

What are the IDRS and EDRS and what do they tell us?

The logo for the International Drug Research Survey (IDRS), consisting of the letters 'IDRS' in a bold, white, sans-serif font on a black rectangular background.The logo for the European Drug Research Survey (EDRS), consisting of the letters 'EDRS' in a bold, white, sans-serif font on a black rectangular background.

Jenny Stafford

National Drug and Alcohol Research Centre

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Outline

- Brief history
- Aims
- Sample
- Methodology
 - Drug user interviews
 - Key expert interviews
 - Indicator data
- Summary

IDRS and EDRS History

- | | |
|---------|---|
| 1996 | Trial of the IDRS in NSW |
| 1997/98 | Full IDRS in NSW, SA, VIC |
| 1999 | Full IDRS in NSW, SA, VIC
Partial IDRS in other jurisdictions |
| 2000/01 | Full IDRS in all jurisdictions
Introduced EDRS (previously PDI)
in NSW, VIC, SA |
| 2003/04 | Full IDRS and EDRS in all states and territories |

Aims of these systems

- Act as early warning systems to detect changing patterns of use and harm
- Document the price, purity, and availability of illicit drugs
- Monitor patterns of use, trends and harms over time
- Point to specialised/detailed research
- Provide an evidence base for policy

Drugs focused on IDRS

Injecting Drug Users (IDRS)

- Heroin
 - Cocaine
 - Methamphetamine
 - Speed powder
 - Base
 - Ice/Crystal
 - Cannabis
 - Other opioids
 - Diverted pharmaceuticals
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Drugs focused on EDRS

Regular Ecstasy Users (EDRS)

- Ecstasy
 - Cocaine
 - Methamphetamine
 - Speed powder
 - Base
 - Ice/Crystal
 - MDA
 - Ketamine
 - GHB
 - LSD
-



Sample

Injecting Drug Users (IDRS)	Regular Ecstasy Users (EDRS)
Injected in the last 6 months	Ecstasy use in the last 6 months
In the “market” for the past year	In the “market” for the past year
Sampled from needle and syringe programs, outreach, clinics, snowballing	Advertised in street press, music and clothing shops, universities and snowballing
Around 100 participants from each jurisdiction	Around 100 participants from each jurisdiction

Methodology

- Three parts:
 1. Drug user interviews
 2. Key expert interviews
 3. Indicator data
- Data collected Australia wide on an annual basis
 - IDRS national since 2000
 - EDRS national data since 2003

1. Drug user interviews

- Actively involved in the illicit drug market
- Face- to-face
 - IDRS – NSP clinics, outreach clinics
 - EDRS – Cafes, other public locations
- Questionnaires
 - Similar each year
 - Mainly closed questions
- 100 in every city



Drug User interview (cont'd)

- Strengths
 - Data can be compared over time and place
 - Early warning of emerging trends
 - Timely information on new drugs
- Limitations
 - Not representative of all illicit drug users
 - Not necessarily an indication of general population trends
 - Cannot indicate changes in the size of a drug market

2. Key Experts (KEs)

- People with regular contact with a group of illicit drug users or good knowledge of markets
- **IDRS:** NSP workers, treatment providers, outreach, law enforcement
- **EDRS:** DJs, night club industry workers, health promotion workers, first aid medical officers, youth workers, law enforcement

Key Expert interviews

- By telephone
- Face-to-face
 - Work environment
 - Public locations
- Questionnaires
 - Similar each year
 - Mainly open questions
- 20 in every city



Key Experts (continued)

- Strengths
 - Sensitive measure of emergent trends
 - Can recruit a range of KEs who have contact with many populations of drug users
- Limitations
 - Information on price and use patterns less exact than user reports
 - Depends on the population of drug users with whom KE has had recent contact
 - Reports may not be balanced

3. Indicator data

- Existing routine data collections with information related to illicit drugs
- Examples:
 - Ambulance calls to overdoses, overdose deaths
 - Emergency department admissions
 - Police incidents related to drug possession or supply
 - Drug seizure data (Customs, AFP, jurisdictional)
 - NSP data, treatment numbers
 - Calls to phone helplines

Indicator data (continued)

- Strengths
 - provide a precise and reliable measure of a drug trend
 - data usually can be compared over time
 - “jurisdictional” and “national” patterns can be ascertained
- Limitations
 - Less sensitive to identifying emerging drug use patterns – often indirect measures of use/harms
 - Hard to monitor new drug types as effectively as drug user interviews

Using the three data sources

- Overcomes weaknesses specific to each data source
- Examines where the data sources do and do not tell the same story
 - Is the information the same? May indicate a general community trend
 - Is the information different? May indicate different trends among different groups

Summary: So what do they tell us?

- What's new
 - drugs
 - harms, extent of harms
 - price, purity, availability
- What's the same since last year (or the year before...)
- What requires monitoring
- Areas where additional research is required

Summary:

What don't these projects tell us?

- Outside the city trends may exist and may not be captured
- May not reflect general population patterns of use – regular drug users are targeted
- Difficult to provide updates of the size of the drug market (e.g. how many users are there?)

Acknowledgements

- Users who participated
- Key experts for their time and expertise
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Further information

IDRS

<http://notes.med.unsw.edu.au/NDARCWeb.nsf/page/IDRSa>

EDRS

<http://notes.med.unsw.edu.au/NDARCWeb.nsf/page/EDRS>