

# 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

### The Grey Matters National Conference: Preventing and responding to alcohol and other drug problems among older Australians

By NCETA

The National Centre for Education and Training on Addiction (NCETA) is hosting the Grey Matters conference on Wednesday 1 April 2015 9am – 5pm at the Education Development Centre, 4 Milner St, Hindmarsh SA. This initiative is in response to increasing concerns regarding changes in patterns of alcohol and other drug use among older Australians and resultant levels of harm. This is a largely unrecognised issue and older people with these problems often experience stigma as a result of perceptions that 'they are old enough to know better' or 'they are too old to change'. In addition, existing alcohol and other drug prevention and treatment services are not generally focussed on the needs of older clients. These factors place

this group of older Australians at significant disadvantage.

The Grey Matters conference will bring together key representatives of the aged care, alcohol and other drug and primary health sectors to focus on this issue. It will involve a range of participants including: aged care service providers (community and residential) and policy staff; alcohol and other drug prevention, treatment and policy staff; and primary care workers with a role in meeting the health and welfare needs of older Australians. Confirmed speakers include:

- Professor Ann Roche, Director, National Centre for Education and Training on Addiction
- Professor Brian Draper, Director, Academic Department for Old Age Psychiatry, Prince of Wales Hospital Sydney

- Professor Paul Haber, Medical Director, Drug Health Services, Sydney and South West Sydney Local Health Districts
- Dr Stephen Bright, Manager, Peninsula Health Alcohol and Other Drug Services, Victoria
- Ms Debra Rowett, PSM, Director, Drug and Therapeutics Information Service, Repatriation General Hospital, South Australia
- Professor Malcolm Battersby, Director, Flinders University Human Behaviour and Health Research Unit
- Mr Ian Yates, Chief Executive, Council on the Ageing, Australia
- Dr Tim Semple, Senior Specialist, Royal Adelaide Hospital Pain Clinic
- Dr Craig Whitehead, Geriatrician, Department of Rehabilitation and Aged Care, Repatriation General Hospital, South Australia

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## The Grey Matters National Conference

- Professor Richard Reed, Head of Discipline, General Practice, Flinders University School of Medicine
- Professor Mary Luszcz, Director, Flinders University Centre Ageing Studies
- Professor Margaret Hamilton, AO, University of Melbourne

Other speakers to be confirmed include Professor Leon Lack, Consultant Psychologist, Adelaide Institute for Sleep Health.

The Conference aims to raise awareness of alcohol and other drug issues in ageing populations. For more information about:

- the conference, visit <http://nceta.flinders.edu.au/nceta/events/>
- NCETA's emerging program of work in this area, visit [http://nceta.flinders.edu.au/workforce/projects\\_and\\_research/alcohol-and-drug-use-ageing-populations/](http://nceta.flinders.edu.au/workforce/projects_and_research/alcohol-and-drug-use-ageing-populations/).

## NCPIC publishes how to quit cannabis guide

By NDARC

Congratulations to Professor Jan Copeland Director of the National Cannabis Prevention and Information Centre and colleagues Sally Rooke and Etty Matalon whose book QUIT CANNABIS was published in January 2015 by Allen and Unwin.

QUIT CANNABIS looks at the evidence on the mental and physical health risks of using cannabis as well as practical, step-by-step information on building motivation, coping with withdrawal symptoms and quitting marijuana combined with clinical and research experience of the authors. It cuts through the folklore surrounding marijuana to reveal the truth about its impact on health and how to quit for good.

It reviews science-based treatments for cannabis problems and provide practical tools for users who want to quit.

[Read a description of the book here.](#)

## Discussing drugs, policy and public health

By NDRI

Building knowledge in the alcohol and other drug (AOD) sector, and providing insights into how to improve the integration of research outcomes into policy, are key objectives of the Drugs, Policy and Public Health program being run in mid-2015.

Effective AOD policy development requires a high level of background knowledge of the evidence and challenges, knowledge of key population groups impacted by drug use, and awareness of the policy development framework at various levels of government.

This one-week intensive program, hosted by the National Drug Research Institute (NDRI), will be conducted both as professional development for those currently or planning on working in the AOD

sector as well as a postgraduate unit for students enrolled in higher degrees.

Presented by experts at NDRI and other international opinion leaders, the program provides participants the historical and epidemiological background to AOD use and evidence-based policy in Australia and a framework to improve integration of research into drug policy formulation at local, state, national and international levels.

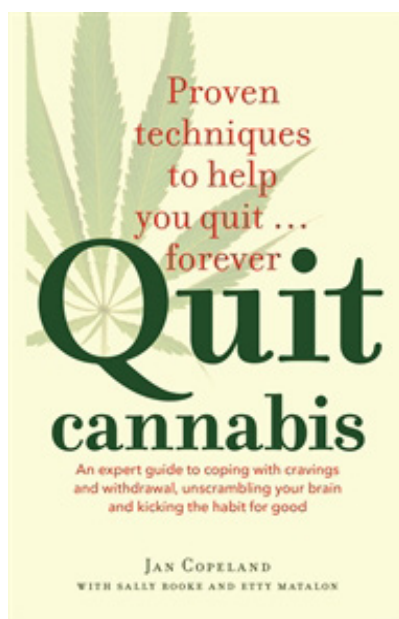
It covers relevant theoretical models; considers perspectives of researchers, bureaucrats and politicians; and provides practical insights into enhancing drug policy with specific populations (e.g. injecting drug users, Aboriginal Australians), the community and in emerging areas such as drugs and the internet.



**Drugs, Policy and Public Health will run on 20-24 July, 2015.**

For more information,

- visit [ndri.curtin.edu.au/events/seminars.cfm](http://ndri.curtin.edu.au/events/seminars.cfm) (for professional development) or [ndri.curtin.edu.au/students/dpph5001.cfm](http://ndri.curtin.edu.au/students/dpph5001.cfm) (for the postgraduate unit), or
- email [ndri@curtin.edu.au](mailto:ndri@curtin.edu.au)



Citation: Jan Copeland, Sally Rooke and Etty Matalon (2015). QUIT CANNABIS. Allen and Unwin.

## Save the date for three national NDARC conferences

By NDARC

NDARC's Annual Research Symposium will be held on Tuesday September 15/2015 at UNSW in Sydney. The annual one day research symposium will showcase NDARC research, present latest results from some of our landmark studies and translate the results for clinicians and policy makers. Watch out for program details and online registration on the [NDARC website](#).

The National Drug Trends conference will be held in Sydney in October. The annual conference will present first findings of

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## Save the date for three national NDARC conferences

the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) and feature a number of presentations from national and international experts and the Police. Watch out for program details, venue and online registration on the [NDARC website](http://www.ndarc.com.au).

The third National Cannabis Conference will be held in Melbourne on 7-9 October 2015. Call for abstracts is open until 1st May. For more details see [www.assbi.com.au](http://www.assbi.com.au) and the website of the [National Cannabis Prevention and Information Centre](http://www.ndarc.com.au).

## Schools drug prevention program wins Rotary award

By NDARC

Dr Lexine Stapinski has been recognised with Australian Rotary Health Knowledge Dissemination Award for her work developing universal school-based programs for adolescents. Dr Stapinski, a research fellow at NDARC's Centre for Research Excellence in Mental Health and Substance Use, has led the development of the Positive Choices project. [Positive Choices](http://www.ndarc.com.au) is a web-based portal which facilitates access to evidence-based school-based drug prevention programs and resources.

