2012 Annual Research Symposium

PROGRAM AND ABSTRACTS

Friday 21 September 2012
The John Niland Scientia Building
University of New South Wales
The 2012 Annual Research Symposium

Advances in Public Health and Health Services Research at UNSW

is presented by:

The School of Public Health and Community Medicine (SPHCM)
Centre for Primary Health Care and Equity (CPHCE)
The Kirby Institute for infection and immunity in society (KIRBY)
National Drug and Alcohol Research Centre (NDARC)

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CONTENTS

02 WELCOME
03 PROGRAM
05 SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE (SPHCM)
08 CENTRE FOR PRIMARY HEALTH CARE AND EQUITY (CPHCE)
09 THE KIRBY INSTITUTE (FORMERLY KNOWN AS THE NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH)
14 NATIONAL DRUG AND ALCOHOL RESEARCH CENTRE (NDARC)
17 KEYNOTE ADDRESSES
19 ABSTRACTS
21 SPEAKER ABSTRACTS
30 POSTER ABSTRACTS
42 E-POSTER ABSTRACTS

From L to R, Professor Mark Harris, Dr Tom Calma - Social Justice Commissioner, Aunty Allie Golding - Aboriginal Elder and Professor Raina MacIntyre from the 2011 Research Showcase
Dear Colleagues

It is with great pleasure that I welcome you to our fourth Annual Symposium on “Advances in Public Health and Health Services Research at UNSW”.

UNSW Medicine is proud of its reputation as a national and international leader in research. Population health, community medicine and health services research is a particular strength, as reflected by our School of Public Health and Community Medicine and affiliated Research Centres including the Centre for Primary Health Care and Equity; The Kirby Institute; and The National Drug and Alcohol Research Centre. Our research in these areas is at the interface of translation into policy and practice, because population health and health services research are translational by nature. Our world class researchers in this field work continually in policy and practice to translate their research and engage with our communities.

This year's Symposium will have a special focus on tobacco control and cessation, with keynote addresses on tobacco control policy from Professor Melanie Wakefield from the Cancer Council Victoria and from Professor Robyn Richmond of the School of Public Health and Community Medicine on reducing smoking in disadvantaged populations. This is timely with Australia currently being in the international spot-light with tobacco plain packaging legislation. The day will conclude with an interactive hypothetical on the same theme, featuring academic leaders from UNSW.

I am delighted to welcome you to experience the breadth and depth of the research of the School and the Research Centres. The speakers you will hear from and the presentations you will see, spring from work that is contributing on a daily basis to the improvement of the health and well-being of all Australians.

For future students, for stakeholders in health and for colleagues who work in related fields, this Symposium is designed not only to highlight important issues in health today, but to provide you with opportunities for future collaboration, study or partnerships with the vibrant UNSW research community.

Professor Peter J Smith
Dean, UNSW Medicine
## Program

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30–9:00</td>
<td>Guest Arrival and Registration</td>
<td></td>
</tr>
<tr>
<td>09:00–10:30</td>
<td>WELCOME: GALLERY ONE</td>
<td></td>
</tr>
<tr>
<td>09:00–10:30</td>
<td>Acknowledgement of Country</td>
<td>Aunty Ali Golding UNSW Medicine Aboriginal Elder</td>
</tr>
<tr>
<td>09:00–10:30</td>
<td>Welcome Address</td>
<td>Professor Terry Campbell UNSW Medicine Senior Associate Dean</td>
</tr>
<tr>
<td>09:00–10:30</td>
<td>Keynote Address – The role of policy in tobacco control progress in Australia</td>
<td>Professor Melanie Wakefield</td>
</tr>
<tr>
<td>09:00–10:30</td>
<td>Keynote Address – Reducing smoking among disadvantaged populations: What can be done for prisoners and those with a mental illness?</td>
<td>Professor Robyn Richmond</td>
</tr>
<tr>
<td>10:30–11:00</td>
<td>Morning Tea – Tyree Room</td>
<td></td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>SESSION 1A: SMOKING CESSATION – GALLERY ONE</td>
<td>Professor Robyn Richmond</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Quit in General Practice: Progress on a major smoking cessation randomised trial</td>
<td>Professor Nick Zwar (SPHCM)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Smoking and cessation among NSW prisoners: Trends by Aboriginality</td>
<td>Dr Devon Indig (SPHCM)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Tobacco in prisons: A focus group study</td>
<td>Professor Tony Butler (KIRBY)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>SESSION 1B: PREVENTION – GALLERY TWO</td>
<td>Professor Michael Farrell</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Can we really prevent drug and alcohol problems in young people?</td>
<td>Dr Nicola Newton (NDARC)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Understanding the natural history of anal HPV infection in homosexual men: Implications for the design of anal cancer screening programs</td>
<td>Dorothy Machalek PhD Student (KIRBY)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Optimizing resource allocations for improving efficiency and effectiveness of HIV prevention in concentrated epidemics</td>
<td>A/Professor David Wilson (KIRBY)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Reducing SNAPW risk factors: What can community nurses contribute?</td>
<td>A/Professor Gawaine Powell-Davies (CPHCE)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>SESSION 1C: POPULATION – SEMINAR ROOM</td>
<td>Megan Williams</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>The Gudaga Research Program: Describing the health, development, health service use and education experiences of Aboriginal children in an urban environment</td>
<td>A/Professor Elizabeth Comino (CPHCE)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Crime and arrest among people who inject drugs, 2007–2011</td>
<td>Rachel Sutherland (NDARC)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>What do we know about patients with clinical records at more than one general practice in a defined geographical area?</td>
<td>Professor Siaw-Teng Liaw (SPHCM)</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Typologies of alcohol consumption on a Saturday night among young Australian adults aged 18–30</td>
<td>Dr Matthew Sunderland (NDARC)</td>
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<td>TIME</td>
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<td>SPEAKER / CHAIR</td>
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<tr>
<td>12:00–1:00</td>
<td><strong>SESSION 2A: PROMOTION – GALLERY ONE</strong></td>
<td><strong>PROFESSOR MARILYN WISE</strong></td>
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<tr>
<td></td>
<td>More than a Game: Findings of Football United Impact on young people's peer, prosocial and cross-cultural relationships</td>
<td>Anne Bunde-Birouste (SPHCM)</td>
</tr>
<tr>
<td></td>
<td>Effectiveness of Health Impact Assessment in Australia and New Zealand</td>
<td>Fiona Haigh (CPHCE)</td>
</tr>
<tr>
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<td>Connecting hands-on knowledge to policy in promoting social and emotional wellbeing with Aboriginal &amp; Torres Strait Islander youth</td>
<td>A/Professor Melissa Haswell (SPHCM)</td>
</tr>
<tr>
<td></td>
<td>Interprofessional collaboration across organisational boundaries: A case study of diabetes</td>
<td>Julie McDonald, PhD student (CPHCE)</td>
</tr>
<tr>
<td>12:00–1:00</td>
<td><strong>SESSION 2B: PROTECTION – GALLERY TWO</strong></td>
<td><strong>A/PROFESSOR DAVID WILSON</strong></td>
</tr>
<tr>
<td></td>
<td>Economic evaluation comparing centre-based compulsory treatment with community-based Methadone treatment in Hai Phong City, Vietnam</td>
<td>Thu Vuong, PhD student (NDARC)</td>
</tr>
<tr>
<td></td>
<td>Mobile borders and infectious disease(s) in an era of ‘insecurity’: The implications for the management of Australia’s migration ‘health criteria’</td>
<td>Jed Horner, PhD student (SPHCM)</td>
</tr>
<tr>
<td></td>
<td>Understanding trends in genital chlamydia trachomatis: The Australian example</td>
<td>Dr Hammad Ali (KIRBY)</td>
</tr>
<tr>
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<td>A trial of mass drug administration for scabies control in a high prevalence country</td>
<td>Professor John Kaldor (KIRBY)</td>
</tr>
<tr>
<td>1:00–2:00</td>
<td>Lunch – Tyree Room</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>HYPOTHETICAL: GALLERY ONE</strong></td>
<td><strong>PROFESSOR JEFFREY BRAITHWAITE</strong></td>
</tr>
</tbody>
</table>
| 2:00–3:00    | ‘How punitive should public health get: Smokers don’t deserve health care’ | Panelists: Professor Nicholas Zwar  
Professor Raina MacIntyre  
Professor Lisa Jackson Pulver  
Emeritus Professor Peter Baume  
Sascha Callaghan  
Dr Greg Stewart |
|              | **AWARDS CEREMONY – FOYER**                                               | **Professor Raina MacIntyre Head (SPHCM)**                                       |
| 3:00–4:00    | Professor Denis Wakefield  
Emeritus Professor Peter Baume |                                                                                 |
Overview

The School of Public Health and Community Medicine (SPHCM) is a leading Australian and regional school for the related disciplines of public health, health management and community medicine, with an extensive alumni network in Australia and the Asia-Pacific. Many of our alumni are leaders in the health sector, and these relationships place us at the forefront of translation of research into practice. We seek to promote health, prevent disease and strengthen health systems in Australia and the region, and continually work at the interface of research translation. We have a vibrant and active research culture, evidenced in the activities of our many research students (currently over 130 enrolled) and academic staff, our track record of high impact publications, our successful history of research grants, and the trans-disciplinary backgrounds and experience of our academic, research and conjoint staff.

We have methodological expertise across a range of research approaches, including epidemiology, clinical trials, social sciences, ethnographic and participatory methods, and many more. Our research is funded from both competitive (NHMRC and ARC) and other sources and we have strong partnerships with government, the community, health authorities and non-government agencies.

The School has five flagship research areas defined by a large critical mass of staff and students with expertise in the field:

- Global Health
- Infectious Diseases Epidemiology
- Primary Health Care
- Indigenous Health
- Social Research

Other significant areas of expertise include:

- Ageing, centenarian health and geriatric medicine
- Biostatistics
- Epidemiology
- Health economics
- Health promotion
- Health services and systems

Research Strengths

Global Health

Working at a global level, and with an emphasis on the challenges facing low- and middle-income countries, the group has expertise in infectious diseases and HIV; maternal, child and reproductive health; non-communicable diseases and control of risk factors including tobacco control; mental health; health promotion; health and development; human resources management and development; health policy, leadership, planning and strategy development; public health in emergencies and refugee health. We work in many...
resource-constrained environments, including the Asia-Pacific region (Solomon Islands, Fiji, Papua New Guinea and Cook Islands), South East Asia and the Mekong (Lao, Vietnam, Cambodia, Malaysia and Thailand) and growing partnerships in Africa and in fragile states (Timor-Leste, Nepal, Myanmar, Sri Lanka and parts of Indonesia). We have a commitment to development principles which is evident in long-term relationships with partners in a number of countries such as the Solomon Islands, Timor-Leste, Vietnam and Cambodia. We also work in China and India with a series of partners.

The International HIV Research Group (IHRG) is part of SPHCM’s Global Health flagship area. IHRG works closely with national institutions to conduct high quality HIV social and behavioural research which provides essential strategic information needed to assist in the response to HIV in Asia and the Pacific. IHRG.

The Human Resources for Health (HRH) Knowledge Hub, led by Professor Richard Taylor, is a strategic partnership with AusAID, intended to improve the quality and effectiveness of health sector aid in the Asia-Pacific region. The HRH Hub aims to contribute to the quality and effectiveness of Australia’s engagement in the health sector in the Asia-Pacific region by developing innovative policy options for strengthening HRH systems. It supports regional, national and international partners to develop effective evidence-informed national policy-making in the field of human resources for health.

Infectious Diseases Epidemiology

The School has a large critical mass of multidisciplinary expertise in epidemiology, mathematical modelling, health economic modelling, special risk populations, social research and clinical research in infectious diseases. Areas of research include vaccines, influenza, hospital infection control, health economics of vaccine preventable diseases, and travel health. Clinical research includes individual and cluster randomised, controlled trials of drugs, vaccines and non-pharmaceutical interventions in the treatment and prevention of infections. Our research includes use of face masks in the community and in health workers to prevent transmission of respiratory infections, including studies in China, India and Vietnam. Travel and emerging infections, hospital infection control, health worker research and refugee health are other areas of research strength. Our modeling, data linkage and economic groups has links with the National Centre for Immunisation Research and conducts a range of studies to inform policy on vaccine preventable diseases. Professor Raina MacIntyre leads this area and also leads a NHMRC Centre for Research Excellence in Immunisation in Special Risk and Under-researched Populations. Our research strength is underpinned by a MPH specialisation in Infectious Epidemiology and Control, which is currently the most popular MPH specialisation at UNSW.

Primary Health Care

Research within this Flagship Area falls under the following four themes:

1. Behavioural risk factor management and chronic disease prevention;
2. Understanding and intervening to address health inequalities;
3. Management of chronic disease; and
4. Primary health care policy.

Much of the work on these themes takes place within the UNSW Research Centre for Primary Health Care and Equity and also in collaboration with other staff in the Faculty of Medicine and with other universities both nationally and internationally. We also have close links with The Fairfield Hospital General Practice Unit, led by Prof Teng Liaw. The
academic grouping of primary health care researchers are recognised as national leaders in the field. We also work in primary health care research capacity building.

The focus of the work in the School is on: management of chronic disease; and prevention, including intervention on risk factors for chronic illness such as tobacco smoking. A current major project is an NHMRC funded study examining different methods of supporting smoking cessation in primary care. A practice nurse led intervention is being compared to Quitline referral and usual care in a study involving more than 2300 participants. The Primary Health Care group is also active in research capacity building and has established a Primary Health Care Research network and a practice-based research network.

Indigenous Health

Muru Marri Indigenous Health Unit is a dedicated Indigenous health research unit, which resides wholly within the School of Public Health and Community Medicine. Launched in 2004, Muru Marri is a visible, active contributor to the health and wellbeing of Aboriginal and Torres Strait Islander peoples through research, evaluation and intervention projects – particularly for urban-dwelling populations – as well as in the area of teaching, community service, publication, representation on peak bodies, and advocacy. Examples of the contribution of the Muru Marri Unit is seen in the NHMRC-funded Gudaga Project (CHETRE/MMIHU), the Koori Growing Old Well Study (POWMRI/MMIHU), the Review of Social and Emotional Wellbeing and Mental Health Services of the Many River Alliance (MMIHU) and a Review of Evidence for Policy and Practice in promoting Social and Emotional Well Being among Indigenous Youth. These and other current Muru Marri research initiatives fill crucial gaps in our understanding of and capacity to measure outcomes of policies, programs and services that seek to enhance the health, social and cultural wellbeing and empowerment of Aboriginal people and communities. UNSW is also an essential partner of the CRC in Aboriginal and Torres Strait Islander Health, with key engagement with the Lowitja Institute.

Social Research

The School of Public Health and Community Medicine has a large group of social scientists and health researchers undertaking social research on health. Our research interests range from contemporary social theory through to translational research and our backgrounds include sociology, psychology, cultural studies, anthropology, linguistics, political science, education, philosophy and epidemiology.

We have a strong cohort of research staff and research masters and PhD students, many of whom come to social research via our core and elective teaching in the coursework masters programs.

Our research projects, supported by grants from ARC, NHMRC and other organisations, are on topics as varied as pandemic influenza, social inclusion in immigrant communities through soccer, ultrasound use in pregnancy, sexual relationships, smoking and mental health. As well as community and national surveys and evaluations of community development programs, we do in-depth interpretive qualitative research to understand ‘hearts and minds’—how people think about their lives and health issues, and how they creatively interpret or reject health messages.

