

centre lines

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headspace

The international arena:
NDARC's role in global research



A recent review by a team at NDARC working as the Secretariat of the Reference Group to the United Nations on HIV and Injecting Drug Use found that injecting is now very much a global phenomenon. However, the data currently available are poor. Injecting has been reported in countries shaded on this map – darker shading is used for countries with available prevalence data; lighter shading indicates unknown prevalence.

edspace

This issue of *CentreLines* showcases some of NDARC's current and recently completed international research and activities. As NDARC continues to expand, currently employing more than 100 staff, the Centre's international projects are also growing. In *Headspace*, NDARC Director, Professor Richard Mattick, discusses our evolving profile in the international arena. Our commitment to improving treatment and other intervention responses to alcohol and drug-related harm is well demonstrated through our global work. A critical aspect of this work involves building the capacity and willingness of countries to invest in treatment and interventions that have proven to be effective in reducing harm.

Project notes covers a broad range of studies including: community based treatment for youth; development of treatment guidelines for drug dependence, including treatment in closed settings; HIV among injecting drug users; smoking control; the global burden of disease; drug tourism; and, the socio-economic impact of drugs and crime. These research projects span several countries including China, Lao PDR, Thailand, Vietnam, Burma, Malaysia, Singapore, Mongolia and Iran.

Over the past year, a number of us have been busy travelling to many parts of the world not only to conduct research and attend meetings, but also to build and strengthen partnerships with various academic institutions, government and non-government organisations, particularly in the Asia-Pacific Region. In recent years, NDARC has developed strong linkages with the World Health Organization (WHO), the United Nations Office of Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) through several projects and activities. This issue of *CentreLines* provides examples of these valuable collaborations.

If you would like to learn more about NDARC's international research and related activities please feel free to contact me: a.cohen@unsw.edu.au or visit our website: <http://ndarc.med.unsw.edu.au>

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The international arena: NDARC's role in global research

Richard P. Mattick
Director, NDARC

NDARC has always had some involvement in internationally focused work on alcohol and illicit drugs research. This has been formally recognised through its Collaborating Centre status with the World Health Organization (WHO), and historically was embodied through NDARC researchers' involvement with crucial international research and scientific documents evaluating issues such as the health and psychological effects of cannabis use, evidence on the effectiveness of treatments for opioid dependence, and input at a number of levels in international drug policy debates.

In recent years, the breadth of international work that NDARC staff has been involved in has grown. In 2003, seed funding for the Program of International Research and Training was provided by the Australian Government Department of Health and Ageing (see <http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/PIRT> for more information). Over the following years, training was provided both in Australia and in other countries to those interested in learning about alcohol and other drugs, and in learning about research methods.

Over the past couple of years that profile has expanded. It has moved from small scale work, such as rapid assessments and small pieces of work for NGOs and UN agencies, to larger projects involving many collaborating researchers both within NDARC and outside the Centre. There are an increasing number of researchers involved in this work, which spans a wider number of domains and geographical areas (for more information see <http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/International+Profile>). In this issue of Centrelines, we summarise some of the current international work that NDARC researchers are involved in. As you will be able to see, this work ranges from conducting rapid assessments of drug use in low and middle income countries, to multi-country trials of treatment implementation for drug dependence.

Our engagement in the international arena is not confined to traditional research work. In 2006, we were involved in submissions to WHO's Model List of Medicines, which were successful in ensuring that methadone and buprenorphine be listed as part of any country's "essential" medicines, given the evidence of effectiveness

we presented in those applications. Since 2006, the Drug Policy Modelling Program has been based at NDARC, and involves a consortium of internationally renowned researchers conducting policy relevant research to inform national and international level policymaking (see <http://www.dpmp.unsw.edu.au> for more information). We are currently leading the work on estimates of the Global Burden of Disease (GBD) attributable to illicit drug dependence as part of the GBD2005 project that is being run by a consortium of researchers from Harvard University, University of Queensland, Washington University in Seattle, Johns Hopkins University, and WHO (for more information see <http://www.gbd.unsw.edu.au>).

In May 2007, NDARC was awarded the contract for undertaking the role of the Secretariat for the Reference Group to the United Nations on HIV and Injecting Drug Use. The Reference Group is an independent group of international experts established to provide technical advice to the co-sponsors of the United Nations Joint Programme on HIV/AIDS on effective approaches to HIV prevention and care among people who inject drugs (see <http://www.idurefgroup.unsw.edu.au>). The first major piece of work of the Reference Group was published in *The Lancet* this month¹. It contains the results of a large systematic review and critique of the peer-reviewed and non-peer reviewed ("grey") literature reporting data on the epidemiology of injecting drug use (IDU) and HIV among people who inject drugs. Country-specific estimates were derived from this literature, and regional and global estimates of the number of people who inject drugs, and who may be living with HIV, were made.