In addition, in November 2014 every secondary school in Australia (over 3,000 schools) received an illegal drug resource package containing an online drug education game (Pure Rush) and information booklets for parents, teachers and students. To view the game and resources, visit <https://comorbidity.edu.au/cre-resources/public>.



## Calls for submissions to special issue of the Harm Reduction Journal focussing on Asia

By NDARC

NDARC's Professor Kate Dolan has been appointed joint editor of a special edition of the Harm Reduction Journal focussing on harm reduction in Asia. The issue will accompany the 24th International Harm Reduction Conference in Kuala Lumpur in October 2015, and the 12th International Congress on AIDS in Asia and the Pacific in Dhaka in November 2015.

The thematic issue will document and explore the current state of harm reduction across Asia, examining the development of a harm reduction response to HIV and AIDS epidemics, evidence of its effectiveness and challenges to its further implementation and integration into health and criminal justice systems. The issue will contain overviews of the epidemiology and scale of implementation of harm reduction across the Asian regions, exemplar case studies of the introduction of harm reduction programmes, critical analysis and commentary.

Papers reporting original research will be considered.

### How to Submit

Papers should be submitted through the journal at: [www.harmreductionjournal.com](http://www.harmreductionjournal.com).

**Closing date for submissions: 28 February 2015.** Please mention in your covering letter that your article is intended for consideration for inclusion in the special thematic series on Harm Reduction in Asia.

If you wish to discuss a possible article, please contact:

- Professor Kate Dolan [k.dolan@unsw.edu.au](mailto:k.dolan@unsw.edu.au)
- Professor Nick Crofts [nick.crofts@unimelb.edu.au](mailto:nick.crofts@unimelb.edu.au)
- Dr Tasnim Azim [tasnim@icddr.org](mailto:tasnim@icddr.org)

## Alcohol and drug use in ageing populations

By NCETA

The National Centre for Education and Training on Addiction (NCETA) has produced Grey Matters, a series of seven information sheets to assist specialist and generalist health and welfare workers to better prevent, assess and respond to the needs of older people experiencing, or at risk of experiencing, alcohol and other drug (AOD) related harm.

Longer life expectancy, changing patterns of AOD use and differing expectations of current and future generations of older people will all impact on future AOD service delivery. To-date, comparatively little attention has been directed to the needs of older people and AOD use and, as a result, AOD use patterns and problems among older Australians have been

under-researched and are not well understood. NCETA is working collaboratively with the AOD and aged care sectors to address this issue.

Grey Matters can be downloaded from the [NCETA website](http://www.nceta.org.au).



The Grey Matters Information Sheet Series



## Public health focus for World Health Organization regional forum

By NDRI

Professor Steve Allsop, Director of the National Drug Research Institute (NDRI), recently attended the first World Health Organization (WHO) collaborating centre regional forum for the Western Pacific, held in the Philippines. He also represented NDARC and DASSA WHO Collaborating Centre for the Treatment of Drug and Alcohol Problems based in the School of Medical Sciences at the University of Adelaide. NDRI is a WHO Collaborating

Centre for the Prevention of Alcohol and Drug Abuse.

The regional forum brought together WHO collaborating centres from 10 member states in the Western Pacific region, with the aim of strengthening strategic partnerships and sharing best practices to address public health challenges.

The meeting focussed on how WHO collaborating centres can contribute to

WHO's strategic directions, share expertise and collaborate to address public health concerns, from communicable diseases to issues such as mental health and drug- and alcohol-related problems.

Professor Allsop was presented with a plaque of appreciation by Dr Shin Young-Soo, Regional Director of the WHO regional office for the Western Pacific.



Participants at the first World Health Organization (WHO) collaborating centre regional forum.

## NDARC staff recognised with Fulbright Scholarship and NSW Cancer Institute Fellowship

By NDARC

NDARC's Dr Emma Barrett a postdoctoral research fellow at the Centre for Research Excellence in Mental Health and Substance Use (CREMS) has been awarded a prestigious Australian Fulbright Scholarship 2015. Supported by the scholarship, Emma will be working at the Medical University of South Carolina, in the US where she intends to develop and test an integrated psychological treatment for co-occurring traumatic stress and substance use among adolescents.

Dr Ryan Courtney, also a postdoctoral research fellow at NDARC, has been awarded a prestigious NSW Cancer Institute Early Career fellowship worth \$558,511. The grant will support his NHMRC funded randomised controlled trial aimed at reducing tobacco smoking among low SES smokers by improving compliance with treatment, smoking cessation and health economic outcomes.

## NCETA PhD student receives accolades

By NCETA

Ms Creina Stockley, an NCETA PhD student, was advised in early December 2014 that she had been awarded her PhD without change. In addition, reviewers have

recommended her dissertation entitled *Ascertaining public health risks from allergies in wine* for consideration of the Vice Chancellor's award.

## Ken Pidd appointed Patron of Foundation House

By NCETA

Dr Pidd is NCETA's Deputy Director (Research) and one of Australia's foremost workplace drug and alcohol experts. He has conducted innovative research aimed at reducing workplace AOD-related harm and has published numerous peer-reviewed and conference papers examining the patterns, prevalence and impact of AOD use in workplaces and assessing the role, reliability and impact of workplace drug testing.

As a result of his extensive work in addressing workplace AOD issues, Dr Ken Pidd has been appointed a patron of [Foundation House](#), the construction industry's alcohol, drug and gambling treatment centre. The Construction Industry Drug and Alcohol Foundation is a not-for-profit organisation comprising construction industry employees, employers, employer groups, unions and representatives from the AOD, medical and legal fields.



Dr Ken Pidd

## NCETA makes a major contribution to the success of the 34th APSAD Conference

By NCETA

NCETA made major contributions to the successful 34th APSAD Conference held in Adelaide from 10-12 November 2014. More than 400 delegates attended the conference and they saw the release of NCETA's three new workforce development resources designed to enhance the capacity of the AOD sector to more effectively respond to AOD issues:

- [FundAssist: an online toolkit to help non-government AOD organisations to prepare, plan and write funding applications.](#)
- [Grey Matters: a series of information sheets designed to raise awareness about AOD use in older people.](#)
- [Alcohol education: What really works in schools? An information booklet to help schools choose an effective alcohol education program.](#)

During the Conference, Associate Professor Nicole Lee and Dr Ken Pidd were both actively sought out by the media to provide comment and advice on a range of

topics. Associate Professor Lee appeared on Channel Nine's Mornings program to discuss parents talking to their children about drugs and in particular, Ecstasy. [See the interview here.](#) Dr Pidd was interviewed about the effects of AOD use on workplace absenteeism.

Mr Michael White (ex-NCETA staff member) and Dr Pidd were members of the scientific program committee which ensured that the Conference program covered a diverse and interesting range of issues such as medication diversion, prescribed opioid use, workplace AOD issues, young people and alcohol use and progress on Indigenous-specific AOD interventions. Mr White was also one of the Conference co-convenors and he was responsible for having one of the world pioneers in the AOD field, Dr Loretta Finnegan present on the Neonatal Opioid Abstinence Syndrome. He was also involved in organising the Governor of South Australia, His Excellency Hiew Van Le and the Parliamentary Secretary to the Premier Leesa Vlahos to both open the Conference.

## NCETA hosts senior Malaysian pharmacists

By NCETA

On 20 November 2014, NCETA hosted a visit from Mr Kamaruzzaman Othman and Mr Zaidi Ahmad, two senior pharmacists from the Pharmaceutical Services Division, Ministry of Health in Malaysia. The aim of their visit was to discuss the implications of Australian drug policy for Malaysia. In particular, they expressed an interest in

NCETA's work on the development of the National Pharmaceutical Drug Misuse Framework for Action. During their visit to NCETA they also explored the regulatory frameworks around the sale and supply of pharmaceutical drugs in Australia and their potential application in Malaysia.