This research involves partnerships with a diverse range of communities locally and internationally and collaborations with other researchers at the University of New South Wales, around Australia and overseas.
Overview

This is a leading centre in Australia for research in primary health care and equity. Our research is mainly applied, and we work closely with clinicians, health service organisations, non government organisations and government at all levels as research partners and to support the implementation of our findings in policy and practice. Our research has informed the policy on primary health care and equity at both national and state levels, including the current health reforms.

The Centre was formed in 2005, and includes a group on campus (in the AGSM building), the Centre for Health Equity Research Training and Evaluation (CHETRE) at Liverpool and the General Practice Unit at Fairfield. We have 35 full time equivalent staff and 15 PhD candidates. Our research budget for 2011 was $4.9m and we produced 49 publications. The Centre is supported by a Capacity Building Infrastructure Grant from NSW Health.

SOME RECENT PHD TOPICS AT CPHCE

- Evaluation of health assistants in general practice
- Equity focused health impact assessment
- Do patient attitudes contribute to frequent admissions?
- Urban renewal and public housing: Impacts on public health
- Inter-organisational and interprofessional relationships and their impact on primary diabetes care
- Psychological distress and prevention of cardiovascular disease in general practice
- Cardiovascular risk assessment and prescribing in general practice
- Self management support for patients with chronic illness
- Physical activity and implementation of preventive care in general practice
- Improving the quality of care to Aboriginal and Torres Strait Islander patients who attend general practices in urban Sydney
- End of life decision making: Advance care planning

Research programs

We have three streams of research, and also support a practice based research network (PHReNet).

Prevention and management of chronic disease

New approaches to preventing and managing chronic disease are being developed, with an increasing emphasis on high quality care within primary health care, particularly general practice. Within this stream there are two main programs of work: improving and organising care for chronic disease and preventing chronic disease. Research in 2012 includes projects addressing risk factor assessment and management in general practice and community health, the role of practice nurses in COPD, self management and health literacy, and a large partnership project on the implementation of guidelines to prevent chronic disease. Within this stream a new collaborative Centre for Research Excellence – COMPaRE-PHC – is being established to conduct research in the prevention and management of obesity in primary health care. This has received $2.5m funding with funding from the Australian Primary Health Care Research Institute. Our research has contributed to health policy and programs including the National Primary Care Strategy and the work of the National Preventive Health Agency.
Primary health care system development

Part of the national health service reforms involve the establishment of new primary care organisations: “Medicare Locals”. Our research provides evidence to shape and support the work of these new structures. We have two main areas of research: integration within primary health care and between it and hospital care, and access to primary health care. Our research includes a study of access to primary health care for people with diabetes and the impact of best practice primary health care. This involves analysis of register and cohort data linked to hospitalisation, MBS and other administrative data. We also have developed a primary health care leadership program for staff in primary health care services and are conducting an evaluation of the NSW Health Connecting Care program and a established the Primary Health Care Research Unit to support primary health care research in south western Sydney.

Understanding health inequalities and intervening to reduce them

The equity stream is focused on identifying the causes of health inequity and developing individual, community and public policy level interventions to address health inequities. There are three main program areas within this research theme: early childhood, disadvantaged communities and populations, and equity and healthy public policy (including Health Impact Assessment). Our early childhood research includes randomised controlled trial of sustained early childhood home visiting (MESCH) and a cohort study of Aboriginal children born in Campbelltown Hospital (now in their first year at school) (the Gudaga study). In the Bulindidi Gudaga we are evaluating an Indigenous early childhood home visiting program, based on the MESCH model. We have conducted a ten year evaluation of a community regeneration intervention in Miller, and have a major program of research and development on health impact assessments (including equity focused health impact assessments). We are in the translation stage of a vocationally oriented CBT-based training program to improve the health of people who are unemployed which we have developed over the past decade.

Practice based research network

Following the completion of the primary health care research capacity building initiative we have maintained the Primary Health Care Research Network (PHReNet). Within this we have established a small electronically linked network of practices and other services with the aim of conducting research on the integration of care between general practice and hospital services.

For further information please see our website: www.cphce.unsw.edu.au
Overview

The Kirby Institute for infection and immunity in society was formed on the 25th anniversary of the establishment of the National Centre in HIV Epidemiology and Clinical Research (NCHECR). Named for former High Court Judge Michael Kirby AC, the Kirby Institute now fulfils a much broader role than was first imagined in 1986 when the three National Centres in HIV research were formed in response to the then-emerging and little understood HIV pandemic. NCHECR collaborated extensively in the international effort that ensured that HIV became one of the most intensively studied diseases in the history of medical science. Over time, the skills, techniques and expertise developed in the study of HIV were applied to a range of other infectious diseases, notably viral hepatitis and sexually transmissible infections and the affected populations. The new name of the Kirby Institute takes in this broader scope and, reflecting Michael Kirby’s lifelong interest in health and human rights. It also reflects the diverse and often disadvantaged communities that are the focus of the Institute’s research.

The Kirby Institute is affiliated with the Faculty of Medicine at the University of New South Wales, and receives funding through the Australian Government department of Health and Ageing. The NCHECR’s original roles were limited to the coordination of national surveillance programs, clinical research and clinical trials. The Kirby Institute’s research program has increasingly taken on a regional focus, with major collaborative programs in Thailand, Cambodia, and Papua New Guinea. Other functions of the Kirby Institute include the training of health professionals, and input into the development and implementation of health policy and programs.

The Kirby Institute carries out its functions by working with an extensive range of collaborators, including the other national HIV research centres, State and Territory Health Departments, public and private clinical services, national and international organisations, and the corporate sector including the pharmaceutical industry. The Director is supported in the overall management of the Kirby Institute by the Executive Committee as well as the managers of Finance and Administration. Executive Committee members are the Heads of Kirby’s eleven programs and groups, as well as the managers of Finance and Administration.

Public health research programs within the Kirby Institute

The Kirby Institute is comprised of public health (including epidemiology and prevention research), clinical research, and laboratory research programs. The public health research programs are:

1. HIV Epidemiology and Prevention Program
2. Viral Hepatitis Epidemiology and Prevention Program
3. Sexual Health Program
4. Aboriginal and Torres Strait Islander Health Program
5. Public Health Interventions Research Group
6. The Surveillance and Evaluation Program for Public Health
7. Justice Health Research Program

1. HIV Epidemiology and Prevention Program (Head: Andrew Grulich)

The HIV Epidemiology and Prevention Program (HEPP) conducts research into the transmission and prevention of HIV and sexually transmissible infections (STIs), and on the natural history of HIV. Our work is multidisciplinary and collaborative. We work in partnership with communities most affected by HIV, particularly the gay community and those people living with HIV. We work across the spectrum of biomedical, behavioural and structural prevention, because effective HIV prevention acknowledges the complexities of everyday life for at-risk communities. Our work includes behavioural risk surveillance, studies of risk behaviour, and studies of use of biomedical preventive interventions. Researchers in HEPP conduct a range of work on the intersection of infection, immunity and cancer to inform our knowledge of how we might prevent cancer in people with HIV. A particular focus is the prevention of anal cancer in gay men.
2. Viral Hepatitis Epidemiology and Prevention Program (Head: Lisa Maher)

The Viral Hepatitis Epidemiology and Prevention Program strives to conduct multidisciplinary public health research that is ethical, innovative and makes a difference. We are proud of, and committed to, working in partnership with affected communities in Australia and internationally to achieve our goals. Key aims of the program are to:

- Initiate and undertake epidemiological, social and behavioural research examining viral hepatitis and public health issues associated with drug use and risk behaviour;
- Design and implement trials of behavioural and biomedical prevention interventions designed to prevent viral hepatitis and other infectious diseases in vulnerable populations;
- Conduct and support surveillance activities including monitoring trends in blood-borne virus incidence, prevalence and risk behaviour among people who inject drugs;
- Translate research outcomes into evidence-based public health practice; and
- Build capacity for research, surveillance and harm reduction within Australia and the region through the provision of training and technical assistance.

3. Sexual Health Program (Head: Professor Basil Donovan)

The Sexual Health Program leads and participates in research into the epidemiology, surveillance, microbiology, clinical management, and prevention of sexually transmissible infections (STIs); including – but not limited to – chlamydia, syphilis, gonorrhoea, human papillomavirus infection, herpes simplex virus infection, and HIV infection. Our program is also involved in research into the behaviour and sexual health of priority populations for STI control such as youth, gay men, sex workers, Aboriginal people, prisoners, and travellers.

The Sexual Health Program works closely with several other Programs within the Kirby Institute. The Program also enjoys collaborating with a national network of 25 specialist sexual health services; research laboratories in Sydney, Melbourne, Brisbane and PNG; the School of Population Health at the University of Melbourne; the Burnet Institute in Melbourne; and the Menzies School of Health Research in Darwin. Methodologies used in the Program’s research range from

HIV public health in China

LEI ZHANG
Lecturer, Surveillance and Evaluation Program for Public Health

Chinese-born Lei Zhang is an epidemiologist working in HIV public health. He has trained in Australia and Germany but his work frequently takes him back to China, where he works with two very separate groups. “We have collaborations with many government officials, and when useful study results feed back to them, they inform health policy and are beneficial to a lot of people,” Dr Zhang said. The second group are NGOs, communities and provincial government officials. “One is high-level and one is grassroots,” he said. “We need to know the real situation at that level and understand the difficulties and struggles of people living with HIV in China.”

Through this work, Dr Zhang has become a passionate advocate for a group known as AIDS orphans, who face a high level of discrimination and stigma, such that they are unable to enrol in schools. They are the children of people who became HIV-infected through the blood supply in two central provinces, Henan and Anhui, after a rash of illegal blood donation schemes in the late 1990s. About a third of their children are HIV-positive. “This is a very special group,” Dr Zhang said. “We have worked with local organisations to facilitate any research, interventions or treatment needs. Our work with the AIDS orphans is still at the planning stage but we are committed to help them.”

Dr Zhang’s projects are mostly related to China and South East Asia. He has also had a role in the Surveillance and Evaluation Program’s evaluation of needle and syringe exchange programs (NSEPs) in Eastern Europe and Central Asia. HIV prevalence was very low in these areas before the breakup of the Soviet Union but it is now growing rapidly, particularly among injecting drug users. “We are seeing a delayed epidemic, but it’s very fast,” he said. “We have shown that NSEPs are highly effective and cost-effective, and one country [Armenia] has already incorporated our research into their health policy for HIV prevention.”
Applying the lessons from one HPV-linked cancer to another: SPANC

DOROTHY MACHALEK (MPH student)

It has been estimated that rates of anal cancer in homosexual men are substantially higher than rates of cervical cancer in women. Because of this some have proposed an anal cytology-based screening program, in a manner analogous to cervical screening. Cervical screening based on detection of cytological abnormalities has existed for 60 years, and since the discovery of human papillomavirus (HPV), many studies have described the natural history of cervical HPV infection. However, while we have estimates of the prevalence and incidence of anal HPV infection and AIN (anal intraepithelial neoplasia) in homosexual men, the natural history of anal HPV infection and its progression to anal cancer in homosexual men is unclear. Dorothy Machalek is a PhD student working on the HIV Epidemiology and Prevention Program’s SPANC project: Study of the Prevention of Anal Cancer, a large study of anal precancerous lesions in homosexual men over the age of 35.

Dorothy’s recent literature review has clearly indicated that not enough evidence exists to justify the current proposals for anal cancer screening in homosexual men based on the model of cervical cancer screening. “Although a lot of lessons have come from cervical cancer research, we still don’t know a lot about the natural history of anal HPV infection and AIN in this population. Dorothy said. The review showed that anal HPV and anal cancer precursors are very common in homosexual men, but the rates at which they progress to cancer seem to be much lower than they are for cervical pre-cancerous lesions. We propose that screening for and treatment of AIN should only take place inside good-quality prospective research studies, so that we can build the evidence to inform anal cancer screening guidelines for homosexual men.” The SPANC study will provide important information on the natural history of anal HPV infection and AIN in homosexual men. The study results will be used to inform possible development of guideline for carrying out screening program in this population.
extensively within the Kirby Institute and externally, and emphasise research that benefits the health of disadvantaged populations in Australia and the Asia-Pacific Region, with a strong capacity-building component. Much of our work also has a strong capacity building component. The group is involved in projects related to the control of HIV, sexually transmitted infections, viral hepatitis, tuberculosis, scabies and trachoma. Countries of activity include Australia, Papua Guinea, Indonesia, Cambodia and Fiji.

6. The Surveillance and Evaluation Program for Public Health (Head: A/Professor David Wilson)

The Surveillance and Evaluation Program for Public Health (SEPPH) monitors the pattern of transmission of HIV, viral hepatitis, and specific sexually transmissible infections in Australia, assesses past and expected epidemic trends, and evaluates the epidemiological impact and cost-effectiveness of public health intervention strategies and programs. SEPPH also evaluates HIV epidemics and develops research capacity in Southeast Asia and the Pacific. Surveillance activities are conducted in collaboration with the Australian Commonwealth Government Department of Health and Ageing, State and Territory health authorities and collaborating networks. Analyses and interpretation of recent trends in new diagnoses of HIV, viral hepatitis and STIs, and estimates of prevalence and incidence in key population subgroups are published in our Annual Surveillance Report. Public release datasets on new HIV and AIDS diagnoses are also available for download.

SEPPH, of the National Centre in HIV Epidemiology and Clinical Research, is a collaborating unit of the Australian Institute of Health and Welfare. SEPPH carries out extensive mathematical modelling research in order to evaluate public health programs, understand drivers of epidemic trends, project future epidemic trajectories, and assess the potential impact of public health strategies. This research is focused on HIV, viral hepatitis, and sexually transmissible infections in Australian populations and on HIV/AIDS in the Southeast Asia and Pacific region. This evaluation is often extended to health economic analyses of different programs or interventions. SEPPH is also involved in building research capacity in the areas of epidemiology, biostatistics, mathematical modelling, and other biomedical research associated with HIV/AIDS in Southeast Asia and the Pacific.

7. Justice Health Research Program (Head: Professor Tony Butler)

The Justice Health Program is the most recently established research program in the Kirby Institute. Offender populations are one of the most stigmatised and socially excluded groups in the community and are characterised by extreme social and psychological disadvantage. Those exposed to the criminal justice system are typically poorly educated, unemployed, socially isolated, and financially dependent. Epidemiological surveys of prisoners consistently find high level of physical ill health, psychiatric illness, high rates of blood borne and sexually transmitted infections, and substance misuse. Indigenous Australians are disproportionately over represented in the criminal justice system and form an important part of the work of the Justice Health program.

The work of the Justice Health research program is multifaceted covering blood-borne virus and STIs surveillance in prison in the form of the National Prison Entrants’ Bloodborne Virus and Risk Behaviour Survey, an investigation into why prisoners have low rates of hepatitis C treatment, tobacco use among prisoners, an intervention to treat impulsivity in repeat violent offenders, and the development of national health indicators for prisoners. An NHMRC capacity building grant in the Indigenous offender health area is helping to develop a cohort of Aboriginal researchers in this area.
Overview

The National Drug and Alcohol Research Centre (NDARC) is a premier research institution in Australia and is recognised internationally as a Research Centre of Excellence. The Centre currently has just over $71 million in competitive grants, Government funding, academic awards and fellowships. The overall mission of the Centre is to conduct high quality research and related activities to increase the effectiveness of prevention, treatment and other intervention responses to alcohol and other drug related harm in Australia and internationally.

In June 2012 the Australian Government announced that NDARC would lead a research collaboration of three centres of research excellence along with the National Drug Research Institute (Curtin university), and the National Centre for Education and Training on Addiction (Flinders University) with funding provided under the Substance Misuse Prevention and Service Improvement Grants.

