



CONTENTS

From the CEO's desk	1
Strong Support for DAW 2012 in Western Australia	1
Editorial	2
Drug Policy Modelling Program – An Overview	3
Researching policing and law enforcement @ DPMP	4
The role of health economics in drug policy research	5
DPMP and Alcohol Policy Research	6
Computer simulation as a research translation tool	7
What do the public think about drugs policy? Public opinion research	7
Understanding policy processes	8
Examples of DPMP projects	9
The DPMP Team	10
NDSIS Update	11

STOP PRESS:

Register **NOW**
for DAW 2012!

From the CEO's desk



May has been an unsettling month for many in the alcohol and other drugs (AOD) sector across Australia following the announcement by the Department of Health and Ageing (DoHA) on flexible funding on 2 May 2012.

However, there is now an opportunity for all of us to contribute to the development of a national picture to meet future funding/ services delivery challenges through the Non-Government Organisations Treatment Grants Program (NGOTGP), the Substance Misuse Service Delivery Grants Fund (SMSDGF), and the Substance Misuse Prevention and Service Improvement Grants Fund.

On 17 May 2012, the Minister for Mental Health and Ageing (which includes alcohol and other drugs), the Hon Mark Butler MP, advised that it had been decided to review the earlier DoHA decision which meant that the majority of current AOD projects would be extended.

Minister Butler's announcement read as follows:

"Given the competitive nature of the funding round it was anticipated that the short listing

process may result in some potential service gaps, as some currently funded organisations were not successful and their services may not be provided by newly funded groups. As such, not all of the funding available under this current funding round was allocated in the short listing process.

To ensure that those currently receiving services are not left without essential care and support the Department has carefully assessed the services provided by currently funded organisations that have not been shortlisted, those that will be provided by newly funded organisations or other services, and where critical service gaps may arise.

As a result, some currently funded projects will be extended for another 3 years, to enable organisations to continue to deliver the services they currently perform. This will only occur where potential critical service gaps have been identified and for organisations that are currently performing satisfactorily under their current agreements.

Continued on page 12

STRONG SUPPORT FOR DAW 2012 IN WESTERN AUSTRALIA

The Midwest Community Drug Service Team (CDST) in Western Australia (WA) is working closely with Geraldton's local Aboriginal radio station Radio Mama to broadcast messages promoting Drug Action Week (DAW) 2012.

"The daily themes for DAW are important sub-elements of the overarching theme of 'Looking after YOUR Mind!', and provide event organisers with the opportunity to expand their awareness activities," the CDST Prevention Services Officer, Ms Fiona McDougall, said. "DAW 2012 provides an opportunity to profile CDST staff and the amazing work being done throughout the region."

The Chief Executive Officer (CEO) of the Alcohol and other Drugs Council of Australia (ADCA), Mr David Templeman, said initiatives like this were to be encouraged as they focussed not only on the frontline workers in the alcohol and other drugs, but also on

support for families, communities, and other health and wellbeing support services.

Ms McDougall said that Radio Mama planned to promote the week from 17 June through to 23 June using the DAW 2012 radio community service announcement, and would liaise with local newspapers to promote the CDST interviews scheduled to start on Monday, 18 June with the theme of "Don't Mix Alcohol and other Drugs".

A total of over 600 DAW 2012 awareness raising activities were registered by 25 May with New South Wales leading the way with 165, followed by Queensland with 102, Victoria 100, Western Australia 96, the ACT 50, and some 30 each in South Australia, the Northern Territory and Tasmania.

DAW 2012 will be officially launched by the Federal Member for Canberra, the Hon Ms Gai Brodtmann, on Wednesday, 13 June at Parliament House in Canberra.



EDITORIAL

Mr Jon White, Chief Executive Officer, Australia New Zealand Policing Agency (ANZPAA)

The Australia New Zealand Policing Advisory Agency or ANZPAA serves Police Ministers and Commissioners of both countries, supporting the ANZPAA Board, the Australasian Police Professional Standards Council, the National Policing Senior Officers Group, and the Australia New Zealand Police Commissioners Forum. ANZPAA has a staff of 30 people, is based in Melbourne, and provides advice and support to Commissioners who collectively have 80 000 people engaged in policing.

Alcohol misuse continues to be one of the most significant challenges facing police in Australia and New Zealand. It is a major factor in crime, violence and antisocial behaviour.

Dealing with the impacts of alcohol fuelled violence puts a significant strain on police resources. The link between violence and alcohol misuse is well established, with around 40 per cent of people detained by police attributing their offence to alcohol consumption.

Police are well aware of the triggers, precursors and associations to the misuse of alcohol, including changes in behaviour and an increase in risky drinking levels, poly-drug use and the growing use of pharmaceutical drugs.¹

We see the availability, affordability and accessibility of alcohol by the community, and in particular by young people, as a major area of concern.

Reasons for the increase in alcohol-related violence have been attributed to the growth in the night time economy and the 24/7 lifestyle, increased social expectations and pressures, and the normalisation of violence.

Pricing has a significant impact on the amount of alcohol consumed. Considerable evidence both nationally and internationally suggests that low alcohol prices encourage higher consumption, including heavier drinking on each occasion and underage drinking.

The prevalence of availability, including longer trading hours, outlet density, and range has resulted in an increase in alcohol-related harms.

Marketing of alcohol contributes to the increasingly risky levels and patterns of consumption. This makes it look more appealing to consumers, particularly young people.

