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Key Points

- Both the SA NSP and the IDRS identify similar gross trends in drug of choice and injecting drug taking practices.
- Differences emerge with the SA IDRS showing more variation from year to year in the percentages of people using heroin or methamphetamine than the SA NSP.
- The SA NSP reports more unsafe practices, with increased rates of sharing injecting equipment.
- The SA NSP and IDRS may be sampling from slightly different populations of injecting drug users as evidenced by the differences identified within this report.

A comparison of the results of the Needle and Syringe Program Survey and the Illicit Drug Users Survey in South Australia

Introduction

Each year in South Australia (SA) two sentinel surveys are conducted with a population of injecting drug users. The SA Illicit Drug Reporting System (IDRS) targets regular injecting drug users from the metropolitan region and recruits participants from clean needle program (CNP) sites. The SA Needle and Syringe Program (NSP) Survey also samples clean needle program sites and recruits attendees of the program. The sampling populations are the same, although snowballing occurs in the SA IDRS survey it is thought that the majority of snowballed participants are also clean needle program users (all IDRS interviews take place at CNP sites).

The SA NSP survey collects information on drug injecting risk, sexual risk behaviour and human immunodeficiency virus (HIV) and hepatitis C virus (HCV) prevalence among injecting drug users. The SA IDRS seeks limited information about these parameters and focuses primarily on drug use trends within the population. As both surveys utilise the same sampling population, comparisons between the two are feasible and as such this bulletin aims to compare and contrast the responses to BBV risk taking questions within the SA NSP and IDRS surveys.

Comparison

Demographics

In 2003, 355 injecting drug users took part in the SA NSP survey, 62.3% were male and the median age was 31 years (range, 16–60). A similar profile was evident in the 120 SA IDRS participants with a median age of 34 (16–54), although there was a more even gender balance with 53% males.

Injecting drug use – drug of choice

Table 1: Injecting drug use, SA NSP and IDRS, 2003.

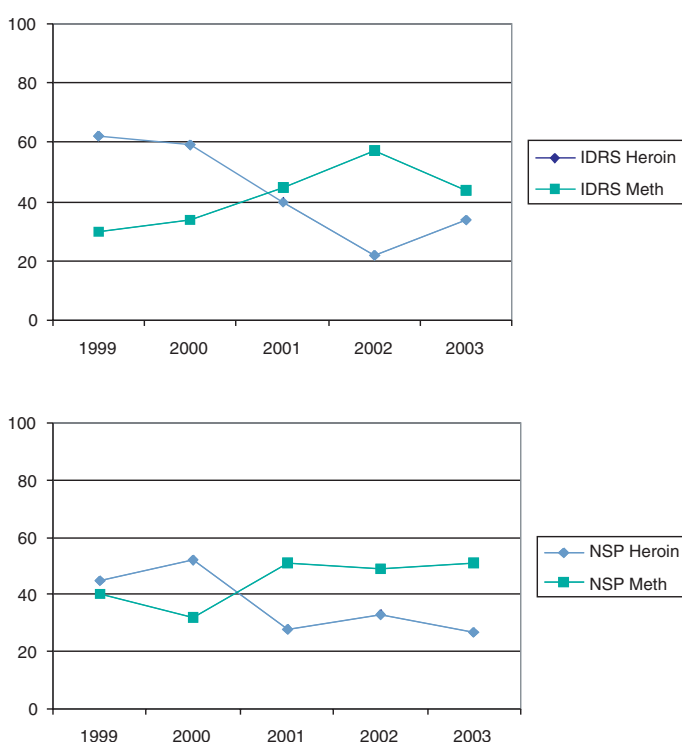
	NSP*	IDRS
Age at first injection (median, range)	18 (3–48)	18 (13–46)
Drug most often injected in last month		
Heroin	27%	33%
Methamphetamine	51%	43%
Morphine	9%	14%
Methadone	4%	6%
Drug last injected in last month		
Heroin	24%	35%
Methamphetamine	49%	44%
Morphine	10%	14%
Methadone	4%	4%

