

# 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

### Researchers develop unique online game for Australian teens

By NDARC

Researchers from the Centre of Research Excellence in Mental Health and Substance Use (CREMS), a consortium led by NDARC, have developed a unique interactive drug education game for Australian teenagers.

Called Pure Rush, the game is targeted at students in Years 8 to 10 and aims to inform adolescents about the potential harms of cannabis, methamphetamine, hallucinogens and pills such as ecstasy. The aim of the game is to avoid (jump over) illicit drugs to reach a music festival in as fast a time as possible.

The researchers interviewed over 100 high school students in five schools across Sydney and Perth to learn what game features they enjoy. These were combined with evidence-based drug prevention strategies to create Pure Rush.

The game differs from the handful of existing drug education games in its use of the popular “race” genre rather than role playing; its emphasis on interactive learning, with characters experiencing the effects of any illicit drugs they collide with (e.g. cannabis slows them down); and its inclusion of Australian landscapes and animals.

Pure Rush also reminds teens they are in the majority if they choose not to take illicit drugs. The latest survey of Australian secondary school students in 2011 showed 7.7% of students aged 12-17 years had used an illicit substance in the past month, while 15.6% had used one in their lifetime.

Director of CREMS and NHMRC Principal Research Fellow at NDARC, Professor Maree Teesson, said drug education is most effective when it is active and engaging.

“Educational games like Pure Rush are an exciting development because they can engage students who don’t respond to traditional drug education”.

Pure Rush is free and optimised for play as an app, available through Google Play and iTunes, and can also be played online. The game has four levels, takes approximately 15-20 minutes to complete and is suitable to be incorporated into a high school lesson plan. Drug education booklets to accompany the game have also been developed for students, parents and teachers.

Pure Rush was built by developers 2and2, and funded by the Australian Government Department of Health. It is just one of a number of drug prevention resources developed by CREMS. To view additional resources please visit:

<http://comorbidity.edu.au/cre-resources>.

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## Conference report: Grey Matters

By NCETA

On 1 April 2015 NCETA hosted a national conference on alcohol and drugs among older people. The aims of *Grey Matters: Preventing and responding to alcohol and other drug problems among older Australians* were to:

- Promote better understanding, and raise awareness of, alcohol and other drug (AOD) issues as they impact older Australians
- Clarify the implications, for the aged care sector and the alcohol and other drug prevention / treatment sector, of trends in AOD use among older Australians
- Identify possible ways forward for cross-sectoral initiatives and response strategies.

Internationally renowned speakers addressed a wide range of issues. Professor Ann Roche highlighted how Australia's population is ageing at a faster rate than ever before and how ageing can predispose to increased AOD harm. Older people increasingly use illicit drugs and alcohol which will dramatically increase substance use problems and have major implications for prevention and treatment services. Professor Paul Haber indicated that alcohol and other drug services are experiencing an influx of older clients, many of whom have complex co-morbidities and other problems. AOD services were described as needing facilities which are accessible to older people; better integrated with other services; and with opioid substitution therapy more accessible. This was especially important as problem AOD use is akin to premature ageing according to Professor Brian Draper who noted that older people are particularly vulnerable to the effects of alcohol and other drugs which can cause and exacerbate cognitive impairment, depression and physical health problems. At a service delivery level, older people are seldom screened for alcohol and other drug problems and even when problems are identified, this doesn't generally lead to intervention, according to Dr Stephen Bright. Effective screening tests are available, but not widely implemented.

The role of modern medicines in improving the lives of older people was examined by Associate Professor Craig Whitehead, Associate Professor Debra Rowett, Professor Mary Luszcz, but it was noted that they are also major contributors to morbidity and mortality, with one in three unplanned hospital admissions among 75+ year olds related to medicines use, and half of these are preventable. Poor medicine use can involve: too few or too many drugs, or incorrect dosages. Adverse drug effects can masquerade as a range of symptoms or be mistaken for the ageing process. Older Australians on average take 3.2 medications, 89% take at least one and 25% take at least five medications, one third use non-prescription and prescription combinations, with persistent use of psychotropic drugs a significant risk factor for fractures.

Professor Leon Lack highlighted that self-perceived sleeping difficulties were prevalent, although insomnia does not increase with age, and sleep symptoms among older people widely treated with medications (particularly benzodiazepines) despite lack of efficacy. In contrast, cognitive behavioural treatment was noted as an effective and durable treatment for insomnia.

The close links between AOD problems and posttraumatic stress disorder (PTSD) was examined by Professor Malcolm Battersby. Lifetime PTSD prevalence is approximately 8% among the general population and 1.5-4% among those over 60 and is associated with poorer self-rated health, multiple medical problems and a doubling of the risk of developing dementia. Cognitive behaviour therapy is an effective treatment for PTSD.

Use of opioids by older Australians for chronic non-cancer pain has increased substantially over the past 15 years despite lack of evidence of efficacy and



Leon Lack, Flinders University; Ann Roche, NCETA; Malcolm Battersby, Flinders Human Behaviour and Health Research Unit; and Tim Semple, Royal Adelaide Hospital

increased levels of harm according to Dr Tim Semple. However, pain remains undertreated among older Australians. People with common mental health disorders are three times more likely to be prescribed opioids for pain. The need to enhance quality of pain management, especially use of non-pharmacological approaches, was highlighted.

From a consumer advocacy perspective Mr Ian Yates described how older Australians are often regarded as an economic and social liability despite substantial contributions to society. Older people's right to make lifestyle choices concerning alcohol and other drug use was stressed, together with not being subjected to potentially harmful prescribing practices (such as chemical restraint) and the importance of being able to access appropriate services.

In closing, the commonalities between the AOD and aged care sectors were illustrated by Professor Margaret Hamilton, specifically the need for appropriate human and service responses. She stressed the critically importance of stimulating older people and keeping active; but acknowledged that this can be difficult if there is a history of complex problems and isolation from families. She noted that our response systems need to be redesigned to facilitate this care and to break down service provision silos and develop the workforce to respond to these cross sectoral issues.

## NDRI researchers convene APSAD

By NDRI

NDRI researchers Dr Julia Butt and Dr Robert Tait are the conference co-convenors for the 2015 APSAD (Australasian Professional Society on Alcohol & other Drugs) scientific conference. The conference will be held at the Pan Pacific Hotel in Perth from Sunday 8 November to Wednesday 11 November 2015, and will feature an exciting program of national and international speakers.

The APSAD conference program will explore the individual, cultural, political, social and other contexts critical to effective prevention and treatment, through poster presentations, symposia, keynotes and concurrent sessions. This year's conference will be in collaboration with the Western Australian Drug and Alcohol Office (DAO) and will address a diverse range of issues including co-existing mental health and drug problems, aetiology, policy innovations, emerging psychoactive substances, responding to First Peoples' needs and addressing drug related harms.

The co-convenors are excited to announce that the international keynote speakers this year will be Professors Brown, Kilmer and Cunningham. Professor Sandra Brown is the Vice Chancellor for Research at the University of California (San Diego) and her research



focuses on substance use across the lifespan including psychosocial factors influencing transitions out of alcohol and drug problems. She has also developed behavioural interventions for comorbid substance use and depression.

