

centre lines

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issuing **forth**

The proposed Australian internet filter:
How will people who use drugs be affected?



Image: Stephan Röhl, www.flickr.com

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contents

edspace	1
headspace	2
issuing forth	2
Monica Barratt discusses the possible consequences for drug users of the proposed Australian internet filter	
project notes	5
The National Alcohol Sales Data Project	
ADHD in dependent drug and alcohol users	
abstracts	6
Summaries of recently published articles	
recent publications	7
staff list	8

edspace

Welcome to the August issue of *CentreLines*.

Last year, as part of its strategic planning process and in consultation with stakeholders, NDRI identified and implemented eight new key research priority areas, one of which is the emerging area of "new technologies". With use of the internet and other electronic media embedded in the everyday lives of most young Australian drug users, this area provides significant opportunities for the delivery of information and interventions. NDRI research is focusing on developing the evidence base to improve both understanding and responses to the intersection between drug use and information and the online environment. However, as NDRI Research Fellow Monica Barratt points out in *Issuing Forth*, it is vital that the potential of new technologies to reduce drug-related harm is not cut short by the well-intentioned introduction of the proposed Australian internet filter.

Monica Barratt joined NDRI as a PhD scholar with the support of a scholarship from the Australian Government Department of Health and Ageing, and is now in the final stages of writing her thesis in which she explores the use of online forums by Australian party drug users. NDRI has an active postgraduate program: a number of scholarships are available and staff can supervise PhD scholars in a variety of areas related to alcohol and other drug issues. By undertaking a PhD at NDRI, scholars have the chance to contribute real solutions to the growing problems of alcohol and other drug related harm in Australian society. NDRI hosts an annual information evening aimed at future PhD, Honours and Masters students (see page 7).

For more information about NDRI's research and other activities, please visit ndri.curtin.edu.au.

Rachael Lobo
Editor

NDRI
national drug research institute

headspace

History is replete with examples of unintended harm arising from noble intent. In *Issuing Forth* Monica Barratt alerts us to a potential risk that could arise from the Australian Government's intention to pass legislation to mandate that internet service providers (ISPs) block all websites hosting refused classification content. We are all aware of the influence of the internet and other electronic communications on the drug field. The internet in particular is a potential conduit to drug supply, to information and misinformation about drugs, and a potential medium for prevention, harm reduction and other interventions.

There are those among us who might welcome legislation that limits access to misinformation or poor quality information about drug use, or information that appears to glamorise or normalise use. However,

an ever increasing proportion of the community, including those who use drugs, communicate and source information via the internet. Some people use the internet to seek information about drug use, how to avoid and reduce risk, and how to get help, because that is how they prefer to get their information in general, and/or because the internet allows anonymous access to information and advice that does not carry the risks associated with personal inquiry.

We are only just beginning to explore the potential for effective prevention, harm reduction and treatment effort. Some initial important steps are being taken to ensure that there is some quality management of the information and dialogue that occurs. But if drug websites are blocked, not only is there a danger that we will limit access to an increasingly important medium for information and intervention, a medium

that is accessible and preferable for at least some consumers, there is a danger that we will lose any capacity to influence access to high quality and accurate information.

There is no stated specific intent that some of the websites described by Monica should be targeted. But they are likely to be caught up in a broad sweep that has the potential to reduce access to quality information and to effective advice. Public health needs to be more keenly considered in the framing and implementation of the legislation, or we potentially make things worse. **cl**

Steve Allsop
Director



issuing forth

The proposed Australian internet filter: How will people who use drugs be affected?

The Federal Government has proposed legislation mandating that internet service providers (ISPs) block all websites hosting refused classification content¹⁻³. According to the Australian Communications and Media Authority (ACMA)⁴, refused classification content includes "child abuse and child sexual abuse material, depictions of bestiality, material containing excessive violence or sexual violence, detailed instruction in crime, violence or drug use, and/or material that advocates the doing of a terrorist act". Presently, online content that is brought to the attention of the ACMA can be refused classification, but only websites hosted in Australia can be issued with a notice forcing them to shut down. Website owners can easily bypass these laws by hosting their websites in other less restrictive countries. Under the proposed legislation, ISPs would be required to block all sites that meet the definition of refused classification^{2,3}.

