

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

National Alcohol and Drug Knowledgebase (NADK)

By NCETA

NCETA has produced an online alcohol and other drug (AOD) knowledgebase - the National Alcohol and Drug Knowledgebase (NADK). The NADK website was launched on 13 August 2014. To date, the alcohol section has been completed, with sections on other drug topics to follow. The alcohol section contains over 130 Frequently Asked Questions presenting answers derived from various datasets, including:

- Australian Secondary Schools Alcohol and Drug Survey (ASSADS)
- National Drug Strategy Household Survey (NDSHS)
- 2007 National Survey of Mental Health and Wellbeing



- Drug Use Monitoring in Australia (DUMA) Survey
- Household Expenditure Survey.

The NADK presents, for the first time, up-to-date alcohol-related information in a consistent, comparable and 'user-friendly' manner that can be used by practitioners, policy-makers and the broader community. It covers diverse information about health, social welfare, law enforcement and education issues, which have in the past been difficult to locate, access, and utilise. The knowledgebase can be accessed from nadk.flinders.edu.au.

National Alcohol Indicators Project (NAIP) bulletin 13 released

By NDRI

The thirteenth National Alcohol Indicators Project (NAIP) bulletin, Trends in estimated alcohol-attributable deaths in Australia, 1996-2010: Alcoholic liver disease, liver cancer, and colorectal cancer, has been released by the National Drug Research Institute.

This four-page bulletin documents trends in estimated alcohol-attributable deaths in Australia between 1996 and 2010. It shows trends in estimated population adjusted rates of deaths attributable to risky/high risk alcohol consumption for three chronic conditions: alcoholic liver disease, liver cancer and colorectal cancer.

The bulletin shows that between 1996 and 2010 over 16,000 Australians died from alcoholic liver disease, alcohol-attributable liver cancer or colorectal cancer. Annual figures and rates for each of the conditions are presented for all states and territories.

This and all previous NAIP bulletins are available on the NDRI website at ndri.curtin.edu.au/research/naip.cfm

Network of VET AOD trainers established

By NCETA

NCETA continues to promote inter-sectoral and inter-agency collaboration amongst the alcohol and other drug sector. NCETA has established an online network of VET AOD trainers to share resources and evidence-based information. This resource was developed because of recommendations made in *Trainers Talking Training: An Examination of Vocation Education and Training to the Alcohol and Other Drugs Sector in Australia*.

Please contact [Michael White](#) at NCETA for more information.

contents	opinion – Young people with multiple and complex needs: it's time to improve our response	4
	conversation with Professor Steve Allsop, Director, NDRI	5
	research focus – The National Alcohol Sales Data Project	6
	new projects	9
	publication highlights	12
	publication list	15

AOD researcher a finalist for national science prize

By NDARC

One of Australia's leading researchers in substance misuse and mental health, Professor Maree Teesson, is among the finalists for the prestigious 2014 Australian Museum Eureka Prizes.

The Eureka Prizes are the country's most comprehensive national science awards, recognising and rewarding excellence in scientific research, innovation, leadership and communication. Professor Teesson is one of three finalists in the 'Outstanding Mentor of Young Researchers' category.

Professor Teesson is a Senior Research Fellow at the National Drug and Alcohol Research Centre (NDARC) and Director of the Centre of Research Excellence in

Mental Health and Substance Use (CREMS).

The latter is based at NDARC and is an international network working to better understand and treat the co-occurrence of mental illness and drug and alcohol use disorders.

As director of CREMS Professor Teesson leads a large team of academics, PhD students and junior research staff. Her mentoring has been instrumental in positioning Australia at the forefront of the discipline of mental health and substance use internationally.



NCETA appointment to AACBT Board

By NCETA

NCETA's Associate Professor Nicole Lee has been appointed to the board of the Australian Association for Cognitive and Behaviour Therapy (AACBT) as President-elect. She will take up her appointment as National President of the AACBT in October 2014 for a three year term, providing strategic leadership for 5 state branches and the National Executive Committee. The AACBT (www.aacbt.org) is the national professional body for practitioners of cognitive behavioural therapies including behavioural therapies, traditional cognitive therapies and mindfulness based cognitive therapies such as Acceptance and Commitment Therapy and Dialectical Behaviour Therapy.



Could it be the Gunja? resources

By NDRI

The National Drug Research Institute, as part of the National Cannabis Prevention and Information Centre (NCPIC) consortium, has developed a mini-website in conjunction with NCPIC, 'Could it be the Gunja?', which aims to provide health workers in the Aboriginal Primary Health Care sector with meaningful information and culturally appropriate resources to help them better meet the needs of those who use cannabis.

Funded by NCPIC, the 'Could it be the Gunja?' project was undertaken by NDRI's Indigenous Australian Research Team in response to widespread concern that cannabis use and harms have increased in Aboriginal and Torres Strait Islander communities without any significant development and adoption of culturally safe interventions. The project aims to place cannabis use on the clinical agenda in the Aboriginal Primary Health Care sector in a safe and secure way, and asks health workers to consider "Could it be the Gunja?" when talking about health and wellbeing with clients and patients.

Working in close collaboration with six Aboriginal Community Controlled Health



Services across Australia, NDRI has developed the following information and resources:

- Health information resources: information posters and pamphlets
- A brief intervention model for Aboriginal primary health care settings, with resources to support its use, including a brief intervention flipchart, brief intervention manual and change booklets for clients.
- An agency level screening and brief intervention implementation package which assists Aboriginal primary health care services to address cannabis use and cannabis-related harms. It includes a comprehensive training package, resources and agency steps to ensure sustainable skill development.