IDU was identified in 148 countries¹. The presence of HIV among injectors had been reported in 120 of these countries. Prevalence estimates of injecting drug use could be ascertained for 61 countries containing 77% of the world's total population aged 15-64 years. The largest numbers of injectors were found in China, the US and the Russian Federation, where HIV prevalence among injectors was estimated at 12%, 16% and 37% respectively. HIV prevalence among people who inject drugs was between 20% and 40% in six countries and >40% in another eight countries. Extrapolated estimates suggested that 15.9 million (range 11.0-21.2 million) people might inject drugs worldwide, and that 3 million injectors may be living with HIV (range 0.8-6.6 million).

The magnitude of the risk has not been met with an equally concerted investment in research to accurately quantify the problem. It may currently be beyond the capacity of some countries. Guidelines for the conduct of good quality research in this area could assist such countries, with a focus upon indirect prevalence

estimation and regular sentinel HIV surveillance. Developing research capacity within countries is clearly an important priority¹.

Research on the epidemiology of drug use and harm is one of the core foci of NDARC. The other major focus is upon the examination of effective interventions to address drug dependence and other harms of drug use. As noted above, we were involved in applications for the inclusion of the most effective pharmacotherapies for opioid dependence on the List of Model Medicines. NDARC staff have also been involved in collaborative work with UNAIDS, the United Nations Office on Drugs and Crime (UNODC) and WHO on other work to better define and measure how many countries are providing effective interventions, and to consider what "targets" countries might have in terms of service provision coverage for relevant populations. This has included work with WHO and UNODC on their joint target setting guide for universal access to HIV prevention, treatment and care for IDUs; and with UNAIDS to consider the reporting of member states' data on coverage as reported in the UNGASS reporting round in 2008.

People who use drugs have the right to have access to the highest standard of health attainable. This is in accordance with the 1948 United Nations' General Assembly Universal Declaration of Human Rights². NDARC has and will be involved in work to improve the extent to which we are able to respond to harms with effective interventions to improve quality of life for this group, as well as work to improve the capacity and willingness of countries to invest in those interventions that we already know to be effective³. **cl**

References

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2. United Nations. Universal Declaration of Human Rights. *UN General Assembly Resolution 217 A (III) of 10 December 1948*. New York: United Nations, 1948.
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project notes

Building capacity for community-based treatment of young drug users in the Greater Mekong Subregion

John Howard and UNESCAP, Bangkok

Most drug 'treatment' in the Greater Mekong Subregion comprises placement in compulsory residential facilities, and separate facilities for young people are virtually non-existent. This project aimed to build capacity for effective and comprehensive community-based treatment interventions as an alternative to initial and continued placement in adult-oriented facilities in four of the six subregion countries – China, Lao PDR, Thailand and Viet Nam.

The strategy largely comprised workforce development for staff of NGOs and compulsory residential facilities, peer educators and key community leaders. The participating partners were: **China** – Yunnan Institute for Drug Use (YIDA) in Kunming; **Lao PDR** – Vientiane Youth Centre for Health and Development (YVC) of the Lao Women's Union; **Thailand** – Nonthaburi Province Juvenile and Family Court and Associate Judges and Community Network; and **Viet Nam** – Department of Social Evils Prevention of the Ministry of Labour, Invalids and Social Affairs.

Phase I (2002-2004) focused on providing an overview of alternative drug use prevention, treatment and rehabilitation for young people. Training materials were developed (UNESCAP, 2006, *Young people and substance use: prevention, treatment and rehabilitation*) and provides an orientation to conceptualising substance use by young people that is holistic, non-punitive and based around case studies generated during field visits.

Phase II (2005-2006) focused on strengthening the effectiveness of the treatment of young drug users, supported by a 'tool kit' (UNESCAP, 2007, *A tool kit for building capacity for community-based treatment and continuing care of young drug users in the Greater Mekong Sub region*). From field visits, there was a clear need for a strong focus on basic counselling and treatment planning, especially relapse prevention. The tool kit introduces case studies and addresses assessment, treatment planning, individual, group and family counselling, and relapse prevention planning.

The tool kit also contains four videos for use in training made by the participating organisations, which mainly focus on illustrating how substance use by a young person develops and how various members of the community all play a role in relapse prevention. One video features the work of the Juvenile and Family Court of Nonthaburi Province, Thailand, and demonstrates the roles of the Associate

Judges and the Community Network to divert young drug offenders from custody. The video also illustrates how they are assessed, supported and treated in the community.

Phase III (2007-2008) focused on field-testing and revising the tool kit, enhancing research capacities, encouraging the development of enabling policy environments, such as those that provide for diversion of young drug users from compulsory residential to community-based treatment, and increasing re-integration support available to young people who return from compulsory treatment centres.

Resources available: <http://www.unescap.org/esid/hds/resources/publications.asp>



Clinical guidelines for the management of drug dependence in closed settings in South-East Asia: Withdrawal management and treatment approaches

Sarah Larney, Kate Dolan and Bradley Mathers

The Program of International Research and Training at NDARC was commissioned by the World Health Organization to produce guidelines for withdrawal management and treatment of drug dependence in closed settings in South-East Asia. 'Closed settings' is a term that refers to any institution in which people are detained against their will. It is a deliberately broad term that refers not only to prisons, but also to 'boot-camp' style institutions that are outside the prison system, but which are used to detain people who use drugs. These institutions are found throughout South-East Asia.

