

drug and alcohol research connections

A joint publication of the collaborative network of alcohol and other drug research centres: National Drug and Alcohol Research Centre (NDARC) at UNSW; National Drug Research Institute (NDRI) at Curtin University; and National Centre for Education and Training on Addiction (NCETA) at Flinders University

news

Welcome to the launch issue of Connections

By Erin O'Loughlin

Drug and Alcohol Research Connections – or Connections for short – is a new online publication from Australia's collaborative network of alcohol and other drug research centres, namely the National Drug and Alcohol Research Centre (NDARC), the National Drug Research Institute (NDRI) and the National Centre for Education and Training on Addiction (NCETA).

This bimonthly publication is designed not only to provide information on what is happening at each of the national research centres in one central portal, but also to better highlight how the centres are working together to gather and disseminate new information on Australia's drug and alcohol use, related harms, treatments, policies and more.



Each issue, we will spotlight a significant research project nearing completion in the *Project Focus* section, with an emphasis on what researchers investigated, what they found, and why it's important. *New Projects* will highlight the other end of the research process, that is new areas of investigation that are only just getting off the ground.

The *Opinion* page will provide commentary on a topical issue from a researcher's perspective, while for something more light hearted, turn to the *Conversation With...* page, where we chat to someone in Australia's AOD industry about their life inside and outside of work.

Information on conferences and events, launches, job opportunities, appointments and more will be covered in our *News* pages. If you're looking for a recent report

or publication, try our *Publications List*, with notable papers or reports to be spotlighted in the *Publications Highlights* section.

Connections will be produced on a rotating basis by the three research centres, with contributions from each centre in every issue. For those in the industry who were familiar with the *CentreLines* newsletter, please note *Connections* replaces that publication. You can download archival copies of *CentreLines* from the [NDARC](#) or [NDRI](#) websites.

On behalf of NDARC director Michael Farrell, NDRI director Steve Allsop, NCETA director Ann Roche, and all centre staff, we hope you enjoy *Connections* and find it a valuable contribution to Australia's AOD sector. We welcome your feedback on this and future issues.

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DPMP leads AOD treatment review

By Marion Downey

A review of Alcohol and Other Drug (AOD) treatment services being conducted by the Drug Policy Modelling Program at National Drug and Alcohol Research Centre (NDARC) has interviewed around 300 sector representatives in eight states and territories since it began in July 2013. Eight consultation papers have been published to date and are available for comment on the [DPMP website](#). The review is being carried out on behalf of the federal Department of Health and is due to report later this year.

Significant findings to date include:

- There are 1.6 million AOD treatment contacts, episodes of care or encounters accessed by around 200,000 individuals. [Working Paper Number 8](#).
- Australia spends around \$1.1 billion a year on alcohol and other drug (AOD) treatment. [Working Paper Number 7](#).

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DPMP leads AOD treatment review

- Pay for performance schemes (P4P) which have been widely introduced in the UK and US should be regarded as experimental. The authors warn that P4P is not a quick fix for healthcare or alcohol and other drug treatment systems and if it is introduced in Australia it should be seen as an experiment rather than an adoption of a proven method. For more information and to comment see [Working Paper Number 5](#).
- A true estimate of the extent of current provision of AOD treatment in Australia is challenging because of the existence of unrecorded or hard to count treatment episodes which are not recorded in current administrative data sets. The authors identify eleven hard to count categories including telephone and internet/computer based interventions; self-help; other AOD medical treatment; services provided in education settings; workplace treatment interventions; services provided as part of research trials; and complementary/alternative treatments. [Working Paper Number 6](#).
- Overcoming barriers to the utilisation of AOD services is crucial in achieving equitable outcomes for Australians living in rural and remote areas. While there is not a 'one size fits all' service model a systematic approach is needed to address reform of the AOD service system in rural and remote Australia. [Working Paper Number 2](#).
- For full details of the project, the six working papers and responses published to date, please visit the [project website](#).

Cannabis workshops

By Allan Trifonoff & Tania Steenson

The National Centre for Education and Training on Addiction (NCETA) will be running a series of cannabis workshops for TAFE and Registered Training Organisation (RTO) providers to ensure that they have up-to-date information and resources on cannabis to enable them to cover off this crucial area more effectively. The workshops are scheduled for May/June 2014.

NDRI researcher recognised in Australia Day Honours

By Rachael Lobo

Associate Professor Ted Wilkes received one of Australia's highest honours by being appointed an Officer (AO) of the Order of Australia as part of the Australia Day 2014 Honours List. The Honours List represents the highest level of recognition for outstanding achievement and service to the community. Associate Professor Wilkes was recognised for his distinguished service to the Indigenous community as a leading researcher in the area of public health and welfare, to youth in Western Australia and to the provision of legal support services. Associate

Professor Wilkes is a leader of the National Drug Research Institute's (NDRI) Indigenous Australian Research Program and plays an active role in Aboriginal capacity building, and research and its application. He has played a significant role in the translation of research into policy and practice through his roles as a Prime Ministerial appointment to the Australian National Council on Drugs and as Chair of the National Indigenous Drug and Alcohol Committee.



Launch of Feeling Deadly/ Working Deadly Resource Kit

By Allan Trifonoff & Tania Steenson



The National Centre for Education and Training on Addiction's (NCETA) *Feeling Deadly/Working Deadly Resource Kit* aimed at reducing stress and burnout and enhancing wellbeing among Aboriginal and Torres Strait Islander AOD workers represents the culmination of an extensive research program by NCETA focusing on Aboriginal worker wellbeing. The Kit was launched at the APSAD Conference on Monday 25 November 2013 by Mr Steve

Ella, an inaugural inductee into the National Indigenous Drug and Alcohol Honour Roll. The development Kit was funded by the Australian Government Department of Health. Since its launch the Kit has received overwhelmingly positive feedback from Indigenous workers and organisations across the country. More than 600 copies of the Kit have been provided to organisations and workers and a large number of organisations have also indicated that they plan to incorporate the Kit into their ongoing program of work including some Closing the Gap initiatives.



Framework on pharmaceutical drug misuse

By Allan Trifonoff & Tania Steenson

The [National Pharmaceutical Drug Misuse Framework for Action](#), developed by an National Centre for Education and Training on Addiction (NCETA)-led consortium, has now been released by the Australian Government Department of Health. The framework focusses on opioids and benzodiazepines and contains nine Priority

Areas for Action. The Framework aims to reduce the misuse of pharmaceutical drugs and associated harms and enhance the quality use of these drugs without stigmatisation or limiting their accessibility for therapeutic use. Copies of the Framework are available from the NCETA website.