Professor Beau Kilmer is a director of the RAND Drug Policy Research Center where his work includes the assessment of South Dakota's 24/7 Sobriety Program on drunk driving, domestic violence, and mortality. He is also involved in evaluating the size of illegal drug markets and marijuana policies.

Rebecca Cunningham is a Professor in Emergency Medicine at the University of Michigan. Among her NIH funded projects are evaluation studies on substance abuse: one focusing on the intersection of youth violence and drug use, and one focusing on underage alcohol misuse and associated injury. Her focus on brief interventions in the emergency room has helped position the emergency department as a critical location for public health interventions, specifically for violence.

The APSAD conference website is now open for registrations and the submission of abstracts, as well as other information including speaker updates: [www.apsadconference.com.au](http://www.apsadconference.com.au)

## Cannabis makes the grade

By NCETA

NCETA has developed a new VET AOD training resource entitled Cannabis Makes the Grade: A resource to support the development of a 'cannabis competent' workforce in the AOD sector. This resource provides guidance to VET practitioners, from frontline trainers and course coordinators through to RTO managers on where and how to incorporate cannabis-related content into AOD training. It uses units of competencies from AOD qualifications in the Community Services Training Package as a mechanism to organise cannabis training content and assessment activities. Three Units of Competency from the AOD qualifications in the Community Services Training Package are provided as a guide to the ways in which cannabis content can be folded into teaching programs. The resource is accompanied by a set of PowerPoint slides for VET practitioners to use when incorporating cannabis content into their teaching program. The resource and accompanying PowerPoint slides have been disseminated to the members of the CoP and Network of VET AOD trainers and posted on the NCETA and NCPIC websites. For more information see Publication Highlights in this issue.



## Preparing, planning and writing funding applications workshop

By NCETA

Building on the successful implementation of the FundAssist toolkit, NCETA was invited by the Alcohol Tobacco and Other Drug Association ACT (ATODA) to conduct a workshop on Monday 16 March 2015 for ACT-based nongovernment treatment and support services. The aim of the workshop was to help participants prepare and plan for future funding applications. Utilising FundAssist, this highly interactive

workshop provided participants with guidance and practical advice about the steps involved in preparing, planning and writing funding applications. Participants worked through the various steps involved in developing funding applications, including: how to go about identifying need, developing an appropriate description of their organisation, understanding funding evaluation criteria,

developing a proposal and budgets, writing tips and risk management strategies. In undertaking the workshop activities they able to use practical examples from their own organisations.

FundAssist is available online: <http://fundassist.flinders.edu.au/> and copies of the USB version can be ordered from [nceta@flinders.edu.au](mailto:nceta@flinders.edu.au).



## Evaluation of ACT drug diversion programs leads to law change and research prizes

By NDARC

An evaluation of the impact of drug diversion programs in the ACT which led to a number of reforms to the ACT Police and Court diversion systems has won lead researcher Dr Caitlin Hughes NDARC's 2015 Kevin Rozzoli Community Impact Award.

In 2012 ACT Health commissioned NDARC's Drug Policy Modelling Program to evaluate the five different programs of the ACT alcohol and other drug diversion system. The evaluation identified many strengths of the ACT diversion system, including a breadth of diversionary options, a high rate of referrals and treatment assessment and completion for most programs and the adaptability of the system/system players to perceived gaps/needs. But it also identified opportunities for improvement, including the need for clearer direction for the system, instances of program creep/

resource wastage and that a number of sub-groups of AOD offenders were being excluded from the diversion system.

In October 2014 the ACT Attorney General announced reforms to the ACT police and court diversion system, including the development of a new ACT Police and Court Drug Diversion Strategy and prioritising space for AOD assessments of drug and drug-related offenders in the courts. A copy of the report can be found at ...

Other researchers honoured in NDARC's annual awards were PhD student Kari Lancaster who won the 'Jennifer McLaren Award for Outstanding Research Achievement' and Senior Research Fellow Dr Delyse Hutchinson who won the 'Ian Webster Award for Outstanding Research Achievement.'

## Drugs, policy and public health

By NDRI

NDRI is hosting a week-long intensive program on Drugs, Policy and Public Health aimed at improving the integration of research into drug policy formulation at local, state, national and international levels. The program is intended as professional development for those currently or planning to work in the AOD sector, and as a postgraduate unit for students enrolled in higher degrees.

**Date: Monday 20 July to Friday 24 July 2015**

**Venue: National Drug Research Institute, Perth, WA**

Effective 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.

Presented by experts at NDRI and other international opinion leaders, this program gives participants the historical and epidemiological background to alcohol and other drug use and evidence-based policy in Australia. It covers relevant theoretical models, and provides practical insights into enhancing drug policy with specific populations (such as injecting drug users, Aboriginal Australians), the community and in emerging areas such as drugs and the internet.

For more information visit the NDRI website <http://ndri.curtin.edu.au/>.



## National methamphetamine symposium: Making research work in practice

By NCETA

NCETA will be hosting the National methamphetamine symposium: Making research work in practice on Tuesday 12 May 2015 at the Melbourne Arts Centre, 100 St Kilda Road, Melbourne.

The symposium is being held because, over the last few years, there have been significant changes in the way methamphetamine is used, particularly ice, and advances in our knowledge about methamphetamine. These changes impact how we respond at both the policy and practice level.

This symposium expands NCETA's new program of work aimed at supporting the AOD treatment sector respond to methamphetamine-related issues. Frontline health (doctors, nurses, counsellors) and community workers, supervisors and service providers, and policy makers will all enjoy the benefits of attending this conference.

Delegates will:

- Find out about latest epidemiological and treatment research and how to apply this to your work
- Gain an understanding of methamphetamine users
- Learn about: patterns and trends of methamphetamine use; latest policy, prevention and harm reduction responses; best practice treatment and intervention options
- Learn how to apply this information to improve responses to methamphetamine use.

Confirmed speakers include Ann Roche, Nicole Lee, Amanda Baker, Paul Dietze, and Rob Hester as well as many more.

For more information, visit the NCETA website <http://nceta.flinders.edu.au> or contact NCETA on 08 8201 7535.

# research focus

## The Young Australians Alcohol Reporting System

By Dr Tina Lam, NDRI

**The Young Australians' Alcohol Reporting System (YAARS) aims to provide timely information on patterns of youth alcohol use and related problems. It is envisaged that this information will be used to inform policy, prevention and treatment initiatives and to provide indications of trends of consumption and harm over time. In this pilot year of data collection, the project surveyed 958 16-19 year olds from four Australian cities who regularly engaged in risky drinking.**

### Research staff:

This project was led by the National Drug Research Institute (Curtin University) in collaboration with the National Drug and Alcohol Research Centre (UNSW); Turning Point (Monash University); and St John of God Hospital (Bunbury, WA), and was funded by the Australian National Preventative Health Agency.

