

# 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

### Australian Indigenous Alcohol and Other Drugs Knowledge Centre

By Tania Steenson, Rachael Lobo, and Marion Downey

The Australian Indigenous Knowledge Centre is an Edith Cowan University project, building on the former substance use section of the Australian Indigenous HealthInfoNet. The Knowledge Centre has NDRI, NCETA, and NDARC as its supporting partners and provides a dedicated web resource for reducing harms from alcohol and other drug use in Aboriginal and Torres Strait Islander communities.

The Knowledge Centre supports practitioners by providing AOD knowledge support and decision support materials including:

- Publications
- Reviews
- Health practice resources
- Health promotion resources
- Programs
- Policies

**“The Australian Indigenous Alcohol and Other Drugs Knowledge Centre will provide quick access to the latest information on alcohol and other drug misuse in the Indigenous population, including resources that health professionals can use to identify, prevent, and better manage substance misuse.**

The Hon. Senator Fiona Nash

”



Visit the [Australian Indigenous Alcohol and Other Drugs Knowledge Centre](#).

Download the [Indigenous Knowledge Centre to Help Reduce Alcohol and Substance Misuse Media Statement](#).

### NDARC Symposium Features Obama Adviser & Practical Workshops

By Marion Downey

Keith Humphreys, Professor of Psychiatry at Stanford University and former senior policy adviser to the White House will address the National Drug and Alcohol Research Centre's (NDARC) Annual Symposium, Critical Issues and NewDirections, on 8 September 2014. Professor Humphreys will look at the challenges developed countries face in providing treatment services in sufficient quantity and quality to meet demand. Even when sufficient resources are deployed, the rush to find a “miracle cure” may mean that services provided are not of sufficient

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- Organisations
- Conferences/events
- Funding
- Job opportunities
- Fetal Alcohol Spectrum Disorders (FASD)
- Workforce development.

The Knowledge Centre will also develop a community portal, a substance use information resource that specifically caters for the unique needs of Indigenous communities and Elders, as well as an ‘app’ for smart phones and tablets.

The Australian Indigenous Alcohol and Other Drugs Knowledge Centre was launched by Professor Ted Wilkes at the 3rd National Indigenous Drug & Alcohol Conference (NIDAC).

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## NDARC Symposium Features Obama Adviser & Practical Workshops

quality and not supported by robust evidence on what treatment works.

In response to feedback, NDARC has revamped this year's Symposium. A choice of four breakout sessions and workshops on cannabis treatment; web based interventions; social interventions for at risk groups and the cost/benefit of opioid substitution treatment measured by lives saved will be offered to participants.

Other highlights include:

- Forum on alcohol and violence: Superintendent Pat Paroz, NSW Police; Ralph Kelly, Thomas Kelly Foundation; Professor Don Weatherburn; Professor Steve Allsop
- Results from some of NDARC's landmark trials: Australian Treatment Outcome Study (11 year follow-up of heroin users); prescription opioid cohort study (POINT); parental supply of alcohol; and targeted prevention for at-risk teens (CAP)

To register and to view full details of the program, speakers and costs [visit the NDARC website](#).

## New NDRI App Delivers Culturally Appropriate FASD Resources

By Rachael Lobo

NDRI researchers involved in the National Fetal Alcohol Spectrum Disorders (FASD) Resources Project have developed a new tool for health professionals working in Aboriginal and Torres Strait Islander health care settings. The 'FASD PosterMaker' is an easy-to-use app that will enable Aboriginal and Torres Strait Islander



## Walking a Tightrope

By Allan Trifonoff & Tania Steenson

Alcohol and other drug misuse and family and domestic violence problems are of major concern to individuals, health and welfare agencies and police. The two issues commonly co-occur. Evidence is emerging indicating that both issues need to be addressed to improve outcomes for clients, their families and children. Walking a Tightrope is a concise resource for people who have a family member who uses both alcohol and other drugs (AOD) and violence in their relationships. The resource was produced through a partnership between Family Drug Support (FDS) and the National Centre for Education and Training on Addiction (NCETA) and was funded by the Department of Social Services. It was launched in Sydney by the Hon. Kevin Humphries, MP, in April 2014, with dissemination workshops held in Sydney, Adelaide, and Melbourne.

The resource and workshops have been well received by government, front-line

communities to produce resources that reflect shared issues but local differences in addressing alcohol, pregnancy and FASD around the country. The new app has been developed after consultation with Aboriginal and Torres Strait Islander communities across Australia.

The 'FASD PosterMaker' can be downloaded as an app for iPad from the Apple App Store (search for 'FASD PosterMaker'). The web version is available at [www.fasdpostermaker.com.au](http://www.fasdpostermaker.com.au).

Features of the 'FASD PosterMaker' app include:

- library of evidence-based text messages around prevention, safety, symptoms, responsibility, healthy lifestyles;
- library of images to reflect the text-based messages;
- option to include own text and/or images;
- comprehensive colour palette;
- links to information from Australian and international organisations working in the area of alcohol, pregnancy and FASD;
- training video on how to use the app;

workers, and law enforcement.

The Hon. Tony Abbott, MP, provided a message for the launch acknowledging the work of NCETA and Family Drug Support in this challenging, yet vitally important area, and expressing gratitude to AOD workers who work tirelessly to help people overcome difficult circumstances.

South Australian police have also requested 10,000 copies of the resource for statewide dissemination.

[Download Walking a Tightrope. Alcohol and Other Drug Use and Violence: A Guide for Families.](#)

### Walking a Tightrope

Alcohol and other drug use and violence: A guide for families



**Alcohol- and Other Drug-related Violence**  
Alcohol and other drug use and family violence often occur together. Families already coping with a family member who uses alcohol and drugs can also be exposed to violent behaviour.  
Living with a family member who uses alcohol or other drugs and who is violent can be frightening. It can feel like walking a tightrope. Specialist support and medical attention may be helpful.  
This guide may also help you develop strategies to take care of yourself and your family.

- anonymous and voluntary evaluation of the FASD PosterMaker to provide feedback for enhancing the app.

Download the web version of the '[FASD PosterMaker](#)'.

For more information about FASD, view "[Culturally appropriate tools needed to tackle FASD](#)" by Dr Lynn Roarty.

## UNODC to Present at 2014 Drug Trends Conference

By Erin O'Loughlin

The United Nations Office of Drugs and Crime (UNODC) will present its latest data on drug trends in the Asia Pacific and Oceania region at the 2014 National Drug Trends Conference in Sydney. UNODC regional representative Jeremy Douglas will be joined by speakers who will discuss the latest drug trends within Australia, drawing particularly on the findings from the 2014

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## UNODC to Present at 2014 Drug Trends Conference

Ecstasy and related Drugs Reporting System (EDRS) and Illicit Drugs Reporting System (IDRS).

Speakers will include:

- A/Prof Nadine Ezard (St Vincent's Hospital, Sydney) on steroid use
- Prof Simon Lenton (National Drug Research Institute) on ecstasy use and drinking

- James Fetherston (NDRI) on experiences of those using drugs in prison
- Joanne Gerstner-Stevens (Victoria Police) on analysis of drug seizures
- Kerryn Butler (National Drug and Alcohol Research Centre) on hepatitis C and treatment.