In 2011, the Australian Law Reform Commission began a review of the National Classification Scheme, including within its investigation the definition of refused classification⁵. NDRI has responded to the issues paper⁶ by considering the potential public health impacts of the proposed internet filter for people who use drugs.

The status of drug-related online content in Australia

Lumby et al.⁷ list the types of online content that can be refused classification under current law. They include within this list "instruction on drug use" (p9). The definition of refused classification in the *Classification (Publications, Films and Computer Games) Act 1995 (Cth)* is broad and relies on an evaluation of whether the material would "offend against the standards of morality, decency and propriety generally accepted by reasonable adults". Media that "depict, express or otherwise deal with matters of... drug misuse or addiction" and/or "promote, incite or instruct in matters of crime" may be refused classification, subject to the extent to which they would 'offend reasonable adults'. These laws indicate that print publications, films, games and online content deemed to instruct in or promote drug use may be banned in Australia. Indeed, the books *E for Ecstasy*⁸ and *PIHKAL: Phenethylamines I have known and loved*⁹ were refused classification in the 1990s due to drug-related content.

The Australian Government currently provides indirect funding for the development and maintenance of Australian websites that aim to provide instruction

in drug use for the purposes of harm reduction^{10, 11}. If members of the public complained about these websites, and the ACMA deemed their content to be 'offensive to reasonable adults', such Australian-based sites could be issued with take-down notices under existing law. Although the Federal Government has not yet targeted overseas or local websites that provide instruction in drug use, local websites "set up by a community organisation to promote harm minimisation in recreational drug use" (p13) and an online "university newspaper which include[s] an article about smoking marijuana" (p14) could technically be refused classification under the current system⁷. This power would be extended to overseas websites under the proposed legislation.

Use of drug websites in Australia

Most evidence suggests that illicit drug use is increasingly occurring in an environment saturated with internet technologies. About 28% of Australians aged 20 to 29 years and 25% of those aged 18 to 19 years reported the use of any illicit drug



in the past 12 months in the most recent National Drug Strategy Household Survey (2010)¹². These young adults were more likely to report recent drug use compared to both younger (14% of 14-17 year olds) and older (19% of 30-39 year olds; 13% of 40-49 year olds) groups¹². The most recent Australian Bureau of Statistics data indicate that young adults, who are the most likely to use illicit drugs, report high levels of internet access: over 90% of Australians aged 15 to 34 years reported internet use in 2008-09 and almost all of this use occurred regularly (either weekly or daily)¹³. People who use drugs are also increasingly reporting the internet as an important source of drug-related information^{14,15}. In contrast to this general trend, ecstasy users recruited at dance events in 2006-07 in three Australian cities reported either never (45%), rarely (33%) or sometimes (13%) accessing the internet for drug information¹⁶.

NDRI's recent research involved engagement with the users, moderators and administrators of 40 internet forums where drugs were discussed in Australia¹⁷. We recruited 837 drug users who recently participated in online drug discussion to complete an online survey, and 27 of these respondents also completed in-depth qualitative interviews. Nearly three quarters of the drug users who responded to our survey were male and their average age was 23. Over the 18 month data collection period (2007-2008), NDRI also engaged in online participant observation and saved records of interactions between drug users in public internet forums. To better understand how forums were run, we also approached forum moderators and administrators and engaged them in discussions about how they deal with drug-related content on their websites.

We asked survey respondents whether they had searched or browsed different types of websites or online forums in the past 6 months. As shown in Figure 1, pill report websites were the most commonly reported (82% of 778). Over half of those who reported accessing websites for drug information reported use of Wikipedia (56%), other drug harm reduction websites and forums (56%), and Google or other search engines (54%) to access drug information. Half the sample (50%) reported accessing dance or music websites and forums to obtain drug information. Other website types, including government websites, were considerably less popular. NDRI's findings are consistent with Bleeker et al.¹⁶. The internet users among Bleeker's more mainstream group who were recruited at dance party events nominated similar websites¹⁶.