AOD use among young hospitality industry workers

By Allan Trifonoff & Tania Steenson

There was considerable media interest following a series of presentations at the 2013 APSAD Conference on the findings from a study conducted by the National Centre for Education and Training on Addiction (NCETA) that examined the alcohol and other drug (AOD) consumption patterns, health and wellbeing of young hospitality industry workers. A particular focus of the media attention was on the hours of work, level of stress and amount of bullying experienced by young hospitality workers and how these issues impact on their AOD use and general wellbeing.

NDRI researcher rewarded for positive action on alcohol

By Rachael Lobo

Dr Tina Lam's ground-breaking research on alcohol and other drug use at school leaver celebrations in Western Australia was recognised at WA's first Action on Alcohol Awards, organised by the McCusker Centre for Action on Alcohol and Youth (MCAAY). The awards recognise work done across the state to reduce alcohol harm in young people and Tina was joint winner in the Community in Action – Individual category.

Dr Lam was also recently awarded a three-year Healthway (Western Australian Health Promotion Foundation) Early Career

Research Fellowship, enabling her to continue her research with alcohol, drugs and young

people. She is currently the national coordinator for the 'Young Australians Alcohol Reporting System' and the state coordinator for the 'Client Pathways through Treatment' (Pathways) project.



UK award recognises online intervention achievements

By Erin O'Loughlin

National Drug and Alcohol Research Centre (NDARC) research fellow Dr Frances Kay-Lambkin has been announced as the winner of the 2014 [Fred Yates Prize](#) for her innovative work in the development of computer based interventions for mental health and substance use disorders.

The prize recognises early or mid-career researchers who have made a "significant and specific contribution to the addiction field in recent years" and is awarded annually by the UK Society for the Study of Addiction (SSA).

As part of the prize, Dr Kay-Lambkin has been invited to present at the SSA's 2014 Symposium in York, England in November, and will receive £2000 prize money.



Computer-based interventions developed by Dr Kay-Lambkin and colleagues include the *SHADE treatment program* for people experiencing depression and drug use; *Breaking the ice* for people who use stimulants; and *Internet-delivered Healthy Lifestyles Treatment* for people with depression and cardiovascular disease risk factors. Many of the interventions are available via a central portal, [Clearing the Cloud](#), also developed by Dr Kay-Lambkin and colleagues.

In addition to her role at NDARC, Dr Kay-Lambkin is a chief investigator and program director at the [NHMRC Centre of Reserach Excellence in Mental Health and Substance Use](#) and a lecturer at the [School of Medicine and Public Health at the University of Newcastle](#).

Scholarship to present research on Middle Eastern drug policy

By Erin O'Loughlin

National Drug and Alcohol Research Centre (NDARC) doctoral candidate [Zahra Alam Mehrjerdi](#) has been awarded a scholarship to present at the [eighth annual International Society for the Study of Drug Policy conference](#) in Rome.

Mehrjerdi will present a paper on opioid use, treatment and harm reduction policies in fifteen countries of the Middle East. She will also receive a bursary of up to €700 and free registration for the conference, which is to be held in May 2014.

Scholarships were awarded to postgraduate doctoral students who submitted the highest quality abstracts.

Mehrjerdi, who originates from Iran, joined NDARC as a doctoral candidate in 2013. Her PhD will examine the effects of cognitive-behavioural therapy on methamphetamine use among women in methadone therapy in Tehran.

The Global Classroom Project

By Allan Trifonoff & Tania Steenson

Professor Ann Roche of the National Centre for Education and Training on Addiction (NCETA) is in discussion with UK colleagues regarding an alcohol and drug Global Classroom Project. The aim of this project is to strengthen international relationships with colleagues from key

locations around the world. The focus of establishing the 'classroom' is to provide an open platform which will attempt to engage 'global citizens' to establish greater understanding of what is happening across the globe on addiction issues.

Alcohol education and schools: What does the evidence tell us about best buys?

By Professor Ann Roche



What evidence is there to show that school-based drug prevention programs can be part of the solution to Australia's 'alcohol problem'?

There has been growing interest in the Australian community about alcohol and especially its negative effects and problems associated with violence, injury, traffic crashes, unwanted sexual encounters, 'sexting', as well as potential long term consequences. Growing concern has resulted in increased emphasis on the need for interventions and prevention strategies that work. In this context, it is important to consider what role schools might effectively play.

Over several decades, a diverse range of school-based prevention and intervention programs have been developed to circumvent alcohol-related risks. Mostly they have originated from the United States.

Traditionally, school-based programs were didactic with a knowledge-deficit curriculum-based focus. Early approaches assumed that if young people had more knowledge about the effects of alcohol that this would avert problems. Later programs addressed affective or personality deficits (e.g. low self-esteem, poor communication and interpersonal skills) (Kuntsche, Knibbe et al. 2006), and then social skills (Gorman 1996, Botvin and Griffin 2002). More recently, interventions extended beyond the classroom-based to include parents, the social and physical environment, school policies, informal curriculum and links with community (Parsons, Stears et al. 1996, International Union of Health Promotion and Education 2009, Lee 2009, Tang, Nutbeam et al. 2009).

However, until very recently, there was little solid evidence of the efficacy of school-based programs. A recent Cochrane review (Foxcroft and Tsertsvadze 2011, Foxcroft and Tsertsvadze 2012) found evidence to be poor, with a wide range of outcomes, and many programs showing no effect at all. Given this, the National Centre for Education and Training on Addiction (NCETA) undertook a wider systematic review to examine the evidence of what works and give clear guidance about what constitutes 'best buys'. The review expanded on the Cochrane review to examine the full array of school-based alcohol interventions available.



Of the 40 programs reviewed only three had strong evidence of a positive effect.



Methodological approach

A modified NHMRC methodological approach was used to appraise, classify and grade evidence (NHMRC 1999, NHMRC 2007, NHMRC 2009). Relevant programs were identified through a detailed search process and assessed for 1) level of evidence, 2) consistency of findings, 3) 'clinical' impact, 4) generalisability of findings and 5) applicability of findings, then graded as: A (evidence trusted to guide practice), B (evidence trusted to guide practice in most situations), C (evidence provides some support), or D (evidence is weak).

A user-friendly 1, 2 or 3 Star rating system was then used to reflect overall effectiveness, grade of evidence and outcomes. To receive a 3 Star rating ('Good evidence of effect'), a study needed to be well conducted and show consistent positive outcomes. 2 Star programs had

'Some evidence of positive effect' from well conducted studies. 1 Star programs were inconclusive because either the research overall was poorly conducted (Grade C or D body of evidence is weak and recommendation must be applied with caution) and/or the research inconsistently showed good outcomes. Zero star rating ('No evidence of effect') were well conducted studies (Grade A or B) that showed no positive outcomes. Programs that were well conducted (Grade A or B) that showed negative outcomes, such as increases in risky drinking behaviours, were rated 'X'.

Findings

A total of 70 studies were reviewed that involved 40 different school-based programs. The programs were mainly from North America (n=22) and Australia (n=10), with the remaining 8 from Germany, Canada, Sweden, Netherlands, Norway, and Europe.

