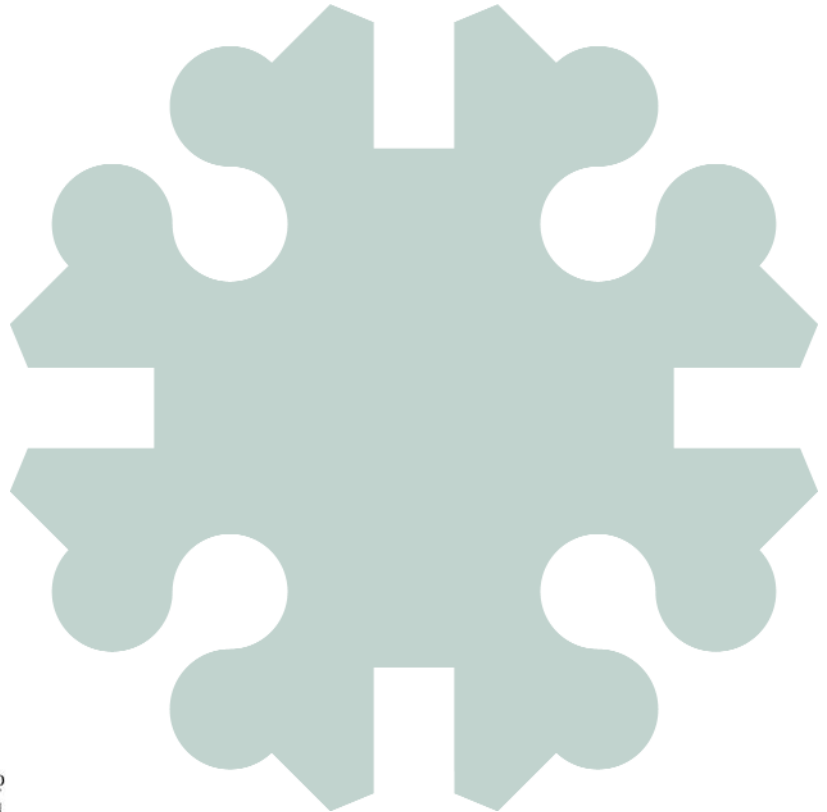


Dr Mark Lynch • Robert Kemp • Leigh Krenske
Andrew Conroy • Julianne Webster

patterns of amphetamine use

Initial findings from the
Amphetamines in Queensland
research project

2003



Queensland Government
Queensland Health

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CONTENTS

ACKNOWLEDGMENTS	vii
ABBREVIATIONS	viii
SUMMARY	ix
Methods	ix
Demographics	ix
General drug use	x
Amphetamine use	x
General health	xi
Sociocultural issues	xii
Amphetamine availability	xiii
Selling amphetamines	xiii
The drug-crime nexus	xiv
Injecting practices and knowledge	xiv
Knowledge about blood-borne viruses	xv
Experiences in accessing information and services relating to drug use	xv
Testing for blood-borne viruses (HIV and hepatitis C)	xvi
Conclusion	xvi
Chapter 1: INTRODUCTION AND METHOD	1
Research aims	1
Research methods	2
Presentation of results	8
Chapter 2: DEMOGRAPHICS	9
Location	9
Gender	9
Age	9
Level of education	9
Place of residence	9
Number of places lived	9
Children in household	10
Indigenous and ethnic identification	10
Main source of income	10
Level of fortnightly income	10
Results	11
Additional findings	17

Chapter 3: GENERAL DRUG USE	.19
Initiation into drug use and injection	.19
Patterns of drug use	.19
Methods of amphetamine use	.20
Expenditure on drugs	.20
Attention deficit and hyperactivity disorder (ADHD)	.21
Favourite drugs	.21
Drug combinations	.21
Types of users	.21
Initiation	.21
Consequences of amphetamine use	.22
Location of consumption	.22
Importance of social networks	.22
Openness about amphetamine use	.22
Results	.23
Additional findings	.64
Chapter 4: GENERAL HEALTH	.70
Health survey instrument	.70
Physical health	.70
Mental health	.71
Diet	.71
Amphetamine dependence	.71
The physical and emotional come-down	.71
Comorbidity	.72
Possible reasons to stop using amphetamines	.72
Results	.73
Additional findings	.84
Chapter 5: SOCIOCULTURAL ISSUES	.93
Leisure time	.93
Cultural group identification	.93
Material goods	.93
Clothing	.94
Body image	.94
Friendship networks	.94
Attitudes towards media and law	.94
Victimisation	.95
Results	.95
Additional findings	.106

Chapter 6: AMPHETAMINE AVAILABILITY	118
Paying for amphetamines	118
Purchasing patterns	118
Sourcing amphetamines	118
Availability	118
Production of amphetamines	119
Law-enforcement strategies	119
Results	119
Additional findings	124
Chapter 7: SELLING AMPHETAMINES AND THE DRUG-CRIME NEXUS	128
Prevalence of market participation	128
Age of initiation	128
Reasons for market involvement	128
Reasons for leaving the market	129
Selling other drugs	129
Property and personal offences	129
Amphetamine use patterns and crime	129
Amphetamine use patterns and violence	129
Results	130
Additional findings	139
Chapter 8: INJECTING PRACTICES AND KNOWLEDGE	155
Patterns of injecting drug use	155
Use and disposal of injection equipment	155
Injecting experiences and risk behaviours	155
Knowledge and attitudes regarding injecting and blood-borne viruses	156
Results	157
Additional findings	168
Chapter 9: KNOWLEDGE ABOUT BLOOD-BORNE VIRUSES	174
Attitude of amphetamine users to blood-borne viruses as a health issue	174
Extent of contact with information about hepatitis C	174
Knowledge about blood-borne viruses	174
Amphetamine users' attitudes towards their own health	174
Results	175
Additional findings	177

Chapter 10: EXPERIENCES OF INFORMATION AND SERVICES RELATING TO	
DRUG USE	182
Degree of contact with information	182
Information sources and their quality	182
Attendance at health services and advice-seeking	183
Use of and satisfaction with different types of health services	183
Results	183
Additional findings	191
Chapter 11: TESTING FOR BLOOD-BORNE VIRUSES (HIV AND HEPATITIS C)	192
Extent of testing for HIV and hepatitis C	192
Self-reported test results	192
Counselling	192
Intention of getting tested in the future	193
Injecting behaviour and hepatitis C status	193
Results	193
Additional findings	197
CHAPTER 12: COMMENTS FROM RESPONDENTS	201
Selected quotes from users surveyed	201
CONCLUSION	205
REFERENCES	207

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ACS	Australian Customs Service
ADHD	Attention deficit and hyperactivity disorder
ADIS	Alcohol and Drug Information Service
AIC	Australian Institute of Criminology
AIQ	Amphetamines in Queensland
ATODS	Alcohol, Tobacco and Other Drug Services
BYS	Brisbane Youth Service
CIDI	Composite International Diagnostic Interview
CMC	Crime and Misconduct Commission
DHDP	Drugs and Health Development Project
DUCO	Drug Use Careers of Offenders
DUMA	Drug Use Monitoring in Australia
IDRS	Illicit Drug Reporting System
MCS	Mental Component Summary
NCHSR	National Centre in HIV Social Research
NDARC	National Drug and Alcohol Research Centre
NSPs	Needle and Syringe Programs
PCS	Physical Component Summary
QPS	Queensland Police Service
QUT	Queensland University of Technology
SDS	Severity of Dependence Scale
YIDU	Young Intravenous Drug User

SUMMARY

The Amphetamines in Queensland (AIQ) research project was developed in response to growing concerns of law enforcement and health agencies about the increased use of amphetamines in Queensland.