The conference will be held on 20 October at the National Maritime Museum. More information is available on the [NDARC website](#).

## Professor Steve Allsop inducted into inaugural honour roll for sector leaders

By Rachael Lobo

Professor Steve Allsop, Director of the National Drug Research Institute, was one of four individuals inducted into an inaugural honour roll recognising leadership, integrity, vision and commitment to the field of preventing and reducing alcohol and other drug problems in Western Australia, nationally and internationally. In addition, thirteen West Australian individuals and organisations were recognised for their outstanding contribution to preventing and reducing alcohol and other drug related harm, at the Alcohol and other Drug Excellence Awards ceremony held in Fremantle recently. Presenting the awards, which were held as part of the Western Australian Alcohol and other Drugs Symposium, WA Mental Health Minister Helen Morton said that Professor Allsop was a well-respected WA based researcher and advocate, promoting the rights of people with alcohol and drug problems, and educating the community.

[View the media statement.](#)



WA Mental Health Minister Helen Morton, Professor Steve Allsop and Professor Gary Geelhoed, Drug and Alcohol Office Chair at the Alcohol and other Drug Excellence Awards

## Exposure to childhood trauma increases risk of addiction & mental illness by four times: NDARC's research grabs the media headlines in the US

By Marion Downey

National Drug and Alcohol Research Centre (NDARC) researcher Emma Barrett was selected by the College on Problems of Drug Dependence (CPDD) for its inaugural media conference to promote its Annual Meeting held in Puerto Rico in June. Dr Barrett, a postdoctoral research fellow with the Centre for Research Excellence in Mental Health and Substance Use, presented her findings from her investigation into the mental health and substance use consequences of childhood trauma. Dr Barrett and colleagues' analysis of data from the Australian National Survey of Mental Health and Wellbeing found that

exposure to trauma before the age of 17 increases the chances of experiencing a mental illness or drug and alcohol addiction as an adult by nearly four times. The risk of attempting suicide increases by seven times compared with people not exposed to trauma.

Dr Barrett joined nine leading addiction researchers from the US in presenting her findings to the media and was the only researcher from outside of the US chosen to present to the media.

NDARC academics Associate Professor Katherine Mills, Associate Professor Lucy

Burns and Dr Christina Marel presented papers at the meeting.



Dr Emma Barrett



## National Alcohol and Other Drug Workforce Development Strategy

By Tania Steenson & Allan Trifonoff

NCETA was commissioned by the Intergovernmental Committee on Drugs (IGCD) to develop a National Alcohol and other Drug Workforce Development Strategy. The Strategy involved a comprehensive literature review; development of a discussion paper; and an extensive national consultation process involving workshops in each jurisdiction, a call for written submissions and key informant interviews.

The reduction of alcohol and other drug (AOD) harm in Australia is dependent on

having a skilled, effective and adaptable workforce. As the workforce involved in preventing and minimising AOD harm is diverse, the Strategy addresses the needs of specialist AOD and generalist workers from health, welfare, education, law enforcement and related sectors. The Strategy embraces a systems approach (see definition).

A key challenge for the future will be to extend understanding about what constitutes workforce development. It will be essential to make the transition

from a paradigm which focusses on the learning needs of individual workers to one which focusses on the ways internal organisational environments impact on the ability of workers to operate more effectively across sectors and be ready for future challenges.

The Strategy proposes 10 key outcome areas that are achievable in varying local contexts of community service provision in Australia. The Strategy should be released in late 2014, or early 2015.



### A Systems Approach

... a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug-related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers (Roche, 2002).



## NDRI book gives answers on addiction

By Rachael Lobo

NDRI academics Suzanne Fraser and David Moore, together with Helen Keane of the Australian National University, have published a new book, *Habits: Remaking Addiction*. The book seeks to answer some of the many questions around addiction:

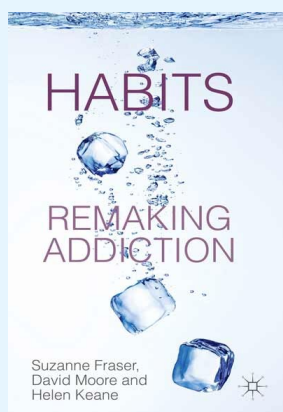
- What is 'addiction'?
- What does it say about us, our social arrangements and our political preoccupations?
- How are ideas about, and responses to, addiction changing, and what is at stake in these developments?

The book traces three burgeoning areas of addiction attribution and concern: the much feared 'meth' crisis, new concerns over youth 'binge drinking', and the rise of 'food addiction' and the 'obesity epidemic'. How is addiction being remade in new debates about stimulant drugs, alcohol, and 'highly palatable' foods such as sugar? How might the primary source of accepted wisdom on drugs – scientific knowledge –

contribute to these definitions? Are there points at which the sciences (and the public discourses that rely on them) trip over their own blindspots or repeat unexamined assumptions, inadvertently undoing their own certainties about drugs and addiction? As this book finds, addiction is a habit in more ways than one.

[View a sample of the book on Amazon.](#)

[Download an order form for the book.](#)



## Meeting with Senator Nash

By Tania Steenson & Allan Trifonoff

The Directors of NDARC, NCETA, and NDRI were invited to attend a meeting with Senator Fiona Nash, Assistant Minister for Health, and her chief advisor in Parliament House. The Minister expressed strong interest in a wide range of alcohol and other drug issues. The Directors provided Senator Nash with a thorough overview of the current state of the alcohol and other drug sector, emerging areas of research and problematic drug use, and highlighted effective methods for responding to alcohol and other drug problems. In particular, the nexus between research and evidence-informed policy and practice was emphasised.

Subsequent to the meeting with Senator Nash, the Directors prepared a written briefing document for the Minister to outline key alcohol and other drug issues to help inform future policy development and directions.

## Kate Dolan to join Richard Branson in discussion on policy reform

By Marion Downey

Professor Kate Dolan of the National Drug and Alcohol Research Centre (NDARC) will share the stage with Richard Branson, UK entrepreneur, in a special session at the [20th International AIDS Conference](#) in Melbourne on 22 July. The [panel](#), which will be co-chaired by the Hon. Michael Kirby AC CMG and Professor Adeeba Kamarulzaman from Malaysia, will discuss reform of drug policies worldwide as

a response to the HIV/AIDS epidemic among people who inject drugs. Michel Kazatchkine, UN Secretary General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia, Dr Alex Wodak and Peter Dunne, Member of Parliament in New Zealand, are also on the panel.

Professor Dolan has also been awarded a prestigious Churchill Fellowship to investigate managed alcohol programs

in the UK, the US and Canada. While no such programs exist in Australia they have enjoyed some success in these countries. The controversial programs involve giving small amounts of alcohol to chronic alcoholics from marginalised populations such as the homeless.

Professor Dolan will receive the fellowship award at a Government House Presentation Ceremony on Friday 1 August.

## Conference to Showcase E-treatments for Youth Mental Health & Substance Use

By Erin O'Loughlin

Interactive resources proven to prevent and treat co-occurring mental illness and substance use in young people will be showcased at a one day conference in Perth this August. The second National Centre of Research Excellence in Mental Health and Substance Use (CREMS) Conference will be held on Tuesday 26 August and will provide demonstrations

of online and interactive evidence-based programs. The event is suitable for service providers, teachers, parents, researchers and others who work with young people experiencing comorbid substance use and mental ill health. The conference will also address future directions for online treatments for young people.