Harm reduction through online drug discussion

NDRI's research suggests that:

- The vast majority of Australians who use illicit drugs and participate in online drug discussion do so to reduce the risks of their use,
- they value the increased accessibility and anonymity afforded by online communications and content,
- the most common drug practices researched online included new drug types, dosage and drug purity, and
- forum rules and practices encouraged accurate information and discouraged sourcing of drugs.

We asked survey respondents if they had performed specific activities 'when reading or participating in online drug discussion'.

Almost all respondents (88%) had read or participated in online discussion for the purposes of reducing harm. This category included 'learnt how to use drugs more safely' and 'learnt how to avoid bad experiences with drugs'. A similar proportion of the sample (80%) reported reading or participating in online discussion for the purposes of enhancing effects. This category included 'learnt ways to enhance drug effects' and 'found out about new ways to get high'. Only 20 respondents who reported seeking information to enhance effects had never engaged in harm reduction. This group represented just 3% of all respondents who had ever tried to enhance drug effects through online research. These results indicate that internet forums play an important role in harm reduction practices by reaching people who seek to enhance their drug experiences.

We also conducted qualitative online interviews with 27 drug users who were involved in online drug discussion. According to these interviews, the main advantage of using online forums to discuss drugs was accessibility. For example, 'collective responses' were given more weight than the opinions of individuals when gathering information (e.g., 'if it's online, you're more likely to get a collective response'). The benefits of online drug discussion were often set in contrast to other sources of drug information such as friendship groups, which were usually described as limited by lack of expertise (e.g., 'Online you can talk to a diversity of people... offline you generally get to talk to some pretty ignorant people'). The importance of accessing other drug users was also mentioned (e.g., 'Here are people who have also been through what I have'). Accessing a wide variety of people, experiences and opinions was also highly valued (e.g., 'I could talk to guys in pubs all my life and still never find one person who's heard of 2C-B').

The other advantage of the internet for discussing drugs was perceived anonymity of accessing the information and interacting with people online. Interviewees described how online drug discussion protected them from divulging their own use of drugs to people in their everyday lives, whom they believed would be more likely to pass negative judgement or stigmatise them (e.g., one interviewee said he would be 'scared of people judging' if he were seen 'walking into' a 'centre in the street with all this info').

In terms of which drug practices were affected by online drug discussion, we classified interviewee responses into eight categories (from most to least popular): (1) trying new drug types; (2) dosage;