Of the 40 programs reviewed only three had strong evidence of a positive effect. Seven showed some evidence of positive effect, 19 were inconclusive, nine had no evidence of effect and two resulted in negative outcomes, such as increases in alcohol use.

Encouragingly, of the three programs that demonstrated the strongest efficacy (i.e. the 3 Star Programs), one was Australia's [Climate Schools program](#) developed by National Drug and Alcohol Research Centre (NDARC) (the other two were American programs). And, among the seven programs that received a 2 Star rating, one was Australia's [SHAHRP program](#) developed by the National Drug Research Institute (NDRI).

Take home message:

1. There is increasingly good evidence of which school-based programs are



- effective and that schools might employ to best advantage to address alcohol
- Evidence of effective programs is limited to a relatively small number of programs
 - Of the programs that received a 3 Star rating, one was NDARC's Climate Schools, and of 2 Star programs one was NDRI's SHAHRP program.

We are now better placed to effectively address alcohol issues through the school sector than ever before and are able to use Australian-based programs to do so. Importantly, any exhortations for schools to be proactively involved in addressing alcohol issues can now rely on evidence based programs of demonstrated efficacy rather than operate on good will alone.

Details of this systematic review of school-based alcohol programs and the accompanying technical report are available from NCETA on request. NCETA has also produced a brief 4-page brochure that summarises the key findings and recommendations from this review.

conversation with

Professor Michael Farrell

Director, National Drug and Alcohol Research Centre (NDARC)



This weekend I will...

enjoy Saturday morning breakfast relaxing with friends; go shopping and cook a meal for friends; go to the Eveleigh Market to hear that great musician Freddie White, Irish and undiscovered in Australia and to buy some food at the Kylie Kwong Stall.

I wish I'd never...

given up white water slalom canoeing.

I'd originally planned to work...

in General Medicine and Neurology. But I met some amazing people like Griffith Edwards and John Strang and Anthony Clare who inspired me to pursue a career in addiction.

The qualities I most value in my colleagues are...

passionate dispassion, honesty, integrity and a commitment to do the best for some of the most marginalised people in our society.

I'll never forget...

the Christmas Day when I was 15 and my father had a stroke.

If I had more time, I'd...

write a novel.

I'm most scared of...

anything bad happening to my two grown children, my daughter who lives in Tokyo and my son who lives in London.

For my next holiday...

I will be going to Tokyo and Kyoto to experience the Spring Cherry Blossom and to spend time travelling with my whole family.



With NDARC award winners 2012

I can't get enough of...

the clear light, blue skies and beautiful Sydney weather.

I'm really terrible at...

anything to do with musical instruments, I am in awe of musical talent.

My big hope for the drug and alcohol sector is...

that we achieve common purpose, recognise the important things that can be done and work together to achieve them.

The sector's biggest challenge going forward is...

to be appropriately self critical and ensure that we change and find new solutions for difficult problems that empower our communities to tackle the complexities of tobacco, alcohol and other drug and gambling problems.

Career wise, I'm most proud of...

being the Director of NDARC and working with such a talented and fantastic team of researchers.

profile

Professor Michael Farrell did his undergraduate training in medicine in Dublin Ireland, and worked in London for over 20 years where he was a Consultant Addiction Psychiatrist in the Maudsley Hospital and a Professor of Addiction Psychiatry at the Institute of Psychiatry, Kings College London. He became director of the National Drug and Alcohol Research Centre in 2011.

His extensive research interests include treatment evaluation, including the development of the National Treatment Outcomes Profile, a brief outcomes measurement instrument for drug and alcohol dependence. He has a long standing interest in drug dependence in prisons and within the wider criminal justice system.



With colleagues at a public drug information evening

research focus

CLIMATE Schools: Combining mental health and drug and alcohol prevention programs

By Professor Maree Teesson



Prevention is better than a cure, but few school-based prevention programs are shown to be effective in reducing harmful drug use among adolescents. Here, Professor Maree Teesson explains how she and her team developed the proven 'CLIMATE Schools' prevention program, including their latest efforts to prevent drug use and mental ill health.

Research staff:

NDARC: Professor Maree Teesson, Dr Nicola Newton, Associate Professor Tim Slade, Dr Cath Chapman, Dr Louise Mewton, Louise Birrell, Zoe Tonks, Katrina Champion & Natasha Nair.

NDRI: Professor Steve Allsop, Associate Professor Nyanda McBride & Nina te Pas.

Other: Professor Gavin Andrews & Louise Brown (University of New South Wales); Professor Leanne Hides, Nina Pocuca & Simone Firmin-Sara (Queensland University of Technology); Professor Patricia Conrod (University of Montreal).



Why did we undertake this research?

More than one quarter of Australian teenagers put themselves at risk of short-term alcohol-related harm at least once a month and one in six will have used an illicit drug in the last year. The burden of disease, social costs, and disability associated with this use is considerable. The peak of this disability occurs in those aged 15-24 years and corresponds with the typical age of initiation of alcohol and drug use. The high prevalence of substance use amongst adolescents is of particular concern given that early initiation to drug use is a risk factor for the development of substance use disorders, co-morbid mental health problems, juvenile offending, impaired educational performance and early school drop-out, all of which negatively impact on both current functioning and future life options. Mental disorders also typically have their onset in late adolescence and share many common risk factors with harmful alcohol and drug use.

To reduce the occurrence and cost of such problems, prevention is essential and needs to be initiated early before harmful patterns of drug use and poor coping skills are established and begin to cause disability. One approach is universal school prevention, where the prevention intervention is delivered to all students in a school year. Although an array of universal school-based prevention programs exist, the majority show minimal effects in reducing drug use and related harms. The most common factors which interfere with effectiveness are the focus on abstinence-

based outcomes and failure of programs to be implemented correctly.

The programs which have demonstrated the most success in increasing drug related knowledge, decreasing pro-drug attitudes and decreasing drug use behaviour, are those programs which have a harm-minimisation goal, are implemented correctly and use interactive delivery techniques. The School Health and Alcohol Harm Reduction Project (SHAHRP) program developed by the [National Drug Research Institute](#) at [Curtin University](#) in Perth is an innovative example of this. For mental disorders, program effectiveness is most often impacted by a failure to implement the programs in practice.

Our researchers have undertaken this research into prevention as we have a passion to develop innovative, engaging interventions which are sustainable and effective. Our research brings together international research leaders to implement a novel model of mental health and substance use prevention.

To address the burden of mental disorders and drug and alcohol harms we need to develop and test innovative prevention models which:

1. Address anxiety, depression and substance use, and
2. Overcome the many obstacles to effective implementation and dissemination of school-based prevention programs.

What did we do?