The 'Could it be the Gunja?' website is at ncpic.org.au/indigenous/could-it-be-the-gunja/

Enhancing VET cannabis training

By NCETA

As a member of the National Cannabis Prevention and Information Centre (NCPIC) consortium, NCETA maintains an ongoing program of work focusing on the prevention and reduction of cannabis-related harm. This includes working with the vocational education and training (VET) sector to enhance training on cannabis and ensuring that training and resources are up-to-date, evidence-based, and provided in a nationally consistent manner. NCETA is undertaking a project, in partnership with NCPIC, Orygen, Queensland TAFE, the NSW Aboriginal Health College, and Turning Point Alcohol and Drug Centre to identify ways to enhance VET AOD training provided by registered training organisations with a specific focus on improving the cannabis content covered in VET courses.

Launch of *Habits: Remaking Addiction*

By NDRI

A new book on addiction co-authored by NDRI's Suzanne Fraser and David Moore - along with ANU's Helen Keane - was launched on Friday 18 July.

Held as part of a research engagement day for NDRI's Social Studies of Addiction Concepts Program, the event celebrated the release of *Habits: Remaking Addiction* (2014, Palgrave Macmillan).

Following an introduction from Dr Kylie Valentine from UNSW's Social Policy Research Centre, the book was formally launched by distinguished scholar Professor Robin Room, Director of the Centre for Alcohol Policy Research at Turning Point Alcohol and Drug Centre and Professor of Alcohol Policy Research in the School of Population Health at



the University of Melbourne. Following Professor Room's remarks, Helen Keane read two passages from the book and David Moore acknowledged the support and assistance of number of key people and institutions in the writing of the book.

To order the book, please visit: http://ndri.curtin.edu.au/local/docs/pdf/publications/book_habits_remaking_addiction.pdf.

Vocational Education and Training (VET) AOD courses

By NCETA

NCETA has been involved in an examination of VET for the alcohol and other drug (AOD) sector. It has reviewed VET units of competency and Certificate IV and Diploma in AOD courses and provided advice to ensure that appropriate AOD qualifications are available and accessible, and that relevant AOD content is included in training packages. This review builds on research previously undertaken by NCETA examining managers' views of the adequacy of AOD VET qualifications. For more information see:

- Roche, A., & White, M. (2011). Alcohol and Other Drug VET Qualifications and Training Providers Database. Adelaide, SA: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- Pidd, K., Roche, A., & Carne, A. (2010). The Role of VET in Alcohol and Other Drugs Workforce Development. Adelaide, SA: National Centre for Education and Training on Addiction (NCETA), Flinders University.

In addition, NCETA collaborated with peak NGO AOD bodies to inform the Community Services and Health Industry Skills Council's 2014 national consultation on VET AOD qualifications. A joint submission was developed to highlight the importance of the VET sector adequately meeting the needs of the AOD sector and recommended revisions to the Training Package, Units of Competency, Skill Sets and the Combined AOD/Mental Health.

UNODC to address local AOD sector at Drug Trends Conference

By NDARC

The United Nations' Office on Drugs and Crime (UNODC) Southeast Asia & Pacific representative will address Australia's alcohol and other drugs (AOD) sector at the 2014 National Drugs Conference on October 20.

UNODC's Jeremy Douglas is the conference's keynote speaker and will present the latest drug trends from the Asia Pacific. Douglas has been the Southeast Asia & Pacific UNODC representative since 2013 and was previously the UNODC regional representative to Pakistan. He has also worked as manager of UNODC's Global SMART program, which aims to improve global understanding of and responses to illicit synthetic drugs.

Other speakers at the one-day conference include:

- Natasha Sindicich and Jenny Stafford from the National Drug and Alcohol Research Centre on the 2014 findings from the Illicit Drug Reporting System (IDRS) and Ecstasy and related Drugs Reporting System (EDRS)

- Professor Simon Lenton of the National Drug Research Institute on user experiences and policy implications of accessing drugs online
- Dr Chris Hayes of John Hunter Hospital on opioids and the science of chronic pain
- Dr Karen Chronister of the Kirby Institute on current issues surrounding performance and image enhancing drugs
- Detective Sergeant Keith Randall of the Australian Federal Police on trends in the importation of border controlled drugs.

To see the full program and to register please visit NDARC's website.



opinion

Young people with multiple and complex needs: it's time to improve our response

By Alice Knight and Anthony Shakeshaft, NDARC

Young people with multiple and complex needs do not represent a large proportion of people with significant drug and alcohol or mental health problems, but the harms they experience reverberate across their lifetimes and, as often as not, impact negatively on the lives of their own children. It is this persistent, inter-generality of harms that demands an effective response. Our current systematic review of the literature, however, is finding no adequately designed evaluation studies. This creates the first problem: we have no way of judging which responses are most cost-effective. The obvious explanation for this lack of evaluation is that it is difficult - young people with multiple and complex needs are a hard group to access and engage.

Perhaps a good place to start is to ask how these young people differ from the majority of adolescents who may experiment with drugs and alcohol, become disengaged from the education system, exhibit anti-social behaviour and periodically participate in petty crime? The answer most likely lies in the aetiology of their risk behaviour, and not simply the number of risk behaviours present: if the aetiology of their risk behaviour is grounded in adverse experiences from childhood - physical, emotional or sexual abuse, or neglect - then effective responses need to address both the presenting risk-behaviours and their aetiology. It is this aetiology that brings complexity, not just the presence of multiple risk-behaviours.