In August this year NDARC was successful in the NHMRC Centres of Research Excellence funding round and will receive $2.5 million over the next five years to establish a world first Centre of Research Excellence in Mental Health and Substance Use: Translating Innovative Prevention and Treatment (see box for more details).

The Centre is fast growing, with 37 academic staff, 56 research staff including 11 enrolled PhD students, two off-site PhD students, 19 support staff and 14 conjoint and visiting academics. NDARC’s wide range of academic and technical expertise includes: public health; epidemiology, psychology, biostatistical analysis, economics, criminology and policy analysis.

The major research priorities for NDARC are:

- Treatment and other interventions;
- Patterns of alcohol and drug use and related harms;
- Prevention and early intervention;
- Drug market analysis and drug policy.

As well we have significant programs in:

- Criminal justice system;
- Health economics;
- Indigenous communities;
- Global health.

Collaborators

NDARC collaborates with other departments and research centres within the UNSW Faculty of Medicine, schools within UNSW, including psychology and social work, and a range of universities, institutes and individuals. Its overseas collaborators include the World Health Organization (WHO),

NATIONAL CANNABIS PREVENTION AND INFORMATION CENTRE

This consortium brings together a wide range of national and internationally renowned researchers, clinicians and policy makers across the drug and alcohol, mental health and criminal justice sectors with the broad aim of developing, synthesising and disseminating cannabis-related research to inform service delivery and the general community. The Centre fulfils these aims by offering services to a range of target audiences. These include a comprehensive website providing cannabis information to the community, users, their families and the various workforces involved in the delivery of cannabis related interventions (www.ncpic.org.au); a free national Cannabis Information and Helpline (1800 304050); a community communications program that works directly with the community and schools to develop effective strategies to disseminate evidence-based information; free national training on the delivery of motivational and brief interventions for cannabis-related problems among adolescents and adults; a variety of projects to inform service delivery such as the first clinical guidelines for the management of cannabis use disorder, the development of exploration of new models of delivering interventions via telephone, web and post and a valid and reliable measure of cannabis withdrawal for clinical services.
United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Program on HIV/AIDS (UNAIDS), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the London School of Hygiene and Tropical Medicine (LSHTM).

Research priorities

Patterns of drug use and related harms

Current projects that involve the study of the distribution and determinants of substance use include the assessment of the magnitude and outcomes of alcohol and other drugs in pregnancy; identification of the health and psychological consequences of ecstasy use; and using epidemiology to develop models of the typology of mental disorders in order to better inform psychiatric disease classification. Significant projects that examine the patterns and indicators of the health, psychosocial and economic harms associated with alcohol and drug use include:

- The POINT study – pain and opioids in treatment study. This study will follow over 24 months a cohort of 2,000 patients newly prescribed pharmaceutical opioids;
- a longitudinal birth cohort study of 2,000 families examining the impact of parental substance use, particularly alcohol, on infant development and family functioning;
- the parental supply of alcohol study which will investigate the influence on teenagers’ long term drinking trajectories.

Key ongoing programs under the auspices of NDARC’s Drug Trends Team include the National Illicit Drug Indicators Project (NIDIP) that is investigating trends over time in drug-related harms of both illicit and prescription drugs. This complements the national drug monitoring programs that are co-ordinated by NDARC: the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS). The Cannabis Research Consortium involves partners in capacity building activities to facilitate research investigating the relationship between cannabis use, dependence, and mental health and associated outcomes in adolescence and young adulthood.

Prevention and early intervention

This year NDARC commenced a major NHMRC funded smoking prevention trial aimed at reducing smoking in the socio-economically disadvantaged groups that have been significantly under-represented in the national declines in smoking rates over the past few years. This innovative project involves a randomised controlled trial comparing cessation rates between low SES smokers who receive the standard intervention comprising subsidised nicotine replacement therapy (NRT) with a Quitline call-back with those who receive subsidised NRT and Quitline call-back plus financial counselling.

The National Drug and Alcohol Research Centre at the University of New South Wales will lead a new Centre of Research Excellence (CRE) targeting co-occurring mental illness and substance use – a debilitating comorbidity which affects more than 300,000 Australians every year.

The world first Centre of Research Excellence in Mental Health and Substance Use: Translating Innovative Prevention and Treatment will receive $2.5 million in National Health and Medical Research Council (NHMRC) funding over the next five years. It will be led by NDARC’s Prof Maree Teesson in collaboration with Prof Amanda Baker (University of Newcastle), Prof Paul Haber (University of Sydney), and Associate Prof Andrew Baillie (Macquarie University).

Around 35 per cent of individuals with a substance use disorder also have a mental illness, most commonly depression or anxiety. Around 80 per cent of people in treatment for substance use disorders have experienced trauma and nearly half have active post traumatic stress disorder (PTSD). “When mental health and substance use disorders occur together they are extremely difficult to treat as both conditions serve to maintain or exacerbate the other,” says Professor Teesson.

“These co morbidities lead to very poor treatment outcomes and severe illness in the long term shortening lives by 20–30 years compared to people without such conditions. “While awareness of the extent of the problem and treatment options have increased significantly over the past few years it is still common for the substance use and the mental health problems to be treated separately. This leaves individuals on a merry-go-round of untreated disorders, the one feeding the other, leading to years of unnecessary suffering.”
This year the Centre completed recruitment for a five year NHMRC-funded trial, the CAP trial, aimed at preventing the development of alcohol and drug related problems among Australian adolescents. The program will assess the effectiveness of combining universal schools based drug and alcohol prevention programs, which have been effectively developed and evaluated under the CLIMATE schools program, with an innovative UK – developed targeted intervention. The targeted programs tailor interventions to different personality types – anxiety sensitivity, negative thinking, sensation seeking and impulsivity. More than 2,000 students from school in NSW have been recruited.

**Treatment and other intervention**

Increasing the effectiveness and efficiency of alcohol and other drug programs is a key component of NDARC’s research strategy. These studies develop and evaluate interventions including harm reduction programs, maintenance and other pharmacotherapies, withdrawal management, psychological interventions and long-term abstinence-oriented residential programs. The Centre has been a major contributor the growing literature and evaluation of treatment interventions in comorbid mental health and substance use. This year it received funding to lead a multi-centre $2.5 million Centre of Research Excellence (CRE) on mental health and substance use (see box 1).

Increasingly the Centre is building up its capacity in the development, delivery and assessment of internet-based interventions for drug and alcohol treatment. E-health applications have grown dramatically over the past decade, with coverage across the major disease categories, including addictions. Typically, these approaches have been applied to people experiencing mild-moderate problems with alcohol/other drug use. However our research has indicated that internet-based treatment can be applied with equal success to people with alcohol/other drug use disorders, including dependence, and with severe comorbidities such as depression. The National Cannabis Prevention and Information Centre (NCPIC) is also running a number of web-based programs for cannabis use.

**Drug policy**

A major part of the overall mission of NDARC is to provide an evidence base to support Australia’s drug policy and a specific program at NDARC – the Drug Policy Modelling Program (DPMP) – has been established to create valuable new drug policy insights, ideas and interventions. DPMP explores dynamic interactions between law enforcement, prevention, treatment and harm reduction.

**Staff Profile**

**DR NICOLA NEWTON**

Nicola Newton is a Senior Research Fellow at the National Drug and Alcohol Research Centre (NDARC). She leads a program of research developing and evaluating innovative approaches to the prevention of alcohol and other drug use in adolescents. Her main focus is on developing internet-based preventive interventions and improving the sustainability and translation of programs into schools. Nicola has worked extensively on the Climate Schools series for drug prevention which have been adapted for use in the US and the UK. She recently returned from London where she spent two years of her post doctorate fellowship working at the Institute of Psychiatry, Kings College London. This work formed the basis of her most current research examining the efficacy of an integrated approach to prevention by combining universal and personality-targeted interventions.

It also integrates research and policy practice, examines national, state and local levels of policy making, and uses new methods and tools. Current DPMP projects include: assessment of the relative cost effectiveness of different types of law enforcement interventions directed towards methamphetamine; assessment of the economic consequences of cannabis policy options; socio-demographics and drug use; the impact of alcohol pricing on young peoples’ drinking patterns and consumption of illicit drugs; public opinion, the media and illicit drugs policy.

**Dissemination and Training**

NDARC researchers have a strong record of contribution. NDARC researchers have a strong record of contribution to scientific journals and other publications. As well, a central component of NDARC’s role is the dissemination of information and the results of evidence based research and reviews. Key activities supporting this includes special conferences and educational workshops, a comprehensive media communications strategy, which incorporates mainstream media as well as new media and online communications, and an Annual Research Symposium. NDARC produces its own Research Monographs and Technical Report Series. NDARC produces a quarterly newsletter, CentreLines – in conjunction with NDRI – that is circulated to national research centres and other researchers and workers in the alcohol and other drugs field.
The role of policy in tobacco control progress in Australia

PROFESSOR MELANIE WAKEFIELD

Australia has had a long track record of being at the forefront of tobacco control progress, with relatively low rates of smoking in youth and adults by international standards. Yet smoking is such an enormous contributor to serious preventable disease and early death, that additional concerted action is needed to further reduce smoking as rapidly as possible overall, and in all population sub-groups.

This presentation will illustrate the role of a comprehensive program of population-level policies in driving declines in smoking and changing the normative environment for smoking, including tobacco taxation, smoke-free policies, mass media campaigns, pack health warnings and tobacco marketing restrictions.

As the first nation to introduce plain packaging of tobacco from December 2012, the presentation will also summarise the research undertaken to determine the look of Australian plain packs, and more generally explain the evidence supporting this policy. Finally, the presentation will consider policies that hold promise as part of a future comprehensive approach to further reduce smoking prevalence.

PROFESSOR MELANIE WAKEFIELD

Director of the Centre for Behavioural Research in Cancer at the Cancer Council Victoria

Professor Wakefield is also a Principal Research Fellow of the Australian National Health and Medical Research Council, with honorary professorial appointments at three Australian universities.

She has training in psychology and public health. She is internationally known for her research on the effects of tobacco control policies and mass media campaigns on smoking behaviour, supported by grants from NHMRC, ARC and the US National Cancer Institute (NCI). She serves as an Expert Advisor to WHO on tobacco control issues pertaining to public education and population monitoring, and a past voting member of the US Food and Drug Administration’s Tobacco Products Scientific Advisory Committee.

In June this year, Melanie was awarded the American Cancer Society’s Luther L. Terry Award for Outstanding Research Contribution in Tobacco Control.

Her centre conducts applied behavioural research to guide the development and evaluation of population-focused cancer prevention programs, including mass media campaigns in tobacco control, skin cancer prevention, obesity prevention and to promote cancer screening. Her research centre is closely integrated with Cancer Council Victoria programs that develop and deliver mass media campaigns, including the well-known Australian Quit and SunSmart campaigns, and it provides advice and input into cancer prevention policies and media campaigns to governments at state, national and international levels.
Although daily smoking has reduced to 15% of the Australian population, there are several sub-populations who have high rates of smoking. The Guidelines for Smoking Cessation in Australian General Practice identify those who require urgent attention, as their tobacco use is very high. Two studies of high risk groups are described.

**Study 1:** There are many reasons to focus on prisoners. They have higher smoking rates (78% of men vs 18% in the general population). They are characterised by social, health and psychological disadvantage with poor educational attainment. Indigenous people are over represented in prison. Methods: In our randomised controlled trial, we compared the treatment group who received a multicompontent smoking cessation intervention (CBT, nicotine patch (NRT)) together with active Nortriptyline (NOR) with a comparison group who received the smoking cessation intervention and placebo. Follow up was conducted at 3, 6 and 12 months. 425 prisoners were recruited and followed up in 30 male prisons in NSW and Queensland. We developed a range of resources for use in this study in prison (calendar, Breakfree booklet, stressor package, poster). Results: Using an intention to treat analysis, there were no significant differences in point prevalence or continuous abstinence between treatment and control groups at 3, 6 or 12 months follow up. However, those participants who complied by using 75+% of the provided anti-smoking medication (NRT and NOR) were significantly more likely to be abstinent at all three follow up assessments.

**Study 2:** The rationale for this study is that people with severe mental illnesses have higher smoking rates than the general population (90% vs 15%). Methods: In our randomised controlled trial, our study team compared an intervention with 8 treatment visits plus nicotine patch with a control group of usual treatment. Follow up was conducted at 3, 6 and 12 months. There were 247 participants recruited from Sydney and Newcastle. Results: In our intention to treat analysis, we found that the treatment group was more likely to be abstinent at 3 months but this difference had extinguished by the later follow up points. However, in our secondary analysis based on full or partial attendance at the treatment sessions, we found that a significantly higher proportion of smokers with a severe mental illness who completed all treatment sessions had quit smoking at all follow up occasions compared to those in the control group.

**Conclusions:** Studies 1 and 2 show that these high risk groups – prisoners and those with a severe mental illness, can be assisted to quit smoking if they comply with the treatment regime and treatment visits which result in a higher likelihood of success.

**PROFESSOR ROBYN RICHMOND**

Professor Robyn Richmond’s research encompasses a broad spectrum of public health issues conducted over 30 years. Her research has focussed on the reduction of smoking among patients attending general practitioners and hospital outpatients clinics; the evaluation of the use of a range of pharmacotherapies to assist smokers to quit; the reduction of risky alcohol consumption among patients attending general practitioners and hospital outpatients clinics; improvement of health and lifestyles and reduction of cardiovascular risk factors among high risk groups in workplace settings and Indigenous people, and disadvantaged groups such as among those with a mental illness and prisoners; and investigation of the cardiovascular health of centenarians. Prof Richmond will be talking about populations at high risk from smoking and will be focusing on prisoners and those with a mental illness.
SESSION 1A: SMOKING CESSATION – GALLERY ONE

Quit in General Practice: Progress on a major smoking cessation randomised trial – Professor Nick Zwar
Smoking and cessation among NSW prisoners: Trends by Aboriginality – Dr Devon Indig
Tobacco in prisons: A focus group study – Professor Tony Butler

SESSION 1B: PREVENTION – GALLERY TWO

Can we really prevent drug and alcohol problems in young people? – Dr Nicola Newton
Understanding the natural history of anal HPV infection in homosexual men: Implications for the design of anal cancer screening programs – Dorothy Machalek
Reducing SNAPW risk factors: What can community nurses contribute? – A/Professor Gawaine Powell-Davies

SESSION 1C: POPULATION – SEMINAR ROOM

The Gudaga Research Program: Describing the health, development, health service use and education experiences of Aboriginal children in an urban environment – A/Professor Elizabeth Comino
What do we know about patients with clinical records at more than one general practice in a defined geographical area? – Professor Siaw-teng Liaw
Typologies of alcohol consumption on a Saturday night among young Australian adults aged 18–30 – Dr Matthew Sunderland

SESSION 2A: PROMOTION – GALLERY ONE

More than a Game: Findings of Football United Impact on young people’s peer, prosocial and cross-cultural relationships – Anne Bunde-Birouste
Effectiveness of Health Impact Assessment in Australia and New Zealand – Fiona Haigh
Connecting hands-on knowledge to policy in promoting social and emotional wellbeing with Aboriginal & Torres Strait Islander youth – A/Professor Melissa Haswell
Interprofessional collaboration across organisational boundaries: A case study of diabetes – Julie McDonald

SESSION 2B: PROTECTION – GALLERY TWO

Economic evaluation comparing centre-based compulsory treatment with community-based Methadone treatment in Hai Phong City, Vietnam – Thu Vuong
Mobile borders and infectious disease(s) in an era of ‘insecurity’: The implications for the management of Australia’s migration ‘health criteria’ – Jed Horner
Understanding trends in genital chlamydia trachomatis: The Australian example – Dr Hammad Ali
A trial of mass drug administration for scabies control in a high prevalence country – Professor John Kaldor