Alcohol products are often used as a marketing tool to target specific audiences. The production of alcohol and energy

drinks for example, is a tool used to target younger people. In recent years, marketing strategies have started using social networking sites to engage younger audiences.

Police believe the time for change is overdue.

On behalf of Police Commissioners of Australia and New Zealand, ANZPAA has implemented a range of activities and initiatives addressing some of these impacts of alcohol misuse on our communities.

This has seen an unprecedented level of co-operation and collaboration across policing jurisdictions helping reduce the impacts of alcohol misuse, violence and antisocial behaviour.

Police Commissioners are committed to greater collaboration in support of collective change. ANZPAA is their vehicle for this cross-jurisdictional, collective work. Police aim to reduce the harms and manage the risks of alcohol-related misuse by working with other government sectors, non-government organisations and the wider community.

The most visible aspect of these collective efforts is Operation Unite – a blitz on drunken violence. This initiative began in 2009, and there have been five significant operations staged across Australia and New Zealand since then.

The aim of the operation is to heighten community awareness of the issues associated with alcohol misuse and be clear that this will not be tolerated.

Operation Unite has increased public discussion on these issues. Our analysis has shown that policing efforts received wide support for Operation Unite from a range of stakeholders, along with the community blogging, tweeting and commentary on media news stories.

It not only invited general public awareness but also encouraged the alcohol and hospitality industry, community groups and other government bodies to think about the impact alcohol misuse have on our community.

Police recognise that enforcement is only part of the solution. Alcohol misuse arises from complex social issues that require multiple responses. It is necessary for all stakeholders to work collaboratively to address the issues. It is not just a policing problem but a whole of community problem. It can only be effectively and sustainably addressed by working together to help shape the way for, and achieve change.

Since 2010, we have worked closely with Alcohol and Drugs Council of Australia (ADCA) to highlight the impacts of alcohol misuse.

In the December 2010 Operation Unite, ANZPAA spokesperson New South Wales Police Force Commissioner Andrew Scipione stood side-by-side with ADCA Patron

Continued on page 12

¹ A Guide to Australia Alcohol Data, Australian Government Department of Health and Ageing, Australian Institute of Health and Welfare, 2004. Available [online] <http://www.aihw.gov.au/publications/phe/gaad/gaad.pdf>; Donnelly, Neil. Linda Scott, Suzanne Poynton, Don Weatherburn, Marian Shanahan, and Frank Hansen. 2007. *Estimating the Short-Term Cost of Police Time Spent Dealing with Alcohol-Related Crime in NSW*. Monograph Series No. 25. Tasmania: NDLERF. [http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/ndlerf25.pdf/\\$file/ndlerf25.pdf](http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/ndlerf25.pdf/$file/ndlerf25.pdf); Nicholas, Roger (November 2009), Alcohol and Other Drug Issues facing Law Enforcement in Australia 2009, NDLERF Environmental Scan – Draft Law Enforcement in Confidence.

Drug Policy Modelling Program – An Overview

**By Professor Alison Ritter, Director,
Drug Policy Modelling Program (DPMP)**

The Drug Policy Modelling Program (DPMP), which started in 2004, was the first dedicated drug policy research program in Australia. As the core DPMP philanthropic funds start to draw to a close, it is a good time to reflect on the DPMP, and its place in the Australian alcohol and other drugs (AOD) research landscape.

There are few programs across the globe that are solely dedicated to drug policy research that take a multidisciplinary approach and examine all policy domains: law enforcement, prevention, treatment and harm reduction. DPMP uniquely works across these four domains.

We have produced research which has informed better policing options, evaluated drug law reform models, shown the costs associated with opioid substitution treatment dispensing fees, fed public opinion data into debates, reviewed national drug strategies and policy coordination in Australia and provided evidence-informed advice to State, Territory and Federal Governments.

DPMP has three streams of activity:

1. generating evidence of relevance to policy
2. translating evidence into meaningful and usable information for policy makers, and
3. studying policy processes (refer P9 for project examples).

The first stream of DPMP work is concerned with conducting research that addresses applied policy questions, and builds an evidence-base to inform better policy decisions. Projects have included studies such as the cost-benefit analysis of cannabis legalisation (refer P5 for Dr Marian Shanahan's article on health economics); assessment of the threshold quantity limits for drug trafficking; the ongoing Melbourne injecting drug user cohort (MIX); the evaluation of the Portuguese drug law reforms; and reviews of police diversion programs (refer P4 for the law enforcement article by Dr Caitlin Hughes and Professor Lorraine Mazerolle).

Generating and disseminating evidence, however, is not necessarily sufficient to ensure that it is taken up and used in policy processes. More active mechanisms of research transfer and translation are required. Here DPMP has used a number of strategies, including simulation modelling, as a way of translating research into useable information for policy makers. The article on P7 about our modelling work provides more details about the unique translational approach represented in our computer simulation work.

In this second stream, translating evidence, projects have included models to estimate optimal investment for hepatitis C treatment, and agent-based simulations of local street heroin markets. We have also pioneered the use of roundtables as one dialogue method for better drug policy.

The third stream of work arose in the context of our understanding that research is but one input into policy processes. Indeed, there are many influences on policy

decision-making. In this stream we seek to better understand how policy is made, the processes and influences that result in certain policy decisions being made, irrespective of the level of research evidence. The article by Kari Lancaster on P8 demonstrates our approach in this area. One potentially potent influence on policy is public opinion, hence our research on this topic (Ref P7 for the article by Dr Francis Matthew-Simmons).