Since 2002, we have been developing [The 'Climate Schools' programs for prevention](#). The Climate Schools programs were pioneered by Professors Maree Teesson, Gavin Andrews and Dr Nicola Newton (whose doctoral thesis investigated aspects of the program). Climate Schools



uses cartoon story boards to engage and maintain student interest and involvement over time. The programs are facilitated by the internet which guarantees complete and consistent delivery whilst ensuring high implementation fidelity.

The 'Climate Schools' program for alcohol and cannabis is designed to fit within



the school health curriculum and be implemented in Year 8 before significant exposure to alcohol and drug use. It is based on harm minimisation and social influence principles. The Climate Schools program for alcohol and cannabis consists of twelve 40-minute lessons aimed at reducing the use of alcohol and cannabis and related harms. The first six lessons focus specifically on alcohol and are delivered approximately six months prior to the remaining six lessons which focus on cannabis.

The first part of each lesson is completed individually over the internet where students are engaged through cartoon storylines which impart information about the short- and long-term effects of alcohol and

cannabis, normative alcohol and cannabis use, refusal skills, and first aid. Students are provided with confidential login details to access the [Climate Schools website](#). The second part of each lesson is a group or class activity delivered by the teacher which reinforces the information in the cartoons and allows interactive communication between students. Teachers are provided with a manual containing the activities, implementation guidelines, links to the education syllabus and summaries for each lesson.

The 'Climate Schools' program for overcoming anxiety and combating depression is a universal prevention course based on adolescent cognitive behavioural principles. Each lesson aims to teach students to identify symptoms of depression and anxiety and teaches them how to deal with these effectively. The programs incorporate skill acquisition, psycho education, management of psychological symptoms, cognitive symptoms, behaviour and additional skills specific to each disorder. The lessons run for 40 minutes using blended (online and classroom) teaching techniques. In the first component of each lesson, students undertake a 20 minute self-directed internet delivered program following a cartoon storyboard of teenagers experiencing and solving real life problems with anxiety and depression. In the second component of each lesson teachers use predetermined activities and resources to reinforce the information learnt in the lesson.

The potential of the Climate schools modules to present material in an interactive format to thousands of students in diverse locations at the same time is unique.

We have now completed four randomised controlled trials testing the effectiveness of these interventions with over 5000 students. The intervention is listed on the prestigious [US](#)



[SAMHSA National Register of Evidence based Prevention Programs](#). We have new programs being developed in emerging drugs and psychostimulants and linking our universal programs with targeted interventions.

“
100% of teachers who implemented this program in their classroom rated it as superior to other drug prevention programs
”

What did we find out?

The efficacy of the Climate Schools program has been established using cluster randomised controlled trials. Our randomised controlled trials in 10 schools in Sydney, Australia (n = 764 students) demonstrated that compared to students in the control group who received their usual drug education over the year, students in the intervention group showed significant improvements in alcohol and cannabis knowledge at end of the course and at six and 12 months following the intervention. In relation to behaviour change, the intervention group showed a reduction in frequency of cannabis use at the six-month follow-up, a reduction in average weekly alcohol consumption at the six and 12 month follow-ups, and a reduction in frequency of drinking to excess twelve months following the intervention. In addition, program evaluation showed that students and teachers rated the program as an acceptable and enjoyable means of delivering drug education in schools. Specifically, 100% of teachers who implemented this program in their





classroom rated it as superior to other drug prevention programs, and over 90% of students reported information delivered in this format was easy to learn and would like more school subjects to be taught using this method.

What does it mean?

This program offers the potential of a paradigm shift in prevention of common mental disorders. Mental health and substance use problems among young Australians are a serious concern, yet few prevention strategies exist which are effective in decreasing these problems, none offer a combined approach to these problems and none appear to be universally feasible. Our research has developed a comprehensive prevention model that can be rolled out across all schools in Australia. This intervention has the potential to reduce alcohol and other drug use, and reduce risk factors for anxiety and depression. Our interventions are in part facilitated by the internet and in part manualised, thereby guaranteeing implementation fidelity. The story boards are designed with young people to ensure engagement and relevance of the program. It represents a utility that is practical, acceptable, fits within the national curriculum, and is scalable to meet the needs of all schools in Australia. It is a significant contribution to promoting and maintaining the good health of the community in Australia.

Where to next?

Our most recent project establishes new partnerships to take our research work to translation. We are currently running a randomised controlled trial with over 80 schools in NSW, WA and Queensland comparing a combined prevention model (**Climate Combined**), which combines the Climate Schools programs for anxiety, depression, alcohol use and cannabis use, to (1) school based prevention as usual, (2) stand-alone universal school-based drug prevention, and (3) stand-alone anxiety and depression prevention, with regard to:

- reducing the uptake and harmful use of alcohol and illicit substances
- reducing substance use related harms,
- reducing rates of anxiety and depression.

This will be the first trial of a combined approach to universal prevention for mental health and substance use disorders.

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new projects

National Opioid Medications Abuse Deterrence (NOMAD) study

Staff:

NDARC: Professor Louisa Degenhardt, Dr Briony Larance, Professor Michael Farrell, Ivana Kihlas, Toni Hordern, Elena Cama, Gabrielle Campbell, Dr Suzanne Nielsen & Professor Richard Mattick.

Other investigators: Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania

Associate Professor Robert Ali, School of Medical Sciences, University of Adelaide

Associate Professor Nicholas Lintzeris, The Langton Centre, South East Sydney Local Health District Drug and Alcohol Services; and University of Sydney

Dr Apo Demirkol, The Langton Centre, South East Sydney Local Health District Drug and Alcohol Services; and University of Sydney

Associate Professor Adrian Dunlop, Hunter New England Local Health District

Professor Paul Haber, Royal Prince Alfred hospital and University of Sydney

Amy Peacock, University of Tasmania
Dr Nghi Phung, South West Sydney Local Health District

Dr Nancy White, School of Medical Sciences, University of Adelaide

Other Collaborators:

Advisory Committee

Dr Michael Aufgang, General practitioner (private practice)

Nicky Bath, CEO NSW Users and AIDS Association

Lesley Brydon, CEO, Pain Australia
Dr Malcolm Dobbin, Senior medical advisor (alcohol and drugs), Mental Health, Drugs and Regions Division, VIC Department of Health

Dr Angella Duvnjak, Program leader, Hepatitis C & other BBVs and STIs program, AIVL

Dr Marianne Jauncey, Medical director, Sydney Medically Supervised Injecting Centre



Robert Kemp, Principal Policy Advisor (HCV), Communicable Diseases Unit, QLD Health

Professor Ann Roche, Director, National Centre for Education and Training on Addiction, Flinders University

Dr Hester Wilson, General practitioner and The Langton Centre

Project description: There are growing efforts by pharmaceutical companies to develop opioid formulations less prone to misuse (particularly injection), dependence and diversion to illicit markets. In Australia, the semi-synthetic opioid agonist oxycodone is available in eight different products, the most frequently prescribed controlled release formulation being OxyContin. An “abuse-deterrent” (or “tamper-resistant”) formulation of OxyContin tablets was introduced onto the Australian market on 1 April 2014.