**NDRI:** Dr Tina Lam, Professor Simon Lenton, William Gilmore, Professor Tanya Chikritzhs, Professor Steve Allsop

**NDARC:** A/Professor Lucinda Burns, Alexandra Aiken, Professor Richard Mattick

**Turning Point:** Dr Rowan Ogeil, Dr Belinda Lloyd, Professor Dan Lubman

## Why did we undertake this research?

Increasing evidence suggests that young Australians' alcohol use is diverging into two trends. On one hand, more young people are choosing to abstain, and on the other, those who are drinking seem to be doing so at more risky levels<sup>1-3</sup>. This latter group of risky drinkers is overrepresented in harm statistics such as hospitalisations<sup>6</sup>, while being underrepresented in national health

surveys that examine the Australian population as a whole. These young people may not be selected to participate in mainstream surveys due to the recruitment method (e.g. by only surveying in schools, or households with a landline), or not identified as very high risk drinkers due to the nature of the instruments (e.g. by excluding quantities of >20 drinks from the dataset)<sup>1,2</sup>. As these young people are particularly vulnerable to risk, a richer understanding of their contexts of use and the harms they experience, which can often go unreported in official statistics, is required.



**Evidence suggests that more young people are choosing to abstain from alcohol, but those who are drinking seem to be doing so at more risky levels. As these young people are particularly vulnerable to harm, a richer understanding of their contexts of use and the harms they experience, which can often go unreported in official statistics, is required.**



The first research objective was to describe the contexts of consumption, harms experienced and other alcohol-related issues amongst 16-19 year olds who drink in a risky manner. The ages of 16-19 were selected as key points when patterns of drinking can change dramatically. The second objective was to pilot a method to investigate trends in adolescent alcohol use over time and thus, if and when the project receives further funding, to detect developing patterns of problematic alcohol use and associated harms as successive years of data accrue. This model would serve as an early warning system, similar to that used with illicit drugs through the Illicit Drug Reporting System and the Ecstasy and Related Drugs Reporting System.<sup>4,5</sup>

## What did we do?

Nine-hundred and fifty-eight (958) risky drinking young Australians aged 16-19 participated in this project. These young people were recruited as being within the heaviest drinking 20-25% of their age-bracket. Thus, female participants aged 16-19 and males aged 16-17 had to have been consuming 7 or more standard drinks per drinking session at least twice a month. The males aged 18-19 had to have been drinking 11 or more standard drinks at least twice a month. Whilst this sample is not representative of all 16-19 year old risky drinkers, respondents reported similar rates of high risk drinking to matched samples of risky young drinkers recruited using random sampling techniques surveys.<sup>3,6,7</sup>

A mixture of face-to-face (F2F; n=351) and online (n=607) surveys were conducted in four jurisdictions – Perth, Melbourne, Sydney and the regional Western Australian city of Bunbury. The most popular recruitment method was through social media. Of the 958 participants, 52% were female, 20% were aged 16 years old, 34% aged 17, 21% aged 18 and 24% aged 19. Most were in full time study (36% in school, 32% in university, 8% in technical and vocational education), 9% were unemployed, 6% full time employed, 3% were trade apprentices, 3% otherwise occupied, and most lived with their parents (80%).

A key section of the surveys centred on the 'last risky drinking session' – the most recent time the participant drank seven or more standard drinks in a single occasion. In addition to this last session, the survey also included information about 'usual' drinking patterns, outcomes of alcohol use, influences that were protective against risky drinking/alcohol related outcomes, venue access, promotions, labelling and policy support and demographic variables such as disposable income and living arrangements.



Seventy of the quantitative face-to-face interviewees also took part in a qualitative 30-minute interview. These respondents were engaged in open-ended discussions around the themes of: big nights (what they are understood to be, what happened at the last one, their first big night), parental engagement in drinking, 'drinking careers', pre-drinking, bringing your own alcohol to events, and use of stimulants with alcohol.

## What did we find out?

There is widespread agreement in the existing research literature that managing the physical and economic availability of alcohol is paramount in efforts to minimise alcohol related harm.<sup>7-11</sup> This section outlines some of the policy based findings from the project – firstly in terms of how the participants experienced regulations, and secondly to gauge their support for proposed policy measures. These findings are described in greater detail elsewhere.<sup>7</sup>

Alcohol policies are regulations and practices designed to reduce alcohol related harms within society.<sup>12</sup> For

example, Australian licensees and their staff are obliged to not sell alcohol to anyone under the age of 18, and to not serve an intoxicated individual.<sup>13</sup> However, it appeared that many of the age based restrictions on alcohol were commonly circumvented by this study's 16-17 year old participants ('the under 18s'; n=460).

- Half of the underage participants said it was 'easy' or 'very easy' in general for under 18s to purchase alcohol from the bottle store.
- Half of the under 18s said it was 'easy' or 'very easy' the last time they tried to purchase from the bottle store. Excluding those who had never tried to purchase alcohol from a bottle store, three-quarters of the under 18s said their most recent attempt was 'easy' or 'very easy'.
- Around forty percent of the 16-17 year olds said it was 'easy' or 'very easy' in general as well as in their own experience, to get into a licensed venue as someone under the age of 18.
- Over half of the under 18s had previously attempted to enter a licensed venue. Of these young people, the majority did not have their ID checked the last time they went into a licensed venue.

- A fifth of the under 18s found it easy in their own experience to enter a licensed venue while intoxicated.

The face-to-face interviewees were asked to rank their degree of support for eight measures intended to reduce the problems associated with alcohol use (16-19 years old, n=351). Even amongst this heavy drinking group of young people, the following proposed policies held majority support (four other proposals did not receive majority support):

- Most supported increasing the price of a standard drink by 20¢ if the extra 20¢ was used to support prevention and treatment of alcohol problems (there was significantly less support for a 20¢ increase when prevention/ treatment was not included in the question).
- Most supported limiting advertising for alcohol on TV until after 9.30pm.
- Most supported requiring information on national drinking guidelines on all alcohol containers.
- Most supported limiting advertising for alcohol where the majority of the audience is likely to be under 18.



## What does it mean?

The Young Australians Alcohol Reporting System (YAARS) achieved its dual aims of providing rich contextual detail about risky drinking practices, and showing the method was viable for reaching sentinel samples of young drinkers consuming alcohol at risky levels.

As an example of the first aim, it was found that participants commonly bypassed age-based restrictions on alcohol access and a large majority of underage respondents found it 'easy' or 'very easy' to make such a purchase the last time they tried. This is consistent with the literature and supports the imperative that the discussion around risky consumption must also include policies addressing packaged liquor.

There is a consistent evidence base that price-based policies influence consumption and harm including among young people and heavy drinkers.<sup>8</sup> However, there is some contention, especially amongst younger and riskier drinkers, about the implementation of price based strategies.<sup>1, 9</sup> This study found support for an increase in price even among one of the populations at greatest risk of alcohol related harm. Similarly modest taxes have previously been found to reduce alcohol related mortality.<sup>10</sup> Young Australians appear to support price-based alcohol taxation measures so long as the extra funds were earmarked for prevention and treatment of alcohol related problems.

Lastly, this pilot project demonstrated substantial utility in accessing the heaviest drinking 20-25% of Australian teenagers that are often underrepresented in other surveys, for example as they are no longer attending school at the time of survey. The characterisation of their last risky drinking session provided important detail on the context of their alcohol consumption and identified potential levers to reduce this harm.