More information on the event, including how to register, can be found on [the CREMS website](#).

The National CREMS Conference is part of the Mental Health Services Conference 2014.

## Department of Health Presentation

By Tania Steenson & Allan Trifonoff

The Directors of NCETA, NDRI, and NDARC are regularly invited to give presentations to Department of Health and other government department staff to provide an overview of current research, new findings and work in progress. The Directors gave a recent presentation to a large and diverse audience of government representatives in April 2014. The presentation provided highlights of the work conducted by the three research centres and illustrated the linkages and collaboration across the Centres. The presentation was well received and generated considerable interest and discussion. These presentations help to increase understanding of and guide policy development in the alcohol and drug field and bridge the link between research and practice.

## Cannabis Education Videos Now Online

By Erin O'Loughlin

The National Cannabis Prevention and Information Centre's (NCPIC) inaugural webinar series is now available online. NCPIC hosted five free webinars in May 2014 on cannabis use interventions; cannabis potency; cannabis and driving; cannabis and tobacco; and cannabis and the brain, including a discussion of cognition and psychosis. Videos of each webinar can be accessed on the [NCPIC website](#).

Based on the success of the inaugural series a further 12 cannabis webinars will be organised for the coming year. Information on future webinars will be added to NCPIC's [training and workshops webpage](#) as it becomes available.

NCPIC training manager Etty Matalon will also conduct a clinical workshop on three brief interventions for cannabis use disorder at the [2014 NDARC Symposium](#) on 8 September.



## Culturally appropriate tools needed to tackle FASD

By Dr Lynn Roarty, Research Fellow, NDRI

**Fetal alcohol spectrum disorders (FASD) have only recently been recognised as a public health issue in Australia. Greater clarity is needed in the messages provided to communities about alcohol use in pregnancy.**

FASD is currently not systematically diagnosed or reported. As there is no cure for FASD, the focus for those working in this field largely revolves around prevention strategies, the development of diagnostic tools, and support for individuals and families living with FASD.

While FASD is a community-wide issue, the prevalence of harmful drinking amongst Aboriginal and Torres Strait Islander women aged between 25-34 years is higher than for non-Indigenous women, and this is despite the fact that fewer Aboriginal and Torres Strait Islander women drink alcohol than do non-Indigenous women (ABS, 2006). Research evidence indicates that health professionals working in Aboriginal and Torres Strait Islander health care settings want and need access to information on alcohol and pregnancy and FASD which is culturally secure and acceptable for themselves and their clients (Payne et al., 2005; see also NIDAC, 2012).

In this context, the National Drug Research Institute (NDRI) at Curtin University was contracted by the Department of Health (DoH) to consult with Aboriginal and Torres Strait Islander health professionals and community members across Australia, to gather their views on the range of information and kinds of resources focused on alcohol, pregnancy and FASD they believed would be most useful within their local communities. The recently completed national FASD Resources project conducted 17 consultations with health professionals working in Aboriginal and Torres Strait Islander communities, and with community members across Australia. These consultations provided some critical insights around approaches to FASD education and prevention within these communities.

In sum, there is a need and desire for uniformity in the education of health professionals at all levels around issues of

alcohol, pregnancy and FASD, to ensure uniformity in the message conveyed to community. There is a need for community-wide education and the development and availability of educational tools with which to address issues of alcohol and pregnancy with both sexes and all age groups. People want access to locally relevant resources, which are evidence based but flexible to local need. Aboriginal and Torres Strait Islander people want to be involved and engaged in the development of these strategies and resources, with the ability to utilise local knowledge and content. And there is a recognition that new social media and technology has the potential to develop and disseminate resources to reach a wider audience than more traditional resources, particularly among young people.

**“People want access to locally relevant resources, which are evidence-based but flexible to local need... The FASD PosterMaker will help services create relevant resources for their communities and provide an opportunity for meaningful dialogue around pregnancy, alcohol and FASD and contribute to a broader understanding of issues of prevention and support for families living with FASD.”**

Responding to all of the above we have developed an iPad/Web PosterMaker application aimed primarily at health professionals. The PosterMaker includes content and images that are relevant to health professionals and to different groups within communities. Using the PosterMaker, services can choose to create a variety of locally relevant



resources. Importantly, those communities outside of the consultation process can take some ownership of the resources they may choose to create from the app. It is hoped that the app will also be used as an educational tool in schools, and through local health/service providers who may work with local community members in producing their own posters. This will provide an opportunity for meaningful dialogue around pregnancy, alcohol and FASD and contribute to a broader understanding of issues of prevention and support for families living with FASD.

[Download the web version of the 'FASD PosterMaker'.](#)

### More Information

For more information about the FASD PosterMaker app, view news article '[New NDRI app delivers culturally appropriate FASD resources](#)'.

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# conversation with

## Professor Ann Roche

*Director, National Centre for Education and Training on Addiction (NCETA)*

Each issue we ask someone from the alcohol and other drug sector to share a little about their work and life.

### **This weekend I will...**

be in Sydney visiting long-term friends. One of my friends has a terminal illness and it will be fantastic to spend some quality time with them.

### **I wish I'd never...**

I try not to have regrets; too much negative energy. Instead, I try to learn from mistakes and poor judgement and do better where possible.

### **I'd originally planned to work...**

as a geologist (I had a large rock collection under my bed much to my mother's chagrin), but then focussed on the education sector. I started life as a research assistant and morphed from there.

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

I really appreciate enthusiasm and passion, tempered by good judgement and common sense. More than anything, though, I value kindness.

### **I'll never forget...**

meeting Drs Mark and Linda Sobell and hearing first hand of their experiences of having the veracity of the research findings on the efficacy of controlled drinking continually challenged in the most legalistic of ways. It was a graphic illustration of the potential problems associated with challenging the conventional view of the day and the importance of being able to withstand scrutiny and criticism.

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

read more, cook more, write non-fiction, go back to learning piano, take tango lessons, travel more.

### **I'm most scared of...**

letting others down.

### **For my next holiday...**

I will visit family in Wales, do some work in Italy, and then take my stepsons on a cruise in the Mediterranean.

### **I can't get enough of...**

Laughter and good humour.

### **I'm really terrible at...**

filing. I am better at piling though. I have piles of paper and I know where most stuff is.

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

to stay viable and thrive into the future.

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

retaining its distinct identity and continuing to make important contributions.

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

establishing new alcohol and other drug graduate courses, broadening the focus and understanding of workforce development, creating effective bridges between research and policy and practice, and being able to support the invaluable (but often undervalued) work of frontline alcohol and other drug workers.



## profile

Professor Ann Roche has worked in the public health field for over 30 years. She has been NCETA's Director for over 10 years and was Director of the Queensland Alcohol and Drug Research and Education Centre at the University of Queensland for five years.

For the past 20 years, Ann's professional activities have focused largely on alcohol and drug issues with a specific interest in workforce development, professional practice change, best practice and research dissemination.

Ann's key research interest is the identification and implementation of strategies to bring about professional practice and systems change in pivotal public health areas.

Ann was President of the Australasian Professional Society on Alcohol and other Drugs (2002-5), and is actively engaged on a number of other international, national and state policy shaping bodies.