This project will examine the level of extra-medical use of oxycodone in Australia and how it compares to extra-medical use of other opioids; whether there is less non-medical use of Reformulated Oxycontin; how pharmaceutical opioid use changes following the introduction of new opioid formulations to the market; and long term outcomes for regular non-medical users of pharmaceutical opioids.

For more about this project:

[Go to NDARC's website.](#)

A systematic review of school-based alcohol interventions

Staff:

NCETA: Professor Ann Roche, Associate Professor Nicole Lee, Jacqui Cameron & Dr Samantha Battams.

Project description: The National Centre for Education and Training on Addiction (NCETA) is systematically reviewing the literature on school-based alcohol interventions to examine the evidence of what works and to provide practical guidance to schools on the essential features of effective school-based alcohol education programs. NCETA's review expands on a recently completed Cochrane Review by qualitatively examining the full array of school-based alcohol interventions available. A four page brochure to assist schools to select the most appropriate program will be developed from this review.

For more about this project:

[Go to NCETA's website.](#)

Analysing and comparing concepts of addiction for improved social and health outcomes in Australia

Staff:

NDRI (Melbourne): Associate Professor Suzanne Fraser.

Project description: Problems associated with alcohol and other drug (AOD) use cost Australia over \$25 billion per year. In response to concerns about AOD use, federal and state governments have devised a range of policies and public health measures aimed at prevention, education and treatment. All three areas are highly complex, shaped by social and political forces and struggles. Using an international comparative method involving Australia and Canada, this research will analyse the key concept underlying much of the political struggle over AOD policy and service provision: addiction. This analysis will better inform policy, and help develop clearer models and more productive approaches for improving AOD-related health and social outcomes in Australia.

For more about this project:
[Go to NDRI's website.](#)

Attitudes of injecting drug users towards threshold quantities for drug trafficking in NSW and SA

Staff:

NDARC: Dr Caitlin Hughes & Professor Alison Ritter.

Other investigators: Nicholas Cowdery AM QC.

Project description: Legal threshold quantities for drug trafficking are used in most Australian jurisdictions to define the quantity over which possession of an illicit drug is deemed "trafficking" versus "personal use" (Hughes, 2011). Forthcoming research (Hughes, Ritter, Cowdery, & Phillips, in press) evaluated trafficable

threshold quantities across six Australian states and led to the conclusion that some threshold quantities may need to be elevated as existing trafficable thresholds place particular groups of users at risk of unjustified sanction. Discussions with policy makers have highlighted concerns that any reform may lead to adverse effects. There has been no research on this topic to date. This research thus seeks to address a potential policy concern by conducting focus groups with people who inject drugs (and people who both inject drugs and deal) in the two states that were found most in need of reform (NSW and SA) in order to explore their perceptions of existing laws and anticipated effects (if any) of reforming threshold quantities.

For more about this project:
[Go to NDARC's website.](#)

Development of an online portal of drug education resources for school communities

Staff:

NDARC: Dr Lexine Stapinski, Dr Nicola Newton, Daniel Rodriguez & Professor Maree Teesson.

Other investigators:
NDRI: Dr Nyanda McBride & Professor Steve Allsop.

Project description: Providing young people with accurate, up-to-date information and support is the best way to prevent the harms associated with drug and alcohol use. The Australian Government Department of Health have identified the need for an online portal to

help school communities access evidence-based information and drug prevention programs. With input from teachers, parents and students across Australia we are compiling drug education resources that are engaging, interactive, and proven to improve student wellbeing.

Literature reviews, user reviews and expert consultation will be conducted to source and screen drug education resources including: factsheets, videos, interactive games and apps, and evidence-based prevention programs. Additional educational resources will be developed including teacher and parent guides and training webinars. Content and web development will be evaluated with the target user groups (teachers, parents and students), and revised in response to feedback to ensure the portal is relevant, engaging, user friendly and age appropriate.

The online drug education portal is currently being developed and will be made available to schools communities by the end of 2014.

For more about this project:
[Go to NDARC's website.](#)

Diversion of prescribed Schedule 8 opioid and stimulant drugs and their impact on motor vehicle accidents

Staff:

NCETA: Professor Ann Roche, Jane Fischer, Dr Ken Pidd & Roger Nicholas.

Project description: The National Centre for Education and Training on Addiction (NCETA) is working with South Australia Police to examine the impact of prescribed Schedule 8 opioid and stimulant use on car crashes. The study involves linking health and police data, in particular, Schedule 8 prescribing data with motor vehicle accident data.

For more about this project:
[Go to NCETA's website.](#)





Examining the quality of life experiences and outcomes of alcohol and other substance users

Staff:

NCETA: Jane Fischer & Professor Ann Roche.

Project description: The National Centre for Education and Training on Addiction (NCETA) is systematically reviewing the literature around the Quality of Life (QOL) of therapeutic community clients. The study will synthesise the peer reviewed literature on what QOL measures have been used to monitor client outcomes and whether QOL improves through engagement in a therapeutic community. A QOL measures guide for therapeutic communities will be developed along with a peer-reviewed paper for publication.

For more about this project:

[Go to NCETA's website.](#)

Examining the relationship between WorkCover SA claims and workers' use of prescribed opioids: a hazard surveillance project

Staff:

NCETA: Professor Ann Roche, Jane Fischer, Dr Ken Pidd & Roger Nicholas.

Project description: NCETA has been commissioned by SafeWork SA to undertake a hazard surveillance study examining the nature and extent of prescribed opioid use among SA workers and its relationship with WorkCover SA claims.

For more about this project:

[Go to NCETA's website.](#)

Internet interventions for substance use problems: Can the ideal of universal care be fulfilled?

Staff:

NDRI: Dr Robert Tait

Project description: Interventions delivered via the internet may help to overcome many of the current barriers to health care in Australia. This is particularly the case for marginalised and stigmatised groups, such as those with substance use disorders and other mental health problems. Dr Tait has received a 4-year Early Career Research Fellowship from Curtin University to investigate the effectiveness of current interventions and examine means of improving access, engagement and retention in internet interventions targeting substance use problems and disorders. The cost of substance use is estimated at over \$68 billion per year in Australia, so even small changes in behaviour have the potential to achieve major economic impacts.

Dr Tait is currently coordinating the [breakingtheice](#) project with colleagues at the Australian National University in Canberra and the National Drug and Alcohol Research Centre in Sydney. Breakingtheice is evaluating an online intervention for users of illicit stimulants such as methamphetamine and ecstasy. Based on a similar, successful model for alcohol problems, the program is for people

who recognise that they have a problem and are looking for ways to overcome it. This randomised controlled trial will compare participants who are current users of illicit stimulants to a wait list control group, and the outcomes will be analysed to see if this is an effective way of treating people.