## Where to next?

The research team recommends continuing this project on an annual basis and across all Australian jurisdictions, thus creating an early warning system for changing patterns of use and harm, and the capacity to interrogate key issues of interest to governments and service providers (e.g. risky alcohol consumption among young rural Australians; alcohol related harm among young Aboriginal people; contexts of alcohol related violence and injury among young Australians; impact of policy change and strategies to prevent and reduce harm).

To date, Dr Tina Lam, Research Fellow at the National Drug Research Institute has received funding through Healthway (the Western Australian Health Promotion Foundation) to continue this research with young risky drinkers in metropolitan and regional areas of Western Australia.

Much of the material in this article is based on: [Lam, T., Lenton, S. R., Burns, L., Aiken, A., Ogeil, R., Gilmore, W. T., Chikritzhs, T. N., Lloyd, B., Lubman, D. I., Mattick, R. and Allsop, S. J. \(2015\). Alcohol policy impact on young risky drinkers and their support for proposed measures. \*Australian and New Zealand Journal of Public Health\*, 39, \(2\), pp. 129-134.](#)

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## Addressing alcohol and other drug use among older Australians

By Roger Nicholas and Ann Roche, NCETA

**Australia's population is ageing and is doing so at a faster rate than ever before. Between 2010 and 2050 it is estimated that the number of people aged 65 to 84 years will double and those aged 85 and over will quadruple.<sup>1</sup>**

Today's baby boomers have used alcohol and other drugs at higher rates than previous generations. Many will continue to do so in older age and this is associated with greater risk of harm. The growth of this population will dramatically increase the absolute number of older individuals with substance use problems. Internationally, it is estimated that the number of older people with alcohol and other drug problems, or requiring treatment for a substance use disorder, will more than double between 2000 and 2020.<sup>2</sup>

Older people with substance misuse problems are not a homogenous group and will require a range of services. These trends will have major implications for alcohol and other drug prevention, early intervention and treatment programs in the future.

Older people can be particularly vulnerable to experiencing alcohol- and other drug-related harm as they have a reduced capacity to metabolise, distribute and eliminate drugs. Those who do not reduce their intake as they become older are at risk of incurring harm even though their intake may not have changed. In addition, interactions between alcohol, illicit drugs and medicines, particularly opioids and sedative hypnotics, can increase the risk of falls and other injuries.

Greater life expectancy, increased disposable income and life changes (such as new patterns of socialising, retirement, bereavement or social isolation) may also contribute to increased risk. Other factors contributing to increased risk include:

- Increased opioid and sedative/hypnotic use among older Australians

- Major advances in preventive and curative health care and drug treatment which have increased longevity and duration of exposure to potentially harmful drug use.

As increasing numbers of older people seek treatment for their AOD problems, many will have complex physical and mental health comorbidities. Common mental health comorbidities include:

- Depression
- Anxiety
- Confusional states
- Sleep problems
- Post-traumatic stress disorder
- Drug-induced psychosis
- Self-harm
- Dementia<sup>3</sup>



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Common physical comorbidities include:

- Injuries related to falls and trauma
- Cardiovascular problems
- Liver diseases (eg fatty liver, fibrosis, infective, non-infective hepatitis and cirrhosis)
- Blood borne diseases
- Irritable bowel syndrome and incontinence
- Dietary deficiencies, diabetes, malnutrition and pancreatitis



- Overweight and obesity
- Seizures and neuropathy
- Cancers (particularly mouth, oesophagus, throat, liver and breast<sup>3-5</sup>)

Older injecting drug users, in particular, may face challenges related to poor physical and mental health, housing and financial issues. These challenges can be further compounded by discrimination, the cost of pharmacotherapy, involvement in criminality to purchase illicit drugs, social isolation and family problems.<sup>6</sup>

These trends will have substantial implications for the provision of AOD prevention and treatment services in Australia. In particular, services will need to:

- Be relevant, flexible, holistic and responsive to the individual needs of older people
- Offer age-specific, supportive, non-confrontational programs that build or rebuild clients' self-esteem and focus on coping with depression, loneliness and loss
- Operate at an appropriate pace using evidence-based approaches
- Have staff members who are interested and experienced in working with older adults
- Create linkages with medical services, aged services and other settings for referral into and out of treatment, as well as case management to meet client's comorbidity needs
- Provide equity of access (ie ensure that services for older people are given the same priority as other groups and are physically accessible to older people)<sup>4,7,8</sup>

There is also an ongoing need for comprehensive workforce development approaches, to ensure that practitioners fully understand the unique needs of older people with AOD problems, possess the requisite skills to address these needs, and are supported to do so.<sup>7</sup>



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# conversation with

## Associate Professor Ted Wilkes

*National Drug Research Institute (NDRI)*



### This weekend I will...

catch up with some of my kulunga (children). I visit my kulunga to also enjoy the company of my grandchildren, and to keep up to date with the world. I'm looking forward to winter sports starting soon, as I'll be able to watch my sons and grandchildren in action. I love Aussie Rules and have a granddaughter playing against the boys so "bring it on"!

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

agreed to be on so many committees (so much to do, so little time); but then again I would get bored!

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

in culture and Aboriginal land rights. I had completed studies in this area but was snapped up to work in education and health. Nevertheless these two areas of work are important in developing quality of life and therefore culture. As a young man I made a conscious decision that I would help build healthy Aboriginal people to be able to look after the land.

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

their honesty and integrity. The researchers and administration staff here at NDRI are supportive and understanding. We Aboriginal people are in search of a better quality of life and need assistance to do so. I remind non-Aboriginal Australians: please don't discriminate against or patronise us. The paternal system of past eras has

left us depleted and insecure. We need this generation and those following to begin to properly enjoy our cultural diversity. Australia is a great place to live for most of us; let us strive to make this so for all Australians.

### I'll never forget...

the time I got to sing "From little things big things grow" with the Wolverine (Hugh Jackman) at the 20-20 Summit in Canberra in 2008. By pure chance, out of over 1000 seats, I sat next to one with a reserved sign on it. WOW! Hugh Jackman sat in the reserved seat with his roving mike, and after singing with me spoke to other delegates at the Summit.

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

spend much more time in the bush. I was brought up in the country, and moving from the bush to the city leaves a mix of emotions. I need to travel to the country to visit relatives, visit sites and go hunting and fishing. I catch Parndi (black bream) and other fish in the Derbarl Yerrigan (Swan River), but it is a bit hit and miss as fish, prawn and crab stocks have diminished considerably with the population growth of Perth.

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

small confined spaces. I am claustrophobic and I believe this is not uncommon, however it may be as a result of being locked in the smallest room in the house as a boy by my brother. I blame him for my affliction!

### For my next holiday...

I will simply relax. I would like to do more fun things like fishing, hunting, singing and playing music. I would also like to play golf again; I played as a younger man but this dropped off as I became more involved in my work in research.

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

my grandchildren. Watching them growing into young men and women is a thrill and although very demanding I thoroughly enjoy this aspect of my life.