# research focus

## The Workplace as an AOD-Related Harm Prevention and Intervention Setting

By Dr Ken Pidd

Research has demonstrated that workplaces both contribute to and are impacted by employees' alcohol and other drug use. NCETA's program of research has quantified workplace AOD-related harm; identified high risk workforce groups; developed targeted prevention and intervention strategies; and identified that workplace environments are associated with AOD consumption patterns. Employers need to look at the organisational factors which contribute to workers' AOD use rather than just focus on individual behaviours to reduce AOD-related workplace harms.

### Research staff:

**NCETA:** Professor Ann Roche, Dr Ken Pidd, Associate Professor Nicole Lee, Dr Petra Bywood, Dr Toby Freeman, Dr Femke Buisman-Piljman, Ms Jane Fischer, Ms Victoria Kostadinov, Ms Victoria Shtangey, Ms Vinita Duraisingam.

**National Injury Surveillance Unit, Flinders University:** Professor James Harrison, Dr Rachel Newson, Ms Jesia Berry.

**University of Sydney:** Professor Tim Driscoll.

**University of Alaska:** Dr Robert Boeckmann.

**Charles Darwin University:** Dr Mary Morris.

**LeeJenn Health Consultants:** Ms Jacque Cameron.

## Why did we undertake this research?

There is increasing interest in workers' wellbeing. The workplace has unique potential as a setting to implement cost-effective public health strategies to address AOD-related harm prevention as well as providing pathways into treatment. However, the workplace has been largely underutilised as an AOD-related harm prevention and intervention setting. In part, this has been due to a lack of research to inform policy and practice. Until relatively recently, little was known about Australian workers' AOD consumption patterns and associated harm. Such information is needed to quantify risk and develop targeted prevention and intervention strategies.

## What did we do?

To address this gap, NCETA has undertaken a broad and comprehensive program of research, over the past decade, on worker wellbeing and AOD use that has informed effective prevention, policy and behavioural change strategies. This work has received national and international acclaim.

Our program of work incorporates secondary data analyses and primary data collection, examination of existing literature, the design and implementation of interventions, RCTs, and research transfer and dissemination strategies to influence policy and practice. Working with a variety of organisations including Beyondblue, VicHealth, Safework SA, TAFEs, unions, employer groups and individual employers, we have:

- Examined workforce AOD consumption patterns and identified workforce groups at risk

- Identified associated factors and related risk of harm
- Undertaken systematic reviews of drug testing and other workplace responses to AOD-related harm
- Developed effective workplace prevention and intervention strategies
- Expanded theoretical and conceptual frameworks relevant to workplace interventions.

Our secondary analyses of National Drug Strategy Household Survey (NDSHS) data examined AOD consumption patterns across industry and occupational groups to assess risk of harms including absenteeism. Examination of the National Hospital Morbidity Database (NHMD) and the National Coroners Information System (NCIS) allowed us to determine the nature and extent of workplace injuries associated with AOD use.

Our primary research has involved quantitative and qualitative methods, largely focused on young workers employed in the construction and hospitality industries. One study examined young building trade apprentices' AOD consumption patterns, the relationship between consumption patterns and workplace AOD policies, and the efficacy of an industry based AOD health and safety awareness program. Similarly, a qualitative study of young commercial cookery trainees was undertaken to identify workplace risk factors for harmful AOD use and poor psychological wellbeing. This study led to the development and implementation of an effective program designed to prevent AOD-related harm and enhance psychological wellbeing.

Currently, NCETA is undertaking an innovative project in partnership with VicHealth that involves several Victorian manufacturing industry workplaces to implement and evaluate an intervention strategy to influence the workplace culture in a way that reduces alcohol-related harm. We also recently commenced a research project funded by Safework SA



that involves linking several large datasets to determine the relationship between prescribed opioid use, injury, and return to work among South Australian workers.

## What did we find out?

Our reviews of the efficacy of workplace strategies to address AOD-related harm found research in this area to be scarce and limited in scope and quality. For example, evidence concerning workplace drug testing identified relatively few evaluation studies and many of those were of poor quality. Overall the review indicated workplace testing had limited efficacy, especially when used as a stand-alone response.

Our secondary analyses of NDSHS data identified consumption patterns and prevalence that were previously not known. We found employed Australians were significantly more likely to engage in risky AOD use compared to those not in the paid workforce, with significant differences in AOD prevalence rates across workforce groups. These differences remained significant even when controlling for other demographic and individual variables indicating that differences in consumption patterns may be associated with factors in the workplace environment and created an evidence base upon which we could develop tailored interventions. Workforce groups with high AOD prevalence rates included:

- Hospitality industry workers
- Construction industry workers
- Transport industry workers
- Finance industry workers
- Manufacturing industry workers
- Young workers
- Tradespersons.

Analyses of NDSHS data also found that more than 2.6 million work days were lost due to workers' alcohol use each year at a cost of more than \$400M. We identified

that although frequent risky drinkers were more likely to take a day off work due to their alcohol use, the much larger proportion of drinkers who drank at risky levels less often, accounted for more than half of all work days lost due to alcohol. Hence interventions were warranted for the majority of low risk drinkers.

NDSHS data also identified the prevalence of AOD use and intoxication during work hours. The types of drugs commonly used at work differed from those most commonly used outside of work hours. Use of painkillers and meth/amphetamine at work was substantially more prevalent than the most prevalent drug used away from work



(cannabis). Prevalence rates for alcohol and drug use at work varied significantly across workforce groups with males, young workers, and those employed in hospitality or construction reporting the highest rates of use and intoxication at work. Again this informed our subsequent program and policy advice.

Our research confirmed that young workers employed in the construction and hospitality industries were at high risk of AOD-related harm, and revealed that workplace factors and working conditions played a role in influencing AOD use both at and away from the workplace. For young building workers, both informal workplace norms (co-worker and supervisor AOD-related expectations and behaviours) and formal workplace norms (workplace AOD policy) were particularly important influences on young workers' AOD consumption patterns. Evaluation of an AOD awareness program, delivered as part of these young workers' occupational health and safety training, indicated the program was effective in influencing AOD

attitudes and behaviours particularly for young workers who reported strong supervisor and co-worker support for their workplace AOD policy.

For young commercial cookery trainees, workplace norms also played a role. However, workplace stress, resulting from working conditions and workplace bullying, was also associated with AOD consumption patterns. Our work with young commercial cookery trainees led to the development of a skills enhancement program, designed with input from trainees and key stakeholders. This brief (3 hour) program aimed to build resilience, enhance workplace communication skills, and raise awareness of alcohol- and cannabis- related harms. A pilot evaluation of this intervention indicated improved levels of psychological distress and AOD-related attitudes and behaviours.

Our research findings led us to develop a cultural model of the relationship between the workplace and AOD use that proposes existing workers' pre-existing AOD-related attitudes and behaviours, workplace customs and practices, workplace controls, and workplace conditions can individually, or in combination, contribute to a specific workplace culture that can influence the AOD consumption patterns of workers and their significant others.