However interesting, this explanation is of limited help in understanding which



interventions will be most effective for different combinations of risk-behaviours and their causes. We need a more precise understanding of the problems: how many are at risk of suicide, and to what extent? What are their drug and alcohol use patterns? How resilient are they? This lack of precision in our understanding creates the second problem. It means intervention responses are likely to be hit and miss, and it highlights the need for measures of these risk behaviours that are accurate and reliable. Our current systematic review has also identified a lack of high-quality measures with which to accurately quantify or describe harms. So not only do we need a better understanding of the precise type and extent of risk behaviours among this group, we need to examine whether



The harms young people with multiple and complex needs experience reverberate across their lifetimes and, often as not, impact negatively on the lives of their own children.



our traditional measurement tools, such as self-report, are feasible methods of obtaining data that are of adequate accuracy and reliability.

Despite the uncertainty, we have some clues. Long-term childhood adversity studies suggest some young people develop a greater degree of resilience than others. It's not clear why, but the current best guess is that it is likely a product of the interaction of three levels of factors: individual (e.g. personality and/or genetic traits); interpersonal (e.g. relationships with family, friends, and peers); and community (e.g. the quality of the institutions, including schools and criminal justice systems, with which they interact). The relative importance of these



three levels of factors for resilience is unclear (and may itself be individualistic) but, if the concept is accurate, it suggests that our intervention response for young people with multiple and complex needs will also need to be complex, in the sense of comprising multiple components that can simultaneously target these different levels of factors, but also tailored to individual need: some young people will need more help to cope with dysfunctional family relationships, some will need modified community institutions (e.g. alternate models of schooling), and some will need to learn to temper their anti-social behaviours. Penny Mitchell and her team in Melbourne have cleverly applied this multi-component approach to individual psycho-social therapy, but the apparent multi-level nature of the problem suggests this may need to be combined with more ecological approaches to simultaneously target relationships and community factors. This brings us to a third problem: what combination of factors should be targeted to achieve optimal results, and how might these combinations change over time as young people's needs change?

Researchers at NDARC, the University of New England, the Hunter Medical Research Institute and James Cook University will be partnering with NGOs in communities in NSW and Queensland to evaluate a multi-component, ecologically-based intervention for young people with multiple and complex needs (e.g. <http://backtrack.org.au/>). These community-based programs are built on the practical knowledge and skills of the NGO staff themselves, to which we hope to add our evaluation experience. We aim to clearly define the program components, the characteristics of the risk behaviours of the program participants, the cost-effectiveness of the programs and develop insights into why and how the intervention does, or does not, deliver outcomes. The final piece of the puzzle is the problem of dissemination, or scaling-up: How might the program be tailored to other communities? What might communities

do to support the uptake of effective programs in their own communities? How might governments support that process?

This evaluation will not provide all the answers but, at present, services are largely left alone to meet the significant demands of young people with multiple and complex needs. Although there is a lot to learn, building more partnerships

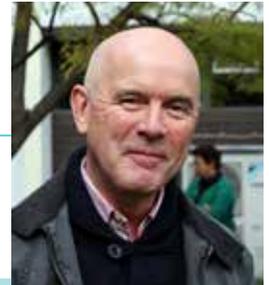
between services and researchers will help reduce the size of the current knowledge gap. Analogies are always fraught with danger but, to illustrate the point, surgery was once a blunt, clumsy, occasionally effective and mostly traumatic procedure. But over time researchers and practitioners have grappled with the complexities of injury and disease, and the physiological and psychological responses

of individuals, to create highly targeted, less invasive and more individualised treatment. We have made a start, but we have a long way to go in responding more effectively to young people with multiple and complex needs. We can, and we will, get better.

conversation with

Professor Steve Allsop

Director, National Drug Research Institute (NDRI)



This weekend I will...

spend all my time involved in football! As the President of a junior football club one of my roles is to open and close the canteen, I'll watch my sons play their games (as part of the East Perth colts and reserves), and I'll act as First Aider for the year 12s. I'll also go to an AFL game (I'm an avid Fremantle Dockers fan).

I wish I'd never...

agreed to become the President of a junior football club!

I'd originally planned to work...

Since I was 18 I wanted to work in the alcohol and drug field, so I've ended up exactly where I wanted to be.

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

integrity, humour, humanity, and respect and regard for those who we serve.

I'll never forget...

being at last year's AFL grand final, and watching my two sons respectively win their grand finals (ok so I'm a football tragic!). I will never forget the enormous influence and leadership in our field provided by Griffith Edwards. I will never forget the great joy all my children bring. And I will always treasure the affection of my colleagues.

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

get back into some clinical work.

I'm most scared of...

losing my hair? Well, those of you who know me are aware that this anxiety

is well in the past! I'm most scared of forgetting the humanity and individual needs of people affected by drug use.

For my next holiday...

I intend to travel around central Europe (if you disregard going to the next AFL grand final with my youngest son and actually seeing my team win this time!).

I can't get enough of...

good food. And great music.

I'm really terrible at...

walking past a CD shop without buying something.

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

the clinical research I did on relapse prevention. I am also humbled, more than proud, by all the positive feedback I have had on workforce development I have been involved in with a variety of colleagues.

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

that we remember the humanity of what we do and convey this to the broader community and challenge discrimination wherever we see it. This will have implications for the quality of responses and for the resources that are brought into the sector.

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

operating in tight financial times, and the continued marginalisation of people affected by drug use.

profile

Professor Steve Allsop has been involved in the drug and alcohol sector, first in Scotland and then Australia, for almost 30 years. He has a PhD in psychology, and has worked in policy, prevention and treatment research and practice, as well as professional development. He has managed prevention, policy and treatment services, including more than ten years at the Drug and Alcohol Office of Western Australia.

