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VICHEALTH LETTER

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VicHealth

Illicit Drugs

The topic of illicit drugs has been high on the public agenda for over two years and shows no sign of abating as a significant public health issue. It therefore seems timely to articulate VicHealth's position on this controversial and sensitive topic in this edition of *VicHealth Letter*. This is outlined in detail on page 6.

In 1999 VicHealth launched *Strategic Directions 1999-2002*, which guides the focus and direction of our work. Recognising that drug-related harms impact on health, the economy and society, use of illicit drugs was identified as one of five priority health promotion areas requiring action. VicHealth supports the State Government's illicit drug strategy and actively participates in the Drug Policy Expert Committee.

VicHealth focuses on action and advocacy to address the full range of potentially modifiable determinants of health. These determinants are not only those that relate to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income, social status, education, employment, working conditions, access to appropriate health services, and the physical environment.

We are witnessing widespread concern about the use of illicit drugs, particularly the increasing prevalence of drug use among young people. The number of deaths directly linked to accidental illicit drug overdose has increased dramatically in the past three years. Heroin use is now Australia's most prominent drug problem. The number of heroin-related deaths has risen sharply from 49 in 1991 to 359 in 1999. By 2005 it is estimated that the number of deaths will reach 496.

The United Nations estimates that the international drug trade exceeds $US400 billion per year and is increasing. Market forces beyond our control are driving drug production, importation and distribution. Control is all the more difficult because we are dealing with an illegal product.

The 1998 National Drug Strategy Household Survey reported that 0.8% of Australians over 14 years had used heroin within the previous 12 months, compared to 0.4% in 1995. It is highly likely that illicit drug use will continue to increase, simply because drugs are cheaper, of better quality and more widely available. A gram of heroin now costs about $280 compared to $600 a gram in 1997. Purity has risen from about 30% to just under 70%.

Recognising that not everyone will abstain from using illicit drugs, it is necessary to respond to the harms associated with drug use. A 'just say no' approach will not stop our illicit drug problem. What is needed is an inclusive, multi-faceted combination of solutions, all working together. These include: policing to reduce supply, to increase public safety and decrease public nuisance; comprehensive education and employment programs and improvements to social environments to reduce demand; and needle and syringe exchange programs, alternative pharmocotherapies and supervised injecting facilities to reduce harm, especially the rising heroin death rate.

We must listen to the concerns of the community, balancing public nuisance issues and public safety concerns with the urgent need to save the lives of our young people. We need better, more inclusive primary health care facilities for those at risk, including supervised injecting facilities and improved access to treatment programs. Overseas evidence suggests a win-win situation when these facilities and accompanying programs are successfully implemented with strong community involvement.

However, this is only one small part of the overriding problem. We must also address what drives people to take illicit drugs in the first place. Why are some people more vulnerable? Evidence suggests a lack of social connectedness, victimisation, poor peer regard, unemployment and lack of welfare support may be social determinants of drug use. We cannot look at drug use in isolation.

It is important to implement a range of initiatives within sporting organisations, businesses, the arts and entertainment, primary and secondary service clubs, communities and with individuals that will enable people to increase control over their lives in ways that will maintain health. Partnerships must be strengthened with State Government, local governments, user groups, police, prisons, service providers, community groups, business groups and local trade organisations. Complex issues require a comprehensive mix of solutions.

This edition of *VicHealth Letter* incorporates commentary from some of our community partners, including Professor Margaret Hamilton, Director of the Turning Point Alcohol and Drug Centre, and researcher Dr John Fitzgerald, as well as input from the Australian Drug Foundation and Surf Life Saving Victoria. This issue also showcases some VicHealth-funded projects on illicit drugs. This is a new approach for the *VicHealth Letter* and we enthusiastically encourage your comment.

Dr Rob Moodie
Chief Executive Officer

Ron Tandberg/The Age

Illicit Drugs

Overview

Prevalence and patterns of use

The Australian Institute of Health and Welfare estimates that in 1998 there were over 3 million recent illicit drug users aged 14 years or older in Australia.[1] The *Australian School Students' Alcohol and Drugs Survey* found that:

- of all students aged 12-17 years, 39.9% (44.1% of males and 35.9% of females) reported having used at least one illicit drug in their lifetime;
- cannabis was the most widely used illicit drug, with 35.4% of all students reporting having used cannabis;
- considerably fewer students used hallucinogens (8.6%), amphetamines (6.1%), cocaine (3.6%), ecstasy (3.6%), and steroids (1.8%).[2]

Anonymous Photographer, ©1998 Erowid.

Summary of drug use; proportion of the population aged 14 years and over, and mean age of initiation, Australia, 1995, 1998

Drug/behaviour	Lifetime use (%)		Recent use[a] (%)		Mean age of initiation (in years)	
	1995	1998	1995	1998	1995	1998
Tobacco	64.8	65.4	27.1	26.4	15.6	15.7
Alcohol	87.8	89.6	78.3	80.7	17.3	17.1
Marijuana/cannabis	31.1	39.3	13.2	17.9	19.1	18.7
Painkillers/analgesics[b]	12.3	11.4	3.5	5.2	19.0	19.7
Tranquillisers/sleeping pills[b]	3.2	6.2	0.6	3.0	23.8	23.4
Steroids[b]	0.6	0.8	0.2	0.2	18.7	21.6
Barbiturates[b]	1.2	1.6	0.2	0.2	18.2	19.7
Inhalants	2.4	3.9	0.4	0.8	16.1	17.5
Heroin	1.4	2.2	0.4	0.7	20.6	21.5
Methadone[c]	(d)	0.5	(d)	0.2	(d)	21.6
Amphetamines[b]	5.8	8.7	2.1	3.6	20.2	19.9
Cocaine	3.4	4.3	1.0	1.4	21.1	22.3
Hallucinogens	5.5	10.0	1.8	3.0	19.1	18.8
Ecstasy, designer drugs	2.4	4.7	0.9	2.4	22.7	22.7
Injected illegal drugs	1.3	2.1	0.6	0.7	(d)	20.7
Any illicit	39.3	46.0	17.0	22.0	18.9	18.8
None of the above	8.1	6.7	17.8	14.2	..	..

(a) Used in the last 12 months
(b) For non-medical purposes
(c) Non-maintenance
(d) Not asked in 1995

Source: AIHW 1995 and 1998 National Drug Strategy Household Surveys, *Drug Use in Australia and its health impact*. Canberra 1999, www.aihw.gov.au.

Illicit Drugs Overview (cont.)

Antecedents and risk factors for illicit drug use

A number of modifiable risk and protective factors associated with drug use and drug-related harms have been identified among adolescent populations, but largely associated with alcohol use. There has been less emphasis on protective factors or factors associated with illicit drug use. Social isolation and/or alienation from society are strong predictors of drug use, and contexts that facilitate social bonding, such as strong family attachments and/or belonging to sporting or other interest groups, are known to be protective factors.

Market forces

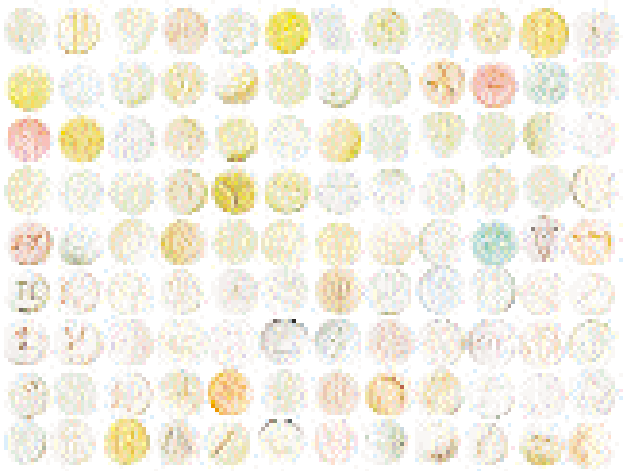
Patterns of illicit drug use vary according to promotion, availability, price and purity of drugs. Findings from the Illicit Drug Reporting System for 1998 indicate a continuing increase in heroin use accompanied by cheaper, readily available, high-purity heroin.[3] The global market in illicit drugs controlled through organised crime impedes action on availability, price and purity.

Drug-related harms

The harms associated with illicit drug use may be usefully understood as those experienced by individual users themselves, and those experienced by third parties or by society collectively. Drug-related harms impact on health, economic and social areas, including illness and disease, injury levels, workplaces, crime levels, families and relationships.

At the individual level, an increasing number of deaths can be directly attributed to accidental illicit drug overdose. In 1979 there were just 70 overdose deaths (10.7 per million). By 1995 Australia recorded 550 drug overdose deaths (67 per million).[4] This represents an annual increase of 12%. In 1999 the number of overdose deaths in Victoria out-numbered deaths from road crashes by mid-year. In 1997 there were over 11,000 hospitalisations Australia-wide from illicit drug-related causes.

For society, the economic cost of illicit drug use in Australia was estimated to be $1.6 billion in 1992, a 26% increase since 1988.[5] Of course, there are high social costs as well.



144 Ecstasy tablets, photographer unknown. Erowid.org (1998)

HARMS ASSOCIATED WITH ILLICIT DRUG USE

Health-related harms

- Death
- Serious injury and physical sickness
- Psychological/emotional problems

Economic harms

- Forgone personal employment opportunities
- Heavy financial expenditures to support personal use

Personal/Social harms

- Drug-related violence
- Family breakdown
- Breakdown of friendship and peer relationships and networks
- Stigma attached to criminal conviction
- Incarceration
- Social isolation, stigmatisation and loss of personal dignity

Third-party harms and costs to society

- Public nuisance
- The social and economic costs of:
  - health-care provision
  - drug-related property crime
  - incarceration of serious offenders
- Other broader financial 'opportunity costs' associated with money being spent on problematic drug use which could have been spent in other more socially productive ways.

Harm minimisation

Harm minimisation refers to policies and programs aimed at reducing and preventing anticipated harm, as well as actual harm. In this context, harm minimisation refers to those policies and programs aimed at reducing the harms associated with drug use, involving a balance between demand-reduction, supply-reduction and harm-reduction strategies.

Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual and encompasses a range of integrated approaches, including:

- supply-reduction strategies designed to disrupt the production and supply of illicit drugs;
- demand-reduction strategies designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use;
- a range of targeted harm-reduction strategies designed to reduce drug-related harm for particular individuals and communities.

A comprehensive harm-minimisation approach needs to take into account three interacting components: the individuals and communities involved; their social, cultural, physical and economic environment; and the drug itself. Approaches will vary according to population group, time and locality.

Approaches

The philosophy of harm minimisation, including both licit and illicit drugs, has underpinned Australia's drug policies since 1985. The *National Drug Strategic Framework (NDSF) 1998-99 to 2002-03* is based on this principle. The Framework includes a wide range of approaches in dealing with drug-related harms—for example, supply-reduction, demand-reduction and harm-reduction strategies. The priority action areas for the NDSF are:

- increasing the community's understanding of drug-related harm
- building partnerships
- links with other strategies
- supply reduction
- preventing use and harm
- access to treatment
- professional education and training
- research and data development

The Victorian Government's approach is also based on the principle of harm minimisation. The Drug Policy Expert Committee, chaired by Professor Penington, oversees the implementation of medically supervised injecting facilities and also advises on the implementation of the Government's local drug strategy targeted at municipalities with high levels of illicit drug use. The comprehensive local drug strategy is still under development and may include additional rehabilitation and detoxification services, mobile drug safety units, support and training for small businesses and traders in high drug use areas, and support for families of drug users.