At the start, we concentrated on illicit drugs. In 2011 we took the decision to expand to include alcohol, and Professor Robin Room and his Alcohol Policy Research Centre in Melbourne became an important node for DPMP. DPMP's alcohol policy research is discussed by Jenny Chalmers and Michael Livingston on P6.

We have built Australian and international drug research capacity. The DPMP has had more than 50 researchers associated with it to date (refer P10). The disciplines include criminology, psychology, political science, economics, operations research, public policy, health economics, forensic psychology, law, sociology, mathematics, nursing, and biostatistics.

We have been extremely fortunate to have had core funding from the Colonial Foundation Trust. This has been supplemented over the years with competitive research grants from the National Health and Medical Research Council, the Australian Research Council, National Drug Law Enforcement Research Fund, the Australian National Council on Drugs, the Criminology Research Council, and state government commissioned work. We have worked with many collaborators across multiple organisations (refer P10), who have all contributed important voices to the research and to the policy landscape.

We are looking forward to the next 10 years of DPMP research – continuing to develop new evidence to inform policy, translate research for policy makers and study policy processes. While our funding base will change, there is little doubt that we fulfil a unique and vital role within alcohol and other drug research.

For further information on the DPMP, log onto www.dpmp.unsw.edu.au.



Members of the DPMP NDARC Team (Back row from left, followed by front row from left): David Bright, Caitlin Hughes, Francis Matthew-Simmons, Rachel Ngui, Tim McSweeney, Wendy Gong, Bridget Spicer, Marian Shanahan, Michael Lodge, Alison Ritter, Jenny Chalmers, Katrina Grech, and Colleen Faes.

Researching policing and law enforcement @ DPMP

By Dr Caitlin Hughes & Professor Lorraine Mazerolle, DPMP

Drug law enforcement is the most expensive component of government responses to illicit drug use and trafficking (refer pie chart on P5).

Yet, it is also the area where there are the greatest evidence gaps. Attention to this area is critical because the absence of evidence can prevent the adoption of more effective law enforcement responses and/ or lock police and government into potentially failing or counter-productive strategies.

The challenges in undertaking drug law enforcement research are considerable: limited access to data and accurate knowledge of what drug law enforcement strategies actually involve; the absence of many high level indicators of success; uncertainties in interpretation of data (eg higher or lower drug seizures may both indicate law enforcement success); and the rapidly changing face of policing.

Yet DPMP has also shown that many of these challenges can be overcome, particularly by adopting innovative approaches and collaborating with Australian policing agencies.

To date, DPMP efforts have included mapping out police and criminal justice diversionary policies throughout Australia, examining the relative cost effectiveness of border and domestic law enforcement interventions directed towards methamphetamine, identifying ways of improving the performance monitoring of Australian drug law enforcement agencies, and modelling street-level drug markets under different experimental conditions of street-level drug law enforcement (hotspots policing, random patrols and problem-oriented policing).

Two large and ongoing areas of activity seek to evaluate the impacts of third-party policing and improve the design of police diversionary responses.

THIRD PARTY POLICING

Third Party Policing is an approach to deal with crime problems where police form partnerships with other public service agencies, business, non-government organisations and the

community to more effectively control crime problems. This requires police to identify “legal” mechanisms that are the domain of these other third parties and then use these legal levers to assist police in their efforts to reduce and control drug and other public order problems.

Examples of how third party policing works in relation to drug control include: 1) partnerships between police and pharmacies to report and reduce over-the-counter sales of pseudoephedrine; 2) strategies to pressure residential property owners to reduce the drug dealing problems taking place on their properties; 3) tactics to coerce business owners, such as licensees, to engage in harm reduction practices; and 4) efforts to influence the operations of public housing authorities.

A systematic review by DPMP showed that third party policing approaches are effective at reducing street level drug problems and are more effective than traditional policing measures such as crackdowns, raids and undercover operations.

POLICE DIVERSION

Police diversion programs seek to divert drug offenders at the point of police detection away from the criminal justice system into drug education and treatment. These programs are offered in every jurisdiction in Australia (as reviewed in the DPMP Monograph No. 16 found at www.dpmp.unsw.edu.au).

Examining the direct outcomes from diversion programs is complicated because it is hard to establish what would have happened in the absence of diversion (known as the counterfactual in research speak) because the vast majority of people are diverted.

We do know that poorly designed programs can produce unintended consequences, leading to wasted resources and/ or increasing potential risks of subsequent offending. DPMP research focuses on identifying the factors that facilitate or

reduce unintended consequences, with key factors being the legislative and policy context, the rate of police detection and the perceptions of criminal justice and health players (rightly or wrongly) about the programs.

All such research will enhance police capacity to understand the likely consequences of policing, to make more informed strategic decisions and to direct resources for optimal impact.



Dr Caitlin Hughes

The role of health economics in drug policy research

By Dr Marian Shanahan, DPMP

Policy makers are continuously faced with decisions as how to best use limited resources while obtaining the best outcome for individuals and for society in general.

The use of health economics is one approach by which additional information can be provided to assist with decision making. Often health economics is considered simply as a tool to compare the costs and outcomes of treatment but health economics is much more.