An increasing number of amphetamine users are seeking treatment through Queensland health agencies, and the growing prevalence of amphetamine use is associated with a rise in the rate of injection-related harms. Law enforcement agencies, too, have seen a substantial increase in the number of amphetamine-type stimulant offences, as well as a growth in the number of amphetamine seizures and detection of clandestine laboratories in Queensland.

Despite the overall increase in amphetamine use and related harms, there is a lack of detailed and comprehensive information about the attitudes and behaviours of amphetamine users in Queensland. The AIQ research project addresses this shortfall.

Methods

The project used a peer research model to collect information on the views and experiences of amphetamine users in Queensland. Peer researchers interviewed 690 respondents in both rural and urban areas throughout Queensland. A data quality audit was conducted, which found that 665 of these interviews were conducted to a satisfactory or high standard. Accordingly, the results presented in this report are based on a sample of 665.

A team of supervisors, enlisted from both government and non-government agencies, recruited the peer researchers and coordinated the fieldwork at a local level.

Demographics

Of the 665 respondents:

- ▶ 44 per cent were female
- ▶ 63 per cent were aged under 30
- ▶ 57 per cent had not obtained more than secondary levels of education
- ▶ 9 per cent identified as Aboriginal or Torres Strait Islander
- ▶ 55 per cent relied on government benefits as their main source of income
- ▶ 39 per cent earned \$500 or less net income each fortnight
- ▶ 30 per cent were living with one or more children (aged under 16 years)
- ▶ 7 per cent identified as gay or lesbian and 21 per cent identified as bisexual.

General drug use

Types of amphetamine

More respondents had used speed powder ('speed powder/pills') (72%) and base ('base/pure/wax') (85%) than had used other forms of amphetamine.

Initiation

Typically, respondents were around 18 years old when they first tried any type of amphetamine; 10 per cent were over 25. A large proportion of the injecting amphetamine users either rapidly progressed to injection or first tried the drug by injecting. Eighty per cent of those who had injected base and 70 per cent of those who had injected speed powder reported injecting from the start.

Recent use

In the 6 months preceding the survey, more respondents had used base and speed powder than had used any other type of amphetamine (63% and 65% respectively). Base had been used more frequently than speed powder, with a median of 30 days of use in the previous 6 months compared to 20 days for speed powder.

Other drugs

Many of the respondents had recently used other drugs as well. About three-quarters of the sample had used cannabis in the previous 6 months, and they tended to use on most days. The recent use patterns for tobacco were similar. A comparable number had also recently used alcohol, typically about twice a week. Nearly a third had used benzodiazepines, with a median of 25 days of use during the 6 months.

Methods of amphetamine use

Injection was the most common method of using base amphetamine. Eighty per cent of those who had used base in the previous 6 months had injected it. By comparison, there was a less marked preference for any particular method of using speed powder, with 63 per cent injecting, 48 per cent swallowing and 40 per cent snorting. A significant minority of those using ice during this period had smoked it (9%, or nearly 1 in 10).

Expenditure

The average amount spent per day of use was similar for all of the more common forms of amphetamine, with base, ice and speed powder each costing about \$65.00 per day on average.

Amphetamine use

Types of users

More than half of respondents (56%) described their amphetamine use as recreational or casual. Of the others, 21 per cent described themselves as binge users and 13 per cent as dependent users.

Initiation

Initiation of amphetamine use tended to be opportunistic. Nearly three-quarters of all respondents (74%) indicated that part of the reason they first used was that someone gave it to them.

Consequences of amphetamine use

Respondents reported experiencing a number of personal changes since they began using amphetamines. More than three-quarters reported finding sex more enjoyable. A significant proportion of respondents believed that they had become more compulsive (70%), and were not achieving all they wanted to or were more easily distracted (64%).

Location of use

Amphetamines were generally used in a private dwelling rather than in a public space. Only 11 per cent of respondents nominated a commercial space. Seven per cent of respondents generally used in a public space and 5 per cent in a vehicle such as a car or truck.

Importance of social networks

Social networks play an important role in the initiation and continued consumption of amphetamines. Seventy-six per cent of respondents stated that they were with friends or acquaintances when they first used amphetamines and the majority of these friends or acquaintances used with them.

General health

Physical health

Overall, the physical health of respondents did not differ from that of the general population. However, respondents between the ages of 18 and 34 (comprising about three-quarters of the sample) were disproportionately likely to experience some level of physical disability compared with the general population. Thirty-five per cent of respondents in this age group had recently experienced a mild or worse level of physical disability. Twenty-nine per cent reported that they had not been eating properly most or all of the time over the previous four weeks. Seventeen per cent reported feeling 'run down' either most or all of the time over the same period.

Mental health

The mental health of respondents was slightly poorer on average than that of the general population. Their mental health characteristics differed considerably, however, according to whether they were dependent on amphetamines. Respondents who were not dependent tended to have the same level of mental health as the general population. In contrast, dependent amphetamine users were more likely than the general population to have recently experienced mild to severe disability on account of their mental health.

More than a third of respondents reported that the 'come-down' from speed was usually emotionally difficult or very difficult.

Dependence on amphetamines

About two in five of the respondents were dependent on amphetamines (according to their scores on the Severity of Dependence Scale or SDS), and there was a greater proportion of dependent users among females than among males. In contrast to drug-dependent behaviour, very controlled and stable patterns of amphetamine use were also common within the sample; one in five respondents attained the lowest possible score on the SDS.

Motivations for wanting to stop using speed

Having more control of their lives, improvement in physical and mental health, and avoiding trouble with the police were all nominated by the respondents as potential reasons to stop using in the future.

Comorbidity

Dependent amphetamine users were more likely than their non-dependent counterparts to have experienced some disabling mental health symptoms. Twice as many dependent as non-dependent amphetamine users had recently experienced some moderate or severe mental health disability, with the association between dependence and poorer mental health more pronounced for the female respondents.

Dependent users were also more likely to report easily losing their temper (about one in four) all or most of the time over the previous 4 weeks, compared to non-dependent users (about 1 in 10).

Sociocultural issues**Leisure**

Visiting friends at their homes was the most popular way for respondents to spend their leisure time. Approximately 40 per cent of the sample also reported going to restaurants and cafés, or nightclubs and raves, at least once a month.

Cultural group identification

Respondents identified with a range of groups. The most common affiliations were with the drug-user, family, worker and pub-scene subcultures.