## What does it mean?

Our program of research has allowed us to quantify workplace AOD-related harm in terms of risk to worker safety (i.e., prevalence of AOD intoxication and use at work) and productivity (e.g., prevalence of AOD-related absenteeism). Thus, there is both a social and economic imperative to address AOD-related harm in the workplace. NDSHS data has allowed us to identify workforce groups at high risk of AOD-related harm and develop targeted and cost effective prevention and intervention strategies for these high risk groups. Moreover, NDSHS data and our research with young workers also identified that workplace factors and working conditions are associated with AOD consumption patterns. This highlights that workplaces need to consider these

factors and conditions when developing and implementing workplace AOD prevention and intervention strategies and move beyond just focussing on individual behaviour to initiate broader systemic change. In addition, our research concerning the relationship between consumption patterns and absenteeism rates indicated that a 'whole of workplace' approach to prevention and intervention strategies needs to be adopted, rather than just focusing on individual 'problem' workers.

While we have identified young workers are a high risk group for AOD-related harm, our work also indicated that appropriate strategies may significantly reduce this risk. The key to successful strategies targeting young workers is stakeholder involvement in strategy development and a focus on identified workplace factors that contribute to risk and delivery in an occupational training context. Such an approach may not only reduce immediate risk of AOD-related harm but also have a long term impact on AOD-related behaviours and attitudes.

Furthermore, our cultural model of the relationship between the workplace and AOD use proposes that the same processes that lead to the development of AOD-related norms for harmful use can be used to develop norms that promote low-risk AOD use.

## > Where to next?

Recent workplace research has substantially contributed to our understanding of AOD-related harm among the Australian workforce. Identification of high risk workforce groups and environments has allowed for the development of evidence-based prevention and intervention strategies with practical, positive outcomes and demonstrated potential to achieve significant behaviour change. To-date, little other work has shown such potential for actual change. We plan to continue to build the evidence-base in this area and use research to inform policy and prevention programs.

Future workplace research will:

- Examine the nature relationship between the workplace environment and workers' mental health and AOD consumption patterns

- Examine the school-to-work transition and the experiences of new workforce entrants to identify risk and protective factors for AOD risk of harm and mental wellbeing
- Identify and evaluate workplace harm prevention and early intervention strategies
- Identify and evaluate strategies to improve networks and links between employers and AOD counselling/treatment service providers.

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# new projects

## The Primary Care Project

### Staff:

**NCETA:** Professor Ann Roche, Roger Nicholas

**Other Investigators:** Professor Anthony Shakeshaft, Professor Maree Teeson, NDARC

**Other Collaborators:** Department of General Practice, Flinders University

### Project description:

NCETA is collaborating with Anthony Shakeshaft and Maree Teeson from NDARC on a project to enhance General Practitioners' alcohol brief intervention responses. The project is part of a wider international collaboration with researchers in the UK who are undertaking a multi-site trial of innovative ways to use online and web based technology to enhance early and brief intervention in the primary care setting. A multi-site Australia study is being developed to extend the work of overseas colleagues. These studies posit that as risky drinkers are more prevalent than dependent drinkers the greatest impact on alcohol-related problems may be made by identifying and intervening with risky drinkers, before they are aware of any problems or seek help. Similar to the UK study, the project will:

- Evaluate the effectiveness and cost effectiveness of different ways of identifying and intervening risky drinkers through routine screening, and different forms of brief advice to help them cut back using novel IT approaches
- Assess the feasibility of implementing such procedures in typical practice settings.

### For more about this project:

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



## New Methamphetamine Project

### Staff:

**NCETA:** Associate Professor Nicole Lee, Professor Ann Roche, Dr Ken Pidd, and Victoria Kostadinov

### Project description:

A series of secondary data analyses will be conducted to examine changes in methamphetamine patterns of use over time by comparing 2004 and 2013 NDSHS data. Findings will be disseminated through journal articles and a series of reports.

### For more about this project:

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

## Identifying opportunities for the prevention of harmful use of alcohol, tobacco and other drugs among young Noongar (Aboriginal) people in the south-west of Western Australia

### Staff:

**NDRI:** Professor Dennis Gray, Associate Professor Ted Wilkes, Anna Stearne, Dr Julia Butt, Dr Mandy Wilson

### Project description:

This is a collaborative project between the Southern Aboriginal Corporation and the National Drug Research Institute. It

utilises a community consultation process to study alcohol, tobacco and other drug use among Aboriginal adolescents in a town in south-west Western Australia. This study will identify risk and resilience factors and opportunities for intervention and enable an Aboriginal community controlled organisation to develop an evidence-based strategy to address the harmful effects of substance use at a local level. The study also has broad policy and practical implications and will provide a template for action more broadly to address what is a significant health problem in Indigenous Australia. This project is funded by the Australian National Preventative Health Agency.

### For more about this project:

[Go to the NDRI website.](#)

## Modelling the public health and safety impacts of liquor licensing changes on communities: enhancing evidence-based liquor licensing decisions

### Staff:

**NDRI:** Professor Tanya Chikritzhs, Dr Wenbin Liang, Will Gilmore, Eveline Lensvelt, Elise Gordon

### Project description:

There is currently intense interest in finding efficient and reliable ways to



inform evidence-based liquor licensing decisions. The Western Australian (WA) Liquor Control Act currently identifies harm minimisation as a primary objective of the Act. The current review of the WA Liquor Control Act has highlighted the need for strengthening the evidence base in order to improve current decision making processes related to new and existing liquor outlets and monitoring the effectiveness of liquor regulation, its implementation and enforcement. This multi-stage project will develop a model to assist in predicting the likely impacts of proposed/planned licensing changes on a range of alcohol-related indicators (e.g. emergency department presentations, road crashes, assaults) within WA and other Australian jurisdictions. The model will take into account the features of a specifically proposed change to the liquor licensing landscape in a particular region (e.g. new liquor store, extended trading permit for existing hotel) and the demographic and socio-economic characteristics of the location in which it will occur. Indicators of alcohol-related harms will be drawn from a range of reliable sources, including alcohol sales data, hospital admissions, emergency department presentations, deaths and police reported assaults and road crash data. This project is funded by Healthway (WA Health Promotion Foundation).

**For more about this project:**

[Go to the NDRI website.](#)

**Experiences of addiction, treatment and recovery: An online resource for members of the public, health professionals and policymakers**

**Staff:**

**NDRI:** Associate Professor Suzanne Fraser, Professor David Moore, Dr Kiran Pienaar

**Other Investigators:** Associate Professor Renata Kokanovic, School of Social Sciences, Monash University

Professor Carla Treloar, Centre for Social Research in Health, University of New South Wales

Associate Professor Adrian Dunlop, Hunter New England Area Health Service

**Project description:**

This project is the first of its kind in Australia and around the world. Funded by the Australian Research Council, it will generate much-needed new insights into the range of experiences that make up life for people who consider themselves to have an addiction. Questions to be investigated include:

- How do people manage this aspect of their lives?
- What does addiction mean to them?
- How do they cope with the stigma associated with addiction?
- What kind of help do they seek, where necessary?
- What resources are important to them?

Applying a proven qualitative methodology developed by the [Oxford University Health Experiences Research Group \(HERG\)](#), it will collect and analyse the personal accounts of people who describe themselves as having an addiction, and present these accounts in textual, audio and re-enacted video form on a publicly accessible website.