In drug policy, health economics can assist in relation to:

- estimating society's willingness to pay for existing and new drug interventions
- examining the impact of drug treatment program funding decisions on health outcomes
- assessing the relative cost-effectiveness of different policing options for ecstasy (or any other drug)
- studying government funding and payment mechanisms to service providers
- examining the relationship between socio-economic factors and drug use, and
- studying the costs and benefits to society related to changing drug laws.

One form of economic evaluation (cost-effectiveness analyses) provides evidence-based information on what exactly the expenditure on one program achieves relative to another program.

Without such evidence, decisions are often made with the rationale "this is what we have always done", or the "squeaky wheel gets all the resources", often resulting in inefficient allocation of resources. In principle, an economic evaluation should be conducted on any new treatment, technology or program upon implementation.

Cost-benefit analysis, another form of economic evaluation, provides information on the costs and benefits in monetary terms, allowing the net benefit (or efficiency) of a given program to be estimated.

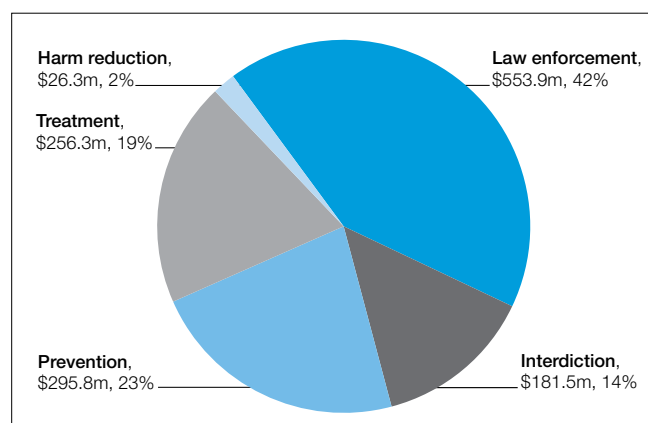
Much of the focus of the health economics work within DPMP has been on quantifying the costs and benefits of different cannabis policies, specifically for the current policy in New South Wales (NSW) and a hypothetical regulated legalised policy.

This work typifies the multi-sectoral and interdisciplinary work conducted by DPMP researchers. Included in this research was an assessment of the current expenditures on cannabis

treatment, estimates of the current expenditures by police and the courts on enforcing existing cannabis laws, the use of willingness to pay methodologies to evaluate the economic burden of stigma from a criminal record for a cannabis offence, and an assessment of societal preferences for types of cannabis policies.

Other ongoing work involves updating the expenditure by Australian Governments related to drug policy. This involves estimating the size and composition of Australian Government spending across proactive domains including law enforcement, prevention, treatment, and harm reduction as illustrated.

Early DPMP work, now being updated, showed the distribution of Government direct spending in illicit drugs.



Prevention programs (23% of direct Government spending) are those that provide education and information to the general population about the harms of drug use. They are designed to decrease the chance that people will first use drugs or reduce the probability of progression from infrequent or experiential use, to habitual usage.

Harm reduction programs (2%) seek explicitly to reduce the adverse consequences of drug use. Treatment programs (19%) are those which have the aim of decreasing drug use by established users through medical and counselling services.

Law enforcement and interdiction (56%) is focussed on supply reduction – including border control, measures against wholesale trafficking and supply of drugs, and policing against drug dealers. As the figure shows, law enforcement activities comprise the largest expenditure.

There are some limitations with these government spending estimates – the figures are now dated (the data presented here relate to 2001-02); activities and programs within each domain cost different amounts of money – so for example, in general harm reduction programs are relatively inexpensive whereas law enforcement activities are more expensive. The pie chart does not adjust for these differences in the "costliness" of the work.

Thirdly, there is overlap between domains – for example some law enforcement also impacts on prevention (through deterrence, for example); some treatment impacts on harm reduction. Finally, the chart does not tell us what we should spend our money on. Despite these limitations, as a snapshot overview of drug spending, these data are useful. DPMP is in the process of conducting a new Australian drug budget.

DPMP and Alcohol Policy Research

By Mr Michael Livingston & Dr Jenny Chalmers, DPMP

Alcohol plays an important part in all our lives. Most Australian adults had a glass of alcohol last year and alcohol is a main feature in our socialising over the life-course.

The increasingly globalised alcohol industry provides jobs from growing grapes to serving alcohol in bars and the industry generates foreign currency from exports and contributes to government funds by paying taxes. Yet, alcohol is a drug.

Alcohol-related harm has become a key public policy issue in Australia in recent years, with widespread media and political attention fuelled by an increasingly vocal and organised community of public health experts.

Although alcohol is not typically consumed in a harmful way, the health and social impacts of excessive alcohol consumption are substantial, with more than 3000 people dying of alcohol-related injury and illness each year and up to \$36 billion per year in health and social costs.

There is ongoing public debate over what Governments should be doing to reduce alcohol-related problems. At the population level, there is a robust international evidence base to inform policy decisions – we know that increases in alcohol price, reductions in the physical availability of alcohol and limits on youth exposure to alcohol advertising are likely to result in reduced harms.

However, these policies all involve significant costs to people who never or rarely drink harmfully, in terms of reduced

convenience and affordability, and have proven to be politically challenging. Public support is stronger for school-based prevention and public education campaigns, for which there is much more limited evidence. Thus, when it comes to alcohol policy the basic story is – what is popular is largely ineffective and what is effective is largely unpopular.

While the broader public debate continues, DPMP has been focussed on developing the evidence base in a number of specific areas.

