OF SUBSTANCE

OCTOBER 2007 VOL. 5 NO. 4

THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

2007 DRUG & ALCOHOL AWARDS
Celebrating the sector

INJECTING
Lure of the needle

PRECURSORS
Putting the brakes on speed

BUPRENORPHINE
Problems with dosing

ELECTION POLICIES
Putting the major parties head-to-head

ISSN 1449-0021

LATEST RESEARCH REPORTS, NEWS, RESOURCES, OPINIONS & MORE ...

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

SUBSCRIBE TO OF SUBSTANCE

- *Of Substance* is now a **free** quarterly magazine
- Subscription forms and back issues of *Of Substance* (in PDF format) are available at **www.ofsubstance.org.au**
- Inquiries about overseas subscriptions and for bulk orders (over 10 copies) to distribution@ancd.org.au

Of Substance contact details: Email: editor@ancd.org.au
Telephone: (02) 9280 3240 or write to us: Level 3, 439-441 Kent Street, Sydney NSW 2000 Australia. www.ofsubstance.org.au

Of Substance is an Australian National Council on Drugs (ANCD) initiative and is produced with funding from the Australian Government Department of Health and Ageing. The Salvation Army (New South Wales) Property Trust has been contracted to provide financial and administration services for *Of Substance*.

Front cover image courtesy of Fairfax Images. The magazine is designed by Juliet Fisher, AdPartners Group.

Contents

Access to references cited in *Of Substance*

A photocopy of any journal article cited in *Of Substance* required for the purpose of research or study can be ordered from the ADCA National AOD Clearinghouse by contacting aodclearinghouse@adca.org.au or by phone to (02) 62811002 or fax to (02) 6282 7364. The charge per article is $5 for members of ADCA and $11 for non-members.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS


Jenny Tinworth


Kate Pockley

Editors' letter

Welcome to the October 07 issue of *Of Substance*.

As always, *Of Substance* has been following the major political stories which affect the drug and alcohol sector. One of these has been the Howard Government's action to confront the troubles of many of our Indigenous communities. We are privileged to share a few thoughts about some of those problems from Associate Professor Ted Wilkes, who is the Chair of Australia's National Indigenous Drug and Alcohol Committee.

And regardless of what approach our politicians take, there will always be countless dedicated staff who work in the drug and alcohol sector. In a six-page spread, we celebrate the successes of a few of these often 'quiet achievers', who were honoured at the recent National Drug and Alcohol Awards.

Another topic which *Of Substance* explores in this issue is the often overlooked phenomenon of an 'addiction' to the act of injecting. Writer Libby Topp reviews the literature on why this occurs, and most importantly, discusses ways clinicians can respond to clients in this position.

Getting clients involved in the way we run the services they use is a contentious subject for some people in this sector. We look at a recent survey which talks to both consumers and providers about the way they can contribute to programs and services.

These are just a few of the many articles in this issue of *Of Substance*. As always, we welcome your feedback and letters via email at editor@ancd.org.au.

We'd also like to take the opportunity of extending our deep gratitude to Professor Margaret Hamilton, who recently stepped aside as the Chair of our Editorial Reference Committee. Margaret has been with the magazine since its inception in 2003, and her knowledge and guidance have been invaluable to us. We welcome our new Chair, Toni Makkai, who writes her first editorial column for us this issue (see right), plus all our new Editorial Committee and Board of Management members.

Jenny Tinworth and Kate Pockley
Managing Editors

GUEST EDITORIAL

KEEPING THE SECTOR INFORMED

TONI MAKKAI, DIRECTOR, AUSTRALIAN INSTITUTE OF CRIMINOLOGY, AND NEW CHAIR OF *OF SUBSTANCE'S* EDITORIAL REFERENCE COMMITTEE

With the 2007 federal election now just around the corner, the major political parties are jockeying for position in their quest for our votes. A lot is at stake for our sector.

How the successful party intends to spend drug and alcohol dollars will have important ramifications for all aspects of our work over the next four years, so we all need to be as well informed as possible about what each party is promising.

In a bid to help our readers weigh up their choices, we invited all the major parties to submit their policy statements. The fact that all of them agreed to do so is a testament to the significant role *Of Substance* is seen to play in informing the sector. We hope you find the feature enlightening.

This is my first term as Chair of the *Of Substance* Editorial Reference Group. The role of the group is to advise the Managing Editors on the development of the content of the magazine, and I am delighted to be assisted in this by a committee of 14 distinguished colleagues, who bring their professional expertise to the table. Their insight and advice can only further enhance the already fine reputation of the magazine.

To assist us in producing a magazine that best meets the needs and interests of all our readers in the future, you will soon be invited to contribute your thoughts about the content and function of *Of Substance* as part of a process of external evaluation. We are constantly looking at ways of improving the magazine and broadening our readership and this will be your chance to tell us what you would like and don't like, and what changes you would like to see us make.

This is also the time of year when we honour the outstanding achievements of the sector over the last 12 months. From treatment and research, to prevention, services for young people, law enforcement, media reporting and drug education in our schools, the National Drug and Alcohol Awards celebrate the fantastic work so many of you do. Congratulations to all the award winners, and to everyone in the sector who works with such passion and conviction.

NEWS

Burden of disease and injury report

A new report, *The burden of disease and injury in Australia 2003*, released by the Australian Institute of Health and Welfare (AIHW), may have important implications for national drug policy.

The report, prepared by the University of Queensland with input from AIHW, measures mortality, disability, impairment, illness and injury arising from 176 diseases, injuries and risk factors.

The top 14 risk factors in 2003 are identified in terms of their contribution to the total individual and joint burden, expressed in disability-adjusted life years (DALYs).

Tobacco, alcohol and illegal drugs composed 12.1% of the total burden, with tobacco responsible for the greatest burden (7.8%). Alcohol accounts for 2.3% in net terms, after taking into account its protective effects while illicit drugs cause 2% of the total burden of disease and injury. Looking at the three drug classes only, tobacco accounted for 65% of the drug-related burden, alcohol 19% and illicit drugs 16%.

The largest component within the illicits is heroin and polydrug abuse (33% of the burden attributed to illicit drugs) which is largely the impact of illicit drug-related mortality. This is followed by hepatitis C (23%), with cannabis abuse, suicide and self-inflicted injuries, hepatitis B, benzodiazepine abuse and 'other' each contributing 10% or less. The full report can be viewed at: www.aihw.gov.au/publications/index.cfm/title/10317.

Alcohol and brain injury – new evidence

A new survey has found that about 2 million Australians (one in eight adults) are at risk of permanent alcohol-related brain damage while another 200 000 are already suffering from the disease without knowing they have a problem.

The survey, commissioned by Alcohol Related Brain Injury Australian Services (arbias) shows almost 70% of men and 60% of women do not know what volume of alcohol puts them at risk. One in five women believe they can consume four standard drinks a day for eight to 10 years without incurring brain damage. Twenty per cent of young males (aged 14-17) believe up to 20 standard drinks a day will not harm them. A 'standard' drink is equivalent to one 285 ml beer (less than a can) or 100 ml of wine (less than the usual glass served at a restaurant or bar).

Alice Springs declared a dry zone

From 1 August 2007, anyone caught drinking in public in Alice Springs faces a fine of up to $500 and possibly prison following the declaration of the entire town as a dry zone. The Northern Territory Government imposed the ban at the request of Alice Springs Town Council in an effort to curb crime and violence. The legislation replaces the old '2K' law in Alice Springs which allowed police to seize any alcohol consumed within 2 km of licensed premises.

NT Licensing Minister Chris Burns says the NT Government is committed to introducing further urgent measures to curb excessive alcohol consumption. These include giving police further powers to randomly search vehicles involved in grog running on Aboriginal land; implementing liquor supply measures; and introducing measures around the banning of alcohol in Alice Springs town camps.

With strategies in Alice Springs in train or being implemented, the focus has now shifted to Katherine. Measures here include consideration of applications from Katherine and Tennant Creek Town Councils to make public places within their municipalities alcohol-free; an electronic ID system for the purchase of alcohol; an Alcohol Court with the power to order an offender into rehab or impose prohibition orders; and funding for an Indigenous liaison officer to provide intervention and referrals in domestic violence cases.

Chief Executive of arbias, Sonia Berton, warns of a looming public health crisis. In the past decade the number of Australians drinking at risky/high levels (six standard drinks for men, three for women) has increased by 60%. 'In the next 10 years treatment providers will be swamped with alcohol-related issues,' she says.

Arbias has launched the 'Hangover for Life' campaign to educate people about levels of drinking that will place them at risk and to raise awareness of the condition. It has also called on the Federal Government to pay for a $20 million education campaign. For more information visit: www.arbias.org.au/hangover-for-life/hangover-for-life.html.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

IN BRIEF...

Cannabis Prevention and Information Centre

A national consortium led by the National Drug and Alcohol Research Centre has been selected to establish the National Cannabis Prevention and Information Centre. The centre will play an important role in providing information, particularly to young people, on the risks associated with cannabis use. It will also support the health sector and other services that work with people with cannabis-related problems and their families, and support innovative approaches to delivering treatment for people with cannabis problems.

The Australian Government is providing more than $12 million over four years for the centre, which is part of the Government's national illicit drug strategy, Tough on Drugs. Other consortium members include the National Drug Research Institute, Orygen Youth Health, the National Centre for Education and Training on Addiction, the Ted Noffs Foundation, the Australian Institute of Criminology and Lifeline.

New community network boosts Queensland drug efforts

The Queensland Government has invested $1.1 million over three years to establish a peak body to coordinate Queensland's non-government alcohol and drug agencies. QNADA is made up of at least 30 agencies including Drug Arm, The Salvation Army, Gold Coast Drug Council, Addiction Help Agency Cairns, We Help Ourselves and the Alcohol & Drug Foundation of Queensland. Dr Dennis Young, CEO of Drug Arm Australasia, has been elected as President.

Quit Victoria's new smoke-free campaign

Quit Victoria has launched a major campaign calling for people to make their homes and cars smoke-free. Data released in August by the Cancer Council Victoria shows that half of regular smokers still smoke in the presence of children and 15% of smokers either sometimes or always smoke inside the home despite children living there.

Code of ethics for AOD sector

Making Values and Ethics Explicit, a new code of ethics for the Australian alcohol and other drug field, written by Craig Fry from Monash University, was launched during Drug Action Week in June.

ADCA patron Professor Ian Webster said just as AOD practice must be evidence-based, it should also be explicitly values-based and align with accepted values and ethics of the field. He indicated there had been concerns for many years about the level of awareness and the profile of ethics in the sector, and that developing a new code signified a maturity in AOD practice and acceptance of a willingness to take responsibility for ethics engagement around proper and meaningful standards.

An electronic copy of the document is available from: www.adca.org.au/publications/.

$49.3 million boost for services to remote communities

The Federal Government has approved $49.3 million over four years for drug and alcohol services in regional and remote Indigenous communities across four states. Northern Territory services to receive funding include a volatile substance use treatment service in Alice Springs and the expansion of several existing rehab and treatment services. Two new residential treatment services will be provided in the Gulf of Carpentaria and Cape York in Queensland; South Australia will receive rehab and treatment services in the Port Augusta area; and there will be a significant investment in services in the Kimberley region of Western Australia.

United Nations releases 2007 World Drug Report

The 2007 edition of the *UN World Drug Report* identifies signs of long-term containment of the global problem, however, the overall trend masks contrasting regional situations. For instance, while an impressive multi-year reduction in opium poppy cultivation continued in South-East Asia, Afghanistan recorded a large increase in 2006. More interceptions of cocaine and heroin shipments across the world have played an important part in stabilising the market.

Although drug abuse levels are stabilising globally, countries along major and new trafficking routes, such as those now going through Africa, may face increasing levels of drug consumption. The report also discusses a possible method to better assess and monitor the role played by organised crime in trans-national drug trafficking.

The full report can be viewed at: www.unodc.org/unodc/world_drug_report/html.

