

centre lines

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issuing **forth**

Reducing alcohol harms through community engagement



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With DoHA funding secured for three years, enhanced research collaboration with our colleagues at the National Drug Research Institute (NDRI) and the National Centre for Education and Training on Addiction (NCETA) and a new strategic plan to take us to 2017, the year ahead starts on solid ground. One of the major challenges will be to fully understand the nature of the challenges we are facing with emerging psychoactive drugs, writes NDARC's director Professor Michael Farrell.

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Associate Professor Anthony Shakeshaft describes the long and sometimes winding road of the landmark Alcohol Action in Rural Communities project. The results were encouraging, showing that community action to combat alcohol harms at a local level is effective

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AARC launch has many messages

At any one time NDARC has around 90 projects on the go. They vary in size and in funding support. They may be self-funded and exist solely through the determination of the individual researcher or project team to follow a hunch, to answer a question that needs answering.

Others are centrepiece big ticket items, lasting many years and backed by several million dollars in external funding. The Alcohol Action in Rural Communities (AARC) is one such project.

The ambitious five year \$2.4 million dollar project, funded by the Foundation for Alcohol Research and Education (FARE), comprised 13 evidence-based, community-led interventions over a period of five years in 10 rural communities, and compared the results with 10 non-intervention control towns. Late last month the Hon. Kevin Humphries, MP, Minister for NSW Mental Health launched the AARC results at NSW Parliament House.

Representatives of the local communities including local members, mayors and local police comprised a large proportion of the audience. There was tangible pride in the room. What they heard was that community action works. Compared to the control towns, the experimental communities saw, among other outcomes, a 42 per cent reduction in residents' experience of alcohol fuelled verbal abuse and a 33 per cent reduction in alcohol-related street offences. The interventions were cost-effective, saving around \$1.50 for every dollar spent.

The communities have also contributed to a significant step forward in public health research. AARC was the largest scale randomised controlled trial of a community led public health intervention anywhere in the world. As Associate Professor Anthony Shakeshaft writes in the cover feature of this issue of *CentreLines*, it was a long and sometimes gruelling road. But in the process the team and the communities they worked with developed a blueprint for future projects measuring public health interventions as and when they are delivered.

Marion Downey, Manager Media and Communications

CentreLines is a joint publication from the National Drug and Alcohol Research Centre, Sydney and the National Drug Research Institute, Perth.

headspace

Emerging psychoactive substances remain one of the biggest challenges for the year ahead

Professor Michael Farrell

This has been a rich and rewarding year. The core funding for the three Centres was confirmed by DOHA and the National Research Centres, NDARC, NCETA and NDRI have established a formal research collaboration and undertake a regular consultation with key members of the drugs branch in DOHA to ensure that we are all aware of evolving issues and problems. Overall the aim is to ensure close working relationships and to ensure that the programme of work across the Centres complement each other.

There are now a number of key streams of work on young people in NDARC looking at cohort studies on access to alcohol in teenagers, cannabis cohort studies, young prevention studies and also the triple B project that is looking at new babies and the impact of exposure to tobacco, alcohol and other drugs on development and parenting. Strategically

this enables us to add to cross sectional work on the prevalence and risk factors associated with patterns of substance use.

Professor Maree Teesson has been successful in obtaining NHMRC funding for Australia's first Centre of Research Excellence in Mental Health and Substance Use. This will greatly add to the broad range of research expertise in co-morbidity which has developed at the Centre over a number of years.

The problem of emerging psychoactive substances continues to take up a lot of media time. Internationally it is recognised as a major and evolving problem. The EMCDDA reported in their annual report in November that a novel drug is coming onto the market every week. This poses a significant challenge for future regulation.

At the moment, the challenge for us is to fully understand the nature of the problem we are facing. At one instance it is a drug access and regulatory problem, in that people are confused about the notion of being able to buy psychoactive drugs that are not prohibited and yet may be very harmful.

Much of this could be regulated under Trade Protection Law, as frequently the contents of the packages are at considerable variance to what is stated on the packet label. There is interest in some jurisdictions in developing regulatory processes whereby any simply

analogue modification can be prohibited. There is a danger in jumping too quickly to prohibiting substances before any data has been gathered on the harmful effects of the target drug.

Over the coming years we need to monitor this evolving problem, both through new technology and internet monitoring, but also through careful recording and collation of the reported adverse effects of the new drugs if they are used within communities.

While this is a challenge it is also an important opportunity to ensure that a proper evidence base is built up around these new drugs so that decision making can be shaped by what we actually know rather than what we imagine.

NDRI and NDARC have worked closely to develop new understandings and to inform this rapidly changing process. This is a global phenomenon and we need to keep astride of developments in Europe and the US. We are actively engaged in discussions with the EMCDDA and NIDA on this topic. Most recently the Director of the US Office of National Drug Control Policy, Gil Kerlikowske visited NDARC and had a broad ranging discussion with the Directors of NDARC, NCETA and NDRI about this topic among others. There was discussion on how to further develop our links on this important topic in 2013. **cl**

issuing forth

Reducing alcohol harms through community engagement

By Associate Professor Anthony Shakeshaft

The Alcohol Action in Rural Communities (AARC) project officially began in 2004. In truth it began at least two years before that in a café in Newcastle, where Professor Rob Sanson-Fisher and I sat, bemoaning the near impossibility of conducting large-scale, well-controlled, public health trials to test whether communities could themselves reduce their exposure to the harms imposed by excessive drinking. The alcohol harms were obvious. The approach was novel enough – in Australia at least, nobody much was talking about the impact of community, or environmental,

characteristics on excessive drinking and harms. All we needed was a large number of communities and a few years. And about three million bucks, Rob helpfully pointed out. Of course nothing much happened until Rob forwarded an email to me from a group called the Alcohol Education and Rehabilitation Foundation (now the Foundation for Alcohol Research and Education) who were calling for alcohol research applications. Rob's pithy email suggested that we should apply and see if they had the courage to fund a multi-million dollar trial. We did and they did. The AARC project was born.