POSTERS

Availability, consistency and evidence-base of policies and guidelines on the use of masks and respirators to protect hospital health care workers: A global review – Abrar Ahmad Chughtai
Love patrol: Hemi taf tumas! – R L Drysdale
Mixed-methods identification of risk factors for peripheral intravenous line: Local complications in rural Indonesia – B Ma rjadi, M-L McLaws, M Whitby
Where clinical medicine meets public health: Infection control in rural Indonesia – B Marjadi, M-L McLaws, M Whitby
Parental attitudes to human papillomavirus infection and vaccination in immunosuppressed children – H Seale, L Trung, F Mackie, S Kennedy, C Boros, H Marshall, J Tidswell, P Shaw, K Montgomery, C R MacIntyre

Policies and procedures around staff influenza vaccination in Australian public hospitals – H Seale, R Kaur, C R MacIntyre

Health care worker practices around face mask use in hospitals in Hanoi – Holly Seale, C Raina MacIntyre, Mary-Louise McLaw, Lisa Maher, Thanh Chi Dung, Nguyen Tran Hien, Phan Thi Ngan, Rajneesh Kaur, Anthony Newall, Dominic Dwyer

Detection of at-risk drinking – beliefs and attitudes of Australian GPs – Michael Tam, Nicholas Zwar, Roslyn Markham

COPD guideline ownership by GPs in Sydney – Sarah Dennis, Helen Reddel, Sandy Middleton, Alan Crockett, Sanjyot Vaghulka, Iqbal Hasan, Oshana Hermiz, Nicholas Zwar

Developmental progress in urban Aboriginal children at 3 years of age – J L McDonald, V K Webster, J A Knight, E J Comino

Gudaga goes to school: The next stage of the Gudaga study – R Grac e, J Knight, E Comino, L Kemp

The development of an intervention to equitably implement guidelines for the prevention and early detection of vascular disease in general practice – Mark Harris, Yordanka Krasve, John Litt, Grant Russel, Danielle Mazza, Christopher Del Mar, Jane Smith, Meike Van Driel, Richard Taylor, Jane Lloyd

A cluster randomized trial of early intervention for Chronic Obstructive Pulmonary Disease by practice nurse-GP teams – Baseline participant attributes – O Hermiz, N Zwar, H Reddel, A Crockett, S Middleton, S Dennis, G Marks, I Hasan, ST Liaw

Feasibility of two instruments for measuring physical activity (PA) in primary care – Shona Dutton, Sarah Dennis, Mark Harris, Nick Zwar, Hidde Van Der Ploeg, Adrian Bauman

Systematic review of integrated treatments for depression and substance use in young people – M Deady, M Teesson, F Kay-Lambkin

It's a case of apples and pears: Cider/perry's turn to highlight disparities in Australia's alcohol taxation system – Natacha Carragher, Anthony Shakeshaft, Christopher Doran

Temporal ordering of anxiety, affective and substance use disorders in the Australian population: Which disorders come first and what does this tell us? – Tim Slade, Peter McEvoy, Catherine Chapman, Rachel Grove

Risk for and severity of violent offending among poly substance users: Psychosocial correlates and predictors – Michelle Tye, Shane Darke, Sharlene Kaye, Fiona Shand

Determinants of access to antiretroviral therapy and treatment outcomes for people living with HIV in Vietnam – Dan Anh Tran, Anthony Shakeshaft, Anh Duc Ngo, Kylie-Ann Mallitt, David Wilson, Christopher Doran, Lei Zhang

The Cannabis Withdrawal Scale Development: Patterns and predictors of cannabis withdrawal and associated distress – David Allsop, Melissa Norberg, Jan Copeland, Shannelz Fu, Alan Budney

Investigation of the long-term physical health effects of regular cannabis use – Sally Rooke, Wendy Swift, Melissa Norberg, Jan Copeland

The Triple B Study: Profile of a new Australian birth cohort – Delyse Hutchinson, Judy Wilson, Maria, Gomez, Richard Mattick, Steve Allsop, Jake Najman, Elizabeth Elliott, Lucy Burns, Sue Jacobs, Craig Olsson, Anne Bartu

Alcohol consumption rates and behaviours in specific Indigenous community: Baseline findings from an youth anti-binge drinking campaign survey – Thameemul Ansari Jainubudeen, Anthony Shakeshaft, Christopher Doran, Michele Singleton, Komla Tsey, Janya McCallan

Sociodemographic, psychosocial, physical and mental health factors associated with a history of homelessness: Findings from the 2007 Australian National Survey of Mental Health and Wellbeing – Sonja Memedovic, Tim Slade, Maree Teesson, Lucy Burns and Elizabeth Conroy

E-POSTERS

Colon and rectal cancer incidence and water trihalomethane concentrations in New South Wales, Australia – M Rahman, C Cowie, T Driscoll, R Summerhayes, B K Armstrong, M S Clements

Caller satisfaction with the Cannabis Information and Helpline – P Gates, J Copeland, M Norberg

Randomised control trial of a brief cannabis intervention delivered by telephone – P Gates, J Copeland, M Norberg

Designing a new educational intervention to improve hand hygiene (HH) compliance of medical students – Rajneesh Kaur, Husna Razee, Holly Seale

The effect of wearing a dynamic ankle orthosis on fatigue and postural sway following the six-minute walk test: A randomised crossover trial – James McLoughlin, Chris Barr, Stephen Lord, Daina Sturmski, Maria Crotty

Accessibility of primary mental health services for women in Makkah, Saudi Arabia – Nahla Hariri, Husna Razee, Stephen Matthey and Mohammad Garout
Quit in General Practice: Progress on a major smoking cessation randomised trial

PROFESSOR NICK ZWAR
N Zwar, R Richmond, E Halcomb, J Furler, J Smith, R Borland, O Hermiz, I Blackberry

Background: General Practice is well placed to provide smoking cessation support and intervention can be both effective and cost effective but the opportunity is often missed due to a range of barriers including GP time. The developing role of nurses in general practice offers the opportunity for a new approach cessation support in primary care.

Aim & Method: This three arm cluster randomized trial with blinded outcome assessment, funded by the NHMRC, is testing the effectiveness of enhanced in-practice support for smoking cessation. Cessation support provided primarily by the practice nurse is being compared to Quitline referral and standard management by the GP (control group). Outcome measures are point prevalence and sustained abstinence at 3 months and 12 months follow-up.

Results: 101 General Practices and 2390 patients participated in the study. Three month follow-up data was collected from 2266 participants (95%) and 12 month data from 1970 (82%). Mean age of participants was 43 years and 46% were men. Participants smoked a mean of 18 cigarettes per day and 68% smoked within 30 minutes of waking. Self reported mental health and drug and alcohol problems were common in the cohort with 30% reporting depression at baseline.

Conclusion: This large community based trial has been successfully conducted with low attrition from the study. There is a substantial rate of self reported mental health problems in the cohort. The conduct of this study will provide an evidence base to inform decision making about future smoking cessation programs in general practice.

Smoking and cessation among NSW prisoners: Trends by Aboriginality

DR DEVON INDIG

Introduction: Whilst smoking prevalence rates in the general community are declining steadily smoking rates remain very high amongst custodial populations internationally and across Australia.

Aim: To describe the trends in smoking and desire to quit smoking among a population of NSW prison inmates by Aboriginality.

Methods: Analysis of the 1996 Inmate Health Survey (IHS) (N=789), the 2001 IHS (N=914) and 2009 IHS (N=996) which include a random sample of inmates stratified by age, gender and Aboriginality.

Results: The prevalence of smoking among inmates is more than four times higher than the general community, with 75% of NSW inmates reporting current smoking compared to 15% in the community. Inmates started smoking at a very young age (average 14.0 years), with over a fourth (26%) smoking more than cigarettes per day. Most (85%) inmates would like to quit smoking, with significantly more Aboriginal inmates indicating they want to quit than non-Aboriginal inmates. Over two-thirds (70%) had ever attempted to quit smoking and over half (55%) of these inmates had tried to quit in the past year. Significant predictors of being a current smoker included: being female (OR=1.9), being of Aboriginal origin (OR=2.4), previous history of incarceration (OR=2.1), and having ever used drugs (OR=2.6).

Discussion: Smoking is a significant problem among prisoners, however many wish to quit and need assistance to do so. More resources and support are required to support prisoners to quit smoking while they are incarcerated.
Can we really prevent drug and alcohol problems in young people?

DR NICOLA NEWTON

Background: Alcohol and other drug use among adolescents is a serious public health concern. There is growing evidence that school-based prevention programs can be effective in delaying onset, and reducing the use of alcohol and other drugs.

Approach: This presentation will report the results of a number of randomised controlled trials demonstrating the effectiveness of the internet-based universal Climate Schools programs for drug prevention. Following this, it will also describe the design and protocols of the CAP study, a trial designed to examine the efficacy of the first integrated approach to substance use prevention by combining the evidence-based Climate Schools programs with personality-targeted interventions for high-risk youth.

Key findings: The Climate Schools programs have been found to be effective in reducing average consumption of alcohol use, frequency of binge drinking, frequency of cannabis use, update and use of ecstasy and intentions to use drugs in the future. In addition, the programs have been found to increase alcohol and drug related knowledge, decrease related harms and decrease pro-drug attitudes.

Conclusion: The internet-based Climate Schools programs have demonstrated their efficacy and feasibility in the school setting. If the CAP intervention can reduce alcohol and drug use by levels equal or greater than the stand-alone Climate Schools programs, it will be a significant contribution to health promotion and to reducing the burden of disease, social costs, and disability associated with substance abuse in Australia.

Tobacco in prisons: A focus group study

PROFESSOR TONY BUTLER

Tony Butler, Robyn Richmond, Kay Wilhelm, Alex Wodak, Margaret Cunningham, Ian Anderson

Objective: To examine the role of tobacco use in prison and possible influences of the prison environment on smoking among inmates in the context of developing inmate smoking cessation programs.

Method: Qualitative study based on 7 focus groups with prisoners and ex-prisoners.

Settings: A maximum security prison in rural New South Wales (NSW), Australia, and a community justice restorative centre and accommodation service for ex-prisoners in Sydney, NSW, Australia.

Participants: 40 participants (28 men and 12 women) comprising 9 prisoners (including 4 Indigenous inmates) and 31 ex-prisoners.

Results: Prisoners reported that tobacco serves as a de facto currency in correctional settings and can be exchanged for goods, pay debts and for gambling. Smoking helps manage the stressful situations such as transfers, court appearances and prison visits. Inmate smoking cessation programs need to address the enmeshment of tobacco in prison life, improve availability of pharmacotherapies (e.g. nicotine patches, bupropion) and the Quitline (a free telephone helpline providing information on stopping smoking), provide non-smoking cells and areas within prisons, encourage physical activity for inmates, and maintain monitoring of smoking cessation status post release.

Conclusions: Tobacco is integrally bound up in the prison ‘culture’. Our findings are relevant to inform prison health authorities concerned with improving the health of prisoners, and for support organisations attempting to facilitate smoking cessation both in prison and post-release. Smoking cessation programs in prisons should be tailored to the unique stresses of the prison environment. Programs needs to acknowledge the difficulties of quitting smoking in prison arising from the stresses posed by this setting.
Understanding the natural history of anal HPV infection in homosexual men: Implications for the design of anal cancer screening programs

DOROTHY MACHALEK
Dorothy Machalek, Mary Poynten, Fengyi Jin, Christopher Fairley, Annabelle Farnsworth, Suzanne Garland, Richard Hillman, Kathy Petoumenos, Jennifer Roberts, Sepehr Tabrizi, David Templeton, Andrew Grulich

Homosexual men are at greatly increased risk of human papillomavirus (HPV)-associated anal cancer. Screening for the presumed cancer precursor, high-grade anal intraepithelial neoplasia (AIN), followed by treatment in a manner analogous to cervical screening, has been proposed. Currently, there are no evidence-based guidelines on how this prevention program should be implemented, because the natural history of anal HPV infection is unclear.

To gain insights into the natural history of anal HPV infection and associated neoplastic lesions in homosexual men a systematic review was performed to identify all published estimates of the prevalence and incidence of anal HPV detection, AIN and anal cancer in homosexual men. Summary estimates were calculated using random-effects meta-analysis.

Results of the review showed that data for the natural history of anal HPV infection in this population is limited and heterogeneous. Anal HPV and anal cancer precursors were very common in homosexual men. However, based on limited data, rates of progress to cancer seem to be much lower than they are for cervical pre-cancerous lesions. Insufficient evidence exists to justify the current proposals for anal cancer screening in homosexual men, based on the cervical cancer screening model. Large, good quality prospective studies are needed to inform the development of anal cancer screening guidelines in this population.

Reducing SNAPW risk factors: What can community nurses contribute?

A/PROFESSOR GAWAINE POWELL-DAVIES
PG Powell-Davies, B Chan, A Williams, MF Harris, R Laws

Smoking, poor nutrition, too much alcohol, physical inactivity and overweight are important risk factors for a range of conditions, especially cardio-vascular disease. Primary health care has the reach to address these at a population level if effective risk factor management can be made part of normal primary health care service delivery.

This paper draws on the results of two trials of risk factor management in community health to argue that while risk factor management can be incorporated into normal practice, better referral services and systems will be required if this is to make a significant contribution to reducing cardio-vascular risk.
The Gudaga Research Program: Describing the health, development, health service use and education experiences of Aboriginal children in an urban environment

A/PROFESSOR ELIZABETH COMINO
Elizabeth Comino, Dr Rebekah Grace

The Gudaga Study is a large and comprehensive study underway within SW Sydney. This research aims to understand the growth and development, health status and service use (health and human services), and early education experiences of Aboriginal children in an urban environment from birth to 9 years of age. The breadth of the Gudaga data collection including longitudinal data on children’s health and development, their transition to school and early educational achievement, and in-depth qualitative data from service providers, community members, families and children, makes this a particularly unique study. The Gudaga Study is also unique in that it is providing data on Aboriginal children who live in an urban setting. The results of the study will inform policy and the development of services to address the health, development and educational needs of Aboriginal children in urban settings.

The study commenced as an enumeration of Aboriginal infants born to mothers at Campbelltown Hospital between October 2005 and May 2007. Children have been followed up every six months and their mothers have completed structured interviews gathering information on the health, wellbeing and service use of the child and the mother and will continue until children are aged 9 years. The study is also exploring how Gudaga children transition to school and progress during their early years of formal education. This study provides the unique opportunity to rigorously explore how children’s early life experiences including health and environmental factors impact on their school readiness, transitions during the early years of school, and ongoing school achievement. A study of this kind with Aboriginal children has not been previously undertaken.

The Gudaga Study provides a rare insight into how Aboriginal children in an urban setting are developing and their individual strengths and weaknesses.


RACHEL SUTHERLAND
Rachel Sutherland, Lucinda Burns

Issues: The aims of this presentation are to:

2. Examine what factors were predictive of criminal behaviour and arrest among this sample, from 2007–2011.

Approach: The above aims were addressed using data from the Illicit Drug Reporting System (IDRS). The IDRS is an ongoing project funded by the Australian Department of Health and Ageing and is conducted annually in every state and territory across Australia. It collects data from three sources including: interviews with people who inject drugs (n=4469), interviews with experts who work with drug users and existing data sources such as customs data, overdose data, seizure data and population surveys. The Injecting Drug Users Questionnaire gathers comprehensive data on lifetime and recent drug use and the crime section gathers self report data on arrests (past 12 months) and past month criminal activity (Opiate Treatment Index).