In recent DPMP work, we have examined regulation and enforcement. Alcohol is managed by a complex web of regulatory and legal frameworks – local councils enact public drinking by-laws, States build in specific conditions to their liquor licensing systems that are enforced by police or civilian inspectors and a range of other agencies manage regulations and laws that are related to alcohol (eg police, planning departments, health agencies, etc).

Despite their ubiquity and potential impacts, regulation and enforcement have been largely missing from alcohol policy research outside of the drink-driving field. With this in mind, DPMP have run two pilot projects examining the implementation and impact of changes to alcohol regulation.

In this work we have found conflicting views about the purpose of licensing regulations, and the constant balancing act involved in regulating public space, with positive and negative impacts of drinking bans affecting different people with different intensities.

DPMP has also begun to study the ways that policy changes affect particular sub-groups of the population. For example, one study is examining how pricing policies influence young adults' choices on a night out. The study is one of the first to try to understand how young adult polydrug users might be differentially affected by alcohol taxation reform and the introduction of minimum pricing.

We are also developing a growing body of work examining the interactions between alcohol outlets and socio-economic status. This work has confirmed that, in Victoria, people living in disadvantaged neighbourhoods have more than four times the number of off-premise alcohol outlets nearby than those in wealthier areas. This research will continue, aiming to explore how these kinds of disparities relate to the extensive socio-economic health inequalities that exist in Australia.

Alcohol policy is likely to remain a key public and political concern in Australia in the coming years. The DPMP is striving to produce robust, nuanced evidence to inform future policy decisions. This evidence will cover how policies are developed and chosen, the importance of implementation and enforcement and the varying impacts that they might have across the population.



Dr Jenny Chalmers and Professor Robin Room fielding questions at the 2012 DPMP Research Symposium.

Computer simulation as a research translation tool

By Professor Alison Ritter & Professor Pascal Perez, DPMP

The DPMP is one of the first teams internationally to systematically use computer modelling techniques as a research translational tool in the drug field. Adopted from environmental and economics research, we have brought this novel idea to fruition during the last few years.

A computer model is a simple, but plausible representation of a complex reality. Social issues like illicit drugs lend themselves to computer modelling because there are many players, actors and environments where things dynamically interact. We use multiple computer modelling techniques.

These include: **agent-based modelling** (the behaviour of individual agents determined by simple rules leading to emergent patterns of behaviour across groups); **system dynamics modelling** (equations specifying relationships between stocks [averaged amounts] and flows, movement between stocks); **soft systems models** (using qualitative information and participatory dialogue to develop “rich pictures” of the system under study); and **network analysis** (models which focus on the structure of the relationships between entities).

Such a diversity of computer modelling approaches enables us to best match the research question to the modelling method.

By way of example, we have built an agent-based model of a street-based heroin market. Agents in the model include drug users, drug dealers, outreach workers and police.

When placed together in a simulated “game”, they iterate over time, producing emergent behaviours which can be summed across the system. The simulation can generate summary statistics such as the numbers of agents in treatment, the numbers of overdoses and so on.

The simulation becomes a translational tool because then policy makers can adjust certain characteristics, such as increase the number of police agents. The model then displays the consequences of that change in the system.

Our SimDrug and SimHero simulations are examples of this work, which simulate a street-based heroin market.



Professor Pascal Perez presents his SimDrug modelling work.

What do the public think about drugs policy?

Public opinion research

By Dr Francis Matthew-Simmons, DPMP

Policy decisions are influenced by a number of factors. Some may be technical (ie what is the problem, and what is likely to happen if we follow this path?), and others are political (ie will this decision be supported?).

One of the important political factors that can influence policy making is public opinion.

Policy makers are often keen to understand public opinion, and it is important that policy decisions are influenced in some way by public opinion – after all, this is the foundation of democratic Government. However, the ways in which policy makers see public opinion can sometimes be flawed.

The news media or the views of “opinion leaders” can sometimes be seen as a “proxy” for public opinion. But often it is unclear whether these are accurate portrayals of what the general public **really** thinks, indeed in many cases, they are not.

DPMP has undertaken a number of projects that have focused on public opinion, with the aim of providing a more “evidence based” understanding of what Australians think about drug policy.

In some examples of our previous work, we have undertaken a review of existing public opinion surveys in order to identify overall trends over time, and to see how different surveys have found differing results (this review is currently being updated).

We have found that Australians hold divergent views on different aspects of drug policy. For example, as the graph demonstrates, while public support for cannabis legalisation has fallen between 2001 and 2010, support for harm reduction interventions, such as needle and syringe programs has increased.

Past DPMP research has also looked at the relationship between the media and public opinion. Different types of drug-related newspaper articles could have differing effects on the audience’s perceptions of the risks and likely consequences of using drugs (refer DPMP Monograph No. 19 found at www.dpmp.unsw.edu.au).

In another study, we looked at media reporting on treatments for heroin dependence. We found that the news media in Australia more frequently mentioned the potential benefits of naltrexone, when compared to how they reported on methadone.

The difference in naltrexone versus methadone media coverage was not concordant with the research evidence-base for these treatments.

A newly commenced project, funded by the Australian National Council on Drugs (ANCD), will survey 16 to 25-year-old Australians to ask them their views about what the government should be doing about drug and alcohol use.

We hope to learn more about young people’s **opinions** and **ideas** about policies and initiatives/ programs aimed at reducing the harms caused by alcohol, tobacco and other drugs.