Ethical challenges

In the July 2005 issue of Centrelines, I wrote an article to mark, more or less, the first anniversary of AARC. It was a rough start in many ways. Something like 20 ethics committees had 20 different things they didn't like about what we proposed to do. The various government and non-government

departments were suspicious about what we were asking of their staff in the communities. The necessarily large data sets (police incidents, hospital admissions and traffic crashes) were time consuming to format and analyse, the pre-intervention survey items needed to be decided and their reliability and validity checked, and each of 20 communities had any number of key stakeholders with whom we needed to consult.

After 12 months we had made good progress and had absorbed the enormity of what we were trying to do. But I was worried as we moved into the intervention phase that we would use up too much of the precious little time we had going down blind alleys and then being forced to back track. I was worried we would fail to make an impact which, in turn, might contribute to the idea that scientifically rigorous community-based research was too difficult, or not worth the effort. But in the face of these often frustrating realities, I took encouragement from the great Danish

physicist Niels Bohr. As I wrote at the time, Niels was essentially unperturbed about the future applications of his research: "Prediction is very difficult," he quipped, "especially about the future." Granted AARC was already deeply embedded in practical application, but I took his point that the critical issue is to make sure the research questions are novel and that the research is done well – do those things in the here and now and the outcomes will look after themselves. I think it's a point well made – if the research is good enough then it will be used routinely in practice, even if we can't yet imagine how or when.

Mistakes are part of the process

I finished that 2005 article with another quote from Niels that reminded me that we would learn all we needed to know as we went along, that expertise is nothing more than having "... made all the mistakes that can be made in a very narrow field."

With encouragement to be rigorous and persistent we ploughed on. So what did AARC do? AARC examined the effectiveness of community action in reducing risky alcohol consumption and alcohol-related harms. More specifically, AARC had four aims:

1. to identify the extent to which alcohol harms differ between otherwise similar communities.
2. to estimate the effectiveness of a community-action approach in reducing alcohol-related harm using a cluster randomised controlled design, as the most stringent evaluation design.
3. to conduct a cost-benefit analysis as the most comprehensive economic evaluation.
4. to contribute to the current research effort in the alcohol field and help build capacity for future community-based alcohol intervention research in Australia.

The AARC interventions comprised 13 individual interventions implemented systematically over five years in ten regional



communities in NSW. The impact of AARC was evaluated by comparing its impact in these ten active, or experimental, communities to ten inactive, or control, communities, using a randomised controlled trial.

The Foundation for Alcohol Research and Education (FARE) provided \$2.4 million in funding for the project, which was undertaken by the Universities of New South Wales and Newcastle, and the National Drug and Alcohol Research Centre, in partnership with local communities, local governments, and government agencies.

Community Action

The community-action approach involves members of local communities working together to address an issue of shared concern – in this case to reduce rates of risky drinking and alcohol-related harms. Thirteen individual interventions were implemented systematically over five years in the ten active communities. Eight of these interventions comprised 'harm reduction' strategies that aimed to reduce the adverse health, social and economic consequences of excessive alcohol use. Examples of these included:

- screening and brief intervention – whether by GPs, health services, pharmacies or hospital emergency departments;

- workplace alcohol policies and training; and
- implementing the Good Sports program and police identifying and targeting high risk weekends.

The remainder of the interventions comprised 'demand reduction' strategies, which aimed to prevent the uptake and/or delay the onset of alcohol use, reduce the misuse of alcohol and support people to recover from dependence. These included:

- high school-based interactive sessions,
- the provision of town-specific alcohol harm data,
- media advocacy; and
- feedback to GPs on their prescribing of anti-alcohol medications

AARC used a prospective RCT, with whole communities as the unit of randomisation and analyses. This RCT tested the effectiveness of community-action against a control, or no intervention, condition. An RCT is widely accepted as the most scientifically rigorous method of evaluating the effect of a defined intervention while controlling for a range of other influential variables. The project involved 20 rural NSW communities. Ten of these towns were experimental communities and included Corowa, Forbes, Grafton, Griffith, Gunnedah, Inverell, Kempsey, Leeton, Parkes and Tumut. The other ten were control communities and included Ballina, Broken Hill, Byron Bay, Casino, Cootamundra, Cowra, Deniliquin, Lithgow, Moree and Wauchope. The towns were sorted into matched pairs; with one community in each pair randomly allocated to the 'experimental' condition, and the other to the 'control' condition.

The results

AARC found that community action worked to reduce some types of risky drinking and alcohol-related harms. Compared to the control communities, the active communities experienced a 20 per cent reduction in average alcohol consumption; 42 per cent reduction in residents' experience of alcohol fuelled verbal abuse; 33 per cent reduction in





alcohol-related street offences; and 30 per cent reduction in the number of residents who reported drinking at levels that placed them at high-risk of alcohol-related violence, accidents and injuries. And there was a positive cost-benefit: for every \$1 spent on community action the value of the returns was conservatively estimated at between \$1.75 and \$1.37.

But AARC did not impact on a number of other outcomes, including alcohol-related assaults and traffic crashes. This suggests that communities are able to reduce some types of risky drinking and harms, but it is unreasonable to expect them to do everything by themselves. Supply reduction interventions, such as hours of operation and numbers of venues, along with more effective pricing and advertising policies, would most likely further reduce those harms on which the AARC communities were unable to impact. On balance, both effective community action and complementary government policy are required to optimally reduce risky drinking in Australia.

In addition to the major outcomes, AARC established principles to engage local communities. The study found that different communities need different types of solutions. Communities each face different challenges in terms of problem drinking and rates of alcohol-fuelled crime, traffic crashes and hospitalisations. This means that while AARC developed and trialled a suite of interventions, not all interventions are required or effective in every community.

AARC also emphasised the value of working with community members when adapting and implementing interventions and strategies to address alcohol-related harm, to ensure they are effective and appropriate and likely to be sustained. To complement this, it showed the need for integrated partnerships between the community (e.g. local government, health providers and local police), Government Agencies (such as Roads and Maritime Services, NSW Health and the Office of the Liquor and Gaming Authority) and researchers

to ensure that the more effective interventions are being trialled, evaluated, implemented and amended where necessary.