Prevention initiatives and interventions

There are a range of primary, secondary and tertiary prevention initiatives and interventions to reduce drug-related harms.

Primary prevention initiatives aim to prevent the onset of drug use among non drug users and the progression to habitual use among novice drug users. Best practice in primary prevention involves initiatives and interventions that are:

- comprehensive, and consider the range of social influences and institutions (e.g. schools, parents, peers, media, police);
- long-term rather than one-off;
- age-specific, developmentally appropriate and culturally sensitive;
- based on research knowledge and include sound methods;
- evaluated for both positive and negative effects.[6]

Secondary prevention strategies aim to reduce problems among current drug users at an early stage. Strategies include targeted information dissemination programs, self-help strategies, needle exchange programs (to prevent blood-borne diseases) and injecting rooms (to reduce the incidence of fatal overdose among injecting drug users and to improve their access to health services, including counselling).

Tertiary prevention strategies provide treatment for problematic drug use and include detoxification programs, pharmacological interventions (such as alternative pharmacotherapies and medically prescribed heroin), psychological interventions, and interventions for special groups, such as women, youth, injecting drug users and prisoners.

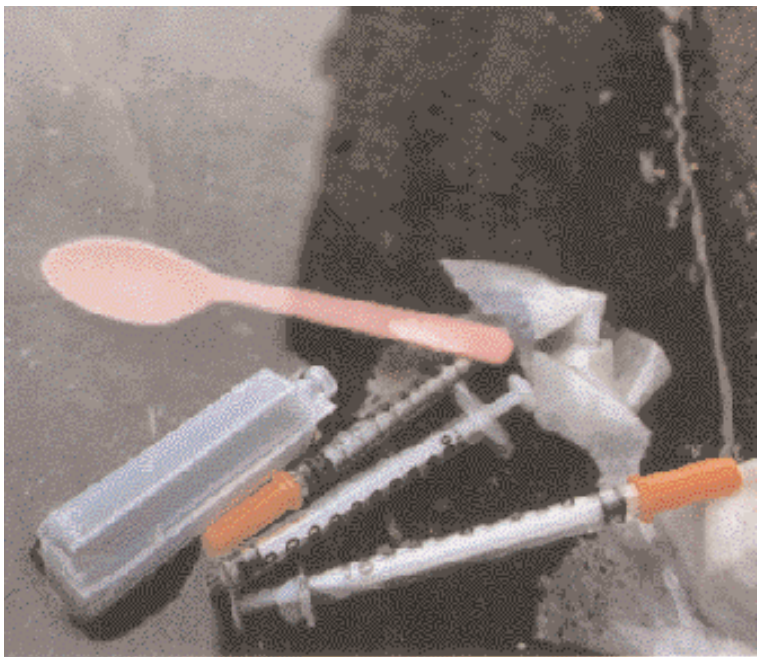


Photo courtesy of Dr John Fitzgerald.

Research activity

Australian research in the field of illicit drug use is modestly funded in comparison to international scales of investment. However, the number of publications by Australian researchers and their involvement in World Health Organization committees on illicit drug epidemiology, treatment and policy is high. While there is a strong tradition of high quality epidemiological research on mortality and morbidity attributable to illicit drug use, and on injecting drug use, there has been little research into the factors external to the individual which arise in the social or broader environment.

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[1] Australian Institute of Health and Welfare, Drug Statistics Series, *1998 National Drug Strategy Household Survey*, August 1999.

[2] M Lynskey, V White, D Hill, T Letcher & W Hall, 'Prevalence of illicit drug use among youth: Results from the Australian School Students' Alcohol and Drugs Survey', *ANZJPH*, vol. 23, no.5, 1999, pp. 519-524.

[3] R McKetin, S Darke, A Hayes & G Rumbold, *Drug Trends 1998: A comparison of drug use and trends in three Australian States: Findings from the Illicit Drug Reporting System*, Monograph 41, NDARC publications, 1999. www.med.edu.au/ndarc/publications/Monograph41.htm

[4] W Hall & S Darke, *Trends in opiate overdose death in Australia 1979-1995*, NDARC Technical Report No 49, National Drug and Alcohol Research Centre, Sydney, 1997.

[5] DJ Collins & HM Lapsley, *The social costs of drug abuse in Australia in 1988 and 1992*, AGPS, Canberra, 1996.

[6] C Spooner, 'Primary Prevention of psychoactive substance-related harm: A review', cited in J Hando et al., *An information document on the current state of research on illicit drugs in Australia*, 1998.

Other sources:

Heroin - Facing the Issues. A Paper by the Drug Policy Expert Committee. State Government of Victoria. www.dhs.vic.gov.au/phd/dpec/index.htm

1995 and 1998 National Drug Strategy Household Surveys AIHW 1999 Drug Use in Australia and its health impact. www.aihw.gov.au. Canberra.

The Australian School Students' Alcohol and Drugs Survey, ANZJPH, vol. 23, no.5, 1999.

National Drug Strategic Framework (NDSF) 1998-99 to 2002-03. www.health.gov.au/pubhlth/strateg/drugs/nds/

The Australian Drug Foundation website. www.adf.org.au.

VicHealth's Position on Illicit Drugs

VicHealth advocates a comprehensive harm-minimisation approach to illicit drug policy that adopts demand-reduction, supply-reduction and harm-reduction strategies. In the absence of one optimal solution to the problems resulting from illicit drugs, we need to support ongoing activities that identify and adopt solutions that create the least harm in the community and, in particular, those strategies that reduce the demand for drugs.

National and/or state level policy frameworks should provide an essential foundation for modifying or developing new strategies to minimise the adverse health, social and economic impacts of harmful illicit drug use.

As HIV and other blood-borne infections (such as Hepatitis C) are serious potential complications of injecting drug use for drug users and non drug users, policies for illicit drugs should address whether they will assist or hinder efforts to control the spread of these infections.

Partnerships between VicHealth and the State Government, the Australian Drug Foundation, Turning Point Alcohol and Drug Centre, the Centre for Harm Reduction at the Macfarlane Burnet Centre, local governments, and other relevant health agencies are crucial to achieving a reduction in the harms associated with drug use. Strong relationships between these groups will assist in extending and/or enhancing partnerships with other sectors of government, community-based organisations and business groups.

There is a need for research studies that focus on social, cultural and economic determinants of drug use. Areas for further research include:

- the influence of peers in the transition from drug use to misuse;
- greater specificity of familial effects and protective factors;
- ethnographic contexts of drug use;
- the interaction of illicit drug use and child abuse;
- the influence of the media, fashions and fads on drug use;
- the impact of law enforcement on harms and the illicit drug market;
- how to shape markets to produce the least adverse health effects;
- multidisciplinary studies on the variables—biological, contextual and social—associated with drug use.[1]

VicHealth will:

- support the State Government's illicit drug strategy by participating in the Drug Policy Expert Committee chaired by Professor Penington;
- work with the health sector and other sector partners to support the implementation of a comprehensive harm-minimisation approach to illicit drug use in Victoria;
- advocate for policies that will reduce economic and social inequality, as this may reduce some of the risk factors associated with the transition from drug use to drug misuse;
- advocate for rigorous research into and evaluation of implementation strategies to support evidence-based policy making and the assessment of the cost-effectiveness of proven interventions;
- support innovative community-based trials that take into account the broader context of the needs and problems facing communities and/or population sub-groups. This will involve taking into account the level of employment, health status (including mental health), homelessness, remoteness, recreation opportunities, cultural considerations, family support, community development and access to services;
- provide information in a way that will assist the broader community to understand the issues associated with illicit drug use.

[1] J Hando et al., *An information document on the current state of research on illicit drugs in Australia*, 1998.

Where Does Tobacco Fit in the Drug Debate?

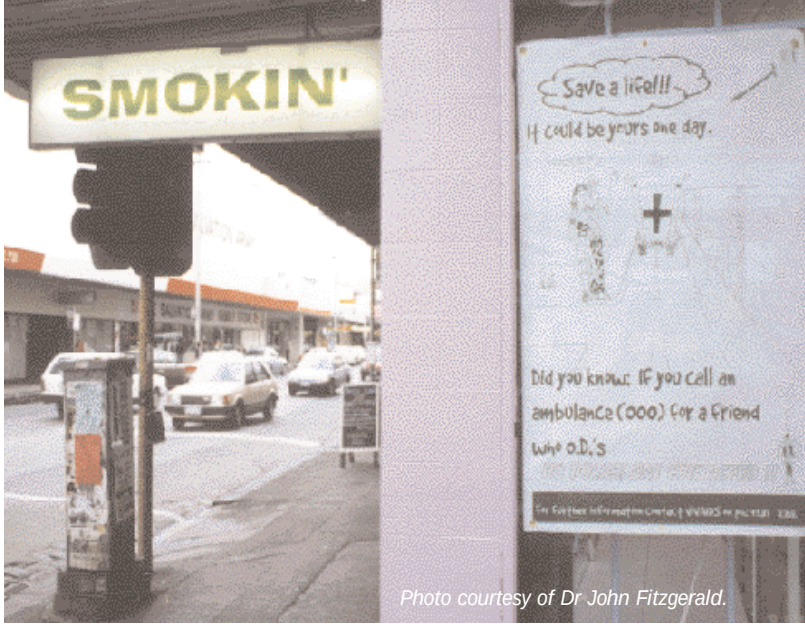


Photo courtesy of Dr John Fitzgerald.

Dr Rob Moodie, VicHealth CEO
Jonathan Liberman, Legal Consultant, VicHealth Centre for Tobacco Control

For those with even a passing interest in drug reform issues, we are living in interesting times.

We have as a community decided to face up to a number of difficult—but absolutely vital—drug policy decisions. We are no longer closing our eyes and crossing our fingers in the pretence that exhausted strategies will somehow—miraculously—begin to work. The hard issues are firmly out in the public domain, and governments are beginning to find the courage to tread where they have never dared tread before.

The State Government is currently examining options such as heroin trials and safe injecting rooms. It has also announced plans to introduce legislation to decriminalise the possession of small amounts of marijuana.

In November the Government announced that smoke-free dining will be phased in over the next three years. For the most part, the announcement has been well-received. The dangers of passive smoking are well-established, as is the right of people to attend, and work in, public places such as restaurants without putting their health at risk. In some quarters, however, the Government's announcement has been treated as a symptom of a confused policy approach to drugs. Why, the argument goes, is the Government getting 'tougher on tobacco' at the very time it is appearing to 'take a softer line' on heroin and marijuana?

The argument makes a nice headline but it carries no substance. For a start, restrictions on smoking in public places are about protecting the rights of workers and patrons to safe and healthy surroundings, not about stopping people from smoking. To be asked to go outside for a few moments, rather than deliver carcinogens into another person's lungs, seems entirely reasonable in a society accustomed to the balancing of rights.

More importantly, if we are feeling genuinely confused about the way we treat drugs—and, in particular, about the treatment of drugs such as heroin and marijuana as compared to tobacco—it would be useful if we could start to identify some of the anomalies and inconsistencies that are creating this confusion.

Australians generally have a healthy disdain for those who profit from dealing in harmful drugs. Prime Minister Howard was quoted in *The Age* on 19 March 1999 as saying of drug traffickers: 'I don't think there's anybody in the Australian community who has anything other than maximum contempt and zero tolerance for those who seek to make money out of human misery and human suffering.'

