NDARC (6)
February 2002

centre lines

A bi-monthly newsletter from the National Centres for Drug and Alcohol Research
Published this issue by the National Drug and Alcohol Research Centre, Sydney

Funded by the National Drug Strategy
Registered by Australia Post – Print Post Publication No PP236697/00013
ISSN 1034-7259

issuing **forth**
Media Sensationalism

Addicts fake heroin

ed**space**

In this month's *Issuing Forth*, A/Prof Richard Mattick discusses a media incident which he suggests 'fuelled misinformation and misunderstanding' about a particular hot topic in the alcohol and other drug field.

Over the years NDARC has developed a strong media profile and has at times come under fire from both within and outside the field for statements made to the press. So at this time I thought it may be appropriate to give *CentreLines* readers some idea of NDARC's media policy and the issues we face.

NDARC issues very few press releases. We target specific media outlets and on the most part develop strong ties with particular journalists who we know have a good understanding of the alcohol and other drug field. Much of our research details with particularly controversial topics, e.g. injecting drug use, party drugs, etc and as a result we do not actively seek to generate stories with current affairs television programs. These shows have a particular demographic and although it would be great to get balanced information to that audience – the producers nearly always put a sensational edge to the story. After all, it is all about ratings.

We do provide comments on stories of the day and this is where the media often frame stories to look as though NDARC has put out a release. Last month Prince Harry made headlines after it was discovered that he had been drinking and smoking cannabis. I was asked by a number of radio stations to comment as to whether I believed this was 'normal' teenage behaviour. In one interview I was asked whether his father's response of taking him to a rehab was the correct one. My answer was that the research suggests that 'shock tactics' do not work – but I stressed ' different courses for different horses.' Based on this interview AAP heard my comments – the following day I hit the headlines in several states – 'Charles got it wrong – expert says'!

So often a story in the media suggests that NDARC contacted them to challenge or confront, whereas in reality we were called for information and a response to an issue.

The alcohol and other drug field needs the media – but they need us too. They need our expertise and our guidance to point them in the right direction and to challenge them when they get it wrong!

Paul Dillon
Editor

contents

ed**space** 1
Paul Dillon introduces *CentreLines*

head**space** 2
Richard Mattick discusses the mis-information and misunderstanding that can be caused through media sensationalism

issuing **forth** 3
In this month's *Issuing Forth*, Carolyn Day, Libby Topp and Kate Dolan discuss what has been commonly termed – 'the heroin drought' in Australia

project **notes** 4
- Alcohol use disorders comorbid with anxiety, depression and drug use disorders: prevalence and treatment outcomes
- The Brief Treatment Outcomes Measure (BTOM): non-methadone drug and alcohol treatment services

ab**stracts** 5
Summaries of recently published articles

recent **publications** 7

staff **list** 8

CentreLines is a joint publication from the National Drug and Alcohol Research Centre, Sydney and the National Drug Research Institute, Perth. It is published bi-monthly and produced alternately by each Centre.

headspace

Our recent *Medical Journal of Australia* "For Debate" article entitled "Breaking the deadlock over an Australian trial of injectable opioid maintenance"[1] was written with the aim of providing a constructive way forward in attempting to assess the claims of advocates of heroin trials that maintenance therapy with a short-acting injectable opioid would allow individuals who are severely heroin dependent, and unwilling or unlikely to enter existing forms of treatment, to be brought into medical management for their heroin dependence. Rather than providing some way forward for this debate, unfortunately the article has fuelled further misinformation and misunderstanding through media sensationalisation of the idea.

The arguments for a heroin trial put forward by some advocates are that the provision of heroin by prescription might increase the number of dependent heroin users in treatment and reduce illicit heroin use and other associated problems such as heroin overdose deaths and drug related crime[2-4]. Hydromorphone appears likely to be similar in its effect to injectable heroin based on U.S. research and it has a short duration of action like heroin[5-6]. It appears to be a viable alternative to heroin as a short-acting opiate.

To date, the debate over a "heroin trial" has always polarised opinion within the drug and alcohol field, causing the field to look immature and causing confusion amongst those outside the field including the general community, government bureaucrats and politicians. This tendency is magnified by poor reporting practises on the part of some of the major mass media outlets in Australia. Some years ago we saw naïve headlines associated with treatments such as naltrexone promising "100% cure". Likewise the recent headline about hydromorphone prescribing in the *Sydney Morning Herald* "Let addicts inject fake heroin, say Doctors" sends all of the incorrect messages to readers. Rather than fairly and accurately reporting that there is an alternative to a heroin trial which can address the question whether a short-acting injectable drug would be helpful, the misinterpretation and misrepresentation of the aim of such research only fuels opposition to it.

As we pointed out in the *Medical Journal of Australia* article hydromorphone is likely to be a better option than heroin prescribing for a number of reasons including: hydromorphone is a registered Schedule 8 medication in Australia which can be prescribed and can be used in clinical trials without the need to change federal legislation or to negotiate with the International Narcotics Control Board. Hydromorphone can be distinguished from heroin in urine analysis, overcoming one of the major difficulties of heroin prescribing. Specifically, while it is not possible in heroin trials to determine whether a person receiving prescribed heroin is also injecting illicitly obtained heroin, hydromorphone can be detected as a different substance and illicit heroin use can be monitored.