In addition to practical positive outcomes for communities, AARC made a substantial contribution to research effort in the alcohol field and to building capacity for future community-based alcohol intervention research in Australia. Specifically, the AARC project produced more than 30 papers in the international, peer-review scientific literature. It also successfully trained 5 PhD students and 2 Masters students in community-based research, all of whom continue to work in the alcohol research field both nationally and internationally.

The way forward for communities

In conclusion, AARC demonstrated that community action approaches are effective and that its economic benefits outweigh its costs. Community action should become a key element in addressing alcohol-related harms and complements government interventions such as reforms to alcohol taxation, promotion and the regulation of alcohol's availability.

The challenge that remains is whether we can make the process of AARC routine, now we have good evidence it works for at least some outcomes, and is worth the cost. This question brings us back to the phlegmatic Niels Bohr. Predictions about the future are difficult. Who can tell if we could establish ongoing researcher and community partnerships? But if a risky and complex research endeavour like

AARC can happen despite all the reasons that it shouldn't, then there is reason to work towards creating routine researcher/community partnerships. In clinical medicine the boundaries between teaching, research and practice have become increasingly, and rightly, blurred – they are, after all, three complementary aspects of the same activity – improving patient treatment and outcomes. So why can't we blur the same boundaries in public health? With some imagination we could embed public health research and teaching into the everyday functioning of communities, rather than try to implant what we learn elsewhere into them. This would make communities, and the individuals who live in them, part of their own efforts to improve their health and, in turn, lessen their demand for treatment. AARC was a step in that direction, rather than a truly integrated effort, but I think it shows it can be done. And the AARC economic analysis provides a high level of reassurance that whatever is spent by governments will be outweighed by cost savings from fewer alcohol-related harms.

Although thanking individuals for their contribution to what is inherently a collaborative research and community effort is slightly absurd, it would be remiss to conclude without at least attempting to thank all those who have been involved in AARC. In no particular order, FARE staff, research assistants, senior academics, PhD students, Masters students, the many key stakeholders in the communities, technical research staff at the participating universities and administrative staff have all played a vital role. Quite simply, AARC would not have occurred without their willingness to contribute their skills, ideas and plain hard work to the goal of testing community-action. Thank you to everyone involved – I can only hope you have in some way benefited from the experience and that the AARC model helps inspire a new generation of community, government and researcher partnerships that continue to improve the health of all Australians. **cl**



project notes

Pharmacy-based interventions for cannabis use-related difficulties

John Howard, Jan Copeland and Morag Millington

External Collaborators: Denis Leahy, Carlene Smith, Timothy Chen, Janie Sheridan and Jennie Houseman

This project aims to ascertain the attitudes of pharmacists to cannabis and their potential role in health promotion and provision of brief opportunistic interventions. It builds on a successful brief intervention that the National Cannabis Prevention and Information Centre (NCPIC) developed with General Practitioners.

Pharmacists represent a unique position in health care and are relied on to provide health care, especially in rural areas where a medical practitioner may only be available on a sessional basis. In order to engage with pharmacists and equip them to provide appropriate assistance, a better understanding of their views on and attitudes towards cannabis and people who use cannabis is warranted, as is their perceptions of any barriers in providing the interventions being developed. In addition, their view on useful resources to assist them and their clients is essential for resource development.

The project comprises a practice component and a research component

Practice component:

- Selected NCPIC Factsheets have been adapted for use by pharmacists and their customers. These, together with the Severity of Dependence Scale and various NCPIC resources will form a pack for use by pharmacists in community setting.
- Thirty five pharmacists from the Hunter/New England Area attended an information session at the School of Biomedical Sciences and Pharmacy at the University of Newcastle on 31 October 2012.
- The Pharmacy Guild of Australia, NSW Branch, is developing a proposal to pilot brief opportunistic interventions.

The research component has two parts – (i) qualitative and (ii) quantitative.

- A qualitative study with 11 pharmacists has been completed. This arm of the research explored their views and attitudes towards cannabis and cannabis users and any perceived barriers to providing brief intervention. There was broad support for the provision of information and brief interventions, and questions raised about

engagement with customers who could benefit and the realities of pharmacies. The results were used to develop the quantitative instrument and the process for recruiting pharmacists and pharmacy staff to complete the survey.

- For the quantitative arm, the survey instrument has been finalised and recruitment will begin early in 2013. The instrument is modelled on the NCPIC survey of general practitioners and is consistent to that used by Sheridan (2008) in New Zealand where she explored NZ pharmacists' view of providing expanded services related to alcohol use-related difficulties. The invitation to complete the survey will be circulated via email to Pharmacy Guild members.

The project is a non-funded collaboration between NCPIC, The Pharmacy Guild of Australia – NSW Branch, Associate Professor Timothy Chen, Faculty of Pharmacy, University of Sydney, Associate Professor Janie Sheridan, Research Director and Deputy Head of School, School of Pharmacy, University of Auckland, and Jennie Houseman, Consultant Pharmacist, Community GP & Pharmacy Liaison, Northern Sydney Area Drug and Alcohol Services, NSW Health. It is led by Dr John Howard.

Treatment pathways from the client's perspective: informing a better match between service provision and service need

Jenny Chalmers and Alison Ritter

The NSW Ministry of Health is leading a project to develop a national population based model for drug and alcohol service planning, known as the National Drug and Alcohol Clinical Care and Prevention Modelling Project (DA-CCP).

Central to the project is the establishment of a set of ideal treatment pathways, which represent the services that any one typical client may receive over the course of a typical year (categorized by age, severity of dependence and drug type).

The goal of this project is to generate empirical data showing the treatment pathways taken by people before they enter the Opioid Treatment Program (OTP) in NSW. The project aims to make service system development recommendations for policy makers based on the documented treatment pathways and an assessment of the implications of inaccessibility of treatment for the pathways taken.

The centrepiece of the project is a census of people who enter OTP in NSW during September and October 2012, using a self-

complete instrument mailed to their dispensing point. The census and the analysis of the results is being led by Jenny Chalmers at the Drug Policy Modelling Program based at NDARC. The Ministry used its administrative data-base to identify eligible participants and mail them surveys at their dispenser. The survey is complete and data analysis is underway.