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

keeping appointments, although I do manage to keep most, and of course all those that relate to my academic work. Sometimes I ask myself why did you agree to do this? There was a story about a man who was asked to meet his Wadjella (non-Aboriginal) mate at 7.00 am to go fishing. The man failed to turn up and when asked why he simply replied, "but when I woke this morning I didn't want to go fishing at 7.00 am". This was before mobile phones but it speaks to our different expectations of each other and our expected behaviour.

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

being recognised by my peers and the broader community as having had a positive impact on the lives of Aboriginal Australians through my work. I have always maintained that if we get it right for Aboriginal Australians then we do so for poor Wadjella people as

well. Much of the need in poor Australia is similar, however the history and cultural context for Aboriginal people is markedly different. I try not to get too complicated about indifference, however indifference and racism in Australia continue to make Aboriginal people sick.

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

that governments do the right thing for Australia. The war on drugs is having limited impact. The AOD national harm minimisation policy is not working in Aboriginal Australia as it should. Lack of resources and lack of foresight regarding alternatives is of concern to me. We need to have a better information system that will keep governments up to date regarding drug use and trends in our population.

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

turning research outcomes into policy. Governments are still very populist and whilst most of us accept that the liquor industry is a powerful lobby and a big part of the economy, alcohol is a big killer of Australians, and governments must do more to prevent its devastating impact. Yes, we all have a personal responsibility to look after ourselves, but some families are so disadvantaged that individuals in those families can do little to arrest the poverty that persists.



*Associate Professor Ted Wilkes leading the festivities at an NDRI NAIDOC Week celebration*

## profile

Associate Professor Ted Wilkes is a Nyungar man from Western Australia. He holds a Bachelor of Arts Degree in Social Science and his professional background includes working for the Western Australia Museum, the Centre for Aboriginal Studies at Curtin University, and sixteen years as the Director of the Derbarl Yerrigan Aboriginal Health Service in Perth. He is currently a co-team leader of NDRI's Aboriginal Research Program and plays an active role in Aboriginal capacity building, and research and its application.

Professor Wilkes is a member of the Australian National Advisory Council on Alcohol and Drugs and was previously a member of the Australian

National Council on Drugs and Chair of the National Indigenous Drug and Alcohol Committee. He provides advice and expertise to a wide range of other committees at state, national and international levels. As an Aboriginal leader, he has endeavoured to facilitate positive health and social outcomes for the Aboriginal community, as well as for the community generally.

In 2014 Professor Wilkes was made a Member of the Order of Australia 'for distinguished service to the Indigenous community as a leading researcher in the area of public health and welfare, to youth in Western Australia, and to the provision of legal support services'.

# new projects

## Development and evaluation of a novel school community-based intervention to reduce cannabis use and associated harms among high risk adolescents

### Staff:

**NDARC:** Ms Lisa Gibson, Prof Jan Copeland

**Collaborators:** Dr Sally Nathan, School of Public Health and Community Medicine, UNSW

### Project description

Research has shown that early initiation of cannabis use can have detrimental effects on adolescent development and contributes to a range of physical, psychological and social problems which can persist into adulthood. Recently, schools have expressed increasing concern about the rate and level of cannabis use among students. However, despite being well suited environments for intervention, schools critically lack evidenced-based tools to deal with this issue effectively.

This research aims to address this gap by developing and evaluating an intervention for adolescent cannabis users, their families and schools, delivered at the opportune time when a student is involved in a school-initiated, cannabis-related disciplinary issue.

The project aims to:

1. Develop a novel, school-based early intervention for students facing a disciplinary sanction for a cannabis issue or otherwise identified with early or problematic cannabis use;
2. Conduct initial pilot testing of the early intervention to determine its potential impact on adolescent cannabis use and cannabis-related problems; and
3. Evaluate the feasibility of this approach and investigate the factors that may facilitate and/or inhibit implementation, delivery and outcomes in order to inform future implementation and replication.

## The Brain Games: Using brain training to prevent adolescent mental illness

### Staff:

**NDARC:** Dr Louise Mewton, Professor Maree Teesson

### Collaborators:

**Lumos Labs Inc:** Dr Antoinette Hodge, Dr Nicola Gates

### Project description

Emerging research suggests that deficits in executive functioning are a core feature of mental disorders across the full spectrum of psychopathology. Cognitive training exercises that focus on improving executive functioning have been shown to reduce symptoms related to schizophrenia, major depression and ADHD, as well as eliciting changes in alcohol consumption. However, it is not yet clear whether such training is also effective in preventing the onset of psychological symptoms and substance use in adolescents at risk for developing a broad range of psychopathology. The current study will evaluate a personality-targeted mental health prevention program based on cognitive training tasks and delivered to adolescents at risk for developing a range of psychopathology. It is expected that a targeted cognitive training program

will prevent the onset of a range of mental illnesses and substance misuse in high risk youth.

In a sample of adolescents (n=220), the current study will examine whether cognitive training is effective in reducing a range of psychopathology in youth at high risk for developing a mental illness, as determined by a standardised measure of personality

## Making addiction in screening and diagnostic tools used in AOD and other health settings

### Staff:

**NDRI:** Dr Robyn Dwyer, Professor Suzanne Fraser

### Project description

Researchers have long recognised that epidemiology constitutes, as much as it measures, the diseases it tracks. In the field of substance use and addiction, a range of screening and diagnostic tools have been developed (eg the four-item CAGE or the eight-item ASSIST). Typically designed to identify problem drinking or drug use, these tools are often linked directly with addiction diagnostic categories derived from the DSM or the International Classification of Diseases. These screening and diagnostic tools





are used for a variety of purposes (eg identification of substance use, diagnosis of dependence or addiction), in a range of settings (eg primary health care, welfare, criminal justice, AOD treatment and epidemiological research) and their use is widespread in Anglo-European countries.

This project will collect and examine substance use and addiction screening and diagnostic tools currently being used in two countries: Canada and Australia. The analysis will focus on the relationships between the tools, their specific items, the core concepts in 'addictions' theory they rely upon and how they are situated in current practice. The cross-national applicability of tools will also be examined given the widespread use of these tools, developed and tested largely in the USA, in Australia and Canada.

In undertaking this collection and analysis the project asks: how do the addiction screening and diagnostic tools define and shape the phenomenon they purport to track? What are the material effects of defining addiction in certain ways, measuring it in certain communities and contexts, and through certain methods, and designing responses based on these strategies?

## Treatment and Prevention (TAP) Study

### Staff:

**NDRI:** Dr Peter Higgs

### Other investigators:

**Burnet Institute:** Professor Margaret Hellard (Principal Investigator); Professor Paul Dietze; Associate Professor Mark Stooze; Associate Professor Emma McBryde; Dr Joseph Doyle; Dr Brendan Quinn

### St Vincent's Hospital, Melbourne:

Professor Alex Thompson (Principal Investigator); Associate Professor Paul Desmond

### Project description

The Treatment and Prevention (TAP) study is the first of its kind in the world. Using a nurse led model of care, people infected with hepatitis C will have the chance to be treated with new highly effective drugs - sofosbuvir and ledipasvir. These medications have minimal side effects, hence the possibility to treat people

without them having to attend hospital health services.

Study participants will be drawn from the SuperMIX cohort of over 700 people who inject drugs (PWID), who have been participating in research with the Burnet Institute for many years. PWID are at particular risk of hepatitis C infection and many have difficulty attending large hospitals or health services, hence the idea of providing this community-based treatment.

