Media Sensationalism

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

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

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

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

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

The alcohol and other drug field needs the media – but they need us too. They need our expertise and our guidance to point them in the right direction and to challenge them when they get it wrong!
In Sydney from 1998 to 2000, the price of heroin decreased, purity increased and heroin remained easy to obtain. In early 2001, Sydney unexpectedly experienced a dramatic reduction in the availability of heroin. This phenomenon was experienced in other Australian cities such as Melbourne and Brisbane, and is now known as the ‘heroin drought’.

Reports of a heroin shortage first emerged in early January 2001, coming from drug treatment agencies, needle and syringe program workers and researchers in the field. The reports indicated that the shortage was first felt around Christmas 2000. NDARC conducted a brief survey of IDUs in early February using a simplified form used in the Illicit Drug Reporting System (IDRS), to examine the velocity of these reports. This study documented the early impacts of the Sydney heroin drought. The study found that the drug shortage time required to obtain heroin (search time) had increased by 80 minutes, indicating a marked reduction in the availability of heroin. The study also found that the price of heroin had increased. This was confirmed by the NSW 2001 IDRS, which documented an increase in heroin prices between 2000 and 2001 in the average price of a gram of heroin from $220 to $320. The cost of ‘cups’ of heroin increased from $25 in 2000 to $80–$100 in 2001.

Almost three quarters of the IDUs interviewed in February reported that heroin purity had decreased since the onset of the drought. The NSW 2001 IDRS also showed that the purity of half the IDUs interviewed thought that the purity of heroin had decreased or fluctuated in the six months preceding the survey. The purity reduction seen by the Australian Federal Police in NSW had not changed since 2000, indicating no change in the purity of heroin being supplied. There was, however, a moderate decrease in the average purity of analysed heroin seized by NSW police of heroin, suggesting more local cuttings of the drug. There were also some early reports of changes in the type of heroin, with a number of IDUs reporting the use of ‘brown heroin’ which was difficult to dissolve, indicating the less refined, lower grade brown heroin.

At the time of the survey the media began to report a heroin drought in other jurisdictions, namely the ACT and Victoria. Turning Point Aboriginal and Drug and Alcohol services in the context of the Western Australian and Victorian Community Drug Support. It belittles those in the drug and alcohol community, as well as health bureaucrats and politicians outside the research and community to recognise that the debate will continue to dog the area and to create further problems. It is important that we consider a way of addressing the issue, without necessarily advocating for the provision of heroin to heroin-dependent people. cl

Richard P. Mattick

References


The Heroin Drought

Carolyn Day, Libby Topp and Kate Dolan

In Sydney from 1998 to 2000, the price of heroin decreased, purity increased and heroin remained easy to obtain. In early 2001, Sydney unexpectedly experienced a dramatic reduction in the availability of heroin. This phenomenon was experienced in other Australian cities such as Melbourne and Brisbane, and is now known as the ‘heroin drought’.

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

Lucy Burns

Mental disorders have a significant impact on public health in Australia. Depression and alcohol dependence are particularly disabling, being ranked as the first and second leading causes of mental health burden respectively. Not only are these disorders very common and disabling, they also co-occur. In the Australian population about one-third of those with an alcohol disorder also had at least one extra disorder: anxiety, depression or drug use disorder in the previous twelve months. Research has shown that anxiety and depression often make alcohol treatment more difficult and less effective. Different treatment approaches have been developed to manage people who have multiple disorders. The approach that has often put forward as the gold standard is the integrated treatment approach. Although there are different variations of this model, the essential feature of the approach is that the person is managed from one treatment point and generally by one person. To date, however, there is not a great deal of research support for this approach. This may not make major approach is ineffective as it is particularly difficult to evaluate. Even basic than the need to evaluate the integrated approach in the need to evaluate treatment that is currently provided in conventional drug and alcohol services. Rather than assuming what is currently provided is effective, we need to work at a step back to try and identify positive treatments that are already in use.

This has led to the development of the current project. The first aim is to identify the proportion of clients seeking treatment for alcohol problems who also have comorbid anxiety and/or depressive disorders and to provide the most common of these. The second aim is to assess the impact of comorbid outpatient treatment for alcohol disorders when clients also have comorbid anxiety and/or depression. To achieve these aims we aim to recruit one hundred people who are attending alcohol and drug outpatients for a new treatment session for alcohol problems.

These people are initially interviewed soon after being first seen at the service and then followed up three to four months later. The criteria for entry to the study are that they have been in treatment at the outpatient service for at least six months, that they speak and understand enough English for their drink to be translated to NIMH's sample limits for alcohol consumption. Clients are given a number of surveys to complete measuring mental health disorders, drug and alcohol use and use of health services. At follow up they are also asked for their views on the treatment that they have received. At present 30 clients have been recruited and approximately 65% of these have been followed up. Preliminary results indicate a significant reduction in both DSM-IV anxiety and depression in respondents with a DSM-V alcohol disorder. Overall, clients were very satisfied with the services they received and spoke of good rapport with their therapists. Recommendations for improvement in treatment included increasing the access to psychopharmacotherapy services where additional funding had been approved. It was decided to implement the modules in methadone treatment programs in the first instance. NDARC will be recruiting clients with comorbid disorders, an increase in treatment places and more contact in the early stages of treatment.