* Note that these figures differ from those presented in the annual NSP report. The percentages presented in this report are calculated from totals that exclude non-responses in contrast to those in the original report. The number of valid responses included for analysis in this table were N = 263 (NSP), and N = 120 (IDRS)

When examining the 2003 results with respect to general trends, similar patterns of injecting drug use emerge between the two surveys (see Table 1). Methamphetamine is the most commonly reported drug of choice in both surveys with opioids (heroin, morphine and methadone) coming second. However, a closer examination of the figures reported from each survey reveal some differences. Most notably, the SA IDRS reports higher proportions of heroin use and lower methamphetamine use than the SA NSP. As seen in Table 1 these differences can be reasonably large with, for example, the SA IDRS reporting 11% more of the sample having heroin as the last drug injected than the SA NSP (35% versus 24%, respectively).

When broad trends are focussed on there are distinct similarities between the two samples, however differences do emerge with respect to the finer detail. These differences can be further seen when trends over time are examined. Over a period of 5 years (1999-2003) the differences between the SA NSP and IDRS with respect to the drug most injected and the last drug injected are more evident.

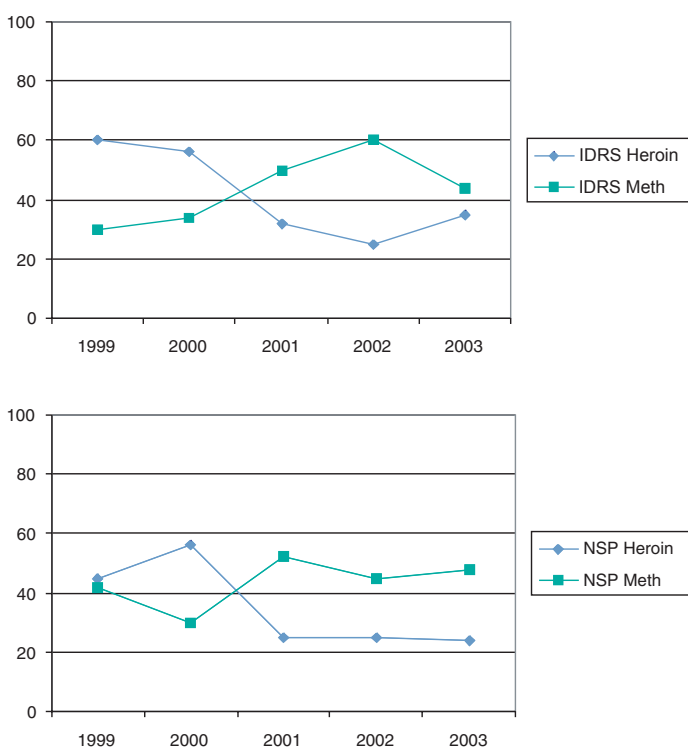
Figure 1: Drug most injected in the previous month, SA NSP and IDRS, 1999-2003.



With respect to general trends, the SA NSP and IDRS again display similar gross patterns for the drug most injected in the previous month (see Figure 1). Both the SA NSP and the IDRS show the cross over from heroin to methamphetamine use at the time of the heroin shortage (between 2000 and 2001). However, the SA IDRS results for 1999 show a marked difference between heroin and methamphetamine use with heroin more likely to be the drug most injected compared to methamphetamine. This stands in contrast to the SA NSP survey results for 1999 which did not evidence a great deal of difference between heroin and methamphetamine use in the previous month.

In the time after the heroin shortage both surveys reported higher proportions of users injected methamphetamine most in the previous month but again differences are apparent. In 2002, a greater proportion of SA IDRS users injected methamphetamine compared to heroin, but this difference was not as pronounced in the SA NSP sample. The situation was reversed in 2003 where a greater proportion of SA NSP users injected methamphetamine compared to heroin than in the SA IDRS. With some slight variation, the data for last drug injected in the previous month (see Figure 2) shows the same patterns and differences between the SA NSP and IDRS.

Figure 2: Last drug injected in the previous month, SA NSP and IDRS, 1999-2003.