Yet tobacco companies continue to make millions of dollars selling a product that is highly addictive and that kills about half its long-term users—over 18,000 a year in Australia or about 50 a day. Of course, tobacco-related deaths are not just statistics. These are real people who lose years and years of life—half of tobacco-related deaths occur in middle age—and who leave spouses and partners and children behind. But tobacco executives, who wear suits and ties and sit on company boards, are spared the contempt and the legal condemnation that we direct at other drug pushers.

Good, consistent drug policy ought to be about reducing the harm that drugs cause, both to individual users and the community. It shouldn't be distracted by the hurling of unhelpful epithets like 'hard' and 'tough' and 'soft'. On heroin and marijuana issues we are beginning to move towards maturity. The consideration now being given to strategies designed to gain greater control over the use and availability of heroin in particular is evidence of this increasing maturity.

Until we bring a similar willingness and imagination to tobacco issues, we shouldn't expect the drug messages that we communicate to ring true. The onus is on those putting out the messages to make them consistent and to stop hiding behind misleading slogans like 'legal product' and 'legal substance', which have been used by tobacco companies as a diplomatic immunity-like shield.

None of this means that cigarettes should be banned, though tobacco companies will shriek that this is the real agenda of anyone who wants to reduce the death and disease that tobacco causes (or reduce the tobacco companies' profits). It simply means that we should be looking at ways to better address tobacco-related harm: to provide more assistance to those who are addicted to tobacco; to fund proven community and education programs; to close down the avenues for advertisement and promotion that are closed to the purveyors of illicit drugs but are still open to those who profit from the tobacco trade; and, albeit belatedly, to bring those who are primarily responsible for the harm to legal account.

Photo courtesy of Dr John Fitzgerald.

Dr Fitzgerald's findings called for a radical re-think of our response to illicit drug use. The report recommended community consultation on planning issues, including safety, harm reduction and environmental management of drug hotspots.

Street Heroin Markets

In March 1999, VicHealth published the results of a two-year study conducted by Dr John Fitzgerald, a leading qualitative researcher on illegal drug use. *Regulating the Street Heroin Market in Fitzroy/Collingwood* revealed, for the first time, an emerging street heroin market in Melbourne and highlighted reasons for the escalating heroin problem.

Dr Fitzgerald's findings called for a radical re-think of our response to illicit drug use. The report recommended community consultation on planning issues, including safety, harm reduction and environmental management of drug hotspots. It urged the consideration of a pilot drug trial of health services for users, including safe injecting facilities, and encouraged expansion of outreach needle and syringe exchange programs. The report provided a useful regulation framework from which policy makers could draw. It highlighted the unique dimensions of the issue and proposed community-driven solutions and scope for future research.

It is now one year since the report was launched. Has the climate and environment surrounding this issue changed? Has the report changed anything?

As mentioned, this was the first time the emergence of a street heroin market in Melbourne had been identified and documented in rigorous research. Now, street heroin markets have been identified in four other areas across Melbourne. The Parliamentary Drug Crime Prevention Committee used Fitzgerald's findings as a basis for its discussion paper on drug policy and safe injecting facilities. In this discussion paper, the Committee recommended establishing injecting facilities in five areas across Melbourne, including Fitzroy/Collingwood. In September 1999 the Committee's discussion paper formed the basis for the Australian Labor Party's election policy on injecting facilities.

Following the state election, on 8 November 1999 the new Victorian Government established a new drug policy expert committee to be chaired by Professor David Penington. The Drug Policy Expert Committee was formed to report on a local drug strategy and to implement a trial of safe injecting facilities and other components of the Government's drug policy. The Committee submitted its first report to the State Government in April 2000.

In the following opinion piece, Dr John Fitzgerald details the movement of media drug stories in Melbourne when street markets emerged between 1995 and 1996. His analysis is pieced together from interviews with Melbourne journalists conducted as part of his study of injecting drug use in Fitzroy.

Drug Stories

Dr John Fitzgerald

Photo courtesy of Dr John Fitzgerald.

Early in 1995 the Melbourne *Age* welcomed an investigative journalist on exchange from the *London Times*, noted for his features on prostitution, public high-rise housing and the drug market. He soon began investigating a story about a rumoured 13-year-old heroin dealer working from the Atherton Gardens high-rise housing estate in Fitzroy. Our English visitor never wrote the story. I believe this rumoured story spawned the chaotic sequence of events resulting in the formation of the original Premier's Drug Advisory Council (PDAC) in 1996 and the subsequent formation of the Drug Policy Expert Committee (DPEC) in 1999.

This is an account of how drugs stories can gather their own momentum and change the social and political landscape by accruing political weight. Not in a calculated way, but in a strange chaotic manner, news stories create possibilities for *new* stories.

It would be nice to say that a brief look at the news headlines could reveal the changes in how drug issues have been covered in Victoria. Unfortunately, this is not the case. The stories I will detail come from interviews with Melbourne journalists as part of a VicHealth funded study of injecting drug use in Fitzroy. Many have since moved on to other jobs and responsibilities. Most of this material is in the public realm, so the stories and the names of the journalists who wrote them can be examined by anyone who cares to dredge through the media archives. I have an archive with over 1200 media drug stories on CD-ROM. By researching and reviewing image and text, we can construct the movement of drug stories in Melbourne since 1995. I have pieced together a story about drug stories in Fitzroy using this archive.

When our English friend returned to the United Kingdom, his file on the rumoured 13-year-old drug dealer was given to Paul Heinrichs, an experienced *Age* feature writer who knew the Atherton estate well. One old theory about high-rise estates is that bad places make bad people. An exposé on such a drug dealer may have further contributed to an unduly negative picture of life on the estate and subjected the residents to public scrutiny. However, despite thorough investigation this drug dealer never materialised, and Heinrichs moved on to cover other, more concrete, stories.

Meanwhile, Jamie Silver, a new cadet at *The Melbourne Times*, was making a name for himself writing on the drugs issue in Fitzroy. Early in 1995 Silver noticed an increased level of drug trade on the Atherton estate. He was given free rein to cover police and crime rounds and was prodigious in his output. Silver fostered relationships with a couple of Atherton residents who became valuable sources. He began publishing regular pieces about the difficulties of life on the estate and the negative impact of the heroin trade. Heinrichs followed *The Melbourne Times*' coverage with interest.

The *Yarra Leader* then began to cover the issue, focusing on the local council. A youth worker on the estate provided the paper with some good photo opportunities for publicity purposes. A photo of him shoving a fist full of syringes at the camera was eye-grabbing. At the time the *Leader* was experiencing internal staffing disputes. The *Leader's* Melbourne office was more heavily unionised than other *Leader* branches and staff were fired up on community rights stories. I suggest that perhaps it was not in the interests of management to report 'hard' news of this nature, as the paper was a vehicle for real estate advertising—its main

Timeline - Heroin Debate

1952
Australia agrees to enact laws to 'limit exclusively to medical and scientific purposes the manufacture, import, sale, distribution, export and use of medicinal opium, cocaine, morphine, Indian hemp and heroin', at the Geneva Convention.

1970
The first drug replacement scheme is established in Sydney, allowing the Health Commission to provide free methadone to addicts.

2 April 1985
The bipartisan National Campaign Against Drug Abuse is launched, ensuring collective cooperation and non-partisan action across all levels of Australian government.

October 1987
A needle exchange initiative is set up in Victoria and four organisations are granted legislative approval in Victoria to distribute free needles/syringes to users.

May 1989
The Federal Government's working party on AIDS recommends the decriminalisation of drugs, including heroin, for personal use. They also recommended that safe injection of drugs should not be an offence.

April 1990
19 needle disposal units are put in place around Kings Cross and Darlinghurst.

October 1995
Doctors in Melbourne and Darwin criticise the Northern Territory Government's Patient Assisted Travel Scheme. Two heroin addicts are sent interstate from the Northern Territory by bus to receive the methadone drug addiction treatment (illegal in the Territory).

March 1996
Operation Lohmu, a Melbourne Central Business District drug clean up, finds 13-year-old children trafficking heroin.

10 April 1996
Professor David Penington and the Victorian Premier's Drug Advisory Council recommend the Government supports the Australian Capital Territory's heroin trial. Clinics provide users with injectible heroin 2-3 times per day.

May 1996
Foot patrols and a needle exchange program start in Melbourne's Central Business District.

source of revenue. Drug stories do not necessarily benefit land values. After May 1995 amid turmoil over staffing, the *Leader* shifted its focus. When drug stories were printed, the *Leader* editorial team also included plenty of colour pieces.

Even with consistent local newspaper coverage of drug issues from February 1995, by June *The Age* and the *Herald Sun* had still not seriously addressed the issue of heroin at the Atherton estate. This situation was to change very quickly.

In early June 1995 in an effort to rid the estate of the drug trade, an Atherton estate housing worker met with the local police superintendent. The superintendent suggested the police could do little more without resident cooperation. The tenants' council therefore decided to schedule a public meeting on the issue for Monday night 26 June. Interestingly, during that Monday the police arrested 15 people on the estate for drug offences.

Knowing the local print media had covered the issue of drugs on the estate for some time, the tenants' council faxed several papers stating they preferred media not attend the meeting. Silver did not attend. Heinrichs decided he would cover the meeting to offer a first-hand account from the perspective of estate residents.

Heinrichs sat at the back of the meeting taking notes. After the meeting he phoned through his news item. The next morning his story was printed on page one, and featured residents taking action and protesting about drug trade on the estate. What was once a local spat between police and the tenants' council had now become a national story.

There was no data or research at this stage. The story was about a single fact—there was a drug problem on the Atherton estate. As the day progressed, the story began to evolve. The police held a press conference and the issue received television coverage on Channel Seven and Ten Nightly News. Television crews, newspaper journalists and photographers all converged on the estate. Photos taken of young boys without consent drew threats

of legal action from parents. Assurances were given and the story progressed to be about drug dealers who were known but could not be seen. The television news showed the blacked out faces of maybe drug dealers. *The Age* published a silhouette of a shady character in the kid's playground—maybe a drug dealer—in front of the dark satanic high-rise flats. By week's end the story began to move again—'High-rise Hell' was one headline—bad places make bad people. The estate was condemned as a bad place and the residents to a miserable future.

The following week the story shifted to Footscray's drug problems. Plans to locate a needle and syringe exchange next door to the Doggies' football paraphernalia shop were exposed. Policing at needle and syringe exchanges became an issue of contention.

By late July the story shifted to the bigger picture of large-scale trafficking. In the absence of solid data, the evil of drugs was attributed to foreign, newly-arrived migrants. Desmond Manderson explains it well in his book *From Mr Sin to Mr Big: A History of Australian Drug Laws*, concluding that Australia's approach is racist. Our drug laws historically have been shaped by racist images of foreign immigrants corrupting 'our' youth. Romanians, Chinese, Vietnamese and Cambodians were all implicated as the 'Mr Bigs' of drug dealing. In fact, barely a mention was made of the involvement of Anglo-Australians. As far as the story was concerned, it was an issue of displacement and migration, of 'Trouble in the Promised Land' as one *Age* headline stated (30 July, p 13).

A new angle appeared when a heroin dealer claiming to work from the Crown Casino carpark phoned a 3AW talkback session with then Premier Jeff Kennett and announcer Neil Mitchell. Follow-up stories exploring heroin dealing at the casino shifted the focus sharply onto the State Government. What was Government doing about social policy in Victoria?