A field visit was undertaken to closed settings in China, Vietnam and Malaysia in order to understand the context within which the guidelines will be used. This visit yielded valuable information regarding the feasibility of providing various withdrawal management and treatment interventions in these centres. The guidelines were drafted throughout 2007 and submitted for expert review. Following the expert review, a field test of the guidelines was

conducted with staff of closed settings in Lao PDR and Cambodia. Staff received two days training in the use of the guidelines. Staff knowledge of withdrawal management and drug treatment improved significantly following the training, as assessed using a pre- and post-training knowledge questionnaire.

The field test highlighted a number of issues around cultural acceptability that will be addressed through revision of the guidelines before their publication by the World Health Organization in early 2009.

Development and evaluation of a clinic for female drug users in Iran

Kate Dolan, Shabnam Salimi, Bijan Nassirimanesh and Setareh Mohsenifar

With funding support from the Drosos Foundation, we established a Women's Clinic in Tehran with 8 staff and 97 women have visited in the first year. They were aged 36 years on average. Most were unemployed, unskilled and dependent on drugs. The mean age that women first used an illegal drug was 22 years. In two thirds of the cases, relatives or a partner suggested drug initiation. Two thirds of women mentioned opium was the first drug they used, followed by heroin. One quarter declared a lifetime history of injection. More than half had a regular sexual partner. Just under half had been imprisoned at some time. The women are being re-interviewed for any changes in risk behaviour and health status.

Evaluating the cost-effectiveness of Singapore's National Smoking Control Program

Chris Doran

The adverse effects of tobacco use on health are well established with decades of research providing conclusive evidence of the appalling toll of premature morbidity and mortality caused by tobacco smoking. As the leading cause of preventable deaths in the world, tobacco smoking currently accounts for one in ten adult deaths worldwide. The WHO estimates that some 10 million people will die each year by 2025 based on current smoking trends. Half the people that smoke today – about 650 million people – will eventually be killed by tobacco.

It is widely recognised that a comprehensive mix of strategies and approaches is necessary for tobacco control programs to be effective and successful. As early as the 1970s, Singapore had introduced measures to inform and educate the public on the harmful effects of tobacco and encouraged them to stop

smoking. The first anti-smoking laws were enacted to restrict smoking in certain public places and prohibit tobacco advertisements in the local media. In 1972, fiscal measures were used for the first time to discourage people from smoking. Cigarette duties were raised in line with the official policy of discouraging smoking. In the mid 1980s, Singapore's Ministry of Health drew up a comprehensive long term smoking control plan with the aim of reducing smoking prevalence using a multi-pronged approach. Through public education, increased taxation, legislation, community involvement and the establishment of non-smoking areas and provision of services for smoking cessation, it was projected that the smoking rate would halve within ten years and the country would consist mainly of non-smokers.

A National Smoking Control Coordinating Committee, spearheaded by the Ministry of Health, and made up of representatives from the public and private sectors, was set up to formulate policies, coordinate activities and monitor the anti-smoking programme in Singapore. The National Smoking Control Programme (NSCP) was launched in 1986 to reduce smoking rates with the objectives to: prevent initiation of smoking among youths; promote smoking cessation among adults and youths; and, protect non-smokers by eliminating exposure to passive smoking. The Health Promotion Board (HPB) formed in 2001 continued to intensify the National Smoking Control Programme.

Smoking prevention and control measures have been largely successful over the past two decades. The country's overall smoking prevalence has decreased from 20% in 1984 to 13% in 2004. Lung cancer incidence rates have decreased from a high 63 per 100,000 population in the early 80s to 45 per 100,000 population at the turn of the century for males. Lung cancer rates for females have remained relatively stable over the years. While lung cancer mortality rates could be expected to rise due to the time lapse between smoking and disease onset, it would not rise as high as what was predicted in Lopez's smoking epidemic model due to the comprehensive anti-smoking measures Singapore has taken since the 1970s.

To consider the return on investment, the Singapore Government is evaluating the cost-effectiveness analysis of the NSCP. Associate Professor Doran is collaborating with HPB to examine the economics of the government's investment. The aim of the project is twofold: to demonstrate the role of economics in priority setting; and, secondly, to quantify the net-return of the NSCP in terms of avoided tobacco-related health care expenses and potential years of life saved.



Global Burden of Disease: Mental Disorders and Illicit Drug Use Expert Group

Research team (NDARC): *Louisa Degenhardt, Jen McLaren, Bianca Calabria, Anna Roberts, Paul Nelson, Jessica Singleton, Johanna Thomas, Hammad Ali, Christina Briegleb, Linda Sigmundsdottir, Bridgett Callaghan, Umer Rana and Amber Sajjad*

Research team (QCMHR): *Harvey Whiteford, Amanda Baker and An Pham*

Researchers at the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales and the Queensland Centre for Mental Health Research (QCMHR) at the University of Queensland are currently undertaking research that will determine the global burden of disease of illicit drug use and dependence and mental health disorders. This research is part of the broader Global Burden of Disease, Injuries and Risk Factors Study (GBD Study), which involves the work of a number of researchers from around the globe.