## New NCETA Research Advisory Committee Established

By NCETA

Following a review of its governance structures, NCETA has established a new Research Advisory Committee to:

1. Provide high level advice and input to the Centre's ongoing research program
2. Assist in the identification of emerging research issues that are relevant to both the Centre and the alcohol and other drugs (AOD) sector.

The Committee is chaired by Professor Paul Worley, Dean of the School of Medicine at Flinders University. Its members include prominent medical, public health and AOD professionals:

- Professor Michael Kidd, Executive Dean, Faculty of Medicine, Nursing, Flinders University
- Professor Steve Wesselingh, Executive Director, South Australian Health and Medical Research Institute
- Professor Ross McKinnon, Associate Dean, School of Medicine, Flinders University
- Professor Fran Baum, Director Southgate Institute for Health, Society and Equity, Flinders University
- Dr Robert Ali, Public Health and Addiction Medicine Physician, University of Adelaide
- Professor Jason White, School of Pharmacy and Medicine, University of South Australia
- Associate Professor Michael Baigent, Psychiatry, School of Medicine, Flinders University
- Dr Lynette Cusack, School of Nursing, University of Adelaide
- Dr Tamara Mackean, Poche Centre for Indigenous Health and Wellbeing, Flinders University.

*Professor Ann Roche and Roger Nicholas meeting with Mr Kamaruzzaman Othman and Mr Zaidi Ahmad*



## Primary care project - update

By NCETA

NCETA, NDARC and international colleagues continue to collaborate on a project aimed at enhancing General Practitioners' (GP) alcohol brief intervention responses. As part of that collaboration, an Expression of Interest was submitted to the Bupa Health Foundation to conduct the first randomised controlled trial in Australia of GP facilitated access to the Healthier Drinking Choices (HDC) website. If approved for funding, the trial will also evaluate the effectiveness of the HDC as a brief intervention tool in a primary care setting.

In the interim, NCETA and NDARC are undertaking pilot studies in Adelaide and Sydney to test the feasibility of implementing large scale multi-site trial of GP facilitated online support for risky drinkers.



## Global Addiction Academy Project (GAaP)

By NCETA

Through its involvement in the Global Addiction Academy Project (GAaP), NCETA continues to work with staff from Middlesex University and other international partners on the Global Workforce Development Project. This includes NCETA and other GAaP members identifying and sharing recent workforce development initiatives within their respective countries. NCETA is also currently exploring potential collaborative opportunities with staff from Middlesex University to undertake innovative research to examine and evaluate interventions and/or services aimed at older people with multiple morbidities.

# opinion

## Breaking the Ice: Using evidence to gain perspective on the ice epidemic and what it means for responses

By Associate Professor Nicole Lee

**The population rate of methamphetamine use has remained relatively static over the last 10 years. Associate Professor Nicole Lee reflects upon what may be driving recent media headlines that Australia is awash with methamphetamine.**



Methamphetamine is a potent stimulant drug that comes in several forms: Primarily, powder/pills ('speed'), base and a crystalline form ('ice'). Recent media headlines suggest that Australia is awash with methamphetamine, particularly 'ice', devastating whole communities across the country. However, the population rate of methamphetamine use in the last 12 months is 2.1%, a figure essentially unchanged for the last 10 years (AIHW, 2014). So what is it that the media are really reporting?

Figures show that among recent users there has been a sharp increase in the number of people nominating crystal methamphetamine, or ice, as their preferred form of methamphetamine (AIHW, 2014), from 26.7% in 2007 and 21.7% in 2010, to 50.4% in 2013.

In addition, Scott et al. (2014) have shown not only increasing purity of ice from an annual average of 21% in 2009 to 64% in 2013 but the purity of traditionally lower grade speed has also been increasing from 12% to 37% between 2009 and 2013. Scott et al. (2014) report that the purity-adjusted price of both crystal and powder methamphetamine has been decreasing and they are now more similar.

The National Drug Strategy Household Survey (NDSHS) report (AIHW, 2014) has also noted a recent increase in frequency of methamphetamine use, with an increase in the proportion of people using it daily or weekly from 9.3% to 15.5%. Crystal methamphetamine users were much more likely to use ice on a regular basis with one-quarter (25%) using it at least weekly compared with 2.2%

of those who preferred powder. With an increase to crystal methamphetamine as the preferred form to use, an increase in frequency of use and the increasing purity of methamphetamine (both ice and speed) points to an increase in risk and potential harms.

NCETA's new paper under development (Lee et al., in prep) has examined the last 10 years of the National Drug Strategy Household Survey data. While 2013 data is still outstanding, the analysis has found crystal methamphetamine users and those who use at least monthly tend to engage in more risky behaviours than those who use only irregularly (less than monthly). Ninety percent reported engaging in some form of risky activity compared to 50% of irregular users. These included working under the influence and driving under the influence. In addition, people who used monthly or more had four to seven times the rate of mental health diagnosis. Ice users were also more likely than those who used other forms to report a mental health diagnosis. In addition those who used weekly are at least four times more likely to report that they had tried to cut back but couldn't – a proxy measure of dependence.

Although 70% of people who report using methamphetamine use less than monthly, 2004 to 2010, the group of users became more 'mainstream' over time. They were more likely to be men (nearly twice as likely as women to use), living with a partner, employed and living in one of the capital cities. Although the 20-29 year age group had the highest number of users, there

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## Breaking the Ice: Using evidence to gain perspective on the ice epidemic and what it means for responses

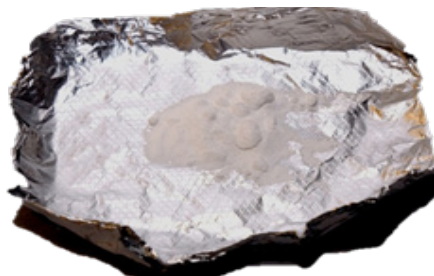
was a sharp increase in the proportion of 30-39 year olds recently using methamphetamine.

Increases in risks and harms in a mainstream population has several implications for developing effective responses. First, there is a larger group of methamphetamine users (70% of all users) who use irregularly (less than once a month) and are not seasoned users, but are putting themselves at high risks of harms. Harm reduction strategies are essential for this group.

Secondly, there is a smaller group of people who use methamphetamine once a month or more. While they are likely to be experiencing significant harms associated with their use (especially mental health concerns and risk of dependence), may not see themselves as 'hard drug users' and therefore may not access tertiary treatment services, which are generally reserved for the small number of daily users who present with complex needs requiring specialist intervention.

This group are not well catered for in the current health service system. They may not disclose their use of methamphetamine to their GP or other health professionals unless asked and may not present to tertiary treatment services.

Based on the best available data, although the number of users has not increased in the last 10 years, there have been significant shifts in the use of



methamphetamine and the type of user. It is this shift that is likely to be driving the media focus.

Those who use more regularly, or using ice, are likely to be experiencing risks and harms, such as mental health problems, but may not be consider their problems severe enough to contact a tertiary treatment service.