The TAP study explores the concept of 'treatment and prevention' (also known as 'treatment as prevention'); treatment not only results in cure for the individual, but also prevents the spread of hepatitis C virus (HCV) to others. The study will assess if treating PWID in Melbourne for their hepatitis C reduces transmission in the community and whether it has an impact on the prevalence of infection.

The TAP study will involve more than 400 participants who will be followed up for two years. One hundred and thirty people will have treatment in early 2015; others will be treated at the completion of the study.

## Reducing tobacco smoking among low-SES smokers: A RCT to improve compliance with treatment, smoking cessation and health economic outcomes

### Staff:

**NDARC:** Dr Ryan Courtney, Prof Richard Mattick, Prof Anthony Shakeshaft, Prof Michael Farrell

### Other investigators:

Prof Ron Borland (Cancer Council Victoria)

### Collaborators:

NSW Government/ Cancer Institute NSW; Quitline; Department of Human Services

### Project description

Recent National Drug Strategy Household Survey data show that persons from disadvantaged areas are three times more likely to smoke daily compared to those from most advantaged areas (20% vs. 7%).

Less change in smoking rates occurred for the most disadvantaged quintile between 2001 (26%) and 2013 (20%), than the large (close to three-fold) decrease for the most advantaged quintile over the same time period (19% and 7% respectively).

These differences in smoking prevalence between the most and least advantaged Australians contributes to health inequalities.

Nicotine Replacement Therapy (NRT) can improve the likelihood of successful cessation but low-SES smokers comply poorly and discontinue NRT use earlier than high-SES smokers.

Facilitating smoking cessation among low-SES smokers is a national priority. Yet, no evidence-based interventions to improve treatment compliance with NRT have been found.

This study will evaluate the cost-effectiveness of enhanced compliance instruction (via text message) as a strategy for increasing smoking cessation in low-SES smokers.

## Global Addiction Academy Project (GAaP)

### Staff:

**NCETA**

### Project description

Through its membership of the GAaP, NCETA continues to work with its international partners to develop and implement the following initiatives:

- An international AOD workforce development project – the literature review and discussion paper prepared by NCETA during the development of Australia's National Workforce Development Strategy are being used to inform this project and also New Zealand's AOD workforce development initiatives.
- An international Massive Open Online Course (MOOC) Falling Down - Older People and Problematic Substance Use. In recognition of a growing awareness about changes in patterns of AOD use among older people and resultant levels of harm, NCETA is partnering with researchers from Middlesex University, UK (Lead Agency), Manchester Metropolitan University, UK, Drexel University, US and Matua Raki, NZ to develop a MOOC for AOD workers. The MOOC will explore problematic AOD use among older people, promote awareness of the challenges of working with older people, and identify possible steps to meet those challenges including treatment options and examples of best practice.

# publication highlights

## Cannabis makes the grade: A resource to support the development of a 'cannabis competent' AOD workforce

White, M., Roche, A., Trifonoff, A., Matalon, E., & Elkins, K. (2014).

Cannabis makes the grade: A resource to support the development of a 'cannabis competent' workforce in the AOD sector. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

This resource was developed to address the shortage of cannabis content contained in the vocational education and training (VET) sector's alcohol and other drug courses. The VET sector is responsible for the delivery of qualifications and ongoing professional development to a significant proportion of the alcohol and other drug (AOD) sector. As cannabis is the most widely used illicit drug in Australia, resources are required which deliver training on cannabis in an evidence informed and nationally consistent manner and which meet the needs of VET AOD trainers by supporting face-to-face, online and distance delivery and assessment procedures. By improving the quality of training content and delivery, the VET sector can positively impact clinical service delivery and client outcomes.

### What is Cannabis Competency?

Cannabis competency is defined as the ability to:

- identify and use evidence-based guidelines, tools and intervention strategies to facilitate effective screening, assessment and interventions for clients experiencing cannabis-related problems, including dependence, withdrawal, co-morbidity with mental health disorders and polydrug use; and
- apply specific skills and knowledge to deliver interventions that ensure individuals (including those from high risk groups such as young people, pregnant women and Indigenous Australians) can readily access relevant cannabis information and treatment.

This resource is intended for use as a resource by VET practitioners who are responsible for developing and/or delivering AOD units, skill sets and qualifications. It is designed to be used by a range of VET practitioners, from frontline trainers and course coordinators through to registered training organisation (RTO) managers. It is hoped that resource will encourage VET practitioners to increase the cannabis content they deliver by highlighting opportunities to incorporate cannabis content at unit, element and performance criteria level. It is also intended that this should lead to an increased focus on cannabis in assessment activities, including those involving recognition of prior learning.

The resource contains five parts:

- Part A - Information for VET AOD Course Coordinators: is a brief overview of 'cannabis competency', recent NCETA research and the risks and harms associated with cannabis use
- Part B - Information for VET Educators provides an overview of the importance of 'cannabis competency' and basic information on cannabis, its prevalence in the community and harms associated with its use
- Part C - The Training Delivery Framework describes training activities aligned with the Units of Competency at element, required skills and knowledge level
- Part D - The Assessment Framework describes activities that can be used to assess 'cannabis competency'
- Part E - Further Resources Available on the Web contains description of and hyperlinks to a range of resources to support training development and delivery.

In addition, the resource is a fully editable word document so RTOs and trainers can readily update it with new information, links and activities.

PowerPoint slides were also developed for the 'Cannabis Makes the Grade' (CMTG) forums delivered as part of the resource development consultation process. These slides may be downloaded from the NCETA website.

View paper: [Go to website](#)



## Online alcohol interventions, sexual violence and intimate partner violence

Tait, R. J., & Lenton, S. (2015). Online alcohol interventions, sexual violence and intimate partner violence: A systematic review. *Internet Interventions*, DOI: 10.1016/j.invent.2015.03.001

About 20% of female students report that they have been raped or sexually assaulted during their time in higher education – markedly more than in the general population. Many of these assaults occur when the perpetrator, victim or both are intoxicated. There is extensive research to show that online interventions are effective in reducing alcohol consumption in both the general adult population and among tertiary students. But does this also lead to a reduction in sexual assaults?

We systematically searched the published literature for online interventions and only found four studies that reported on both change in alcohol use and sexual assault outcomes, with most finding small or non-significant changes in sexual assault outcomes. The lack of research on the topic is surprising given that most research on online alcohol interventions has been conducted with tertiary students, a population that suffers a high prevalence of sexual assaults. The addition of questions on sexual assault within existing online alcohol programs would be a pragmatic starting point in determining the opportunity of using this approach as a way of reducing this type of alcohol related harm.

View paper: [Go to website](#)

## The prevalence and correlates of secondary traumatic stress among alcohol and other drug workers in Australia

**Ewer, P. L., Teesson, M., Sannibale, C., Roche, A. and Mills, K. L.** (2014) The prevalence and correlates of secondary traumatic stress among alcohol and other drug workers in Australia. *Drug and Alcohol Review*. Early view online, DOI: 10.1111/dar.12204

The high prevalence of trauma exposure and post-traumatic stress disorder (PTSD) among clients of alcohol and other drug (AOD) services is well documented. Little is known, however, about how working with traumatised clients impacts upon the AOD workers who treat them. Research has shown that exposure to an individual's trauma history through assessment and treatment results in an increased risk of the clinician becoming traumatised themselves. This is often referred to as 'vicarious traumatisation' or 'secondary traumatic stress' (STS).

