What is Drug Trends?

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DRUG TRENDS

Medicine | National Drug and Alcohol Research Centre

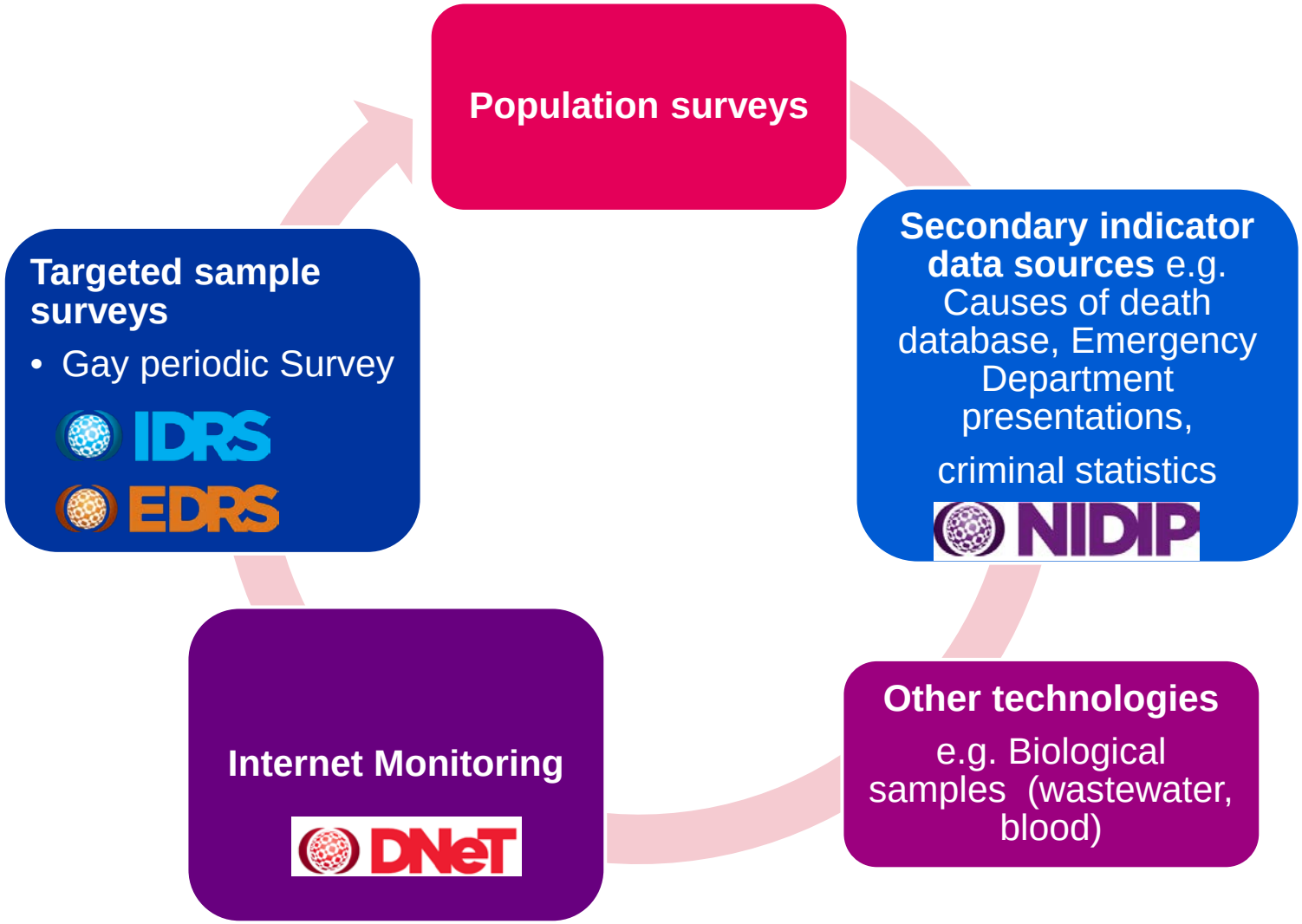
IDRS EDRS NIDIP DNeT

funded by the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund

Outline

- How do we monitor drug trends in Australia
- Aims
- Methodology
  - Drug user interviews
  - Key expert interviews
  - Indicator data
- Findings from the IDRS/EDRS
- Summary

How do we monitor drug trends in Australia?