Injecting drug use – location

The SA IDRS and NSP record different, but comparable, data in relation to the location of injecting drug use. As shown in Table 2 the SA NSP allows for multiple selections of various locations where a person injected drugs in the previous month. The SA IDRS asks two questions, the usual location of injection and the location of the last injection, with no multiple selections allowed. The two surveys also differ in that the SA NSP further differentiates ‘private home use’ into user’s own home, a friend’s home or a dealer’s home.

Table 2: Location of injecting, SA NSP and IDRS, 2003.

Proportion of IDU (%)	Places injected last month N = 355SA NSP only*	Location of last injection N = 120SA IDRS only	Usual location of injection N = 120SA IDRS only
Private home	-	84%	86%
Own	81%	-	-
Friend	41%	-	-
Dealer	19%	-	-
Street/carpark/ beach	20%	3%	2%
Car	35%	10%	10%
Public Toilet	18%	3%	1%

* more than one response allowed

In terms of results the two surveys report quite similar findings in relation to private home (SA IDRS) versus own home (SA NSP) with the majority of respondents reporting this as the usual site for injecting drugs. The SA NSP provides more detailed information, with nearly 20% of users surveyed injecting in the dealer’s home and 41% in a friend’s home. In contrast, distinct differences can be seen when the proportion of users reporting injecting in locations other than a private home are compared. The SA NSP shows a greater proportion of participants admitting to injecting outside, in cars and in public toilets.

Injecting drug use – sharing equipment

The SA NSP and IDRS again display similar trends with the vast majority of participants reporting that they had not reused a needle in the last month (see Table 3). Given that recruiting primarily occurs within the context of a CNP site for both surveys, this is perhaps not surprising. Some differences emerge between the two surveys however with the SA NSP showing higher proportions of equipment sharing. Of the four non-needle equipment categories the largest difference reported was the use of filters with the NSP reporting 16.9% compared to the SA IDRS 6.7%, a difference of 10.2%.

Table 3: Sharing of injecting equipment, SA NSP and IDRS, 2003.

Number of IDU	SA NSP (N = 337)		SA IDRS (N = 120)	
	N	%	N	%
Number of times reused a needle after someone in last month?				
Did not reuse in last month	296	87.8	111	92.5
Once	6	1.8	1	0.8
Twice	7	2.1	5	4.2
3 to 5 times	16	4.7	2	1.6
More than 5 times*	6	1.8	-	
More than 10 times#	-		1	0.8
Number of people reused a needle after in last month?				
Don't know	5	1.5	-	
One person	31	9.2	8	6.7
Two people	3	0.9	-	
Three to 5 people	-		-	
More than 5 people	-		-	
Equipment other than needles shared in last month?				
Spoon/container ^	74	22.0	21	17.5
Filters	57	16.9	8	6.7
Tourniquets	51	15.1	13	10.8
Water	74	22.0	17	14.2

NSP data excludes missing cases and those who report not injecting in previous month.

**NSP only, # IDRS only, ^ SA NSP asks about spoons only.*

Summary

Both the SA NSP and the IDRS are acknowledged as being reliable indicators of injecting drug using patterns within the South Australian community. Both tools are also able to readily identify gross trends in injecting drugs of choice and user behaviour. However, care should be taken when attempting to assess the specifics of drug users injecting practices. This comparison between the SA NSP and the SA IDRS highlights that the two surveys may be tapping into somewhat differing user populations and the potential differences between these groups needs to be taken into consideration if using data from either survey to inform state wide policy or programme development on such issues.

Discussion

The populations from the two surveys are evenly matched on age and gender and are recruited from the same environments, namely needle exchange sites, and the general trends are similar with respect to the types of drugs injected and the locations of injection. However, distinct differences between the two groups are found when the data is analysed more closely. The question is what is causing these differences?

While both surveys recruit from CNP's within South Australia, the SA IDRS recruits primarily from the large CNP's that open during business hours. In contrast, the SA NSP survey samples more widely and includes the largest CNP in the central Adelaide region that tends to operate outside of normal business hours. This site is not included in the SA IDRS survey. It is likely that the IDU who are accessing this service are presenting with a much broader profile of use and from different demographics. As this CNP is a large site the number of participants recruited there may affect the overall user profile. Support for this may be seen in the different injecting drug using profiles as well as the differing rates of sharing equipment.