For more about this project:

[Go to NDRI's website.](#)

Regulating addictions: A pilot study exploring the role of the law in the identification and management of addictions

Staff:

NDRI: Dr Kate Seear & Associate Professor Suzanne Fraser

Project description: This pilot study explores the role of the law in the identification and management of addictions. Although the role of the criminal law in the regulation of drugs and addiction is well-known, addiction and drug use figure in a range of other legal realms, and these areas are sometimes overlooked. Legal realms are often constituted in fundamentally distinct ways, with different legal standards and proofs, legislative frameworks, available remedies and personnel. The aim of the study is to identify how addiction is conceptualized by key stakeholders across different legal fields and to isolate similarities and differences in understanding and approaches. These issues will be explored, in the pilot phase, through two areas of law (criminal and family) and through a qualitative analysis of three data-sets: in-depth interviews with key stakeholders, an analysis of legal instruments (including case law) and observation of court proceedings. The pilot study also seeks to isolate areas where further research may be needed, along with opportunities to improve the role that legal systems can have in alcohol and other drug (AOD) and addiction management that is consistent with the most recent critical thinking on AOD and social studies of addiction concepts. It is envisaged that the findings from this pilot study will inform a larger national study of other legal realms (including, for example, the civil and administrative law) in the future.

For more about this project:

[Go to NDRI's website.](#)

The development and evaluation of an information kit on opioid substitution treatment: Translating research into policy

Staff:

NDARC: Professor Kate Dolan, Professor Michael Farrell & Zahra Alam Mehrijerdi.

Project description: The evidence of methadone maintenance treatment's (MMT) impact on reducing crime and other harms is overwhelming, yet its implementation is limited in the community and in prison.

We will develop an Information Kit on MMT for key stakeholders to improve their understanding of MMT. Stakeholders include parliamentarians, local government, prison and health department officers and GPs. The Information Kit will cover the effectiveness of MMT, global implementation and consistency with Australia's national drug policy. The Kit will be evaluated by measuring people's knowledge before and after exposure to the Kit. An indicator of success would be increased implementation of methadone.

For more about this project:
[Go to NDARC's website.](#)

Using longitudinal studies of people who use drugs to understand their health and social needs

Staff:

NDRI (Melbourne): Dr Peter Higgs

Project description: Longitudinal cohort studies are the key to managing the wide ranging methodological challenges of studying people who inject drugs. Australians are now living longer, and increasing numbers of people are affected by chronic disease. Australian Government data has established that chronic non-communicable diseases are now responsible for around 80% of the total burden of disease in Australia and it is estimated that by 2020 they will account for almost 75% of all deaths. Concurrent ageing and drug use (licit and illicit) create a discrete set of unique and, as yet, not fully understood problems for older people. Ageing is often associated with an increased risk of painful medical conditions including arthritis and people are self-medicating with various drugs (including

alcohol) to cope with the symptoms. Primary health care providers can overlook drug use among older people, mistaking the symptoms for those of dementia, depression, or other problems common to older adults.

Understanding the morbidity and mortality of long term drug use is vitally important in helping to develop initiatives that can reduce this impact, particularly since people with a history of injecting drugs are likely to have elevated rates of multiple physical health problems as they age.

Dr Higgs has received a 4-year Curtin University Early Career Research Fellowship to conduct field-based research that focuses on working with drug users to understand their health and social needs. His research aims to refine knowledge and understanding of the trajectories and natural history of injecting drug use by undertaking innovative qualitative research with participants from a series of two already established longitudinal cohort studies (MIX and Networks in Melbourne) and recruiting participants for a new one based on retrospectively finding participants from the first cohort of injecting drug users – VICS (1989-95). By using longitudinal methods of studying people using licit and illicit drugs, this proposal will collect information about the patterns and transience of drug use over time. Analysis will also be based on the methods and experiences participants have of these changes. The focus will be upon the health and well-being of older drug injectors, a severely neglected group likely to be at high risk of multiple health problems.

For more about this project:
[Go to NDRI's website.](#)

Walking a tightrope: AOD use and violence – a guide for families

Staff:

NCETA: Michael White & Professor Ann Roche.

Other investigators: Tony Trimmingham, Family Drug Support.

Project description: NCETA, in conjunction with [Family Drug Support](#), has developed a guide designed to assist families with strategies to deal with a family member's AOD-related violence issues. The guide will be launched in 2014.

For more about this project:
[Go to NCETA's website.](#)

Workplace reduction of alcohol harm program

Staff:

NCETA: Dr Ken Pidd, Associate Professor Nicole Lee, Jacqui Cameron & Professor Ann Roche.

Other investigators: LeeJenn Health Consultants

Project description: NCETA is trialling a workplace alcohol intervention to develop an innovative and comprehensive approach to the design, implementation and evaluation of strategies to reduce alcohol-related harm in the workplace. This three year study is being funded by VicHealth, and involves collaboration with the City of Greater Dandenong's South East Business Network. It also complements the Australian Government's healthy worker initiatives.

For more about this project:
[Go to NCETA's website.](#)

publication highlights

Causes of death in a cohort treated for opioid dependence between 1985 and 2005

Degenhardt, L., Larney, S., Randall, D., Burns, L., & Hall, W. (2014). Causes of death in a cohort treated for opioid dependence between 1985 – 2005. *Addiction*, 109(1), 90-99. DOI: 10.1111/add.12337.

Why did we undertake this research?

In this paper the authors examine data from approximately 44,000 people in NSW who were registered for opioid substitution therapy (OST) to determine three key things: avoidable causes of death among the group; how causes of death have changed over time and with age; and how many years of potential life were lost.

The authors found accidental drug overdose was the largest contributor to death, especially among younger users. Overdoses, suicides, transport accidents and violent deaths declined with age, while deaths from cardiovascular disease, liver disease and cancer increased with age. Eighty-eight per cent of deaths were from potentially avoidable causes (by way of comparison, 73% of deaths among the Australian population aged 15–64 years from 1997 to 2001 were considered avoidable). There was an average of 44 years of potential life lost per deceased person.

What does it mean?

The research is important because it shows nearly nine out of 10 deaths among this population were avoidable. It also paints a picture of the health of Australia's ageing opioid users. The authors suggest deaths may be reduced among younger OST users via increased retention in treatment and the provision of naloxone to reduce deaths outside treatment. Older users may benefit from strategies to reduce blood borne virus infections, liver disease, heart disease and respiratory disease.

View paper: [Go to website](#)

Diversion of prescribed opioids by people living with chronic pain: Results from an Australian community sample

Belcher J, Nielsen S, Campbell G, Bruno R, Hoban B, Larance B, Lintzeris N, Degenhardt L (2013). Diversion of prescribed opioids by people living with chronic pain: Results from an Australian community sample. *Drug and Alcohol Review*. DOI: 10.1111/dar.12084.