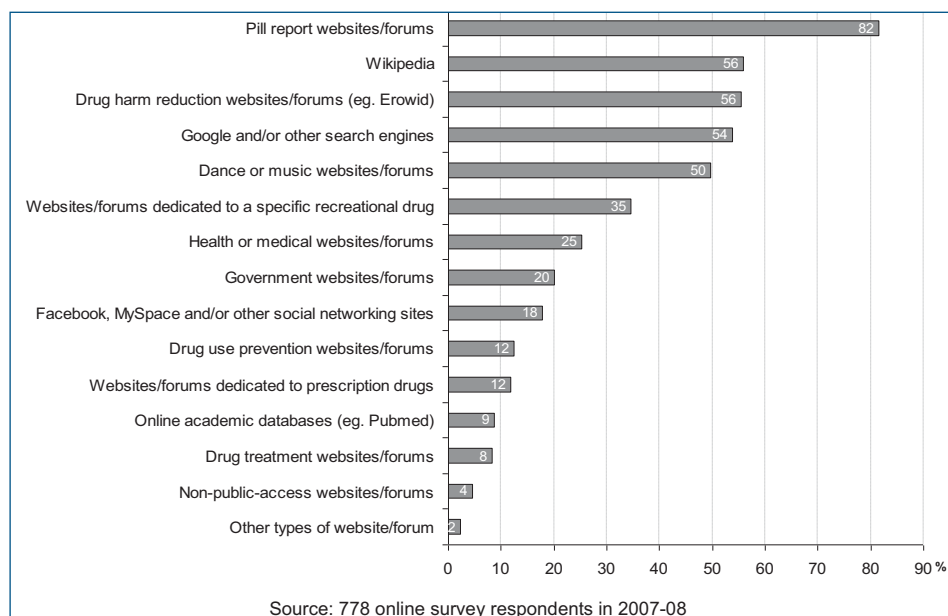


Figure 1: Websites/forums searched or browsed for drug information in the past 6 months

issuing **forth** continued...

(3) content and purity; (4) combining and mixing; (5) settings of use; (6) methods of use; (7) preparing and extracting; and (8) drug sourcing and access. Consistent with concerns that some authorities have about the internet, most interviewees discussed discovering drugs they had not heard of through the internet, (e.g., 'It's definitely taught me about some more obscure drugs which has led me to find them and try them'). Typically, interviewees described finding out about new drug types online as a trigger for their curiosity, although there were also cases where interviewees described avoiding particular types of drugs after researching them online. Only three of 27 interviewees mentioned finding out about how to access drugs online.

All public internet forums we accessed were moderated, usually by volunteers. In some cases, moderators aimed to ensure that content reflected a harm reduction ethos of moderate and informed drug taking, while in others, any drug discussion that involved instructions or personal admissions was prohibited (e.g., 'if someone just wants to get high or looking for a quick buzz they get called out pretty quickly'). Moderators also referred forum users to trusted information sources or invited experts (ambulance officers, drug educators) to answer drug-related questions. Forum rules also prohibited people using the forums to source drugs and people who did so were usually warned or banned from using the forums.

How will people who use drugs be affected?

The most popular drug websites were those that are most likely to be refused classification under the proposed internet filtering policy⁷. *Pillreports.com* contains information about the content and purity of pills sold as ecstasy, as well as stories from users about their experiences and interaction between users that could be classified as instructional or promotional. Drug harm reduction websites, including *Erowid.org* and *Bluelight.ru*, contain explicit instructional materials, including instructions developed by drug users about the most effective and safest ways to consume drugs, and personal narratives detailing drug experiences designed to assist and educate other drug users. Wikipedia also contains detailed peer-written instructional material. Google offers gateways to websites based on global popularity, thereby reinforcing the most popular drug websites to searchers. These international sites are not currently affected by Australia's classification system. If the proposed ISP-level filtering system

was adopted using the current definition of refused classification, these sites could be added to the blacklist.

Such action could have negative consequences. Instructional drug discussion and information is likely to move from public to private channels of communication. Most Australian drug users, who are not experienced internet users likely to implement technical fixes that bypass the filter, will have limited or no access to: archives of peer-driven drug information, anonymous social support, official rules and social norms that regulate discussion, and wide and varied voices not otherwise accessible through real-world networks. Furthermore, blocking websites where people discuss drug use will hamper efforts to monitor drug users in order to produce interventions that are responsive to new drug trends. This action will also remove the possibility of engaging with online communities to produce better public health outcomes.

While we did find evidence that Australian drug users accessed information in order to find out about new drugs, we also found that almost all respondents reported going online to find information on how to prevent harmful outcomes. Importantly, many sought and found relevant information about reducing risks that was not available from official information sources. Blocking sites which contain 'detailed instruction in drug use' would ignore the complexity of balancing the potential negative and positive consequences of such websites.

