

National Illicit Drug Indicators Project

To develop a clear understanding of illicit drug use in Australia, it is necessary that policy makers have access to reliable and timely information on drug consumption and related harms. The IDRS is an early warning system designed to identify changes in illicit drug markets using sentinel sites and innovative data collection methods (namely, interviews with injecting drug users, key informant interviews and the collection of indicator data such as overdose deaths, arrest data and drug treatment numbers). Data collected by the IDRS has allowed timely information about trends in illicit drug markets, leading to a greater ability of health and law enforcement agencies to make timely and evidenced based decisions about practice.

One of the major issues facing the IDRS is that there is variable indicator data across jurisdictions: different jurisdictions are differentially able to obtain data from agencies, and there are limited resources at the jurisdictional level for the IDRS to devote to identifying and evaluating existing and new indicator data sources. This meant that there was a need for an increased breadth and consistency of data collection across jurisdictions. The National Illicit Drug Indicators Project (NIDIP) was developed in direct response to these issues: one of NIDIP's major roles is to complement the IDRS by increasing the standardisation, quality, detail, timeliness and comprehensiveness of data collected.

The focus of NIDIP is to identify all of the relevant illicit drug-related indicator data collected in Australia, including those data sources not currently utilised by the IDRS, and to critically evaluate the strengths and weaknesses of these datasets. All data has its strengths and weaknesses, for example, Australian Bureau of Statistics (ABS) data on overdose deaths has been collected for decades, and is coded according to ICD classification systems, however it is not timely in that it is not available until almost the end of the following calendar year.

NIDIP will provide an opportunity to report on a range of issues related to illicit drugs using detailed analyses of indicator data, particularly with the use of data from different sources. This last point is important, as there is a need for the use of data from a range of sources to overcome the limitations of any one source.

All of these elements contribute to the fundamental purpose of the project, which is to improve the understanding of, and systematically track changes in, heroin and psychostimulant use and related harms. This project will provide a number of benefits, including enhanced dissemination of information on heroin and psychostimulant use and harms, and a greater ability of agencies and policymakers to assess the need for, and outcomes of, policy and other interventions.

The project involves identifying and collecting data from a large number of national and jurisdictional-based data collection systems. Data indicators will be collected across five broad themes: prevalence of use, morbidity, treatment, mortality and law enforcement.

Access to much of the national data of interest has been requested and access has been approved. These datasets include: National Drug Strategy Household Survey (NDSHS); Australian Illicit Drug Report (AIDR); Pharmacotherapy Client Statistics; National Hospital Morbidity Database (NHMD); Causes of Death (COD) Collection; National Coroners Information System (NCIS); Bettering the Evaluation and Care of Health (BEACH); Doctor Shopper Program; Australian Customs Service data; and data from the Australian Federal Police. Other national datasets, such as the Australian Needle and Syringe Program Survey, Australian Secondary School Alcohol and other Drugs Survey (ASSADS), the National Ambulance Non-fatal Opioid Dataset, National Minimum Data Set for Alcohol and other Drug Services (NMDS-AODTS), Drug Use Monitoring in Australia (DUMA), National Notifiable Diseases Surveillance System and the National HIV database release will their own results, and these will be which will be highlighted by NIDIP.

Possible issues with national data include the lack of geographical specificity, the lack of national datasets for some types of data (such as accident and emergency admissions, and calls to phone helplines about problematic drug use) as well as the time lags associated with some types of data (e.g. mortality data is released up to two years after death). To circumvent these problems jurisdictional data is also recommended for monitoring. Jurisdictional data of interest includes: accident and emergency admissions; drug-related phone calls to help-lines; needle and syringe distribution data; HBV, HCV and HIV notifications where injecting drug use is an exposure factor; and toxicology data on drug intoxicated drivers.

To date, data has been requested from all (and accessed from some) of the relevant agencies in the following states: QLD, SA, WA, NT & TAS. Requests still need to be made to the relevant agencies in Victoria, NSW and the ACT. Possible issues with jurisdictional-based data is that it is more time consuming to access, since requests need to be made to each of the jurisdictions relevant agencies; the same data may not be collected by all jurisdictions; and data may not be strictly comparable between jurisdictions due to different collection methods.

It is envisioned that information from NIDIP will be available in several ways: regular brief bulletins; journal articles; and web-based bulletins and links. This will provide an accessible and more complete picture of trends in use and harms over time.

By April 2003, a bulletin examining trends in the main drug classes across a number of key indicators will be produced. Journal articles examining at general population patterns of ecstasy use, and trends in accidental deaths related to cocaine and methamphetamine will be ready for submission. By May 2003, it is anticipated that data from all of the relevant jurisdictional agencies will have been requested.