What is the GBD Study?

The new GBD Study commenced in the first half of 2007. It is the first major effort since the original GBD Study to carry out a complete systematic assessment of the data on all diseases and injuries, and produce comprehensive and comparable estimates of the burden of diseases, injuries and risk factors for two time periods, 1990 and 2005. The project will last three years, culminating with the publication of complete estimates in 2010. The GBD Study brings together a community of experts and leaders in epidemiology and other areas of public health research from around the world to measure current levels and recent trends in all major diseases, injuries, and risk factors, and to produce new and comprehensive sets of estimates and easy-to-use tools for research and teaching.

GBD Management Structure

A number of institutions from around the world are involved in the GBD project. A Core Team coordinates the study, with input and strategic guidance provided by the External Advisory Board. There are approximately 45 scientific Expert Groups for specific diseases, injuries and risk factors, across five 'clusters' of diseases and injuries. Cluster C (Injuries and Mental Health) is lead by Theo Vos, who oversees the co-leaders of the Mental Disorders and Illicit Drug Use Expert Group, Louisa Degenhardt (NDARC) and Harvey Whiteford (UQ).

Mental Disorders and Illicit Drug Use Expert Group

The Mental Disorders and Illicit Drug Use Expert Group will conduct systematic reviews of the prevalence, incidence and duration of mental

health disorders and associated mortality and disabling sequelae. Additionally, exposure and effects of risk factors will be assessed. Expert Groups will communicate their figures at defined intervals with other Expert Groups and with the Core Team to ensure consistency across conditions and will be subjected to external peer review.

NDARC is collecting data on mortality from the following drug groups: heroin and other opiates, amphetamine type substances, cocaine, cannabis and benzodiazepines. Prevalence, incidence and disability associated with use, abuse and dependence of these substances by region is also being collected. The Population Attributable Fraction associated with illicit drug use for mortality and disability is being assessed.

The University of Queensland will be collecting data on mental disorders other than substance use disorders. Prevalence, incidence, duration, mortality and disability estimates are of interest, as well as the Population Attributable Fraction associated with mental disorders.

Guidelines for psychosocially assisted pharmacotherapy of opioid dependence

The World Health Organization

The Economic and Social Council resolution 2004/40 invited the World Health Organization, together with the United Nations Office on Drugs and Crime, "to develop and publish minimum requirements and international guidelines on psychosocially assisted pharmacological treatment of persons dependent on opioids, taking into account regional developments in the field, in order to assist the member states concerned".

The Guidelines for Psychosocially Assisted Pharmacotherapy of Opioid Dependence have also been developed in consultation with an expert advisory group that comprise clinical and research experts, including NDARC director, Professor Richard Mattick. The guidelines were discussed and developed over three key meetings. The first meeting involved defining critical clinical questions, outcomes and guideline parameters, conducting systematic reviews and GRADE evidence profiles. The second meeting focused on assessing the evidence and developing recommendations based on evidence, clinical practice wisdom, and ethical principles. The third meeting addressed the evaluation, dissemination and implementation of the guidelines.

The new guidelines advocate a health care approach based on non-compulsory treatment, provision of effective treatment in health care facilities with trained staff and a system of clinical governance to ensure clinical standards, and treatment that addresses other health care needs. The guidelines also advocate good quality opioid substitution treatment, combined with psychosocial support, which is the most cost-effective treatment option. The primary aim of this initiative is to close the gap between those who need and those who are receiving effective treatment.

The harms associated with drug tourism in northern Thailand

Anjalee Cohen

Human travel is a significant contributor to the worldwide HIV/AIDS pandemic, including in Australia. Approximately 20-25% of HIV infections reported in Australia are acquired overseas. This has the potential to increase with the growing numbers of Australians travelling to Southeast Asia, particularly for commercial sex or drug use. There is an established association between tourism and increased risk-taking, including drug and alcohol use and greater sexual risk behaviour. The role of sex tourism in spreading sexually transmitted diseases is well documented. Few studies, however, have examined drug use and its associated harms in the context of tourism, particularly in Thailand, where drug tourism is common and HIV is widespread.

NDARC research fellow, Dr Anjalee Cohen, has received a 2009 Endeavour Research Fellowship to conduct an ethnographic study on drug use among tourists in Pai, northern Thailand, where illicit drugs are readily available to travellers. The Australian Government Endeavour Awards aim to develop mutual understanding and foster enduring linkages between individuals, organisations and countries. As such, Dr Cohen will be based at Chiang Mai University in northern Thailand for six months during which time she will carry out her fieldwork in Pai. The study will aim to better understand the behaviour of drug tourists and their drug use patterns in order to help inform strategies for preventing the spread of HIV in the Asia Pacific region. It will also investigate the impact of drug tourism on the local Thai community.