Professor Allsop has been Director of the National Drug Research Institute at Curtin University in Perth since 2005. His current research interest include preventing and reducing alcohol-related harm, preventing and reducing harm associated with amphetamine use, preventing and reducing co-existing mental health and drug problems, responding to drug problems in the workplace, and enhancing the capacity of human service providers to implement effective prevention and harm reduction strategies.

research focus

The National Alcohol Sales Data Project

By William Gilmore, Wendy Loxley and Tanya Chikritzhs, NDRI

Reliable estimates of per capita alcohol consumption, based on alcohol sales data collections, are essential for informing and evaluating alcohol policy. In fact, the World Health Organization advocates that all nations collect alcohol sales data for the purpose of monitoring alcohol consumption levels, in addition to population level surveys of consumption patterns. Canada is currently leading the way with mandatory sales data collections from all its provinces. Will Australia follow suit?

Research staff:

NDRI: Professor Tanya Chikritzhs, Professor Steve Allsop, Adjunct Associate Professor Wendy Loxley, William Gilmore and Paul Catalano

Why did we undertake this research?

The National Alcohol Sales Data Project (NASDP) was developed in response to a 2007 Ministerial Council on Drug Strategy resolution that highlighted the absence of systematic and standardised alcohol sales data collections across Australian jurisdictions for the purpose of estimating alcohol consumption levels.

The Australian Bureau of Statistics annually publishes national per capita alcohol consumption estimates based on import, excise and domestic sales data. These national estimates were previously complemented by state and territory wholesale alcohol sales data collections, until 1997 when the High Court of Australia ruled that state liquor licensing authorities could no longer levy taxes on alcohol sales.

The Northern Territory and Western Australia continued to collect wholesale alcohol sales data after the High Court ruling, specifically for its public health importance, and although Queensland ceased their collection in 1997 they recommenced it in 2002.

The aims of the project are to:

- construct an ongoing, regularly updated, database of standardised alcohol sales data for all states/territories involved in collection
- monitor alcohol consumption trends by regularly estimating per capita alcohol consumption by region for all states/territories involved in collection
- continue to develop methods for improving accuracy of per capita alcohol consumption estimates
- encourage all states/territories to undertake alcohol sales data collection.



What did we do?

The NASDP commenced in 2009 with the Northern Territory, Queensland and Western Australia making their wholesale alcohol sales data collections available to the project. Although only three states/territories were able to contribute data to the project, all states/territories are represented on the project's advisory committee consisting of senior representatives from liquor licensing, health and law enforcement. The NASDP is now in its fourth stage and this year's annual report is nearing completion.

In the first stage of the project, the Northern Territory and Western Australia made three years of wholesale alcohol sales data available (2005/06 to 2007/08), and Queensland made one year available (2007/08). At each subsequent stage of the project, one year of data has been added.

In the three participating jurisdictions, legislation requires that wholesalers submit alcohol sales returns which identify annual sales made to retailers licensed to operate within the jurisdiction to their respective liquor licensing authority. Details include differentiation of volumes of sale by major beverage type (e.g. beer, wine and spirits) which is necessary for estimating per capita pure alcohol consumption.

Per capita alcohol consumption estimates derived from wholesale alcohol sales data collections are calculated by dividing the total volume of pure alcohol purchased by retailers by the adult population aged 15 years and over. Since liquor licensing authorities hold the addresses of all retailers that have purchased alcohol from a wholesaler, it enables not only state level but regional per capita consumption estimates to be calculated.

Alcohol conversion factors were developed to convert the volumes of the different beverage types to volumes of pure alcohol. This was done by averaging the alcohol contents, by beverage type, of the brands with the largest market share. Adjustments were made for each jurisdiction accordingly.

Consideration to improving population estimates for the purpose of monitoring alcohol consumption levels has been

at the forefront of discussions since the project's inception. In Stage 1, per capita consumption estimates for the Northern Territory, Queensland and Western Australia were calculated using census derived estimated residential population. Using estimated residential population as the denominator allows comparison of state estimates with the national estimates produced by the Australian Bureau of Statistics. The Northern Territory liquor licensing authority also requested that per capita consumption be calculated using estimated residential population and Northern Territory collated tourism estimates.



Regular alcohol sales data collections across all jurisdictions will have numerous applications that will assist liquor licensing, law enforcement and health authorities in reducing the negative health and social impacts of alcohol on communities.



In Stage 2 of the project, work began on developing 'service population' estimates in order to improve the accuracy of per capita consumption estimates. The method used adjusted estimated residential population in a jurisdiction by accounting for international visitors, interstate visitors and absent residents. In Stages 3 and 4, per capita alcohol consumption estimates for all years of available data were presented based on both estimated residential population and the newly developed estimated service populations. National consumption estimates from Australian Bureau of Statistics have also been included for comparison.

At the end of each stage a comprehensive report is published presenting trends in estimated per capita alcohol consumption at national, state/territory and regional levels. This year the report will be complemented by a bulletin which will summarise the trends and latest consumption estimates.

What did we find out?

Stage 3 results showed that in 2009/10 per capita alcohol consumption in the Northern Territory, accounting for tourist numbers, was 13.7 litres, down from 15.0 litres in 2005/06. In Queensland per capita alcohol consumption, using the developed service populations, remained relatively stable at 11 litres between 2007/08 and 2009/10, and in Western Australia was estimated at 12.4 litres in 2009/10, up from 11.2 litres in 2005/06. For both Queensland and Western Australia, per capita consumption of over 15 litres was found in the central metropolitan areas and in a number of regional areas known for their tourism and/or mobile workforces e.g. the Gold Coast, Cairns, the Margaret River region, Gascoyne, Fortescue and Kalgoorlie-Boulder.