Beginnings 1990's

- Government identified challenges to monitoring trends in the illicit drug market

- 1990-1991: Criminologist Dr Grant Wardlaw running an Illicit Drug Indicators project-too slow and cumbersome

Dr Grant Wardlaw
ANU College of Asia and the Pacific

- 1995: NDARC commissioned by the Commonwealth to design a new system to monitor drug trends in Australia to look at use and harms

A system is born

- Illicit Drug Reporting System (IDRS) was piloted in NSW in 1996, accruing more states each year, until becoming a national system in 2000.

IDRS

- It consisted of three components:

1. **Interviews with illicit drug users** (injectors)
2. **Interviews with Key Experts** (law and health profession)
3. **Indicator data** (large population based data sets e.g. Arrests, hospital overdoses.

IDRS: Drugs of focus

- Heroin
- Cocaine
- Methamphetamine
  - Speed powder
  - Base
  - Ice/Crystal
- Cannabis
- Other opioids

IDRS: Profile of participants

- 40 years old (average age)
- 89% heterosexual
- 84% were unemployed
- 53% single
- 27% completed tertiary qualifications
- 56% had a prison history
- 47% in current drug treatment
- Harms around injecting drug use including: vein damage, dirty hits, thrombosis, bruising, abscesses and overdose.

A sister system is born

- In 2000, realised there was a group of drug users and class of drugs that were not being captured by the IDRS.
- Namely:

- these were drugs like ecstasy and LSD
- more likely to be swallowed, snorted or smoked
- used in social venues with music such as nightclubs

EDRS

- Run on same premise as IDRS however instead of PWID, with regular ecstasy users

EDRS: Drugs of focus

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

EDRS:
Profile of participants

- 25 years old (average age)
- 16% unemployed
- 50% completed tertiary qualifications
- 5% currently in drug treatment
- 5% prison history
- Primary route of administration is not injecting
- Drug of choice is ecstasy

- Harms are related to social problems, legal problems and mental health

Aims of the projects

- To detect changing patterns of use and harm over time
- Document the price, purity, and availability of illicit drugs
- Point to specialised/detailed research
- Provide an evidence base for policy
- Outputs include: reports, bulletins, briefings, conference and presentations

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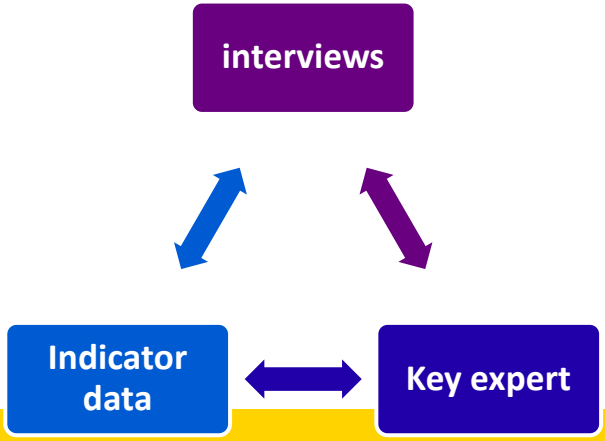
Methodology

