KBS Thematic Meeting:
Preventing Substance Use, Risky Use and Harm: What is evidence-based policy?


Hosted by the National Drug Research Institute, Curtin University in partnership with the Centre for Adolescent Health, University of Melbourne, the National Centre for Education and Training in Addiction (Flinders University, South Australia), the National Drug and Alcohol Research Centre (University of New South Wales) and the Alcohol and Public Health Research Centre, Auckland, NZ. Funding provided by the National Drug Strategy Unit, Commonwealth Department of Health and Aging, Canberra and also the Drug and Alcohol Office of Western Australia.

**Call for Abstracts and further information: Curtin University web site**

Participation in the symposium will be limited to 100 people. Papers will need to be ready for pre-circulation by 15 December 2002. A number of well-known Australian and overseas researchers and policy advisors have already confirmed their attendance. A registration fee of $450 Australian for KBS members and $550 for non-KBS members will apply. Accommodation will be covered by the organizers for delegates selected to present papers.

The focus of the symposium will be on the quality of the science underlying key assumptions and claims regarding effective prevention policy and practice across both legal and illegal drugs. Of particular interest will be the following:

1. **What are the main patterns of risk and harm which demand improved prevention responses?**

   - How do these patterns evolve over the life course for different population sub-groups? A special focus on Indigenous issues included.
   - At the population level are most of the harms associated with identifiable high risk individuals with multiple problems or are they mostly among the more numerous low risk individuals? (i.e., when does the Prevention Paradox apply?)
   - To what extent should prevention efforts focus on prevention of drug use, risky patterns of use or of harm?
   - How are the adverse effects of legal sanctions against drug use to be considered?
   - What are the linkages between different drug types? Are there “gateway” drugs? Will reducing use of tobacco and alcohol reduce the likelihood of later illicit drug use and harm?

2. **What is the best evidence for what works in prevention? To include prevention of risky use by young people, regulation of availability, community action, public education, law enforcement initiatives, brief interventions and harm reduction initiatives across the life span.**
• Results of major reviews from the substance misuse area but also crime prevention, mental health and injury prevention.

• Formal comparisons of effectiveness and cost-effectiveness of different prevention approaches and prevention potential in terms of reduction in total population levels of harm.

• What is the evidence base for optimal processes for delivering effective interventions?

• Does making treatment programs more available reduce levels of use and harm in wider community?

• Overviews of major prevention initiatives with rigorous evaluation methodology.

• Cost-effectiveness of different prevention approaches with different populations.

3. What are most useful conceptual models for the full range of opportunities for prevention? What models exist for the implementation of a comprehensive national prevention policy? What are the optimal policy mixes for drug prevention? What systems are required for national monitoring of drug and alcohol use and related harm?

• Examples of evaluated national policy initiatives

• Examples of comprehensive national monitoring systems

• How to overcome impediments to effective implementation

• Models for comprehensive and multi-sector interventions?

• Models for working with Indigenous peoples.

• How best to spend the prevention dollar?

The above list is not exhaustive but aims to convey some of the main themes.

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