New hard-hitting 'ice' ad

The third stage of the Australian Government's National Drugs Campaign (NDC) was launched in August. It includes a new TV commercial, 'Don't let ice destroy you', which features a clinician in an emergency department who treats someone suffering from psychosis caused by using ice. The campaign's advertising will run in print media, television and online. The NDC targets people aged 13 to 17 and their parents with messages about the harm caused by cannabis, ecstasy and speed. The new stage will target people aged 18 to 25 who, research shows, are the main users of ice and other forms of methamphetamines. There are estimated to be about 73 000 dependent methamphetamine users in Australia.

Drinking wisely

It's disappointing, but not really surprising, to see some health professionals conveniently place alcohol in the same category as tobacco. The underlying inference is neat: tobacco is bad for your health. Alcohol is bad for your health. Don't smoke. Don't drink.

Whilst there is the odd academic openly subscribing to the notion that alcohol-related harm far outweighs any benefits, and the world would be a much better place if alcohol didn't exist, most Australians believe that it is actually okay to have a glass or two of wine with dinner every now and then.

DrinkWise agrees with most Australians. What we are concerned about is that many of them are actually having much, much more than a glass or two of wine with dinner, and that they don't see their behaviour as problematic. It's not the fact that we're drinking, it's how much we're drinking that's the problem. DrinkWise doesn't share the view that telling people (either subliminally or otherwise) that alcohol is bad for them and they therefore shouldn't drink is an effective way of reducing alcohol-related harm. We do, however, believe there is a disturbing culture of acceptance around drunkenness in Australia, and as a society, we need to challenge and change that.

DrinkWise is well aware that drinking to intoxication or being 'drunk' is a major cause of short-term alcohol-related illness, injury and social problems. The reality is that excessive single occasion drinking produces far greater impacts on the health, safety and wellbeing of individuals and communities due to the high incidence of drinking to intoxication. That is why it is the number one priority area of the latest National Alcohol Strategy, and for DrinkWise.

The fact that DrinkWise is funded by industry does not preclude its capacity to make a legitimate and worthwhile contribution to the debate on how to reduce levels of intoxication in Australia. The focus, from the DrinkWise perspective, should be on continuing to search for and implement strategies aimed at reducing the levels of intoxication in Australia.

Mike MacAvoy, CEO, DrinkWise Australia

Lack of voice

I am writing with reference to your article entitled *1 Client, 2 Needs: Improving access to hep C services* in *Of Substance*, April 2007.

Firstly, it is a pity people with hepatitis C and/or people who inject drugs did not have a voice in the article. Secondly, had the above occurred, erroneous statements may not have been made.

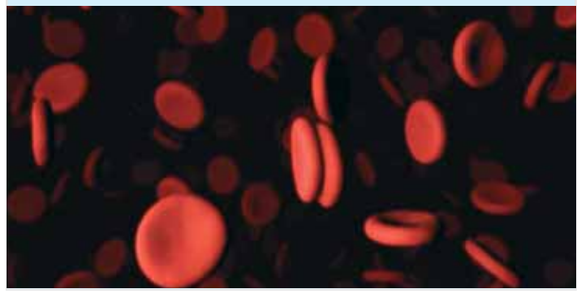
For example, the Executive Officer of the Hepatitis C Council of NSW advises that it makes sense to take HCV treatment to drug dependency treatment centres 'where people feel comfortable and supported, and where they already have strong relationships with health care workers'.

The fact is, however, there are problems with current pharmacotherapy delivery models, and a reluctance by drug users to speak with health professionals about their needs in these settings. One of the problems includes the fact that even if a person has a good relationship there is often a significant power imbalance and punitive implications for client honesty.

When it comes to making informed decisions about hepatitis C treatment, these are best dealt with in a supportive, non-judgmental, peer support environment. A model that simply endeavours to make hepatitis C treatment more available and provides some training to health professionals is not going to adequately address the range of complex psycho-social support issues that affect people's ability to attend treatment.

Some people who inject drugs are just not in a position to undergo treatment – when more pressing day-to-day issues such as finding the money to feed oneself or a place to sleep is on the top of the list. Then there are the issues of how to compensate for the loss of earnings when a person is so debilitated they cannot work, and so on. It is easy to trivialise the issue – but we need advocates for services like auxiliary home care support (just like the early days of HIV/AIDS), and we need to lobby for sickness benefits whilst a person is off work or on reduced hours to undergo treatment.

Tamara Speed, Treatments and Policy Manager
Australian Injecting and Illicit Drug Users' League

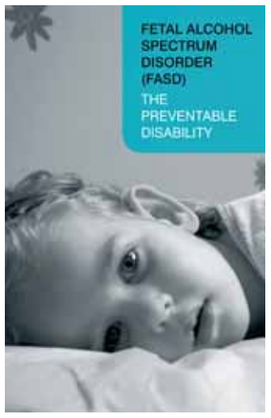


Of Substance welcomes correspondence from all our readers on topics raised in the magazine, or subjects of interest to the field. Please submit letters of up to 300 words to editor@ancd.org.au.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

NEW RESOURCES

Information for pregnant women



FASD: The Preventable Disability, a new information brochure on fetal alcohol spectrum disorder, is now available. The resource is the latest in a series prepared by Alcohol Related Brain Injury Australian Services (arbias) in partnership with the National Organisation for Fetal Alcohol Syndrome and Related Disorders and the Russell Family Fetal Alcohol Disorders Association. Copies of the brochure can be obtained through the arbias website: www.arbias.org.au.

Another recent resource for pregnant women is the *Pregnancy, babies, children and hep C* factsheet, available at: www.hepatitisc.org.au.

ADF Resource Catalogue

The Spring 2007 ADF Resource Catalogue is now available. It includes:

- *Drinking Diary:* The updated booklet contains a diary for monitoring drinking behaviours as well as guidelines for identifying harmful drinking behaviour and suggestions for methods of changing drinking behaviours.
- *Hosting Teenage Parties:* This booklet covers the challenges of hosting parties for teenagers.
- *Keep Your Head Together:* Contains harm reduction information for parents covering mental health and drug use.
- *Methamphetamine Dependence and Treatment:* The latest manual in the 'Clinical Treatment Guidelines for Alcohol and Drug Clinicians' series.
- *Communities Offering Drug Education:* An updated version of our manual to assist facilitators in conducting workshops for community groups.
- *A Lifelong Journey:* Explores strategies to help people with bipolar disorder.

For more information visit: www.adf.org.au/store/.

Tobacco control kit

Talkin' Up Good Air is a new tobacco control resource kit to be used by providers of treatment programs for Indigenous people. It is produced by the Centre for Excellence in Indigenous Tobacco Control (CEITC). Indigenous people smoke at nearly three times the rate of other Australians and there has been no reduction in smoking rates for the past 15 years at a time when mainstream Australian smoking rates have halved. Copies are available via the CEITC website: www.ceitc.org.au.

Resources for CLD communities

The *Drugs and their effects* brochure is now available in nine community languages to assist recent migrants from African and Asian countries. A factsheet, *Making treatment accessible for culturally and linguistically diverse* (CLD) *clients,* produced by the Drug and Alcohol Multicultural Education Centre examines some of the barriers CLD clients and their families experience in accessing AOD treatment services and makes suggestions for improving access for workers with CLD communities. Both resources can be downloaded from the DrugInfo Clearinghouse website: www.druginfo.adf.org.au/multicultural.


Fact sheet
For workers with CLD clients
Number 5.5 | June 2007
DRUG INFO clearinghouse
www.druginfo.adf.org.au
Making treatment accessible for culturally and linguistically diverse clients with alcohol and other drug issues
by Drug and Alcohol Multicultural Education Centre (DAMEC)
Introduction

Support for young people

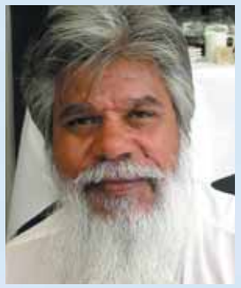
A new Youth Drug Support website providing young people with information on a range of issues including drugs and alcohol, mental and sexual health, has been set up under the auspices of Family Drug Support.

Funded by the NSW Government, the site provides information and support, plus the opportunity to ask questions via email, text or telephone. Go to www.yds.org.au.

OPINION

Let's get serious about tackling Indigenous substance misuse in the Northern Territory

A/PROF TED WILKES, CHAIR, NATIONAL INDIGENOUS DRUG AND ALCOHOL COMMITTEE



Let me state at the outset that I welcome the focus and determination of many in government and the community to protect Indigenous children.

If we really are to make the positive health gains that so many Indigenous people crave then we need to start with our infants and our children. Indigenous children are probably the most vulnerable group in Australian society today and there can be no debate any more that providing them with opportunities and environments that are safe and secure is paramount.

However, there is a risk that alcohol issues and associated child abuse and violence in the Northern Territory are going to be perceived as being Indigenous problems only. In reality the problem of substance misuse, violence and child abuse is a problem in all communities including non-Aboriginal communities.

Alcohol

The National Indigenous Drug and Alcohol Committee (NIDAC) which I chair is the leading voice in Indigenous alcohol and other drug policy and was specifically set up by the Australian National Council on Drugs to provide advice to the Government on these matters. NIDAC supports the Australian Government's commitment to address alcohol misuse in the Northern Territory but it appears that Indigenous expertise and strengths in Indigenous communities are being under-utilised.

Some Indigenous communities in the Northern Territory have already implemented effective alcohol management plans. Admittedly, some of these systems work better than others, however our best long-term solutions require continued support and resources at the local community level for community people to work with police, health and liquor licensing authorities to develop local solutions. It is worth noting that the different systems introduced in Groote Eylandt and Maningrida communities have both been effective in reducing alcohol-related problems, including violence, because they are systems developed with, and thus respected by, the communities. These communities are rightly concerned that the Australian Government could now come in and override locally developed initiatives that are working.

We also need to be sure that the new measures do not inflict a greater unintended harm. For instance, will contravention of the proposed alcohol bans result in even more Indigenous people being imprisoned? The Northern Territory Indigenous imprisonment rate is already the highest in Australia, with nearly 80 per cent of its prisoner population being Indigenous. Surely no-one can believe that more Indigenous people in prisons can be part of the solution. Indigenous drinking is best understood as a group issue, not an individual issue, and some responsibility has to be placed on liquor licensing authorities to reduce the number of outlets, promote safe drinking, and stop sales discounting and other practices that encourage high consumption rates. An expert review of enforcement of licensing laws in Australia revealed authorities concentrated too much of their resources on maintaining public order and punishing drinkers in licensed premises, rather than focusing on licence breaches and responsible sales. It would make sense to have an independent review of the alcohol management plans currently in place and liquor licensing enforcement in the Northern Territory.

Illicit drug use

NIDAC is also aware that illicit drug use is increasing in a number of remote communities. As a result, it is imperative that those who have alcohol and drug problems have access to treatment, and assistance in returning to their communities afterwards. Reducing illicit drug problems works best when greater resources are directed towards both reducing the supply of drugs and increasing treatment services.

NIDAC is supportive of initiatives that seek to improve the education, health and well-being of Indigenous children and families, which is detailed quite comprehensively in the recommendations of the *Little children are sacred* report. However, it was disturbing to note that the report found that 'service providers were ill-equipped to identify, understand and know what to do about it'.

The care and protection of Indigenous children is complex. The responsibility of child rearing in Aboriginal culture is shared and directly conflicts with the Australian legal system where rights and responsibilities of child rearing are often attributed solely to parents. This has enormous implications for the Australian Government initiative of withholding welfare payments from parents in a bid to encourage children to go to school.

I have spent most of my life fighting for Indigenous health. Indigenous children deserve to be given the best start in life as it is the best chance for Indigenous people to live, grow and prosper with other Australians.

This is an edited version of an article first published in The Australian, *18 August 2007.*

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

DRUG POLICIES
YOU BE THE JUDGE

JANE MUNDY

With the 2007 federal election just around the corner, *Of Substance* invited Australia's major political parties to contribute a statement of their policy positions on drugs and alcohol.

We have reproduced these to inform you about what each party is promising, and to assist you in making your decision on polling day. Each party was asked to provide a maximum of 450 words explaining their approach to drug issues.

To give you more information, they were also permitted to provide website links to more details. *Of Substance* has not shown any statements to representatives of rival political organisations.