At a state level, differences between consumption estimates based on residential populations and service populations were small, but larger differences were found at regional level. These findings suggest that using service populations is useful for presenting per capita alcohol consumption at a regional level, and they are likely to be more accurate than estimates based on residential populations alone.

The state/territory per capita consumption estimates for all participating jurisdictions are higher than the national estimate produced by the Australian Bureau of Statistics, which was 10.5 litres in 2009/10. They are also higher than the 2009 National Health and Medical Research Council guidelines for reducing the lifetime risk of harm from alcohol-related disease or injury – no more than 2 standard drinks a day - which equates to not exceeding a per capita alcohol consumption of 9.1 litres.

new projects

Investigating the relationships between alcohol and other drug use, mental health, early-life factors and life-course outcomes: integrative analyses of data from four Australasian cohort studies

Staff:

NDARC: Professor Richard Mattick, Dr Delyse Hutchinson, Dr Edmund Silins, Professor Louisa Degenhardt, Dr Wendy Swift

NDRI: Dr Robert Tait

Other investigators: Associate Professor John Horwood and Professor David Fergusson, University of Otago

Professor Jakob Najman and Dr Maria Plotnikova, University of Queensland

Professor George Patton, University of Melbourne

Professor John Toumbourou and Dr Primrose Letcher, Deakin University

Dr Carolyn Coffey, Dr Craig Olsson, Dr Elizabeth Spry, Dr Rohan Borschmann and Dr Louise Canterford, Murdoch Childrens Research Institute, University of Melbourne

Associate Professor Raimondo Bruno, University of Tasmania

Project description: Drinking excessively in teen and young adult years is an increasing phenomenon and concern. However, little is known of the antecedents of many of the drinking behaviours and of related problems, as existing studies focus on late adolescence with considerably less attention given to understanding the early precursors of teen drinking behaviours. Additionally, some patterns of behaviour (e.g. extreme bingeing or abstinence) occur infrequently and cannot be reliably analysed statistically in single cohorts. This study will integrate data from multiple large cohorts to increase sample size and provide power to conduct analyses of the precursors and consequences of high risk and excessive teen drinking. The study builds on the work of the Cannabis Cohort Research Consortium, whose members have successfully conducted other longitudinal analyses using these four cohorts.

For more about this project:

[Go to NDARC's website](#)



Effective health promotion with young risky drinkers

Staff:

NDRI: Dr Tina Lam, Professor Steve Allsop

Project description: This project aims to enhance health promotion responses to young people at risk of alcohol related harm by:

- Generating a West Australian early warning system on risky patterns of alcohol consumption, contexts of use, influences on use, and related harms. This system will allow the tracking of changes in use and harm over time, and in response to policy and other changes
- Developing a sentinel group of risky drinkers who may otherwise be difficult to recruit for focus groups. This group would evaluate existing health promotion campaigns and provide recommendations for novel responses.
- Using the early warning system, focus groups and other sources to assess the impact of a range of policies and strategies that aim to prevent and reduce alcohol related harm amongst young people.

Drugs and addiction in sport: A qualitative pilot study

Staff:

NDRI: Dr Kate Seear, NDRI Adjunct and Senior Lecturer in Law, Monash University and Associate Professor Suzanne Fraser

Project description: The research team has initiated a project examining various issues associated with drug use, addiction, the body and sport. As part of this program of research, a separate study (currently under review with a major national grant scheme) examines the rise of steroid injecting in Australia. It is well established that those who use steroids most often inject them, a practice associated with a range of very serious health problems including the risk of acquiring blood-borne viruses (BBVs) such as hepatitis B (HBV), C (HCV) and HIV. Although work has long been underway to contain BBV epidemics among other injecting drug cohorts, the emerging, mostly hidden, at-risk population of steroid injectors has been largely neglected, and Australia's existing harm reduction framework is arguably not fully prepared to deal with this emerging trend. This qualitative study will explore the needs, motivations and experience of people who inject steroids, exploring the possibilities for more effective and more targeted harm reduction responses.

Australian police diversion for cannabis offences: Assessing program outcomes and cost effectiveness

Staff:

NDARC: Dr Marian Shanahan, Dr Caitlin Hughes, Matthew O'Reilly

Collaborators: Dr Tim McSweeney, Institute for Criminal Policy Research, Birkbeck, University of London

Project description: Police diversion is one of Australia's most utilised interventions for drug offenders, yet there remains key gaps in knowledge about the outcomes and the cost-effectiveness of such approaches. For example, few studies have successfully obtained a control group of offenders who have not been diverted or have looked at program impacts beyond recidivism.

Using a purpose built national online survey, this study will evaluate the effectiveness and cost-effectiveness of three different forms of police diversion for cannabis use/possession offences, namely cautions, expiation and warnings, versus a traditional criminal justice response.