A further advantage was that hydromorphone would have less potential to create media sensationalism than a trial of heroin prescribing. Yet, media activity over the recent past has shown the reverse; rather than attempting to understand the aim of trialing such a medication, the presentation by the media and the angle taken on this medication has also been sensationalised, making it difficult to have any reasoned discussion about its role.

The way in which the media have handled this issue is further evidence of the need for the media to have some guidance on the reporting of information in this area. The Australian National Council on Drugs Media Guide which is in preparation may assist in decreasing the sensationalised reporting by the media. However, given that even apparently responsible non-tabloid media outlets are apparently willing to sensationalise what is a very politically sensitive area, one wonders whether such a guide can have a real impact on the reporting of these matters.

If prescribing hydromorphone were to be shown to be successful, it would potentially overcome the need for heroin prescribing at all. It may well be, as argued by advocates of the heroin trial, that a particular subgroup of patients could be attracted into treatment and retained in hydromorphone treatment then transferred to methadone and potentially to abstinence treatment. The trialing of such treatments becomes much harder in the context of misreporting and misrepresentation of the aims of the research. Rather than being an advocacy for a "fake heroin" trial, our intention was to advocate for a way to alter the polarisation in the debate about heroin prescribing trials. This debate will not go away, and recently resurfaced in the context of the Western Australian Community Drug Summit. It behoves those in the drug and alcohol community, as well as health bureaucrats and politicians outside the research and treatment community to recognise that the debate will continue to dog the area and to create further problems. It is important that we consider a way of addressing the issue, without necessarily advocating for the provision of heroin to heroin dependent people. **cl**

Richard P. Mattick

References

1. Hall, W.D., Kimber, J., & Mattick, R.P. (2002) Breaking the deadlock over an Australian trial of injectable opioid maintenance. *Medical Journal of Australia, 176,* 72-73.

2. Bammer, G. & Douglas, R.M. (1996) The ACT heroin trial proposal. *Medical Journal of Australia, 164,* 690-692.

3. Wodak, A. (1998) Prescribing heroin: nothing to fear but fear itself? *Medical Journal of Australia, 168,* 590-591.

4. National Crime Authority. (2001) *Organised crime in Australia. NDA Commentary 2001.* Canberra: National Crime Authority.

5. Jaffe, J. (2001) Injectable opiate maintenance in the United Kingdom: A view from the United States. *Addiction, 96,* 557-560.

6. Bigelow, G.E., Becker, A.B., Vernotica, E., & Liebson, I.A. (2001) Comparison of heroin and hydromorphone in opiate users [abstract]. *Drug and Alcohol Dependence, 63 (Suppl 1),* S14-A15.

issuing forth

The Heroin Drought

Carolyn Day, Libby Topp and Kate Dolan

In Sydney from 1996 to 2000, the price of heroin decreased, purity increased and heroin remained easy to obtain[1]. In early 2001, Sydney unexpectedly experienced a dramatic reduction in the availability of heroin. This phenomenon was experienced in other Australian cities with viable heroin markets, and is now known as the *'heroin drought'*.

Reports of a heroin shortage first emerged in early January 2001, coming from drug treatment agencies, needle and syringe program workers and researchers in the field. The reports indicated that the shortage was first felt around Christmas 2000. NDARC conducted a brief survey of IDUs in early February using a simplified form used in the Illicit Drug Reporting System (IDRS), to examine the veracity of these reports.

This study documented the early impacts of the Sydney heroin drought[2]. The study found that the average time required to obtain heroin (search time) had increased by 80 minutes, indicating a marked reduction in the availability of heroin. The study also found that the price of heroin had increased. This was confirmed by the NSW 2001 IDRS, which documented an increase between 2000 and 2001 in the average price of a gram of heroin from $220 to $320. The cost of 'caps' of heroin increased from $25 in 2000 to $50 in 2001[3].

Almost three quarters of the IDUs interviewed in February reported that heroin purity had decreased since the onset of the drought. The NSW 2001 IDRS found that more than half the IDUs interviewed thought that the purity of heroin had decreased or fluctuated in the six months preceding interview. The purity of heroin seized by the Australian Federal Police in NSW had not changed since 2000, indicating no change in the purity of heroin being imported. There was, however, a moderate decrease in the average purity of analysed heroin seizures made by NSW police of heroin, suggesting more local cutting of the drug[3]. There were also some early reports of changes in the type of heroin, with a number of IDUs reporting the use of "brown" heroin which was difficult to dissolve, indicating the less refined, lower grade brown heroin[2].

At the time of the survey the media began to report a heroin drought in other jurisdictions, namely the ACT and Victoria. Turning Point Alcohol and Drug Centre confirmed the occurrence of the heroin shortage and began to measure the response to the shortage in Melbourne. Like the studies conducted in Sydney, this study reported a reduction in the availability and purity of heroin and an increase in price, with few changes in the availability of other drugs[4]. Increased use of pharmaceuticals and amphetamine were also reported, along with an increase in the numbers of people reporting involvement in crime[4].

The Drug Use Monitoring in Australia (DUMA) program has also documented changes in the use of heroin during the same period, with a marked drop in those testing positive to opiates in NSW sites. Further work was conducted by the NSW Bureau of Crime Statistics and Research examining the consequences of the shortage[5]. This study found an overall decrease in heroin use and an increase in the use of other drugs, notably cocaine. A decrease in heroin overdose was reported and an apparent increase in the number of heroin users seeking methadone treatment[5].