In-depth interviews and participant observation will be conducted with approximately 30 tourists aged 18-35 years. Available data on tourists and drug use prevalence will be collected from law enforcement agents, local government bodies, foreign embassies, and the local tourism board. Subjects will initially be recruited at youth hostels, restaurants, cafes, bars, and other tourist entertainment venues. A snowball sampling technique will be employed, whereby those interviewed will be asked to facilitate contact with others. Validity of data will be tested through data-source triangulation by comparing data from different subjects or confirming data with other subjects.

HIV incidence among IDUs in northern Shan States, Burma

Kate Dolan, Richard Mattick and Sarah Larney

Aims: The aim of this AusAID funded project is to study the incidence of HIV transmission among injecting drug users (IDUs) and drug users (DUs) living in the Lashio township, northern Shan States, as part of the monitoring mechanism to detect the impact of harm



reduction initiatives in this area. Changes in HIV risk behaviours among IDUs and awareness of HIV/AIDS and sexually transmitted infections among them and their families will also be studied. In addition, perceptions of the community on the environmental security related to drug use will also be studied.

Design and Method: The program commenced in January 2008 and has been monitoring the HIV seropositivity status of drug users living in Lashio township area, along with the HIV risk behaviours among others. A cohort of drug users has been recruited and they will be followed up for two years to determine the incidence of HIV infection among IDUs and DUs, as well as other indicators of interest. The project is due for completion in December 2009.

Measuring the socio-economic impact of drugs, crime and corruption in Lao PDR

Chris Doran

The Lao PDR is a landlocked country with a geographical distribution of 236,800 square kilometres that adjoins Vietnam, Thailand, Cambodia, China and Myanmar borders. For many years Laos was a major producer and supplier of the world's illicit opiates. However, since the Prime Minister's decree No.14 of December 2000 mandating the total elimination of opium, there have been increasing efforts to reduce opium. Since that year, the area of opium cultivation has been reduced from 19,052 hectares to 1,500 hectares. However, such apparent success in reducing opium is overshadowed by the increasing role that the Lao PDR is taking within the South East Asian illicit drug trafficking trade. Seizures of ATS detected within Laos have increased dramatically in the past decade, and are substantially higher than neighbouring countries in the Mekong sub-region and Southeast Asian peninsula. This shift is one of many indicators that the country is experiencing a high level of socio-economic change, development and stress. As such, the Lao PDR is currently in a fragile state of transition amongst the rapid development of neighbouring influencing countries: China, Thailand, Vietnam and Myanmar.

A United Nations Office on Drugs and Crime (UNODC) expert mission to Laos in September 2007 identified, in conjunction with Government

counterparts and other stakeholders, the requirement to develop a methodology to measure the impact and cost of drugs and crime, including corruption, on the socio-economic development of the country and provide indicative data on costs based on available data. The UNODC commissioned Associate Professor Doran to lead this program of research. The terms of reference for this project include:

- Conduct and document a situational analysis on drugs, crime and corruption in Laos and linkages to the region; identify the various socio-economic areas impacted by drugs, crime, and corruption;
- Identify data gaps in order to inform the development of the necessary data collection systems;
- Based on certain assumptions, measure the extent and effect, as well as possible trends of the impact; provide an indication of the cost of drugs, crime, including corruption, and the impact on the socioeconomic development of the Lao PDR;
- Define the methodology involved which would contribute to preparation for future or expanded studies; and,
- Provide recommendations for future steps to be taken.

Rapid assessment and response to drug use and HIV in Mongolia

Bradley Mathers, Effat Merghati Khoei, Sarah Larney, Kate Dolan, Anthony Shakeshaft and Alex Wodak

Aims: This project aimed to:

- Determine the extent and nature of illicit drug use, including injecting drug use, in Mongolia;
- Determine the public health aspects and impact upon the community of illicit drug use including the role of injecting drug use in the spread of HIV in Mongolia; and,
- Formulate recommendations to assist in the development of a comprehensive nationwide strategy addressing illicit drug use and HIV/AIDS in Mongolia

The rapid assessment and response (RAR) sought to inform the development of a comprehensive, nationwide strategy addressing illicit drug use and HIV/AIDS.

Design and Method: The project was conducted in accordance with the methodology outlined in the WHO Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour, the WHO Response Guide on Injecting Drug Use and the WHO Rapid Assessment and Response Technical Guide. A report on the project was prepared for the World Health Organization Regional Office for the Western Pacific and the Mongolian Ministry of Health. **cl**

The global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review

The Lancet, 2008, 372, 1733-1745

Mathers, B., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Strathdee, S., Wodak, A., Panda, S., Tyndall, M., Toufik, A., Mattick, R. P., and the Reference Group to the United Nations on HIV and Injecting Drug Use.

