What is Drug Trends?

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?

- Population surveys
- Secondary indicator data sources e.g. Causes of death database, Emergency Department presentations, criminal statistics
- Other technologies e.g. Biological samples (wastewater, blood)
- Internet Monitoring
  - IDRS
  - EDRS
  - NIDIP
- Targeted sample surveys
  - Gay periodic Survey

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- Other technologies
  - e.g. Biological samples (wastewater, blood)
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

- 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.

- 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

• 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
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

<table>
<thead>
<tr>
<th>IDRS</th>
<th>EDRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injected in the last 6 months</td>
<td>Ecstasy use in the last 6 months</td>
</tr>
<tr>
<td>In the “market” for the past year</td>
<td>In the “market” for the past year</td>
</tr>
<tr>
<td>Sampled from needle and syringe programs,</td>
<td>Advertised in street press,</td>
</tr>
<tr>
<td>outreach, clinics, snowballing</td>
<td>websites, music /clothing shops,</td>
</tr>
<tr>
<td></td>
<td>universities and snowballing</td>
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<tr>
<td>Around 100 participants from each</td>
<td>Around 100 participants from each</td>
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<tr>
<td>jurisdiction</td>
<td>jurisdiction</td>
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</tbody>
</table>
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](chart.png)
### Analysis of routine data collections

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
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

Agencies assisting with recruitment

Agencies and individuals providing indicator data

Researchers and institutions across Australia

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For more information

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

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