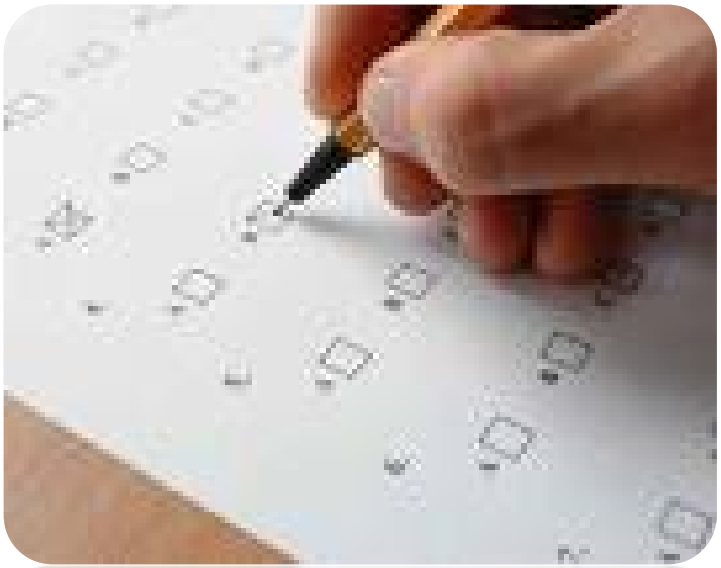
1. • Drug user interviews
2. • Key expert interviews
3. • Indicator data

• Triangulation of sources overcomes weaknesses specific to each data source



1. Drug user interviews

- Face- to-face
- Approx. 100 in each capital city
- Recruited same time each year



Participant Eligibility

IDRS	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, websites, music /clothing shops, universities and snowballing
Around 100 participants from each jurisdiction	Around 100 participants from each jurisdiction

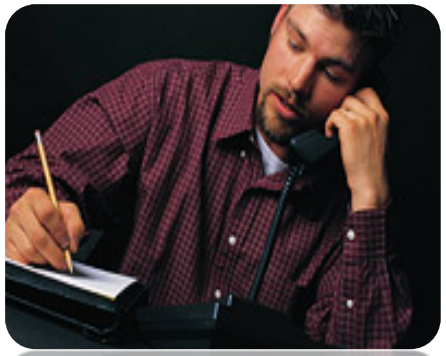
2. Key Expert interviews

- People who have 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

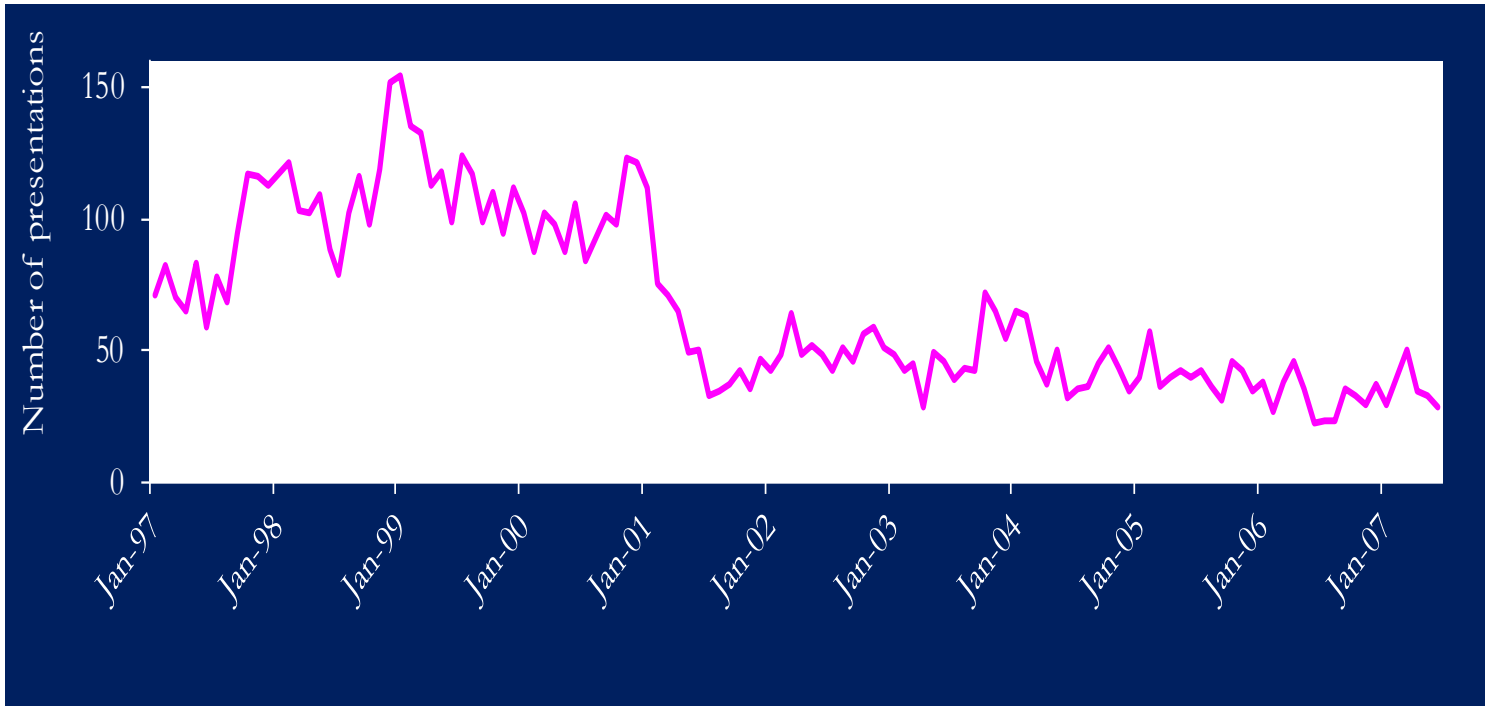
  - By telephone
  - Face-to-face
  - 20 in each capital city