The existence of the heroin drought is now well established and has been documented in all Australian jurisdictions with a viable heroin market. The data suggest that the shortage peaked in January/February 2001, though it possibly began several months earlier. The long-term consequences of the heroin drought on the drug market and the individual users are yet to be established.

In the short term at least, there has been a concurrent shift toward the use and injection of drugs other than heroin. Rouen et al. found an overall increase in the use of other drugs, particularly cocaine use, with almost half of the sample reporting recent cocaine injection[2]. This finding was supported by the NSW 2001 IDRS, which documented significant increases in both prevalence and frequency of cocaine use between 2000 and 2001. Weatherburn et al. also reported an increase in the use of cocaine, with the majority of IDUs who identified using other drugs reporting the use of cocaine[5]. Interestingly, Weatherburn and colleagues also found that cocaine was more likely to be used as a substitution drug by those who were using heroin more than twice a day than by those who used heroin less than this[5].

The shift to cocaine use appears to have been specific to NSW, understandably as cocaine is widely available in only that jurisdiction[6]. In Victoria the injection of pharmaceuticals, particularly temazepam gel caps, increased[7]. In the ACT, increased use of methamphetamine has been documented[8]. These changes in patterns of drug use each bring about their own specific harms, and change the overall harms associated with the illicit drug scene.

For example, cocaine is associated with increased and frenetic injecting behaviours, increased blood-borne virus risk behaviours and increased levels of violence. Indeed, anecdotal reports from frontline workers and researchers in the field suggested that violence had increased during the drought, especially between users. Such criminal activity is unlikely to be reported to the authorities, and therefore unlikely to be reflected in official crime statistics. Miller et al. also reported that the drought increased the level of danger associated with drug use[4].

Psychosis is also associated with the intensive use of cocaine and methamphetamine, as are other conditions such as 'skin picking' – a condition associated with chronic cocaine use[9]. Moreover, there are no treatment options specifically for cocaine or methamphetamine dependence. The harms associated with benzodiazepine injecting are well documented, including vascular problems, increased poly drug use, increased risk of overdose and blood-borne virus risk behaviours[10].

The long term implications of the shifts in Australia's heroin markets are difficult to predict. For example, whether the patterns of drug use outlined above and the associated harms will persist, is unknown. The overall changes in the patterns of drug use need to be documented. It also remains to be seen if those who have shifted to other drugs simply switch back to heroin if the market restabilises and availability and price return to their levels in 2000.

There are also a number of questions concerning those who may have left the heroin market. The decrease in the distribution of injecting equipment presented by Weatherburn et al. suggests that at least a proportion of IDUs ceased injecting[5]. The experiences of this group are yet to be documented (for example, did they seek treatment? Are they likely to return to the heroin market?). Moreover, little is known about the characteristics of those who were able to leave the market and how this group may differ from those who remained in the market.

The heroin drought has also effectively demonstrated the benefits of routine surveillance of illicit drug markets. The validity and magnitude of the heroin drought would have been far more difficult to ascertain in the absence of the systematic collection of information on price, purity and availability as is conducted by the IDRS. Both the IDRS and the DUMA program have also provided timely data in terms of the changes in patterns of drug use.

As to the cause of the heroin drought, numerous explanations have been advanced. These include law enforcement at both the local and international level; weather and political conditions in source countries, such as water droughts in Burma and the Taliban's ban on opium growing in Afghanistan; the expansion of suppliers into larger, more lucrative Asian and US markets; and the deliberate manipulation of the market by key players. Data pertaining to the various causes so far proposed are yet to be systematically collated. It is likely that there is no single cause for the shortage, but rather a combination of factors.

Determining the causes of the drought is empirically the most difficult question to address. NDARC has been funded by the National Drug Law Enforcement Research Fund (NDLERF) and will work with Turning Point Alcohol and Drug Centre in Melbourne and the Australian Institute of Criminology in Canberra to investigate this phenomenon in addition to other aspects of the drought. It is intended that this process will generate a more informed and substantiated 'short list' of the probable causes.

Australian Federal Police Intelligence suggests that a sustained shortage in the availability of heroin of this magnitude is specific to Australia and this is consistent with a recent United Nations Drug Control Program report examining the Taliban's ban on opium production in Afghanistan[11]. However, unsubstantiated reports have emerged of heroin shortages of smaller magnitude, in other countries. Nonetheless, such a dramatic reduction in heroin availability in a large, established drug market is unprecedented and provides a unique opportunity to learn more about the dynamics of illicit drug markets in Australia. Such research will also be of international interest.

The NDLERF funded heroin drought project should shed light on some of the issues surrounding the drought, including the long-term consequences of the drought on heroin users in terms of health outcomes and patterns of drug use and, the consequences of supply reduction. **cl**

References

1. Darke, S., Topp, L., Kaye, S., & Hall, W. B. (in press). Heroin use in New South Wales, Australia, 1996-2000: 5 year monitoring of trends in price, purity, availability and use from the Illicit Drug Reporting System (IDRS). *Addiction.*

2. Rouen, D., Dolan, K., Day, C., Topp, L., Darke S., & Hall, W. (2001). *Changes in Heroin Availability in Sydney Australia in Early 2001.* Technical Report No. 119, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

3. Darke, S., Kaye, S., & Topp, L. (2001). *New South Wales Drug Trends 2001: Findings from the Illicit Drug Reporting System (IDRS).* Technical Report No.125, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

4. Miller, P., Fry, C., & Dietze P. *A study of the impact of the heroin 'drought' in Melbourne: Results of the Drug Availability Monitoring Project (DAMP).* Turning Point Alcohol and Drug Centre Inc., Melbourne.