Material goods

Most respondents had access to a television and stereo at their home, and at least three-quarters also had access to a video player and mobile phone. The types of goods rarely available for use within the respondents' homes were video cameras, computers with Internet access, and MP3 players.

Number of friends

Almost half of the respondents reported that they had between 4 and 10 friends they could trust; about 1 in 10 indicated that they had no trustworthy friends.

Law and media

Overall, respondents reported that they lacked confidence in the Queensland Police Service (QPS), in drug-use legislation, and in the ways drug use is portrayed in the media. Almost 70 per cent of the sample indicated that they thought law-makers did not understand the nature of illicit drug use and over half believed that news and current affairs programs always provided inaccurate information regarding drugs. Approximately half of those surveyed believed that they had been harassed by the QPS because they looked as if they used drugs, and about the same proportion reported that they had had their belongings searched for drugs by the QPS for no reason.

Victimisation

About half of those surveyed reported that they had been verbally threatened as a result of their own or other people's amphetamine use; 28 per cent had been assaulted without a weapon and 16 per cent had been assaulted with a weapon.

Amphetamine availability

Paying for amphetamines

Just over three-quarters of the respondents indicated that they mostly paid cash for their amphetamines. Other payment options included credit from dealers and trading other drugs.

Sourcing amphetamines

Three-quarters of respondents mostly obtained their amphetamines from a dealer. Other sources were friends and family (45%), partners (29%) and strangers (10%). The types of amphetamines that could most reliably be obtained were base and speed powder. Approximately 70 per cent of those surveyed stated that they could very reliably or somewhat reliably obtain these types of amphetamines when they wanted to. Amphetamine liquid was the most difficult form of amphetamine to obtain.

Place of purchase

Amphetamines were generally bought at private dwellings, rather than in commercial areas. Only 5 per cent mostly bought from a commercial building and 6 per cent in a public space. Almost half of the respondents indicated that the amphetamines were usually brought to them, so they did not have to travel to obtain them.

Perceptions of risks associated with selling amphetamines

Three-quarters of respondents believed that the police made selling amphetamines a risky endeavour, and approximately 50 per cent had friends or acquaintances who had been arrested for drug offences involving amphetamines.

Selling amphetamines

Prevalence of participation

Nearly half of those surveyed indicated that they had sold amphetamines at some stage, and 16 per cent were selling at the time of the survey. Just over a quarter of all respondents reported that they were currently selling drugs other than amphetamines.

Distribution networks

Respondents who were selling amphetamines at the time of the survey mostly sold to close friends or casual acquaintances on a weekly basis; they rarely sold to strangers. However, a small minority of dealers (18%) reported that they mostly sold to strangers on a weekly basis, and half that percentage did so daily.

Reasons for entering the market

Eighty-nine per cent of those who had at some time sold amphetamines reported that 'to support my own drug use' was an important factor in their decision to commence selling; a similar proportion indicated that money was a motivating factor.

Reasons for leaving the market

Nearly 80 per cent of ex-dealers indicated that they decided to stop selling amphetamines because they 'had just had enough'. Just over 60 per cent of ex-dealers stated that they ceased selling in order to avoid trouble with the police and 15 per cent reported that they stopped because they had been caught by the police.

The drug–crime nexus

Involvement in crime

Respondents reported relatively high levels of involvement in criminal activity. One-third of those surveyed indicated that they had committed a break and enter, 27 per cent had committed assault or caused bodily harm, 21 per cent had stolen a motor car, 13 per cent had robbed someone without a weapon, and 7 per cent had robbed someone with a weapon.

Amphetamine use patterns and crime

More than a quarter of those who had committed personal offences reported that they were always using amphetamines at the time of any offence, whereas one-fifth of those who had committed property offences reported that they were on amphetamines at the time.

Amphetamine use patterns and violence

Seven per cent of those surveyed revealed that they were often violent towards strangers and 5 per cent reported that they were often violent towards their partners because of their amphetamine use.

Injecting practices and knowledge

Injecting drug use patterns

Three-quarters of respondents described themselves as injecting drug users, with only a slightly higher proportion of injectors among males than among females. Varying injection behaviours were reported, ranging from dependent patterns to occasional or rare injection use. At the most intensive end of the use spectrum, more than a quarter of injectors reported injecting drugs at least once a day over the previous 3 months. At the other extreme, nearly 1 in 10 of the self-reported injectors had not injected at all in this period.

Acquisition and disposal of injecting equipment

Over half of the injectors indicated that they always used a new syringe to inject drugs, while most of the remaining injectors reported using one most of the time. The majority of respondents stated that it was easy or very easy to obtain needles and syringes from a usual outlet such as a needle and syringe program (NSP) or a pharmacy. While NSPs were the most common source of injection equipment, with three-quarters of injectors regularly obtaining them from this source, one-third also reported that they regularly used pharmacies.

Most injectors disposed of injection equipment in an appropriate manner. Over half reported always putting their used needles and syringes into a sealed container or a public sharps bin, while a further one-third reported doing so most of the time.

Injecting practices and problems

Over the 6 months preceding the interview, nearly one in five injectors had used a needle and syringe after someone else had used it, while a considerably greater number had used a drug mix after somebody else. Dependent amphetamine users were more likely than non-dependent users to have engaged in these practices.

Practical problems relating to injection sites and injecting technique were common among the injectors in this sample; the most common problems encountered were difficulty injecting and prominent scarring or bruising.

Knowledge and attitudes of injectors regarding blood-borne viruses

Respondents were asked questions to gauge their knowledge about injecting and blood-borne viruses. Less than half of the injectors gave correct answers to all questions, with the average score 2.8 out of 4. Overall, respondents performed well in questions pertaining to sharing and reuse of needles and syringes, but performed less well on questions about sharing other equipment that is used during injecting.

Knowledge about blood-borne viruses

Attitudes toward viruses as health issues

The overwhelming majority of respondents believed that HIV, hepatitis C and hepatitis B were ‘very important’ health issues. Individuals aged 19 or younger, however, were considerably less likely than the other age groups to consider these issues very important.

Contact with any information about hepatitis C

Over half of the respondents had obtained information relating to hepatitis C, and more than four out of five of these respondents found this information helpful.

Knowledge about hepatitis C

Respondents who had obtained information about hepatitis C performed far better on a set of hepatitis C knowledge questions than those who had not obtained such information. In particular, informed respondents performed better on questions about the infection risks associated with tattooing, body piercing, injecting drugs, and sharing razors and toothbrushes. Knowledge about the existence of hepatitis C treatment and about reinfection with hepatitis C, however, was poor — even for those who had obtained some information.

Users’ attitudes towards their own health

A smaller proportion of those in their late twenties valued their health, compared with any other age group.

Mental health issues may have an impact on injectors’ attitudes towards their health. Injectors with mild to severe mental health disability were less likely than any other respondents to value their health.

Experiences in accessing information and services relating to drug use

Contact with information about speed

Less than half of the respondents reported having ever obtained information about the effects of speed; and male non-injectors were the least likely of any respondents to have obtained information.