Although STS has been referred to as an occupational hazard for those working with trauma survivors, there is a dearth of research examining STS among the AOD workforce. Given the high prevalence of trauma and PTSD among clients of AOD services in Australia, it is likely that similarly high rates of STS may be present among Australian AOD workers; however, the degree to which it is suffered by AOD workers in Australia is unknown. This study aimed to address this gap in the literature by examining the prevalence and correlates of secondary traumatic stress (STS) among AOD workers in Australia.

An anonymous web-based survey was undertaken and completed by 412 Australian AOD workers. The questionnaire assessed current levels of trauma training, extent of exposure to clients with a history of trauma history, AOD workers' own history of trauma exposure and PTSD, and current STS.

This study is one of few investigations undertaken to examine the prevalence of STS among AOD workers, and it is the first one to examine this issue in Australia. Consistent with international studies, one in five (19.9%) AOD workers in the present study met criteria for STS. In addition, the study found:

- an independent association between STS and higher levels of stress and anxiety;
- STS was associated with receiving fewer hours of clinical supervision each month.

This study provides valuable information regarding the prevalence of STS among individuals working in the Australian AOD sector, along with the factors associated with an individual experiencing STS. The findings also emphasise the importance of clinical supervision for AOD workers who are treating complex clients.

View paper: [Go to website](#)

## Injection and diversion of Oxycontin drops following introduction of tamper proof formula

**Degenhardt, L., Bruno, R., Ali, R., Lintzeris, N., Farrell, M., Larance, B.**

(2015). The introduction of a potentially abuse deterrent oxycodone formulation: Early findings from the Australian National Opioid Medications Abuse Deterrence (NOMAD) study. *Drug and Alcohol Dependence* DOI: 10.1016/j.drugalcdep.2015.02.038

### The problem

There is increasing concern about tampering and diversion of pharmaceutical opioids. In April 2014 the manufacturers of OxyContin introduced a reformulated abuse-deterrent sustained-release oxycodone formulation Reformulated OxyContin®. The Australian National Opioid Medications Abuse Deterrence (NOMAD) study was established to assess the impact of the reformulated product in reducing tampering and non-medical use.

### What we did

Drawing from comprehensive data including pharmaceutical opioid sales and information about individual drug use patterns obtained through interviews with people who inject drugs regularly as well as data from the Sydney Medically Supervised Injecting Centre (MSIC) and inner-Sydney needle-syringe programs, the NOMAD study compared non-medical use of the drug before and after the introduction of the Reformulated OxyContin®.

### Results

Sales of the most commonly diverted and injected 80mg dose decreased by 24%

within two months of the introduction of Reformulated OxyContin®, pharmaceutical sales data showed. The use of OxyContin® among injecting drug users also declined notably. While an average of 62% of visits to MISC were made to inject oxycodone in the months before the introduction of the new formulation, only 5% of visits were to inject the drug after Reformulated OxyContin® was introduced.

### Conclusions

These data suggest that, in the short term, introduction of an abuse-deterrent formulation of OxyContin® in Australia was associated with a reduction in injection of OxyContin®, with no clear switch to other drugs. Reformulated OxyContin®, in this short follow-up, does not appear to be considered as attractive for tampering.

View paper: [Go to website](#)

## Program completion and targeting of high risk drug users key to success of MERIT program

**McSweeney, T., Hughes, C. E., Ritter, A.** (2015). Tackling 'drug-related' crime:

Are there merits in diverting drug-misusing defendants to treatment? Findings from an Australian case study. *Australian and New Zealand Journal of Criminology*, Advance online publication. DOI: 10.1177/0004865814555773

### The problem

The Magistrates Early Referral Into Treatment (MERIT) program was one of five diversionary initiatives to emerge from the recommendations of the New South Wales (NSW) Drug Summit in 1999. By June 2011, MERIT operated in 65 NSW Local Courts (potentially available to over four-fifths of charged defendants) and had received over 25,700 referrals. No comprehensive analysis exists of the impact of the program on reducing reconvictions.

### What we did

This study sought to assess the impact of the pre-sentence Magistrates Early Referral Into Treatment (MERIT) diversion program in New South Wales, Australia on offending in the 12 months following exposure to the intervention. The comparative design involved an experimental group of 1017 defendants



who exited the MERIT program in 2008 and a comparison group of 1017 offenders identified as drug misusers following completion of a Corrective Services' risk and needs assessment and sentencing in a New South Wales Local Court without MERIT. The outcome measures were: the rate, volume and seriousness of known re-offending.

### What we found

There was no association between exposure to MERIT and reduced rates of reconviction at 12 months. Among MERIT participants, the factor with the largest effect on risk of recidivism was offence type and program completion. Of those belonging to the MERIT group, program completion was found to have a significant protective effect against recidivism: those not completing the program had a 50% greater risk of re-offending within one-year compared to program completers.

### What this means for policy

These findings point towards the importance of ensuring that participants are retained within the program and targeting interventions to: higher risk user groups (i.e. stimulant and narcotic users); those involved in income-generating property crime and defendants with more extensive criminal histories.

View paper: [Go to website](#)

### Off-site outlets and alcohol-related harm

**Gilmore, W., Liang, W., Catalano, P., Pascal, R., Broyd, A., Lensvelt, E., Kirby, G. and Chikritzhs, T.N.** (2015). Off-site outlets and alcohol-related harm. NDLERF Monograph No. 56. National Drug Law Enforcement Research Fund, Canberra.

The National Drug Law Enforcement Research Fund (NDLERF) recently released this research report into alcohol and violence at the 7th Australasian Drugs and Alcohol Strategy Conference in Brisbane.

Conducted by NDRI researchers, the aim of the study was to investigate the relationship between rates of reported assault, alcohol sales and numbers of licensed outlets in both Queensland and Western Australia. The research compared assault rates using the numbers of both

on-site and off-site outlets within the local government areas (LGAs) of each state.

Counts of assault offences formed the dependent variable in all analyses. In Queensland, the key explanatory variables of interest were counts of outlets by major outlet types and level of total pure alcohol sales. For Western Australia, key explanatory variables included on and offsite outlet counts and alcohol sales. All models included a full accompaniment of potential demographic and socioeconomic confounders. Multivariate negative binomial regression models were created at local government area level based on location, type and time of assault, and victim age and gender.

No effect specific to counts of offsite outlets was found in Queensland models. A limitation that offsite alcohol sales were not able to be applied for Queensland may partly explain the lack of findings. Total volume of alcohol sales was able to be controlled for and it significantly predicted risk of assault in Queensland. For Western Australia, offsite alcohol sales predicted total number of assaults and all other dependent assault variables tested, with the exception of murder/manslaughter and assaults occurring at onsite outlets. The largest association was found for assaults occurring in the street. Numbers of offsite outlets and alcohol sales from onsite outlets in Western Australia showed no significant effects in any of the models tested.