Novel ways of responding to this group, such as online interventions and information and brief advice in locations where users go is crucial, as is a broadening of tertiary treatment services to focus on brief and early intervention in ways that is acceptable to high risk methamphetamine users

### References

**AIHW 2014. National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.**

**Scott N, Caulkins JP, Ritter A, Quinn C, Dietze P (2014) High-Frequency Drug Purity and Price Series as Tools for Explaining Drug Trends and Harms in Victoria, Australia. Addiction. ePub ahead of print.**

## New Research on 'Study Drugs' Planned

By Marina Nelson & Simon Lenton

University student guilds and health services are receiving anecdotal reports of increased use of so-called 'study drugs' by students. This article explores the effectiveness of study drugs and the adverse side effects associated with them

## The issue

Over recent months some university student guilds and health services have reported receiving anecdotal reports of increased use of so-called 'study drugs' or cognitive enhancers by students at their institutions. Cognitive enhancers (CEs) are substances that are used in an attempt to improve intellectual ability in areas such as alertness, information processing and memory. Those that have been the focus of recent research include prescription amphetamines (e.g., Adderall, Dexedrine) anti-dementia drugs, methylphenidate (Ritalin), caffeine and racetams, a broad class of drugs comprising several stimulants. Potential CEs also include newer drugs such as modafinil, as well as herbal supplements, including ginkgo biloba and fish oil supplements containing Omega 3.

## The implications

There is some evidence that university students who use CEs tend to perceive them as effective, but whether CEs are effective at improving cognition in healthy individuals is unclear. Evidence of their effectiveness in laboratory settings is extremely mixed and their effectiveness beyond laboratory settings is unknown. However, the use of any CE carries a risk of harm. Adverse side effects have been

**“Based on the best available data, over the last 10 years there has been:**

- shifts in the type of methamphetamine used
- increases in the purity of both ice and speed
- increases in the amount of people using methamphetamine frequently (i.e., daily or weekly).
- a greater proportion of people in the mainstream population who use methamphetamines irregularly.

**Novel ways of responding to irregular users are needed as this population group are unlikely to interact with traditional treatment services.**



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## New Research on 'Study Drugs' Planned

associated with all studied CEs, some of which are severe and/or permanent and for many the long term harms associated with use are unknown. Harms may also occur as a result of legal consequences of illicitly obtaining CEs online or via others' diverted prescription medications. Many of these pharmaceutical CEs are obtained online through unregulated sites selling drugs which may be counterfeit or real pharmaceuticals without a prescription. The counterfeit drugs contain ingredients which may or may not be consistent with the packet labelling. Furthermore the way these pharmaceutical CEs are used may

not be consistent with the approved dosing regimens.

## The research gaps

The vast majority of prevalence estimates of CE use among university students are from the US, with estimates of lifetime use ranging widely between 5.3% and 53%. Only two studies have examined CE use among Australian university students, where lifetime prevalence of CE use was estimated at 8.5% in one study

and 4% in the other but these estimates are questionable, primarily because only a subset of CEs was examined. Despite these limitations, however, it is likely that the prevalence of CE use amongst Australian tertiary students is not insignificant.

## New NDRI research

NDRI is seeking funds to conduct a study to explore this relatively recent drug use phenomenon and inform potential future interventions. To this end the aims of the study are to:

1. ascertain the prevalence and frequency of the use of these drugs by Western Australian tertiary students;
2. obtain more detail on the specific drugs being used, how they were being used and obtained;
3. investigate student attitudes surrounding them;
4. document the self-reported benefits and harms experienced by users; and
5. recommend potential interventions to prevent use and reduce the harm among those who do use these drugs.

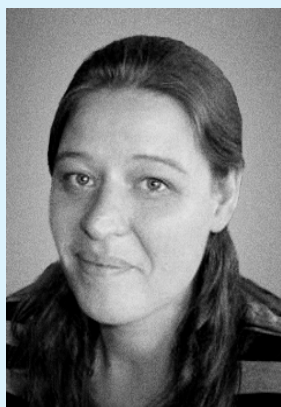
The proposed study has been informed by, and will be conducted in partnership with, health services and student guilds from a number of tertiary institutions in WA.



# conversation with

## Carrie Fowlie

*Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA)*



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 cooking up a feast to celebrate our 20th anniversary as Australian citizens. The recent Asian Cup showcased Australia at its best - fair, diverse and engaged. It was a celebration of what is possible.

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

I try not to have regrets, just many mistakes.

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

in elite sport, as I'd been quite a good swimmer. However, my trajectory changed suddenly when I was 21 and visited remote communities in the Northern Territory. I was shocked by the disparate living conditions, health, wealth and opportunities. I was ashamed by the national silence surrounding it and the part I had in that.

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## conversation with continued

From that moment onwards, I committed to work towards social justice.

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

the generosity of their hearts and minds. Our sector is made up of people who happily and openly share their expertise and experience - and who help others, like myself, to understand their work and its implications.

### I'll never forget...

the time and opportunities others have given with me, particularly David McDonald who has mentored me over the last 7 years.

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

start reading novels again and volunteer more. If I had more work time I'd spend six months working on a single policy issue.

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

people being and feeling silenced, forgotten, disconnected and uncared for - particularly people who use alcohol, tobacco and other drugs and their families and friends.

### For my next holiday...

I'll be in Portugal, where I will relax and over-indulge. Then I will learn from some of the world's best minds at the International Society for the Study of Drug Policy (ISSDP) Conference in Belgium.

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

drug policy. It is endlessly fascinating in an ever-dynamic and often obstructive environment. I enjoy working with people to find ways for complex issues to be broken down into parts that can be understood, implemented and that matter.

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

saying no to taking on more work, playing cricket (although I watch it a lot) and measuring quantities when I cook.

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

to be a leader in translational research, where people who use alcohol, tobacco and other drugs and their families are placed at the centre. Today, it takes about 17 years for evidence to be implemented into practice. Through investing in and prioritising translational research, the wealth of knowledge available will be amplified and result in greater practical

applications and lead to huge health and other outcomes. Translational research has a multiplier effect that leverages the work our sector does in treatment, harm reduction and other areas. We need to embed and fund structures and processes, including translational research, to achieve stronger interaction and integration between service consumers and their families, practitioners, services, researchers, peak bodies and policy makers.

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

to remain grounded in science, compassion, health and human rights, and to maintain Australia's harm minimisation policy and its three pillars of harm reduction, demand reduction and supply reduction. We need to be strong and viable with sufficient resources to deliver services, innovate and continuously improve. We also need to rebuild lost ground. Over the last year our losses have included the defunding of the:

- National Indigenous Drug and Alcohol Committee (NIDAC): our national voice and expertise on Aboriginal and Torres Strait Islander alcohol, tobacco and other drug issues
- Alcohol and other Drug Council of Australia (ADCA): our national peak
- National Drug Sector Information Services (NDSIS): our (and the world's largest) AOD library.

Further, we've lost the Australian National Council on Drugs (ANDC) which was the principal advisory body to the Australian Government on drug policy and played a critical role in ensuring the voice of the community was heard. The Prime Minister had appointed the membership since its establishment in 1998.

Carrie Fowlie has held diverse roles in both the alcohol, tobacco and other drug and youth sectors in the areas of workforce development and social policy. She worked collaboratively to establish the new Australian Capital Territory (ACT) alcohol, tobacco and other drug sector peak body, for which she is now the Executive Officer. She has been a member of several boards (e.g., the Alcohol and other Drugs Council of Australia (ADCA) Board), and has also held several ACT Ministerial appointments, including those focused on police, crime prevention and Legal Aid. Carrie has worked for social justice, in reconciliation, with Stolen Generations members and in community development. Her work in the youth sector resulted in her being awarded the ACT Outstanding Contributions to Young People Award. Carrie is a strong advocate for evidence informed practice, public health and social justice.