Until this point, the Kennett Government had been quiet on this issue. The story had shifted from being about bad places to bad people, to the inevitabilities of a migrant society and to a global drug marketplace. Throughout 1995, while *The Age* and local papers were busy accruing stories, the *Herald Sun*, the most powerful daily tabloid paper in Victoria, remained relatively quiet. It was only when the casino became implicated that drug stories were covered in earnest by the *Herald Sun*. Soon after, the Premier announced the establishment of the PDAC.

Six months after Heinrichs' original news story, the story had become something much larger, with a political weight and complexity that required a particular type of response from government—an expert inquiry.

19 August 1997
Proposed legal heroin trials for addicts in the Australian Capital Territory, based on a Swiss model, are rejected by the Federal Cabinet.

September 1997
The City of Dandenong approves setting up a safe injecting facility despite the fact that it would breach state and federal laws.

17 March 1998
The Royal Australian College of General Practitioners and the Royal Australasian College of Physicians encourage members and other doctors to offer free needle exchanges for intravenous drug users.

July 1998
A drug diversion program is trialed by the Victorian Police, where people caught with small quantities of illicit drugs receive a caution and are diverted to a compulsory treatment program.

8 February 1999
Sydney is the site of Australia's first drug court trial, where heroin addicts guilty of non-violent crimes can take part in a 12-month rehabilitation program.

9 February 1999
A National Drug and Alcohol Research Centre report reveals the heroin death toll in Australia has skyrocketed by 73% in the last decade.

March 1999
VicHealth launch of the report *Regulating the Street Heroin Market in Fitzroy/Collingwood*, by researcher Dr John Fitzgerald.

April 1999
There are now 6,000 heroin addicts in Victoria participating in the methadone program, and trials of buprenorphine and LAAM have started as drug treatment alternatives.

5 May 1999
The Tolerance Chapel, an illegal shooting gallery, opens in Sydney. The gallery is raided by police several days later and forced to close.

22 July 1999
The Pharmaceutical Benefits Advisory Committee refuses to cover the use of Naltrexone, a controversial heroin blocking drug.

19 October 1999
Steve Bracks, Premier of Victoria, supports trialing safe injecting facilities in five areas—the Central Business District, St Kilda, Footscray, Fitzroy/Collingwood.

Photos courtesy of Dr John Fitzgerald.

Led by Professor David Penington, the PDAC would report back to Government on how Victoria could tackle the drug problem. During the summer of 1995-96, the *Herald Sun* dominated the media race when covering the activities of the PDAC. In April 1996 the *Herald Sun* coverage of the report's release overshadowed most other news.

Now four years after the original PDAC report, the heroin trade in Fitzroy has moved several times. After the intense media coverage in June 1995, police activity shifted the heroin trade out of the Atherton high-rise estate onto the neighbouring Smith Street retail shopping strip. Late in 1999 police activity on Smith Street moved the street drug trade back into high-rise estates in Collingwood, Richmond and the Atherton Gardens. It looks like the story may have come full circle. With a new State Government, we have another expert committee headed by Professor Penington reviewing the evidence on drug strategy and identifying new ways of reducing harm. The policy environment, however, is not the same. The media coverage of heroin use has profoundly altered public perceptions of the problem.

I believe we should trace drug policy history in this way for several reasons. Many of the media incidents that shaped the development of the PDAC report were influential in the development of further changes. On 27 June, Heinrichs' page one article launched heroin use at the Atherton estate onto national television news. This public manifestation shifted the heroin debate across several locations in Melbourne and through at least half a dozen arenas of social life. It wasn't one particular story that shifted the political environment—it was a chaotic sequence of events that fed further news events. It was that Heinrichs decided to attend the tenants' council meeting to provide an account from the residents perspective, a story which ended up on page one and triggered follow-up stories nationally. It was that *The Age*, for a period of three to four months, moved the story across a range of issues demonstrating that heroin use is more complex than a simple policing problem. It was that the *Yarra Leader*, because of internal turmoil, allowed *The Melbourne Times*' Jamie Silver to get the hard news stories. It was that the *Herald Sun* didn't get involved until late in the picture. And was it the mystery heroin dealer on 3AW talkback who finally tipped the balance for Jeff Kennett? The political weight of the story had been accruing for some time.

Together, these are some of the stories that have gone into the drug stories that we read in the media. The take-home message is that it may not be the written story that is the most important. Who would have guessed the story that never was written could have had such an impact?

27 October 1999
The Vatican forces Sydney's Sisters of Charity to withdraw from a supervised heroin injecting facility trial.

November 1999
The City of Melbourne report *Injecting Drug User's Needs and Impacts Study* is launched. For the first time, a systematic approach to study of the impact of heroin use is discussed. We see the Government's changing advisory structure on drug policy and a redevelopment of health services taking safe injecting facilities into account.

11 November 1999
2,500 members of the Pharmaceutical Society of Australia are encouraged to supply clean needles and syringes to users. To date, 32% of Victoria's pharmacies provide this service.

December 1999
The number of heroin deaths reaches 359 for the year.

January 2000
After ironman Jonathan Crowe and several others received needle-stick injuries during the summer, Port Phillip Council considers installing needle incinerators at beaches along the bay.

31 January 2000
An issues paper on heroin for community discussion is launched by Professor David Penington, Chairperson of the Victorian Government's Drug Policy Expert Committee. A trial of supervised injecting facilities could be in place by the end of July.

February 2000
A disused pinball parlour in the heart of Sydney's Kings Cross is set to become Australia's first legal heroin injecting room by mid-year.

The Australian Capital Territory passes legislation for the trial of a safe injecting facility in Canberra.

March 2000
Germany legalises injecting rooms.

24 March 2000
Australia receives international guidelines on how to set up, run and manage safe injecting rooms: *Guidelines for the operation and use of consumption rooms*, Hannover, Germany, November 1999.

19 April 2000
The Drug Policy Expert Committee submitted its first report to the State Government recommending supervised injecting facilities be trialled for 18 months in the Central Business District, St Kilda, Footscray, Springvale and Fitzroy/Collingwood.

Source: *The Age*, Wednesday, 9 February 2000. 'The story so far: Finding solutions to a complex problem', by Steve Dow.

Sunday Age journalist Steve Dow is seeking fresh ideas for public health and medical news reports, features and human interest stories. Phone: (03) 9529 1958.

The following paper by Professor Margaret Hamilton, Director of the Turning Point Alcohol and Drug Centre, provides a brief outline and summary discussing the issues associated with the installation of blue lights in public toilets. The article is written in a context that suggests an overall interest in health and safety issues associated with public spaces.

'Blue Loos'

Blue Lights in Public Toilets

Prof. Margaret Hamilton, Director of the Turning Point Alcohol and Drug Centre

The apparent aim of those businesses, railway stations, local government authorities and tertiary teaching institutions that have installed these lights is to deter drug users from public toilets. Blue lights make it more difficult to locate veins, so injecting becomes arduous.

The issue

Over the past year (at least) there appears to have been an increase in community concern regarding the trade in, use of, and problems associated with, illicit drugs.

Specifically, one concern is the use of public space and facilities such as public toilets for injecting drugs and the associated hazards for the drug user, other patrons of the toilets and the cleaning staff.

As well as specific health hazards and concerns, there is a general and understandable community reaction to littering, loitering and other disrupting or nuisance behaviours.

In its extreme form, drug use in these environments can be dangerous and even lethal.

At the same time, we need to recognise that public toilets offer certain attractions to the injecting drug user:

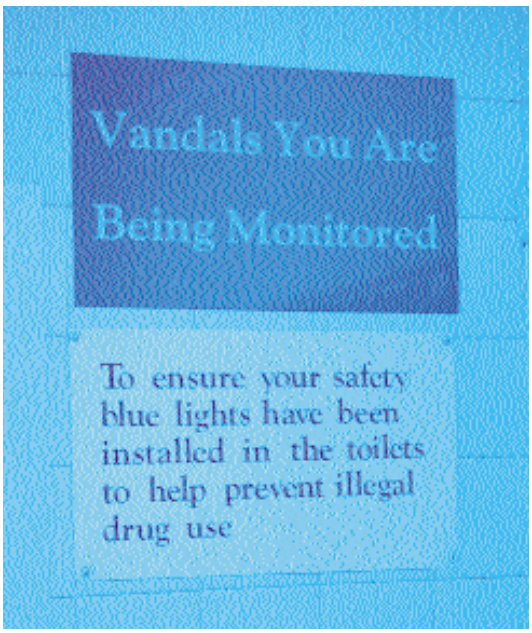
- users can access them readily, use quickly and abandon any evidence of being in possession of illegal substances (while still getting the 'benefit' of their purchase);
- users can inject away from the public gaze;
- they are generally near the place of drug acquisition—for many delay is 'intolerable';
- they offer a degree of privacy and peace—one of the few places that a member of the general community can be alone;
- they offer many of the necessary ingredients for preparation and administration of these drugs, including water;

- they (sometimes at least) offer potential swab and mopping up materials (such as toilet paper);
- some offer additional benefits such as further information, access to condoms and other dispenser/coin access resources;
- some might still offer the additional safety net of an attendant who could call for help in a case of an adverse reaction/event (although I am not sure whether any still exist).

The response

Many have now identified these practices as problematic. Various responses have been observed, including closure of these public facilities, more frequent monitoring and clearing, re-positioning of doors, setting up camera surveillance and the establishment of alternative venues for both toileting and injecting in some overseas locations.

One response has been to install blue lights in public toilets. The apparent aim of those businesses, railway stations, local government authorities and tertiary teaching institutions that have installed these lights is to deter drug users from these toilets. Blue lights make it more difficult to locate veins, so injecting becomes arduous.



Photos taken of FIinders Street Station public toilets.

Possible consequences

A relatively superficial analysis using a framework of harm minimisation suggests that there might be some negative consequences of this response.

Some might suggest the initial impact may be positive in that the drug users no longer use the toilet space. However, anecdotal experience suggests that drug users soon adapt and return, often with even worse injecting practices. In fact, health risks to injecting users are probably increased: higher risks of dirty injecting sites, combined with the addition of harmful agents such as texta pen used to mark veins; poor injecting technique and multiple puncture sites; and other more severe complications of inappropriate injecting and choice of more hazardous sites.

It is also possible that the environment created by these lights has an impact on other members of the general public who use the same place. This impact may in fact create a sense of fear and danger, which contributes to an increase expectation of violence and trouble. I am concerned that in the long term a community that is fearful and feels unable to use public space in safety will be a less functional community, vulnerable to other problems and less resilient in the face of other stresses and health risks.

When users initially move out of public toilets their displacement into surrounding areas produces other problems. These include the inappropriate and unsafe disposal of injecting equipment, and the transfer of the concern to another public space that might have increased or more immediate hazards such as the presence of traffic.

Secondary problems

I understand that some of the businesses and organisations that have installed these lights are beginning to experience other difficulties. The following have been suggested:

- they can be bad for business;
- there is a need to install additional lights to meet lighting standards in various buildings;
- they make it more difficult for the disabled to effectively use public toilets;
- they contribute to a new set of occupational health and safety issues for cleaners;
- there are some anecdotal reports of patrons using public toilets with these lights reporting headaches, blurred vision and other physical symptoms.

There might well be a list of quite positive benefits from the point of view of some. Clearly this will be a matter of overall balance. This paper does not pretend to have canvassed all the issues.

A proposal

Given the apparent increasing installation of blue lights in a diverse range of venues, it seems important to explore the issues, gather information and, if possible, establish some guidelines to inform and assist those managing public toilets.