Key Findings & Implications: From 2007–2011, there was a slight downward trend in both self reported criminal activity and arrests among PWID. Recent cocaine use was found to be the strongest predictor of crime, with psycho-stimulant users almost twice as likely to have engaged in past month criminal activity. Prescription stimulants, oxycodone and benzodiazepines were also found to be significant predictors of criminal activity, in every year from 2007–2011. The current drugs and crime literature is of questionable generalisability beyond illicit drugs, and this raises some important questions regarding the relationship between pharmaceutical drugs and crime.

Interestingly, there were some substantial differences between the predictors of criminal activity and arrest. Having a prison history was found to be the strongest predictor of arrest, followed by being unemployed. This is largely consistent with the existing arrest literature; however it does remain problematic given that having an arrest record can have a substantial negative effect on labour market participation – thereby exacerbating the difficulties of obtaining future employment.
What do we know about patients with clinical records at more than one general practice in a defined geographical area?

PROFESSOR SIAW-TENG LIAW
J Taggart, S Liaw, H Yu, S Dennis, S Vagholkar, A Rahimi

Introduction: Patients may visit more than one general practice in a defined area. Systems for continuity of care including information exchange and follow-up are more than likely not in place. We used linked data from three general practices in the electronic Practice Based Research Network (ePbRN) in SW Sydney to explore the characteristics of ‘shared’ patients and the care they received among the practices.

Method: Patients with the same set of identifiers in the ePbRN data repository were linked using probabilistic matching within the practice (duplicates) and between practices (shared). Data on demographics, risk factors and consultations were examined. Case studies based on a sample of five shared matches with more than 3 visits at two or three practices will be developed to explore patient characteristics and reasons for visits to the various practices.

Results: Of 48,040 aggregated patients, 439 (0.9%) had duplicate records (222 matches) and 2,833 (5.9%) patients had shared records (1,452 matches). 58.6% were female, 66.1% were under the age of 45 yrs and 2 patients were recorded as Aboriginal. The mean number of consultations varied between 4.19 (SD 6.89) and 19.65 (SD 35.94). Results from the exploration of the case studies will be presented.

Conclusion: The ePbRN enables the examination of ‘shared’ patient records to identify patient characteristics associated with the utilisation of more than one general practice.

Typologies of alcohol consumption on a Saturday night among young Australian adults aged 18–30

DR MATTHEW SUNDERLAND
Matthew Sunderland, Rebecca McKetin, Jenny Chalmers, David Bright

Background: Certain alcohol policies and intervention programs specifically target recreational drinking in order to curtail harmful binge drinking behaviours and the negative health and public order consequences. Binge drinking, however, is a heterogeneous concept and existing policies may not equally apply to all individuals who drink recreationally. The current study examines the possibility that different typologies may exist that describe the nuanced approaches to alcohol consumption on a Saturday night by young Australians.

Methods: Data from 2,010 Australians aged 18 to 30 were sampled on the basis of past year alcohol and illicit drug use (ecstasy and cannabis) to provide adequate statistical power when identifying typologies of alcohol consumption. Latent class analysis (LCA) was used to categorise respondents into mutually exclusive and exhaustive classes based on past Saturday night alcohol consumption. Alcohol consumption variables included: the quantity of alcohol consumed (standard drinks), type of alcohol consumed, location of alcohol consumed, and total cost of alcohol consumed. Significant correlates of latent class membership, including sociodemographics and concurrent substance use, were examined using logistic regression.

Results: Seven distinct classes were identified that represent qualitatively distinct profiles of Saturday night drinking behaviour among young Australians depending on the amount consumed, the price of alcohol consumed, and the location of alcohol consumed. Multivariate analyses indicated that alcohol risk score (measured using the AUDIT), concurrent stimulant use, and concurrent tobacco use were significant predictors of class membership.

Discussion: The identification of typologies of binge drinking and the associated characteristics can assist public health policy makers and alcohol intervention/prevention programs to better target at risk individuals with different types of harmful alcohol (and conjoint illicit drug) consumption.
More than a game: Findings of Football United Impact on young people’s peer, prosocial and cross-cultural relationships

ANNE BUNDE-BIROUSTE
A Bunde-Birouste, S Nathan, L Kemp, T Shwe

Sport as a mechanism to build relationships across cultural boundaries and to build positive interactions among young people has often been promoted in the literature. However, robust evaluations of sport-for-development program impacts is limited. Football United® was developed from a vision that people’s love for football (soccer) can be used to build opportunities for belonging, racial harmony and community cohesion.

This proposal will share results of an ARC Linkage study (LP0989930) combined with other M & E (monitoring and evaluation), the program team has undertaken throughout the course of the program’s history. From its founding in 2006, Football United® has been working in Australia to deliver positive outcomes for over 4000 participants. Working with over 50 community based organisations including migrant resource centres, community groups and charities, councils, schools, Intensive English Centres (IECs), TAFE, universities, and football organisations, Football United® has worked with hundreds of young people, teachers, volunteers and community workers as participants, coaches and leaders in some of the country’s most disadvantaged areas. Football United®’s localised programs align with social and educational outcomes sought by each respective region, school and their broader community.

Results of the research underline Football United®’s positive impact on participating young people’s sense of self, and appreciation for and engagement with peers from diverse backgrounds. Learning from interviews found unanticipated connections between participating in Football United® and learning English, positive engagement with school, and building self confidence. The findings of this research are of national and international significance.

Effectiveness of Health Impact Assessment in Australia and New Zealand

FIONA HAIGH
Fiona Haigh, Elizabeth Harris

The issue of how effective HIA is in changing decision-making and implementation remains largely unresolved. We have recently completed a study examining the effectiveness of HIAs in New Zealand and Australia. It is the first study internationally which comprehensively investigates the factors associated with increased or diminished effectiveness.

HIAs that have been completed in Australia and New Zealand between 2005 and 2009 were collected and reviewed. A questionnaire was sent to a key stakeholder from each HIA and follow up interviews carried out to gather additional information about process, context and impact on decision making. HIAs were classified according to level of effectiveness using criteria developed in a previous European HIA project. Case studies were then selected to study in greater depth effectiveness of HIA (7 Australia, 5 NZ). A range of stakeholders from each case study were interviewed in person in order to developed a more in depth understanding of impact and effectiveness of HIAs and the factors that influence this.

We found that HIAs are effective in directly and indirectly influencing policies, plans and projects. This presentation will discuss the range of ways that HIAs are effective and the factors that enhance effectiveness.
Connecting hands-on knowledge to policy in promoting social and emotional wellbeing with Aboriginal & Torres Strait Islander youth

**A/PROFESSOR MELISSA HASWELL**

Melissa Haswell, Ilse Blignault, Lisa Jackson Pulver, Sally Fitzpatrick, Ken Zulumovski, Perdi Osborne, Ally Rigg

This talk will introduce a recently completed project funded by FAHCSIA that was specifically designed to bring out the voice of Aboriginal and Torres Strait Islander youth and people working with them on the ground in different settings across Australia. It is a three-part project that seeks to fill a gap in the availability of systematically collected and integrated information about what makes programs work well, meet their challenges, and sustain and grow over time.

The project began with a systematic review of the literature and of existing policies and current programs operating across Australia. The literature review identified a serious lack of information and evidence to guide social and emotional wellbeing promotion policy and practice. Most published information focused on identifying and measuring levels of need, risk circumstances and negative consequences of wellbeing loss among youth. However, current policies consistently call for programs based on key empowerment and positive wellbeing principles and strengths based approaches. Forty one programs were identified nationally that identified a direct focus on promoting social and emotional wellbeing. A set of six were strategically selected for in depth case study to provide a range of hands on understandings.

This presentation will present the initial findings of a metasynthesis of the data collected within the six case studies, focusing on the following questions: what makes these programs successful and resilient; what are the challenges and barriers they frequently face; and what improvements and supports would effectively support them to reach their potential. We argue that the most important information for guiding policy and resource allocation to achieve success will come from bringing together knowledge and experience from those who are effectively achieving change within the youth program interface.

Interprofessional collaboration across organisational boundaries: A case study of diabetes

**JULIE MCDONALD**

Aims: To understand collaboration across organisational boundaries in the care of patients with diabetes.

Methods: Mixed methods qualitative case study involving a survey and semi-structured interviews with a purposive sample of 45 health providers and 8 patients.

Findings: A complex mix of organisational and professional factors influenced decisions about whether to collaborate, with whom and to what level. Decisions involved assessing the benefits to be gained relative to the costs incurred. Costs included time and effort negotiating across different cultures and perceived threats to professional autonomy and status. Patients’ access to services and their experiences of continuity of care were influenced by the decisions of health professionals. The level of collaboration rarely went beyond a low level of coordination. This worked for patients with routine care needs, but less so for patients with complex health needs.

Conclusions: Policies to enhance coordination and collaboration across organisational boundaries need to explicitly consider the benefits and costs for all providers. While power relations are difficult to change, building respectful and trusting relationships between health professionals can help reduce the uncertainty of collaboration.
Economic evaluation comparing centre-based compulsory treatment with community-based Methadone treatment in Hai Phong City, Vietnam

THU VUONG
Thu Vuong, Alison Ritter, Marian Shanahan, Robert Ali, Giang Le, Nhu Nguyen

Background: CCT and MMT are two competing drug treatment modalities in Vietnam. It is critical to do an economic evaluation of these models to assist the Vietnamese Government in budget reallocation decision-making.

Research Questions:
1. Does CCT model bring about improved health and social outcomes for heroin users (illicit drug use, criminal behaviors, HIV risk behaviours, overdose incidents and quality of life)?
2. Is CCT more cost-effective than MMT in proportion of people free from drug use, number of drug-free days, number of criminal behaviour-free days, HIV risk incidents, overdose incidents and QALYs gained for heroin users?

Research Design: The design includes Part A for cost and effectiveness of CCT and Part B for MMT. Costing will be done using societal perspective. Effectiveness will be measured using combined retrospective (2 years) and prospective (1 year) cohort design.

Data Analysis: Data analysis will include both within group and between group comparisons. Initial bivariate analysis will be conducted using chi-square tests for categorical variables and t-tests and ANOVA for continuous variables to explore associations comparing before and after each intervention. Separate incremental cost-effectiveness ratio (ICER) for each key outcome listed in research question 2 will be calculated. Bootstrap method will be used to confirm if ICER point estimates, which are the observed differences of cost-effectiveness, are statistically significant.

Issues under Debate: Comparing cost-effectiveness of two treatment modalities with unequivalent timeframes: one is time-limited (2 years for CCT) and one is ongoing (MMT). Methods to tackle the issue of unequivalence are being proposed.

Mobile borders and infectious disease(s) in an era of ‘insecurity’: The implications for the management of Australia’s migration ‘health criteria’

JED HORNER
J Horner, JG Wood, AM Kelly

Australia’s border control regime, once envisaged as operating almost solely along a national territorial dividing line, is being re-drawn, and increasingly reflects a complex apparatus, running through the nation’s cities, towns and regions, exemplified by the emergence of onshore health screening for prospective visa applicants.

In this paper, we explore the implications of this shift for the administration of Australia’s migration ‘health criteria’, with particular reference to tuberculosis, a long-inscribed basis for exclusion from Australia under the Migration Act [1958] and Migration Regulations [1994].

Drawing on an archive of ‘texts’, ranging from historical accounts, legislation, Federal and State Hansard, policy documents and Migration Review Tribunal decisions, we chart the shifting nature of Australia’s borders and attendant health screening apparatus in light of shifting political discourses on migration and contagion.

We illustrate how borders, conceived of as frontier(s) which are the sediment of prior political conflict(s), function in light of these discourses and how they have shifted from imagined national territorial dividing lines, to what Etienne Balibar has termed ‘grid-like structures’ running through our cities. In the latter part of this paper, we discuss the implications of these shifts for onshore surveillance and enforcement, in relation to the migration ‘health criteria’, employing case studies and drawing on Department of Immigration and Citizenship (DIAC) data from the Movement Alert List.
Understanding trends in genital *chlamydia trachomatis*: The Australian example

**DR HAMMAD ALI**
Hammad Ali, Rebecca Guy, Christopher Fairley, Handan Wand, Marcus Chen, Bridget Dickson, Catherine O’Connor, Lewis Marshall, Andrew Grulich, John Kaldor, Margaret Hellard, Basil Donovan

**Background:** Rising chlamydia notifications have led some western countries to launch national chlamydia screening programs. This has resulted in even more notifications as the more you test the more you diagnose. This study aimed to compare these population-based notification data with sentinel surveillance data in order to understand the actual trends in genital chlamydia infection in Australia.

**Materials and Methods:** Data from 18 sexual health services and the national notification scheme were analysed. A Chi-square test assessed trends in chlamydia positivity among young heterosexuals tested from 2006–2010 and logistic regression was used to determine correlates of positivity.

**Results:** In Australia, during 2006–2010, 64,588 heterosexuals aged 15–29 years attended the sexual health services for the first time and the chlamydia testing rate was consistently >80%. Chlamydia positivity increased by 8.3% in heterosexual males (from 13.2% in 2006 to 14.3% in 2010; p-trend=0.04) and by 15.9% in females (from 11.3% in 2006 to 13.1% in 2010; p-trend<0.01). Independent correlates of chlamydia positivity in sexual health service patients were being aged 15–24 years, residing in a regional/rural area, being Aboriginal or Torres Strait Islander, being a non-Australian resident, and attending in 2010 compared with 2006. Over the same period the population-based notification rate increased by 43% against a background of >100% increase in testing.

**Conclusion:** Sentinel surveillance shows a moderate increase in chlamydia prevalence in young heterosexuals, in contrast to the steep increase suggested by notifications in Australia. This highlights the caution needed in interpreting chlamydia trends without a testing denominator, and shows that notifications alone can be misleading.

**Disclosure of Interest Statement:** The surveillance study was funded by the Australian Government Department of Health and Ageing from 2007 to 2010, as part of the national Chlamydia Pilot Program.

A trial of mass drug administration for scabies control in a high prevalence country

**PROFESSOR JOHN KALDOR**

Scabies is a skin condition due to the arthropod *Sarcoptes scabiei* that causes intense itching, and can lead to bacterial skin infections with serious, systemic consequences including rheumatic heart disease and glomerulonephritis.

Scabies is strongly associated with lower socio-economic status and is endemic in many tropical countries. For reasons that are not well understood, it occurs at particularly high rates in Pacific countries.

Standard management of scabies has involved treatment of affected cases and their household contacts, generally with topical agents. Mass drug administration approaches have been used in institutional settings, but have not been recommended as community public health measures despite little indication of reductions over time in prevalence in affected countries.

In 2011, NHMRC awarded a Project Grant to a team made up of investigators from Murdoch Childrens Research Institute, UNSW, Fiji Ministry of Health and elsewhere, to conduct a trial of mass drug administration for scabies control in Fiji. The trial, due to start in September 2012, will take place in three separate island communities, and compare standard care with two mass drug administration arms, one involving topical permethrin and the other based on oral ivermectin. The primary outcome of the trial will be scabies prevalence at 12 months.
Availability, consistency and evidence-base of policies and guidelines on the use of masks and respirators to protect hospital health care workers: A global review

ABRAR AHMAD CHUGHTAI

Background: Currently there is a debate on the selection of masks and respirators for the prevention of infections in health care workers. Therefore, health organizations and countries might have different policies and guidelines on the use of masks and respirators.

Aim/s: Review of policies and guidelines related to mask and respirators use.