What did we undertake this research?

There has been an increase in prescription of opioids for chronic non-cancer pain in Australia and concern exists over possible diversion of prescription opioids to the illicit marketplace. Media coverage has suggested that elderly patients sell their prescribed opioids for additional income.

What did we do?

Researchers used data from an existing cohort from the POINT study to test these specific claims. The [POINT](#) study interviews participants living with chronic non-cancer pain and who have been prescribed opioids for their pain. Just under 1,000 patients were interviewed.

What did we find?

Participants had been living with pain for 14.2 years on average and the most common conditions included chronic back/neck problems and arthritis/rheumatism. Just under half were currently prescribed one opioid, and slightly more than half had been prescribed between two and five opioids; the most common was oxycodone. Four per cent of participants reported ever supplying prescribed opioids to another person; one participant reported receiving payment.

Participants who supplied opioids to others were younger and engaged in a greater number of aberrant behaviours relating to their opioid medication including tampering with doses, taking opioids by alternative routes, seeing doctors to obtain extra opioids and refilling prescriptions early.

What does it mean?

It appears that media reports of elderly patients selling their opioids to supplement their income may be reflective of exceptional cases. Future studies may investigate the extent to which other patient groups divert prescription opioids to the illicit marketplace.

View paper: [Go to website](#)

Enhancing the management of alcohol-related problems among Indigenous Australians: Implementation plan

Jennifer Low, Dennis Gray, Steve Allsop, Ted Wilkes and Ed Garrison (2013). *Enhancing the management of alcohol-related problems among Indigenous Australians: Implementation Plan*. National Drug Research Institute, Curtin University, Perth, WA.

Why did we write this plan?

The evidence shows clearly that Aboriginal and Torres Strait Islander people experience significantly higher levels of alcohol and other drug related harm than do other Australians. To this end, the Australian Government Department of Health funded the National Drug Research Institute (NDRI) to conduct a modest research project to Enhance the Management of Alcohol Related Problems Among Indigenous Australians (the Enhancement Project).

What did we do?

As part of this project, NDRI funded five sub-projects – each of which was conducted within, or in conjunction with, Aboriginal community controlled organisations, and which had a largely primary health care focus. In August 2012, NDRI convened a National Workshop in Canberra to discuss and make a series of recommendations based on the lessons learned from the Enhancement Project and the practical experience of participants. The outcome of the workshop was the development of this Implementation Plan. The Plan has a strong emphasis on a collaborative approach to addressing key

priorities and is consistent with the goals and the objectives of the National Drug Strategy 2010–2015.

What does it mean?

The purpose of the Implementation Plan is to present a series of recommendations aimed at improving outcomes in the management of alcohol related problems among Indigenous Australians. In accord with the overall objectives of the Enhancement Project, many of the recommendations are not new. Rather, they reflect identification of strategies that have been shown to be effective. While many of these strategies are already being implemented or partially implemented, their application is not universal and wider application of them is likely to result in more effective service management and client outcomes. As indicated above, the recommendations reflect the outcomes of the sub-projects of the Enhancement Project, the lessons learnt in conducting those projects, and the practical experience of those involved.

View report: [Go to website](#)

From policy to implementation: Child and family sensitive practice in the AOD sector

In 2013, the National Centre for Education and Training on Addiction (NCETA) was commissioned by the Australian National Council on Drugs (ANCD) to examine policy frameworks that support or restrict the effective implementation of child and family sensitive practices in the alcohol and other drugs (AOD) sector. This study built upon NCETA's existing research program on child and family sensitive practice and included an audit and analysis of relevant jurisdictional policy frameworks; an assessment of the extent to which the policy frameworks support or hinder child and family sensitive practice in alcohol and other drugs service settings; interviews with key stakeholders regarding child and family sensitive practice, and their views about barriers and facilitators to its implementation; and an examination of reviews, research, and practice guidelines to inform an assessment of child and family sensitive best practice. The report is due to be published by the ANCD in 2014.

It's time to have the conversation: Understanding the treatment needs of women who are pregnant and alcohol dependent

Burns, L., & Breen, C. (2013). *It's time to have the conversation: Understanding the treatment needs of women who are pregnant and alcohol dependent*. Deakin, ACT: Foundation for Alcohol Research & Education.

Why did we undertake this research?

Societal norms on alcohol use are contradictory and conflicting. Whilst for the most part widely available and accepted, alcohol consumption is regarded with disapproval and shame during pregnancy. This contradiction and associated stigma places unnecessary guilt on women and is in the large part responsible for women's lack of disclosure of drinking during pregnancy.

Such is the stigma and guilt associated with alcohol use during pregnancy that only a minority of pregnant women with alcohol use disorders access treatment. There are also large barriers to treatment that include the fear of losing custody of children and practical barriers associated with the availability of services, access, transport, and childcare.

What did we do?

This research reports on information gathered from 11 semi-structured qualitative interviews with clinicians that treat pregnant women with problematic alcohol use. The clinician interviews supported evidence from the literature review reflecting that whilst the prevalence of alcohol use disorders in the population is higher than disorders related to illicit drugs, the reverse is noted in specialist treatment services: problematic alcohol use in pregnant women is rarely seen. The interviews with the key stakeholders highlight that despite work aimed at improving the detection of alcohol use, screening and referral rates remain low.

What does it mean?

The authors put forward the gold standards for the treatment of alcohol dependence in pregnancy, incorporating the following principles:

- That standardised screening is undertaken of all pregnant women on their alcohol use
- That all pregnant women who screen positively for alcohol-use disorders should be offered access to treatment
- That all pregnant women who are alcohol dependent should be offered extended hospitalisation post-delivery and birth with help and support
- That treatment of pregnant women who are alcohol dependent should be undertaken by a multidisciplinary team.

View paper: [Go to website](#)

Nabiximols as an agonist replacement therapy during cannabis withdrawal: A randomized clinical trial

Allsop DJ, Copeland J, Lintzeris N, et al. Nabiximols as an agonist replacement therapy during cannabis withdrawal: A randomized clinical trial. *JAMA Psychiatry*. 2014;**71**(3):281-291. DOI:10.1001/jamapsychiatry.2013.3947.

Why did we undertake this research?

One in 10 people who try cannabis go on to become dependent. Cannabis withdrawal symptoms are a major barrier to quitting cannabis among dependent users. This world first double-blind randomized controlled trial of Sativex Spray (derived from whole cannabis extracts) has shown significant reductions in withdrawal symptoms compared with placebo.

What did we do?

A total of 51 treatment seeking patients were randomised to Sativex spray (nabiximols) in two in-patient facilities in NSW.

Participants were prescribed nabiximols (comprising both THC and cannabidiol) or placebo, with standardised psychosocial interventions over six days during a nine-day admission.

What did we find?