Variations emerge both in the parties' positions on drugs and alcohol as well as the specific strategies they propose to achieve their goals. Their views also differ on the emphasis that should be given to law enforcement, education, treatment and research. The statements are presented unedited and demonstrate differences in the emphasis given to strategies to address substance misuse.

Most state that alcohol, particularly binge drinking among young people, is a major public health issue, while several advocate higher taxes on alcohol (and tobacco) to fund prevention and education programs as well as treatment services. Addressing ice is also seen by many as a critical issue. Their statements are presented over the following pages.

AUSTRALIAN™ DEMOCRATS

AUSTRALIAN DEMOCRATS

The objective of drug policy must be to discourage drug use, tackle the factors that add to the likelihood of addiction, encourage detox and rehabilitation and generally lessen the harmful effects of drugs on health, society and the economy.

Fear, ignorance or an imagined high moral ground must not suppress critical analysis or the development of effective, scientific and humane drug controls. There is no evidence, for instance, that the practice of incarcerating people for relatively minor drug-related offences does anything more than fill our bursting jails. Penalties for personal use should be confined to non-custodial and treatment options.

The level of health-related harm caused by socially accepted and regulated drugs, such as alcohol and tobacco, far outweighs that caused by illicit drug use and abuse. Therefore the Democrats support an approach to substance use and misuse that balances effort and resources in line with the relative costs to society of different substances, whether legal or illegal.

We support the redirection of a greater proportion of the revenue generated from the sale of tobacco and alcohol products towards prevention and treatment, greater restrictions on advertising and the revision of the alcohol taxation system so that all alcohol products, regardless of type, are taxed according to alcohol content.

Drug policy must be multifaceted. Investing in reducing the supply of drugs and targeting those that seek to profit from the manufacture and trafficking of drugs has a role to play but should not be weighted to the neglect of other elements.

The Democrats are opposed to any move away from harm minimisation toward a stricter form of prohibition. Evidence indicates that placing even greater emphasis on drug law enforcement worsens the social outcomes from drug policies.

However, simply legalising all drugs is unwise and unlikely to decrease the quantities used. A drug policy based on targeted, staged restrictions is a more intelligent, middle way between the 'legalise all drugs' and the 'zero tolerance' approaches.

We support a greater emphasis on the prevention of drug use, misuse and abuse through investing in informing and educating the general public. We also support harm reduction to minimise the risk of HIV, hepatitis C and other problems associated with riskier drug use as an essential element of drug policy for those unable or unwilling to cease their drug use or seek treatment.

The Democrats also call for a greater level of investment in treatment and support for those with drug problems – whether legal or illegal. This must include an expansion of supervised detox facilities and more flexibility in support and rehabilitation programs, particularly those that cater for drug-dependent adults with children.

For more details on the Democrats policies go to www.democrats.org.au/.

Australian Labor

AUSTRALIAN LABOR PARTY

Labor recognises the serious health and social impact that legal and illegal drug use has on the Australian community. Tobacco use continues to be a major contributor to the burden of disease, harming the individual and the community. Other legal drugs such as alcohol can cause damage if not used in moderation, are a major factor in domestic violence and road accidents, and are increasingly combined with mental health problems. Greater efforts are needed to prevent and address the significant health and social problems caused by both licit and illicit drugs.

Alcohol and tobacco

Alcohol is a risk factor for many chronic diseases, including diabetes. We also know that alcohol is strongly connected to mental health issues. Smoking, too, is a risk factor for many preventable chronic diseases, including coronary heart disease, stroke and numerous cancers.

Chronic conditions, many of them preventable, are one of the largest threats to Australia's health, and to the sustainability of Australia's health system. Labor has already committed to developing a National Preventative Health Strategy to provide a blueprint for tackling the burden of chronic disease, initially focusing on obesity, tobacco, and excessive consumption of alcohol.

The Strategy will be supported by an expert Taskforce.

Illicit drugs

Labor will work with the States and Territories to develop and implement strategies to address the diverse problems caused by illicit drugs.

The spread of illicit drug use only serves to increase crime rates, destroy families and place added pressure on our police forces and health care providers. The Federal Government must take a strong, active role in combating illicit drugs.

Central to Labor's drug strategy are the principles of prevention of drug use, early intervention and harm minimisation for all illicit drugs. Labor will, in consultation with expert bodies, drug and alcohol agencies, community groups and peak organisations: curb the supply of illegal drugs through effective law enforcement; tackle the underlying causes of both legal and illegal drug problems in order to reduce demand; and increase the opportunities for treatment and harm reduction for people with drug problems, including providing culturally appropriate services.

This year Labor announced that a Rudd Labor Government would take specific actions to tackle Australia's escalating ice epidemic. Australia needs new ideas and fresh thinking when it comes to dealing with critical and continuing problems such as drugs and crime. Our response must be tough, targeted and evidence-based. Among other measures, Labor will work to

continued over page

restrict the sale of pseudoephedrine over the internet, and tailor existing national education programs on illicit drug use to focus on young people and ice.

THE NATIONALS

COALITION:
Joint Liberal and National Parties statement

LIBERAL

The Howard Government is committed to the fight against substance abuse. Through the Tough on Drugs program we have made the greatest ever financial contribution of any Federal Government towards fighting drugs. Over $1.4 billion has been committed since 1997 to tackle drug abuse at all levels – through measures designed to halt supply, reduce demand, and support those afflicted with abuse problems into treatment.

It is only through this comprehensive approach – where supply, demand and treatment are all considered important parts of the solution – that we have been able to achieve results for the Australian community.

The proportion of people in the Australian community who have taken any drug in the past year has dropped from 22 per cent in 1998 to 15.3 per cent in 2004. This is still too high, but we are making remarkable progress.

We have made great progress in tackling particular drugs of concern.

For example, heroin use has fallen from 0.8 per cent in 1998 to 0.2 per cent in 2004, with opioid overdose deaths falling correspondingly from 1116 in 1999 to 374 in 2005.

Cannabis continues to be the most widely used illicit drug in the community, but the rate of cannabis use has fallen from an all-time high of 17.9 per cent in 1998 to 11 per cent in 2004. The messages about the links between cannabis use and mental illnesses such as depression and schizophrenia are becoming better understood in the community – particularly amongst young people.

This may clearly be seen in the recent Australian Secondary Schools Alcohol and Drugs survey, which showed that lifetime cannabis use among 12-17 year-olds has dropped from 35 per

continued from page 9

cent in 1996 to 18 per cent in 2005. Further, weekly cannabis use among 12-17 year-olds has dropped from 11 per cent in 1996 to 4 per cent in 2005. These reductions are profound and will lead to substantially improved health and social outcomes in later life for thousands of Australian young people and their families.

Clearly with new challenges such as ice, our response must be constantly evolving. Earlier this year, the Prime Minister announced a $150 million package of measures to tackle this scourge, through enhanced treatment, education and control measures. This comes on top of Government support for the national roll-out of Project STOP – which has helped police crack many synthetic drug syndicates through tracking the inappropriate supply of pseudoephedrine.

The Tough on Drugs approach is working, and if re-elected at the coming Federal election the Howard Government will continue to develop and adapt this approach to face all new challenges.

FAMILY FIRST

Family First believes Australia has a binge-drinking problem which is killing Australians, particularly young Australians. We all know alcohol is a part of life and social drinking is fine. But we must change our culture which celebrates alcohol and accepts drunkenness and drink-driving.

Family First believes we must adopt a policy of zero tolerance to drunkenness and create a culture of responsible drinking. Binge drinking among young Australians is a particular concern. Teenagers go out to get blind and it is considered okay.

I do not believe a shock campaign is enough. Nor can we leave it to the alcohol industry to be more responsible. Family First does not believe in a nanny state but all levels of government must take action to tackle a problem which is out of control. The evidence shows that countries like Ireland which have acted have achieved positive results in reducing alcohol carnage.

Family First has a 10-point plan to reduce Australia's alcohol toll and create a responsible drinking culture:

1. Health warning labels on alcohol.
2. An additional tax of 10 per cent on beer, wine and spirits. The revenue would be spent on education, prevention and treatment programs.
3. A 0.00 per cent blood alcohol content (BAC) for all Australian drivers under 25.
4. Investigate restricting TV advertising of alcohol to after 9 pm.
5. Pre-approval for all TV, print and other ads by a government regulator as well as stricter guidelines about content, including a ban on using celebrities or sports stars. Currently the alcohol industry is self-regulated and a recent study found the industry is breaching its own advertising guidelines.
6. Investigate raising the age for purchasing alcohol from 18 to 20.
7. Tougher enforcement of laws about the sale of alcohol.
8. Debate whether nightclubs should reduce the hours they serve alcohol.
9. Ban people giving alcohol to other people's children, as currently happens in New South Wales.
10. Allow police to use teenagers to test if under-age drinking laws are being flouted, as currently happens to check the sale of cigarettes to children.

When it comes to illegal drugs and health in general, Family First believes that our primary response should be preventative, through educating the community as well as funding rehabilitation and support services.

Family First rejects harm minimisation as the primary strategy for combating substance abuse and instead favours prevention, rehabilitation and avoidance as more acceptable primary strategies.

Family First also strongly opposes policies advocated by the Greens including opening drug injecting rooms across Australia, providing free heroin to addicts and abolishing criminal sanctions for drug use. They send the wrong message about drug use and are a real danger.

THE GREENS

The Greens recognise that the use of legal and illegal drugs can lead to adverse health, social and economic consequences. The primary aim of the Greens' drugs policy is to reduce the incidence of illness, death and crime occurring as a result of drug use in our community. We believe that a harm minimisation approach to drug issues, promoting harm reduction, supply reduction and demand reduction, is the best way to reduce the negative effects of drug use. The Greens do not support the legalisation of currently illegal drugs. We do support criminal sanctions on drug dealers.

The Greens' policy is based on international evidence which shows that other approaches to drug issues, such as prohibition and zero tolerance, simply do not work. Illegal drugs will always be available and used. Our policy provides strategies to reduce the supply of illicit drugs, help those people who use illegal drugs to stop or reduce their consumption, and to minimise the harm associated with that use. The Greens believe that individual drug dependence is a health problem not, of itself, a criminal issue. To that end, our policy proposes significant increases in funding for drug treatment, rehabilitation and counselling.

More specifically, the Greens will establish an Australian Drugs Policy Institute to undertake research trials and evaluation of policy and treatment programs. The Institute will provide drugs policies developed by experts and specialists in the field, rather than politicians driven by politics. It will promote and facilitate public debate on this important social issue, and support a culture where experts are able to stand up, without fear, to argue for best practice when the political heat is on. It will ensure that policy responses to drug and other substance use issues are evidence-based and evaluated in a coordinated and strategic way.

The Greens recognise that in Australia alcohol is the most common cause of serious adverse health, social and economic consequences. The Greens will reform alcohol taxes so that the tax rate is based on alcohol content rather than beverage type. The additional income raised by this taxation regime would fund alcohol and drug education and treatment programs. We will also establish an independent body to regulate alcohol advertising and prohibit promotions which encourage excessive drinking. Other initiatives include banning all advertising of, and sponsorship by, tobacco products; the independent regulation of alcohol and a ban on political donations from tobacco, alcohol and pharmaceutical companies.

The Greens support the regulated use of cannabis for specified medical purposes. There is substantial international evidence showing that cannabis can be used as an effective therapy for pain and nausea in certain conditions, such as radiation and chemo therapies for cancer. This usage is medically prescribed and supervised – just as morphine is medically regulated.

To view a full version of the Greens drugs policy go to www.greens.org.au.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

CELEBRATING THE SECTOR

THE 2007 NATIONAL DRUG AND ALCOHOL AWARDS

JANE MUNDY

The National Drug and Alcohol Awards are a collaborative effort of the Ted Noffs Foundation, the Australian Drug Foundation, the Alcohol and Other Drugs Council of Australia and the Australian National Council on Drugs.

They aim to support and encourage people working to prevent drug problems in Australia. It is estimated around 10 000 Australians now work directly in drug and alcohol treatment across Australia, with a further 8500 in associated sectors.