Method: Policies and guidelines related to masks and respirators use for prevention of influenza, SARS and TB were reviewed. Two large public health organizations, three high-income countries and six low/middle-income countries were purposely selected for this review.

Results: WHO and CDC have the same guidelines for seasonal influenza (mask for low risk and respirator for high risk situations) and TB (respirator). However, during pandemic influenza and SARS, the WHO recommends masks in low risk and respirators in high risk situations, whereas, the CDC recommends respirators in both low and high risk situations. Selected countries also have various guidelines for three diseases. These guidelines are sometimes in line with the WHO and sometimes with the CDC. A few disease specific country guidelines are not consistent with either CDC or WHO guidelines. Another inconsistency in recommendations was noted in the choice of respirators. Respirators with differing filtration capacities are recommended for the same diseases.

Conclusion: Health care organizations and countries have different policies and guidelines around masks and respirators use for the influenza, SARS and TB. These policies not only vary regarding choice between masks or respirators but also in selecting the type of respirators. These differences may reflect the relative lack of level 1 evidence to inform policy, with only 2 published randomized trials of masks in health care workers in the literature. Health organizations and countries should jointly evaluate the available evidence and develop a uniform policy on masks and respirator use in the health care setting, and there is a need for better evidence to inform policy.

Possible applications or implications: Development of evidence based policy by joint effort of the international community.

Love patrol: Hemi taf tumas!

R L DRYSDALE

Background: This paper will discuss audience reaction to the Pacific's first TV series, “Love Patrol”, a specifically designed drama on HIV/STI issues. Pacific cultural and traditional factors present significant challenges in preventing HIV where taboos prevent open discussion of sexual matters and compound the vulnerability of people in the region. The third series of Love Patrol, produced by Wan Smolbag Theatre of Vanuatu and distributed across the region, has a sex worker as a central character and introduces the Pacific's first gay TV character. I will show how Love Patrol is playing a role in breaking down taboos and changing audience attitudes towards marginalised populations in Fiji and Vanuatu.

Methods: This study utilised in-depth interviews with viewers and semi-structured interviews with community leaders and service providers in Fiji and Vanuatu to assess what role Love Patrol is having in stimulating community dialogue and influencing community attitudes.

Results: The audience reception of Love Patrol is extremely positive; it is highly valued as a credible and entertaining educational vehicle. It is creating greater openness and willingness in talking about traditionally taboo subjects and stimulates community dialogue. The data suggests that Love
Patrol is associated with positively influencing audience attitudes towards men who have sex with men (MSM) and sex workers. There is also some evidence that it is playing a role in empowering local MSM networks and increasing sex worker access of services.

Conclusions: This study is still ongoing but my results are indicative of Love Patrol getting people in local communities talking about HIV/STI issues and increasing acceptance of those most at risk. In the context of Melanesia, where both MSM and sex work are highly stigmatized, these results have implications for the potential of locally produced ‘edutainment’ to play a role in social change as part of HIV responses.

Mixed-methods identification of risk factors for peripheral intravenous line: Local complications in rural Indonesia

B MARJADI, M-L MCLAWS, M WHITBY

Background. Intravenous (IV) lines are the preferred route for treatment in rural Indonesian healthcare facilities. IV lines local complications (phlebitis and extravasation) are more often than not indicative of the quality of IV line care and use, and may serve as a measure of patient safety in relation to healthcare-associated infections.

Aim. To identify risk factors for peripheral IV line-related local complications.

Method. A mixed-method study was conducted for three months each at two hospitals and eight clinics (private and public) in a rural Indonesian district. Quantitative data from adult inpatients’ IV lines were collected prospectively and analysed with multiple logistic regression and survival analysis. Grounded Theory was used to analyse qualitative data from non-participative observation, semi-structured and in-depth interviews with 19 doctors, 164 nurses and 96 patients and community members.

Results. The majority of adult inpatients had at least one IV line (92.4%; 1048/1134; 95% CI=90.8%–93.9%). Local complications developed in 67.6% IV lines (738/1092; 95% CI=64.8%–70.3%); most of these within 72 hours of insertion (68.3% by Day 2 and 83.5% by Day 3). Complications were more likely to occur if a patient received IV antimalarials (OR=4.8); received >2 bottles of fluid (OR=2.0); was bathed while in hospital (OR=2.0); was older (reference =<25 year; OR 26–45 year=1.7; >45 year=2.1); or female (OR=1.7). While the quantitative study suggests a chemical and mechanical nature of the local complications, the qualitative data reveal the hidden role of infectious risk factors. Misuse of IV therapy was closely related to the culturally constructed concepts of “sick role” and “hospitalisation” shared by community members and healthcare workers. Poor clinical knowledge and practices and financial considerations were common factors for complications, failure to practice infection control measures and omission of surveillance.

Conclusion. Combining quantitative and qualitative methods allows for a comprehensive exploration of risk factors as well as identification of unexpected problems. IV line local complications in rural Indonesia could be greatly reduced by improving general clinical care and avoiding unnecessary IV therapy, especially antimalarials. The biggest challenge, which requires a multi-pronged health promotion approach, is to shift the cultural beliefs away from preferring IV therapy.

Where clinical medicine meets public health: Infection control in rural Indonesia

B MARJADI, M-L MCLAWS, M WHITBY

Background: It is questionable whether internationally-accepted infection control guidelines are applicable in rural Indonesia due to differences in resources availability and local contexts.

Methods: Our mixed methods study of ten rural Indonesian healthcare facilities (hospitals and clinics, public and private), all with severely limited resources, explored clinical practices in four areas: intravenous therapy, antibiotic usage, instrument reprocessing and hand hygiene. The quantitative methods used included univariate, multivariate and survival analyses of primary and secondary clinical data. The qualitative methods included univariate, multivariate and survival analyses of primary and secondary clinical data. The qualitative methods included a grounded theory analysis of observations and short and in-depth interviews data. These two components of the study were synthesised to ascertain the magnitude and underlying factors of healthcare-associated infection risks and the barriers to infection control programs.

Findings: Inappropriate clinical practices caused excessive and unrecognised risks of primary bloodstream infection, surgical site infection, blood borne virus infection, and the development and spread of multi-resistant bacteria. The
four diverse clinical practice areas exhibited common and interwoven underlying factors, which were: healthcare workers’ inadequate clinical knowledge, a lack of managerial support, and cultural beliefs shared by the healthcare workers and community members that prevailed over evidence-based knowledge. Non-clinical factors from inside and outside the healthcare facilities were inter-related and cannot be separated from the ensuing clinical practice inadequacies.

Conclusion: The current clinically-focused infection control programs are likely to have limited and temporary results in rural Indonesia due to barriers being in the main non-clinical in origin. An effective and sustainable infection control program needs to concurrently address basic clinical practice improvements and the underlying managerial, attitudinal and cultural barriers. This public health aspect of infection control is often neglected yet crucial for the success of any infection control program in rural Indonesia.

Parental attitudes to human papillomavirus infection and vaccination in immunosuppressed children

H SEALE, L TRUNG, F MACKIE, S KENNEDY, C BOROS, H MARSHALL, J TIDSWELL, P SHAW, K MONTGOMERY, C R MACINTYRE

Barriers influencing the willingness of parents to vaccinate immunocompetent children include a lack of knowledge about human papillomavirus (HPV) and low perception of risk towards their child acquiring HPV infection. However, it cannot be assumed that the facilitators and barriers towards HPV vaccination are the same for parents/caregivers of children who are immunosuppressed. This study aimed to assess the knowledge and attitudes about HPV and the HPV vaccine amongst the parents/caregivers of immunosuppressed children/adolescents.

A study using qualitative methods that incorporated 27 semi-structured interviews was undertaken with parents and caregivers of immunosuppressed children (i.e. kidney or bone marrow transplant recipients) vaccinated against HPV at three hospitals in two states of Australia. Analysis revealed that while many of the participants acknowledged that they had heard of HPV, less than a quarter of participants had a strong sense of what HPV was. While some believed that their child had a greater risk of developing a severe HPV-related illness because of their immunosuppression, the majority had little concern over the use of the HPV vaccine but considered the issue of potential adverse effects being exaggerated in immunosuppressed patients. However, they stressed their belief in the safety of the vaccine and their trust in the health team.

Our study results show that parents/caregivers of children with impaired immunity would benefit in targeted education and promotion campaigns about the accelerated risks to their children from HPV infection and the important role of the vaccine in prevention for girls and boys.

Policies and procedures around staff influenza vaccination in Australian public hospitals

H SEALE, R KAUR, C R MACINTYRE

In Australia, the provision of free influenza vaccine to health care workers (HCWs) is a policy decision for each hospital or jurisdiction, and is therefore not uniform across the country. This study aimed to determine policy and practice around influenza vaccination for HCWs in Australia. A study using qualitative methodology, which included 29 semi-structured interviews, was undertaken with infection control coordinators (representing 82 hospitals) from three states in Australia.

During the interviews, participants spoke of the multiple methods implemented to support the promotion and delivery of the vaccine including the use of clinics, mobile carts and surge staff. Some were accountable for the infection control activities over large number of sites (up to 19 in one instance). However, the stand out factor that was apparent in all the interviews was the enormity of the task annually, in an environment of low resources and sometimes extremely low staff support.

The use of education and increased clinic hours continue to be spruiked as methods of increasing influenza vaccine uptake amongst HCWs. The reality for many hospitals is that they don’t have the means or capacity to implement these measures at higher levels. For some hospitals, perhaps it is time that other approaches are implemented.
Health care worker practices around face mask use in hospitals in Hanoi

HOLLY SEALE, C RAINA MACINTYRE, MARY-LOUISE MCLAWS, LISA MAHER, THẨM CHÍ DŨNG, NGUYỄN TRẦN HIỂN, PHAN THỊ NGÀ, RAJNEESH KAUR, ANTHONY NEWALL, DOMINIC DWYER

Background: World Health Organization guidance for the protection of healthcare workers against pandemic influenza virus infection recommends the use of standard and droplet precautions (including surgical masks or a face shield) during most patient interactions and N95 or equivalent respirators for aerosol-generating procedures. However, it is not always feasible in low resource settings for hospitals to provide single use masks to their staff.

Methods: In 2009, we commenced a collaborative study with the National Institute of Epidemiology and Hygiene in Hanoi, Vietnam. The aim was to explore the infection control practices in place with a special focus on the use of masks and respirators, through a series of quantitative and qualitative research studies.

Results: We found substantial variation in the types, quality and availability of masks/respirators. At most sites, locally manufactured paper or surgical masks are routinely used, however staff are generally only given one or two masks per day. While at other hospitals, it is the responsibility of staff to buy their own masks. N95 respirators are in limited supply and are too expensive to change on a daily basis so are seldom used. 30% of HCWs we surveyed reported that they used cloth masks routinely. Replacement cloth masks are provided by the hospital once a month, where in other hospitals it may be up to six months or a year before new masks are given. In the majority of settings, individuals are responsible for washing their masks at the end of the shift and a range of washing or 'decontamination' methods were used (i.e. hospital laundry, UV light, soap/water) In summary, we found huge variations around: (1) the type of mask available; (2) length of time a single mask is used (3) situations when they are used and (4) the methods used to clean the product.

Conclusions: In some Asian countries, woven cloth masks are currently being reused in clinical settings after washing. While cloth masks may be the only option available in some resource poor settings, data to support their efficacy in preventing influenza transmission and fluid resistance are currently lacking.

Detection of at-risk drinking – beliefs and attitudes of Australian GPs

MICHAEL TAM, NICHOLAS ZWAR, ROSLYN MARKHAM

Introduction: At-risk drinking is common in Australia. Validated screening tools such as the AUDIT-C have been promoted to general practitioners (GPs), but appear rarely used. Detection of at-risk drinking remains low. We sought to describe Australian GP perceptions of the detection and screening of at-risk drinking, and the role of the AUDIT-C; and to understand the low uptake of alcohol screening questionnaires, and overall low detection of at-risk drinking.

Method: Focus group interviews of four groups of GPs and GP trainees, with a total of 19 participants, were conducted in metropolitan Sydney between August and October 2011. Audio recordings were transcribed and imported into QSR International Nvivo 9 software, and analysed using grounded theory method.

Results: There were four areas of GP beliefs: (i) perceptions of the detection of at-risk drinking, (ii) sociocultural attitudes of drinking, (iii) dynamics of patient-doctor interactions, and (iv) perceptions of alcohol screening and the AUDIT-C. Our analysis suggests three major barriers to the detection of at-risk drinking – community stigma and stereotypes of “problem” drinking, GP perceptions of unreliable patient alcohol use histories, and the perceived threat to the patient-doctor relationship from alcohol use assessment. The AUDIT-C was seen to have poor practical utility.

Discussion: Sociocultural factors appear to have a heavy influence on the detection of at-risk drinking. Recommendations that focus on routine GP use of alcohol screening questionnaires do not address the major barriers to the detection of at-risk drinking in Australian primary care, and are unlikely to be effective in the current context.
COPDx guideline ownership by GPs in Sydney

SARAH DENNIS, HELEN REDDEL, SANDY MIDDLETON, ALAN CROCKETT, SANJYOT VAGHOLKAR, IQBAL HASAN, OSHANA HERMIZ, NICHOLAS ZWAR

Aims and rationale: The COPDx guidelines were published first in 2003 and have since been revised. They provide health care professionals with the current best evidence to guide the diagnosis and management of COPD however awareness of the guidelines is poor. A survey by the Australian Lung Foundation found that only 8.3% of GPs surveyed used the COPDx guidelines regularly. The aim of this paper is report the ownership of the COPDx guidelines in GPs recruited to a large RCT of COPD case-finding and management.

Methods: GPs interested in taking part in the RCT were visited by a researcher. At this visit they provided written informed consent and completed a survey about their training in COPD management and confidence performing and interpreting spirometry. They were also asked if they owned a copy of the COPDx guidelines.

Findings: 37 GPs completed the survey, only 10 (27%) of the GPs reported having a copy of COPDx guidelines. Those GPs with a copy of the COPDx guidelines were more likely to have completed more than 6 hours of COPD training and 7/10 (70%) reported being very or extremely confident interpreting spirometry compared to only 10/27 (37%) of those without a copy of the guidelines.

Implications for policy and practice: Owning a copy of the COPDx guidelines is associated with training and confidence in the diagnosis and management of COPD. A survey by the Clearly there are opportunities to increase awareness and use of COPDx guidelines in general practice.

Developmental progress in urban Aboriginal children at 3 years of age

J L MCDONALD, V K WEBSTER, J A KNIGHT, E J COMINO

Background: The Gudaga Study is a longitudinal birth cohort study describing the health, service use and development of Aboriginal infants in SW Sydney. Few studies have addressed development issues in Aboriginal infants in urban settings.

Aims: To describe the performance of a cohort of three year old urban Aboriginal infants on a standardised developmental assessment tool.

Methods: At three years of age 127 Aboriginal children completed a developmental assessment by a paediatric registrar. The children’s development was assessed using the Griffiths Mental Development Scales – Extended Revised (GMDS-ER). The GMDS-ER mean z-scores were compared with the GMDS-ER norms using a one sample t-test.

Results: Gudaga children scored significantly higher than standards on the Gross Motor subscale (Mean Difference (MD)=0.3, t(126)=3.3, p=0.002) and the Personal-Social subscale (MD=0.3, t(126)=3.2, p=0.002). Gudaga children scored significantly lower than standards on the Language (MD=-0.9, t(126)=-10.8, p<0.001), Fine motor (MD=-0.4, t(126)=-5.1, p<0.001), Performance (MD=-1.0, t(126)=-12.1, p<0.001), and Practical Reasoning (MD=-0.7, t(126)=-9.1, p<0.001) subscales. Gudaga children scored significantly lower than standards on the Overall Griffiths Quotient (MD=-0.6, t(126)=-6.3, p<0.001).