Information sources

Out of all information sources, the greatest proportion of respondents (31%) had spoken to friends. About one in five (19%) had spoken to a general practitioner, and roughly the same proportion (18%) had spoken to workers at an NSP. The majority of the respondents who had spoken to NSP workers (85%) thought that the information provided was useful. Out of all verbal information sources, respondents were most likely to rate NSP workers as a useful source. People who had obtained speed information from friends (78%) were more likely to consider this information useful than were those who obtained information from a general practitioner (71%).

Testing for blood-borne viruses (HIV and hepatitis C)

Proportion tested

More than half of the respondents had been tested for hepatitis C, and a similar proportion had been tested for HIV. One-third of all respondents had been tested for hepatitis C in the previous year, and again a similar proportion had been tested for HIV during this period.

Correlates of testing

Almost twice as many injectors as non-injectors had been tested for hepatitis C; and three-quarters of the injectors who generally used an NSP had been tested at some time — a significantly higher proportion than among injectors as a whole.

Impact on behaviour

People who were hepatitis C positive were less likely to report always using a new syringe than people who tested negative.

Intention to get tested again

The majority of respondents indicated that they intended to get tested again for HIV and hepatitis C at some stage in the future; but those who had tested positive for hepatitis C were less likely to think about getting tested again in the future than those who had tested negative.

Conclusion

This report represents the first phase of reporting on the AIQ project. Further analyses and discussion papers based on the results of the project are planned for future release. It is also envisaged that the information collected will provide the basis for policies aimed at reducing the harms associated with amphetamine use, and will help service providers deal with amphetamine use more effectively.

Chapter 1

INTRODUCTION AND METHOD

The Amphetamines in Queensland (AIQ) research project was developed in response to a growing concern by law enforcement and health agencies about the increased use of amphetamines in Queensland.

Health agencies have recently experienced an increase in the number of amphetamine users seeking treatment (Shand & Mattick 2002) and have recognised that the growing prevalence of amphetamine use is associated with a rise in the rate of injection-related harms (including the transmission of blood-borne viruses such as hepatitis C, and poor vein care). Meanwhile, law enforcement agencies have recorded a substantial increase in the number of amphetamine-type stimulant offences and a growth in the number of amphetamine seizures and detection of clandestine laboratories in Queensland (ACC 2003). These agencies have also reported that the trend towards the use of purer forms of amphetamines is associated with a greater prevalence of dependent use, as well as depression, anxiety, amphetamine-induced psychosis (Kinner & Fischer 2003) and aggressive behaviour among users (ABCI 2002).

Despite the overall increase in amphetamine use and related harms, there is a lack of detailed and comprehensive information about the attitudes and behaviours of amphetamine users in Queensland. The AIQ research project addresses this gap by providing systematic information about the characteristics and activities of amphetamine users. Information for the project was collected by peer researchers who surveyed a total of 690 amphetamine users across metropolitan, outer metropolitan and rural regions of Queensland.

This report presents the preliminary findings derived from the research project and highlights the multidimensional characteristics of a diverse user population.

The following sections of this report outline the methods used to collect data, and present the results yielded by each question in the survey instrument. Additional findings based on cross-tabulations of the data are also included at the end of each section. It is hoped that the information provided in this report will facilitate further collaboration between government agencies that work to prevent and reduce amphetamine-related harms at both individual and community levels.

Research aims

The aims of the Amphetamines in Queensland (AIQ) research project were to:

- ▶ examine the usage patterns of amphetamines and other drugs by a sample of current users located across Queensland
- ▶ ascertain the physical and mental health status of these users
- ▶ measure levels of amphetamine dependency
- ▶ outline typical trajectories of amphetamine use and possible social determinants of use
- ▶ describe the demographic and cultural characteristics of a diverse user population

- ▶ profile users' patterns of injecting and risk practices
- ▶ determine users' understanding of the associated risks of amphetamine use
- ▶ obtain users' perceptions about existing drug-related programs and services
- ▶ examine amphetamine market dynamics and the level of involvement of users
- ▶ investigate the drugs–crime nexus
- ▶ assess amphetamine users' attitudes and knowledge in regard to blood-borne viruses
- ▶ detect issues or emerging trends that may require further investigation.

Research methods

The AIQ research project applied a range of research strategies to address questions regarding amphetamine use in Queensland. The project's objective was to explore a wide range of usage patterns, so it was essential to adopt a suitable methodological approach. In particular, it was necessary to go beyond recruitment within service or institutional settings and establish contact with users through diverse and informal networks. A peer research method was therefore adopted. Peers of amphetamine users recruited research subjects, primarily through their personal networks, and conducted the fieldwork interviews for the project.

Another requirement for obtaining a diverse sample was to recruit users not only from metropolitan locations but also from rural, remote and outer metropolitan areas throughout Queensland. Research has shown that there is regular amphetamine use in regional Queensland, and that patterns of use, risk behaviours and service utilisation are affected by regional social and market factors. Consequently, it was desirable to have peer researchers at numerous sites throughout Queensland, with some degree of local coordination and supervision. The participation of local Queensland Health and non-government agencies in the project made this possible. Staff from these agencies contributed to the development of the project design and resources and supervised local teams of peer researchers.

Project coordination

The project was centrally coordinated by a joint research team comprising staff from Alcohol, Tobacco and Other Drug Services (ATODS) of Queensland Health, and the Research and Prevention arm of the Crime and Misconduct Commission (CMC). The research team managed the project in consultation with an advisory committee, the peer research supervisors (Queensland Health and non-government staff) and the peer researchers. The advisory committee included representatives of Queensland Health and the CMC as well as other individuals with particular expertise in relevant areas of health and social research. The research proposal was reviewed by the Human Research and Ethics Committee of the Prince Charles Hospital and Health Service District.

Local coordination and supervision was provided by ATODS and Sexual Health staff from Queensland Health and non-government staff at sites throughout the state. There was one supervisor at each site responsible for between one and five peer researchers, depending on the population of the area, with 48 peer researchers statewide.

Research sites

The research occurred at 17 sites throughout Queensland. Research sites included Brisbane, Logan, the Gold Coast, Ipswich, Pine Rivers, Toowoomba, Warwick, Roma, Charleville, Longreach, Mount Isa, Cairns, Townsville, Mackay, Rockhampton, Bundaberg and the Sunshine Coast.

Peer research model

The use of trusted peers to recruit and conduct structured interviews with research subjects is a well-established method for research involving difficult-to-reach populations. It has been used in Australia to obtain valuable and reliable data on public health issues such as HIV and hepatitis C (e.g. Aitken & Crofts 1996). It has also been used to obtain information on social issues such as homelessness (e.g. Power 2002).

Peer research is a participatory model of research, in which peers are research partners. Ideally they have some type of input into the research design, are primarily responsible for some part of the research process, and have the opportunity to review the preliminary findings of the research in which they have participated (Aitken & Crofts 1996; Kuebler & Hausser 1997; Power 2002).