In the first instance, I suggest a joint initiative between police, Turning Point Alcohol and Drug Centre (which has an interest in policy development and practical problem-solving consistent with decreasing drug harms to users) and the general community. There might be other public groups with an interest, including public health officials from government, business and commercial groups, and public transport service providers. Clearly local government has an interest.

A beginning might be to:

- explore the origins and rationale for these changed lighting arrangements in public toilets;
- explore the sources of the lights and the cost of installation and maintenance;
- review the evidence for the effectiveness of blue lights in decreasing drug-related harm (in association with public toilets);
- examine possible unanticipated secondary problems and overall net harms/benefits;
- identify any other relevant issues.

This might lead to further consideration of alternative designs for public toilets or other responses to identified problems. There are different levels of research that could be pursued. Choice would depend on interest, resources and the availability of personnel to further the inquiry.

The following paper by Geoff Munro, Director, Centre for Youth Drug Studies, Australian Drug Foundation, discusses the complex social, ethical and legal issues that arise in the debate over drug testing in schools.

Illicit drug use is common among school-aged people. Fifty-two percent of senior students have tried cannabis and 15% report regular use. A survey conducted by the Australian Drug Foundation in 1997 found that half of secondary schools had responded to at least one cannabis incident during the previous twelve months.

Drug Testing in Schools

Geoff Munro, Director, Centre for Youth Drug Studies, Australian Drug Foundation

Drug testing secondary school students has become the subject of increased public debate after a number of high-profile independent schools announced they are examining proposals to introduce the tests. Most schools are proposing to use tests to monitor the subsequent behaviour of previously identified drug users. Others indicate they may test on suspicion of first time use. Regardless of the school's motivations, it is clear that drug testing raises a number of complex issues.

Drug testing or screening is conducted by taking a bodily sample (breath, urine, blood, saliva or hair) from a subject and analysing it to determine whether it bears traces of a particular substance. In Australia, public drug testing is limited to breath testing drivers for excessive blood alcohol levels, and random testing of professional and elite sports competitors for the use of banned performance enhancing substances.

Drug testing in schools is perhaps analogous to drug testing in the workplace. In North America, employee drug testing is routine for government agencies and some private companies.[1] It is justified on the basis that it helps prevent accidents and injury, maintains productivity, identifies problematic drug users, reduces prevalence of drug use, and reduces the cost of employer-paid health insurance.[2] However, Australians are not generally subject to workplace drug testing. It is likely that attempts to introduce it would be resisted on the grounds of invasion of privacy and contravention of civil liberties.

Illicit drug use is common among school-aged people. Fifty-two percent of senior students have tried cannabis and 15% report regular use.[3] A survey conducted by the Australian Drug Foundation in 1997 found that half of secondary schools had responded to at least one cannabis incident during the previous twelve months.[4]

Advocates for drug testing of school students hope it will provide proof of drug use where it is suspected, deter students from using drugs, assist former users to remain drug-free and reassure parents that the school is actively working to prevent drug use. They regard subsequent monitoring by random testing as one way of enabling schools to retain an 'offender' at school, giving the student a second chance, and thereby conforming to the recommendations of the Premier's Drug Advisory Committee (PDAC).

Since the report of the PDAC in 1996, Victorian schools have been urged to support students identified as at risk of developing drug problems by helping them to remain at school. This approach is predicated on the notion that to leave school prematurely reduces a young person's future life opportunities and intensifies the risk of problematic behaviours, including excessive drug use. When illegal drug use is identified, schools respond with a variety of disciplinary and welfare-oriented measures. These include warnings, notification of parents, notification of police, education programs and counselling. Schools have been successful in assisting students to reduce cannabis use, sometimes in conjunction with external agencies.[5] Suspension and expulsion are more common for students who provide drugs to others.[6]

However, drug testing is a controversial matter because it is intrusive, infringes on the individual's right to privacy and raises a host of legal, technical and ethical matters. It may be discriminatory, as it places an obligation on young people that does not apply to adults.[7] It has been criticised because it assumes a lack of trust between staff and students, and it may reinforce a sense of suspicion and mistrust.[8] As urine analysis is the preferred method of testing, and the collection of samples must be closely monitored, the process may cause the subject severe shame and embarrassment.

One key issue is whether drug testing is necessary and whether the gains outweigh the costs. If students are attending school on Monday mornings 'hungover' from marijuana use[9], it should be evident from their physical appearance or demeanour. Whatever the reason, schools already have procedures for responding to students who are unwell, distracted or unable to concentrate. These include seeking explanations from the student, parents or guardians, and obtaining medical advice if required.

A positive drug test may reveal little by itself and further information is required for a worthwhile interpretation. Cannabis can be detected in urine for up to three weeks after use, so a positive test will not show that the subject used it, or was affected by it, under the jurisdiction of the school. It is likely that some positive results will reflect the young person's social life and their education may be disrupted or terminated for behaviour that is unrelated to their attendance or performance at school. Research indicates that most cannabis use is not problematic, as the user later ceases use without experiencing particular harm.[10] If drug testing 'captures' social use and makes problematic what is now unproblematic, the harms caused by drug use may increase.

Another complication is that some young people are attending school while overcoming a drug dependency but the process can take considerable time and instances of relapse are common. Drug use of a young person who is successfully reducing their overall drug use may be captured in such a program.

The existence of drug testing may encourage those vulnerable to switch to more exotic drugs that they believe are less likely to be tested for or identified or to use other chemicals as masking agents to evade detection. Sports people subject to testing have resorted to both strategies. Either method may lead to greater risks of drug harms due to the less predictable effects of the substituted drugs.

The fact that results of drug testing are not necessarily reliable creates another problem. Despite careful testing and analytical procedures, false negative and false positive results are possible. False negative results, where the test fails to identify previous drug use, can be enhanced by the subject ingesting diuretics and flushing their system with high dosages of water. False positive results, where the sample wrongly indicates the presence of a drug, can occur when the subject has recently ingested over-the-counter and prescribed medicines and even herbal teas.[11] Given the likelihood of schools using drug testing to expel students who 'fail' the test, a false positive test may have extreme consequences for an innocent student.

Furthermore, if sports drug testing is a guide, the possibility of 'false positives' exposes schools to the risk of protracted, expensive and emotionally draining legal action. It is likely that some positive results will be disputed by parents and students and may embroil the parties in legal disputes and court proceedings. In that case, the emotional effect on the student and school staff involved may be more damaging than would the standard response to unsanctioned drug use.

Schools already play a positive role in ensuring that young drug users receive appropriate attention. The nature of that assistance will depend on the circumstances. It is clear that drug testing of school students evokes many social, ethical and legal issues that remain unresolved. There is no evidence that testing provides startlingly better outcomes than methods currently employed by schools to respond to drug use. At this stage, schools should approach this matter with extreme caution.

[1] S MacDonald et al., 'The limitations of drug screening in the workplace', *International Labour Review*, vol. 132, no. 1, 1991, pp. 95-113.

[2] ibid.

[3] T Letcher & V White, *Australian secondary students' use of over-the-counter and illicit substances in 1996*, Anti-Cancer Council of Victoria, 1999.

[4] Australian Drug Foundation, 'Retaining students at school by responding to cannabis use in schools', *CONNECT Project Final Report*, 2000, unpublished.

[5] ibid.

[6] ibid.

[7] *Herald Sun*, 29 March 2000.

[8] *Sunday Age*, 2 April 2000.

[9] *Herald Sun*, 29 March 2000.

[10] C Spooner et al., *The Nature and Treatment of Adolescent Substance Abuse*, National Drug and Alcohol Research Centre, Sydney, 1996.

[11] MacDonald, 1993, op. cit.

Photo courtesy of Surf Life Saving Victoria.

This article is kindly provided by Surf Life Saving Victoria. The VicHealth sponsorship of Surf Life Saving Victoria allows the Anti-Cancer Council of Victoria to promote its *SunSmart* message in surf lifesaving programs.

Surf Life Saving Victoria is now investigating the possibility of introducing portable syringe incinerators and evaluating the use of extended metal tongs to help retrieve syringes.

Syringes on Beaches

With recent negative media publicity about used syringes appearing on Melbourne's beaches, Surf Life Saving Victoria stresses that the public need not be alarmed, but should be cautious.

'The problem exists,' says Nigel Taylor, CEO of Surf Life Saving Victoria. 'However, it certainly isn't the most common problem our surf lifesavers have to deal with.'

Training surf lifesavers how to properly dispose of syringes has always been part of the Bronze Medallion certificate. Hepatitis B vaccination programs are available to all members. It is also required that surf lifesaving clubs have sharps containers in first aid rooms.

Surf Life Saving Victoria is now taking it one step further by investigating the possibility of introducing portable syringe incinerators and evaluating the use of extended metal tongs to help retrieve syringes.

Over the last three years, no needle-stick injuries have been reported to Surf Life Saving Victoria headquarters. However, an alarming 10 syringes were retrieved from the Elwood Beach precinct during the One Summer Sports Carnival in January.

Mr Taylor warned, 'While most reports of syringes being found involve metropolitan beaches, it is not exclusive to that area. Unfortunately, the association is now receiving more reports of syringes found at regional beaches.'

When you are walking along beaches you should wear solid-sole footwear. If you discover a syringe, never try to dispose of it yourself—clearly mark the area, then inform a surf lifesaver or local authority.

For more information contact Tim Gentle, Promotions Liaison Officer, Surf Life Saving Victoria on (03) 9534 8201.

Hepatitis C

Education in Schools

Although intravenous drug use (the most common method for transmitting the virus) is uncommon among secondary school students, it has become increasingly evident to researchers that the prevention of Hepatitis C infection must begin with sound education programs at junior and middle secondary school levels.

A recent survey of secondary teachers undertaken by the Australian Research Centre in Sex, Health and Society has shown that not only is there a real need to educate students about Hepatitis C, but teachers as well.

Australia is currently experiencing a Hepatitis C epidemic. Each year an estimated 200,000 Australians are infected with the virus, with about 11,000 new infections projected annually. The high personal and health care costs associated with the disease have significant implications for Australia's health care sector. There is an urgent need for education to prevent more people from contracting the disease.

The study, which was supported by a grant from the Australian National Council on AIDS and Related Diseases and VicHealth, endeavoured to reveal current trends in secondary education about Hepatitis C. Although intravenous drug use (the most common method for transmitting the virus) is uncommon among secondary school students, it has become increasingly evident to researchers that the prevention of Hepatitis C infection must begin with sound education programs at junior and middle secondary school levels.

Anne Mitchell, co-researcher on the project, says that some of the survey findings proved surprising in their revelations about the current status of education. One finding showed that there is more Hepatitis C education occurring than was expected. Of particular concern, however, was the finding that those teachers involved in Hepatitis C education were no more informed about the disease than those teaching in other parts of the curriculum.

'We were concerned with this finding because you'd expect them to have a superior knowledge, but they didn't,' said Anne. 'They are probably teaching from a very limited knowledge base and just dropping a little bit into the curriculum. So the information that is being passed on may not be adequate.'

'The other thing that we found quite concerning was that the centralised infection control guidelines, which are an important aspect of Hepatitis C management in schools and contain good educational messages about blood awareness for students, aren't being put in place. Most teachers aren't aware that they have them, even though they are required to follow them.'

Among other results was the finding that, contrary to what was expected, there was little opposition to the concept of teaching young people about intravenous drug use within a harm minimisation framework. Teachers were more concerned about where the subject would fit into an already crowded curriculum and where they would find the appropriate resources for professional development.

But as Anne points out, such concerns are manageable. 'These are the sorts of things that we can actually do something about. It seems there will be positive support for Hepatitis C education if we can work out where it can go and how to do it.'