A new structure has been established in its place, the Australian National Advisory Council on Alcohol and Drugs (ANACAD). I understand it has a reduced role (including scope and independence), funding, members (including numbers and diversity) and status.

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

being part of teams that have established the peak body for the ACT; enabled peer distribution of naloxone; elevated tobacco as a priority within drug treatment and support services; and, taken a collaborative rather than adversarial approach to working with government.

“My big hope for the drug and alcohol sector is... to be a leader in translational research, where people who use alcohol, tobacco and other drugs and their families are placed at the centre. Today, it takes about 17 years for evidence to be implemented into practice. Through investing in and prioritising translational research, the wealth of knowledge available will be amplified and result in greater practical applications and lead to huge health and other outcomes.”

# research focus

## Prescribed Opioid Use Following a Work-related Injury: A Retrospective 10 Year Longitudinal Study

By Jane Fischer

NCETA are investigating prescribed opioid use resulting from compensable work-related injuries in South Australia.

Participants are South Australians aged 16 years and over who, between January 2003 and December 2012, submitted a WorkCover SA workers compensation claim and/or were dispensed S8 prescribed opioids. Approximately 10,000 persons acquired a work-related injury and received S8 prescribed opioids during the study period.

### Research staff:

**NCETA: Professor Ann Roche, Dr Ken Pidd, Ms Jane Fischer, Mr Roger Nicholas, Ms Alice McEntee, and Ms Victoria Kostadinov, National Centre for Education and Training on Addiction (NCETA), Flinders University.**

## What are we doing?

In order to determine the nature, extent and impact of prescribed opioid use on worker well-being after a work-related injury, NCETA is tracking participants, their claim history, and opioid medication regime (dose levels, drug types, duration, number of prescribers and pharmacists) in a 10 year retrospective observational study.

The study entails linking the following SA government administration data:

- work-related accidents and injuries (Work-Safe Health and Safety Tabulator)
- dispensed S8 prescribed opioids (Drugs of Dependence Unit, SA Health)
- Emergency Department presentations (SA Emergency Department Data Collection), and
- public hospital admissions (SA Admitted Patient Activity Data Standards).

These four datasets will be linked by SANT Datalink. NCETA will subsequently integrate the four de-identified datasets for analyses purposes.

WorkCover SA data provides a record of all work-related incidents and injuries in SA. It includes workers defined as "a person working within employment relationship".

Drugs of Dependence data is a precise account of prescribed S8 opioids dispensed in SA. This data is collected under the auspices of the South Australian government's Controlled Substances legislation.

Measures of interest are:

1. demographics (age, gender, locality, new worker, industry division, occupation and work type)
2. injury (date, nature, mechanism, body location, severity, days of work lost, cost of the injury/incident), and
3. prescribed opioids (buprenorphine, fentanyl, hydromorphone, methadone, morphine and oxycodone), including opioid type, morphine equivalent dose and prescription duration.

Statistical analyses will describe participant and prescribed S8 opioid characteristics; calculate the rate of opioids prescribed after a work-related injury and subsequent adverse events; and identify predictors of S8 prescribed opioids being dispensed and length of time off work. Time series analyses will enable more sensitive analysis simply comparing prevalence at different time points.

## Why are we undertaking this research?

There has been an exponential increase in the dispensing of prescribed opioids in Australia, following similar trends in North America. There is evidence of associated adverse events including iatrogenic dependence and poisonings<sup>1</sup>.

Workers may be particularly vulnerable to the adverse consequences of prescribed opioid use. In South Australia (SA) 47%



of the population (approximately 803,000 individuals) are workers. The most common injuries for which workers seek compensation in SA (and those which incur the highest cost to the compensation system) are traumatic joint/ligament and muscle/tendon injuries, musculoskeletal and connective tissues diseases and fractures<sup>2</sup>. These injuries may be extremely painful, and require pain relief.

International studies have reported that workers prescribed opioids following a work-related injury are more likely to have a work-related disability 12 months after the injury<sup>3</sup>, and have significantly higher prescriptions, costs, time off work, and morbidity compared to workers not prescribed opioids<sup>4, 5</sup>. However, these studies often do not cover all workers in a jurisdiction and/or are limited to lower socio-economic status workers.

An imperative exists to provide appropriate pain relief while minimising unintended consequences and promoting return to work. This is hampered by evidence gaps regarding which workers are vulnerable to adverse outcomes after being prescribed opioids for a work-related injury.

## What will it mean?

This study will improve our understanding of worker health, well-being, and return to work following a work-related injury. In particular, the extent, nature, and impact of prescribed opioid use on workers with work-related injuries.

## Where to next?

This study is part of a larger research program examining the use of opioid, stimulant and benzodiazepine medications and adverse outcomes amongst South Australians. NCETA will commence an examination of the relationship between dispensed prescribed opioid and stimulant (prescribed and not-prescribed) use and road-related incidents, as well as medication use and associated adverse outcomes amongst older people (aged 60+ years).

## References

1. Nicholas, R., Lee, N., and Roche, A.M., Pharmaceutical Drug Misuse in Australia: Complex problems, balanced responses. 2011, National Centre for Education and Training on Addiction, Flinders University: Adelaide.
2. SafeWork SA, 2011-2012 Statistics Report. 2013, Government of South Australia: Adelaide, South Australia.
3. Franklin, G., Stover, B., Turner, J., Fulton-K, and Wickizer, T., Early opioid prescription and subsequent disability among workers with back injuries: the Disability Risk Identification Study Cohort. *Spine*. 2008;33(2):199-204.
4. Fulton-Kehoe, D., Garg, R.K., Turner, J.A., Bauer, A.M., Sullivan, M.D., Wickizer, T.M., and Franklin, G., Opioid poisonings and opioid adverse effects in workers in Washington State. *Am J Ind Med*. 2013;56:1452-1462.
5. White, J.A., Tao, X., Artuso, R.D., Bilinski, C., Rademacher, J., and Bernacki, E.J., Effect of Physician-Dispensed Medication on Workers' Compensation Claim Outcomes in the State of Illinois. *J Occup Environ Med*. 2014;56(5):459-464.



## What are the research questions?

- Number and proportion of work cover claimants dispensed S8 prescribed opioids and whether this has changed over time relative to type and severity of injury.
- Demographic, work and injury characteristics of work cover claimants dispensed S8 opioids, and whether these differ from claimants' who were not dispensed S8 opioids.
- S8 opioid dispensing patterns, including number of prescribers per work cover claimant in receipt of S8 opioids.





# new projects

## CFMEU Policy Work

### Staff:

**NCETA:** Ken Pidd, Victoria Kostadinov

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

### Project description:

In collaboration with the University of SA, NCETA is developing nationally a consistent 'fit for work' policy and associated procedures for the Construction, Forestry, Mining, & Energy Union (CFMEU). A comprehensive review of research relevant to the management of alcohol and other drug and fatigue related risk in the workplace will be undertaken in order to ensure the policy and procedures are evidence-based, focused on 'best' practice, and contribute to the health and wellbeing of all employees. For more about this project:

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

## Older People Program

### Staff:

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

### Project description:

NCETA is embarking on a new program of research about alcohol and other drug use among ageing populations.

#### 1. Establishment of network of agencies with an interest in preventing and responding to AOD problems among older people

NCETA is establishing a network of agencies with an interest and expertise in this area. This includes alcohol and drug agencies, aged care providers, consumer representatives and other groups. The purpose of the Network is to:

- Promote better understanding, and raise awareness, of AOD issues as they impact older Australians
- Clarify the implications for the aged care sector and the AOD prevention /



treatment sector of trends in AOD use among older Australians

- Identify cross-sectoral initiatives and response strategies.