Our research suggests that banning drug websites will likely have a negative effect on the overall health of Australian drug users. The definition of refused classification should be examined from a public health perspective. Specifically, the inclusion of 'detailed instruction in drug use' in the definition of refused classification requires reevaluation in light of the evidence presented here. It would be unfortunate if well-intentioned policy changes inadvertently increased harm by decreasing access to websites that may assist in reducing harm for individuals and the whole community. **cl**

Monica Barratt Research Fellow

Acknowledgment

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project notes

The National Alcohol Sales Data Project

Wendy Loxley, Tanya Chikritzhs and Richard Pascal

The Australian Government, via the Intergovernmental Committee on Drug Strategy, has funded the Drug and Alcohol Office of Western Australia and the National Drug Research Institute to develop the National Alcohol Sales Data Project. It is anticipated that the project will be ongoing and funded individually in five stages. At the completion of each stage a national report will be produced on levels and trends (where applicable) in alcohol consumption for all participating jurisdictions.

The aims of the project are to:

- construct an ongoing, regularly updated, national database of standardised alcohol sales data, for all Australian states/territories;
- monitor alcohol consumption trends by regularly estimating per capita alcohol consumption for all participating states/territories;
- provide an annual report on consumption by region containing summaries of alcohol sales data and per capita alcohol consumption estimates for all participating states/territories; and,
- provide standardised alcohol sales data sets for use by jurisdictions.

The first annual National Alcohol Sales Data Project report was submitted to the Ministerial Council on Drug Strategy for approval in 2010. This report is based on data received from three jurisdictions: the Northern Territory, Western Australia and Queensland.

Estimated per capita alcohol consumption in the Northern Territory was between 14.5 and 15 litres of pure alcohol per individual aged 15 plus across the years 2005/06, 2006/07 and 2007/08 (these figures allowed for the influence of tourism). Total pure alcohol volumes sold were highest in Darwin. Over the three years the volumes sold in each of the urban centres were generally similar.

In Western Australia across the same three years alcohol consumption ranged between 10.8 and 12.5 litres of pure alcohol. The volumes of pure alcohol sold were similar across the state except in and around the metropolitan area where volumes were greatest closest to the city. Per capita consumption on the other hand was highest in the west and north of the state. This

may be influenced by workers who are not usually included in population estimates. The central metropolitan area had higher rates of per capita consumption than surrounding areas which is likely to be due to the abundance of entertainment venues.

The estimated consumption for Queensland in 2007/08 was 11 litres of pure alcohol, lower than in the Northern Territory and Western Australia for that year. The Brisbane area, the Gold and Sunshine Coasts, and the North West had the highest rates of per capita consumption. It is difficult to accurately identify tourism numbers by region, however, it is likely that future efforts to take tourism levels in account may reduce these apparent consumption levels.

From a national perspective, the more jurisdictions that collect alcohol sales data and make it available to the project, the better national estimates will be. Past estimates of per capita alcohol consumption have demonstrated the significance of regional influences. With the participation of more jurisdictions, the full scale and regional variability will be better understood and ultimately enable better understanding of underlying causes.

The final report is now available on the NDRI website: <http://ndri.curtin.edu.au/local/docs/pdf/publications/R249.pdf>

ADHD in dependent drug and alcohol users

Susan Carruthers and Steve Allsop

Attention deficit hyperactivity disorder (ADHD) has been associated with substance use disorders. It is associated with earlier onset substance use as well as higher frequency and increased chronicity^{1,2}. Between 20% and 40% of substance using populations in some countries have been found to display symptoms of ADHD^{1,3}. However, data on the prevalence of ADHD among Australian substance users is limited and due to differences between the tools used to screen for adult ADHD, comparability across studies is low.

In 2008, NDRI, along with the National Drug and Alcohol Research Centre (NDARC) and the School of Psychology and Speech Therapy at Curtin University, were invited to join a consortium of experts in ADHD and Substance Use which is currently operating across 15 countries. The consortium (International Collaboration on ADHD and Substance Abuse (ICASA)), is coordinated by the Trimbos Institute, Netherlands Institute of Mental Health and

Addiction (a WHO Mental Health Partner) and being involved with this partnership will put Australia alongside other countries participating at the forefront of this research.