By combining the data accumulated from the surveys with information from other studies, the group has put together a professional development kit for teachers that contains information on Hepatitis C and how to educate people about it.

For more information about this study or others involving Hepatitis C, call the Community Liaison Officer at the Australian Research Centre in Sex, Health and Society on (03) 9285 5382.

Three major Turning Point projects focusing on various aspects of heroin use are currently in progress following funding through VicHealth's Public Health Research Grants.

Turning Point's Heroin Research

Turning Point Alcohol and Drug Centre in Fitzroy is one of Australia's leading centres of drug research. Providing treatment, research services and training and support initiatives, the Centre plays an important role in contributing towards improving service provision, clinical practice and the development of health care policy aimed at reducing alcohol and drug-related problems in our community.

Three major Turning Point projects focusing on various aspects of heroin use are currently in progress following funding through VicHealth's Public Health Research Grants. One of these is looking at the effects of street trade and the other two are investigating overdose prevention.

Curbing the effects of street trade

Understanding more about the relationship between user behaviour and associated health consequences in the street heroin market is the main aim behind a new study being led by one of Turning Point's key researchers, Dr Greg Rumbold. The project is jointly funded by VicHealth and the National Health and Medical Research Council.

Following initial observations in six of Melbourne's street heroin markets, the project will involve an extensive survey of consumers and traders to examine the effects of these markets. Research will focus on the relationship between consumer behaviour, patterns of drug use and health consequences. Information obtained from the study will then be used as a foundation for developing more effective approaches to public health problems associated with heroin use. It is hoped that a better understanding will enable researchers to predict the consequences of changes in the market and their relationship to overdose, consumption patterns and heroin-related health problems.

'These changes may be to do with price or purity or simply to do with the environment in which the drug is purchased and consumed,' says Dr Rumbold. 'By observing how the markets operate in each of these areas, we hope to be able to better predict the effects of market changes on the health of users and the impact of these markets on the wider population.'

'We need to develop more effective approaches to the issue of street markets. For example, in our preliminary observations we noted that in one case a railway station previously used as an injecting location was closed down. As a result, the problem was simply displaced—people were injecting in a nearby public toilet in a situation that was a significant health risk for those individuals and the general public.'

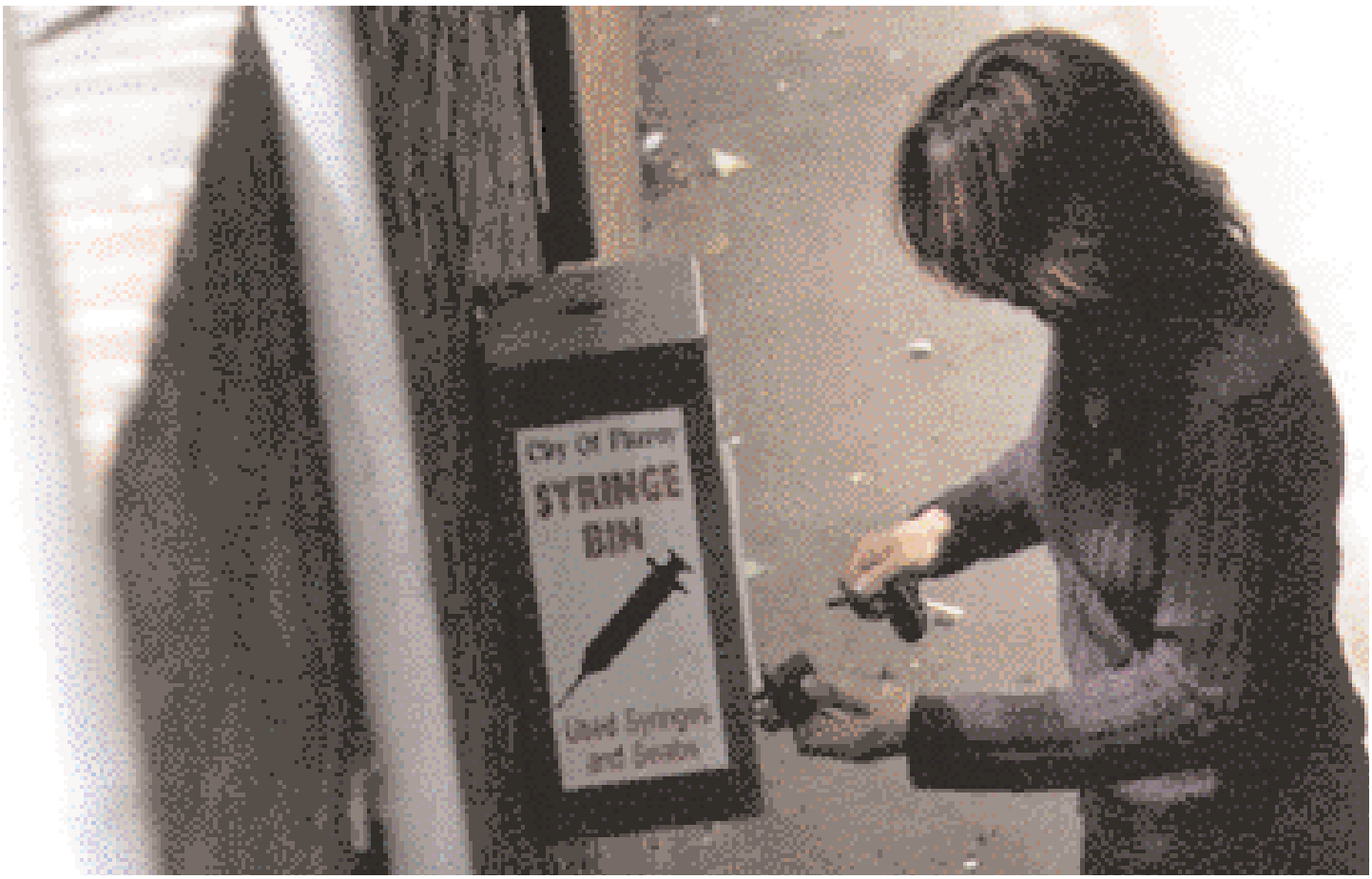
Dr Rumbold hopes that information obtained from the study will be helpful in the process of creating management strategies for such scenarios, both for the general public and for those accessing the markets.

Overdose prevention and harm minimisation

In an effort to curb the tragic numbers of overdose victims, Turning Point has two projects underway to examine the various factors that give rise to fatal overdose.

In one study, led by Dr Paul Dietze, researchers are hoping to identify the behavioural patterns that precede non-fatal overdoses, in an effort to obtain information useful in determining strategies for the prevention of overdose.

As Dr Dietze explains, if researchers can work out what sorts of behaviour puts people at increased risk when using heroin, then harm minimisation information warnings can be disseminated through existing programs that support intravenous drug users.



Photos courtesy of Dr John Fitzgerald.

'For example, if it is a particular factor such as binge-drinking episodes that are putting people at risk of overdose, then we can provide the messages around binge drinking, rather than not drinking at all,' says Dr Dietze. 'It doesn't make sense to people who routinely engage in that type of behaviour to say just don't do it at all. It is important that the information we are presenting is tailored to the types of behaviours that people engage in.'

To date, the group has interviewed over 100 participants who were recruited through the Metropolitan Ambulance Service and the St Vincent's Hospital Accident and Emergency department. Another 150-200 interviews are expected this year. Specific risk factors under investigation are tolerance-related factors (e.g. length of heroin use), other drug consumption (e.g. alcohol), personal factors (e.g. psychiatric and medical conditions) and dose-related factors (e.g. source of heroin).

Data collected through the study will be considered within the parameters of an innovative research design known as 'case crossover', which compares participants' recall of their behaviour prior to the overdose and their recall of their behaviour prior to other heroin-using episodes (both before and after the overdose). This will assist the study team to identify not only specific risky behaviours engaged in by non-fatal overdose victims, but also to examine how atypical/typical patterns of behaviour influence overdose occurrence.

In another study, researchers will be looking more specifically at the relationship between the characteristics of heroin markets and the purchasing decisions and consumption patterns of heroin users.

At present, little qualitative data is available in this area, particularly in relation to overdose and other heroin-related health problems. What researchers do know is that overdoses occur most frequently in areas with identified street-based heroin markets, that the experience of non-fatal overdose is common among users and that street-level heroin markets are expanding.

Chief investigator Dr David Moore says that it is vital to have a better understanding of this area to formulate appropriate health policies and intervention strategies. By focusing on one market, located in St Kilda, they hope to have an in-depth understanding of a market in a specific social context—to compare with more generalised data obtained from the other studies.

Once completed, the project's findings will be passed on to appropriate health bodies for the development of health care practices which will hopefully contribute to lessening the harm associated with heroin use.

For more information about Turning Point and its associated research projects, contact the Centre in Melbourne on (03) 9254 8061.

Safe Injecting
in the Country

Through direct contact with users, and as an information service for the general public, project workers are in an excellent position to communicate messages of harm reduction and drug use education.

Photo courtesy of Centre for Harm Reduction, Macfarlane Burnet Centre, Australia.

As the single most common vehicle for transferring Hepatitis C and a significant method of HIV transmission, syringes represent one of the biggest health dangers associated with intravenous drug use.

Until recently, urban populations have been the focus of needle and syringe programs, with rural programs receiving stock, literature and operational support from agencies funded by the Department of Human Services but no operational funding.

However, following a grant from VicHealth last year, the Castlemaine District Community Health Centre has been able to launch 'The Safe Team', the first rural outreach needle and syringe program for intravenous drug users in country Australia.

Outreach volunteers operating in pairs now deliver services to clients who would otherwise fail to access the free needle supply and disposal provided by the program.

The co-founder of the outreach service, Jean Wyldbore, has extensive experience in the establishment of community-based sexually transmitted disease and blood-borne virus health projects. She says outreach programs help overcome many of the obstacles that prevent users from accessing clean needles and syringes and disposing of used ones properly.

'Worries about privacy or confidentiality prevent users from utilising the fixed-site services available,' says Jean. 'Or, in some cases, they simply don't have transport access to them.'

'Ultimately, the biggest problem arising from this is that people will share and reuse needles, or they will dispose of the used sharps in a manner that places the general public at risk.'

Funds from VicHealth have enabled the previously sporadic volunteer program to employ a part-time coordinator to ensure regular operating hours every Friday and Saturday night, and to provide a base service for the collection of syringes found by the general public. The Centre for Harm Reduction and the Reichstein Foundation have also provided funding for the project.

Outreach program volunteers, who are trained to handle used syringes and communicate relevant health messages, meet clients at a pre-arranged location where they hand over safe injecting supplies and safer sex products.

Through direct contact with users, and as an information service for the general public, project workers are in an excellent position to communicate messages of harm reduction and drug use education.

'There is a lot of anecdotal information that is coming back into the project which is giving us a clearer picture of what our clients are doing in our Shire,' says Jean.

'The program is about harm reduction when dealing with intravenous drug use. People use drugs because sometimes it is the only coping strategy they have for dealing with other issues in their lives. With the free syringe program we are lessening the dangers of adding the further problems and issues of blood-borne diseases to their lives. This safety aspect is, for me, the most important element of the program.'

At the end of the funding period the group will collate project data for the purpose of developing a model of best practice that can be transferred to other regional areas.

For more information about the Needle and Syringe Outreach Program operating in Castlemaine, contact The Safe Team's coordinator, Adrian Laragy-Walker, on 0408 590 752.