Peer research typically entails an education component (e.g. Crofts et al. 1996), involving at least a minimal exchange of information between peers (i.e. researcher and respondent) beyond what would occur through data collection alone. Information exchanged between peers can have a greater impact and be more empathetic; it is likely to be more attuned to the needs and beliefs of the respondent than information from other sources. The process has the potential to enhance the benefits for both peer researcher and respondent.

This research project provided education resources, training for peer researchers on basic health issues, and referral to a telephone information and counselling service and health agencies where further information could be obtained. Peer researchers were also provided with a 'cheat sheet' with the correct answers to knowledge questions about blood-borne viruses, enabling them to provide correct information to respondents who got these questions wrong.

In order to maximise the degree to which a peer-based sample is representative, it is desirable to cap the numbers of interviews completed by each peer researcher and to sample from different social milieus (Griffiths et al. 1993). In this study, peer researchers typically completed 10 to 15 interviews each. The peer researchers were selected to maximise the representation of different types of amphetamine users at the 17 sites. Moreover, planned discussions between peer researchers and supervisors ensured that peer researchers were not recruiting from the same social networks. Only 35.2 per cent of the sample reported having prior contact with any kind of health service in relation to their drug use.

Training and consultation

All supervisors attended a two-day training workshop to provide them with an understanding of the project and the supervision tasks, and to give them an opportunity for input into the questionnaire and other methodological issues. The peer researchers themselves attended subsequent two-day training workshops, which covered the necessary knowledge and skills for conducting the interviews. Peer researchers were advised at the training workshops that they could leave the research project at any time if they wished to. Structured feedback obtained after the workshops indicated that the training resulted in both the supervisors and the peer researchers being confident and knowledgeable about their respective tasks. A debriefing workshop was also conducted after the fieldwork was finished to provide peer researchers and supervisors with an opportunity to discuss the research process and preliminary results of the project.

Questionnaire development

Nearly all of the items in the questionnaire were quantitative; there were only a few qualitative questions seeking the users' open feedback on selected issues. Ensuring that the questionnaire was unambiguous and easy to administer was obviously a priority issue. With this in mind, quantitative measures that could be administered without specialist professional expertise were incorporated into the questionnaire, and the qualitative content was kept to a minimum. The questionnaire was developed in consultation with the advisory committee, the peer research supervisors and the peer researchers.

Many of the questions were developed specifically for this study, but the questionnaire also contained questions that were replicated or adapted from the following sources:

Short Form 12 (SF-12)

The 12-item Short Form Health Survey (SF-12, version 1) was developed by JE Ware and colleagues (Ware, Kosinski & Keller 1996) as a short alternative to the SF-36 Health Survey. The SF-12 is a generic health instrument that measures recent functional impairment corresponding to mental and physical health issues. It produces two summary scores, one for mental wellbeing (mental component summary or MCS) and the other for physical wellbeing (physical component summary or PCS). These scores reflect the extent to which the respondent is disabled by their physical or mental health condition. Scores on the PCS and MCS can be divided into four categories: 'not disabled' (score of 50 plus), 'mildly disabled' (40–49), 'moderately disabled' (30–39), and 'severely disabled' (less than 30) (Andrews 2002).

There have been numerous studies supporting the validity of the SF-12 in general populations and diverse special applications (Ware et al. 2002). Both the SF-12 and the longer SF-36 survey instrument have been used extensively in research concerning drug use and comorbidity (e.g. Andrews, Henderson & Hall 2001).

Severity of dependence scale

The 'Severity of Dependence Scale' (SDS) is a short (five-item) scale for the assessment of drug dependence, developed by Gossop and colleagues (Gossop, Darke & Griffiths 1995). It has been shown to be an internally consistent and valid instrument in regard to a variety of drugs and has been applied effectively in samples of Australian amphetamine users (e.g. Darke & Hall 1995; Topp & Darke 1997). Moreover, it has been demonstrated that the scale can be applied to amphetamine use in place of more lengthy instruments such as the CIDI (Composite International Diagnostic Interview) with little loss of diagnostic power. A cut-off

score on the SDS has been evaluated specifically in regard to amphetamine dependence (Topp & Mattick 1997).

Blood-borne virus and injecting questionnaires

A number of survey instruments were examined that deal specifically with injecting drug behaviours and knowledge in terms of the risks of blood-borne viral transmission, particularly HIV, hepatitis C and other injection-related health issues. These included the Young Intravenous Drug User (YIDU) questionnaire; the Disinfection/Safe Use Project questionnaire; the Use of Amphetamine Injection in the Development of HCV and Drug Use Risk Behaviours questionnaire; and the Initiation and Transition to Injecting in Young People questionnaire.

The McFarlane Burnett Institute in Victoria developed the first questionnaire that focused particularly on hepatitis C for the Victorian Injecting Drug Users Cohort Study (Crofts et al. 1993). Questions for the current study were adapted from the McFarlane Burnett Institute's Disinfection/Safe Use Project questionnaire. The Use of Amphetamine Injection in the Development of Hepatitis C Virus and Drug Use Risk Behaviours questionnaire was developed by the Queensland University of Technology (QUT) School of Psychology and Counselling and the Brisbane Youth Service (BYS). The National Centre in HIV Social Research (NCHSR) produced the questionnaire for the Initiation and Transition to Injecting in Young People Project. The Drugs and Health Development Project (DHDP) at Wellington and the University of Otago School of Medicine were responsible for the YIDU questionnaire; this questionnaire was used with the first longitudinal study in New Zealand concerning young intravenous drug users (commenced in 1999). Comparable questions have also been used in other research, including Queensland-based research regarding Indigenous Australians (Larson, Shannon & Eldridge 1999).

IDRS and DUMA questionnaires

IDRS (the Illicit Drug Reporting System) and DUMA (Drug Use Monitoring in Australia) are both research programs that examine patterns of drug use and supply. Both act as early warning systems for changes in illicit drug use patterns, because they have access to sentinel populations as sources of information. The IDRS, coordinated nationally by the National Drug and Alcohol Research Centre, looks at drug trends primarily with regard to injecting drug users. It includes questions on the price, potency and availability of illicit drugs. DUMA, coordinated by the Australian Institute of Criminology (AIC), currently collects data from people who have been arrested and brought to a watchhouse at seven sites across Australia, including Brisbane and Southport in Queensland. It includes questions about drug market involvement.

DUCO questionnaire

DUCO (Drug Use Careers of Offenders) is a survey-based study of randomly selected sentenced inmates; it examines the relationship between drug-using careers and criminal careers. As with DUMA, it is conducted by the AIC. The purpose of DUCO is to assess the role of treatment inside the correctional system, monitor the function of illicit drug markets, examine the intersection of drug-use patterns and criminal careers, and explore issues concerning links between illicit drug use and crime.