5. Weatherburn, D., Jones, C., Freeman, K., & Makkai, T. (2001). *The Australian Heroin Drought and its Implications for Drug Policy.* Crime and Justice Bulletin, No. 59, New South Wales Bureau of Crime Statistics and Research, Sydney.

6. Topp, L., Darke, S., Bruno, R., Fry, C., Hargreaves, K., Humeniuk, R., McAllister, R., O'Reilly, B., & Williams, P. (2001) *Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS).* Monograph 47, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

7. Fry, C. & Miller, P. (2002). *Victorian Drug Trends 2001: Findings from the Illicit Drug Reporting System (IDRS).* Technical Report No. 129, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

8. Williams, P. & Rushforth, C. (2002). *Australian Capital Territory Drug Trends 2001: Findings from the Illicit Drug Reporting System (IDRS).* Technical Report No. 128, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

9. Van Beek, I., Dwyer, R., & Malcolm, A. (2001). Cocaine: the sharp end of drug related harm! *Drug and Alcohol Review, 20*, 333-342.

10. Ross, J., Darke, S. & Hall, W. (1997). Transitions between routes of benzodiazepine administration among heroin users in Sydney. *Addiction. 92*, 697-705.

11. United Nations International Drug Control Program (2001) *Global Impact of the Ban of Opium Production in Afghanistan.* UNDCP.

project notes

Alcohol use disorders comorbid with anxiety, depression and drug use disorders: prevalence and treatment outcomes

Lucy Burns

Mental disorders have a significant impact on public health in Australia. Depression and alcohol dependence are particularly disabling, being ranked as the first and second leading causes of mental health burden respectively. Not only are these disorders very common and disabling, they also co-occur. In the Australian population about one-third of those with an alcohol disorder also had at least one extra disorder: anxiety, depression or drug use disorder in the previous twelve months.

Research has shown that anxiety and depression often make alcohol treatment more difficult and less effective. Different treatment approaches have been developed to manage people who have these multiple disorders. The approach that has often put forward as the gold standard is the integrated treatment approach. Although there are different variations of this model, the essential feature of the approach is that the person is managed from one single treatment point and generally by one person. To date, however, there is not a great deal of research support for this approach. This may not mean the approach is ineffective; rather that it is particularly difficult to evaluate. Even more basic than the need to evaluate the integrated approach is the need to evaluate treatment that is currently provided in conventional drug and alcohol services. Rather than assuming what is currently provided is ineffective, we need to take a step back to try and identify positive treatments that are already in use.

This has led to the development of the current project. The first aim is to identify the proportion of clients seeking treatment for alcohol problems who also have comorbid anxiety and/ or affective disorders and to pinpoint the most common of these. The second aim is to assess the impact of conventional outpatient treatment on alcohol disorders when clients also have comorbid anxiety and/or depression.

To achieve these aims we aim to recruit one hundred people who are attending drug and alcohol outpatients for a new treatment session for alcohol problems.

These people are initially interviewed soon after being first seen at the service and then followed up three to four months later. The criteria for entry to the study are that they haven't been in treatment at the outpatient service for at least six months, that they speak and understand enough English to participate and that they drink over NH&MRC safe limits for alcohol consumption. Clients are given a number of surveys to complete measuring mental health disorders, drug and alcohol use and use of health services. At follow up they are also asked for their evaluation of the services they have received.

At present 80 clients have been recruited and approximately 65% of these have been followed up. Preliminary results indicate a significant reduction in both DSM-IV anxiety and depression in respondents with a DSM-IV alcohol disorder. Overall, clients were very satisfied with the services they received and spoke of good rapport with their therapists. Recommendations for improvement in treatment include the need for more assertive follow-up for clients with comorbid disorders, an increase in treatment places and more contact in the early stages of treatment.

The BTOM:a brief, multi-dimensional instrument for the ongoing measurement of treatment outcomes

Jan Copeland, Peter Lawrinson, Kate Pryce and Devon Indig

The NSW Health Department in partnership with the National Drug and Alcohol Research Centre (NDARC) has established the Monitoring and Outcomes Project (MOP). The major goals of this project are to establish a statewide treatment data set, and following this, to introduce the ongoing assessment of treatment outcomes.

When fully implemented this will provide uniform statewide data on the drug and alcohol services available, the utilisation of these services, client population profiles, treatment needs, the types of treatment delivered and outcomes achieved. This information will serve to facilitate increased awareness and improved responses to relevant issues by the government, treatment and other health agencies, and the broader community.

Collection of the NSW Minimum Data Set (MDS) for Clients of Alcohol and Other Drug Treatment Services (CAODTS) commenced on July 1 2000.

The Brief Treatment Outcome Measure (BTOM), which incorporates the NSW MDS, has been developed for the ongoing assessment of treatment outcomes for COADTS and to monitor changing modes of service delivery in NSW. Three main criteria guided the development of the questionnaire; to meet the needs of NSW Health, as a data collection tool; to have clinical utility as a case management tool and to enable agencies to maintain and analyse their own client data.