‘Whitelion Incorporated’ recruits well-known athletes and sports people willing to contribute their time, skills and insight. This mentor scheme enables participants to benefit from interactions with positive role models.

Anthony Stevens, Vice Captain, North Melbourne Football Club.

Finding Connectedness in the Juvenile Justice System

Whether it is family, school, friends, employment or society at large, everyone needs something to connect themselves to—a sense of ‘connectedness’. For young people, this need is much greater.

For those lacking any real sense of security and belonging, drugs, in particular heroin, fill this gap. In many cases, drugs are linked to crime.

After working for several years as a youth worker at the Parkville Youth Residential Centre, North Melbourne footballer Brady Anderson is now running a program to help young people caught up in the legal system to develop a sense of connectedness.

‘Whitelion Incorporated’ recruits well-known athletes and sports people willing to contribute their time, skills and insight. This mentor scheme enables participants to benefit from interactions with positive role models.

Three juvenile correction centres in Victoria participate and around 200 young offenders are able to access the program. Whitelion ensures committed individuals visit regularly and take the young people through sports training sessions, round-table discussions and, in the near future, music and arts workshops.

The role model recruits see these individuals on a regular basis and have a chance to develop a rapport based on trust and respect. Gradually a constructive and supportive relationship develops.

Although the curriculum varies, a typical week’s program may include footy clinics, basketball, snooker, volleyball, baseball and sit-down discussions. As the kids move through the program, they are able to go on outings to concerts, Australian Football League matches, training sessions and the movies with their mentor.

As Brady points out, when the kids feel as though they have some sort of relationship with these people it gives them a shot of positive self-esteem.

‘One of the boys who was in here for over four months and joined the program is now out and working with the North Melbourne Football Club during training sessions,’ says Brady.

‘After coming along to training with me and meeting all the guys, they ended up taking a real shine to him because of the enthusiasm he showed in sticking with us. He now has a job each week with us and knows he can call on us if he needs to.’

‘The change we have seen in him is fantastic. For other kids, it takes a while getting used to the program. Gradually we are seeing them become much more enthusiastic as they get involved in sports. It is obvious that they are much more likely to get involved when these guys are helping out.’

To date, the program has established links with a range of participating organisations including the Victorian Institute of Sport, Melbourne Cricket Club, North Melbourne Football Club, YMCA, AFL Players Association and Bulleen Boomers Basketball Team. Professional sports people are also involved, including Danielle Di Toro, Australia’s no. 1 wheelchair tennis player, who is recognised as a strong role model for young women in particular.

For more information on the Whitelion Program, contact Brady Anderson on 0408 995 009.

The Push 2000

The Music Continues

'The important message we are trying to promote through our events is that you really can have a good time without smoking and drinking and getting out of it.'

The saying may be 'Sex, Drugs and Rock 'n' Roll', but for Victoria's youth the epitome of a good time, the massive rock concert, has come to symbolise a seriously hard party—without the help of substances.

Since its conception over 12 years ago under the auspices of the then Office of Youth Affairs, the non-profit statewide organisation 'The Push' has introduced the concept of affordable, alcohol-free entertainment across the State.

With the assistance of funding from VicHealth, along with core financing through the Department of Human Services' Freeza program, The Push operates through a network of clubs in metropolitan Melbourne and regional Victoria. These smaller organisations consist of young people from various communities who meet regularly to organise their own alcohol and drug-free entertainment with the assistance of staff and resources of The Push and a local youth or arts worker.

The organisation's popular annual events include the statewide Battle of the Bands competition, the Regional Tour, which sees popular bands perform in regional areas, and the recently staged '*Be Your Best*—Push On 2000' which brought music, entertainment and information technology together in one venue. This was the final showcase for winners of the popular Battle of the Bands competition, which brings together around 18,000 young people each year in its series of heats across the State. This major concert gives budding performers a chance to consolidate their talents and play alongside the big names.

Event Manager Susan Forrester, who has been with The Push for the past four and a half years, says that as a tool for spreading the *Be Your Best* message The Push really does work, teenage angst and all.

'The important message we are trying to promote through our events is that you really can have a good time without smoking and drinking and getting out of it,' says Susan, emphasising that responsibility has a lot to do with it. 'Those volunteers who help to put the shows on the road find themselves something to throw their energy into, and something that produces a good time in a very social setting.'

'And it's cool. As everyone knows, the concept of cool is extremely important when you are that age and we are up against a period of growing up when it is normal to try things out, identify with role models and work out what you can do to enjoy yourself.'

'But the feedback we get through the 26 centres that we are involved with is that these kids are getting a real charge out of having the responsibility to participate, especially in an organisational capacity. When you are around people who aren't smoking and drinking, but are managing to have a lot of fun in a really creative manner, the peer influence starts to take effect.'

From its main office in Melbourne, The Push team helps affiliated groups put together their own shows by advising on everything from production, sponsorship, location management, security and dealing with bands to coming up with a concept or idea.

For more information call Bronwyn Tanti or Susan Forrester at The Push on (03) 9417 1655.

Gay and Lesbian Drug Education Project

Particular aims included investigating levels and patterns of drug use, identifying aspects of gay and lesbian culture which support or promote drug use, and exploring separate issues for gay men and lesbians.

The Gay and Lesbian Drug Education Project conducted by the Australian Drug Foundation (ADF) and Alternative Lifestyle Foundation (ALSO) is entering its final phase. The project set out to explore the extent and meaning of alcohol and other drug use within gay, lesbian and allied communities throughout Victoria. Particular aims included investigating levels and patterns of drug use, identifying aspects of gay and lesbian culture which support or promote drug use, and exploring separate issues for gay men and lesbians.

The method included surveying over 500 individuals with a questionnaire based on the 1995 National Household Drug Survey. In order to provide a comparison with drug use in the general community, the results are being compared to those of the 1998 National Household Survey. The survey data is supplemented with qualitative data gained from face to face interviews with ten community members, eight health workers (seven of whom identified as gay or lesbian), two focus groups and a community forum.

The findings of the research will be disseminated widely within gay, lesbian and allied communities, and health service and health promotion networks between April and June 2000. Several key community organisations, including the ALSO Foundation and Lesbiana, will assist that process. Avenues for dissemination include gay and lesbian community media (newsletters, newspapers, radio and television programs), community groups and organisations, health services and health promotion newsletters, magazines and workshops, alcohol and drug and health promotion/health education journals and conference papers.

This research project is being run by the ALSO Foundation together with the Australian Drug Foundation. VicHealth provided funding for the project. For more information contact Geoff Munro, Director, Centre for Youth Drug Studies, ADF on (03) 9278 8100 or visit the ADF website at www.adf.org.au.

VicHealth News

Dr Robert Burton, Director, Anti-Cancer Council of Victoria; Dr Ron Borland, Director, VicHealth Centre for Tobacco Control; Health Minister the Hon. John Thwaites; Dr Rob Moodie, CEO VicHealth.

VicHealth Centre for Tobacco Control Launch

The VicHealth Centre for Tobacco Control was officially opened by Health Minister the Hon. John Thwaites on Wednesday, 8 March 2000.

The Centre, a consortium of the Anti-Cancer Council of Victoria, the University of Melbourne's Centre for Public Policy and the Institute of Public Health and Health Services Research at Monash University, will play an instrumental role in researching the legal and social issues involved in reducing the level of smoking the community. Dr Ron Borland is the director of the new Centre.

The VicHealth Centre for Tobacco Control helps fill a need for research on broader socio-political and policy factors associated with tobacco use, and on how we can work to change public policy to advance tobacco control. The establishment of the Centre will help see tobacco control move forward into the 21st century.

Mental Health Promotion Plan 1999-2002

Work continues on VicHealth's *Mental Health Promotion Plan*, which aims to address the way society thinks about mental health—in the workplace, in schools, in the media, in government and in health care settings—and to increase community understanding of the importance of mental health and wellbeing.

Since the October 1999 launch, we have focused on refining priority issues, consulting with stakeholders and drafting funding guidelines.

Grant guidelines for the following projects were advertised recently:

- the Rural Partnerships in Mental Health and Wellbeing Program;
- the Social Development for New Arrivals to Australia Program;
- the Sexual Diversity Grants for Rural Gay, Lesbian, Bisexual and Transgender Young People;
- a mentoring project located in juvenile justice centres across Victoria;
- a statewide project which aims to enhance the educational and training pathways for young people who are new arrivals to Australia;
- projects which focus on older people.

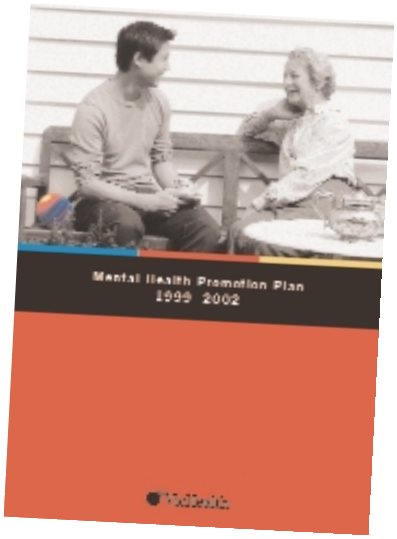
Funding programs for the Koori community, young people and arts in local government areas are planned for development in the next 12 months.

All projects will focus on building the capacity of communities, organisations and practitioners to understand, implement and sustain mental health promotion activity.

Evaluation of these projects and programs forms a major component of the Plan.

VicHealth has received extremely positive feedback on the Plan. This was particularly evident in the solid attendance of rural workers at information sessions conducted by VicHealth in February, when we visited every rural region across Victoria.

For further information please contact Irene Verins on (03) 9345 3255 or visit the VicHealth website at www.vichealth.vic.gov.au.



The *Health Promotion Journal of Australia* - New Directions

Successful health promotion relies on mobilising all sectors of society to support its goals. This involves, among other things, reaching out into all sectors of society to let people know what health promotion is about. Health promotion is an inherently unboundaried enterprise. In recognition of this imperative, the Australian Association of Health Promotion Professionals has changed its name to the more inclusive Australian Health Promotion Association. The Association's peer-reviewed journal, the *Health Promotion Journal of Australia*, is now making a concerted effort to widen both the range of its offerings and the spread of its readership.

The redesigned Journal (edited by Dr Rob Moodie of VicHealth) links health promotion professionals and workers in other sectors, offers discussion and debate on contentious health issues such as drugs policy, includes material on professional practice, showcases recommendations on health promotion policy and provides international examples from the field. It also maintains a forum for Australian health promotion researchers.

The Journal comes out three times a year and is backed up by a reference website. It contains news of seminars, conferences and new books. Readers can draw on the collective expertise of the vital and growing Australian health promotion movement. Anybody interested in health promotion should read it, subscribe to it, and write for it.

For subscriptions to the Journal contact the Australian Health Promotion Association at ahpa@usc.edu.au. For submission of articles contact Chris Borthwick at VicHealth on (03) 9345 3210.

Research Projects

Over the past 11 years, VicHealth has provided significant funding to researchers to undertake public health research projects. Continuing in this tradition VicHealth, together with the Department of Human Services' Public Health Division, recently announced 18 new Public Health Research Grants commencing in 2000. For the next three years, approximately $3 million in research funding will help Victorian researchers to conduct public health and clinical research projects which focus on a wide variety of health promotion action areas, such as mental health promotion, illicit drug use and reproductive health.

VicHealth Senior Research Fellowships

VicHealth offers senior research fellowships to encourage world class research to take place in Melbourne. Such research is an important addition to our capacity in public health and assists in translating basic clinical research into practice and policy.