Modelled on the award-winning UK website [www.healthtalkonline.org](http://www.healthtalkonline.org) (HTO), this ground breaking Australia-specific resource will provide otherwise inaccessible information to those affected by addiction, health professionals and the general public. It will directly benefit affected individuals, their family and friends, and the Australian community, and aid in training and support for health professionals and policymakers.

**For more about this project:**

[Go to the NDRI website.](#)

**The Drug and Alcohol Service Planning Model for Australia – Indigenous Project**

**Staff:**

**NDARC:** Prof Alison Ritter, Maria Gomez

**Project description:**

This project aims to develop a culturally appropriate planning tool for Aboriginal treatment service planning. The Drug and Alcohol Service Planning Model for Australia is an existing planning tool that aims to assist health planners meet the needs of people with alcohol and other drug problems. Initial work was undertaken with the National Indigenous Drug and Alcohol Committee (NIDAC) in 2011-12 on the Drug and Alcohol Service Planning Model Australia Indigenous modules, including the documentation of care packages specific to aboriginal AOD treatment. The current project involves continued work with NIDAC to bring together a final consolidated set of care packages, which include the research evidence, expert consensus, and the resources associated with delivering such care.

**For more about this project:** <https://ndarc.med.unsw.edu.au/project/drug-and-alcohol-service-planning-model-australia-%E2%80%93-indigenous-project>



## The effects of cognitive-behavioural therapy on methamphetamine use among women in methadone therapy in Tehran

### Staff:

**NDARC:** Zahra Alam Mehrejerdi, Prof Kate Dolan

**Other Collaborators:** A/Prof Nadine Ezard, St Vincent's Drug & Alcohol Service, Sydney; Conjoint, UNSW Medicine

Prof Azarakhsh Mokri, Iranian National Centre for Addiction Studies (INCAS); Tehran University of Medical Sciences (TUMS), Tehran, Iran

Dr Pardis Nematollahi, Razi clinical pathology laboratory, Isfahan, Iran

### Project description:

Methadone maintenance treatment (MMT) is a recognised treatment for heroin dependence. However, regular methamphetamine use has no pharmacological treatment. This study aims to identify whether brief cognitive behavioural therapy (CBT) is effective in reducing regular methamphetamine use among a group of women in Iran who use both heroin and methamphetamine. The study is a randomised controlled trial and is being conducted in five female-specific MMT treatment centres in Tehran. Forty five participants will receive four sessions of CBT consisting of a motivational interview and skills training in avoiding of high risk situations, coping with craving and relapse prevention. Forty five others will receive general drug information. Subjects will be followed at three stages: baseline, intervention and eight week follow up.

**For more about this project:** <https://ndarc.med.unsw.edu.au/project/effects-cognitive-behavioral-therapy-methamphetamine-use-among-women-methadone-therapy>

## Reducing alcohol-related injury and violence in rural Aboriginal communities

### Staff:

**NDARC:** Prof Anthony Shakeshaft, Bianca Calabria, Chiara Stone, Mieke Snijder



**Other Collaborators:** A/Prof Melissa Haswell-Elkins, Muru Marri Indigenous Health Unit, UNSW

Stacey Meredith, Griffith Aboriginal Medical Service

Joanne Clarke, Murrin Bridge Aboriginal Health Service

Prof Christopher Doran, Hunter Medical Research Institute, University of Newcastle

Dr Anton Clifford, School of Population Health and Community Medicine, University of Queensland

### Project description:

Aboriginal Australians experience a disproportionately high burden of alcohol-related injury and violence compared to the general population. Alcohol-related violence is six to nine times higher for Aboriginal males and up to six to 20 times higher for Aboriginal females, compared to the general Australian population. Injury and violence are two main contributors to alcohol-related mortality among Aboriginal Australians.

These elevated rates of alcohol-related harm among Aboriginal Australians require a targeted approach.

This project will examine the cost-effectiveness of a community empowerment and positive reinforcement intervention for reducing alcohol-related injury and violence among Aboriginal people in two rural locations in NSW. Investigators will work with local Aboriginal Medical Services to implement and evaluate the interventions.

It aims to:

- Reduce the proportion of Aboriginal people admitted to hospital for alcohol-related injury

- Reduce the proportion of Aboriginal people arrested for alcohol-related violence
- Reduce the proportion of Aboriginal people experiencing alcohol-related injury or violence

**More about this project:** <https://ndarc.med.unsw.edu.au/project/reducing-alcohol-related-injury-and-violence-rural-aboriginal-communities>

## Pulmonary granulomatosis amongst injecting drug users

### Staff:

**NDARC:** Prof Shane Darke, Michelle Tye

**Other Investigators:** Prof Johan Dufou, Department of Forensic Medicine, Sydney South West Area Health Service; UNSW; University of Sydney

### Project description:

The injection of tablet preparations has increased markedly in recent years. The intravenous injection of drugs intended for oral use can cause a condition in the lungs caused by pulmonary granulomatosis. Pulmonary granulomatosis occurs when tablet particles become lodged in the lungs, leading to a condition called pulmonary granulomatosis. This in turn may result in pulmonary hypertension and heart failure. This project aims to determine the number of cases of sudden or unnatural deaths in which pulmonary granulomatosis was diagnosed, and the medical consequences of pulmonary granulomatosis.

**More about this project:** <https://ndarc.med.unsw.edu.au/project/pulmonary-granulomatosis-amongst-injecting-drug-users>

# publication highlights

## What Police want from Liquor Licensing Legislation: The Australian Perspective

**Trifonoff, A., Nicholas, R., Roche, A.M., Steenson, T., & Andrew, R.** (2014). What police want from liquor licensing legislation: the Australian perspective. *Police Practice and Research: An International Journal*, 15(4), 293-306.

Police play a crucial role in addressing harms stemming from acute alcohol intoxication. They are required to manage alcohol-related crime, violence and antisocial behaviour, as well as the impact on public perceptions of safety. Due to growing community concern about alcohol and greater public support for enforcement measures, police assume a substantial burden in responding to alcohol-related public order problems. Police are increasingly expected to develop problem-solving techniques and implement appropriate strategies and responses to prevent alcohol-related crime and disorder.

Qualitative interviews were undertaken with 53 Australian police officers with specialist expertise in liquor law enforcement to ascertain their perspectives concerning the liquor licensing legislation in Australia's eight states and territories. Key identified included:

- Current legislative and administrative arrangements favoured the interests of the alcohol industry and did not sufficiently empower police to reduce alcohol-related harms
- There was ambiguity surrounding the police role in liquor licensing
- Police encountered difficulties in enforcing drunkenness-related offences
- Better strategic partnerships were required between government agencies to enhance enforcement
- Data/intelligence gathered by police needed to be used to greater effect and play a more prominent role in liquor licensing decisions.

View paper: [Go to website](#)



## Up in Smoke: Cannabis Content in Alcohol and other Drug Qualifications

**Roche, A., Adams, V., & White, M.** (2014). Up in smoke: cannabis content in alcohol and other drug qualifications. *Drugs: Education, Prevention, and Policy*, 21(2), 140-146.

A central issue of concern for the alcohol and other drug workforce is the high prevalence of cannabis use. Cannabis has an increasingly high rate of presentation within treatment settings either as the primary drug of concern or as part of the clinical profile of many alcohol and other drug clients. It is imperative that specialist AOD workers are equipped with the requisite skills to deal with cannabis-related issues, and that all alcohol and other drug qualifications include comprehensive cannabis content and clinical skill development. However, the extent to which this occurs is currently unknown. Accurate information on the availability, delivery and quality of cannabis training is essential to plan for the professional development needs of the AOD workforce.