The winners of the 2007 awards were announced in Sydney on Friday 22 June at a gala dinner held at the Four Seasons Hotel. 'To meet the devastation brought on by drug and alcohol abuse are thousands of dedicated professionals, researchers, organisations and volunteers doing work that is world-leading throughout all states of Australia. These awards go some little way to recognising the fantastic, innovative work they do with such passion and conviction,' said Wesley Noffs, Chair of the 2007 Awards.

The awards are sponsored by the Alcohol Education and Rehabilitation Foundation (principal sponsor), the Australian Government Department of Health and Ageing (major sponsor), the Australian Government Department of Education, Science and Training (major sponsor) and NSW Health — ActNow (supporter).

National Drug and Alcohol Awards 2007 — winners and finalists

PRIME MINISTER'S AWARD FOR EXCELLENCE AND OUTSTANDING CONTRIBUTION IN DRUG AND ALCOHOL ENDEAVOURS

Winner: Nigel Dick AM

EXCELLENCE IN PREVENTION

Winner: The Opal Alliance
Finalists: The Mirabel House Connections Program
Youth Solutions

EXCELLENCE IN TREATMENT

Winner: REACHOUT program –
Offenders Aid and Rehab Services
Finalists: Karralika Family Program
UnitingCare Moreland Hall LACP

EXCELLENCE IN SERVICES FOR YOUNG PEOPLE

Winner: Supporting Kids and their Environment (SKATE) Project
Finalists: The Yiriman Project
UnitingCare Moreland Hall – Art therapy program

EXCELLENCE IN LAW ENFORCEMENT

Winner: Project Stop – Pharmacy Guild of Australia

Finalists: Substance Abuse Intelligence Desk (SAID)
Beat the Street – QLD Police Service, Community Drumming Project

EXCELLENCE IN RESEARCH

Winner: Sydney Alcohol Treatment Group at Drug Health Services, RPA Hospital
Finalist: Associate Professor David Moore

EXCELLENCE IN ALCOHOL & DRUG MEDIA REPORTING

Winner: *Geelong Advertiser*
Finalists: Ruth Pollard, *Sydney Morning Herald*
Four Corners, ABC TV

EXCELLENCE IN SCHOOL DRUG EDUCATION

Winners: Narrabundah College, Townsville Grammar School
Finalist: St Francis Xavier College

DRUG & ALCOHOL HONOUR ROLL

Dr Stella Dalton, Supt. Frank Hansen, A/Prof Wendy Loxley, Hon Dr Neal Blewett AC, Sir William Refshauge, Mr James A Pitts, Mr Garth Popple, A/Prof Peter D'Abbs, Dr Bob Batey

The AOD sector celebrates its night of nights




Photos courtesy of Carmen Lee Spiers, Encapture Photography

Prime Minister's award for excellence and outstanding contribution in drug and alcohol endeavours

NIGEL DICK AM: THE DRIVING FORCE BEHIND ODYSSEY HOUSE

Personal experience of the impact of drugs within his own family was the catalyst for Nigel Dick AM to embark on a 30 year crusade to help others with drug and alcohol issues. His tireless efforts as a founder of Odyssey House in Victoria and his continued commitment to reducing the negative effects of drug and alcohol use in Australia has won the former broadcasting executive the Prime Minister's Award for excellence and outstanding contribution in drug and alcohol endeavours for 2007.

Prime Minister John Howard presented Nigel Dick with his award at Parliament House on 8 August 2007.

Nigel Dick says he and his wife had 'tried everything' to help their younger son with his addiction issues when, in 1978, they first read about Odyssey which had just opened a facility in NSW. The US model of a therapeutic community for young people incorporating a structured, step-by-step program and critical aftercare support seemed to the Dicks to offer hope. Nigel arranged a meeting between Milton Luger, who had come from the US to start the Australian Odyssey program, and a group of caring and influential believers in the Odyssey ideal.

An organising committee was formed with high-profile golfer Peter Thomson as its chairman and Nigel as his deputy. Nigel and Peter negotiated a loan for the purchase of an ex-monastery in Lower Plenty in Melbourne's northeast and enlisted the support of the then Premier of Victoria, Rupert Hamer, who offered three years initial funding. Not long afterwards, the first group of clients moved in.

But the idea of a therapeutic community for young people with drug and alcohol problems to be located in the outer suburbs of sedate Melbourne in the late 1970s was very radical, and before Odyssey House Victoria could officially open its doors in 1980, Nigel and his colleagues first had to run the gauntlet of its many detractors and obtain the approval of the Town Planning Tribunal and both the Supreme and High Courts.

At the same time they were busy spreading the word about Odyssey and raising awareness of drug and alcohol issues through seminars, promotional campaigns and fundraisers (whose success enabled Odyssey to repay the debt on the monastery in only a few years).

'Odyssey was very controversial in the early days,' recalls Nigel. 'There was a lot of ignorance in the community about drugs and a lot of opposition to the idea of providing services. People were very scared of the unknown.

'There were no other residential treatment facilities in town. Sometimes there were as many as 165 clients in residence at a time, some sleeping four to a room, but no-one was ever turned away.'

When Peter Thomson ran for State Parliament in 1980, Nigel took over. With the exception of three years, when he worked in New Zealand as the CEO of the NZ Broadcasting Corporation, he remained Odyssey's chairman until the end of 2006 when he handed over to The Honourable John Winneke AC RFD QC, the immediate past President of the Appeals Court of the Supreme Court of Victoria. Nigel remains on the board, as he puts it, 'at John Winneke's pleasure'.

Announcing the Prime Minister's Award, the Chairman of the Australian National Council on Drugs, Dr John Herron described Nigel Dick as an incredible man whose dedication over 30 years is inspiring.

'Over 10 000 family members and 8000 clients have been helped during his time at Odyssey House. More than 5000 [of those] clients have significantly reduced their drug use and crime and over 3000 long-term unemployed people now work full-time. What a remarkable result. Odyssey House would simply not exist without him.'

In accepting the award, Nigel said it did not belong to him alone. 'I took a leadership role but the other board members as well as the staff and successful residents of Odyssey have done all the work. I'm very proud to share this award with them.'

Nigel Dick's tireless work with Odyssey Victoria would, alone, be more than enough to keep most people busy. Yet he has also made a great contribution to the community through his career in broadcasting and the media. He is a former chairman of HSV7, Southern Cross Communications and the RACV, and was Chief Executive of GTV 9, TCN 9 and the Broadcasting Corporation of New Zealand. He was made a Member of the Order of Australia (AM) in 1994 for services to media, in particular television, and the community.

continued over page

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

continued from page 13

Drug and alcohol Honour Roll

RECOGNITION FOR OUTSTANDING SERVICE

Garth Popple and James Pitts.

The National Honour Roll was created in 2006 to recognise people who, over at least 15 years, have made an outstanding contribution to the drug and alcohol field. This year has seen nine more names added to the Roll, from the fields of medicine, research, academia, politics, treatment services and law enforcement. These exceptional people represent the depth and breadth of the sector and the talent and commitment of the many people who work so tirelessly in it.

The 2007 Honour Roll inductees are:

Dr Stella Dalton, regarded as the pioneer of methadone treatment in Australia.

A/Prof Wendy Loxley, a senior researcher from the National Drug Research Institute with a special focus on HIV/AIDS.

Dr Bob Batey, Professor of Medicine, UNSW Bankstown Hospital, and Drug and Alcohol Clinical Advisor to the NSW Mental Health and Drug and Alcohol Office, who is a pioneer of addiction medicine in Australia.

James A Pitts, CEO of Odyssey House, who oversaw the development of Odyssey House from a residential rehabilitation facility into a multi-service delivery organisation.

The Hon Dr Neal Blewett AC, who was responsible for the introduction of Medicare and Australia's much praised HIV/AIDS program, and oversaw the implementation of Australia's first National Drug Strategy.

Garth Popple, Executive Director of We Help Ourselves, whose commitment to drug and alcohol treatment and prevention, especially in therapeutic communities, spans more than 25 years.

Superintendent Frank Hansen, Manager of Drug & Alcohol Coordination, NSW Police, who has made a significant contribution in the areas of demand and harm reduction over almost 30 years.

A/Prof Peter d'Abbs, is from the School of Public Health and Tropical Medicine at James Cook University. He has played a key role in combating Indigenous substance abuse.

Sir William Refshauge, who is a highly regarded leader in the history of the Australian health care system as Director-General of Health (1960-73). He has worked tirelessly to address the needs of Indigenous Australians.

Excellence in prevention

A BREATH OF FRESH AIR

THE OPAL ALLIANCE, ALICE SPRINGS

The Opal Alliance is an advocacy group formed in 2005 and made up of representatives from the private sector and non-government organisations: the General Property Trust Group, the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council and the Central Australian Youth Link-up Service (CAYLUS).

Strenuous advocacy by the Opal Alliance was instrumental in the push for Opal fuel to be rolled out across a broad area of Central Australia. Opal low-aromatic fuel is 'unsniffable' and the Alliance's initiative represents a significant development in cutting the social and health costs of the petrol-sniffing scourge that has devastated the lives of individuals and communities in the region for decades.

The Alliance commissioned Access Economics to conduct a cost-benefit analysis, which put the social and health cost of petrol sniffing at $78.9 million annually and estimated that a regional roll-out of Opal fuel would save $27 million a year (made up of a fuel subsidy cost of $15.8 million plus supporting strategies). This would translate to a net decrease in costs across the roll out area and a potential 75 per cent reduction in sniffing.

This evidence helped persuade the Australian Government to extend the subsidy to commercial retail outlets and played a key role in influencing a change of Government policy. Although

L to R: Janet Inyika, Blair McFarland, Vicki Gillick, Margaret Smith, Tristan Ray, Enid Gallagher, Bruce Morris and Riley Oldfield.

Photos courtesy of Carmen Lee Spiers, Exaptrure Photography

the roll out does not yet cover the Alliance's preferred region, Opal is now the only petrol available in Central Australian Aboriginal communities and most roadhouses, and at all Alice Springs petrol stations Opal is the 'regular unleaded' (although Premium is still stocked).

Vicki Gillick, Coordinator of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council, says NPY and the Alliance are very pleased with the extended subsidised area, and the enormous reduction in sniffing that has resulted but says they want to see Opal rolled out right across the Central region. She says that for supply reduction to be most effective, the entire region needs to be 'quarantined' with Opal only. The Alliance will continue to push for Opal to be available throughout the entire Central region and for Premium unleaded to be supplied only under strict conditions, hopefully to be replaced with a Premium version of Opal in the future.

Excellence in treatment

TURNING AROUND YOUNG OFFENDERS

REACHOUT PROGRAM, SA

The REACHOUT program is an intensive, full-time 14-week course targeting young male prisoners who are serving time in Cadell Prison in South Australia for crimes involving alcohol or drug misuse. Its philosophy is to give people who have offended the opportunity to rebuild their lives which have been affected by crime.

Run under the auspices of Offenders Aid and Rehabilitation Services (OARS SA), the program aims to create an environment in which participants can reassess their lifestyles and acquire new skills and interests, thus reducing the likelihood of future substance misuse and recidivism. REACHOUT operates within a therapeutic community separated from the mainstream prison and targets prisoners aged 18-25 who are due for release within 18 months. This is considered to be a critical point in a young offender's contact with the criminal justice system at which interventions have the most positive effect.

A broad range of programs includes educational/vocational training, alcohol and other drug intervention, behavioural therapy, health and physical fitness, communication and relationship building, and culturally appropriate support to reduce the factors associated with the prior offending

The REACHOUT team (L to R): Heather Searle, Katie Presch, Deb Laycock and Liz O'Keefe.

behaviour. It also provides participants with an opportunity, through work projects, to make restitution to the community for their offending and to become productive members of society.

In the Drug and Alcohol module, participants learn about all types of drugs including illicit and prescription drugs, their effects on the body, changing risk-taking behaviours including drink-driving, the financial and emotional costs of dependency, relapse prevention and barriers to change. One-to-one counselling is also available.