The project is funded by NSW Ministry of Health.

Compulsory treatment of drug users in Asia: A review

Kate Dolan, Heather Worth and David Wilson

Injecting drug use (IDU) is a global concern. Harms associated with IDU include imprisonment, overdose and HIV infection. In South and South-East Asia, IDU is the leading mode of HIV transmission. Addressing IDU with effective interventions is vital for stemming HIV transmission. The aim was to review the literature on injecting drug use, compulsory drug treatment programs and HIV in selected countries in Asia.

Nine countries were included; China, India, Indonesia, Philippines, Vietnam, Thailand, Burma, Malaysia and Cambodia. The prevalence of injecting ranged from 1.33% in Malaysia to 0.02% for India and Cambodia. The estimated number of PWID ranged from two million in China to about 2,000 in Cambodia. It is estimated that overall, 30% of PWID in South and South-East Asia are HIV positive. Incarceration of PWID in Asia is common and increasing. A high proportion of prisoners in Thailand (58%), Vietnam (32%) and Malaysia (24%) were drug offenders. Compulsory detention and imprisonment was widely used in most of the countries in this study.

Treatment centres most often use abstinence-based programs, but there was little evidence for these treatments. There is also little evidence of follow-up or care provided for those who leave compulsory treatment centres. Experts estimated that between 75-100% of PWID returned to drug use upon release from coerced treatment in China, Malaysia, Thailand and Vietnam. Typically residents in closed settings were poor, uneducated and unemployed young men, aged between 20 and 30 years, although the number of young women in compulsory detention is increasing. As well, the length of detention has increased, with detention reaching 4 years in Vietnam and 2 years in China in 2009. There was no evidence that the centres provide effective treatment for PWID and that this type of approach is less effective than voluntary treatment.

The project was funded by the World Bank. **cl**

Pathways to heroin dependence: time to re-appraise self-medication

*Addiction, Advance online publication (1-9)
doi:10.1111/j.1360-0443.2012.04001.x*

Shane Darke

Abstract: The self-medication hypothesis emphasizes the role of distressing affect as the primary motivator for the compulsive use that leads to substance dependence. The model also postulates that there will be psychopharmacological specificity between symptom presentation and the primary drug of dependence. In this review, the self-medication hypothesis is examined in relation to the development and chronicity of heroin dependence. It is argued that if self-medication has a role in engendering and extending substance dependence, it should be apparent in the use of a drug that carries such overwhelming personal risk. The psychopathology seen among adult users is certainly consistent with the model. More importantly, however, are the extraordinarily high levels of childhood trauma and psychopathology that occur typically well before the initiation of heroin use. In contrast, the postulate of drug specificity appears less supported by the polydrug use patterns typical of heroin users, and does not appear to be a necessary corollary of the model.

Quantifying the Clinical Significance of Cannabis Withdrawal

PLoS ONE 7(9): e44864. doi:10.1371/journal.pone.0044864

David Allsop, Jan Copeland, Melissa Norberg, Shanlin Fu, Anna Molnar, John Lewis and Alan Budney

Background and Aims: Questions over the clinical significance of cannabis withdrawal have hindered its inclusion as a discrete cannabis induced psychiatric condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). This study aims to quantify functional impairment to normal daily activities from cannabis withdrawal, and looks at the factors predicting functional impairment. In addition the study tests the influence of functional impairment from cannabis withdrawal on cannabis use during and after an abstinence attempt.

Methods and Results: volunteer sample of 49 non-treatment seeking cannabis users who

met DSM-IV criteria for dependence provided daily withdrawal-related functional impairment scores during a one-week baseline phase and two weeks of monitored abstinence from cannabis with a one month follow up. Functional impairment from withdrawal symptoms was strongly associated with symptom severity ($p = 0.0001$). Participants with more severe cannabis dependence before the abstinence attempt reported greater functional impairment from cannabis withdrawal ($p = 0.03$). Relapse to cannabis use during the abstinence period was associated with greater functional impairment from a subset of withdrawal symptoms in high dependence users. Higher levels of functional impairment during the abstinence attempt predicted higher levels of cannabis use at one month follow up ($p = 0.001$).

Conclusions: Cannabis withdrawal is clinically significant because it is associated with functional impairment to normal daily activities, as well as relapse to cannabis use. Sample size in the relapse group was small and the use of a non-treatment seeking population requires findings to be replicated in clinical samples. Tailoring treatments to target withdrawal symptoms contributing to functional impairment during a quit attempt may improve treatment outcomes.

Mental health correlates of anger and violence among individuals entering substance use treatment

Mental Health and Substance Use, DOI:10.1080/17523281.2012.725425

Emma Barrett, Katherine Mills, Maree Teesson and Philippa Ewer

Background and aims: Individuals with substance use disorders (SUDs) have consistently been shown to report elevated levels of anger and rates of violence perpetration. Given that heightened anger can increase risk for violence and also impede treatment for SUD, it is important to identify correlates of anger and violence among individuals in SUD treatment settings. While previous research has identified factors associated with anger and violence among individuals with SUD, these studies tend not to adequately address the role of comorbidity or trait aggression in their samples. This is particularly important given that comorbid mental health disorders, for example post traumatic stress disorder (PTSD), have been shown to be associated with anger and violence perpetration among individuals with

SUD. This paper aims to examine demographic and mental health correlates of anger and violence among individuals in treatment for SUD.

Methods and results: Structured interviews were carried out with 58 participants recruited from a residential detoxification clinic. Findings indicate that individuals with comorbid mental health symptoms, particularly symptoms of anxiety, are also likely to present with elevated levels of anger. In addition, a history of childhood trauma exposure and high levels of trait aggression were significantly associated with violence perpetration in the sample. This information can assist clinicians in identifying individuals prone to anger and violence and aid in the development of interventions designed to reduce anger and the likelihood of violence among individuals entering substance use treatment.