Project resources

There were a number of resources provided for peer researchers and respondents. These complemented the training that had been given to the peer researchers and the day-to-day supervision that they received. The resources included the following:

- ▶ *Interviewers' Handbook*. This handbook provided peer researchers with information and guidelines regarding the conduct of interviews, the questionnaire, administrative issues and general details of the project. It was written and compiled by the research team. Parts of this handbook were adapted from the QUT and BYS project 'The Use of Amphetamine Injection in the Development of HCV and Drug Use Risk Behaviours' and from the NCHSR project 'Initiation and Transition to Injecting in Young People'.
- ▶ Laminated copy of the questionnaire. All peer researchers were provided with a laminated copy of the questionnaire, so that their respondents could look at a copy of the questions as they were being interviewed.
- ▶ Pictures of amphetamine-type substances (identification sheets). The laminated version of the questionnaire included pictures of the different forms of amphetamines. These pictures helped respondents identify what type(s) of amphetamines they had used when they were responding to questions about usage patterns. These pictures were compiled and supplied from a joint initiative of the Illicit Drugs Unit of the Australian Customs Service (ACS) and the National Drug and Alcohol Research Centre (NDARC).
- ▶ Project information sheets. Information and consent forms were bound together with the questionnaire, but additional pocket-size information cards were produced so that the respondents could keep information about the study if they wished. The information cards included contact details for the research team.
- ▶ *A Users' Guide to Speed*. A copy of this self-help guide for amphetamine users was included with every questionnaire pack, for the researcher to give to the respondent at the close of the interview. This guide, produced by the National Drug and Alcohol Centre in consultation with a range of experts and speed users, contains information about the nature of speed and speed use, risks and harms associated with use, advice about ways to reduce the harms of use, and strategies for cutting down and quitting.
- ▶ ADIS card. As well as the users' guide, a contact card for the Alcohol and Drug Information Service (ADIS) of Queensland Health was given to all respondents. Peer researchers were also provided with the necessary information to organise local referral for respondents when appropriate. The peer research supervisor was often the contact point for local alcohol and other drug services. This proved to be an opportune arrangement in many instances.

Fieldwork

Peer researchers conducted the structured interviews at venues that were mutually acceptable to them and their respondents; health facilities were made available at each site as a venue option. Each peer researcher was given up to three blank questionnaires at any one time, and was required to have contact with their supervisor at least once a week or as soon as possible after completing a set of interviews. Peer researchers and supervisors were encouraged to discuss any issues that could affect the collection of data or the wellbeing of peer researchers during these meetings.

Research interviews were conducted between October and December 2002. Originally the target was 500 completed questionnaires, which allowed for a reasonable level of peer researcher dropout and recruitment difficulties. However, the response by users to the survey was so positive that a further 200 surveys were distributed across the 17 sites. Out of the 700 surveys dispatched, 690 were completed and returned, providing an unprecedented sample of amphetamine users from throughout Queensland. The distribution of completed questionnaires, by Queensland Health zone and site, is depicted in Table 1. The number of questionnaires used at each site depended on the population density and the available peer networks.

The high survey completion rate indicates that the research methods used were quite effective for engaging with a mix of respondents; and this is confirmed by reports from supervisors and researchers. There were many reports of benefits for peer researchers, users and agency staff as a direct result of the fieldwork.

Table 1: Number of questionnaires returned, by zone and site ($n = 690$)

SITE	NUMBER OF QUESTIONNAIRES	PERCENTAGE OF TOTAL
Northern zone		
Cairns	60	8.7
Mackay	53	7.7
Mount Isa	18	2.6
Townsville	32	4.6
Northern subtotal	163	23.6
Central zone		
Brisbane	75	10.9
Bundaberg	43	6.2
Longreach	30	4.3
Pine Rivers	44	6.4
Rockhampton	60	8.7
Sunshine Coast	60	8.7
Central subtotal	312	45.2
Southern zone		
Charleville	23	3.3
Gold Coast	58	8.4
Ipswich	33	4.8
Logan	45	6.5
Roma	10	1.4
Toowoomba	28	4.1
Warwick	18	2.6
Southern subtotal	215	31.2
TOTAL	690	100.0

Data management and review

A data management protocol was developed to safeguard the privacy and confidentiality of respondents. Everyone involved in conducting the fieldwork, whether they were peer researchers, supervisors or members of the research team, had specific responsibilities to ensure the maintenance of confidentiality. The hard copies of the completed questionnaires are stored at Queensland Health, with access provided only to members of the research team for the purposes of the project. Names and addresses of respondents were not collected at any stage, and the questionnaire was designed to minimise any other data that could be potentially identifying.

In addition to a brief quality review conducted by supervisors, all completed questionnaires were subject to a quality assurance process conducted by the research team. All questionnaires were assigned a level on a three-point grading system: 1, well completed; 2, mostly well completed; and 3, not well completed. Most questionnaires (96.4%) were graded either 1 or 2, and were therefore used to generate the results contained within this report. Thus the final sample size of the AIQ research project was 665.

Presentation of results

The results component of this report reflects the original questionnaire in design and structure. It is divided into chapters that correspond to the sections of the survey instrument. Additional findings from cross-tabulations of the data are presented at the end of each chapter. The questionnaire itself is available on the CMC website: <www.cmc.qld.gov.au>.

Readers should note that missing and invalid data have been excluded from the results presented in this report, and that the 'other' response categories are not displayed in cases where the response numbers are low.

Percentages may not always total 100, since the response categories in some questions are not mutually exclusive and respondents may have ticked more than one response.

The number of individuals identifying as transgender was too small for statistical analysis. Those identifying as transgender have therefore been removed from the analysis where gender is a variable.

Two classification schemes have been used to identify different types of amphetamine use found within the sample. First, respondents were given the opportunity to self-identify their use. Second, levels of dependence were measured in relation to participants' responses to the Severity of Dependence Scale (SDS). The results presented in this report show findings from both classification schemes.

Chapter 2

DEMOGRAPHICS

This chapter reports on the demographic characteristics of the survey participants.

Location

Respondents from both urban and rural regions of Queensland were included in the survey. Forty-six per cent of respondents lived along the northern coastline, 37.9 per cent resided at the Gold Coast or in and around Brisbane, and 16.4 per cent lived in the western regions of Queensland.

Gender

Fifty-five per cent of respondents were male, 44.4 per cent were female, and 1.1 per cent identified as transgender.

Age

Although the highest proportion of those surveyed were aged between 20 and 24, a relatively large number of older users were included in the research; the mean age of users was 28.4 years. Female users were generally younger than male users: the mean age of females was 27.0 and the mean age of males was 29.2.

Level of education

In comparison with Australia's total population, the amphetamine users surveyed had lower levels of education. A significant proportion of respondents (57.2%) had not progressed past secondary levels of education and only 7.5 per cent had obtained a university degree.

Place of residence

The majority of respondents lived in a rented house or flat (58.0%), while a substantial proportion (21.8%) resided in the family home.

Number of places lived

The living arrangements of respondents were characterised by a relatively high degree of instability. Just under half (45.6%) of the sampled amphetamine users had moved home once or more during the previous six months; 12.9 per cent of those respondents who had moved more than once had relocated five or more times.

Children in household

The majority of respondents did not share their accommodation with children. Just under a third of those surveyed (29.8%) reported that they were living or staying with children aged under 16, and of these 75.9 per cent were living in a household incorporating one or two children. Female users (37.7%) were more likely to live with children than were male users (23.4%).