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

Jan Copeland, Peter Lawson, Kate Pryce and Devon Indov

The NSW Health Department in partnership with the National Drug and Alcohol Research Centre (NDARC) and the National Drug and Alcohol Research Centre of Excellence (NDAREF) and will work with Turning Point Health and Research Centre (NDARC) has established the Monitoring and Evaluation Outcomes Project (MOP). The major goals of this project are to establish a statewide treatment outcomes database and to introduce the ongoing assessment of treatment outcomes.

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

Collection of the NSW Minimum Data Set (MSIC) and Alcohol and Other Drug Treatment Services (CAQOTS) commenced on July 30, 2000.

The Brief Treatment Outcome Measure (BTOM), which incorporates the NSW MSIC, has been developed for the ongoing assessment of treatment outcomes and is currently the means of measuring treatment outcomes among heroin users in Sydney. Addiction. 2001; 96:409-705.


References


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

Addiction, 96, 1443-1453

Shane Darke and Joanne Ross

Aims. To examine the relationship between attempted suicide and non-fatal heroin overdose among methadone maintenance patients. Design. Cross-sectional survey. Setting. Sydney, Australia. Participants. Two hundred and twenty-three methadone maintenance patients. Findings. Forty percent of patients reported a history of at least one suicide attempt. Females were significantly more likely than males to have attempted suicide (60% vs 31% P < 0.001); the same was true for non-fatal heroin overdose (58% vs 32% P < 0.001). There was a large difference between males and females in the frequency of reported overdose attempts: an initial attempt, on average, 6 years earlier than males (19.8 ± 24.7 years), and were significantly more likely than males to have attempted suicide prior to the onset of heroin use (69% vs 11%). While heroin overdose was common among the sample (66%), the most common methods employed for suicide attempts were overdose of a non-opioid drug (42%) and sitting of heroin (40%). A deliberate heroin overdose as a means of attempted suicide was reported by 10% of patients. Heroin overdoses appeared overwhelmingly to be accidental. Ninety-two per cent of those who had attempted suicide did not report their most recent overdose was accidental. Conclusions. Attempted suicide presents a major clinical problem to staff at drug centre lines

Determining the causes of the drought is currently the subject of intense debate. NDARC has been funded by the National Drug Law Enforcement Research Fund (NDRF) to investigate the impact of the drought on drug use in Melbourne and the Australian Institute of Criminology in Canberra to investigate the drought in addition to other aspects of the drought. It is understood that this process will generate a more informed and substantiated ‘short list’ of the explanations. Australian Federal Police Intelligence suggests that a sustained shortage in the availability of heroin of this magnitude is specific to Australia and this is consistent with a recent United Nations Drugs Control Program report examining the Taliban’s ban on poppy production in Afghanistan”. However, unsubstantiated reports have emerged of heroin shortages of smaller magnitude, in other countries. Nonetheless, such a dramatic reduction in heroin availability in a large, established drug market is unprecedented and provides a unique opportunity to learn more about the dynamics of illicit drug markets in Australia. Such research will also be of maximum relevance to the illicit drug markets in other countries.

The NDEL funded heroin drought project should shed light on some of the issues surrounding the drought, including the large scale impact of the drought on heroin use in terms of health outcomes and patterns of drug use and the consequences of supply limitations.

Heather Proudfoot

The present study examined patterns of alcohol dependence and treatment seeking in Australia. Multivariate analyses were conducted to examine whether any observed associations remained after controlling for other factors including demographic variables and comorbid mental disorders. The prevalence of DSM-IV alcohol dependence in the general Australian population was estimated at 4.1% and was three times more common in males than females, as well as being more common in the younger age groups. Alcohol dependence was most common among single males 18 to 34 years of age. Those with comorbid anxiety, depression or other drug disorders were also likely to be alcohol dependent.

Just under 30% of those with alcohol dependence had sought help, only 23% wanted any help which was significantly less than the 60% that people with alcohol dependence do not seek help because they do not see a need for help. Of those who wanted help, they most commonly went to psychological/counselling types of treatment and least commonly went to medical interventions. This, along with the greater satisfaction expressed for the amount of medical interventions received, suggests that medical needs are much better met by psychological and counselling needs. Specific barriers to treatment seeking were also investigated. The main reason for not getting help when a need was seen for it was preferring to manage oneself.

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

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

Louisa Degenhardt, Wayne Hall and Michael Lynskey

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

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

Addiction Research and Theory, 9, 481-501

Catherine McGregor, Robert Ali, Paul Christie and Sharan Darke

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

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

Addiction, 96, 1603-1614

Louisa Degenhardt, Wayne Hall and Michael Lynskey

Aims. To compare relationships between alcohol, cannabis and tobacco indicators of mental health problems in the general population.

Method.

A survey of a nationally representative sample of 10,641 Australian adults (the National Survey of Mental Health and Wellbeing (NSMHWB)), provided data on alcohol, cannabis and tobacco use and mental health (DSM-IV) anxiety, affective, disorders, other substance use disorders and screening positive for psychosis.

Findings. Alcohol showed a J-shaped relationship with DSM-IV affective and anxiety disorders: alcohol users had lower rates of these problems than non-users of alcohol, while those meeting criteria for alcohol dependence had the highest rates. Tobacco and cannabis use were both associated with increased rates of all mental health problems examined. However, after controlling for demographics, neurocism and other drug use, cannabis was not associated with anxiety or affective disorders. Alcohol dependence and tobacco use remained associated with both of these indicators of mental health. All three types of drug use were associated with higher rates of other substance use problems, with cannabis having the strongest association.

Conclusions. The use of alcohol, tobacco and cannabis are associated with different patterns of co-morbidity in the general population.
National Drug and Alcohol Research Centre

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