Nabiximols significantly suppressed withdrawal-related irritability (among the most severe and clinically significant symptoms in the outpatient setting), cravings, and depression and patients



stayed in treatment longer. However, nabiximols was no more effective than placebo in encouraging long-term reductions in cannabis use. The authors suggest that the follow-up outcomes may not be surprising given there is little precedence for medication-assisted withdrawal to affect long-term abstinence without ongoing support.

What does it mean?

These findings, however, identify a promising approach for cannabis withdrawal management and strengthen the case for agonist substitution medication for cannabis withdrawal. A direct comparison of nabiximols with other cannabinoid agonists (dronabinol or nabilone) may be of interest in the future to test whether the THC-CBD combination has additional therapeutic benefits over THC alone. It will also be important to test the medication in an outpatient setting where most cannabis dependence is treated.

View paper: [Go to website](#)

Offenders as victims: post-traumatic stress disorder and substance use disorder among male prisoners

Sindicich, N., Mills, K. L., Barrett, E. L., Indig, D., Sunjic, S., Sannibale, C., Rosenfeld, J., Najavits, L. M. (2014).

Offenders as victims: post-traumatic stress disorder and substance use disorder among male prisoners. *Journal of Forensic Psychiatry*, 25(1): 44-60. DOI: 10.1080/14789949.2013.877516.

Why did we undertake this research?

Co-occurring substance use disorder and post-traumatic stress disorder (SUD-PTSD) is common among prisoners and linked to an increased risk of criminal reoffending; however, little is known about the characteristics of prisoners with this comorbidity. In this paper, the authors aim to redress this by examining the clinical and criminal profile of male prisoners with symptoms of SUD-PTSD. The authors also investigate whether there are differences between the profiles of those who have experienced trauma in prison versus those who have not.

What did we do?

Thirty male inmates from two correctional centres in Sydney were recruited and interviewed.

What did we find?

The sample had a median age of 34.5 years, 93% were Australian born, and 23% identified as Aboriginal and/or Torres Strait Islander. Results showed extensive criminal, substance use and trauma history in the group as a whole. Ninety per cent reported a history of substance dependence and 50% reported a history of injecting drug use. Fifty-seven per cent met diagnostic criteria for PTSD, with the remainder experiencing sub-threshold symptoms. Forty-three per cent reported a traumatic event while in prison, most commonly experiencing a serious physical assault, witnessing a serious physical assault, and experiencing a sexual assault. Those who had experienced trauma in prison, compared to those who had not, were more likely to nominate heroin as their main drug of concern and to be receiving drug treatment in prison.

What does it mean?

The authors note that despite such prisoners' vulnerability and the severity of their clinical profile, they receive little by way of treatment, even though such efforts could ultimately lead to reduced reoffending upon release and improvements to prisoner safety and psychological well-being.

View paper: [Go to website](#)

Reducing intoxication among bar patrons: some lessons from prevention of drinking and driving

Graham K, Miller P, Chikritzhs T, Bellis MA, Clapp JD, Hughes K, Toomey TL, Wells S. (2013) Reducing intoxication among bar patrons: some lessons from prevention of drinking and driving. *Addiction*, Advance online publication. DOI: 10.1111/add.12247.

Why did we undertake this research?

Intoxication in and around licensed premises continues to be common, despite widespread training in the responsible service of alcohol and laws prohibiting service to intoxicated individuals. However, research suggests that training and the existence of laws are unlikely to have an impact on intoxication without enforcement, and evidence from a number of countries indicates that laws prohibiting service to intoxicated individuals are rarely enforced.

Enforcement is currently hampered by the lack of a standardised validated measure for defining intoxication clearly, a systematic approach to enforcement and the political will to address intoxication.

What did we find?

In this paper it is argued that adoption of key principles from successful interventions to prevent driving while intoxicated could be used to develop a model of consistent and sustainable enforcement. These principles include: applying validated and widely accepted criteria for defining when a person is 'intoxicated'; adopting a structure of enforceable consequences for violations; implementing procedures of unbiased enforcement; using publicity to ensure that there is a perceived high risk of being caught and punished; and developing the political will to support ongoing enforcement. Research can play a critical role in this process by: developing and validating criteria for defining intoxication based on observable behaviour; documenting the harms arising from intoxication, including risk curves associated with different levels of intoxication; estimating the policing, medical and social costs from intoxicated bar patrons; and conducting studies of the cost-effectiveness of different interventions to reduce intoxication.

View paper: [Go to website](#)

Sharing stories: Indigenous worker wellbeing, resilience, stress and burnout

Roche, A.M., Duraisingam, V., Trifonoff, A., Freeman, T., Tovell, A., Weetra, D., & Bates, N. (2013). Sharing stories: Indigenous worker wellbeing, resilience, stress and burnout. *Drug Alcohol Review*; 32(5), 527-535. DOI: 10.1111/dar.12053.

This peer-reviewed paper summarises the findings of a national study that examined Indigenous alcohol and other drug (AOD) workers' perspectives on their wellbeing, stress and burnout along with a series of strategies to improve worker wellbeing. Some of the identified strategies included: mutual support networks; the provision of appropriate assertiveness training; taking into account Indigenous ways of working; adequate remuneration; supervision and mentorship; and cultural awareness training for non-Indigenous. The National Centre

for Education and Training on Addiction (NCETA) utilised the findings from this study to develop the Feeling Deadly: Working Deadly Resource Kit.

View paper: [Go to website](#)

Would legalizing illicit opioids reduce overdose fatalities? Implications from a natural experiment

Darke, S., & Farrell, M. (2014). Would legalizing illicit opioids reduce overdose fatalities? Implications from a natural experiment. *Addiction*, Advance online publication. DOI: 10.1111/add.12456.

Why did we write this paper?

Professors Michael Farrell and Shane Darke argue that the case for legalised heroin to reduce overdose deaths rests on the validity of two assumptions: that variations in purity and/or the presence of contaminants are the major causes of overdose. In fact most heroin related deaths are due to the combined effects of polydrug use, they argue. While tolerance is associated with substantially increased risk of death, particularly after a period of abstinence such as imprisonment or detoxification, the risk in such cases is so much higher that purity is less relevant.

The increased use of prescription opioids serves as a natural experiment to test the validity of the legalisation argument. The substantial rise in pharmaceutical opioid deaths around the world, and the United States in particular, show that opioids of known purity, and with no impurities, are killing increasing numbers of people.

The model addressed in the article is similar to alcohol where use is by the individual in a setting of their own choosing. A restricted model, where heroin is provided in a supervised treatment setting, is associated with substantially reduced mortality. But it is unlikely that such a model would be comprehensively introduced.

What does it mean?

The authors conclude that legalisation of heroin is unlikely to result in major reductions in overdose deaths, as most deaths are not attributable to unstable purity or the presence of impurities. View paper: [Go to website](#)

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