Those who have been detected by police for a cannabis use or possession offence in the last three-nine months can take part in the online survey at: www.cannabisdiversionsurvey.com.au

For more about this project:

[Go to NDARC's website](#)

Concepts of addiction, gender and social exclusion in Australian and Swedish drug policy

Staff:

NDRI: Associate Professor Suzanne Fraser, Professor David Moore

Collaborators: Professor Jukka Törrönen, Dr Mimmi Eriksson Tinghög and Professor Börje Olsson, SoRAD, Stockholm University

Project description: In many areas of social policy, Sweden and Australia sit at opposite ends of the welfare state spectrum (valentine 2011). Sweden's approach is relatively open, non-stigmatising and inclusive while Australia's is relatively narrow and restrictive. It would seem logical that their respective drug policies follow similar lines, but instead, they present as the reverse, with Sweden promoting a narrow, restrictive, disciplinarian prohibitionist approach and Australia a more open, permissive harm reduction approach. How might we understand these two, seemingly contradictory, stories of Sweden and Australia? This project will explore this question through original research on three issues, all of which are central to the formulation of drug policy:

1. metaphors of exclusion in Swedish and Australian drug policy
2. discourses and concepts of 'addiction' in Swedish and Australian drug policy
3. the treatment of gender in Swedish and Australian drug policy

Two qualitative research methods will be employed: in-depth interviews with policy makers; and textual analysis of policy documents. This project is funded by a SoRAD Program Grant, the Australian Research Council and NDRI travel funds.

For more about this project:

[Go to NDRI's website](#)

10-year outcomes of an emergency department delivered brief intervention with adolescent alcohol and other substance users

Staff:

NDRI: Dr Robert Tait

Collaborators: Professor Gary Hulse, School of Psychiatry & Clinical Neuroscience, University of Western Australia

Professor Elizabeth Geelhoed, School of Population Health, University of Western Australia

Associate Professor David Mountain, Emergency Medicine, Sir Charles Gairdner Hospital / UWA

Project description: Alcohol use by young people has major health and societal costs. This project is a 10-year follow-up of a cohort (n=27) of adolescents with an alcohol or other drug (AOD) related presentation at emergency departments in Western Australia, and who participated in a randomised trial (between 2000 and 2002) of a brief intervention (compared with treatment as usual). The intervention was designed to increase the proportion of people who attended community based treatment for their AOD problem, for example by booking appointments and follow-up phone calls. At 12 months the intervention was successful in achieving these linkages and in reducing ED presentations for the intervention group. The aim of this project is to quantify the cost savings to the hospital system of a brief intervention delivered to adolescents in ED over a 10 year period. The project is funded by the Western Australian Department of Health.

For more about this project:

[Go to NDRI's website](#)



Exploring the economic costs to family members affected by drug use: A discrete choice experiment

Staff:

NDARC: Dr Marian Shanahan, Dr Jennifer Seddon, Professor Alison Ritter

Project description: Drug use can lead to significant financial, psychological, physical health and social consequences for family members. Despite this, previous economic assessments of drug use interventions have not included the costs and benefits to family members of treatment for the drug user.

This study aims to use a discrete choice experiment (DCE) survey to quantify the impact of hypothetical treatment outcomes on family members affected by the drug use of a relative. It is hoped the results will serve as an initial step in addressing the lack of health economic data for family members affected by the drug use of a relative.

Those affected by the drug use of a relative can take part in the online survey at: www.druguseandfamiliesurvey.com.au

For more about this project:

[Go to NDARC's website](#)

An examination of patterns and prevalence of prescribed opioid use in South Australia

Staff:

NCETA: Roger Nicholas, Jane Fischer, Alice McEntee, Ann Roche, Victoria Kostadinov

Project description: NCETA will undertake a retrospective examination of Schedule 8 (S8) opioid dispensing in South Australia over the past 10 years. The study, using electronic data from the SA Drugs of Dependence Unit Registry, will examine issues such as the demographic characteristics of S8 opioid recipients and quantities and patterns of drugs dispensed as well as how these have changed over time.

For more about this project:

[Go to NCETA's website](#)

AOD and gambling resource development project

Staff:

NCETA: Michael White

Collaborators: Odyssey House

Project description: Due to the commonalities between problem gambling and substance misuse, the clients of alcohol and other drug (AOD) services are vulnerable to developing problem gambling behaviours. To address this, NCETA is collaborating with Odyssey House Victoria to:

- Develop resource booklets for AOD workers and clients
- Implement training for Victorian AOD workers on the interactions between substance misuse and problematic gambling.

The project will focus on the relationship between alcohol and gambling and emphasise the parallels in the development of the addictive behaviours, the reward mechanisms that perpetuate the behaviours, and treatment options. The specific environment of pokies in casinos and hotels will be a focus for the resources. This project is being funded by the Victorian Responsible Gambling Foundation and will be completed in 2015.

For more about this project:

[Go to NCETA's website](#)

AOD and older people resource

Staff:

NCETA: Nicole Lee, Roger Nicholas, Ann Roche

Collaborators: Peninsula Health (Victoria)

Project description: Peninsula Health (Victoria) commissioned NCETA to develop a manual of resources to assist specialist AOD and non-specialist clinicians to better identify, assess and intervene with older people who are, or who are at risk of, experiencing AOD related harm. The manual will cater for clinicians across the spectrum of primary health care, general health and welfare services and specialist AOD agencies.

For more about this project:

[Go to NCETA's website](#)

Workplace policy development

Staff:

NCETA: Ann Roche, Ken Pidd

Project description: This project will involve the development of an evidence based AOD policy that includes good practice procedures for AOD testing, counselling and rehabilitation and return to work.

For more about this project:

[Go to NCETA's website](#)

Workplace AOD policies and consumption patterns

Staff:

NCETA: Ken Pidd, Ann Roche, Victoria Kostadinov

Project description: Secondary data analyses of 2010 and 2013 NDSHS data will be undertaken to examine the relationship between workplace AOD policies and employees' consumption patterns. Findings will be disseminated through journal articles and factsheets..