A systematic review of school-based alcohol and other drug prevention programs facilitated by computers or the Internet

Drug and Alcohol Review (2012) DOI: 10.1111/j.1465-3362.2012.00517.x

Katrina Champion, Nicola Newton, Emma Barrett and Maree Teesson

Issues: The use of alcohol and drugs amongst young people is a serious concern and the need for effective prevention is clear. This paper identifies and describes current school based alcohol and other drug prevention programs facilitated by computers or the Internet.

Approach: The Cochrane Library, PsycINFO and PubMed databases were searched in March 2012. Additional materials were obtained from reference lists of papers. Studies were included if they described an Internet or computer-based prevention program for alcohol or other drugs delivered in schools.

Key Findings: Twelve trials of 10 programs were identified. Seven trials evaluated Internet-based programs and five delivered an intervention via CD-ROM. The interventions targeted alcohol, cannabis and tobacco. Data to calculate effect size and odds ratios were unavailable for three programs. Of the seven programs with available data, six achieved reductions in alcohol, cannabis or tobacco use at post intervention and/or follow up. Two interventions were associated with decreased intentions to use tobacco, and two significantly increased alcohol and drug-related knowledge.

Conclusion: This is the first study to review the efficacy of school-based drug and alcohol prevention programs delivered online or via computers. Findings indicate that existing computer- and Internet based prevention programs in schools have the potential to reduce alcohol and other drug use as well as intentions to use substances in the future. These findings, together with the implementation advantages and high fidelity associated with new technology, suggest that programs facilitated by computers and the Internet offer a promising delivery method for school-based prevention.

Remission from post-traumatic stress disorder in the general population

Psychological Medicine (2012), 42, 1695–1703.

Catherine Chapman, Katherine Mills, Tim Slade, Alexander McFarlane, Richard Bryant, Mark Creamer, Derrick Silove and Maree Teesson

Background: Few studies have focused on post-traumatic stress disorder (PTSD) remission in the population, none have modelled remission beyond age 54 years and none have explored in detail the correlates of remission from PTSD. This study examined trauma experience, symptom severity, co-morbidity, service use and time to PTSD remission in a large population sample.

Method: Data came from respondents (n=8841) of the 2007 Australian National Survey of Mental Health and Wellbeing (NSMHWB). A modified version of the World Health Organization's World Mental Health Composite International Diagnostic Interview (WMH-CIDI) was used to determine the presence and age of onset of DSM-IV PTSD and other mental and substance use disorders, type, age, and number of lifetime traumas, severity of re-experiencing, avoidance and hypervigilance symptoms and presence and timing of service use.

Results: Projected lifetime remission rate was 92% and median time to remission was 14 years. Those who experienced childhood trauma, interpersonal violence, severe symptoms or a secondary anxiety or affective disorder were less likely to remit from PTSD and reported longer median times to remission compared to those with other trauma experiences, less severe symptoms or no co-morbidity.

Conclusions: Although most people in the population with PTSD eventually remit, a significant minority report symptoms decades after onset. Those who experience childhood trauma or interpersonal violence should be a high priority for intervention.

Social Influence, Addictions and the Internet: The Potential of Web 2.0 Technologies in Enhancing Treatment for Alcohol/Other Drug Use Problems

Journal of Addiction Research and Therapy S8:002. doi:10.4172/2155-6105.S8-002

Mark Deady, Frances Kay-Lambkin, L Thornton, Amanda Baker and Maree Teesson

Abstract: The past decade has seen the proliferation of e-health applications across disease categories. With the emergence of the next generation of Internet-based applications, Web 2.0, there are increasing opportunities for integrating these technologies into treatment approaches for alcohol/other drug use problems, in a way that engages and empowers like never before. No evidence currently exists to demonstrate the benefits of Web 2.0 applications, such as social networking and social media, on alcohol/other drug use problems. However, social learning and influence theories point to the possible mechanisms of action and effectiveness. More research is urgently required to examine the potential of Web 2.0 applications on alcohol/other drug use problems.

The persistence of the association between adolescent cannabis use and common mental disorders into young adulthood

Addiction, Advance online publication doi:10.1111/j.1360-0443.2012.04015.x

Louisa Degenhardt, Carolyn Coffey, Helena Romaniuk, Wendy Swift, John B. Carlin, Wayne D. Hall and George C. Patton

Aims: Debate continues about whether the association between cannabis use in adolescence and common mental disorders is causal. Most reports have focused on associations in adolescence, with few studies extending into adulthood. We examine the association from adolescence until the age of 29 years in a representative prospective cohort of young Australians.

Design: Nine-wave, 15-year representative longitudinal cohort study, with six waves of data collection in adolescence (mean age 14.9–17.4 years) and three in young adulthood (mean age 20.7, 24.1 and 29.1 years).

Participants: Participants were a cohort of 1943 recruited in secondary school and surveyed at each wave when possible from mid-teen age to their late 20s. Setting Victoria, Australia. Psychiatric morbidity was assessed with the Revised Clinical Interview Schedule (CIS-R) at each adolescent wave, and as Composite International Diagnostic Interview (CIDI)-defined ICD-10 major depressive episode and anxiety disorder at 29 years. Frequency of cannabis use was measured in the past 6 months in adolescence. Cannabis use frequency in the last year and DSM-IV cannabis dependence were assessed at 29 years. Cross-sectional and prospective associations of these outcomes with cannabis use and dependence were estimated as odds ratios (OR), using multivariable logistic regression models, with the outcomes of interest, major depressive episode (MDE) and anxiety disorder (AD) at 29 years.

Findings: There were no consistent associations between adolescent cannabis use and depression at age 29 years. Daily cannabis use was associated with anxiety disorder at 29 years [adjusted OR 2.5, 95% confidence interval (CI):< 1.2–5.2], as was cannabis dependence (adjusted OR 2.2, 95% CI: 1.1–4.4). Among weekly+ adolescent cannabis users, those who continued to use cannabis use daily at 29 years remained at significantly increased odds of anxiety disorder (adjusted OR 3.2, 95% CI: 1.1–9.2).

Conclusions: Regular (particularly daily) adolescent cannabis use is associated consistently with anxiety, but not depressive disorder, in adolescence and late young adulthood, even among regular users who then cease using the drug. It is possible that early cannabis exposure causes enduring mental health risks in the general cannabis-using adolescent population.