Conclusion: The results suggest that while the overall development of urban Aboriginal infants at 3 years of age is significantly lower than GMDS-ER norms, they demonstrate strengths in gross motor and personal-social skills.
Gudaga goes to school: The next stage of the Gudaga study

R GRACE, J KNIGHT, E COMINO, L KEMP

Background: The Gudaga Study is an ongoing longitudinal birth cohort study that commenced in October 2005. To date this study has focused on child health and development as well as family service use. The Study’s oldest children started school in 2011. This research is now being extended to describe academic achievement and the transition experiences of the Aboriginal children and their parents during the early years of school.

Aim: To describe the educational experiences and achievement of Aboriginal children and examine the relationships between these variables and early childhood health, development and service use.

Methods: In 2011 47 children participated in this research. Thirty-four of the children have been part of the Gudaga study since birth and 13 were newly recruited to the study. Children participated in interviews conducted at school. Teacher interviews were also conducted for each participating child, and early childhood teachers were interviewed about the child’s school readiness for those children who attended early childhood centres.

Results: This presentation will discuss the main themes emerging from child, teacher and early childhood teacher interviews.

Conclusion: The ‘Gudaga Goes to School’ study will provide valuable information on the transition to school experience of urban Aboriginal children from the perspective of the child, parent, teacher, and community. This information will inform both the health and education fields, providing guidance on how to support positive school transition, and contributing to and understanding of the links between health and education.

The development of an intervention to equitably implement guidelines for the prevention and early detection of vascular disease in general practice

MARK HARRIS, YORDANKA KRASTEV, JOHN LITT, GRANT RUSSEL, DANIELLE MAZZA, CHRISTOPHER DEL MAR, JANE SMITH, MEIKE VAN DRIEL, RICHARD TAYLOR, JANE LLOYD

Aims and objectives: Best practice guidelines to prevent vascular disease have been developed by the NHMRC, National Heart Foundation and Vascular Alliance and the RACGP. Although widely disseminated, their implementation in general practice is incomplete.

Method: A multi method study was undertaken to develop an implementation strategy for Australian general practice. This comprised:

1. Narrative reviews of the literature on theoretical frameworks and interventions to improve preventive practice in PHC including strategies for disadvantaged populations.
2. A mixed method qualitative study in 8 general practices involving audit and semi-structured interviews with GPs, practice nurses, practice managers and their patients.
3. A synthesis workshop involving key stakeholders reflecting on these findings, current strategies and opportunities.
4. Piloting and qualitative case study in three general practices.

Findings: The findings were synthesized to develop an intervention model based on five key components:

a. Synthesis and summary of the guideline recommendations using the 5As framework (Assess, Advise, Agree, Assist, Arrange).
b. Training focused on assessment, brief advice and goal setting, using standardised patients.
c. Clinical audit using an electronic extraction tool supplemented by population data.
d. Facilitated practice meetings (3) to discuss the audit findings and identify priorities for action.
e. Links between the practice and referral and community resources.
Implications: Passive implementation of guidelines is ineffective. This study describes a methodology to develop and equitably implement strategies for disease prevention in Australian general practice.

This strategy will be trialled in 32 general practices across four states in 2012/13.

A cluster randomized trial of early intervention for Chronic Obstructive Pulmonary Disease by practice nurse-GP teams – Baseline participant attributes

O HERMIZ, N ZWAR, H REDDEL, A CROCKETT, S MIDDLETON, S DENNIS, G MARKS, I HASAN, ST LIAW

Aims and rationale: Chronic obstructive pulmonary disease (COPD) is a leading cause of disability, hospitalization and premature mortality. General practice is well placed to provide early intervention for COPD patients. Spirometry is essential for COPD diagnosis but there are significant barriers to its use in primary care. This trial aims to evaluate the impact of an intervention involving a practice nurse (PN) with specific training working with the patient, GPs and other health professionals to identify and provide evidence-based care for COPD.

Method: GP divisions in Sydney helped identifying eligible practices (computerised, employed a PN). Participating practices identified eligible patients (ever smoked, 40–85 years, no existing COPD) and invited them to attend a COPD case finding appointment with the PN who had received 1.5 day training in spirometry. Patients acquiring a new COPD diagnosis were managed either by the usual GP care (control group) or by GP/PN team (intervention group) who had received 1.5 day training on COPD management, COPDX guidelines and teamwork.

Findings: 191 patients with new COPD diagnosis have participated. We will present baseline data on patient demographics, smoking status and nicotine addiction, St George Respiratory Questionnaire scores, use of health services, lung function, immunization status etc.

Implications for policy and practice: There are substantial numbers of patients in general practice who have undiagnosed COPD. Active case finding by practice nurses appears feasible. The study has implications for how COPD is detected and managed in Australian primary care.

Feasibility of two instruments for measuring physical activity (PA) in primary care

SHONA DUTTON, SARAH DENNIS, MARK HARRIS, NICK ZWAR, HIDDE VAN DER PLOEG, ADRIAN BAUMAN

Introduction: Measurement of PA in routine general practice remains limited. Given the emerging role of practice nurses (PNs), it is important to consider their impact on assessment of PA. Also consideration is needed for the patient’s role in monitoring PA through self-management.

Aims: Evaluate the validity and reliability of two instruments for measuring PA, administered by PNs and self-administered by patients.

Methodology: Convenience sample of 10 PNs and 84 patients, were invited to participate. Participants were allocated to the PN (n=41) or patient groups (n=43) of the study.

Instruments:
- General Practice Physical Activity Questionnaire (GPPAQ)
- Three-Question Physical Activity Questionnaire (3Q)

PN-group: Participants wore an accelerometer for 7-days then attended an appointment with their PN to complete questionnaires. Analysis determined criterion validity, comparing accelerometer counts against questionnaire responses.

Patient-group: Participants self-completed both questionnaires twice, 7-days apart. Analysis determined test-retest reliability using intraclass correlation coefficients ICC, comparing questionnaire responses from Time-1 and Time-2.

Results: Validity measures showed low to moderate correlations for GPPAQ (r=0.26) and 3Q (r=0.45). For meeting PA recommendations there was moderate agreement for GPPAQ (κ=0.70, 95% CI=0.56-0.85) and fair agreement for 3Q (κ=0.62, 95% CI=0.47-0.78). The ICC for the GPPAQ ranged from (0.82-0.95), the 3Q ranged from (0.94-0.98)
Conclusions: The 3Q demonstrated moderate validity compared against accelerometer measures, substantially higher than the GPPAQ. Both instruments had excellent test-retest reliability. The GPPAQ demonstrated higher agreement with the accelerometer for meeting PA recommendations than the 3Q.

Systematic review of integrated treatments for depression and substance use in young people

M DEADY, M TEESSON, F KAY-LAMBKIN

Introduction: Both depression and substance misuse represent two of the major social and health problems facing young people worldwide. Frequently, these conditions co-occur and this co-occurrence is associated with greater functional impact, poorer treatment outcomes and increased costs. There is strong evidence to support the efficacy and effectiveness of integrated treatment approaches generally. This systematic review aims to identify peer-reviewed published evaluations of youth-focussed integrated treatment interventions, describe these interventions, critique the methodological quality of the studies, and identify which interventions appear most promising.

Method Eleven electronic databases were searched. The reference lists of relevant review papers were searched manually for additional studies not identified by the electronic database search.

Results Initially, 1,974 studies were identified, of which 22 were classified as evaluation studies of integrated, youth-based interventions for depression and substance use. Six of the 22 used a mixed sample of various comorbidities, five were follow-up data from the included studies and one reported no substance use outcomes, leaving a total of 10 studies for review. Three of these were uncontrolled trials and the majority (60%) utilised a pharmacotherapy component. Methodological quality of studies varied, particularly in relation to age-appropriateness of therapy, sample size, and follow-up rates.

Discussion There is a dearth of youth-focussed, integrated interventions for co-occurring depression and substance use. Evidence for the effectiveness of this limited collection of programmes is, however, promising. Given the importance of early intervention in this at-risk group, and the difficulties in engaging young people, there is a need for further focussed effort in this population.

It’s a case of apples and pears: Cider/perry’s turn to highlight disparities in Australia’s alcohol taxation system

NATACHA CARRAGHER, ANTHONY SHAKESHAFT, CHRISTOPHER DORAN

In recent years, cider/perry has witnessed enormous growth in Australia. In both absolute and per capita terms, value and volume of cider/perry sales increased from 150–188% between 2007 and 2011, dwarfing sales of all other types of alcohol beverages. As a result, the cider market is currently valued at $552 million, with volume sales totalling 57 million litres. Although cider/perry has a low base in Australia (i.e., 1.8% of all alcohol sales in 2011), these figures nevertheless raise the question about why the cider/perry market is growing so rapidly.

The last beverage to witness such dramatic increases in sales was alcopops. For some years, alcopops were taxed equivalently to full-strength packaged beer. A loophole, however, which was closed in April 2008.

This paper discusses extant alcohol taxation arrangements and suggests that the phenomenal increase in cider/perry reflects, at least in part, the next iteration of industry efforts to exploit loopholes in Australia’s alcohol taxation system.

We argue that alcohol policies which ultimately focus on a single loophole, rather than restructuring the alcohol taxation system, merely create an incentive for the industry to exploit other loopholes.

We review alternative avenues for redressing the current taxation loophole favouring traditional cider and suggest that a system of volumetric taxation, in which all beverages are taxed according to their alcohol content, offers an efficient means of getting off this merry-go-round.
Temporal ordering of anxiety, affective and substance use disorders in the Australian population: Which disorders come first and what does this tell us?

TIM SLADE, PETER MCEVOY, CATHERINE CHAPMAN, RACHEL GROVE

Comorbidity between mental and substance use disorders is common. Around one in four Australians who meet criteria for a mental disorder will meet criteria for more than one over a 12 month period. Over lifetime these rates are even higher. However, relatively little is known about the temporal sequencing of mental and substance use disorders in the population. Examining the order of onset of disorders over lifetime can inform understanding of their development and can guide timing and targeting of prevention and treatment efforts.

This paper will use data from the 2007 Australian National Survey of Mental Health and Wellbeing to examine patterns of comorbidity in the population with a particular focus on the temporal ordering of disorder groups. Specifically, the paper will address the questions: how common is comorbidity in the Australian population? Which disorders come first? Do patterns of comorbidity differ for males and females across the three classes of anxiety, mood and substance use disorders? And how do these findings inform research and treatment?

Please note: Analyses are not complete at the time of abstract submission. However, we are presenting a paper on this topic in QLD in the week prior to the NDARC symposium so results will be available for the poster.

Risk for and severity of violent offending among polysubstance users: Psychosocial correlates and predictors

MICHELLE TYE, SHANE DARKE, SHARLENE KAYE, FIONA SHAND

Introduction: Violent offending has long been shown to be a significant problem among substance users, with estimates that more than 50% of all homicides involve alcohol and/or illicit drugs (Darke & Duflou, 2008). Prevalence estimates of non-fatal violent offending among illicit drug users are substantially higher, ranging between 60% – 90% (Darke et al., 2010; Makkai & Payne, 2003). Whilst violent offending is a common experience among illicit drug users, the mechanisms which give rise to and sustain offending behaviour, particularly at an individual level (i.e. psychopathology and personality constructs) remain unclear.

The current research examines the comorbidity between a number of externalising mental disorders (Conduct Disorder, Borderline Personality Disorder, Attention Deficit Hyperactivity Disorder) and personality constructs (impulsivity and aggression) among a sample of illicit drug users. Comorbidity between these specific disorders has not been examined to date within the violence literature. This study aims to determine which factors best predict risk of violent offending, whether there are additive or interactive effects between disorders in the risk of offending, and which groups are at particular risk of committing more serious violence.

Method: Cross-sectional study of 300 regularly injecting polysubstance users recruited from the greater Sydney area through Needle and Syringe Programs. Participants were administered a quantitative interview, face-to-face, which took on average 30 minutes to complete. The questionnaire addressed demographics, substance use histories, violent offending histories (age onset, frequency, types of offences committed, circumstances surrounding offending, substance use surrounding offending), and psychopathology (CD, BPD, ADHD, impulsivity and aggression scales).

Results: Pending. Univariate analyses (chi-square, t-test), multiple regressions, and latent class analysis will be performed.
Determinants of access to antiretroviral therapy and treatment outcomes for people living with HIV in Vietnam

DAM ANH TRAN, ANTHONY SHAKESHAFT, ANH DUC NGO, KYLIE-ANN MALLITT, DAVID WILSON, CHRISTOPHER DORAN, LEI ZHANG

Abstract: Objectives: This study explores patient characteristics that are significantly associated with very late antiretroviral therapy (ART) initiation (CD4 count ≤ 100 cells/mm³) and examine the association between these characteristics and the baseline CD4 count with treatment outcomes, CD4 recovery, and mortality.

Design: Data were obtained from clinical records of 2,198 HIV/AIDS patients aged 18 years or older who initiated ART between January 2005 and December 2009 in 13 outpatient clinics across 6 provinces in Vietnam.

Methods: Multi-variate logistic regression was used to measure the relationships between patient characteristics and the baseline CD4 count, and between these variables with treatment outcomes. Cox proportional hazards regression was undertaken to calculate the probability of mortality and the probability of achieving a CD4 count of greater than 350 cells/mm³ after six months of ART initiation.

Results: Very late ART initiation was significantly associated with being male, becoming HIV infected through injecting drugs, and having opportunistic infections at ART initiation. Patients with timely ART access had a lower risk of developing opportunistic infections, higher chance of improving body mass index (BMI), lower chance of being at the WHO stage IV. Very late ART initiation, lower baseline BMI, and later WHO stage at the start of treatment were significantly associated with death, while being female, having timely access to ART, and having no treatment interruption were significant predictors of CD4 recovery.

Conclusions: Timely testing patients for HIV, increasing use of CD4 count testing services, and starting ART earlier are essential to reduce mortality and improve treatment outcomes.

The Cannabis Withdrawal Scale Development: Patterns and predictors of cannabis withdrawal and associated distress

DAVID ALLSOP, MELISSA NORBERG, JAN COPELAND, SHANLIN FU, ALAN BUDNEY

Background and aims. Treatment seeking for cannabis is increasing and relapse rates are high. Management of cannabis withdrawal is an important intervention point. No psychometrically sound measure for cannabis withdrawal exists, and knowledge of factors predicting withdrawal is limited. The aim is to psychometrically develop and test the Cannabis Withdrawal Scale (CWS) and use it to explore predictors of cannabis withdrawal.

Method. A prospective design with one week baseline and two weeks abstinence with 49 DSM-IV dependent cannabis users recruited from the general community. Abstinence was supported with a brief Cognitive Behavioral Therapy session supported by contingency payments. Daily cannabis withdrawal scores on the were collected with the CWS.

Results. Chronbachs alpha (0.91), test-retest stability (Intra-Class Correlation = 0.95) and content validity show that the CWS has excellent psychometric properties. Nightmares and strange dreams were the most intense symptoms (Wald χ² = 105.6, P < 0.0001), but caused little distress (Wald χ² = 25.11, P = 0.03). Angry outbursts were intense (Wald χ² = 73.69, P < 0.0001) and caused much distress (Wald χ² = 45.54, P < 0.0001). Trouble getting to sleep was also considered intense (Wald χ² = 42.31, P < 0.0001) and caused significant distress (Wald χ² = 47.76, P < 0.0001). Scores on the Severity of Dependence Scale predicted cannabis withdrawal.