For more about this project:

[Go to NCETA's website](#)

Secondary data analysis of AOD-related workplace absenteeism

Staff:

NCETA: Ann Roche, Ken Pidd, Alice McEntee

Project description: Secondary data analyses of 2010 and 2013 NDSHS data will be undertaken to examine the extent and nature of AOD-related absenteeism among the Australian workforce, and to examine the demographic profile of employees most at risk. Findings will be disseminated through journal articles and factsheets.

For more about this project:

[Go to NCETA's website](#)

publication highlights

What difference does treatment make? Developing a qualitative measure of young people's progress in residential rehabilitation

Roarty, L., Wildy, H., Saggars, S., Wilson, M. and Symons, M. (2014). What difference does treatment make? Developing a qualitative measure of young people's progress in residential rehabilitation: final report. National Drug Research Institute, Curtin University, Perth, Western Australia.

Why did we undertake this research?

This research aimed to produce a robust qualitative outcome measure of young people's progress in treatment, which would have potential to be used more widely than existing tools, and contribute to evidence-based residential treatment options for particular groups of young people in Australia. It took place over three years, and was conducted in four residential rehabilitation services for young people – three in New South Wales and one in Perth, Western Australia. Ninety-five young people took part in the study.

The research followed from preliminary research (Wilson, Saggars & Wildy, 2008), which identified a framework of five stages - removed from 'being normal'; resisting treatment; reflecting on the journey; returning to self; and 'being normal' - within which young people move, often back and forth, during treatment. These stages provided the foundation for the design of the qualitative assessment instrument, called My Journey Map (MJM), using a narrative structure based on young people's own stories of their experiences and progress across the five stages. Nested within each stage are five dimensions, with each dimension in turn containing narratives based around various aspects of importance in the lives of the young people.



What did we find?

Quantitative outcomes of the results from the MJM show the instrument as valid and internally consistent. Inter-rater reliability was significant between the two clinicians, and somewhat less so between client and clinician. At entry (T1) there was also significant correlation across sub-scales. Assessments completed at T1 and at exit (T2) show change over time for the majority of clients, as reported both by clients and clinicians.

Qualitatively, results showed that the MJM was a relevant and useful tool for practitioners working within residential rehabilitation services. Practitioners commented that it addressed key individual areas, provided opportunities to challenge clients who felt they were not making progress, and that it was engaging for the young people. The MJM was also found to be a practical, easy-to-use tool, with one practitioner commenting that it gives the young people "an opportunity to reflect on their progress and to also think about what they need to do in order to make a change in their lives".

The MJM was not without some practical and ethical challenges to its use. These included difficulties around young people

leaving the service outside hours of work; clients being unwilling to complete assessments; and issues around contacting young people who have left the service for follow-up assessments. Using offensive language themselves, and ensuring that the young people understood the context-specific nature of its use in the MJM, was also a challenge for some practitioners.

What does it mean?

The MJM addresses key individual areas that are important to the rehabilitation of young people and delivers significant insights that enable provision of more tailored and effective treatment options to the young people in the services. Data collected using the MJM approach has been shown to supplement quantitative data collected routinely by treatment services, to inform, illustrate, confirm or even challenge the interpretation of those data. In sum, the MJM contributes to the ability of residential rehabilitation services for young people with problematic drug and alcohol issues to record and celebrate incremental change and provides significant insights for use by service providers in treatment, and in public health strategies.

View report: [Go to website](#)

Study finds dose-related link causal link between methamphetamine and violence independent of psychosis

McKetin, R., Lubman, D. I., Najman, J. M., Dawe, S., Butterworth, P., & Baker, A. L. (2014). Does methamphetamine use increase violent behaviour? Evidence from a prospective longitudinal study. *Addiction*, 109(5), 798-806.

Methamphetamine (also known as 'ice' or 'crystal meth') is notorious for its association with violent behaviour. Epidemics of use have been marked by rises in assaults and violent crime and case reports have implicated the drug in homicides. Violence associated with methamphetamine use is characterized by its capricious and often bizarre nature, seeming to be fuelled by methamphetamine-induced paranoia. However to date evidence has fallen short of showing a causal link between methamphetamine use and violence.

The authors observed 278 individuals from the MATES cohort who met DSMIV criteria for methamphetamine dependence, and assessed them over four non-consecutive monthly observation periods.

There was a clear dose-response increase in violent behaviour when participants were using methamphetamine compared to when they were not using the drug. This effect was especially large for frequent methamphetamine use (16 plus days of use in the past month), which increased the odds of violent behaviour 10-fold, after adjusting for shifts in other drug use, socio-demographics and psychotic symptoms.

Although psychotic symptoms significantly exacerbated the risk of violent behaviour, the relationship between methamphetamine use and violent behaviour was largely independent of psychotic symptoms, suggesting a direct causal relationship between the drug and violent behaviour. Heavy alcohol consumption also increased the risk of violent behaviour, but accounted for only 12-18% of the relationship between methamphetamine use and violence.

The authors say resources to identify and manage methamphetamine related violence in clinical and frontline settings are essential.

View paper: [Go to website](#)

From policy to implementation: Child and family sensitive practice in the alcohol and other drugs sector

Roche, A., Trifonoff, A., White, M., Evans, K., Battams, S., Adams, V., & Scarfe, A. (2014). From Policy to Implementation: Child and Family Sensitive Practice in the Alcohol and Other Drugs Sector. Civic Square, ACT: Australian National Council on Drugs.