Indigenous and ethnic identification

A relatively sizeable proportion (8.5%) of the sample identified themselves as Aboriginal or Torres Strait Islander. This contrasts with the results of the 2001 Census, which found that the Indigenous population represented 2.2 per cent of Australia's total population (ABS 2002a). Only 1.8 per cent of the sample identified as belonging to an ethnic group.

Of those who identified as Indigenous or ethnic, 83.6 per cent believed that their Indigenous or ethnic status constituted an important aspect of their social identity.

Main source of income

The amphetamine users included in the research were characterised by a relatively high degree of disadvantage in terms of labour force participation. More than half of those surveyed stated that they relied on government benefits as a main source of income, while 26.0 per cent depended on full-time work and 19.7 per cent were financially reliant on some kind of part-time or casual work. This contrasts with the 2001 Census, which showed that 93 per cent of Australians were part of the public labour force and, of these, 65 per cent worked full-time and 32 per cent worked part-time (ABS 2002b). Eleven per cent of respondents listed drug dealing and other illegal activities as their main source of income, and 2.9 per cent relied mostly on sex work for their earnings.

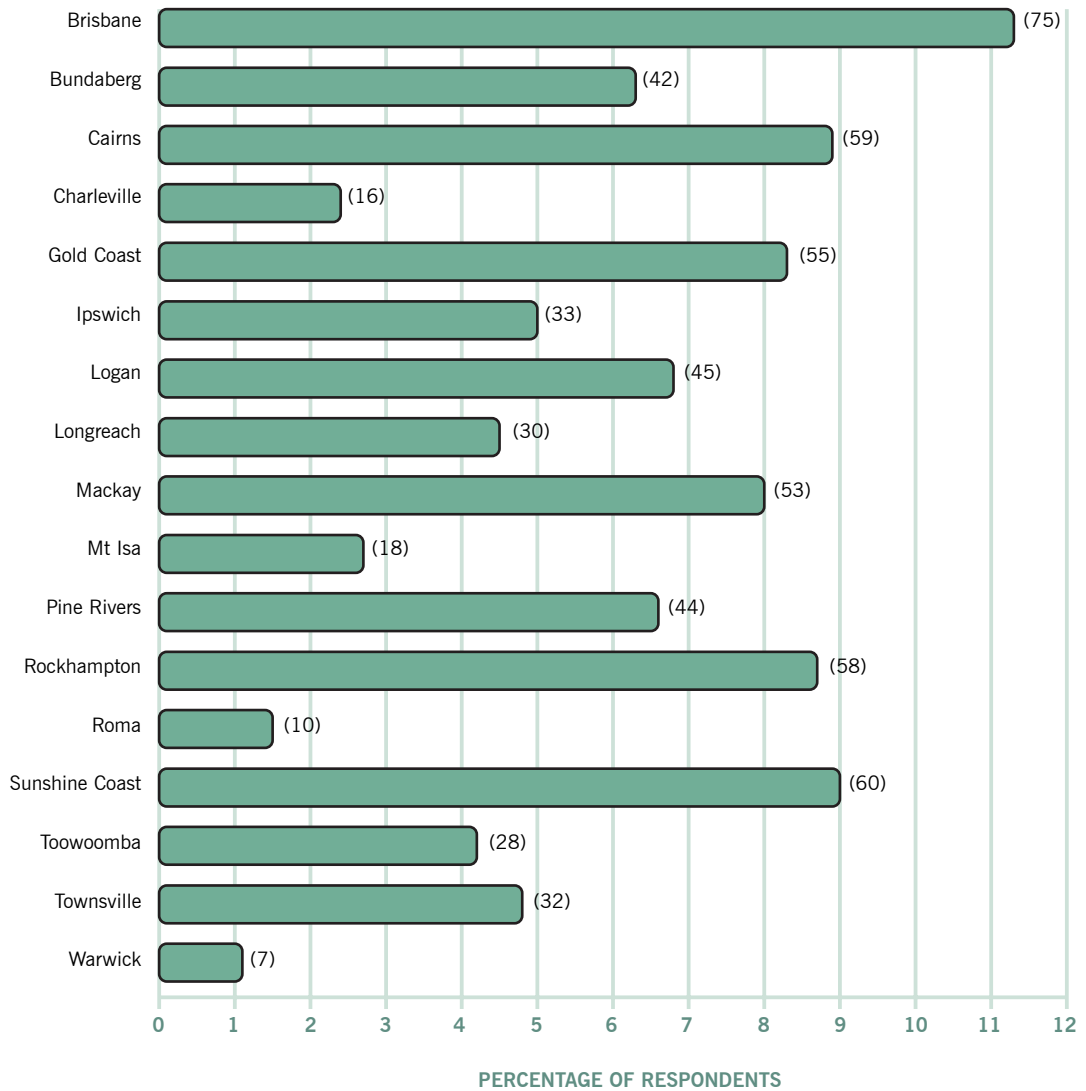
Respondents often had more than one source of income. Of the 14.7 per cent of respondents stating that they were equally reliant on a combination of income sources, 80.2 per cent received government benefits, 42.7 per cent participated in illicit drug dealing and 45.3 per cent were involved in part-time or casual work.

Level of fortnightly income

The median level of take-home fortnightly income for the sample was \$650 (or \$325 weekly). This is similar to Australia's total population median weekly income (gross) for people aged 15 years and over in 2001, which was \$300–399 (ABS 2002a). Male respondents earned more on average than female respondents — \$874 per fortnight compared to \$724. This difference can partly be explained by the greater likelihood of male respondents being involved in full-time employment.

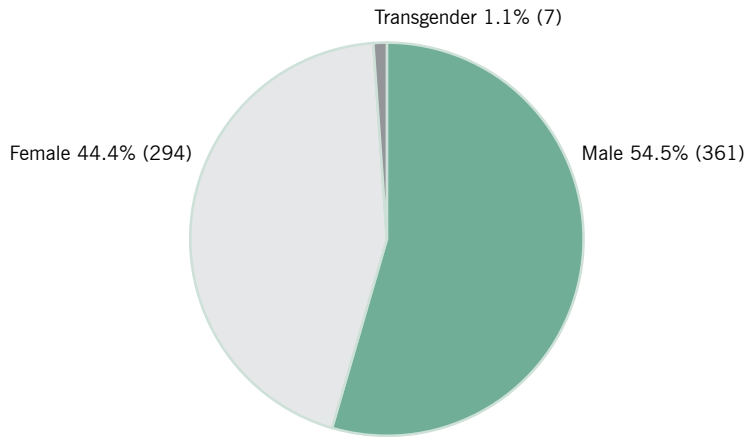
RESULTS

Location of respondents (n = 665)



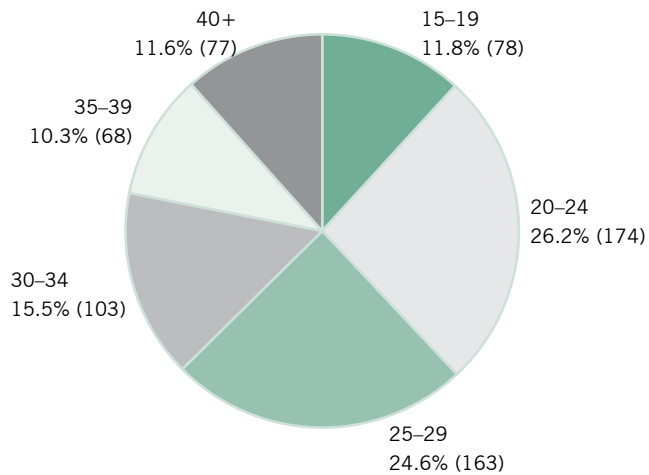
A1. Are you male, female or transgender?