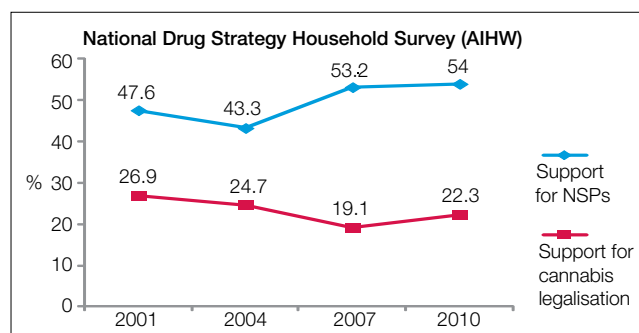
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What do the public think about drugs policy?

Continued from page 7

There has not been a survey expressly examining young people's views about drugs policy in Australia. This project gives a voice to a highly relevant stakeholder group who to date have not formally participated in policy decisions.

Public opinion remains an important factor in the successful implementation of new policies and interventions aimed to reduce drug-related harm. DPMP research has provided an "evidence based" view of public opinion towards drug policy in Australia, and the factors that can influence public attitudes in this area.



Australian opinions towards needle syringe programs and cannabis legalisation: changes over time.

Understanding policy processes

By Ms Kari Lancaster, DPMP

Policy decisions are much more than the simple application of research evidence to determine the optimal laws, strategies and interventions.

It is an ongoing process, influenced by a large variety of factors, research evidence being just one. DPMP's interest in understanding policy processes leads us to ask – How are choices made (or not made)? Who's involved? What are the barriers to implementing different ideas? And, importantly, what are the implicit assumptions behind the framing of policy problems and proposed solutions?

There are a number of ways of thinking about how policy gets made, and different approaches illuminate various aspects of the policy process.

For example, one way of thinking about policy is as a rational, step-by-step process whereby authoritative governments identify existing problems and choose solutions. This particular approach conforms to Stream 1 in DPMP – generating research evidence.

Another way of thinking about policy is to regard it as a dynamic process of interaction between multiple participants with competing perspectives. From this point of view, the voices of different individuals and groups within the policy system play an important role in setting agendas and generating alternatives.

It leads us to consider the roles of advocacy groups, "affected" communities, researchers, practitioners, non-government organisations, media, public opinion and the international community. It highlights the ways that these participants make their competing perspectives heard, and how issues get framed.

In drug policy, it helps us to examine how the issue of drugs is problematised, by whom and how particular responses emerge as a result of the contestation of participants. From this perspective, we can think of policy making as being less about governments "solving problems" and more as an ongoing, dynamic process of "managing the problematic".

Examples of DPMP work within this frame include a study of the emergence of methamphetamine as a policy issue in the late 1990's, analysing how the "ice epidemic" came to be understood as such, why precursor regulation was pushed forward as an appropriate response and the influence of political forces at this time.

This year, we will also analyse advocacy processes as the Australian Capital Territory (ACT) introduces a new policy to make

naloxone available to opioid users, seeking to better understand the conditions for successful policy change in that case.

DPMP has also funded the Australian Injecting & Illicit Drug Users League (AIVL) to document the important contributions of consumer advocacy groups to drug policy in Australia, through a project called TrackMarks. These are just some examples of projects within the policy processes stream of DPMP.

Policy making is, more often than not, an iterative, messy process and the development of drug policy is no exception, especially given the area is often controversial and charged by highly political policy debate.

Through DPMP's policy processes work, we are seeking to better understand the nature of policy, what influences policy choices, and how participants contribute to and frame policy debate. Better understanding how policy happens, and the shifts within a dynamic policy system, can help us be prepared for opportunities as they emerge and influence drug policy for the better.

An illustration of one policy process model: Kingdon's multiple streams (Kingdon, T. (2003) *Agendas, Alternatives and Public Policies*. (2nd Ed). NY: Longman).

1. PROBLEM STREAM

- Agenda setting
- Interpretation
- Problem recognition ("should do something")
- Rise and fade

2. POLITICS STREAM

- Agenda setting
- Influenced by:
 - National mood
 - Organised political forces
 - Governmental phenomena
- Consensus building through bargaining

3. POLICY PROCESSES STREAM

- Alternatives
- Policy community
- Ideas as an evolutionary processes
- Criteria for success of an alternative (technical feasibility; values congruence; constraints manageable; public and political acceptability)
- Softening up (years)
- Emerging consensus (diffusion & tipping point)