Reflecting a broader international and national focus to support and protect children, there has been growing interest in the needs of alcohol and other drug (AOD) clients' families and their children. The Australian National Council on Drugs (ANCD) commissioned the National Centre for Education and Training on Addiction (NCETA) to examine policy frameworks that support or restrict the effective implementation of child and family sensitive practices in the AOD sector. Child and family sensitive practice involves service providers addressing the client's parental role and responsibilities and the needs of their children.

This recently published report provides a contextual background and a critique of current national and international policy, examines stakeholder views about policy and systems issues, presents details of evidence-based and consensus views regarding best practice, and outlines recommendations for successfully implementing child and family sensitive practice in AOD service settings. In undertaking this work, NCETA found a high degree of support for the concept of child and family sensitive practice. The increasing attention being directed to the identification of children, and in particular the risks children are exposed to, and to assigning responsibility for intervention was likely to have an impact on the provision of AOD services. However, responsibility for the children of those attending AOD services currently remains ambiguous and this impedes constructive and consistent responses across and within sectors.

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Internet-based drug prevention program also reduces truancy, psychological distress and disengagement

Newton, N. C., Andrews, G., Champion, K. E., & Teesson, M. (2014). Universal Internet-based prevention for alcohol and cannabis use reduces truancy, psychological distress and moral disengagement: A cluster randomised controlled trial. *Preventive Medicine*, 65, 109-115. DOI: 10.1016/j.ypmed.2014.05.003.

Climate Schools, a universal internet-based drug prevention program, has been shown to reduce alcohol and cannabis use among students given the intervention. The aim of this study was to examine if this program could also reduce risk-factors associated with substance use in adolescents.

The internet-based Climate Schools: Alcohol and Cannabis course consists of two sets of six lessons delivered approximately six months apart.

A total of 764 students (mean age 13.1 years) from 10 secondary schools were randomly allocated to receive the preventive intervention (delivered to 397 students at five schools), or their usual health classes (367 students at five schools) over the year. Participants were assessed at baseline, immediately after the intervention, and six and 12 months following the intervention on their levels of truancy, psychological distress and moral disengagement.

Compared to the control group, students in the intervention group showed significant reductions in truancy, psychological distress and moral disengagement up to 12 months following completion of the intervention.

These intervention effects indicate that Internet-based interventions designed to prevent alcohol and cannabis use can concurrently reduce risk-factors associated with substance use in adolescents.

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Non heroin-using prescription opioid users respond well to opioid substitution treatment

Nielsen, S., Hillhouse, M., Mooney, L., Ang, A., & Ling, W. (2014). Buprenorphine pharmacotherapy and behavioural treatment: comparison of outcomes among prescription opioid users, heroin users and combination users. *Journal of Substance Abuse Treatment*, Advance online publication. DOI: 10.1016/j.jsat.2014.06.006.

The increasing population of prescription opioid (PO) users in the United States and elsewhere including Australia is well documented. There has been a growing demand for treatment for PO dependence, and the high mortality associated with PO dependence suggests an urgent need for empirical research to identify effective treatments.

Most research examining buprenorphine has been conducted with heroin users. In this paper the authors compared outcomes of buprenorphine pharmacotherapy and behavioural treatment among heroin users, PO users and combination users.

The authors analysed data from a randomised controlled trial of behavioural treatment provided for 16 weeks on a platform of buprenorphine pharmacotherapy and medication management. They compared 54 heroin

users, 54 PO users and 71 combination heroin and PO users to test the hypothesis that PO users will have better treatment outcomes compared with heroin users. The PO group provided more opioid-negative urine drug screens over the combined treatment period and at the end of the combined treatment period. Retention was lowest in the heroin group. There was no significant difference in buprenorphine dose between the groups. PO users appear to have better outcomes in buprenorphine pharmacotherapy compared to those reporting any heroin use, confirming that buprenorphine pharmacotherapy is effective in PO users.

Consistent with findings from previous research, it appears that PO users who do not also use heroin have favourable treatment outcomes with both buprenorphine and methadone treatment. These combined findings suggest that treatment protocols that were developed based on evidence from studies with heroin users may also be appropriate for PO users. Further research may be needed to identify if there are groups of PO users who do not do well in treatment. Also, given the promising treatment outcomes, future efforts to make treatment more accessible to all PO users appears to be a critical strategy for reducing the currently high mortality rates in young people from PO overdoses.

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Patrons' views about smoking in outdoor areas of licensed premises in Adelaide, South Australia: A pilot study

Roche, A.M., Fischer, J., McCarthy, C., & Trifonoff, A. (2014). Patrons' views about smoking in outdoor areas of licensed premises in Adelaide, South Australia: A pilot study. *Australian and New Zealand Journal of Public Health*.

This pilot study reports on the views of patrons regarding smoke-free outdoor areas in licensed premises. An intercept survey was conducted to assess whether patrons of hotels and restaurants across metropolitan Adelaide, SA supported smoking restrictions in the outdoor areas of licensed premises. Participants responded to four attitudinal questions:

- Do you think outdoor areas in licensed premises should be smoke-free?
- When you are in an outdoor eating area, how do you feel about people smoking around you?
- When you are in an outdoor drinking area, how do you feel about people smoking around you?
- If you knew that a venue has a smoke-free outdoor eating and drinking area, would you be more or less likely to go there?

The survey found there was strong patron support, even among current smokers, for smoking restrictions in outdoor areas of licensed premises reflecting the expanding body of research that highlights a shift in community views about smoking in public places and greater expectations that smoke-free areas will be readily available, especially where food is consumed.

View paper: [Go to website](#)

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