A content outline of the BTOM:

- Demographic information
- Quantity & frequency of alcohol, tobacco and other drug use
- Injecting drug risk behavior
- General health
- Psychological health
- Social functioning and crime
- Treatment specific sections for MMT, detoxification, counselling and rehabilitation services

Key considerations in the design of the BTOM were that it place minimal time demands on clinical staff and clients, be acceptable and easy to administer and interpret.

The MOP Committee will oversee amendments and additions to the BTOM and the NSW MDS as required.

The 1999 NSW Drug Summit highlighted the need to objectively measure treatment outcomes across drug and alcohol services in NSW, particularly in opioid maintenance pharmacotherapy services where additional funding had been directed. Accordingly, it was decided to implement the outcomes module in methadone treatment programs in the first instance with later implementation to all sectors of alcohol and other drug treatment services.

Clinical trailing of the BTOM commenced in selected metropolitan and rural methadone services in November 2000. Subjects include all clients entering Methadone Maintenance Treatment (MMT) from the date of the commencement of the study. The instrument is administered to clients by clinician interview upon induction to MMT and every 3 months thereafter.

Preliminary results from the clinical trial and a pilot study conducted by NDARC are encouraging, indicating that the BTOM is a reliable instrument, capable of measuring change in treatment outcome and taking on average 15 minutes to administer.

Late last year selected D&A treatment services across NSW were approached to seek their participation in a limited trial of the BTOM for clients receiving counselling, detoxification and rehabilitation services. Agencies agreeing to participate will recruit clients into the study over a 3-4 month period, administering the questionnaire at the commencement of treatment and 3 months thereafter. The second interview may necessitate following up clients who have left treatment.

From these studies we aim to access whether the data items in the new treatment specific sections, designed for the non-methadone treatments are appropriate and importantly, to estimate the additional burden placed on agencies in terms of staff involvement, utilisation of resources and other costs associated with integrating the BTOM into routine clinical practice. All agencies participating in the BTOM trial will receive a report detailing analysis of their own aggregated, de-identified client data as well as statewide aggregated data.

At all stages of the study feedback from agency staff is strongly encouraged. We aim to engender ongoing interest and participation by practitioners in the D&A field in the further development of the BTOM, recognising that the successful implementation of the BTOM across treatment services in NSW is contingent upon a broad acceptance of the questionnaire and it's aims. **cl**

If you, or anyone in your agency, is interested in looking at the current version of the BTOM please contact:
Peter Lawrinson
Senior Research Assistant
National Drug and Alcohol Research Centre.

abstracts

Six-month process evaluation report on the Medically Supervised Injecting Centre (MSIC)

NDARC Technical Report No. 124

Richard Mattick, Jo Kimber, John Kaldor, Margaret MacDonald, Don Weatherburn and Helen Lapsley

The major findings of the six-month process evaluation report on the Medically Supervised Injecting Centre (MSIC) were as follows:

- During the first six months of operation, 1503 individuals were medically assessed and registered to use the services at the Medically Supervised Injecting Centre.
- Registered clients made 11,237 visits to the MSIC during which their injection of drugs was supervised.
- The majority of these registered clients were male (68%), and approximately one-third was female (31%). Male clients accounted for majority of visits (57%).
- Cocaine was the drug most frequently used at the MSIC (injected on 47% of the visits) followed closely by heroin (injected on 45% of the visits).
- The clients made an average of eight visits in the six months (range = 1 to 335). The average time spent in the MSIC per visit was approximately 30 minutes.
- On approximately one in every three visits, a health care service was provided to the clients (in addition to the supervision of their injecting), and one in 18 visits resulted in a referral for further assistance. Half of the occasions of service were injecting and vein-care advice (49%). Among the 610 referrals for further assistance, 42% were to treatment for drug dependence, 33% were to primary health-care and 25% were to social welfare services.
- Eighty-seven drug-related clinical incidents occurred at the MSIC requiring medical management (0.8% of visits). These were 50 heroin overdoses, which were managed by the administration of oxygen (naloxone was administered in eight cases), 28 cases of cocaine-related toxicity, and five benzodiazepine and four non-heroin opioid overdoses respectively.
- Eighty-eight individuals who sought use of the MSIC were not registered. Twenty-six of these individuals did not meet the registration criteria, and 62 individuals expressed the wish to use the MSIC but did not proceed to register at that time.

The relationship between suicide and heroin overdose among methadone maintenance patients in Sydney, Australia

Addiction, 96, 1443-1453

Shane Darke and Joanne Ross

Aims. To examine the relationship between attempted suicide and non-fatal heroin overdose among methadone patients.
Design. Cross-sectional survey.
Setting. Sydney, Australia.
Participants. Two hundred and twenty-three methadone maintenance patients.
Findings. Forty per cent of participants reported a history of at least one suicide attempt. Females were significantly more likely than males to have attempted suicide (50% vs. 31%), and to have done so on more than one occasion (28% vs. 15%). There was a large difference between males and females in the onset of attempted suicide. Females reported an initial attempt, on average, 6 years earlier than males (18.3 vs. 24.7 years), and were significantly more likely than males to have attempted suicide prior to the onset of heroin use (69% vs. 11%). While heroin overdose was common among the sample (66%), the most common methods employed for suicide attempts were overdose of a non-opioid drug (21%) and slitting of wrists (20%). A deliberate heroin overdose as a means of attempted suicide was reported by 10% of participants. Heroin overdoses appeared overwhelmingly to be accidental. Ninety-two per cent of those who had overdosed reported that their most recent overdose was accidental.
Conclusions. Attempted suicide presents a major clinical problem to staff at drug

treatment programmes, but one distinct from heroin overdose. While both overdose and suicide present interesting clinical problems, they are separate problems, and require different responses.