Drug policy coordination: Identifying and assessing dimensions of coordination

International Journal of Drug Policy (2012), in press <http://dx.doi.org/10.1016/j.drugpo.2012.08.004>

Caitlin Elizabeth Hughes, Alison Ritter, Nicholas Mabbitt

Background: Coordination has been recognised as a critical ingredient for successful drug policy governance. Yet what coordination means and how we assess the processes, outputs and outcomes of drug policy coordination is seldom defined. In this article we explore the utility of internationally recognised principles of good governance for examining aspects of drug policy coordination. We describe the development of an assessment tool, and pilot it in one context that has been both praised and criticised for its approach to drug policy coordination: Australia.

Methods: Eight good governance principles of the United Nations Economic and Social Commission for Asia and the Pacific (which specify the need for policy processes to be participatory, responsive, equitable etc.), were adapted to drug policy coordination. A pilot survey was created to enable assessment of their perceived importance and perceived application and administered to 36 stakeholders from peak Australian advisory bodies.

Results: The instrument was shown to have high internal reliability and high face validity. Application to the Australian context suggested that the eight principles differed in importance, and that the most important principles were 'accountability' and 'participation'. Application also revealed perceived strengths and weaknesses in coordination, most notably, an apparent need to increase 'accountability' for stakeholder actions.

Conclusion: The instrument requires further assessment of reliability and validity. Yet, at least within the Australian context, it starts to unpack normative statements about coordination to show perceptions of what coordination is, areas where improvement may be warranted and the degree of contestation amongst different players. Further application of the good governance lens within this and other contexts will progress the assessment of a fundamental yet neglected policy process and foster a more nuanced consideration of the possibilities for coordination in the drug policy "soup".

Alcohol Use in Hazardous Situations: Implications for DSM-IV and DSM-5 Alcohol Use Disorders

Alcoholism: Clinical And Experimental Research (2012). Advance online publication. DOI: 10.1111/j.1530-0277.2012.01881.x

Louise Mewton, Tim Slade, Sonja Memedovic and Maree Teesson

Background: The use in hazardous situations criterion (hazard) is 1 of 4 criteria related to alcohol abuse in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), and 1 of the 11 criteria related to the new alcohol use disorder (AUD) proposed for DSM-5. The current study aims to evaluate the hazard criterion in the context of both DSM-IV alcohol abuse and DSM-5 AUD.

Methods: Data came from the 2007 Australian National Survey of Mental Health and Well-Being (n = 8,841) as a stratified, multistage area probability sample of persons aged 16 to 85 years. Logistic regressions were used to: (i) compare the clinical characteristics of those with alcohol abuse including hazard and those

with alcohol abuse because of other criteria; (ii) investigate the relationship between the hazard criterion and indices of socioeconomic status (SES); and (iii) investigate the effect of eliminating the hazard criterion on the epidemiology and correlates of the proposed DSM-5 AUD diagnosis.

Results: When compared with the other abuse subgroup, those with abuse including hazard (irrespective of other abuse criteria endorsed) were more likely to report another drug use disorder. The two abuse subgroups could not be differentiated by any other clinical characteristics. There were no systematic relationships between the hazard criterion and indices of SES. The elimination of the hazard criterion would lead to a considerable decrease in the prevalence of AUD, with those no longer receiving a diagnosis more likely to be young males with drug use disorders and suicidal behaviors.

Conclusions: The current study failed to replicate previous analyses that indicated problems with the hazard criterion when assessed in the U.S. population. Many of the problems identified in the hazard criterion appear to be due to operationalizations of this criterion that includes items specifically related to drink-driving. The current results indicate that the elimination of the hazard criterion would lead to a considerable decline in the prevalence of DSM-5 AUD and risk excluding a potentially clinically significant subtype of AUD from future diagnosis.

Effects on Smokers of Exposure to Graphic Warning Images

The American Journal on Addictions, 21: 555-557, 2012

John Malouff, Nicola Schutte, Sally Rooke, Gail MacDonell

Background and Objectives: Several countries have introduced graphic warning images aimed at discouraging smoking. The objective of this study was to evaluate the impact on smokers of graphic warnings showing cosmetically important harm caused by smoking.

Methods: Fifty-six adult smokers were randomly assigned to view either written smoking warnings or the same written warnings with related graphic images. The smokers viewed the warnings at a rate of one per week for 4 weeks. The smokers were assessed before and after the warnings with regard to stage of change toward smoking cessation and level of smoking.

Results: The randomized control trial showed that the warnings with graphic images led to significantly more progress in stage of change toward smoking cessation than written

warnings alone. However, the images did not lead to decreases in smoking rates.

Conclusions and Scientific Significance: The results indicate that written smoking warnings accompanied by images of cosmetically important harm caused by smoking have more potential than warnings alone in prompting changes in the direction of quitting.

Integrated Exposure-Based Therapy for Co-occurring Posttraumatic Stress Disorder and Substance Dependence: A Randomized Controlled Trial

JAMA, August 15, 2012—Vol 308, No. 7

Katherine Mills, Maree Teesson, Sudie Back, Kathleen Brady, Amanda Baker, Sally Hopwood, Claudia Sannibale, Emma Barrett, Sabine Merz, Julia Rosenfeld and Philippa Ewer

Context: There is concern that exposure therapy, an evidence-based cognitive behavioral treatment for posttraumatic stress disorder (PTSD), may be inappropriate because of risk of relapse for patients with co-occurring substance dependence.

Objective: To determine whether an integrated treatment for PTSD and substance dependence, Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), can achieve greater reductions in PTSD and substance dependence symptom severity compared with usual treatment for substance dependence.

Design, Setting, and Participants:

Randomized controlled trial enrolling 103 participants who met DSM-IV-TR criteria for both PTSD and substance dependence. Participants were recruited from 2007-2009 in Sydney, Australia; outcomes were assessed at 9 months post baseline, with interim measures collected at 6 weeks and 3 months post baseline.

Interventions: Participants were randomized to receive COPE plus usual treatment (n=55) or usual treatment alone (control) (n=48). COPE consists of 13 individual 90-minute sessions (ie, 19.5 hours) with a clinical psychologist.