Attendance is voluntary, and of 55 offenders who have so far participated in the program since its inception in 2004, all but three have completed it. Coordinator Liz O'Keefe says participants overwhelmingly report increased self-esteem and feel that the program has enabled them to develop new coping strategies and life skills that will help them re-integrate into society.

Excellence in research

TACKLING ALCOHOL TREATMENT

THE SYDNEY ALCOHOL TREATMENT GROUP, NSW

Professor Paul Haber, Head of the Sydney Alcohol Treatment Group at Sydney's Royal Prince Alfred Hospital, is delighted that his team has received the award for excellence in research. He says the award is a feather in the cap of the group itself, but is also an important acknowledgment of the value of research into alcohol treatment, an area that is all too often overlooked in the drug and alcohol field.

'In the drug and alcohol field, alcohol is the elephant in the room,' Haber says. 'It is rarely talked about and often given a low profile in the media, yet it is a far greater source of problems in the community than other drugs. So it is very heartening that the field itself has acknowledged the value of the work we are doing.'

The multidisciplinary team conducts clinical research which enables it to identify effective treatment strategies for people of all ages who present with harmful alcohol use. Made up of researchers from Sydney and Macquarie Universities, RPAH and NDARC, the group evaluates the efficacy of new drugs, conducts co-morbidity trials, and investigates the use of genetic markers to predict responses to pharmacotherapies.

L to R: A/Prof Maree Teesson, Dr Kirsten Morley, Sarah Hutchinson, Dr Stefanie Leung, Stewart Savage, Prof Paul Haber, Dr Andrew Baillie and Karen Becker.

The group has recently completed the largest trial of pharmacotherapies ever undertaken in Australia – a comparison of naltrexone and acamprosate – which showed that while no benefits of acamprosate could be identified, naltrexone did benefit those with mild (but not severe) alcohol problems. Another controlled trial found that a new psychotherapy strategy, called compliance therapy, was effective with people who had alcohol problems and doubled the length of time they remained in treatment.

Other research has established that patients average only three to four attendances at alcohol treatment services, knowledge that informs service providers and enables them to adapt their programs and to rationalise their investment of time and resources in order to achieve optimal outcomes.

continued over page

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

continued from page 15

Excellence in services for young people

CARING FOR THE KIDS

SKATE PROJECT, VIC

Feeling 'different' and alone is a common problem for children of families with substance use issues. One 12-year-old girl attending the Geelong-based Supporting Kids and Their Environment (SKATE) program says: 'I was really worried about what was happening with Mum and I told my two best friends about it.

'One of them was okay with it and the other one couldn't cope and told her mum. Her mum told some other mums. I gave out the invitations to my birthday party, and no-one from my grade was allowed to come ... Mum was really angry, and I got into a lot of trouble for telling.'

The SKATE program, set up in September 2005, gave this girl, and others like her, the opportunity to share their stories in a safe emotional space with others who were having similar experiences. To many young people, knowing they are not the only ones living in families where there are issues of substance use is a huge relief, and helps them feel less isolated and more supported.

A joint initiative of Glastonbury Child and Family Services, Bethany Community Support and Barwon Health Drug and Alcohol Services, SKATE fills a gap in the Barwon region by providing a service that is not directed simply to parents with substance use issues but also includes other members of the family, especially primary school aged children. Project Worker Annie Baker says the eight-week after-school program encourages children to recognise that substance use by adult family members is not their fault. They also learn that they are not irreversibly locked into the cycle of drug use and that they can make positive choices in their own lives. A parallel program called 'Stepping Stones' provides a nine-week structured group program for adult family members while brokerage funding also enables children to link into otherwise inaccessible education, employment and other broader community opportunities.

L to R: Annie Baker, Judy Wookey, Susan Murrant and Kathryn Howe.

Parents report that their children display less anxiety, less depression and an improvement in their interactions with family members after completing the SKATE program. Children themselves say they also feel less isolated, more involved in the community and less stigmatised.

Excellence in law enforcement

DISRUPTING THE SUPPLY OF PRECURSORS

PROJECT STOP, QLD

Queensland, once known as 'the methamphetamine capital of Australia', has experienced a 23 per cent reduction in the number of clandestine laboratories in the last year, due in large part to the introduction of Project STOP. An initiative of the Pharmacy Guild of Australia's Queensland Branch, STOP is a tool that can be used by pharmacists to monitor requests for pseudoephedrine products, which are used in the manufacture of illicit methamphetamines. It is aimed at detecting and apprehending 'pseudo-runners' — people who go from pharmacy to pharmacy stockpiling pseudoephedrine medications for the purpose of manufacture.

Use of the tool is not mandatory; however, in Queensland if a person enters a pharmacy and requests a product containing pseudoephedrine and that person is not known by the pharmacist, then the pharmacist must request a form of Government issued photographic ID and record the details of that ID and the product supplied. If the STOP database reveals that the person has made other recent purchases of these medications, the sale may be refused and police may be alerted. Shaun Singleton, Manager of Innovation and Development, says pharmacists have always applied their judgment in the sale of non-prescription medications and have shared information with other pharmacists in an ad hoc way within a limited local area. STOP extends and formalises this existing communication network and takes away the guesswork. He says pharmacists are sick of people trying to hoodwink them, and being labelled the bad guys whenever there is a lab bust. 'They recognise that pseudoephedrine-based products can cause trouble in the community and they are pleased to be taking this leadership role,' he says.

L to R: Shaun Singleton, Robyn Ede, Rachel Saunders & Tim Logan.

'Winning this award is a recognition of the hard work that has gone into getting this idea up, the extent to which pharmacists have embraced it, and the fantastic results it has achieved in reducing the number of labs operating in Queensland.' Ninety per cent of pharmacists in Queensland are now using STOP and, with funding provided by the Federal Attorney-General's Department, the project will also operate, by informed consent, in every other jurisdiction of Australia.

Photos courtesy of Carmen Lee Spiers, Encapture Photography

Excellence in media reporting

REPORTING ALCOHOL USE

GEELONG ADVERTISER, VIC

A series of violent attacks in the nightclub area of Geelong late in 2006, including a number of gang bashings and the brutal rape of a young woman, provided the stimulus for newsroom staff at Victoria's oldest morning newspaper to launch an ongoing series of articles focusing on the role of alcohol in these crimes and how to prevent them occurring in the future.

The articles, covering different aspects of alcohol including its prevalence in clubs and issues of community safety such as lighting and the installation of security cameras, have appeared in the *Geelong Advertiser* every Monday ever since, in a column called 'The Drink and Us'.

'It was pretty clear to us that the common denominator in the attacks was alcohol,' says Chief-of-Staff Paul Nolan. 'Almost every week something occurs related to alcohol but we didn't want to paint alcohol as the demon drink. We recognise that it is an integral part of society and we are not outlawing it.

'We are trying to present a balanced view, without being sensational, focusing on how alcohol-related harm can be reduced. The column appears every week and so the articles must remain fresh, with new angles to make sure readers don't tune out.'

Reader response to the articles has been overwhelming and has resulted in a number of community campaigns for making the nightclub area safer. These campaigns include a call for parents to man security cameras, a petition with 33 000 signatures calling for more police on the streets of Greater Geelong, and a call for a ban on the advertising of cheap drinks.

Danny Lannen, journalist for the *Geelong Advertiser.*

Photo courtesy of Alison Wynd

'We see it as the role of this newspaper to be a voice for the wider community to bring about change,' says Nolan. 'This award was not due to just one reporter. It was a full newsroom effort with everyone committed and each member of the team contributing ideas.'

Excellence in school drug education

SHARING WITH PARENTS

TOWNSVILLE GRAMMAR SCHOOL

The death of a 17-year-old Townsville Grammar School student following a drug overdose in 2006 devastated the whole school community and inspired the teaching staff to strive to achieve some positive outcome from the tragedy. The result was the development of a comprehensive Prep-Year 12 drug education program culminating in a drug education forum attended by more than 200 parents of students in Years 7-9. The students showed their parents the work they had done on drugs as part of the school's Health and PE curriculum, as well as demonstrating their knowledge and understanding of drugs and their developing values in relation to drug use.

Townsville Grammar students studying drug education.

Principal Richard Fairley says the greatest benefit of the evening was that it provided a window of opportunity for parents to talk to their children about drugs and to share the 'Say No To Drugs' message. 'It was an opportunity for parents to learn about what their children had been studying and, most importantly, to open up lines of communication.' He says the student's death was a defining moment for the school community and an opportunity to examine what the school was doing in drug education and how well it was doing it.

EDUCATING PEERS

NARRABUNDAH COLLEGE

'Top-down' messages about drugs and alcohol delivered by parents and teachers can often be ignored or dismissed, but when those same messages are delivered by peers, they can have a much greater impact.

Narrabundah College's peer drug and alcohol education program recognises that students are frequently more comfortable asking questions and sharing information with other students than they are with adults. The program, which is part of a total school focus on health, involves 'upskilling' students in Year 12 to deliver the drug and alcohol message to their Year 11 peers. Students who want more information are also shown how to access a range of community agencies which collaborate with the program.

Principal Steve Kyburz says the quality goes up when students discuss issues with other students rather than with teachers. They are more likely to get involved in the topic, to ask more probing questions and to share information. The feedback from students has been very positive and the program is to be expanded in 2008.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

LURE OF THE NEEDLE

LIBBY TOPP

Among illicit drug users who inject, there will almost inevitably be two primary motivations for favouring this route of administration: the 'rush', or the almost instantaneous onset of the drug's effects following injection; and its cost-effectiveness. Injecting is perceived as a route of administration that provides a 'better bang for their buck'. Compared with other ways of taking drugs, injection allows a drug's psychoactive properties to take their strongest effects.

Anyone working in the alcohol and other drugs sector can consider it virtually a 'given' that these are the two fundamental motivations for favouring intravenous administration. This article, however, seeks to go beyond these issues to examine other reasons why people who inject drugs might use this route of administration; and to outline the implications for clinicians of the topics which may be useful to consider when working with clients who find it difficult to stop injecting.

Routes of drug administration

Since the identification of blood borne viruses that people who inject drugs are at risk of acquiring, routes of drug administration have attracted significant attention. In the literature that looks at the way people change their methods of drug use over time, injecting is generally seen as the final stage in a series of drug use routes, following on from non-injecting methods such as swallowing, snorting and smoking. Once people begin injecting, a 'reverse transition' (Strang et al. 1992), or a move away from injecting, happens only if powerful influences – social, psychological, pharmacological or practical – move the drug user back towards those earlier non-injecting methods.

Researchers continue to resort to 'needle fixation' to explain the small numbers of injectors who obtain relief from withdrawal or weak drug-like euphoria following injection of inert substances such as water ...

Under a harm reduction philosophy, developing interventions to promote or inhibit changes in the way people use drugs should be an important focus for both researchers and clinicians (Hunt et al. 1999). However, the scientific literature has addressed a preference for injecting in only a fragmentary fashion, using terminology and concepts that have attracted significant criticism. Likewise, psychosocial reasons for continued injecting are rarely tackled in treatment settings, despite the reality that failure to address them may limit the effectiveness of interventions (McBride et al. 2001).

From 'needle freaks' to a 'preference for injecting'

It has long been recognised that some people who inject appear to derive reinforcement, from the process of injecting, *over and above* that obtained from the effects of the drug administered. In a seminal paper published in the *American Journal of Psychiatry*, Levine (1974) coined the confronting term 'needle freaks' to describe people among whom 'needle use, originally engaged in as a means to intoxication, (has become)... an end in itself ... (for whom) the attraction of the (injecting) ritual is sufficiently strong that it alone can motivate behavior'. For Levine, these are people who 'are "addicted" to the use of hypodermic needles, apparently independent of their addiction to narcotics' (p. 297).

Levine acknowledged that simple conditioning (learning) processes are important in initiating and maintaining drug dependence, a theory afforded much contemporary credence. Each time a person uses a drug, for example to induce euphoria or relieve unpleasant withdrawal states, the effects of the drug reward, or reinforce, that drug use.

Beyond pharmacology and simple conditioning processes, however, Levine suggested that this 'addiction to needles' might be linked to a range of more complex motivations, including sexuality; ritual; deliberate self-harm; self-esteem and identity; and social role.