Background:

Injecting drug use is an increasingly important cause of HIV transmission in most countries worldwide. Our aim was to determine the prevalence of injecting drug use among individuals aged 15–64 years, and of HIV among people who inject drugs.

Methods:

We did a systematic search of peer-reviewed (Medline, EMBASE, and PubMed/BioMed Central), internet, and grey literature databases; and data requests were made to UN agencies and international experts. 11 022 documents were reviewed, graded, and catalogued by the Reference Group to the UN on HIV and Injecting Drug Use.

Findings:

Injecting drug use was identified in 148 countries; data for the extent of injecting drug use was absent for many countries in Africa, the Middle East, and Latin America. The presence of HIV infection among injectors had been reported in 120 of these countries. Prevalence estimates of injecting drug use could be ascertained for 61 countries, containing 77% of the world's total population aged 15–64 years. Extrapolated estimates suggest that 15.9 million (range 11.0–21.2 million) people might inject drugs worldwide; the largest numbers of injectors were found in China, the USA, and Russia, where mid-estimates of HIV prevalence among injectors were 12%, 16%, and 37%, respectively. HIV prevalence among injecting drug users was 20–40% in five countries and over 40% in nine. We estimate that, worldwide, about 3.0 million (range 0.8–6.6 million) people who inject drugs might be HIV positive.

Interpretation:

The number of countries in which the injection of drugs has been reported has increased over the last decade. The high prevalence of HIV among many populations of injecting drug users represents a substantial global health

challenge. However, existing data are far from adequate, in both quality and quantity, particularly in view of the increasing importance of injecting drug use as a mode of HIV transmission in many regions. Copyright© 2008 Elsevier Inc.

Toward a global view of alcohol, tobacco, cannabis, and cocaine use: Findings from the WHO World Mental Health Surveys

Plos Medicine, 2008, 5 (7), 1053-1067

Degenhardt, L., Chiu, W. T., Sampson, N., Kessler, R. C., Anthony, J. C., Angermeyer, M., et al.

Background:

Alcohol, tobacco and illegal drug use cause considerable morbidity and mortality, but good cross-national epidemiological data are limited. This paper describes such data from the first 17 countries participating in the WHO's World Mental Health (WMH) Survey Initiative.

Methods:

Household surveys with a combined sample size of 85,052 were carried out in the Americas (Colombia, Mexico, United States), Europe (Belgium, France, Germany, Italy, Netherlands, Spain, Ukraine), Middle East and Africa (Israel, Lebanon, Nigeria, South Africa), Asia (Japan, People's Republic of China), and Oceania (New Zealand). The WHO Composite International Diagnostic Interview (CIDI) was used to assess the prevalence and correlates of a wide variety of mental and substance disorders. This paper focuses on lifetime use and age of initiation of tobacco, alcohol, cannabis and cocaine.

Findings:

Alcohol had been used by most in the Americas, Europe, Japan and New Zealand, with smaller proportions in the Middle East, Africa, and China. Cannabis use in the USA and New Zealand (42%) was far higher than any other country. The USA was also an outlier in cocaine use (16%). Males were more likely than females to have used drugs; and a sex-cohort interaction was observed, whereby not only were younger cohorts more likely to use all drugs, but the male-female gap was closing in more recent cohorts. There was also a prolongation of the period of risk for drug use initiation, persisting later into adulthood, among more recent cohorts. Associations with sociodemographic variables were consistent across countries, as were age of onset curves.

Interpretation:

Globally, drug use is not distributed evenly and is not simply related to drug policy, since countries with stringent user-level illegal drug policies did not have lower levels of use than countries with liberal ones. Sex differences were consistently documented, but are decreasing in more recent cohorts, who also have higher levels of illegal drug use and extensions in the period of risk for initiation. Copyright© 2008 Public Library of Science.

The rise of methamphetamine in Southeast and East Asia

Drug and Alcohol Review, 2008, 27, 220 – 228

McKetin, R., Kozel, N., Douglas J., Ali R., Vicknasingam B., Lund J., et al.

Introduction and Aims:

Southeast and East Asia has become a global hub for methamphetamine production and trafficking over the past decade. This paper describes the rise of methamphetamine supply and to what extent use of the drug is occurring in the region.

Method and Design:

The current review uses data collected through the Drug Abuse Information Network for Asia and the Pacific (DAINAP) and other available sources to analyse retrospectively methamphetamine trends within Southeast and East Asia.

Results:

Southeast and East Asia has experienced a methamphetamine epidemic in the past decade which began around 1997 and peaked in 2000 – 2001. While the situation has since stabilised in many countries, methamphetamine trafficking and use are still increasing in parts of the Mekong region and there is evidence of large-scale manufacture in Cambodia, Indonesia, Malaysia and the Philippines. Methamphetamine is typically smoked or ingested, but injection of the drug is apparent.

Conclusion:

While the peak of the methamphetamine epidemic has passed in parts of Southeast and East Asia, attention is needed to minimise the potential consequences of spreading methamphetamine production, trafficking and use in the Mekong region and in the peninsular and archipelago of Southeast Asia. Copyright© 2008 Informa Healthcare.