As a large proportion of Australian alcohol and other drug workers obtain qualifications through the Vocational Education and Training (VET) sector, this study sought to explore how much cannabis content was included in the Community Services Training Package (CHC08) and formulate recommendations for the improvement of VET sector cannabis training. A secondary

aim was to canvass interest among participants in providing input into the development of cannabis-specific training and resources.

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## Drinking in the suburbs: the experiences of Aboriginal young people

**Wilson, M., Butt, J., Gower, D., Wilkes, E.T., Gray, D. & Howe, N.** (2013). *Drinking in the suburbs: The experiences of Aboriginal young people*. National Drug Research Institute, Curtin University, Perth, Western Australia.

This report presents the findings from the Healthway (WA Health Promotion Foundation) funded 'Drinking in the Suburbs' project. Subsequently renamed 'Make a night or break a night' by the young participants, the project explored the experiences of Aboriginal youth with and around alcohol in the south and south-east metropolitan suburbs of Perth. The purpose of the study was to provide a comprehensive picture of this group's experiences for services to better target future health promotion for Aboriginal youth. This study highlights the need for a youth-friendly approach to health promotion, specifically designed for, conducted by, and in consultation with, young Aboriginal people. Participants in this study identified what made 'health promotion sense' to them. Their ideas can



potentially provide a guide for services wishing to target harmful alcohol use among this group and for future health promotion initiatives.

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### Better methods to collect self-reported alcohol and other drug use data from Aboriginal and Torres Strait Islander Australians

**Lee, K. S. K., Chikritzhs, T., Wilson, S., Wilkes AO, E., Gray, D., Room, R., & Conigrave, K. M.** (2014). Better methods to collect self-reported alcohol and other drug use data from Aboriginal and Torres Strait Islander Australians. *Drug and Alcohol Review*, Advanced online publication.

Aboriginal and Torres Strait Islander communities experience greater alcohol and other drug misuse and associated harms than non-Indigenous Australians. Alcohol or other drug misuse and associated physical, psychological and social harm occurs at significantly higher rates in many Aboriginal and Torres Strait Islander communities than among non-Indigenous Australians. Reliable population estimates of substance use and dependence are fundamental to inform funding and the design of initiatives to prevent and treat this pattern of harmful alcohol and other drug use. However, severe shortcomings in population data about substance use among Indigenous Australians exist and it is likely that these deficits have contributed to a habitual under-reporting of substance use and related harms. For example, current national estimates of substance use from the largest (and often quoted) Indigenous survey in Australia have been reported to underestimate alcohol use by over 200% for males and 700% for females. In turn this is likely to contribute to underfunding of services to prevent and treat substance misuse. The aim of this commentary is to:

- Summarise the limitations of existing household survey data on substance use among Indigenous Australians
- Suggest approaches that could improve accuracy of self-reported data among this population group.

Such approaches could be applied to key national household surveys and could also be considered as options for improving data collection for non-Indigenous groups, particularly those who may be marginalised or disadvantaged.

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### Impact of substance use on the Australian workforce

**Gates, P., Grove, R., & Copeland, J.** (2013). Impact of substance use on the Australian workforce. *Journal of Addiction and Prevention*, 1, 6.

Employee substance use may incur substantial costs to society and employers through decreased workplace productivity and increased employee turnover, absenteeism and worker stress. The annual cost of reduced workplace productivity associated with alcohol and illicit drug use in Australia was estimated at approximately \$5 billion in 2004.

The ability of Australian workplaces to make an informed response to workplace drug use is impeded by a lack of information on workplace substance use and differences across industries and occupations.

The authors investigated two waves of data from a large nationally representative survey. Measurements included workplace

substance use, working under the influence of a substance in the past year, past 90 day substance-related absenteeism and past year workplace abuse.

Despite overall increases in substance use at a population level, workplace problems relating to substance use either remained stable across 2007 and 2010 or reduced. Workplace substance use problems were elevated among those in the hospitality and construction industries. In contrast, those in education and training, agriculture industries and in managerial and professional occupations were at lesser risk of many workplace problems. Public health initiatives targeting workplace substance-related problems will be improved by narrowing the target by worker industry and occupation.

View paper: [Go to website](#)

### Compulsory treatment of addiction in the patient's best interests: More rigorous evaluations are essential

**Hall, W., Farrell, M., Carter, A.** (2014). Compulsory treatment of addiction in the patient's best interests: More rigorous evaluations are essential. *Drug and Alcohol Review*, 33, 268-271.

There has been renewed advocacy in Australia and the USA for the revival of compulsory treatment of severely addicted persons for their own good. The reasons for this revival are unclear but probably include a convergence of factors that includes the frustration of health providers in dealing with repeated hospital



presentations for alcohol-related problems and pressure from family members for the health system to intervene in the self-destructive or harmful alcohol and drug use of their members.

Involuntary treatment of inebriety was introduced in Australia and the USA in the mid to late 19th century. It largely fell out of favour in the 20th century because of its high cost and low success rates. Paternalistic compulsory addiction treatment is again being trialled in two Australian states, New South Wales (NSW) and Victoria.

A failure to properly evaluate the current trials of compulsory addiction treatment would be a major missed opportunity. It could result in another policy experiment with compulsion that falls into disuse for reasons that are not understood. If this happens, the addictions field will be no better informed after these trials about whether it is ethical, effective and cost-effective to compulsorily treat severely addicted persons.

The authors suggest five evaluation steps for any for governments that have reintroduced compulsory addiction treatment:

1. Assess how these schemes operate over substantial periods of time and do not rely on uncontrolled case reports of persons who have been treated when in well-resourced programs with well-trained and highly motivated staff.
2. Conduct more rigorous randomised controlled trials of compulsory addiction treatment. Evaluation should include cost and cost effectiveness.
3. Examine the effects that providing compulsory treatment may have on voluntary addiction treatment.
4. Examine how well procedural protections of civil rights perform in compulsory treatment systems, especially after treatment becomes more routine.
5. Investigate how compulsory addiction treatment interacts with legally coerced addiction treatment such as that provided for addicted offenders in the criminal justice system.

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### Comparing opioids: A guide to estimating oral morphine equivalents (OME) in research

**Nielsen, S., Degenhardt, L., Hoban, B., & Gisev, N.**(2014). Comparing opioids: A guide to estimating oral morphine equivalents (OME) in research. Technical Report No. 329 Sydney: National Drug and Alcohol Research Centre, University of NSW.

Global use of opioids has risen dramatically since the early 2000s. The highest levels of opioid consumption accounted for by use in high income countries such as the United States, Canada and Australia. In many countries there have been well-documented increases in morbidity and mortality associated with the increased use of opioids, which has led to a need to gain a deeper understanding of the manner in which opioids are used and changing patterns of use.

The growing research area examining pharmaceutical opioid use has led to a need to develop clear ways to represent and compare opioid use. The two most common methods are Defined Daily Doses (DDD) and oral morphine equivalents (OMEs).

DDDs may not optimally represent clinical dosing of opioids, partly because opioids require highly individualised dosing and need to be titrated to pain response, rather than having standard therapeutic dose ranges.