Main Outcome Measures: Change in PTSD symptom severity as measured by the Clinician-Administered PTSD Scale (CAPS; scale range, 0-240) and change in severity of substance dependence as measured by the number of dependence criteria met according to the Composite International Diagnostic

Interview version 3.0 (CIDI; range, 0-7), from baseline to 9-month follow-up. A change of 15 points on the CAPS scale and 1 dependence criterion on the CIDI were considered clinically significant.

Results: From baseline to 9-month follow-up, significant reductions in PTSD symptom severity were found for both the treatment group (mean difference, -38.24[95%CI, -47.93 to -28.54]) and the control group (mean difference, -22.14[95%CI, -30.33 to -13.95]); however, the treatment group demonstrated a significantly greater reduction in PTSD symptom severity (mean difference, -16.09 [95%CI, -29.00 to -3.19]). No significant between-group difference was found in relation to improvement in severity of substance dependence (0.43 vs 0.52; incidence rate ratio, 0.85 [95% CI, 0.60 to 1.21]), nor were there any significant between-group differences in relation to changes in substance use, depression, or anxiety.

Conclusion: Among patients with PTSD and substance dependence, the combined use of COPE plus usual treatment, compared with usual treatment alone, resulted in improvement in PTSD symptom severity without an increase in severity of substance dependence.

Developing a school-based drug prevention program to overcome barriers to effective program implementation: The CLIMATE schools: Alcohol module

Open Journal of Preventive Medicine, 2 (3), 410-422

Laura Vogl, Maree Teesson, Nicola Newton and Gavin Andrews

Abstract: Although effective school-based alcohol prevention programs do exist, the overall efficacy of these programs has been compromised by implementation failure. The CLIMATE Schools: Alcohol Module was developed to overcome some of the obstacles to high fidelity program implementation. This paper details this development of the CLIMATE Schools: Alcohol Module. The development involved two stages, both of which were considered essential. The first stage involved reviewing the literature to ensure the program was based on the most effective pedagogy and health promotion practice and the second stage involved collaborating with teachers, students and specialists in the area of alcohol and other drugs, to ensure these goals were realised. The final CLIMATE Schools: Alcohol Module consists of computer-driven harm minimisation program which is based on a social influence approach. The program consists of six lessons, each with two components. The first component involves

students completing an interactive computer-based program, with the second consisting of a variety of individual, small group and class-based activities. This program was developed to provide an innovative new platform for the delivery of drug education and has proven to be both feasible and effective in the school environment. The success of this program is considered to be testament to this collaborative development approach.

Reproductive Health Needs of Women Experiencing Homelessness within Inner Sydney

Parity, 25(6), 41-42.

Joe Van Buskirk, Lucinda Burns, Adrienne Lucey, Helen Rogers and Susan Glassick

Introduction: Rates of Sexually Transmissible Infections (STIs), unintended pregnancies and instances of intimate partner violence (IPV) are very high amongst women experiencing homelessness (Australian Government Department of Families, 2010; Chamberlain & MacKenzie, 2009; Henning, Ryan, Sanci, & Dunning, 2007). Despite this, women experiencing homelessness are much less likely to seek help for these problems, as more immediate needs such as food and accommodation take precedence (Dragon, 2011).

The aim of the current study was to identify the reproductive health needs (sexual health, relationships, contraception, pregnancy, termination, antenatal care, birth, and early parenting) of women experiencing homelessness in inner Sydney.

Method: Individual semi-structured interviews were conducted with fifteen service providers from ten inner Sydney services. These included specialist homelessness services, outreach centres, hospitals and drug and alcohol services. Qualitative methods were used to identify recurring themes from the data and variations from these. Ethics approval was granted from the South Eastern Sydney Local Health District Human Research Ethics Committee.

Discussion: Findings in the current study were consistent with those of previous research (Darbyshire et al., 2006). That is, the barriers identified were not always indicative of a lack of services in the community, but rather related to barriers in accessing the services that do exist. The researchers found the key to increase engagement with current services was in the provision of a model of care that was flexible and supportive.

A key finding of the study was the need to acknowledge that women experiencing homelessness have a complex set of immediate needs, focussing on food and shelter. In this context the delivery of sexual health services was often a low priority, for consumers and health care workers alike. However, as homelessness can be a chronic situation, these women are at risk of STIs and high-risk pregnancies, thus engagement with these services is vital.

Clinical Features and Correlates of Outcomes for High-Risk, Marginalized Mothers and Newborn Infants Engaged with a Specialist Perinatal and Family Drug Health Service

Obstetrics and Gynecology International, vol. 2012, Article ID 867265, 8 pages, 2012. doi:10.1155/2012/867265

Lee Taylor, Delyse Hutchinson, Ron Rapee, Lucy Burns, Christine Stephens, and Paul S. Haber

Background: There is a paucity of research in Australia on the characteristics of women in treatment for illicit substance use in pregnancy and the health outcomes of their neonates.

Aims: To determine the clinical features and outcomes of high-risk, marginalized women seeking treatment for illicit substance use in pregnancy and their neonates.

Methods: 139 women with a history of substance abuse/dependence engaged with a perinatal drug health service in Sydney, Australia. Maternal (demographic, drug use, psychological, physical, obstetric, and antenatal care) and neonatal characteristics (delivery, early health outcomes) were examined.

Results: Compared to national figures, pregnant women attending a specialist perinatal and family drug health service were more likely to report being Australian born, Aboriginal or Torres Strait Islander, younger, unemployed, and multiparous. Opiates were the primary drug of concern (81.3%). Pregnancy complications were common (61.9%). Neonates were more likely to be preterm, have low birth weight, and be admitted to special care nursery. NAS was the most prevalent birth complication (69.8%) and almost half required pharmacotherapy.