HIV in prison in low-income and middle-income countries

Lancet Infectious Diseases, 2007, 7, 32-41

Dolan, K., Kite, B., Black, E., Aceijas, C., Stimson, G. V., for the Reference Group on HIV/AIDS Prevention and Care among Injecting Drug Users in Developing and Transitional Countries

High prevalence of HIV infection and the over-representation of injecting drug users (IDUs) in prisons combined with HIV risk behaviour create a crucial public-health issue for correctional institutions and, at a broader level,

the communities in which they are situated. However, data relevant to this problem are limited and difficult to access. We reviewed imprisonment, HIV prevalence, and the proportion of prisoners who are IDUs in 152 low-income and middle-income countries. Information on imprisonment was obtained for 142 countries. Imprisonment rates ranged from 23 per 100 000 population in Burkina Faso to 532 per 100 000 in Belarus and Russia. Information on HIV prevalence in prisons was found for 75 countries. Prevalence was greater than 10% in prisons in 20 countries. Eight countries reported prevalence of IDUs in prison of greater than 10%. HIV prevalence among IDU prisoners was reported in eight countries and was greater than 10% in seven of those. Evidence of HIV transmission in prison was found for seven low-income and middle-income countries. HIV is a serious problem for many

countries, especially where injecting drug use occurs. Because of the paucity of data available, the contribution of HIV within prison settings is difficult to determine in many low-income and middle-income countries. Systematic collection of data to inform HIV prevention strategies in prison is urgently needed. The introduction and evaluation of HIV prevention strategies in prisons are warranted. Copyright© 2007 Elsevier Inc. **cl**

upcoming events

APSAD 2008 Conference

The Australasian Professional Society on Alcohol and other Drugs (APSAD) Conference 2008 is taking place at the Sydney Convention and Exhibition Centre between the 23rd and 26th November this year. The conference has been organised by a committee of experts in the drug and alcohol field, including director of NDARC and conference convener Professor Richard Mattick, and NDARC's Dr Rebecca McKetin, Dr Katherine Mills, Ms Marian Shanahan, Dr Wendy Swift and Dr Laura Vogl. The conference will feature international and national keynote speakers who will focus on new treatment, prevention and policy approaches to the drug and alcohol field. A broad range of cutting-edge drug and alcohol research will be presented by numerous experts in the field.

The APSAD 2008 Conference will include a range of clinical workshops/master classes to enhance skills acquisition and knowledge transfer. There will also be a significant program of poster presentations to increase the ability of presenters and delegates to interact and discuss research findings of shared interest.

The Scientific Program will focus on evidence, policy and practice. The Conference will be of interest to workers and clinicians in drug and alcohol and mental health services; researchers, health and other professionals with an interest in drug and alcohol issues; those engaged in health policy development and implementation; health economists; youth workers; regulatory and operational officers involved in drug law enforcement and corrective services;

pharmaceutical companies developing and marketing pharmacotherapies; organisations representing consumers; and, members and colleagues of APSAD. For further information visit the APSAD website: <http://www.apsad2008.com>

A Workshop on Illicit Drug Harm Indexes

The Drug Policy Modelling Program is holding a one-day international workshop about Illicit Drug Harm Indexes on Wednesday 4th March, 2009, at the UNODC offices in Vienna. The workshop is being held as a satellite workshop to the International Society for the Study of Drug Policy (ISSDP) 3rd Annual Conference.

Comparisons within a country or region over time, between regions or countries and across domains of policy initiative: law enforcement, treatment, harm reduction and prevention are all difficult without a composite Index. Measuring the diverse aspects of drug policy involves combining various consequences (such as health and crime outcomes) with prevalence and consumption into a single Index.

The drugs field has been engaged in work across the globe on composite Drug Indexes. There is the UK Drug Harm Index, the UNODC Illicit Drug Index, the New Zealand Drug Harm Index, the Australian Drug Policy Index (DPMP) and the AFP Drug Harm Index to mention a few. The work is difficult and has many methodological and conceptual challenges. To date, there has not been an attempt to bring together different countries and research teams to share experiences in index development and use.

The purpose of this workshop is to provide a forum to discuss the different approaches to a Drug Harm Index, share problem-solving and provide opportunities for potential future collaborations. The workshop is being organised by Alison Ritter, Director, Drug Policy Modelling Program, NDARC, University of New South Wales. Please contact her for further information (alison.ritter@unsw.edu.au).