#### 2. The Grey Matters Conference

In April 2015 NCETA will host a national conference on identifying, preventing and responding to alcohol and other drug problems among older Australians. The Grey Matters National Conference will be held on Wednesday 1 April 2015 9am – 5pm.

The Conference aims to raise awareness of alcohol and other drug issues and responses among older Australians among the alcohol and drug, aged care, and primary health care sectors and to identify possible ways forward for cross-sectoral initiatives and response strategies. See the News section for more information about the conference on page 1.

#### For more about this project:

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

### Better methods to collect self-report data on alcohol use behaviours from Aboriginal and Torres Strait Islander Australians

### Staff:

**NDRI:** Professor Tanya Chikritzhs, Professor Dennis Gray, Associate Professor Edward Wilkes

**Other Investigators:** Professor Kate Conigrave and Dr Kylie Lee, Sydney University

Professor Robin Room and Sarah Callinan, Turning Point

Professor Noel Hayman, University of Queensland

Dr David Scrimgeour, Aboriginal Health Council South Australia

Dr Kushani Marshall, National Centre for Epidemiology & Population Health, ANU

Associate Professor Tim Slade, National Drug & Alcohol Research Centre, UNSW

Dr Jenny Hunt, Aboriginal Health & Medical Research Council (NSW)

### Project description:

This study aims to develop, pilot and field test, for the first time, an approach using a tablet-based computer to collect self-reported data on alcohol use behaviours – consumption and other patterns of use, dependence and harms – at a population level in an Aboriginal and Torres Strait Islander population.

Specific objectives of the study are to:

- Develop a tablet computer-based survey instrument that can accurately measure alcohol use behaviours among Aboriginal Australians aged 16 or older;
- Pilot this tablet survey and assess its validity compared with a detailed clinical interview, and to assess its test-retest reliability; and
- Assess the practical feasibility of rollout of the developed survey instrument to measure population estimates of alcohol use behaviours among Aboriginal

Australians in selected urban and more isolated or remote community sites.

These aims and objectives are consistent with the goals of community leaders, community controlled agencies, researchers and policy makers who have identified a pressing need for validated and standardised approaches to better assess the presence of risky alcohol use and alcohol use disorders. This is important for population surveys so that proper funding and program efforts can be allocated to prevention and treatment services. It is also key to subsequent validation of early detection, screening and treatment in clinical settings. The appropriateness and acceptability of existing validated and accepted assessment or survey tools cannot be assumed in this cross-cultural context.

**For more about this project:**

[Go to the NDRI website.](#)



**‘The Forgotten Generation’:  
Health Trajectories in Aboriginal  
Adolescents and Youth**

**Staff:**

**NDRI:** Associate Professor Ted Wilkes,  
Professor Dennis Gray

**Other Investigators:** Professor Sandra  
Eades and Dr James Ward, Baker IDI Heart  
and Diabetes Institute

Professor Emily Banks, National Centre  
for Epidemiology and Population Health,  
Australian National University

Professor Rebecca Ivers, School of Public  
Health, University of Sydney

Dr Bette Liu, Senior Lecturer, University of  
New South Wales School of Public Health  
and Community Medicine

Professor Catherine D’Este, National  
Centre for Epidemiology and Public Health,  
Australian National University

Dr Anna Williamson, Centre for Informing  
Health Policy with Evidence from Research  
(CIPHER)

Dr Rob Roseby, Monash Children’s  
Hospital

**Project description:**

Despite the importance of transitions in  
adolescence to future health, this group  
– referred to as the ‘forgotten generation’  
in some Aboriginal communities – has  
received little attention in recent efforts  
to close the gap in Aboriginal health and  
disadvantage.

Aboriginal and Torres Strait Islander young  
people experience significantly poorer  
health and greater social and economic  
challenges to future health than other  
Australian young people. Aboriginal  
young people are twice as likely to die, for  
example, and 15 times as likely to be in  
juvenile justice supervision or in prison.

While cross-sectional data document  
the disadvantage experienced by young  
Aboriginal and Torres Strait Islander  
people, there are major gaps in evidence  
and longitudinal studies highlighting  
health trajectories and opportunities for  
appropriate interventions are urgently  
needed.

This project will establish and conduct  
the first waves of follow-up for a cohort  
study of 2,250 Aboriginal and Torres Strait  
Islander young people aged 10 to 24 years  
and recruited from remote, rural and urban  
Aboriginal communities. Its aims are to:

- Quantify among the target age range,  
patterns of: physical and mental health  
risk and protective behaviours; and  
major physical and mental health  
conditions and disability;
- Describe the social and environmental  
context in which these young people  
are growing up including community,  
school, family and individual level  
factors;
- Quantify changes in resilience and risk  
behaviours and health outcomes over  
time;

- Identify factors relating to resilience  
and risk behaviours and physical and  
mental health outcomes at baseline and  
changes over time; and
- Establish partnerships with communities  
to better understand factors relating to  
positive adolescent and youth health and  
support them to take action to improve  
it.

**For more about this project:**

[Go to the NDRI website.](#)

**Psychotherapeutic interventions  
for cannabis abuse and/or  
dependence in outpatient  
settings**

**Staff:**

**NDARC:** Dr Peter Gates, Prof Jan  
Copeland, Lucy Albertella

**Other investigators:** Dr Pamela Sabioni,  
University of Toronto

Associate Professor Linda Gowing,  
University of Adelaide

Professor Bernard Le Foll, University of  
Toronto

**Project description:**

Cannabis use disorder is the most  
common illicit substance use disorder in  
the general population. Despite that, only  
a minority seek assistance from a health  
professional, but the demand for treatment  
is now increasing internationally. Trials of  
treatment have been published; however,  
there is no published systematic review  
of treatments delivered in community or  
outpatient settings (the most commonly  
sought form of cannabis treatment).

This project aims to evaluate the efficacy  
of psychosocial interventions for cannabis  
abuse or dependence delivered in  
outpatient and community settings through  
a systematic review of the literature using  
Cochrane Collaboration methodology.

**For more about this project:**

[Go to the NDARC website.](#)

“ The review will enhance  
understanding of best practice in  
the treatment of cannabis use disorder  
and an evidence base on predictors  
of successful and unsuccessful  
outcomes to inform future  
treatment efforts. ”

## Drug law enforcement policy: The deterrent effects of Australian policing strategies

### Staff:

**NDARC:** Dr Caitlin Hughes, Professor  
Alison Ritter

**Other investigators:** Prof Robert  
MacCoun - University of California,  
Berkeley

Dr Don Weatherburn - NSW Bureau of  
Crime Statistics and Research



### Project description:

Since the banning of psychoactive substances Australian and international drug policy has been underpinned by the assumption that police can deter, discourage or prevent drug offending. It is argued that drug laws and enforcement of those laws will reduce involvement in drug use and trafficking. Yet deterrent effects have gone unexamined or measured using narrow parameters. This project seeks to provide the first comprehensive assessment of the deterrent effects of Australian drug law enforcement policy.

The project will:

- measure the deterrent effects of four Australian policing strategies on current and would-be offenders' decisions to use, possess, purchase or traffick illicit drugs;
- track deterrent effects of drug law enforcement under real world policing conditions in Sydney, NSW and the facilitators and barriers to police deterrence; and
- generate a new conceptual framework of drug law enforcement deterrence.