More recently, the marginally less offensive term 'needle fixation' has been preferred in the literature, defined for example by McBride et al. (2001) as 'repetitive puncturing of the skin with or without the injection of psychoactive drugs via intravenous, subcutaneous or intra-muscular routes, irrespective of the drug or drugs injected or the anticipated effects of the drug' (p. 1050). Researchers continue to resort to 'needle fixation' to explain the small numbers of injectors who obtain relief from withdrawal or a weak drug-like euphoria following injection of inert substances such as water; and others among whom injection appears to have complex and ill-defined relationships with phenomena such as sexuality or self-harm.

Nonetheless, the concept of 'needle fixation' has attracted criticism, and there is little consensus on whether such a phenomenon can be reliably measured, its clinical utility, and even if it truly exists. Fraser et al. (2004) argue that the term 'preference for injecting' could just as well cover the phenomenon described. Mindful of the imperative to avoid stigmatising and demonising people who inject drugs, they contend that 'it is worth asking in what ways "preference for injecting" warrants a pathologising label' (p. 70).

Ultimately, whether needle fixation is a reliable and valid phenomenon may have stronger theoretical than practical implications. From the clinician's perspective, the important focus may not be so much whether an enduring preference for injecting constitutes 'needle fixation' or simply a rational response to the desire for fast, efficient and cost-effective pharmacological effects of illicit drugs. Rather, the issue at hand is more likely to be how a continued desire to inject can be addressed. Yet to date, this question appears to have attracted little clinical attention.

Injectable pharmacotherapies

Even a cursory overview of the injectable pharmacotherapy literature shows that a preference for injecting is rarely, if ever, specifically addressed in treatment settings, even among people who appear reluctant or unable to stop injecting. Clients considered suitable for pharmacotherapies such as injectable morphine or injectable methadone are variously described as 'chronic', 'treatment-resistant', 'intractable', 'poor performers', or those who have 'failed at' or 'insufficiently responded to' other forms of (oral) pharmacotherapy such as methadone or buprenorphine. In essence, the characteristic of these clients considered to make them appropriate candidates for the 'last resort' of injectable pharmacotherapy is their inability or unwillingness to cease injecting. It is acknowledged that such patients exist; indeed, their existence is the core premise for injectable pharmacotherapy. Rarely does the literature deliberate, however, on why these individuals prefer to inject, nor why, despite the threat of punitive sanctions, they continue to do so while often using oral pharmacotherapies as well. Alternative methods of addressing this inability or unwillingness to stop injecting are also not considered.

The concept of 'needle fixation' has attracted criticism.

Seeing that researchers have not been able to conclude why some people become dependent on injecting, it is little wonder then that clinicians don't often raise the issue in treatment settings. Nonetheless, clinicians may need to consider that, if it is possible to become dependent upon injecting per se, to what extent does that require treatment which is separate from or in addition to treatment for drug dependence itself?

continued over page

continued from page 19

POINTS TO PONDER

There are a number of issues which a clinician may explore with a client who has a preference for injecting:

- How do they respond to needles? E.g. excitement, pleasure, indifference, shame or fear? How do they feel about needles used for other purposes, such as during health care procedures?
- How do they feel when they see someone injecting or preparing to inject, or other injecting equipment such as spoons or swabs?
- How do they react when they describe or imagine their own injecting 'ritual'?
- Is their goal to achieve complete abstinence from their drug(s) of choice, or are they planning to cut back; change routes of administration; or reduce their use but still inject drugs?
- What role does injecting play in their self-identity? Do they see themselves as primarily a drug injector, or a person who among many other facets of their lives, happens to also inject drugs?
- Is drug injection a dominant part of their social identity, that is, who they are in the eyes of other people? How many of their important relationships are likely to change – both for better and worse – if they no longer inject drugs?

Implications for clinicians

The lack of relevant clinical literature makes it hard to understand the importance injecting may hold in an individual's life. Clinicians may need to address a broad range of topics to identify why people inject that goes beyond the efficiency and instantaneous effects of this route of administration; and many of these topics may be irrelevant to individual clients.

Some are inherently entwined with drug dependence, making it difficult to fully extricate the two. Nonetheless, clinicians may find it helpful to remember that the act of injecting could have acquired, during the course of a person's history, the capacity to elicit a range of physiological, emotional, cognitive and behavioural responses, over and above the subjective effects of the drug alone.

These responses may be positive, such as excitement or euphoria, or negative, such as nausea or anxiety. Importantly, responses of both directions may be equally effective in motivating continued drug injection among some individuals.

Addressing with clients who inject the potential meaning attached to the act of injecting, and the involuntary responses associated with this behaviour, may provide additional insights into their motivations for continued drug use, and allow better prediction of situations that are high risk for relapse. In some cases, the client themselves may not have considered these issues.

While there is little research to guide clinicians when dealing with clients with long-tem injecting habits, techniques such as motivational interviewing (see panel on left) may help. Using probing and responsive questions to bring out the pros and cons of injecting may help clients to at least understand the role injecting plays in their lives, and how treatment can help them to find alternatives to drug use.

References

Fraser, S, Hopwood, M, Treloar, C & Brener, L 2004. Needle fictions: medical constructions of needle fixation and the injecting drug user. *Addiction Research and Theory*, vol. 12, no. 1, pp. 67-76.

Gossop, M 2001. Of needles, rituals and injection behaviours: a comment on McBride et al. *Addiction*, vol. 96, no. 8, pp. 1211-12.

Hunt, N, Griffiths, P, Stillwell, G, Southwell, M & Strang, J 1999. Preventing and curtailing injecting drug use: a review of opportunities for developing and delivering 'route transition interventions'. *Drug and Alcohol Review*, vol. 18, no. 4, pp. 445-55.

Levine, DG 1974. Needle freaks: compulsive self-injection by drug users. *American Journal of Psychiatry*, vol. 131, no. 3, pp. 297-300.

McBride, AJ, Pates, RM, Arnold, K & Ball, N 2001. Needle fixation, the drug user's perspective: a qualitative study. *Addiction*, vol. 96, no. 7, pp. 1049-58.

Strang, J, Des Jarlais, DC, Griffiths, P & Gossop, M 1992. The study of transitions in the route of drug use: the route from one route to another. *British Journal of Addiction*, vol. 87, no. 3, pp. 473-83.

For a full list of references cited in this article, email editor@ancd.org.au.

ILLICITS AND CRIME
RECENT TRENDS

JENNY MOUZOS, LANCE SMITH*

Over the years there have been marked changes in illicit drug use in Australia. Beginning in late 2000 the use of heroin declined rapidly, especially in Sydney, due predominantly to a shortage of the drug. While heroin use declined, there was a subsequent uptake of methamphetamine until 2003, when use stabilised.

These and other changes are monitored on a quarterly basis by the Drug Use Monitoring in Australia (DUMA) program, managed by the Australian Institute of Criminology. The program collects both questionnaire data and urine samples from police detainees. The samples are analysed for a range of drugs, while the questionnaire explores both use of and dependency on illicit drugs. Now in its ninth year, the DUMA program expanded its collection sites from seven police stations/watchhouses across Australia to nine in 2006, with the inclusion of Footscray in Victoria and Darwin in the Northern Territory.

Recent results released as part of the 2006 DUMA Annual Report (Mouzos et al. 2007), reveal just how diverse illicit drug use is across Australia. For example, only 5% of detainees at the Darwin site tested positive to heroin, compared with over a third of the police detainees in Footscray (34%), which was more than double that found in any other site (see Fig. 1). In the other DUMA sites there has been a decrease in the proportion of detainees testing positive to heroin compared with 2005, with the two Sydney sites (Bankstown and Parramatta) recording their lowest levels since monitoring began in 1999. While heroin use has decreased, there has been a steady increase in the use of codeine, a different metabolite of opium.

Recently, there has been much attention on crystal methamphetamine, known as ice. 2006 DUMA data indicate that ice was both the preferred and most commonly used form of methamphetamine by detainees during the past 12 months, rather than powder, liquid or tablet. Almost a third reported it was harder to obtain their preferred form of amphetamines in the past 12 months (30%). A further 26% also reported an increase in price during that time.

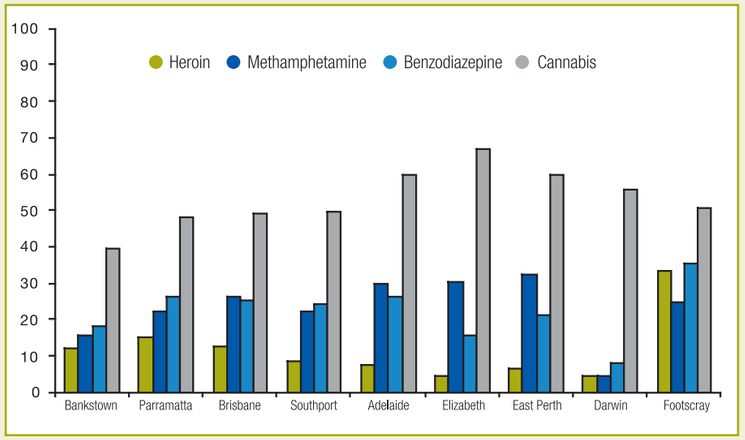


Figure 1: Adult detainees testing positive to the most common illicit drugs

Many of the findings of the DUMA program have significant implications for policy. Polydrug use is one such issue, with over half of the detainees found to be dependent on alcohol also being dependent on illicit drugs (54%). Trends suggest that while illicit drug dependency is decreasing, the reverse pattern is occurring for alcohol dependency. Another concern is injecting. Of those detainees who self-reported illegal drug use over the previous 12 months, 88% of heroin users and 70% of methamphetamine users reported they had injected the drug.

DUMA data provide valuable insights into the links between drug use and crime. Most detainees who participate in DUMA are charged with three or less offences (78%). Over half of all detainees either had a violent offence (26%) or a property offence (26%) as their most serious charge. Gender differences were noted with males (27%) more likely than females (21%) to be charged with a violent offence, whereas females (37%) were more likely to be charged with a property offence.

There was also a high correlation with offending rates and levels of drug use. Detainees who had never used illicit drugs were charged an average of 1.4 times in the previous 12 months, compared with an average of 3.6 charges for detainees who reported using illicit drugs. Further information on DUMA and a copy of the 2006 annual report can be downloaded from www.aic.gov.au/publications/rpp/75/.

Dr Jenny Mouzos and Lance Smith write from the Australian Institute of Criminology.

Reference

Mouzos, J, Hind, N, Smith, L & Adams, K 2007. *Drug use monitoring in Australia : 2006 annual report on drug use among police detainees.* Research and public policy series, no. 75. Australian Institute of Criminology, Canberra.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

PUTTING THE BRAKES ON SPEED

PAULA GOODYER

Australia's estimated 102 600 regular amphetamine users rely on a drug that's mostly 'home cooked', meaning it's likely to have been made in a clandestine laboratory or 'clan lab', using chemical precursors. Regulations are now in place to limit access to these precursors, but can the clan lab 'cooks' keep one step ahead?

Creating illicit drugs from chemicals instead of plants has advantages for those who make them – no horticultural hitches like pests or drought. Production is quick – no waiting for plants to grow – and relatively cheap: 30 cold and flu tablets each containing 60 mg of pseudoephedrine, for instance, can produce around 300 doses of methamphetamine with a street value of thousands of dollars. With a portable, clandestine lab that can be moved swiftly from one place to another, it's possible to set up production almost anywhere, including a car boot or a hotel room.

Starving these labs of the ingredients to make methamphetamines has become a major goal of law enforcement, with the Australian Government committing $5.4 million over five years to the National Precursor Strategy, a government initiative to prevent legitimate chemicals being diverted into illicit drug production. Managed by the Australian Government Attorney-General's Department, the strategy tackles the problem of precursors getting into the wrong hands by awareness raising, improved information sharing and intelligence, and pursuing nationally consistent approaches to regulating precursors.

But while the trade in amphetamine-type stimulants (ATS) presents challenges to police, the more complex steps involved in producing them can also offer opportunities for law enforcement to intervene by making it harder to access the range of ingredients and equipment needed to make them, says one spokesperson for the Attorney-General's Department, which manages the National Precursor Strategy.