IHRA's 20th International Conference

The International Harm Reduction Association's (IHRA) 20th international conference will be held in Thailand, at the Queen Sirikit National Convention Centre in Bangkok from the 19th to the 23rd April, 2009. Over five days, this conference will bring together harm reduction and human rights advocates, UN representatives, researchers, health and legal professionals, drug user advocates and the media to discuss and promote harm reduction. For nearly twenty years, these events have been the key meeting point for the dissemination of harm reduction ideas and practice, and have helped to raise the importance of harm reduction worldwide. The conference theme for 2009 will be "Harm Reduction and Human Rights". For further information visit the IHRA website: <http://www.ihra.net> **cl**

recent publications

For more information on or copies of these publications, please visit the NDARC website <http://ndarc.med.unsw.edu.au>

Technical Reports

Calabria, B., Phillips, B., Singleton, J., Mathers, B., Congreve, E., Degenhardt, L., et al. (2008). Searching the grey literature to access information on drug and alcohol research, *NDARC Technical Report*. Sydney: National Drug and Alcohol Research Centre.

Cogger, S., McKetin, R., Ross, J., & Najman, J. (2008). Methamphetamine Treatment Evaluation Study (MATES) STI Findings from the Brisbane Site, *NDARC Technical Report*. Sydney: National Drug and Alcohol Research Centre.

Hetherington, K., & McKetin, R. (2008). The contribution of cannabis use to psychotic symptoms among methamphetamine treatment entrants, *NDARC Technical Report*. Sydney, NSW: National Drug and Alcohol Research Centre.

Larney, S., & Dolan, K. (2008). Demand reduction strategies in closed settings in China, Indonesia and Vietnam, *NDARC Technical Report*. Sydney: National Drug and Alcohol Research Centre.

Simpson, M., Copeland, J., & Lawrinson, P. (2008). The Australian Alcohol Treatment Outcome Measure (AATOM-C) STI Findings of the 12-month feasibility study, *NDARC Technical Report*. Sydney: National Drug and Alcohol Research Centre.

Wardlaw, G. (2008). Final report: Illicit drug reporting system STI Consultant's report to the Commonwealth Department of Human Services and Health, *NDARC Technical Report*. Sydney, NSW: National Drug and Alcohol Research Centre.

Published Articles, Chapters and Books

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

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staff list

National Drug and Alcohol Research Centre

Staff as of 1 October, 2008

Richard Mattick	Director, Professor	Annie Bleeker	National Community Training Manager (NCPIC)	Laura Scott	Research Officer
Jan Copeland	Director NCPIC, Professor	Etty Matalon	National Clinical Training Manager (NCPIC)	Rachel Sutherland	Research Officer
Shane Darke	Professor	Sabine Merz	Research Psychologist	Michelle Torok	Research Officer
Louisa Degenhardt	Professor	Julia Rosenfeld	Research Psychologist	Clare Chenoweth	Communications Officer (NCPIC)
Maree Teesson	Professor	Kirsty Taylor	Research Psychologist	Emma Barrett	Doctoral Candidate
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Chris Doran	Associate Professor	Anthony Arcuri	Senior Research Officer	Alys Havard	Doctoral Candidate
Alison Ritter	Associate Professor	Emma Black	Senior Research Officer	Devon Indig	Doctoral Candidate
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Suzanne Czech	Lecturer	Bradley Mathers	Senior Research Officer	James Shearer	Doctoral Candidate
David Bright	Research Fellow	Jennifer McLaren	Senior Research Officer	Edmund Silins	Doctoral Candidate
Anton Clifford	Research Fellow	Rachel Ngui	Senior Research Officer	Melanie Simpson	Doctoral Candidate
Anjalee Cohen	Research Fellow	Susannah O'Brien	Senior Research Officer	Eva Congreve	Librarian
Caitlin Hughes	Research Fellow	Michael Otim	Senior Research Officer	Ross Beck	IT Officer
Delyse Hutchinson	Research Fellow	Deborah Randall	Biostatistician/ Senior Research Officer	Alan Louie	IT Officer
Sharlene Kaye	Research Fellow	Sally Rooke	Senior Research Officer	Lin Chin	Senior Finance Officer
Frances Kay-Lambkin	Research Fellow	Amanda Roxburgh	Senior Research Officer	Crisanta Corpus	Senior Finance Officer
Jim Lemon	Research Fellow	Natasha Sindich	Senior Research Officer	Colleen Faes	Executive Assistant
Kristy Martire	Research Fellow	Jenny Stafford	Senior Research Officer	Julie Hodge	Executive Assistant
Heather Proudfoot	Research Fellow	Delphine Bostock Matusko	Research Officer	Gem Mathieu	Executive Assistant
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Stephanie Taplin	Research Fellow	Mark Deady	Research Officer	Carla Santos	Executive Assistant
Laura Vogl	ARC Research Fellow	Philippa Farrugia	Research Officer	Caroline Santoso	Administrative Assistant
Natacha Carragher	Post Doctoral Research Fellow	Katrina Grech	Research Officer		
Matthew Dunn	Associate Lecturer	Rachel Grove	Research Officer	CONJOINTS	
Amy Johnston	Research Associate	Karina Hickey	Research Officer	Wayne Hall	Professor
Kylie Sutherland	Research Associate	Aspasia Karageorge	Research Officer	James Bell	Associate Professor
Paul Dillon	National Communications Manager (NCPIC)	Erin Kelly	Research Officer	Kate Conigrave	Associate Professor
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