VicHealth is pleased to announce the appointment of Dr Ruth Morley, who will investigate the role of maternal nutrition and infant growth in determining outcomes for children from twin and singleton pregnancies. Emerging evidence that growth in infancy may be important for later health and cognition will be tested by non-interventional studies of birth size, growth in infancy and health and cognition in twins and singletons.

Older People's Projects

The International Year of Older Persons is over but did it change anything? According to many involved in the 39 *Positive Wellbeing for Older People* projects funded by VicHealth and the Department of Human Services, a great deal has changed for them personally.

The Spring 1999 edition of VicHealth Letter reported on the success of five of these projects. Other projects can also cite similar success stories that show how the health and confidence of participants have improved. Older people are managing the projects, working with university staff on research and curriculum development, making new friends, working with children in primary schools, telling stories, and trying new things like tai chi, computers and water aerobics. And the list goes on.

Although the projects are quite different from one another they have many issues in common. These include participation, achieving change (often against resistance), dismantling stereotypes, cultural diversity, empowerment, and older people in leadership roles. There are many wonderful stories from the projects to illustrate how people tackle these issues.

Many of these projects are now winding up or have finished. VicHealth has contracted the Council on the Ageing Victoria (COTA Vic) to assist project evaluation, documentation and outcome dissemination. The COTA Vic project will continue for another six months.

For further information on any of these projects contact Margot Fitzpatrick on (03) 9345 3209.

Australian Summer School in Health Promotion

The VicHealth Summer School is a structured two-week program for international health practitioners which provides an overview of health promotion strategies, programs and methods undertaken by VicHealth and associated agencies to encourage adoption and adaptation in other countries.

Between 31 January and 12 February 2000, 22 health workers from eight different countries participated in the school, including paediatricians, chief medical officers of federal health departments, directors of community health centres, outreach workers and government health advisers. Countries represented included Cambodia, Thailand, New Zealand, Fiji, India and Hong Kong.

The Summer School was presented in collaboration with leading academics and practitioners in universities and health agencies. The course incorporated field visits, lectures, seminars and a thorough social program. Course content was based on the theory and practice of health promotion and included discussing health promotion in a variety of settings, focusing on risk factors and looking at population groups.

Site visits included Heatherhill Secondary College to see Health Promoting Schools in action, North Richmond Community Health Centre, Melbourne Sports and Aquatic Centre, Foundation for the Survivors of Torture and the Anti-Cancer Council. The students also spent a day hosted by the Rumbalara Aboriginal Cooperative in the rural centre of Shepparton.

Rumbalara Aboriginal Cooperative.

VicHealth Recreation Grants Program 2000

The Recreation Grants Program is an initiative emerging from *Strategic Directions 1999-2002*. This is the first time VicHealth has provided funding specifically for recreation projects.

The key aim of the program is to increase access to recreation for disadvantaged groups, through the development and strengthening of collaboration and partnerships between local government, local non-government and recreation, arts, cultural, health and community organisations.

The Recreation Grants Program Guidelines were developed in partnership with Victoria University of Technology. The process included four community consultation workshops held in the latter part of 1999, with a variety of community and government agencies represented. As this is the first community recreation grants program offered in Victoria for over six years, it has created enormous interest from a range of organisations, including schools, universities, local governments, community health centres and other community groups.

Forty projects (totalling $761,882) have been funded, comprising 23 projects in metropolitan Melbourne and 17 projects in rural Victoria. Grant recipients include housing services and mental health services, with target groups including isolated rural young people and homeless and marginalised people in the inner city. Diversity is also reflected in the cultural orientation of the groups.

Workplace - The Value of a Diverse Workforce

On 22 March, VicHealth's workplace program presented 'Valuing Diversity', a workshop looking at issues facing older workers and people with a disability. Globalisation, improvements in technology and an ageing workforce are external trends that will impact on organisations and communities over the next three to five years.

Myths such as older workers cost more, are hard to train, and are less productive than younger workers are inaccurate in many cases. With the external market and the health of an organisation in mind, it is important that organisations look beyond the myths that have perpetuated for years about employing older workers and concentrate on the benefits that can be gained from a diverse workforce.

Research undertaken by Jobs East indicates that a diverse workforce makes good business sense, particularly when one considers the importance of reflecting a diverse customer base, skill and labour supply shortages, and the broader national economic and social agenda.

Upcoming workshops include:

May 17 'Mentoring in the New Millennium'

May 31 'Lessons to be Learned from Longford'

For further information please contact Jenny Borlase, Business Development and Workplace Program, on (03) 9345 3221.

Resources

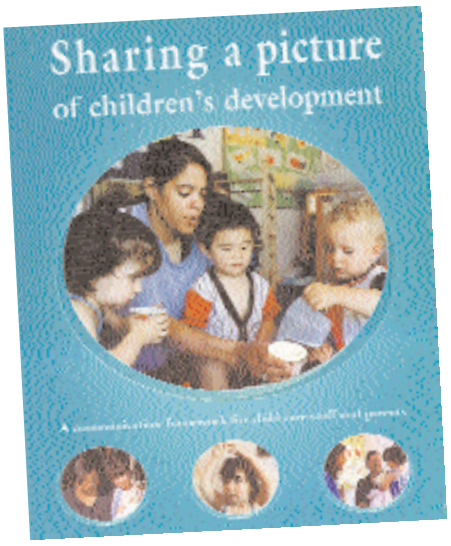
Royal District Nursing Service (RDNS) Homeless Persons Program

On 27 January 2000, the Minister for Housing and Aged Care, the Hon. Brownyn Pike, officially launched the RDNS report *A Framework: Improving Health Outcomes for People Experiencing Homelessness in Victoria*.

Resource Kit for Healthy Eating

A Resource Kit for Promoting Healthy Eating—The Experience of 3 VicHealth Funded Projects was officially launched on 14 February 2000 by Ms Jenny Lindell, MLA for Carrum and VicHealth Board member.

For further information please contact Lee Choon Siauw on (03) 9345 3251.



National Launch of Sharing a Picture of Children's Development

On 29 March 2000 the Member for Murray, the Hon. Dr Sharman Stone, officially launched *Sharing a Picture of Children's Development*, produced by the Centre for Community Child Health, Royal Children's Hospital.

Lookin' After Our Own—Koori Book Launch

On 29 February 2000 His Excellency the Hon. Sir William Deane, AC, KBE, Governor General of the Commonwealth of Australia, officially launched the book *Lookin' After Our Own—Supporting Aboriginal Families Through The Hospital Experience*.

For more information please contact the Royal Children's Hospital Aboriginal Family Support Unit on (03) 9345 6111 or email hartneyj@cryptic.rch.unimelb.edu.au.

COMING UP

Applications for Senior/Principal Research Fellowships

VicHealth is offering up to two Senior/Principal Research Fellowships starting in 2001. Investigators who are engaged at a post-doctoral or more senior level in a health related field of research are eligible to apply. The field of research must be relevant to the objectives of VicHealth, which aim to promote good health and prevent illness, injury and disability. Applications are encouraged that focus on the social determinants of health, that work with the population groups identified by VicHealth as having poor health outcomes, and that develop an evidence-base for health promotion in VicHealth's health promotion action areas. Applications close on 18 August 2000.

Guidelines and application forms are now available on our website. See www.vichealth.vic.gov.au or contact Jacqui Randall on (03) 9345 3212.

VicHealth News

Investing in Social Capital as a Population Health Improvement Strategy

A/Prof. Ichiro Kawachi Seminar

Associate Professor Ichiro Kawachi, Director, Harvard Centre for Society and Health, Harvard School of Public Health, is one of the world's leading social epidemiologists. His particular interests are social capital, and social inequalities and health.

The School of Health Sciences at Deakin University and the National Centre for Epidemiology and Population Health, Australian National University, are bringing Associate Professor Kawachi to Australia to teach a short course on social epidemiology. The course will be taught from 8 to 12 May 2000.

To coincide with the visit, VicHealth, in conjunction with Deakin University and NCEPH, will be conducting a seminar with Associate Professor Kawachi entitled 'Investing in Social Capital as a population health improvement strategy'.

The seminar will be held on Friday, 12 May 2000, from 3 to 5 p.m. Cost: $25

For registrations details please contact VicHealth on (03) 9345 3200. Places are strictly limited, so please register as soon as possible.

Body Image Seminar

'Body Image: A Help or Hindrance to Promoting Healthy Eating, Physical Activity and Mental Health?' Presenter: Thea O'Connor, Director, Body Image and Health Inc.

This interactive seminar will provide participants with:

- an overview of the latest research on the links between body image and a range of health behaviours;
- an understanding of how body image issues can undermine or enhance a person's ability to adopt a healthy lifestyle;
- an opportunity to explore practical strategies for integrating body image into their health promotion work.

Date: 7 June 2000 Time: 4-6 p.m.

For more information please contact Helene Finnie at VicHealth on (03) 9345 3200 or email hfinnie@vichealth.vic.gov.au.

Breathing Easy *SmokeFree* Gigs

World No Tobacco Day—31 May 2000

Following the success of last year's 'Breathing Easy' pilot, VicHealth has funded QUIT to expand the project and encourage hotels and clubs that offer live music to go smoke-free in 2000.

Coordinated by Melbourne performer and publicist Diana Wolfenden, the Breathing Easy project kicked off the year with the launch of *Going SmokeFree*, a resource kit for venue owners and managers. The kit was launched on 14 March by VicHealth CEO Dr Rob Moodie as part of an information seminar for venue owners held at a smoke-free jazz club, The OZCAT, in North Fitzroy.

Breathing Easy is now encouraging venues, performers and patrons to become involved in 'A weekend of smoke-free gigs' during the weekend 26-28 May prior to World No Tobacco Day.

For copies of the kit, and for details on how you can be involved in the Breathing Easy project, contact Debbie Sandler at QUIT on (03) 9635 5524, email: dsandler@accv.org.au, or Diana Wolfenden, Breathing Easy coordinator, on (03) 9645 0975, or email wolfgirl@a1.com.au.

Sport Safety Equipment Grants

Playing your favourite sport is not always a healthy activity. In Victoria, 12.5% of all injuries occur in sport and recreation, at an estimated annual cost of $250 million.

Participating in sporting and recreation activities is important for physical and mental health. The Sport Safety Equipment Program is part of a strategy to help reduce sporting injuries and ensure people can participate in their favourite sport without fear of injury. VicHealth continues to fund research and safety promotion programs across Victoria and promotes the injury prevention message through the *Smartplay* program.

The most popular equipment includes approved headgear, shin guards, goal post padding, safety netting and mats, eye and ear protectors and modified equipment.

Applications are now available for the 2000 Sport Safety Equipment Program. Grants to a maximum of $2,500 are available to sporting organisations whose primary responsibility is the organisation and implementation of physical activity within their local community. Organisations that apply also need to demonstrate a commitment to implementing a non-smoking environment.

Applications close on Friday, 16 June 2000. A decision on applications will be made by 27 August 2000.

For more information or an application form please contact VicHealth on (03) 9345 3246 or visit the VicHealth website on www.vichealth.vic.gov.au.

VicHealth acknowledges the generous contribution of Dr John Fitzgerald who granted permission to use his photographs.

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Telephone: (03) 9345 3200 • **Facsimile:** (03) 9345 3222 • **Email:** vichealth@vichealth.vic.gov.au
Editors: Karen Coates *(Publications Coordinator)* Melissa Corkum *(Media Coordinator)*

VicHealth