POLICY WINDOW

Small/short and scarce

Predictable or not

Coupling of 1 + 2 + 3 streams

EXAMPLES OF DPMP PROJECTS

For a full list, visit the DPMP website: www.dpmp.unsw.edu.au

Stream A. Generating evidence...			
Project	Lead researcher	Funding body	Status
The impact of macroeconomic factors (GFC) on alcohol and drug use and harms	Chalmers	CFT	Completed
Drug law enforcement performance monitoring: Impediments to and prospects for reform	Hughes	CFT	Completed
Problem-oriented and partnership policing: An evaluation of the LEAPS (Liquor Enforcement & Proactive Strategies)	Mazerolle	CFT	Completed
Melbourne Injecting Drug User Cohort Study (MIX)	Dietze	CFT; NHMRC	Ongoing
Economic Evaluation comparing Centre-based Compulsory Drug Treatment with Community-based Methadone Maintenance Treatment in Hai Phong City, Vietnam	Vuong	Endeavour award, NDARC; FHI	Ongoing
Drunk, high or sober? How do alcohol and illicit drug prices affect young Australians' plans for Saturday night?	Chalmers	ARC	Ongoing
Using evidence to evaluate Australian drug trafficking thresholds: Proportionate, equitable and just	Hughes	CRC	Ongoing
Examining trans-national (crop targeting) drug law enforcement interventions	Mazerolle	CFT and CEPS	Ongoing
Evaluation of the Cannabis Infringement Notice scheme in Western Australia – support for data analysis, reporting and dissemination of two sub-studies	Lenton	CFT & NDRI	Ongoing
Regulating drinkers: functions and effects of street liquor bans	Room	CFT	Completed
Stream B. Translating evidence...			
Project	Lead researcher	Funding body	Status
Optimal allocation of treatment for hepatitis C virus among injecting drug users in and out of methadone maintenance treatment	Murray	CFT, UNSW & NHMRC	Completed
Working with NSW Police on identifying current and alternate police options for intervening with MDMA	Hughes	CFT	Completed
A summary of diversion programs for drug and drug-related offenders in Australia	Hughes	CFT	Completed
Dialogue methods for research integration	Bammer	CFT & other sources	Completed
The application of social network analysis (SNA) to law enforcement strategies in combating illicit drug markets	Bright	ARC	Ongoing
Working with NSW Ministry of Health on treatment pathways from the client's perspective: informing a better match between service provision and service needs	Chalmers	NSW Health	Ongoing
Stream C. Studying policy making.....			
Project	Lead researcher	Funding body	Status
Where do policy makers go to source research evidence?	Ritter	CFT & NHMRC	Completed
An analysis of Australian illicit drug policy coordination	Hughes	CFT	Completed
Public opinion, the media, and illicit drug policy in Australia	Matthews-Simmons	CFT	Completed
Track Marks: the involvement of drug user organisations in Australian drugs policy	Madden	CFT	Ongoing
Uncertainty and risk: multidisciplinary perspectives	Bammer	CFT & others	Completed
The "ice epidemic": an analysis of the policy context, process and outcomes	Lancaster	CFT	Ongoing
The conservative shift in Australian drug policy: evidence and implications	Lancaster	CFT	Ongoing

The DPMP Team

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- John Herron, ANCD
- Annie Madden, AIVL
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- ACON
- ACT Health
- Australian Customs Service
- Australian Federal Police
- Australian Injecting & Illicit Drug Users League
- Australian National Council on Drugs
- The Australian National University
- Beckley Foundation
- Burnet Institute
- Carnegie Mellon University
- Critical Connections
- Department of Health, Victoria
- eSYS Development Pty Ltd
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- NSW Ministry of Health
- NSW Police
- NSW Users and AIDS Association
- Queensland Health
- Queensland Police Service
- RAND Corporation
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- The University of Melbourne
- The University of Queensland
- University of Tasmania
- University of Wollongong
- University of Maryland, US
- University of Kent, UK
- University of Technology, Vienna
- Victoria Police
- Western Australia Police
- WA Health



NDSIS Update



Jane Shelling, Manager
National Drugs Sector
Information Service

If you are conducting research or doing some study there are a number of ways the NDSIS and the Drug database can help.

Many students and researchers find Endnote a valuable tool to help keep their citations organised. Endnote is a program that allows you to create bibliographies for papers, change citation styles easily, search library catalogues and import citations from databases into your bibliography. It works with MS Word to automatically insert citations into your paper and format your bibliography. It's basically a way to create your very own database and then connect this to your document.

Endnote and the Drug Database (as illustrated) – The Drug Database allows you to export your search results directly to Endnote using the “Export to Endnote” button.



Tips for using Endnote – EndNote offers a large range of tip sheets and video tutorials to help you get started. You can view them from their website: <http://www.endnote.com/support/entips.asp>

Research Methods – The NDSIS offer workplace workshops in Research Methods training (formulating queries and searching databases), you can contact us for help and the following resources are also available.

BOOKS

Research methods for evidence-based practice

John S. Wodarski, Laura M. Hopson | 2012 | Sage Publications | 361.3072 WOD

This practical and student-friendly text teaches social work students the concepts and skills needed to apply research methods in their practice with clients. It offers them enhanced understanding of the research process and equips them with the necessary tools and skills to evaluate studies, translate relevant behavioral science knowledge into practice principles, and implement evaluation procedures in their daily practice.

Using evidence: how research can inform public services

Sandra M. Nutley, Isabel Walter and Huw T.O. Davies | 2007 | Policy Press | 352.340941 NUT

There is widespread commitment across public service agencies in the UK and elsewhere to ensuring that the best available evidence is used to improve public services. The challenge is not only making research evidence accessible and available, but also getting it used. This book provides a timely and novel

contribution to understanding and enhancing evidence use. It builds on and complements the popular and best-selling What Works?: Evidence-Based Policy and Practice in Public Services by drawing together current knowledge from the education, health care, social care, and criminal justice fields.

An ethical approach to practitioner research: dealing with issues and dilemmas in action research

Anne Campbell & Susan Groundwater-Smith | 2007 | Routledge | 370.72 ETH

Practice based research is burgeoning in a number of professional areas. An Ethical Approach to Practitioner Research covers a comprehensive range of issues and dilemmas encountered in practitioner and action research contexts. While principally focused upon practitioner inquiry in education it takes account of, and acknowledges that others engaged in professional practice such as in legal, nursing and social care contexts, face similar issues and dilemmas. It aims to stimulate ethical thinking and practice in enquiry and research contexts.