NDRI was successful in securing funds from Curtin University for Western Australian (WA) and New South Wales (NSW) to take part in the preliminary screening component of the international study. Sharlene Kaye, from NDARC, is coordinating the initiative and data collection in NSW; Susan Carruthers and Steve Allsop are responsible for the WA arm of the investigation. This involves the interviewing of approximately 600 recent treatment entrants (300 in NSW and 300 in WA), collecting baseline demographic data, a substance use history, a history of childhood and adult mental health diagnoses and treatment, and a driving history to assess the level of risk participants are prepared to take on a daily basis. The study includes collection of saliva samples via non-invasive means for DNA analysis. Samples are to be analysed in Spain and stored at the National Institutes of Health in the USA. Depression and anxiety are assessed using the DASS 21 and screening for ADHD is conducted using the ASRS v1.1. Data collection is scheduled to finish in September.

To date in WA more than 180 questionnaires have been administered to recent entrants in drug and alcohol rehabilitation centers, non-residential treatment centre attendees from north and south metropolitan areas and a drug and alcohol withdrawal unit. A preliminary analysis has found that 54% of participants screen positive for symptoms of ADHD. There are also high rates of depression (35%) and anxiety (54%). Alcohol is the primary drug of concern for the majority of participants (59%) followed by amphetamines (18.6%), opioids (10.6% and benzodiazepines (5%) with evidence of widespread polydrug use. The median age of participants is 33 years and 58% of the study group is male. A more in-depth data analysis will be conducted when NSW and WA data are combined. **ci**

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abstracts**Is the alcopops tax working? Probably yes but there is a bigger picture****Steven Skov, Tanya Chikritzhs, Kypros Kypri, Peter Miller, Wayne Hall, Mike Daube and Rob Moodie***Medical Journal of Australia*, 2011, 195, (2), pp 84-86

The Australian Government's decision to raise taxes on ready-to-drink spirit-based beverages (RTDs; "alcopops") in 2008 caused great controversy. Interest groups have selectively cited evidence to support their points of view.

The alcohol industry cited Victorian data from the Australian Secondary Students' Alcohol and Drug Survey (ASSADS) as evidence that the tax had failed, but closer examination of the data suggests that fewer students are drinking, and fewer are drinking at risky or high-risk levels.

Excise data from the first full year after the tax came into effect showed a more than 30% reduction in RTD sales and a 1.5% reduction in total pure alcohol sold in Australia.

Although understanding the impact of the alcopops tax will require critical analysis of a range of evidence, sales and ASSADS data suggest that the tax has resulted in reduced consumption of RTDs and total alcohol.

The most effective and cost-effective measures for reducing consumption and harm are a comprehensive graduated volumetric alcohol taxation system, a minimum price per standard drink, and special measures for particular products that may cause disproportionate harm.

While welcoming the alcopops tax, public health advocates have consistently argued for a comprehensive package of reform that covers pricing, availability and promotion of alcohol, as well as education and treatment services.

Harm reduction and hepatitis C: on the ethics and politics of prevention and treatment**Suzanne Fraser and David Moore***Addiction Research & Theory*, 2011, 19, (4), pp 375-379.

In 2010, the International Conference on the Reduction of Drug Related Harm shared its 21st birthday with one of its most constant companions: hepatitis C. The co-occurrence of these significant anniversaries provides

an opportunity to reflect critically on the formative role played by hepatitis C, and on our responses to it, in the development of harm reduction. The commentary takes an interdisciplinary approach to analyse the implications of a foundational aspect of harm reduction and the response to hepatitis C: medicalisation. It draws on a range of literature and research disciplines to highlight a set of issues poorly visible from within medical expertise. This commentary highlights two trends, both of which emerge from hepatitis C's place as a thoroughly medicalised object. First, hepatitis C has contributed to an increasing emphasis on individual responsibility in prevention initiatives, and second, it has contributed to the homogenisation of affected individuals in relation to treatment. While acknowledging the benefits for injecting drug users that have flowed from the medicalisation of hepatitis C, we note that insufficient attention is sometimes paid to the impact of medical and public health imperatives on the goals and values of harm reduction. We conclude by considering some key ethical and political challenges that harm reduction must confront as it continues to place the status and well-being of drug users at the centre of its rationale and work.