### For more about this project:

[Go to the NDARC website.](#)

“

This project will provide the first comprehensive test of the extent to which police can be expected to deter drug crime, as well as specific insight into the specific utilities of four drug law enforcement strategies that are currently employed in Australia.

”

# publication highlights

## Experience of adjunctive cannabis use for chronic non- cancer pain: Findings from the Pain and Opioids IN Treatment (POINT) study

**Degenhardt, L., Lintzeris, N.,  
Campbell, G., Bruno, R., Cohen,  
M., Farrell, M., & Hall W.D.** (2015).

Experience of adjunctive cannabis use for chronic non-cancer pain: Findings from the Pain and Opioids IN Treatment (POINT) study. *Drug and Alcohol Dependence*, 147, 144-150.

The authors used baseline data from the National Drug and Alcohol Research Centre's longitudinal study of outcomes for patients prescribed opioids for non-chronic cancer pain to determine the use of cannabis among this population. 1,500 Australians are taking part in the study and of these one in six are using cannabis. Those who used cannabis in addition to opioids reported greater pain relief than those using opioids alone.

Past-year cannabis use in the cohort was more than three times higher than in the general population – 13 per cent of the sample had used cannabis in the past

year, compared with only 4.7 per cent of the general population aged over 40 years. One in six had ever used cannabis for pain relief (16%), and a quarter (23%) reported that they would use cannabis for pain if they had access to it.

Those in the cohort who had used cannabis for pain were younger than those who used prescription opioids only (average age of 49 compared with 59 for non-users), were more likely to report more severe pain, had been living with pain for longer and reported that their pain interfered with their lives to a greater extent. They were also more likely to have a history of substance use disorders and mental health problems.

The Pain and Opioids In Treatment Study (POINT) is funded by the Australian National Health and Medical Research Council. It is the first Australian study to examine the patterns of prescribing for individual patients, and the outcomes for these patients in the longer term.

View paper: [Go to website](#)

## Quality of life, age of onset of alcohol use and alcohol use disorders in adolescence and young adulthood: Findings from an Australian birth cohort.

**Fischer, J. A., Najman, J. M.,  
Plotnikova, M., & Clavarino, A. M.**

(2014). Quality of life, age of onset of alcohol use and alcohol use disorders in adolescence and young adulthood: Findings from an Australian birth cohort. *Drug and Alcohol Review* (Early View Online).

Adolescent alcohol consumption is a persistent community concern and early onset of alcohol use is an established risk factor for subsequent harm. As alcohol use can be conceptualised as a form of self-medication intended to enhance mood and/or social interaction, little is known about the extent to which alcohol use confers benefits. In particular, little is known about the quality of life (QOL) of adolescents prior to their first use of alcohol and the effect of alcohol consumption on subsequent QOL assessments.

QOL is a global judgement at a given point in time. It is measured by assessing



subjective or objective dimensions. Subjective dimensions reflect perceptions of the respondents, whereas objective markers of QOL are characteristics that are attributed by external observers.

The aim of this study was to examine in an Australian birth cohort at 14 and 21 years the temporal relationship between QOL and both alcohol use and alcohol use disorders (AUDs). This study conceptualised QOL as encapsulating subjective well-being (happiness and satisfaction). To-date no studies have prospectively examined respondents' QOL prior to commencement of alcohol use. The study examines the relationship between QOL and alcohol use at both 14 and 21 years of age and whether respondents with a lower QOL prior to alcohol use are more likely to use alcohol and to develop AUDs. It uses data from the prospective longitudinal Mater Misericordiae Hospital and University of Queensland Study of Pregnancy.

View paper: [Go to website.](#)

### Effective interventions for high prevalence mental health disorders in male-dominated workplaces: A systematic review.

**Lee, N.L., Roche, A.M., Duraisingam, V., Fischer, J.A., & Cameron, J. (2014).** Effective interventions for high prevalence mental health disorders in male-dominated workplaces: A systematic review. *Mental Health Review Journal*, 19(4), 237-250.

Workplaces have a substantial impact on workers' mental health and bear a large proportion of the social and economic burden associated with mental illness. The enormous cost of mental health disorders creates a social and economic imperative to reduce the prevalence of mental health problems within the working population. Research suggests that the personal and financial costs could be reduced if a greater proportion of workers who need treatment received it. In particular, despite the high prevalence rates of anxiety and mood disorders in male-dominated industries, workers in these industries may be less likely to seek treatment and assistance due to their gender. Despite this little research has been undertaken to identify effective strategies for male-dominated workplaces. This systematic review was undertaken

to examine the current evidence base for workplace interventions addressing mental health problems in male-dominated industries.

The systematic review found a limited body of evidence supporting effective interventions for mental health problems in male-dominated industries. However, the evidence does suggest that mental health interventions in male-dominated industries are logistically feasible and can have some positive impact on the mental health of workers. The available evidence indicates that effective strategies to address anxiety and depression among workers in male-dominated industries include:

- distributing information to workers about mental health issues
- providing additional social support
- offering access to treatment and advice for workers
- education for managers about mental health in the workplace
- specifically targeting intervention at groups at high risk for absenteeism
- addressing excessive workloads and providing relief periods from heavy workloads.

View paper: [Go to website.](#)

### Sexual behaviour, drug use and health service use by young Noongar people in Western Australia: A snapshot.

**Williams, R., Lawrence, C., Wilkes, E., Shipp, M., Henry, B., Eades, S., Mathers, B., Kaldor, J., Maher, L., & Gray, D. (2014)** Sexual behaviour, drug use and health service use by young Noongar people in Western Australia: a snapshot. *Sexual Health*.

**The issue:** This study aimed to describe sexual health behaviour, alcohol and other drug use, and health service use among young Noongar people in the south-west of Western Australia.

**What we did:** A cross-sectional survey among a sample of 244 Noongar people aged 16-30 years.

**What we found:** The sample was more disadvantaged than the wider Noongar population. Sexual activity was initiated at

a young age, 18% had two or more casual sex partners in the previous 12 months, with men more likely to have done so than women (23% vs 14%). Condoms were always or often carried by 57% of men and 37% of women, and 36% of men and 23% of women reported condom use at last sex with a casual partner. Lifetime sexually transmissible infection diagnosis was 14%. Forty percent currently smoked tobacco and 25% reported risky alcohol consumption on a weekly and 7% on an almost daily basis. Cannabis was used by 37%, 12% used drugs in addition to cannabis and 11% reported recently injecting drugs. In the previous 12 months, 66% had a health check and 31% were tested for HIV or sexually transmissible infections. Additionally, 25% sought advice or assistance for mental health or alcohol and other drug issues.

**Implications:** Although some respondents engaged in risky sexual behaviour, alcohol and other drug use or both, most did not. Particularly encouraging was the engagement of respondents with the health care system, especially among those engaging in risky behaviours. The results confound negative stereotypes of Aboriginal people and demonstrate a level of resilience among respondents.

View paper: [Go to website.](#)

### Alcohol and other drug use at school leavers' celebrations.

**Lam, T., Liang, W., Chikritzhs, T.N., & Allsop, S. (2014).** Alcohol and other drug use at school leavers' celebrations. *Journal of Public Health*, 36(3), 408-416. DOI: 10.1093/pubmed/fdt087.

**The issue:** A significant proportion of adolescents who attend celebratory events often engage in substantial alcohol and other drug use. We examined patterns, influences and impacts of drug consumption at an end of schooling life celebration.

**What we did:** Seventeen- to 18-year-old Australians who intended to attend (n = 541) and who attended the celebration (n = 405), respectively, completed pre- and post-event surveys.