'With the production of ATS there are more chinks in the armour,' he points out. 'We're looking at what are the "must have" items that drug manufacturers need, and making them hard to get.'

High on the list of 'must haves' is pseudoephedrine, commonly used in over-the-counter cold, flu and allergy tablets, and a precursor for methamphetamine. The problem has been how to cut off the supply of pseudoephedrine to clan labs, while still making it easily available to genuine customers with colds and blocked sinuses. The compromise has been the rescheduling of pseudoephedrine, making it harder for 'pseudo-runners' – people going from one pharmacy to another buying cold and flu remedies – to supply clan labs with pseudoephedrine. Most pseudoephedrine products have been rescheduled to Schedule 3, meaning they can only be sold by a pharmacist and must be kept behind the counter. Products with higher doses of pseudoephedrine – more than 720 mg per pack, for instance – are now Schedule 4, and available on prescription only.

Pharmacies also keep smaller stocks of these products, with wholesalers now 'drip feeding' deliveries rather than delivering bulk supplies in anticipation of the winter rush. Cold and flu products made without pseudoephedrine have also been introduced.

Then there's Project STOP, the program piloted in Queensland, which involves recording information about buyers of pseudoephedrine on a database. This lets pharmacists know if someone has recently bought the same product elsewhere – or if other pharmacists have refused to sell it to them. Expanded nationally in July with funding provided under the National Precursor Strategy, Project STOP has been credited with contributing to a reduction in clandestine labs in Queensland of 23 per cent and resulting in 30 arrests (see story on page 16).

So what impact have tighter restrictions on pseudoephedrine of the last 20 months had on the methamphetamine trade? They may have partly contributed to a levelling out of the numbers of clan labs identified in Australia, says the Attorney-General's Department. After a steady rise in the numbers of labs detected nationally between 1996-97 and 2004-05, there was a significant drop in the numbers of labs found in some areas. In Queensland, the numbers dropped from 209 labs in 2004-05 to 161 in 2005-06, and in the Northern Territory from 21 labs in 2004-05 to 12 in 2005-06, according to the Australian Crime Commission. However, this levelling out is also thought to be consistent with a global trend for amphetamine use plateauing.

Over two million tablets containing pseudoephedrine were detected by Customs in a shipment of furniture from Indonesia last year.

Image courtesy of Australian Customs Service

But the illicit drug trade is resourceful, and a pseudoephedrine 'drought' means clan lab 'cooks' are likely to look for alternative precursors – there are already signs in Australia and around the world that they're using different chemicals. One is phenyl-2-propanone or P2P, which can be used to make amphetamines. Another is a central nervous system stimulant called methcathinone – not so much a precursor as a pre-precursor, meaning it's an ingredient which can be transformed into a precursor and then into amphetamines.

'There's any number of chemicals that can potentially be used for amphetamines. We have to be aware that if we squeeze one, another emerges,' says another Attorney-General's Department spokesperson.

But the job of staying abreast of emerging ingredients and other trends in ATS – could soon be easier. A national database that pools all information on clan lab investigations and seizures across Australia should be up and running by early next year.

Developed by the Attorney-General's Department and implemented by the Australian Crime Commission, as part of the National Precursor Strategy, the National Clan Lab Database, will help track patterns in the manufacture of ATS.

Importing precursors

Another impact of a domestic pseudoephedrine drought is that manufacturers may increasingly try to import precursors from overseas. Over two million tablets containing pseudoephedrine – enough to make methamphetamine with a potential street value of $22 million – were detected by Customs in a shipment of furniture from Indonesia to Sydney last year, for instance. In March this year, Customs also found 44 kg of ephedrine, another precursor, in air cargo from Vietnam, disguised as cosmetics. In April, more than 125 kg of a precursor called phenylacetic acid was tracked down by the Australian Federal Police (AFP) and Customs.

Detections like these of large quantities of precursors reflect an emerging stream of trafficking specialising in supplying precursors alone, according to the Australian Crime Commission. They also show that law enforcement efforts to track down precursors are having an effect, believes John Valastro, National Manager of Border Targeting for the Australian Customs Service. Crucial to the Victorian seizure of phenylacetic acid was work by the recently formed Customs National Precursor Strike Team, a group of specialist Customs Officers who target precursors. But while Customs has disrupted more attempted imports of precursors – 725 seizures in 2006-07 compared to 563 in 2005-06 – John Valastro doesn't think this is necessarily an effect of making pseudoephedrine harder to get domestically.

'It's probably too early to say if it's having an impact yet,' he says, adding that in 2003-04, seizures of precursors coming in from overseas were even higher – 782 detections.

Precursors in Asia and the Pacific – keeping them out of the wrong hands

There are concerns that some countries in the region where precursors are less tightly controlled are being increasingly targeted by criminal groups who use them as a source of precursors, a transit point for shipping precursors to Australia and elsewhere, or as a base for producing illicit drugs. The 2004 discovery of a 'super' lab in Fiji with enough chemicals to make around one tonne of ice was a wake-up call, according to the Attorney-General's Department. In 2006 the AFP also helped shut down a factory in Northern Malaysia capable of producing around 60 kg of ice daily.

Asian countries are also geographically close to some of the world's largest sources of legitimately produced pseudoephedrine – pharmaceutical manufacturers in India and China.

A new AFP strategy to prevent precursors going astray in the region is the ATS (Amphetamine-Type Substances) Specialist Response Team which will be trained and equipped to respond rapidly to incidents involving amphetamines, precursors and clan labs within Asian and Pacific countries, as well as Australia.

Other projects to tighten precursor control in Asia and the Pacific include:

- **Project PRISM (Precursors Required In Synthetic Manufacture).** This project tracks all global imports and exports of key precursor chemicals.
- **Asian Collaborative Group on Local Precursor Control (ACoG).** Includes 16 countries, with the aim of improving regulation and control of precursors to prevent them being smuggled across borders or used to manufacture amphetamines.
- **The South Pacific Precursor Control Forum (SPPCF).** The member countries – New Zealand, Tonga, Samoa, Fiji, Solomon Islands, Palau, Vanuatu and Nauru – have agreed to develop a plan to prevent the diversion of precursors and manufacture of ATS in the region.

References

Attorney-General's Department, Criminal Justice Division 2003. *National Precursor Strategy*, Commonwealth Government of Australia, Canberra.

Australian Crime Commission 2007. *Illicit Drug Data Report, 2005-2006.* Commonwealth Government of Australia, Canberra.

Cherney, A, O'Reilly, J & Grabosky, P 2005. *The governance of illicit synthetic drugs. Monograph Series no. 9*, Commonwealth Government of Australia, Canberra.

McKetin, R, McLaren, J, Kelly, E, Hall, W & Hickman, M 2005. *Estimating the number of regular and dependent methamphetamine users in Australia*, National Drug and Alcohol Research Centre, Sydney.

Nicholas, R 2006. *The current amphetamine situation in Australia – implications for policing.* Australasian Centre for Policing Research, Canberra.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

BUPRENORPHINE
DID YOU GET YOUR DOSE?

ADAM WINSTOCK, TOBY LEA*

Methadone and buprenorphine are valuable treatments for opiate dependence

However, if they are not used as prescribed, there can be harmful consequences: injection of these oral medications can lead to health problems; people for whom they were not prescribed may use them; there may be public backlash towards a pharmacy or clinic if they are seen to be allowing treatments to be misused. And for a client who is seen to be diverting or misusing their 'dose', the price might be the ultimate – they may be banned from receiving treatment for their drug dependence.

A liquid preparation, methadone is quick for a client to take and thus requires only a short period of supervision by the dispenser. However, in a tablet form which must be absorbed sublingually, buprenorphine takes up to 10 minutes for a dose to be consumed. This time frame allows opportunities for the client to remove their dose and therefore requires ongoing supervision by an often busy dispenser.

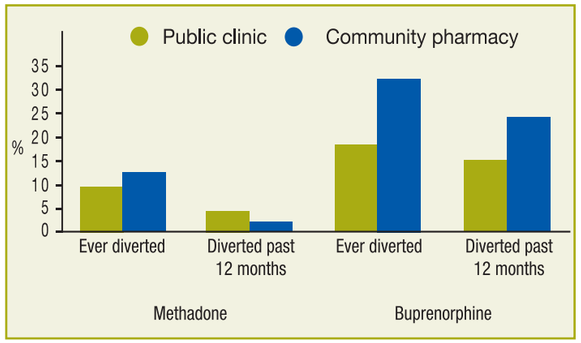
With this in mind, over the last two years we have studied a range of issues concerning the diversion and misuse of buprenorphine. These include the prevalence of diversion of supervised doses within public clinics and community pharmacies, the function of diversion as reported by clients identified as having diverted a supervised buprenorphine dose, as well as how buprenorphine is prepared for administration (e.g. crushed tablets, broken into pieces, whole tablets) and what behaviours are considered by dosing staff to represent diversion of a supervised buprenorphine dose.

This article will cover some of the results from a broad range of studies involving consumers, public clinic nursing unit managers (NUMs), and dispensing community pharmacists. For further information see Winstock et al. 2007, in press.

How common is diversion?

We compared self-reported rates of diversion from 448 clients receiving supervised methadone and buprenorphine at nine public clinics and 508 clients dosed at community pharmacies matched geographically to the public clinics. The results are provided in Figure 1. Not surprisingly, the prevalence of buprenorphine diversion in each setting was much higher than for methadone. Of note was the higher rate of buprenorphine diversion within community pharmacies, perhaps reflecting the reduced opportunities for high-level continuous supervision within the pharmacy environment.

Figure 1. Self-reported diversion of supervised methadone and buprenorphine



Why and how do people divert?

We next explored the functions and motivations for diversion among a group of clients receiving treatment at a public clinic. Fifty-two clients (71 diversion episodes between them) were interviewed as part of a quality assurance exercise developed to improve the response to diversion within public clinics. Reported motivations for diversion reflected a high degree of ambivalence over treatment, and a desire to be flexible with dosing (e.g. stockpiling medication, split dosing, desire to be on a lower dose). Only a minority of clients reported that they intended selling or injecting their doses. The two main methods of diversion identified by staff were secretion of the tablet in the mouth or removal of tablets onto their person. In addition, the group of people who were believed to have diverted their medication appeared to contain an over-representation of those on court-imposed programs.

However, in nearly half of the episodes, diversion was denied by the client. It is possible that some clients denied diversion or did not disclose more 'unacceptable' reasons for diverting a dose such as selling or injecting due to a fear of a punitive response from treatment providers. Clients on court diversion programs and those who were considered to have diverted a dose by secreting it in the mouth were more likely to deny that they were diverting a dose.

Examples of diversion

The denial of diversion among many clients raised the important question of what exactly constituted diversion of a supervised buprenorphine dose. More precisely, what range of behaviours would dosing staff consider to represent an attempt at diversion? This ambiguity was thus identified as an area worthy of further exploration since the potential implications for being caught diverting may include punitive responses and in some cases even termination of treatment.

Figure 2. Proportion of NUMs and community pharmacists who considered these behaviours to be examples of buprenorphine diversion

Behaviour	Community pharmacists n=242	Public clinic NUMs (n=34)
Attempt to remove dose from mouth into hand / clothing	87%	97%
Attempt to move out of view while being observed	80%	82%
Attempt to leave pharmacy before having mouth inspected	80%	76%
Obscure dose in mouth (identified by mouth inspection before leaving pharmacy)	73%	91%
Particular interactions with others inside or outside the pharmacy	50%	-
Spit dose onto floor / into bin	42%	53%
Swallow dose after being approached by staff	40%	56%
Moving tablets around mouth during absorption	24%	27%
Swallow dose	23%	41%

To address this issue, we provided a list of nine behaviours that may occur during supervised buprenorphine dosing to all public clinic NUMs and all dosing community pharmacies in NSW. They were requested to identify which behaviours they considered were examples of buprenorphine diversion (see Figure 2). While there appeared to be little disagreement that removing a tablet from the mouth and onto the person is considered as an episode of diversion, there was wide variation as to whether other behaviours represented diversion. Some of the behaviours seem only to have the vaguest potential to represent diversion and could very easily reflect a number of entirely innocent intentions. This lack of clarity about what constitutes buprenorphine diversion is particularly alarming given that one-third of pharmacies said their response to identifying a client diverting would be to terminate treatment.