Conclusion. A valid and reliable Cannabis Withdrawal Scale was developed. Cannabis withdrawal intensity was predicted by the severity of dependence, and not by the amount of cannabis smoked, age or gender.
Investigation of the long-term physical health effects of regular cannabis use

SALLY ROOKE, WENDY SWIFT, MELISSA NORBERG, JAN COPELAND

Background and aims: Previous research suggests that regular cannabis use may be linked to serious physical health problems. Relevant studies, however, have had major limitations, including:

1. most of the studied cannabis users also smoked tobacco, making it difficult to determine the individual health effects of cannabis;
2. mean age of study participants was below that at which serious health problems such as cancer tend to emerge;
3. likely under-reporting of cannabis use; and
4. too few heavy cannabis users in the sample.

The aim of the current research is to investigate the health effects of regular cannabis use, addressing these limitations.

Method: A survey has been developed to assess health concerns among four groups of adults aged 40+. These are individuals who

1. smoke cannabis but not tobacco;
2. smoke both cannabis and tobacco;
3. smoke tobacco but not cannabis; and
4. have never used either substance.

As we are interested in long-term regular use, cannabis users have been included in the study only if they have smoked cannabis at least four times per week on average for at least the last 5 years. The same criterion has been applied to tobacco-only users.

Results: The survey has been completed by 300 participants so far. Recruitment for the survey will cease in April, 2012.

Conclusions: Differences in health concerns among the four groups of participants will be reported.

The Triple B Study: Profile of a new Australian birth cohort

DELYSE HUTCHINSON, JUDY WILSON, MARIA GOMEZ, RICHARD MATTEICK, STEVE ALLSOP, JAIME NAJMAN, ELIZABETH ELLIOTT, LUCY BURNS, SUE JACOBS, CRAIG OLSSSEN, ANNE BARTU

Introduction and Aims: Triple B (Bumps, Babies and Beyond) is a longitudinal birth cohort study that examines the impact of substance use in pregnancy on family functioning and infant development. Recruitment commenced in 2008 and baseline data has been collected on over 1,100 families in NSW and WA. The aim of this poster is to profile the emerging research sample, including the hospital recruitment sites, recruitment coverage at general and specialist antenatal clinics, and participant demographic and pregnancy characteristics.

Design and Methods: Pregnant women and their partners were invited to participate through general antenatal and specialised drug treatment services in NSW and WA. Participating women and their partners completed interview assessments during pregnancy, when their infant was 8 weeks and then 12 months of age. We will present summary descriptive information on the nature of the emerging cohort utilising data collected at recruitment and at the baseline pregnancy assessment.

Results: Descriptive data will be presented on a sub-sample of the emerging cohort. These data will summarise the participating hospital recruitment sites; the number of participants at each recruitment site to date; a breakdown of recruitment coverage at general and specialist antenatal clinics; and participant demographic and pregnancy characteristics in a sub-sample of the cohort.

Implications: The Triple B Cohort, unique in Australia, will enable us to address important, unanswered questions about the impacts of substance use in pregnancy on family functioning and early infant development.
Alcohol consumption rates and behaviours in specific Indigenous community: Baseline findings from an youth anti-binge drinking campaign survey

THAMEEMUL ANSARI JAINULLABUDEEN, ANTHONY SHAKESHAFT, CHRISTOPHER DORAN, MICHELE SINGLETON, KOMLA TSEY, JANYA MCCALMAN

Introduction: Relatively fewer Indigenous Australians (62 percent) drink alcohol than Australians in general (72 percent), but amongst Indigenous drinkers, proportionately more tend to drink at risky levels. Variation in consumption rates from overall level has been suggested in literature. Hence there is a need to collect community specific alcohol consumption data, which is severely lacking, to assist prevention efforts. The current study is part of a youth anti-binge drinking campaign within a specific Indigenous community in Queensland. It aims to i) describe the demographic and socio-economic background of respondents, ii) examine practices, circumstances and awareness of 18–25 year old drinkers in the community and iii) examine risky drinking per drinking session behaviours.

Design: A total of 220 respondents participated in the survey and were recruited using two youth researchers within the community. The study adopts the definition in National Health and Medical Research Council 2009 guidelines of more than four standard drinks per drinking session being short term risky drinking.

Results: The community condition was rated as either bad or very bad by 51.4% of respondents. Centrelink was reported to be the main source of income (80.9%) and 10.9% reported being employed. An estimated 78.2% of respondents identified themselves as drinkers and 18.2% as abstainers. The mean age of commencement of drinking was 16.7 years. Boredom (41.0%) and parties (32.4%) were cited as two main events that got them into drinking. Udl/mixed spirits was the most popular beverage (87.3%) followed by spirits (78.6%). An estimated 87.6% of drinkers reported to be drinking at least one type of alcohol beverage at risky levels in a typical drinking session.

Sociodemographic, psychosocial, physical and mental health factors associated with a history of homelessness: Findings from the 2007 Australian National Survey of Mental Health and Wellbeing

SONJA MEMEDOVIC, TIM SLADE, MAREE TEESSON, LUCY BURNS AND ELIZABETH CONROY

Background and aims: Homelessness is a major social issue in Australia and many other developed countries. An understanding of the factors that are associated with homelessness is crucial for the development of effective prevention and intervention programs and policies. Existing research on the factors associated with homelessness is limited in a number of ways. The majority of studies have focussed on a restricted number of potential correlates, and have been predominately conducted with individuals identified as homeless at the time of the research. As such, little is known about the profiles of people who at some point in their life experienced homelessness but are currently in stable housing. In order to bridge these gaps in existing research, the present study used a nationally representative sample of Australians to describe the lifetime profiles and current functioning of people who self-report a history of homelessness.

Method: Data from the Australian National Survey of Mental Health and Wellbeing 2007 (N=8841) was used. A number of hypothesized sociodemographic, psychosocial, physical and mental health correlates of homelessness were assessed using standardized interview procedures and instruments.

Results: A self-reported history of homelessness was present in 2.5% of the Australian general population. Homelessness history was more likely among individuals who were unmarried, among those with mental disorders and a history of suicidality and trauma, and among those with a prison history and lower levels of social support. Despite being in stable housing at the time of the survey, formerly homeless individuals also fared worse on indices of functioning in the month preceding the interview than their never-homeless counterparts.

Conclusions: The findings indicate that formerly homeless individuals are a highly disadvantaged group who would benefit from ongoing support services even after having obtained stable housing.
Colon and rectal cancer incidence and water trihalomethane concentrations in New South Wales, Australia

M RAHMAN, C COWIE, T DRISCOLL, R SUMMERHAYES, B K ARMSTRONG, M S CLEMENTS

Objective: To analyze the association of trihalomethanes (THMs) in drinking water with colon and rectal cancer incidence in New South Wales, Australia.

Methods: Average yearly concentrations of total and individual species of THMs were obtained for 50 local government areas (LGAs). Indirectly-standardized incidence rates of colon and rectal cancers in LGAs for the period 1995 to 2001 were regressed against mean THM concentrations lagged five years, adjusting for socioeconomic status and year of diagnosis, and including local and global random effects within a Bayesian framework. The incidence rate ratios (IRRs) for 1 µg/l increase in THMs were estimated.

Results: A positive association was observed between bromoform exposure and colorectal cancer in men (IRR 1.013, 95% CI 1.005, 1.021) but not women (IRR 1.001, 95% CI 0.993, 1.009). The positive association was mainly due to an association of colon cancer with bromoform (IRR 1.018, 95% CI 1.008, 1.026). There was no appreciable association of colorectal cancer with other species of THMs or with total THMs in either sex. Sensitivity analyses did not materially change the associations observed.

Conclusion: This study provides evidence of a positive association between colon cancer and water bromoform concentrations in men but, due to inconsistencies by sex and with other studies, no causal inference can be made. Given the potential population impact of such an association, further research into the relationship between THMs, particularly brominated species, and colorectal cancer is warranted.

Caller satisfaction with the Cannabis Information and Helpline

P GATES, J COPELAND, M NORBERG

Background and aims: No empirical study has been published regarding client satisfaction with an illicit drug helpline. Rather, substance use helplines are typically accepted at face value. The present study profiled the satisfaction of callers to the Cannabis Information and Helpline (CIH), Australia’s first national service for individuals with cannabis related problems. In addition, the predictors of satisfaction were investigated.

Methods: A ten minute telephone interview was conducted with 200 volunteers who called the service during 2009 (121 called regarding themselves, and 79 regarding another’s cannabis use).

Results and Conclusions: Callers were a mean of 42.5 years of age and typically female (58.5%). Callers showed high levels of satisfaction with the service and counsellors and were more likely to call back the CIH then contact referrals. Participants who found the service easy to access and who felt their needs were met reported the highest satisfaction. Despite the recognition that telephone services are easily accessible, ensuring their consistent availability and accessibility remains paramount.
Randomised control trial of a brief cannabis intervention delivered by telephone

P GATES, J COPELAND, M NORBERG

Background: Despite its widespread use, relatively few cannabis users present to treatment. The barriers to cannabis treatment highlight the importance of providing additional treatments that are cannabis specific.

Aims: This study explores the potential of the Cannabis Information and Helpline (CIH), a free national telephone service, to deliver a brief cannabis use intervention.

Method: A sample of 160 callers to the CIH volunteered to participate and was randomised into two groups. The first group received four weekly sessions with a primary focus on reducing cannabis use. The second group was a delayed treatment control condition. Cannabis use, dependence and related problems, and other substance use, were assessed at pre-treatment, and at four- and twelve weeks.

Results: 110 individuals completed both follow ups. Intervention participants reported greater reductions in dependence symptoms (p<0.001), and related problems (p<0.001) compared to control participants at both follow-up assessments. Compared to control, intervention participants reported greater confidence to reduce cannabis use (p=0.002), and in turn reported a greater percentage of abstinent days at twelve weeks (p=0.019).

Discussion: The remote delivery of cannabis use interventions can assist a wider audience of treatment seekers while achieving comparable treatment outcomes to those of face-to-face interventions in the short term.

Designing a new educational intervention to improve hand hygiene (HH) compliance of medical students

RAJNEESH KAUR, HUSNA RAZEE, HOLLY SEALE

Background: Given the low hand hygiene (HH) compliance nationally our medical student education has failed to translate into appropriate understanding and practice. Previous attempts to improve medical students’ knowledge have had only short-term successes with follow-up studies reporting poor long-term retention of knowledge. We are developing a new educational program for medical students about My 5-Moments in the context of patient safety embedded in knowledge and practice that are repeated during the course of their university training with follow-up evaluations.

Methods: Steps in the development of the new program include:

1. An extensive and systematic review of the published and grey literature to identify studies which have implemented and evaluated education interventions for medical and nursing students around infection control.

2. In-depth interviews with key members of the undergraduate medical teaching team and a sample of medical students with thematic analysis.

The development of the educational program will be guided by the World Health Organization education programme.

Results: Very few published papers are available that have focused on the student’s perception with none using a long-term follow-up evaluation of behaviour change. Our stakeholder interviews will provide the first extensive analysis of opinion leaders’ views on context and method of teaching HH that includes experts in university teaching and learning.

Conclusions: Little scientific rigour has been given to teaching and learning by medical students of the 5-Moments. Our interviews will provide a valid template for medical students on HH practicals and the seminar instructions to be incorporated into any medical curriculum.
The effect of wearing a dynamic ankle orthosis on fatigue and postural sway following the six-minute walk test: A randomised crossover trial

JAMES MCLoughlin, CHRIS BARR, STEPHEN LORD, DAiNA STURNIEKS, MARiA CROTTY

Introduction: Fatigue is a major problem for people with multiple sclerosis (PWMS) and can exacerbate disturbances in balance and gait leading to an increased risk of falls.1 Motor fatigue of the lower limb dorsiflexor muscles is common and can limit functional mobility.2 The aim of this study was to evaluate the effect of wearing a dynamic dorsiflexion assist orthosis (DAO) on fatigue and postural sway in PWMS before and after a six-minute walk test (6MWT).3

Methods: Twenty-three PWMS (17 females, mean age 50 years) participated in 3 assessment sessions. Each session involved one of three 6-minute conditions: (1) seated rest, (2) 6MWT with a DAO (Foot-Up®, Ossur) worn on the weakest leg, and (3) 6MWT without a DAO.

Postural sway of the C7 vertebra was measured before and after each 6 minute condition. Subjects performed two 30 sec balance trials standing with eyes closed, feet together. Differences between mean sway parameters for the 3 assessment sessions were tested using repeated measures ANOVA (p < 0.05).

Results: Both walking conditions increased perceived fatigue (p<0.05), with no difference in distance walked (368 ± 110m vs 372 ± 114m). Postural sway did significantly increased after walking without the DAO (p = 0.011), however increase in sway was not significant following walking with the DAO.

Discussion: This preliminary data shows that postural sway in people with MS can increase following a short bout of walking, and such changes in postural control may be minimised by use of a DAO.


Acknowledgements: This study was supported by Foundation Daw Park and MS Research Australia.

Accessibility of primary mental health services for women in Makkah, Saudi Arabia

NAHLA HARiRI, HUSNA RAZEE, STEPHEN MATTHEY AND MOHAMMAD GAROUT

Background: Post-partum mental health disorders are recognised as a public health issue. In recent years, there has been considerable interest in postnatal depression (PND) worldwide. Anecdotal evidence indicates that women present to Primary Health Care (PHC) centres everyday with mental health related problems of which most are expected to be PND. Although there is scarcity of Saudi studies, one 2007 study showed the prevalence was 22.2%. Help-seeking behaviours and understanding of women's needs in Saudi women in regard to PND have not been adequately addressed in the Saudi literature.

Purpose: Explore social and cultural factors influencing Saudi women's wellbeing and their accessibility to mental health care during the post-partum period.

Method: The Edinburgh postnatal depression scale (EPDS) was administered to women attending health centres in Makkah for routine BCG vaccination of their babies. Those with high and medium scores on this scale were invited to participate in a qualitative study using in-depth interviews. Five women were interviewed by telephone and four women had face to face interviews conducted by primary health care providers.

Preliminary results: Women did not seek help from the PHC centres and were unaware of the mental health services provided by these centres. Health care providers indicated women were reluctant to seek help for PND due to barriers such as transport, influence of their husbands, and lack of knowledge and understanding of PND. Women also did not recognise PND as a problem.
# Acknowledgments

## RESEARCH SYMPOSIUM COMMITTEE MEMBERS

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<td>A/Prof Andrew Hayen</td>
<td>Dr Holly Seale</td>
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<tr>
<td>Dr Anita Heywood</td>
<td>Anil Singh-Prakash</td>
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<tr>
<td>Prof Raina MacIntyre</td>
<td>Catherine Webster</td>
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<tr>
<td>Dr Ros Poulos</td>
<td>Prof Nicholas Zwar</td>
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## JUDGES AND CHAIRS

<table>
<thead>
<tr>
<th>Prof Jeffrey Braithwaite</th>
<th>Dr Anthony Newall</th>
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<tbody>
<tr>
<td>Prof Michael Farrell</td>
<td>Prof Robyn Richmond</td>
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<td>Prof Mark Harris</td>
<td>A/Prof Juliet Richters</td>
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<td>A/Prof Andrew Hayen</td>
<td>Megan Williams</td>
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<tr>
<td>Dr Jane Lloyd</td>
<td>A/Prof David Wilson</td>
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<tr>
<td>Prof Raina MacIntyre</td>
<td>Prof Marilyn Wise</td>
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