The study has shown that offsite alcohol sales and total volume of alcohol sales within a region are important predictors of assault. On this basis, it is reasonable to conclude that policy decisions that ultimately increase total alcohol sales within a community are more likely to exacerbate, rather than ameliorate harms associated with alcohol. This warrants recommendation of a precautionary approach to future liquor licensing policy formulation and application in Australian jurisdictions.

View paper: [Go to website](#)

### Risk of suicide is two to three times higher in people with chronic pain compared to general population

**Campbell, G., Darke, S., Bruno, R., Degenhardt, L.** (2015). The prevalence and correlates of chronic pain and suicidality in a nationally representative sample. *Australian and New Zealand Journal of Psychiatry*, Advance online publication. DOI: 10.1177/0004867415569795

### The problem

Research suggests that people suffering from chronic pain have elevated rates of suicidality. With an ageing population, more research is essential to gain a better understanding of this association. However while some data exists in US populations there has been no systematic review of the prevalence in Australian populations.

### What we did

The authors analysed data from the 2007 Australian National Survey of Mental Health and Wellbeing, a nationally representative household survey on 8841 people, aged 16–85 years.

### What we found

The odds of lifetime and past 12-month suicidality were two to three times greater in people with chronic pain. Sixty-five percent of people who attempted suicide in the past 12 months had a history of chronic pain. Chronic pain was independently associated with lifetime suicidality after controlling for demographic, mental health and substance use disorders.

### What this means for clinicians

Health care professionals need to be aware of the risk of suicidality in patients with chronic pain, even in the absence of mental health problems.

View paper: [Go to website](#)

# publication list

## Books & Book Chapters

**Andreasson, S., Chikritzhs, T.N., Dangardt, F., Holder, H., Naimi, T.S. and Stockwell, T.R.** (2014). Evidence about health effects of “moderate” consumption: Reasons for scepticism and public health implications. *Alcohol and Society* 2014. IOGT-NTO and the Swedish Society of Medicine, Stockholm, Sweden. ISBN: IOGT-2014-AOS-EN-1.

**Copeland, J., Rooke, S., Matalon, E.** (2015). *Quit cannabis: an expert guide to coping with cravings and withdrawal, unscrambling your brain and kicking the habit for good.* Crows Nest, N.S.W.: Allen & Unwin.

## Monographs & Technical Reports

**Gilmore, W., Liang, W., Catalano, P., Pascal, R., Broyd, A., Lensvelt, E., Kirby, G. and Chikritzhs, T.N.** (2015). *Off-site outlets and alcohol-related harm.* NDLERF Monograph No 56. National Drug Law Enforcement Research Fund, Canberra. Go to website.

**Lubman, D., Manning, V., Best, D., Berends, L., Mugavin, J., Lloyd, B., Lam, T., Garfield, J., Buykx, P., Matthews, S., Lerner, A., Allsop, S. and Room, R.** (2014). *A study of patient pathways in alcohol and other drug treatment.* Turning Point, Fitzroy.

**MacLean, S., Wilkinson, C., Moore, D., Matthews, S., O'Rourke, S., Butterworth, I. and Room, R.** (2014). *Young adults and alcohol: Developing local government policy responses in inner- and outer-urban settings: Full report.* Victorian Health Promotion Foundation, Melbourne. Go to website.

## Resources

**Nicholas, R., & Roche, A.M.** (2014). Information Sheet 1: Why the growing use of alcohol and other drugs among older Australians needs attention. Adelaide, South Australia: National Centre for Education and Training in Addiction (NCETA), Flinders University. Go to website.

**Nicholas, R., & Roche, A.M.** (2014). Information Sheet 2: Alcohol and other drug use and healthy ageing: Patterns of use and harm among older Australians. Adelaide, South Australia: National Centre for Education and Training in Addiction (NCETA), Flinders University. Go to website.

**Nicholas, R., & Roche, A.M.** (2014). Information Sheet 3: The silver tsunami: The impact of Australia's ageing population. Adelaide, South Australia: National Centre for Education and Training in Addiction (NCETA), Flinders University. Go to website.

**Nicholas, R., & Roche, A.M.** (2014). Information Sheet 4: Prevention and screening programs. Adelaide, South Australia: National Centre for Education and Training in Addiction (NCETA), Flinders University. Go to website.

**Nicholas, R., & Roche, A.M.** (2014). Information Sheet 5: Barriers and enablers to accessing assistance. Adelaide, South Australia: National Centre for Education and Training in Addiction (NCETA), Flinders University. Go to website.

**Nicholas, R., & Roche, A.M.** (2014). Information Sheet 6: Common substance use co-morbidities. Adelaide, South Australia: National Centre for Education and Training in Addiction (NCETA), Flinders University. Go to website.

**Nicholas, R., & Roche, A.M.** (2014). Information Sheet 7: Older Australians, opioids and the treatment of pain. Adelaide, South Australia: National Centre for Education and Training in Addiction (NCETA), Flinders University. Go to website.

**White, M., Roche, A., Trifonoff, A., Matalon, E., & Elkins, K.** (2014). *Cannabis makes the grade: A resource to support the development of a 'cannabis competent' workforce in the AOD sector.* Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University. Go to website.

## Journal articles

**Barratt, M.J. and Lenton, S.** (2015). Representativeness of online purposive sampling with Australian cannabis cultivators. *International Journal of Drug Policy*, 26, (3), pp. 323-326. Go to website.

**Campbell, G., Darke, S., Bruno, R., Degenhardt, L.** (2015). The prevalence and correlates of chronic pain and suicidality in a nationally representative sample. *Australian and New Zealand Journal of Psychiatry*, Advance online publication, Go to website.

**Campbell, G., Nielsen, S., Bruno, R., Lintzeris, N., Cohen, M., Hall, W., Larance, B., Mattick, R. P., Degenhardt, L.** (2015). The Pain and Opioids IN Treatment study: characteristics of a cohort using opioids to manage chronic non-cancer pain. *Pain*, 156, 231-242. Go to website.

**Cantwell, K., Morgans, A., Smith, K., Livingston, M., Spelman, T., Dietze, P.** (2015). Time of day and day of week trends in EMS demand. *Prehospital Emergency Care*, Advance online publication, 1-7. Go to website.

**Champion, K. E., Teesson, M., Newton, N. C.** (2015). Development of a universal internet-based prevention program for ecstasy and new psychoactive substances. *Open Journal of Preventive Medicine*, 5, 23-30. Go to website.

**Chikritzhs, T.N., Naimi, T.S., Stockwell, T.R. and Liang, W.** (2014). Mendelian randomization meta-analysis sheds doubt on protective effects of “moderate” alcohol consumption on coronary heart disease. *Evidence Based Medicine*, 20, (1), pp. 38. Go to website.

**Chikritzhs, T.N., Stockwell, T.R., Naimi, T.S., Andreasson, S., Dangardt, F. and Liang, W.** (2015). Has the leaning tower of presumed health benefits from ‘moderate’ alcohol use finally collapsed? *Addiction*. Early view online DOI: 10.1111/add.12828. Go to website.

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