Responses to diversion

Supervised treatment provision should be determined by two competing concerns:

1. optimising client retention and outcomes by maximising compliance
2. minimising diversion and adverse outcomes for clients and the community.

There are a number of unanswered questions as to what processes constitute the optimal process for the supervised administration of buprenorphine. First, we need to determine the optimal preparation of administered buprenorphine (e.g. whole tablets, or crushed to granules or fine powder). Second, information is required as to the additional benefit that intense observation during supervised administration has upon engagement, compliance and diversion. Finally, a common definition is required for what constitutes buprenorphine diversion and efforts to minimise it assessed in the context of harms associated with it. Our experience in this area has led us to define diversion of a supervised dose as a 'client removing or attempting to remove a supervised methadone or buprenorphine dose from the dosing site before the dose has been fully absorbed by the client'.

Conclusion

Diversion of supervised opioid pharmacotherapies is suggestive of less than optimal engagement and compliance with treatment. The ambiguity over what constitutes buprenorphine diversion, and the function that diverted buprenorphine may serve for clients and others in the community, means that the initial response must be aimed at re-engaging the patient while minimising the risk of diversion and harm to the community. To this end, a consistent definition of diversion is required, and a standardised and therapeutic response from dosing sites.

Acknowledgments

We would like to express thanks to Jill Molan, Anthony Jackson, and the consumer organisations across Australia, specifically Sione Crawford and Suzanne Robinson from NUAA.

References

Winstock, AR, Lea, T & Sheridan, J 2007, in press. Prevalence of diversion and injection of methadone and buprenorphine among clients receiving opioid treatment at community pharmacies in New South Wales, Australia. *International Journal of Drug Policy.*

Winstock, AR & Strang, J 1999. Alternative ways of using and abusing drugs. *British Journal of Hospital Medicine*, vol. 60, no. 3, pp. 165-8.

Adam Winstock and Toby Lea write from the South Sydney and Western Area Health Service, NSW.

The authors and the NSW Users and Aids Association have developed a PowerPoint presentation outlining a suggested dosing site response to supervised buprenorphine (and methadone) diversion entitled 'Is buprenorphine the right drug for you?'.

This presentation covers the benefits of treatment, risks of diversion, optimising absorption, and clarifying explicitly how medication should be taken and what behaviours are considered to be diversion. The last slide may be used as a contract with the client and placed in the client notes. For more information, email Toby.Lea@sswahs.nsw.gov.au.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

GIVE CONSUMERS A SAY

JANE MUNDY

A unique study of consumers, providers, drug user organisations and other stakeholders involved in drug treatment services in Australia has found a strong level of support among all parties for greater consumer participation in the planning and delivery of these services.

The Treatment Service Users Project (TSU), an initiative of the Australian Injecting and Illicit Drug Users League (AIVL) in collaboration with the National Centre in HIV Social Research, is the first study of its kind ever conducted in Australia. The study was funded by the Australian Government Department of Health and Ageing.

It was undertaken to address the perceived absence of consumer participation in the drug treatment area relative to other areas of health service delivery such as mental health and disability services, which have consumer participation policies in place and significant levels of consumer engagement in a range of operational and policy issues. In those drug treatment services which do encourage consumer participation, activities are mostly 'low level' (such as complaints systems and suggestion boxes) or 'middle level' (such as supporting consumers to produce their own educational resources or involving them in certain aspects of staff training), but rarely 'high level' activities such as membership on boards or management committees that make key organisational and policy decisions.

AIVL Executive Officer Annie Madden says the reasons for the exclusion of consumers from participation in drug treatment service planning and delivery are complex. At a fundamental level, she believes it reflects the low status of people who use illicit drugs within the health sector and within the community as a whole.

'The illicit nature of the behaviour marginalises and stigmatises these people and makes them less valued than consumers in other health sectors,' Ms Madden says.

She says the culture within some drug treatment services creates a power imbalance between consumers and providers which can act as an obstacle to implementing consumer participation activities and results in dialogue between providers and consumers being hampered by fear and mistrust on both sides.

Study findings

The study showed that consumers are indeed interested in participating and providers are generally supportive of them doing so. Some 71.9% of the 64 providers and 70.4% of the 179 consumers surveyed reported that they definitely, probably or possibly would support having consumer representatives involved on decision-making committees.

However, some anomalies emerged.

Variations were found in the views of service providers from different treatment settings. While providers in general were

less supportive of 'high level' activities in which consumer representatives would have decision-making roles relating to staff matters (training, recruitment and performance appraisal), providers of residential services were more supportive, possibly because these services are already more likely to encourage consumer participation and thus they have fewer concerns or fears. Providers of pharmacotherapy services, which dispense restricted medications in a security-oriented environment where there are more formal, hierarchical structures, were less comfortable with the idea of consumer participation than providers in residential rehabs and therapeutic communities. Some providers expressed concern that it is not the appropriate role of consumers to have decision-making responsibility and that they do not have the capacity and/or interest to participate in service planning and delivery.

In general, the more experience services have had with consumers in decision-making roles, even if these experiences are limited to operational issues, the more comfortable they seemed to be with the concept of expanding that role.

Some consumers, particularly clients of pharmacotherapy services, expressed apprehension about participating because they were frightened of punitive repercussions such as being denied access to treatment if they are seen as a 'difficult client'. They can be reluctant to put themselves forward and they may have difficulties forming trusting relationships with service providers. They also felt extremely vulnerable and already had their hands full with other health, social, financial and legal issues.

Considerable communication gaps emerged between consumers and providers. For example, while many services indicated they already engaged in some types of consumer participation, interviews with consumers at these same services show that they knew very little about these activities. It is important to highlight however, that once they became aware, consumers were keen to participate.

The study also found a lack of understanding on the part of both providers and consumers about what consumer participation means in practice and why it is important. Without this understanding, some consumers also assume they will not have the necessary skills, experience or confidence to undertake activities.

Providers often held incorrect beliefs about consumers' levels of interest in participation. Some reported that the reason they had opted not to conduct consumer participation activities was because they believed that consumers would not be interested. Yet the study findings clearly show that the majority of consumers supported the principle of consumer participation, would be willing to participate in such activities in future, and displayed high levels of actual participation when given the chance to be involved and were informed about opportunities to participate. Likewise, although many consumers reported talking to each other about service quality, a considerable proportion incorrectly believed that other consumers did not want to be involved.

The study also found a discrepancy between consumers' beliefs about what providers wanted and what providers said they wanted. Far from resisting their input, the majority of service providers want clients involved in the way services and programs are run, but the vast majority of consumers did not seem to believe this and instead reported that they believed service providers did not want them involved.

Lack of funding was seen as a major issue for all parties. Some service providers stated this as a main reason why they had not engaged in consumer participation, or why they would be unwilling to do so in future. Other key stakeholders supported the need for dedicated extra funding to allow services to start up or to establish consumer participation activities within their services, and for drug user organisations to effectively meet demands made on them as consumer advocates. Providing compensation or remuneration for individual consumers engaged in consumer participation activities was seen by most as an essential component of developing effective consumer participation approaches and is regarded as standard practice in many areas of health service delivery. This is done by Australia's major drug research centres when consumers participate in surveys.

The future

Annie Madden believes participation by consumers is entirely appropriate and says consumers can make a major contribution to the quality of health services. The many documented benefits of inclusion include improvements in the quality of health care; improvements in health outcomes; more appropriate public policy; better use of public funds; better understanding and targeting of consumer issues and needs; increased consumer control over health and health services; and improved communication between service providers and consumers.

'In terms of their own individual outcomes, participation has been shown to increase the likelihood of clients remaining in treatment,' she argues. 'Studies show that people are more likely to walk away from a service if they don't have a stake in it and have no input into the way it is delivered. And above all it is a basic right of consumers to be consulted in relation to their service needs.'

She says the study has helped to unravel the assumptions and misconceptions that exist among both service providers and consumers about the role consumers can play in the way drug treatment services operate and the benefits their input brings. It also provides a strong foundation upon which to build future formalised consumer participation policies and programs.

'The findings show that involving consumers in service planning and delivery is possible, that consumers are interested and capable of making valuable contributions to the services they use, and that communication between consumers and providers is achievable,' Ms Madden says.

'Changing the culture of drug treatment services to support more meaningful consumer participation will require a willingness and commitment from policy makers, service providers, consumers and their representatives to work together to develop practical and workable models. But with goodwill on all sides, we can reach consensus.'

The Treatment Service Users Project report will be available in the near future by visiting www.aivl.org.au.

SURVEY METHODOLOGY

The project employed five methods of investigation:

- **Policy audit:** An audit of national, state/territory and some international policy relating to consumer participation in health service planning and delivery.
- **Interviews with service providers:** Structured telephone interviews with a sample of 64 randomly selected service providers. All services were located in New South Wales, Victoria or Western Australia.
- **Interviews with service consumers:** Face-to-face interviews with 179 service consumers who were clients at one of 14 services selected as recruitment sites for consumers. These services were located in New South Wales, Victoria or Western Australia. A service provider from each of the 14 services also participated in the service provider component of the project.
- **Consultation with consumer organisations** A workshop was held with consumer advocates from the state/territory and national peer-based drug user organisations. In addition, a brief written survey was conducted of managers of the state/territory peer-based drug user organisations.
- **A survey of representatives of key government and non-government organisations, expert advisors and other stakeholders:** A nine-item survey was of key representatives of government and non-government organisations, and people identified as expert advisors.

Have your say

Of Substance welcomes further debate on the involvement of consumers in the delivery of drug treatment. We would like to hear the views and experiences of both treatment providers and consumers about working in partnership. Email up to 300 words to editor@ancd.org.au.

OF SUBSTANCE
THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

OF SUBSTANCE INDEX OF ARTICLES JANUARY – OCTOBER 2007

Upcoming conferences

3-4 October 2007
Collaborative Youth Strategies
Linking Policy to Service Delivery
Pre and post conference workshops on 2 & 5 October, Darling Harbour, Sydney
For more information visit:
www.iqpc.com.au

8-12 October 2007
Australian College of Mental Health Nurses 33rd International Conference
Mental health nursing: making waves
International Hotel, Cairns
For more information visit:
www.astmanagement.com.au/anzcmhc7/

15-16 October 2007
National Drug Trends Conference and 2007 NDARC Annual Symposium
Celebrating 20 years
Powerhouse Museum, Ultimo NSW
For more information visit:
www.ndarc.med.unsw.edu.au

18-19 October 2007
Improving community safety
Lessons from the country and the city
The Australian Institute of Criminology
Jupiters Hotel, Townsville, Queensland
For more information visit:
www.aic.gov.au/conferences/2007-RegionalComSafety/townsville.pdf

22-25 October 2007
4th Australasian Drug Strategy Conference
Meeting the Future – innovative and effective policy and practice
Jupiters Casino, Gold Coast, Queensland
For more information visit:
ADSC2007@police.qld.gov.au
www.police.qld.gov.au/ADSC2007

4-7 November 2007
The Combined APSAD and Cutting Edge Addiction Conference
Two Nations, Ten Cultures?
Aotea Centre, Auckland, New Zealand
For more information visit:
www.twonationstencultures.co.nz/

14-16 November 2007
2007 ATCA Conference
Past Present and Future – Celebrating ATCA's 21st Birthday
Park Hyatt, Melbourne
For more information visit:
07conference@atca.com.au
www.atca.com.au

8-10 February 2008
Conference on Sentencing
National Judicial College of Australia, Canberra
For more information visit:
sentencing@law.anu.edu.au

We welcome your feedback about this issue of *Of Substance.*

Email: editor@ancd.org.au
Telephone: (02) 9280 3240

Or write to us:
Level 3, 439-441 Kent Street
Sydney NSW 2000
Australia

Visit us at: www.ofsubstance.org.au