Who seeks treatment for alcohol dependence? Findings from the Australian National Survey of Mental Health and Wellbeing

NDARC Technical Report No. 122

Heather Proudfoot and Maree Teesson

The present study examined patterns of alcohol dependence and treatment seeking in Australia. Multivariate analyses were conducted to examine whether any observed associations remained after controlling for other factors including demographic variables and comorbid mental disorders.

The prevalence of DSM-IV alcohol dependence in the general Australian population was estimated at 4.1% and was three times more common in males than females, as well as being most common in the younger age groups. Alcohol dependence was most common among single males 18 to 34 years of age. Those with comorbid anxiety, depression or other drug disorders were also more likely to be alcohol dependent.

Just under 30% of those with alcohol dependence sought help for a mental health problem in the past 12 months. Thus most people with these problems do not seek help. Treatment seeking was more common among females, the middle aged (35 to 54 years), the more highly educated, those with any affective, anxiety or other drug disorder, and those with moderate to severe mental or physical disability. The only variables to predict treatment seeking for those with alcohol dependence were sex (females) and having a comorbid affective disorder. However when males and females were analysed separately a trend was apparent for males with an affective disorder to seek treatment and for females with an anxiety disorder to be more likely to seek treatment. There was only a (non-significant) trend for disability to predict treatment seeking in this group. This fits with the finding that disability did not relate to an alcohol misuse diagnosis i.e. these individuals do not regard themselves as disabled overall. Because of low numbers, no trends of significance were found when comorbid groups were analysed separately.

In the past 12 months, GPs were the most frequently consulted professionals by those with alcohol dependence (22%). Only 12% sought specialist mental health care and 10% sought other professional care. The most common treatments received were medicines (18% of those seeking help) and psychological /counselling interventions (18%), with 9% obtaining information and 8% receiving help with self-improvement and practical issues. Most satisfaction was expressed for amount of medicines received compared with psychosocial and information interventions.

Amongst those with dependence who did not seek help, only 23% wanted any help which supports the notion that most people with alcohol dependence do not seek help because they do not see a need for help. Of those who wanted help, they most commonly wanted psychological/counselling types of treatment and least commonly wanted medical interventions. This, along with the greater satisfaction expressed for the amount of medical interventions received, suggests that medical needs are much better met than psychological and counselling needs. Specific barriers to treatment seeking were also investigated. The main reason for not getting help when a need was seen for it was 'preferring to manage oneself'.

The findings from this survey suggest there is a need to increase public awareness of the risks involved in excessive alcohol use as many people do not perceive these problems. They also need to be convinced that there are effective treatment services available which may be more effective than trying to manage one's own illness. Also the survey identified a demand for greater access to psychological and counselling services for problems associated with alcohol misuse. Given that alcohol problems develop and are maintained in a social and psychological context, it is important to address these basic psychosocial factors if sustained change is to occur. Medicines may be of assistance in this sense but alone they may be seen to be treating the symptoms and not the underlying causes of the problems.

Ambulance calls to suspected overdoses: New South Wales patterns July 1997 to June 1999

Australian and New Zealand Journal of Public Health, 25, 447-450

Louisa Degenhardt, Wayne Hall and Barbara-Ann Adelstein

Aim. Using data on New South Wales ambulance calls to suspected overdoses from July 1997 to June 1999 to: a) examine temporal and geographic trends in calls; and b) compare geographic patterns of fatal and non-fatal opioid overdose.
Method. The NSW Ambulance Service provided data on the occasions when an ambulance attended a person on whom the drug overdose/poisonings protocol was used, and to whom naloxone was administered. The geographic distribution of ambulance attendances was approximated to the Australian Bureau of Statistics Statistical Local Area (SLA) and Statistical Subdivision (SD). Estimates of social disadvantage were correlated with the rate of ambulance attendances for each region.
Results. 9,116 callouts were made. In cases with data on age and gender, 89% were aged between 15-44 years, and 31% were female. South Sydney (n=1,819) and Liverpool (n=1,602) SLAs accounted for 37% of calls; the higher rates outside Sydney were in Newcastle, Orange and Kiama. There was a strong correlation between rates of ambulance callouts and fatal heroin overdoses. The number of calls increased from an average of 361 calls per month in 1997-98 to 399 in 1998-99. The majority of calls (54%) were made between midday and 9pm.
Conclusions. Rates of ambulance attendance at suspected overdoses is a promising indicator that allows monitoring of trends and identification of areas with high rates of opioid use.