ARTICLES

Implementation research: issues and prospects.

Flynn, Patrick M. & Brown, Barry S. | 2011 | Addictive behaviours: 36 (6): 566-569

The concern that addiction treatment be grounded in science has been recognised and enthusiastically endorsed in both the clinical and research communities. With recognition of the gap between knowledge development and application, there has been a recent emphasis on developing strategies for more effective application, ie for the incorporation of evidence-based practice in routine clinical programming.

Models of policy-making and their relevance for drug research.

Ritter, Alison & Bammer, Gabriele | 2010 | Drug and Alcohol Review: 29 (4): 352-357.

Policy-making is a complex and messy process, with different models describing different elements. We start with the incrementalist model, which highlights small amendments to policy, as occurs in school-based drug education. A technical/rational approach then outlines the key steps in a policy process from identification of problems and their causes, through to examination and choice of response options, and subsequent implementation and evaluation. There is a clear role for research, as we illustrate with the introduction of new medications, but this model largely ignores the dominant political aspects of policy-making.

Priorities for policy research on treatments for alcohol and drug use disorders.

McCarty, Dennis, McConnell, K. John & Schmidt, Laura A. | 2010 | Journal of Substance Abuse Treatment: 39 (2): 87-95.

From the CEO's desk

Continued from page 1

While this will help ensure service continuity over the next three years, we will also take a more strategic, whole of system view of drug and alcohol funding in Australia that builds on the National Drug Strategy and work already being undertaken by governments and within the sector to better plan for the delivery of drug and alcohol services and improve treatment outcomes.

The Commonwealth Government proposes to work with jurisdictions, peak bodies and other key stakeholders to identify where, strategically, the Commonwealth and jurisdictions are best placed to focus their efforts in drug and alcohol prevention and treatment, to avoid gaps or duplication of effort. In addition, work will be undertaken with peak bodies to help develop the capacity of the drug and alcohol sector in participating in grants processes, with a focus on strengthening capacity in the preparation of grant applications and in meeting obligations under funding agreements.

These initiatives will take some time to complete, which is why some current projects will be extended by three years. This will ensure that, by the time the next round for this funding is conducted there is a sound system in place to best deliver drug and alcohol prevention and treatment services."

The decision by Minister Butler presents a significant opportunity for the sector, through coordination by State/ Territory Peaks and ADCA, to scope a meaningful and detailed appreciation of the critical importance of the Commonwealth's partnership in the delivery of AOD services nationally. Such an approach is essential when we consider all services, their community impact, geographical spread and flow on to families and other special/ complex needs etc.

Minister Butler will be attending the scheduled ADCA Council/ Policy Forum meeting in Adelaide on 20 July.

The Adelaide Council/ Policy Forum, hopefully will be a key milestone in a process of determining where the Federal Government's contribution is spent by organisation, by core function, by specific area, and an indication of specific gaps in overall service including unmet demand.

This work will take considerable time and require consultation and negotiation across the whole AOD sector, especially in building a picture of current and future need, and how this might be achieved.



David Templeman, ADCA Chief Executive Officer

Editorial

Continued from page 2

Emeritus Professor Ian Webster AO, and Dr John Crozier, Deputy Chair of the Royal Australasian College of Surgeons Trauma Committee, to reinforce the message that police, frontline health workers and the community need to work together to reduce the impacts of alcohol related violence.

Partnerships like the one we have with ADCA can provide police with a greater understanding of strategies and initiatives, both nationally and internationally to address alcohol misuse.

It is integral to the work we do that we continue to develop and maintain partnerships and strategic alliances with key stakeholders, including research bodies, community organisations and government agencies across a range of sectors. This is a key element of ANZPAA's Alcohol Misuse Strategy.

The aim of the Strategy is to improve community safety through promoting individual and social responsibility in the consumption of alcohol. These are two main themes: advocacy and action. The advocacy theme promotes the police's perspective on the misuse of alcohol and that antisocial behaviour and associated violence will not be tolerated. The messages are aimed to influence the alcohol debate and advocate for change.

The action theme represents the operational aspects of the strategy, for example, Operation Unite. Elements within both of these themes are focussed on media, partnerships and research.

An important part of the Strategy is expanding on opportunities for police to influence debate and discourse, including through the media. Working with the media promotes the role of police and increased community awareness of the impacts of alcohol misuse.

Police want to make a positive impact on how the community views and consumes alcohol and be a part of the whole of community response to the problem.

Police are not trying to stop anyone from having a good time; they are there to provide a safe environment for everyone in the community. However, when good times get out of hand, police are often left to pick up the pieces, commonly along with direct and indirect victims.

It is only through acknowledgement by the wider community, in particular young people, that excessive drinking behaviour and associated violence can be harmful to those that drink and those around them. This will help ensure that the police message of 'enough is enough' will get through. And we can all make progress in making our communities safer places to live.

ADCA News is the Member newsletter of the Alcohol and other Drugs Council of Australia (ADCA), published five times a year. The views expressed by contributors to ADCA News are not necessarily those of ADCA. All URLs were correct at the time of printing. While contributions are welcome, final content is at the discretion of the Editor.

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Print Post Approved 248831/0003 ISSN 1446-8573



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