Oral morphine equivalents are based on the idea that different doses of different opioids may give a similar analgesic effect. Where the doses of two different opioids

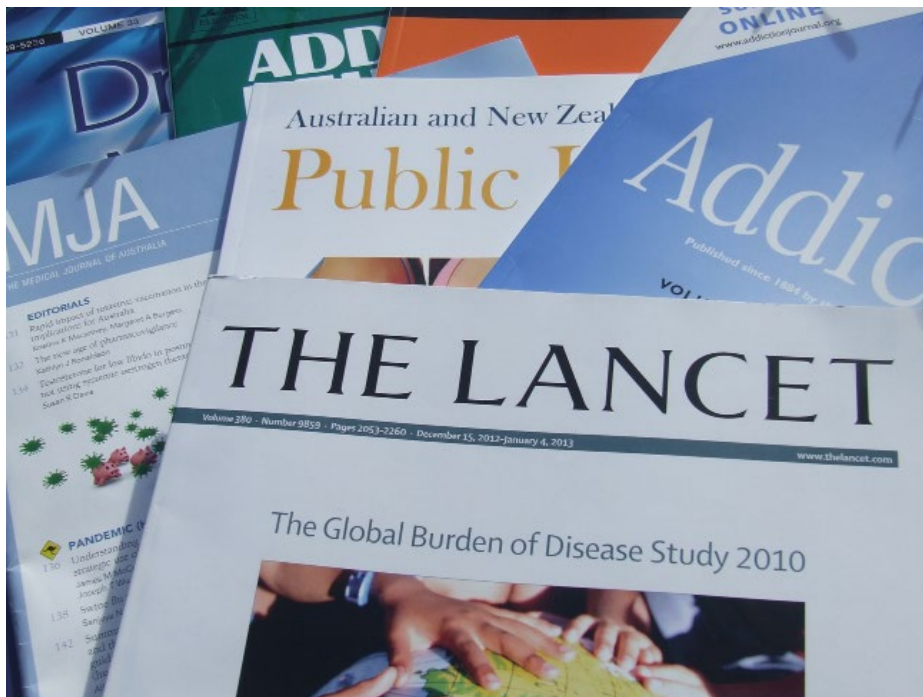
are considered to give a comparable analgesic effect, they are deemed to be equianalgesic doses.

Currently, available tables do not cover the full range of opioids used in Australia, and international references appear to report only a limited number of opioids used in Australia. For this reason the authors have developed a comprehensive dose conversion table, accompanied by a transparent methodology to support the conversion used. As most of the published literature and guidelines report doses in OMEs, the table represents a broad range of opioids with simple conversion factors to facilitate representing doses of a wide range of opioids in OMEs.

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# publication list



This is a complete reference list of all written output produced by the three research centres in the four months between February 2014 - May 2014. For journal articles, links have been provided to an abstract. Readers may need to subscribe to access the full publication in journals. Journal articles marked with \*\* are open access journals. Readers will be able to view these articles for free.

## Bulletins and newsletters

**Nicholas, R.** (2014). The development of Australia's National AOD Workforce Development Strategy. NADA Advocate, June 2014, 2-3. [Go to website.](#)

**Peacock, A., De Graaf, B., & Bruno, R.** (2014). Barriers to harm reduction: Heating and filtration of oxycodone tablets prior to intravenous use by people who inject drugs in Australia. Drug Trends Bulletin, April 2014, 1-8. [Go to website.](#)

**Van Buskirk, J., Roxburgh, A., Bruno, R., & Burns, L.** (2014). Drugs and the Internet. Drugs and New Technologies (DNeT) Bulletin, Issue 2 March, 1-14. [Go to website.](#)

## Chapters and books

**Blaszczynski, A., Tait, R.J. & Mattick, R.** (2014). Addictive Disorders. In Rieger, E. (ed.) Abnormal Psychology: Leading Researcher Perspectives (3rd ed). McGraw Hill Education, North Ryde, NSW. pp. 264-305. ISBN: 9781743078020. [Go to website.](#)

**Fraser, S., Moore, D. & Keane, H.** (2014). Habits: Remaking Addiction. Palgrave Macmillan, Basingstoke, UK. ISBN: 9780230308107. [Go to website.](#)

**Seear, K.** (2014). The makings of a modern epidemic: Endometriosis, gender and politics. Ashgate, Aldershot, UK. ISBN: 9781409460824. [Go to website.](#)

**Wilkes, E.T., Gray, D., Casey, W., Stearne, A. & Dadd, L.** (2014). Harmful Substance Use and Mental Health. In Purdie, N., Dudgeon, P. and Walker, R. (eds.) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (2nd ed). Canberra. pp. 125-146. ISBN: 9780957949447. [Go to website.](#)

## Factsheets

**Frances, K., & Roarty, L.** (2014). National Indigenous FASD Resources Project: Snapshot for Communities. NDRI Factsheet. National Drug Research Institute, Curtin University, Perth, Western Australia. [Go to website.](#)

**Roarty, L., & Frances, K.** (2014). National Indigenous FASD Resources Project: Snapshot for Health Professionals. NDRI Factsheet. National Drug Research Institute, Curtin University, Perth, Western Australia. [Go to website.](#)

## Journal articles

**Allsop, D. J., Copeland, J., Lintzeris, N., Dunlop, A. J., Montebello, M., Sadler, C., Rivas, G. R., Holland, R. M., Muhleisen, P., Norberg, M. M., Booth, J., & McGregor, I. S.** (2014). Nabiximols as an agonist replacement therapy during cannabis withdrawal. JAMA Psychiatry, 71(3): 281-291. DOI: 10.1001/jamapsychiatry.2013.3947. [Go to website.](#)

**Allsop, D. J., Dunlop, A. J., Sadler, C., Rivas, G. R., McGregor, I. S., & Copeland, J.** (2014). Changes in cigarette and alcohol use during cannabis abstinence. Drug and Alcohol Dependence, 138, 54-60. DOI: 10.1016/j.drugalcdep.2014.01.022. [Go to website.](#)

**Allsop, S., Stafford, J., & Daube, M.** (2014). From evidence to action: health promotion and alcohol. Health Promotion Journal of Australia, 25(1), 8-13. [Go to website.](#)

**Aspinall, E., Weir, A., Sacks-Davis, R., Spelman, T., Grebely, J., Higgs, P., Hutchinson, S., & Hellard, M.** (2014). Does informing people who inject drugs of their hepatitis C status influence their injecting behavior? Analysis of the Networks II study. International Journal of Drug Policy, 25(1), 179-182. [Go to website.](#)

**Azar, D., White, V., Bland, S., Livingston, M., Room, R., Chikritzhs, T., Durkin, S., Gilmore, W., & Wakefield, M.** (2014). 'Something's brewing': the changing trends in alcohol coverage in Australian newspapers 2000-2011. Alcohol and Alcoholism, 49(3), 336-342. [Go to website.](#)



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- Barrett, E. L., Teesson, M., & Mills, K. L.** (2014). Associations between substance use, post-traumatic stress disorder and the perpetration of violence: a longitudinal investigation. *Addictive Behaviors*, 39(6): 1075-1080. DOI: 10.1016/j.addbeh.2014.03.003. [Go to website.](#)
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