (public houses) on breath alcohol levels of apprehended impaired drivers

Tanya Chikritzhs and Tim Stockwell

Addiction, 2007, 102, pp 1609-1617

Aim: To examine the impact of extended trading permits (ETPs) for licensed hotels in Perth, Western Australia on impaired driver breath alcohol levels (BALs) between July 1993 and June 1997.

Design: Forty-three hotels obtained ETPs allowing later closing hours and 130 maintained standard closing time (controls). Impaired driver BALs were linked to 'last place of drinking' hotels. Before and after period BALs of drivers who last drank at ETP or non-ETP hotels were compared by time of day of apprehension and sex, controlling for age.

Findings: Impaired female drivers apprehended between 10.01 p.m. and 12 midnight (before closing time) had significantly lower BALs after drinking at ETP hotels. Male drivers aged 18–25 years and apprehended between 12.01 and 2.00 a.m. after drinking at ETP hotels had significantly higher BALs than drivers who drank at non-ETP hotels.

Conclusions: At peak times for alcohol-related offences, late trading is associated with higher BALs among those drinkers most at risk of alcohol-related harm.

Social capital: Implications from an investigation of illegal anabolic steroid networks

Bruce Maycock and Peter Howat

Health Education Research, 2007, 22, (6), pp 854-863

Numerous studies have linked the constructs of social capital with behaviours that are health enhancing. The factors of social trust, social cohesion, sense of belonging, civic involvement, volunteer activity, social engagement and social reciprocity are all associated with social capital and their existence is often linked with communities or settings where health enhancement is high. Utilizing an interpretive perspective, this paper demonstrates how the existence of social capital may enhance the transition into drug use, the experience of using an illegal drug and decrease the risk of detection. It highlights how social capital may contribute to behaviours which are not health enhancing.

Using a variety of data, including participant observation of 147 male anabolic steroid users and 98 semi-structured in-depth interviews with male anabolic steroid users, dealers and distributors it was found that social capital facilitated the operation of the illegal anabolic steroid distribution network. The subcultural norms and social trust that existed within the network allowed anabolic steroid dealers to sell the drug to others with reduced risk of detection. It is argued that social capital facilitates the distribution of illegal anabolic steroids and that social capital is a non-discriminatory concept, that may enhance both negative and positive health-related behaviours.

Research to practice - Formal dissemination of the school health and alcohol harm reduction project (SHAHRP) in Australia

Nyanda McBride, Fiona Farringdon and Carole Kennedy

Drug and Alcohol Review, 2007, 26, (6), pp 665-672

Introduction and Aims: This paper discusses the formal dissemination of the School Health and Alcohol Harm Reduction Project (National SHAHRP Dissemination Project) in Australia. The original SHAHRP research program (SHAHRP Study) was previously assessed for effectiveness during a longitudinal research study which followed the student participants

over 32 months post intervention. The SHAHRP Study focused on evaluating the behavioural impact of the program and the results indicated wider dissemination would be of value.

Design and Methods: The National SHAHRP Dissemination Project involved key decision makers of drug education in the Government, Catholic and Independent schools sectors, in targeted states, agreeing to disseminate the SHAHRP Project through teacher educators and teachers in their sector and regions.

Process, reach and project satisfaction were assessed.

Results: The Dissemination Project conducted two workshops for 35 teacher educators. Fifteen teacher educators subsequently conducted 21 workshops for teachers between August 2003 and June 2004. One hundred and seventy (170) schools and nearly three hundred (294) teachers were involved in this training.

Discussion and Conclusions: The advantages and barriers of researcher-led dissemination as illustrated in this study, suggest that methods other than publication in scientific journals and presentation at conferences may be useful for the transfer of effective intervention research programs to practice. There may be some benefit to identifying and testing other research initiated pathways leading to evidence based policy and practice which, in combination with practitioner-led transfer, can help to bridge the gap between research and practice in the future. **cl**

recent **publications**

Monographs and Technical Reports

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Donnelly, N., Scott, L., Poynton, S., Weatherburn, D., Shanahan, M. and Hansen, F. (2007) *Estimating the short-term cost of police time spent dealing with alcohol-related crime in NSW.* Monograph Series No 25, National Drug Law Enforcement Research Fund (NDLERF), Hobart, Tasmania.

McBride, N., Carruthers, S.J. and Hutchinson, D. (2007) *Alcohol use during pregnancy: Formative intervention research.* National Drug Research Institute, Curtin University of Technology, Perth, WA.

National Drug Research Institute (2007) *Restrictions on the sale and supply of alcohol: Evidence and outcomes.* National Drug Research Institute, Curtin University of Technology, Perth, WA.

Published Articles, Chapters and Books

Allnut, S., Butler, T.G. and Yang, B. (2007) Mentally ill prison inmates in Australia have poor physical health. *International Journal of Prisoner Health, 3, pp 99-110.*

Bacon, V. (2007) What potential might Narrative Therapy have to assist Indigenous Australians reduce substance misuse? *Australian Aboriginal Studies, 1, pp 71-82.*

Butler, T.G., Allnut, S., Cain, D. and Kariminia, A.A. (2007) Mental health status of Aboriginal and non-Aboriginal Australian prisoners. *Australian & New Zealand Journal of Psychiatry, 41, pp 429-435.*

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Fran Davis	Business Manager
Colin Binns	Professor
Rob Donovan	Professor
Peter Howat	Professor
Andy Lee	Professor
Tony Butler	Associate Professor
Wendy Loxley	Associate Professor
Bruce Maycock	Associate Professor
Richard Midford	Associate Professor
David Moore	Associate Professor
Ted Wilkes	Associate Professor
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Kate Graham	Professor
Sherry Saggers	Professor
Tim Stockwell	Professor
Kaye Fillmore	Professor
Peter d'Abbs	Associate Professor
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