Patients who attend the emergency department following medication overdose: self-reported mental health history and intended outcomes of overdose**Penny Buykx, Alison Ritter, Wendy Loxley and Paul Dietze***International Journal of Mental Health Addiction*, 2011, DOI: 10.1007/s11469-011-9338-1

Medication overdose is a common method of non-fatal self-harm. Previous studies have established which mental health disorders are commonly associated with the behaviour (affective, substance use, anxiety and personality disorders) and which medications are most frequently implicated (benzodiazepines, antidepressants, antipsychotics and non-opioid analgesics). However, few studies have explored patient experiences of medication overdose. We address this gap by examining patient stories of a recent medication overdose event, including severity of depression, intended outcomes and patient experiences of emergency medical care, in part to determine the unmet needs of this group

of patients. Semi-structured interviews were conducted with 31 patients attending an urban emergency department (ED) in Melbourne, Australia, following a medication overdose, regarding their mental health history, state of mind at the time of the overdose, circumstances of the overdose, and experiences of emergency medical care. Participants were heterogeneous regarding the severity of depressive symptomatology at the time of overdose. Participant ratings of how accidental or deliberate the overdose was and how strongly they intended to die were also diverse. Stories relating to the overdose usually covered the themes of precipitating events, negative feeling states, and intended outcomes (ambivalent or contradictory). Few problems were identified in relation to the care received in relation to the current overdose. However, histories of extensive mental health problems were commonly reported, along with unsuccessful treatment for these. While mental health problems are common among patients attending the ED following a medication overdose, there is considerable diversity in current levels of distress and intended outcomes, indicating a thorough suicide risk assessment is always warranted. Presentation to the ED for medication overdose should also trigger a mental health treatment review.

Does availability of illicit drugs mediate the association between mental illness and substance abuse?**Wenbin Liang, Simon Lenton, Steve Allsop and Tanya Chikritzhs***Substance Use and Misuse*, 2011, 46, (10), 1304-1308

This study investigated the association between presence of mental illness, detected by an increased level of Kessler Psychological Distress Scale score, and prevalence of exposure to opportunity to obtain illicit drugs among adolescents and young adults aged 12-24 years using data collected by the 2007 Australian National Drug Strategy Household Survey (N = 2,663). Adolescents and young adults with mental illness have increased prevalence of exposure to drug use opportunity. Higher exposure to opportunity to obtain illicit drugs among people with pre-existing mental illness may further contribute to the co-existence of drug dependence and other mental disorders that are frequently reported in the literature. **cl**

recent publications

Monographs and Technical Reports

Butler, T.G. and Stevens, C.F. (2011) National Summit on Tobacco Smoking in Prisons: Report on the Summit. National Drug Research Institute, Curtin University, Perth, Western Australia.

Evans, M., Pascal, R. and Chikritzhs, T.N. (2011) South Australian emergency department presentations as indicators of alcohol-related harm: Feasibility study. Stage 2: Final report. Prepared for the Southern Adelaide Health Service Incorporated (acting through Drug and Alcohol Services South Australia). National Drug Research Institute, Curtin University, Perth, Western Australia.

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Published Articles, Chapters and Books

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NDRI's annual Student Information Evening will take place on Thursday 13th October 2011, from 4.30pm to 6.30pm at NDRI, Curtin University Health Research Campus, Shenton Park, Perth.

The information evening is aimed at 2012 PhD, Honours and Masters students interested in researching drug or alcohol issues. The informal event will allow students to discuss opportunities for research projects with prospective co-supervisors in a relaxed atmosphere. Opportunities for part-time and voluntary research work will also be discussed.

Recently-completed NDRI PhD scholars and early career researchers will outline their projects and the paths they have taken to begin careers in the AOD field. Attendees will also receive a snapshot of the work NDRI does and information on relevant scholarships and bursaries.

For further information visit the NDRI website ndri.curtin.edu.au.

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