The relationship between cannabis use and other substance use in the general population

Drug and Alcohol Dependence, 64, 319-327

Louisa Degenhardt, Wayne Hall and Michael Lynskey

This study examined if (1) there is an association in the general population between cannabis use, DSM-IV abuse and dependence, and other substance use and DSM-IV substance abuse/dependence; (2) if so, is it explained by demographic characteristics or levels of neuroticism? It used data from the Australian National Survey of Mental Health and Well-Being (NSMHWB), a stratified, multistage probability sample of 10 641 adults, representative of the general population. DSM-IV diagnoses of substance abuse and dependence were derived using the Composite International Diagnostic Interview (CIDI). There was a strong bivariate association between involvement with cannabis use in the past 12 months and other substance use, abuse and dependence. In particular, cannabis abuse and dependence were highly associated with increased risks of other substance dependence. These associations remained after including other variables in multiple regression. Cannabis use without disorder was strongly related to other drug use, an association that was not explained by other variables considered here. The high likelihood of other substance use and substance use disorders needs to be considered among persons seeking treatment for cannabis use problems.

Overdose among heroin users: evaluation of an intervention in South Australia

Addiction Research and Theory, 9, 481-501

Catherine McGregor, Robert Ali, Paul Christie and Shane Darke

An evidence-based intervention addressing heroin overdose among heroin users was developed and evaluated in South Australia. The intervention comprised three strands: information materials, peer education training and achievement of structural change through the establishment of partnerships with user groups, police and ambulance services. Liaison with police and ambulance services resulted in new guidelines being developed for police attendance at overdoses. Pre- and six months post intervention surveys showed an increase in awareness of risk factors associated with overdose including the concomitant use of other central nervous system depressants with heroin and using heroin while alone. Amongst respondents exposed to the intervention, more rang an ambulance to the most recent witnessed overdose and indicated less fear of police involvement if an ambulance was called. It is concluded that heroin users will respond to appropriate, targeted health education messages developed in conjunction with the user community and implemented using an intersectoral approach.

Alcohol, cannabis and tobacco use among Australians: a comparison of their associations with other drug use and use disorders, affective and anxiety disorders, and psychosis

Addiction, 96, 1603-1614

Louisa Degenhardt, Wayne Hall and Michael Lynskey

Aims. To compare relationships between alcohol, cannabis and tobacco indicators of mental health problems in the general population.
Method. A survey of a nationally representative sample of 10,641 Australian adults (the National Survey of Mental Health and Well-Being (NSMHWB)) provided data on alcohol, cannabis and tobacco use and mental health (DSM-IV anxiety disorders, affective disorders, other substance use disorders and screening positively for psychosis).
Findings. Alcohol showed a 'J-shaped' relationship with DSM-IV affective and anxiety disorders: alcohol users had lower rates of these problems than non-users of alcohol, while those meeting criteria for alcohol dependence had the highest rates. Tobacco and cannabis use were both associated with increased rates of all mental health problems examined. However, after controlling for demographics, neuroticism and other drug use, cannabis was not associated with anxiety or affective disorders. Alcohol dependence and tobacco use remained associated with both of these indicators of mental health. All three types of drug use were associated with higher rates of other substance use problems, with cannabis having the strongest association.
Conclusions. The use of alcohol, tobacco and cannabis are associated with different patters of co-morbidity in the general population. **cl**

recent **publications**

For more information on or copies of these publications, please contact the relevant researcher

Monographs and Technical Reports

Darke, S., Kaye, S., & Topp, L. (2002). *NSW Drug Trends 2001. Findings from the Illicit Drug Reporting System (IDRS).* Technical Report No 125, Sydney: National Drug and Alcohol Research Centre.

Hall, W., Degenhardt, L., & Lynskey, M. (2002). *The health and psychological effects of cannabis use.* Monograph Series No 44, Canberra: Commonwealth of Australia.

Mattick, R.P., Kimber, J., Kaldor, J., MacDonald, M., Weatherburn, D., & Lapsley, H. (2001). *Six-month process evaluation report on the Medically Supervised Injecting Centre (MSIC).* Technical Report No 124, Sydney: National Drug and Alcohol Research Centre.

Proudfoot, H. & Teesson, M. (2001). *Who seeks treatment for alcohol dependence?* Technical Report No 122, Sydney: National Drug and Alcohol Research Centre.

Spooner, C. & McPherson, M. (2001). *In what ways do police contribute to the prevention and management of alcohol-related problems in NSW? An overview.* Technical Report No 123, Sydney: National Drug and Alcohol Research Centre.

Published Articles, Chapters & Books

Copeland, J. (2001) Women's Perspectives on Drugs and Alcohol: The Vicious Circle (book review). *Addiction, 96,* 1681-1685.

Darke, S. & Ross, J. (2001) The relationship between suicide and heroin overdose among methadone maintenance patients in Sydney, Australia. *Addiction, 96,* 1443-1453.

Darke, S., Topp, L., & Kaye, S. (2001) *Illicit Drug Reporting System Drug Trends Bulletin December 2001.* National Drug and Alcohol Research Centre, Sydney.

Degenhardt, L. (2001) *Opioid Overdose Deaths in Australia.* Sydney: National Drug and Alcohol Research Centre.

Degenhardt, L., Hall, W., & Lynskey, M. (2001) Ambulance calls to suspected overdoses: New South Wales patterns July 1997 to June 1999. *Australian and New Zealand Journal of Public Health, 25,* 447-450.

Degenhardt, L., Hall, W., & Lynskey, M. (2001) The relationship between cannabis use and other substance use in the general population. *Drug and Alcohol Dependence, 64,* 319-327.