3. Indicator data

- Existing routine data collections with information related to illicit drugs e.g. Ambulance calls for overdoses, ED admissions, Calls to help lines, Arrest data, Drug seizure data (Customs, AFP).

Heroin overdose presentations to NSW emergency departments



Source: Emergency Department Information System, NSW Department of Health

Analysis of routine data collections

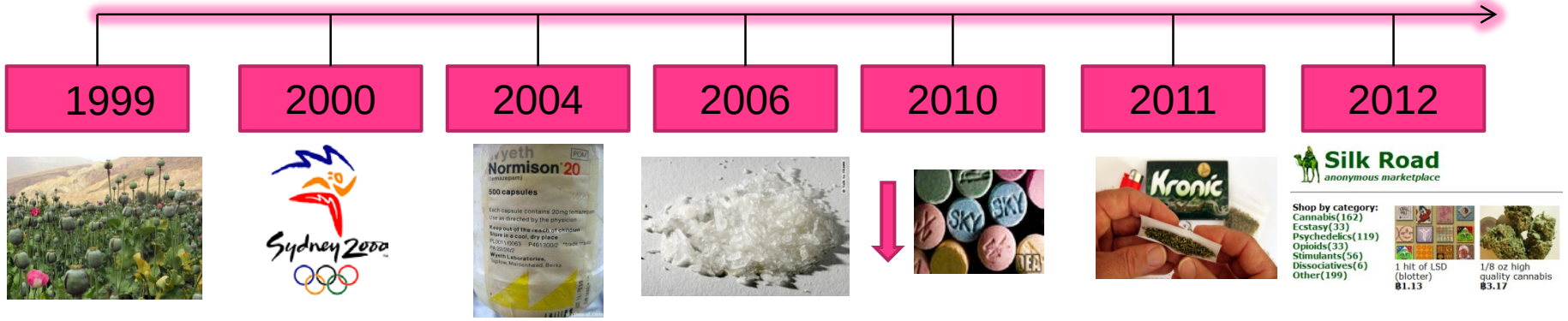
National Illicit Drug Indicators Project

- The National Illicit Drug Indicators Project (NIDIP) analyses a range of routine data collections including:

1. National Coroner's Information System
2. National Hospital Morbidity Database
3. National Drug Strategy Household Survey
4. Ambulance callouts to overdose
5. Emergency Dept presentations

Summary: So what do they tell us?

- What's new: drugs, harms, market characteristics
- What requires monitoring
- Areas where additional research is required



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

What happens if we do not monitor?

- We leave monitoring and priority setting to other "data" sources
- In Australia this has meant: Tabloid media & radio "shock jocks". Monitoring doesn't eliminate their role, reduces their influence

Acknowledgements

Study participants

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For more information

Please visit the NDARC website and click on ‘drug trends’

http://ndarc.med.unsw.edu.au/

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