**What we found:** Males consumed 18.44 and females 13.24 Australian standard

## publication highlights continued

drinks on an average day during the school leavers' event. Compared with their last social event, there was greater alcohol ( $P < 0.0005$ ) and ecstasy use ( $P < 0.046$  for Day 1 and  $P < 0.008$  on Day 3). However, the number of drinks consumed per hour appeared to be similar across contexts. Most (87%) experienced at least one negative outcome attributed to alcohol and other drug use. Safety strategies were frequently used and appeared to be protective against some of the most common harms (hangover, vomiting, black out and unprotected sex).

**Implications:** The use of alcohol and other drugs at this celebratory event appears to be reflective of the greater than usual number of drinking hours that are available to participants. The use of safety strategies can be successful in mitigating some of the most common drug-related harms.

View paper: [Go to website.](#)

## Delay to first treatment contact for alcohol use disorder

**Chapman, C., Slade, T., Hunt, C., & Teesson, M. (2015).** Delay to first treatment contact for alcohol use disorder. *Drug and Alcohol Dependence*, 147, 116-121. doi:10.1016/j.drugalcdep.2014.11.029

The authors analysed data from the 2007 Australian National Survey of Mental Health and Wellbeing to examine the factors associated with delay between onset of alcohol use disorders and first treatment contact in Australia. A total of 8,841 records were examined. They asked people who met criteria for an alcohol use disorder how old they were when they first experienced alcohol related problems and – if they had made contact with a health professional for these problems – how old they were the first time they did so. The analysis found that the average time to get treatment for alcohol use disorders in Australia was 18 years.

Patients who met the criteria for dependence were significantly more likely to seek treatment than those who met the criteria for abuse, with 78 per cent of alcohol dependent patients seeking treatment over their lifetime compared with only 27 per cent of those who met the criteria for abuse. Alcohol dependent



patients sought treatment more quickly than those with abuse. But the time to treatment was still significantly delayed with alcohol dependent patients waiting on average 14 years to seek treatment. Those with earlier onset of symptoms and from older cohorts reported longer delay and were less likely to ever seek treatment compared to those with later onset or from more recent cohorts. Those with comorbid anxiety but not mood disorder, or who reported alcohol-related role disruption or recurrent interpersonal problems were more likely to ever seek treatment and reported shorter delay compared to those who did not report these symptoms. Younger generations of Australians tended to access care sooner after the onset of problems.

View paper: [Go to website.](#)

## Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence

**Mattick, R. P., Kimber, J., Breen, C. L., & Davoli, M. (2014).** Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews*, 2. doi: 10.1002/14651858.CD002207.pub4

Methadone is widely used as a replacement for illicit opioid use such as heroin in medically -supported opioid substitution maintenance programs.

Buprenorphine is also currently used in treatment of opioid dependent patients and can reduce illicit opioid use compared

with placebo, although it is less effective than methadone. Buprenorphine is an opioid drug that is not as potent as heroin and methadone, although the effects of buprenorphine may last longer. Buprenorphine can be taken once every two days.

The authors used Cochrane Collaboration methodology to evaluate the results of 31 randomised controlled trials of buprenorphine maintenance treatment versus placebo or methadone in management of opioid dependent persons.

The trials include different formulations of buprenorphine: sublingual solution, sublingual tablets, combined buprenorphine/naloxone sublingual tablet and an implant.

The review of trials found that buprenorphine at high doses (16 mg) can reduce illicit opioid use effectively compared with placebo, and buprenorphine at any dose studied retains people in treatment better than placebo.

Buprenorphine appears to be less effective than methadone in retaining people in treatment, if prescribed in a flexible dose regimen or at a fixed and low dose (2 - 6 mg per day).

Buprenorphine prescribed at fixed doses (above 7 mg per day) was not different from methadone prescribed at fixed doses (40 mg or more per day) in retaining people in treatment or in suppression of illicit opioid use.

View paper: [Go to website.](#)

# publication list



This is a complete reference list of all written output produced by the three research centres in the three months between November 2014 - February 2015. For journal articles, links have been provided to an abstract. Readers may need to subscribe to access the full publication in journals.

## Bulletins and newsletters

**Butler, K., Sindicich, N., & Burns, L.** (2014). Young people, drug use and risk behaviours. EDRS Drug Trends Bulletin, December 2014, 1-3. [Go to website.](#)

**Chow, S., Iversen, J., & Maher, L.** (2014). Drug injection trends among participants in the Australian Needle and Syringe Program Survey, 2009-2013. Drug Trends Bulletin, October Supplement 2014, 1-4. [Go to website.](#)

**Copeland, J., & Clement, N.** (2014). The use of cannabis for medical purposes. NCPIC Bulletin, 18, 1-10. [Go to website.](#)

**McIlwraith, F., Hickey, S., & Alati, R.** (2014). What's happening with heroin? Drug Trends Bulletin, December 2014, 1-4. [Go to website.](#)

**Roxburgh, A., & Burns, L.** (2014). Cocaine and methamphetamine induced deaths in Australia 2010. NIDIP Bulletin, November 2014, 1-6. [Go to website.](#)

**Sindicich, N., & Burns, L.** (2014). An overview of the 2014 Ecstasy and Related Drugs Reporting System (EDRS). EDRS Drug Trends Bulletin, October 2014, 1-7. [Go to website.](#)

**Stafford, J., & Burns, L.** (2014). Key findings from the IDRS: a survey of people who inject drugs. Drug Trends Bulletin, October 2014, 1-7. [Go to website.](#)

**Van Buskirk, J., Roxburgh, A., Bruno, R., & Burns, L.** (2014). Drugs and the Internet. Drugs and New Technologies (DNeT) Bulletin, Issue 3 September, 1-17. [Go to website.](#)

## Chapters and books

**Hall, W., & Degenhardt, L.** (2014). Harm reduction policies for cannabis. In R. G. Pertwee (Ed.), Handbook of cannabis (pp. 692-709). Oxford: Oxford University Press.

**Lee, Y. Y., Vos, T., Flaxman, A., Blore, J., & Degenhardt, L.** (2014). Knot selection in spline models: cocaine dependence. In A. Flaxman (Ed.), Integrated Meta-Regression Framework for Descriptive Epidemiology (pp. 121-127). Seattle: University of Washington Press.

**Livingston, M.** (2014). Liquor regulation: beyond the night-time economy. In M. Manton, R. Room, C. Giorgi & M. Thorn (Eds.), Stemming the tide of alcohol: liquor licensing and public interest (pp. 79-85). Deakin, ACT: Foundation for Alcohol Research and Education (FARE).

**Manton, E., Room, R., & Livingston, M.** (2014). Limits on trading hours, particularly late-night trading. In M. Manton, R. Room, C. Giorgi & M. Thorn (Eds.), Stemming the tide of alcohol: liquor licensing and public interest (pp. 122-136). Deakin, ACT: Foundation for Alcohol Research and Education (FARE).

**Newton, N. C., Deady, M., & Teesson, M.** (2014). Alcohol and substance use prevention and early intervention. In P. Byrne & A. Rosen (Eds.), Early Intervention in Psychiatry: EI of nearly everything for better mental health (pp. 201-217). Chichester, UK: John Wiley.

## Factsheets

**National Centre for Education and Training on Addiction.** (2014). Grey matters: Preventing and responding to alcohol and other drug problems among older Australians: An information sheet series. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University. [Go to website.](#)

**Roche, A.M., Lee, N., & Cameron, J.** (2014). Alcohol education: What really works in schools? Adelaide: National Centre for Education and Training on Addiction. [Go to website.](#)

## Journal articles

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