Degenhardt, L., Hall, W., & Lynskey, M. (2001) Alcohol, cannabis and tobacco use among Australians: a comparison of their associations with other drug use and use disorders, affective and anxiety disorders, and psychosis. *Addiction, 96,* 1603-1614.

Degenhardt, L., Hall, W., & Lynskey, M. (2001) Co-morbidity between alcohol, tobacco and cannabis use: reply to David Ferguson (Letter to the Editor). *Addiction, 96,* 1862.

Hall, W., Kimber, J., & Lynskey, M. (2001) Breaking the deadlock over an Australian trial of injectable opioid maintenance. *Medical Journal of Australia, 176,* 72-73.

MacDonald, M., Robotin, M., & Topp, L. (2001) Drug use trends among injecting drug users (IDU): Findings from the Australian Needle and Syringe Program (NSP) Survey, 1995-2000. *Drug Trends Bulletin, October 2001.* Sydney: National Drug and Alcohol Research Centre.

McGregor, C., Ali, R., Christie, P., & Darke, S. (2001) Overdose among heroin users: evaluation of an intervention in South Australia. *Addiction Research and Theory, 9,* 481-501.

Maher, L., Swift, W., & Dawson, M. (2001) Heroin purity and composition in Sydney. *Drug and Alcohol Review, 20,* 439-448.

Proudfoot, H. & Teesson, M. (2001) Women and schizophrenia (Book review). *Australian and New Zealand Journal of Psychiatry, 35,* 698.

Tabakoff, B., Helander, A., Conigrave, K.M., Martinez, L., Hoffman, P.L., Whitfield, J., Degenhardt, L., Saunders, J., Baron, A., Glanz, J., & Members of the WHO/ISBRA Study Group (2001) WHO/ISBRA Study on State and Trait Markers in Alcoholism. *Alcoholism: Clinical and Experimental Research, 25,* 99S-103S.

Teesson, M. (2001) Practical measures in psychiatry (Book review). *Medical Journal of Australia, 175,* 417.

staff **list**

National Drug and Alcohol Research Centre

Staff as of 1 February 2002

Richard Mattick	Acting Executive Director, Associate Professor
Shane Darke	Associate Professor
Jan Copeland	Senior Lecturer
Kate Dolan	Senior Lecturer
Maree Teesson	Senior Lecturer
Louisa Degenhardt	Acting Lecturer
Wendy Swift	Lecturer
Joanne Ross	Lecturer
Paul Adamson	IT Officer
Eva Congreve	Archivist
Paul Dillon	Media Liaison/Information Manager
Chris Doran	Health Economist
Peter Lawrinson	Senior Research Officer
Greg Martin	Senior Research Officer
Susannah O'Brien	Senior Research Officer
Anthony Shakeshaft	Senior Research Officer
Fiona Shand	Senior Research Officer
Libby Topp	Senior Research Officer
Anne Maree Weatherall	Senior Research Officer
Heli Wolk	Professional Officer
Lucy Burns	Doctoral Student
Carolyn Day	Doctoral Student
Amanda Reid	Doctoral Student
Claire Thetford	Doctoral Student
Courtney Breen	Research Officer
Jenny Gates	Research Officer
Nicky Henderson	Research Officer
Kate Hetherington	Research Officer
Sharlene Kaye	Research Officer
Jo Kimber	Research Officer
Etty Matalon	Research Psychologist
Katherine Mills	Research Officer
Kate Pryce	Research Officer
Heather Proudfoot	Research Officer
James Shearer	Research Officer
Evelyn Wilhelm	Research Officer
Anna Williamson	Research Officer
Bethany White	Research Officer
Julie Hodge	Centre Receptionist
Sari Jarvenpaa	Admin Assistant

Conjoint Appointment

Andrea Mant	Associate Professor
Alex Wodak	Senior Lecturer
James Bell	Senior Lecturer
Catherine Spooner	Conjoint Senior Lecturer

Visiting Fellows

Robert Ali	Visiting Fellow
Ross Coomber	Visiting Fellow
Linda Gowing	Visiting Fellow
John Howard	Visiting Fellow
Nadia Solowij	Visiting Fellow
Ingrid Van Beek	Visiting Fellow
Deborah Zador	Visiting Fellow

feedback & **subscriptions**

We welcome your feedback on all issues discussed in *CentreLines*. If you would like to write to us please address all correspondence to:

The Editor, National Drug and Alcohol Research Centre, University of New South Wales, Sydney NSW 2052

If you currently subscribe to *CentreLines* and require future issues to be sent to a new address please fill out the Change of Address form.

If you would like to be included on the *CentreLines* subscription list, fill out the New Subscriber form below. Please note that if you wish to receive NDRI's *CentreLines*, you will need to fill out the form below.

These forms should be returned to:

National Drug and Alcohol Research Centre
University of New South Wales, Sydney NSW 2052

New Subscriber Details

Please add me to the mailing list for my free copies of *CentreLines*.

Name: Ms / Mr / Dr

Title:

Organisation:

Department:

Address:

Postcode:

Phone No:

Fax No:

Issues Required: ☐ NDARC ☐ NDRI ☐ Both

Change of Address

Please alter my details on the mailing list for my free copy of *CentreLines*.

Name: Ms / Mr / Dr

Title:

Organisation:

Department:

Address:

Postcode:

Phone No:

Fax No:

Issues Required: ☐ NDARC ☐ NDRI ☐ Both