Conclusion: Mother-infant dyads affected by substance use in pregnancy are at significant risk. There is a need to review clinical models of care and examine the longer-term impacts on infant development. **cl**

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staff list

National Drug and Alcohol Research Centre

Staff as of 30 November 2012

Office of the Director

Michael Farrell – Professor, Director
Alison Ritter – Professor, Deputy Director, Director, DPMP
Anthony Shakeshaft – Associate Professor, Deputy Director
Karen Hill – Centre Operations Manager
Marion Downey – NDARC Communications Manager

Academic Staff

David Allsop – Lecturer, NCPIC
Emma Barrett – Research Associate
Deborah Bradford – Doctoral Research Fellow
Courtney Breen – Research Fellow
Lucy Burns – Senior Lecturer
Natacha Carragher – Post-Doctoral Research Fellow
Jenny Chalmers – Senior Research Fellow
Catherine Chapman – Senior Research Fellow
Jan Copeland – Professor, Director, NCPIC
Nicole Clement – Lecturer
Ryan Courtney – Post Doctoral Research Fellow
Shane Darke – Professor, Convenor Research Staff Professional Development Program
Louisa Degenhardt – Professor and Senior NHMRC Research Fellow
Kate Dolan – Professor
John Howard – Senior Lecturer, NCPIC/NDARC
Caitlin Hughes – Research Fellow
Delyse Hutchinson – Senior Research Fellow
Amy Johnson – Research Associate/Doctoral Candidate
Sharlene Kaye – Research Fellow
Frances Kay-Lambkin – Senior NHMRC Research Fellow
Christina Marel – Post-Doctoral Research Fellow
Francis Matthew-Simmons – NHMRC Post-Doctoral Research Fellow
Richard Mattick – Professor
Katherine Mills – Senior Lecturer
Nicola Newton – UNSW Vice-Chancellor's Post-Doctoral Research Fellow
Melissa Norberg – Senior Lecturer, National Clinical Services & Evaluation Manager, NCPIC
Sally Rooke – Research Fellow, NCPIC
Joanne Ross – Senior Lecturer
Marian Shanahan – Senior Lecturer/Health Economist
Edmund Silins – Research Fellow
Tim Slade – Associate Professor
Janette Smith – UNSW Vice-Chancellor's Post-Doctoral Research Fellow
Matthew Sunderland – Research Associate
Wendy Swift – Senior Lecturer
Maree Teesson – Professor and Senior NHMRC Research Fellow, Director CRE in Mental Health and Substance Use
Judy Wilson – Post-Doctoral Research Fellow

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Lucy Albertella – Research Officer, NCPIC
Dion Alperstein – Research Officer, NCPIC
Brandi Baylock – Research Assistant
Jessica Belcher – Research Officer
Ansari Bin Jainullabudeen – Senior Research Officer/ Doctoral Candidate
Emma Black – Senior Research Officer
Veronica Bowland – Research Assistant
Sarah Brann – Research Assistant
Zachary Bryant – Research Assistant
Danya Braunstein – Research Assistant
Kerryn Butler – Research Officer
Bianca Calabria – Senior Research Officer/Doctoral Candidate
Gabrielle Campbell – Senior Research Officer
Joanne Cassar – Research Officer
Katrina Champion – Research Assistant/ Doctoral Candidate
Philip Clare – Research Assistant
Mark Deady – Senior Research Officer/ Doctoral Candidate
Genevieve Eckstein – Research Assistant
Philippa Ewer – Research Officer
Hannah Fiedler – Research Assistant
Peter Gates – Senior Project Coordinator, NCPIC
Natasa Gisev – Postdoctoral Research Fellow
Maria Gomez – Senior Research Officer
Rachel Grove – Research Officer
Karina Hickey – Research Officer, NCPIC
Bianca Hoban – Research Assistant
Ingrid Honan – Research Assistant
Erin Kelly – Research Psychologist/ Doctoral Candidate
Alice Knight – Research Assistant
Kari Lancaster – Research Officer
Briony Larence – Senior Research Officer
Anika Martin – Research Assistant/ Doctoral Candidate
Clare McCormack – Research Assistant/Doctoral Candidate
Sonja Memedovic – Research Officer/Doctoral Candidate
Paul Nelson – Research Officer/Doctoral Candidate
Daniel Rodriguez – Research Assistant
Julia Rosenfeld – Research Psychologist
Ana Rodas – Research Assistant
Larissa Rossen – Research Officer/Doctoral Candidate
Amanda Roxburgh – Senior Research Officer
Stephanie Scott-Smith – Research Assistant
Lisa Sin – Research Assistant/Administrative Officer
Laura Sims – Research Assistant
Natasha Sindicich – Senior Research Officer
Jenny Stafford – Senior Research Officer
Chiara Stone – Research Officer
Rachel Sutherland – Research Officer
Dam Anh Tran – Senior Research Officer/Doctoral Candidate

Joe Van Buskirk – Research Assistant
Michelle Tye – Senior Research Officer/ Doctoral Candidate
Thu Vuong – Research Assistant/Doctoral Candidate
Monika Wadolowski – Research Officer/Doctoral Candidate
Joanne White – Research Assistant
Elizabeth Whittaker – Research Assistant/Doctoral Candidate

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Jasmin Bartlett – Administrative Assistant
Clare Chenoweth – Communications Officer, NCPIC
Chris Coombes – IT Support Officer
Crisanta Corpus – Finance Manager
Paul Dillon – National Communications Manager, NCPIC
Jackie Du – Finance Officer NCPIC/NDARC
Colleen Faes – Administrative Officer, DPMP
Carly Harris – Executive Assistant, NCPIC
Julie Hodge – Administrative Officer
Mary Kumvaj – Librarian
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Morag Millington – Communications Officer, NCPIC
Jelynn Millare – Administrative Assistant
Erin O'Loughlin – Communications Officer
John Redmond – Research Assistant, NCPIC
Ursula Perry – National Clinical Trainer, NCPIC
Carla Santos – Administrative Officer
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Curtin
University of Technology

National Drug Research Institute
Curtin University of Technology
GPO Box U1987 Perth WA 6845
www.ndri.curtin.edu.au

UNSW
THE UNIVERSITY OF NEW SOUTH WALES

National Drug and Alcohol Research Centre
University of New South Wales
Sydney NSW 2052
www.ndarc.med.unsw.edu.au