Gender identity of respondents (n = 662)



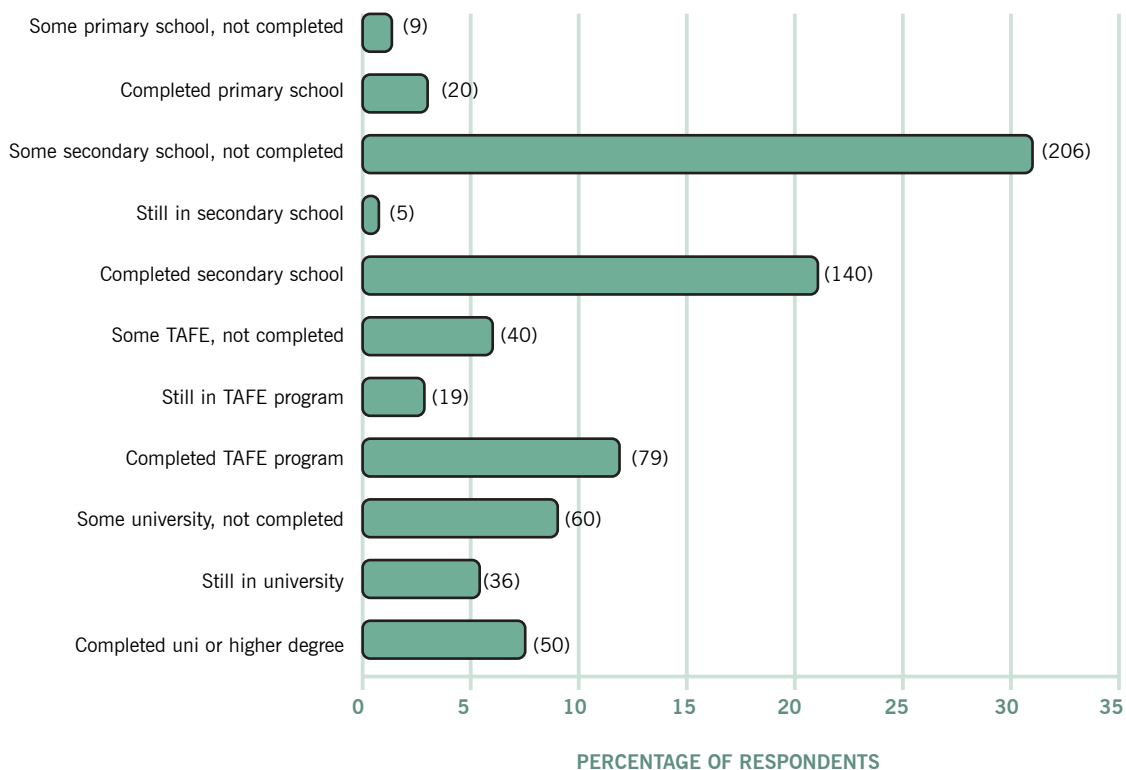
A2. How old are you?

Age of respondents (n = 663)



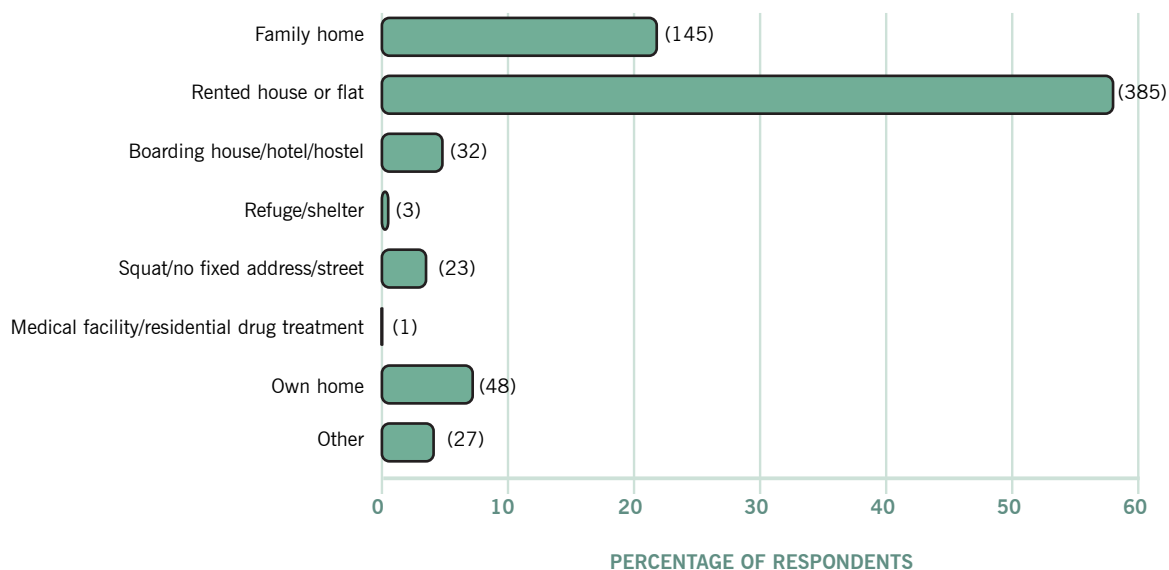
A3. How would you describe your level of education?

Level of education of respondents ($n = 664$)



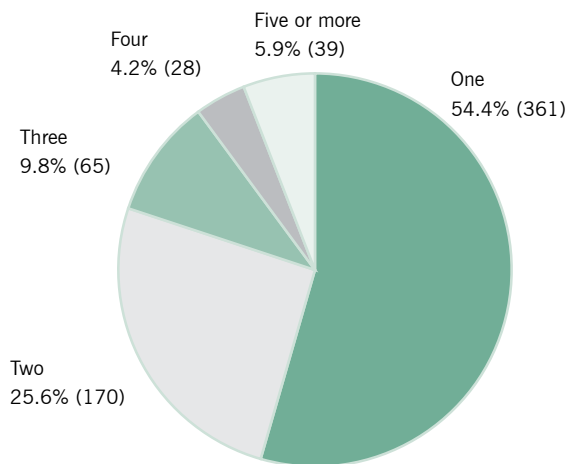
A4. What sort of place are you living in now?

Respondent's place of residence ($n = 664$)



A5. How many different places have you lived in over the last six months?

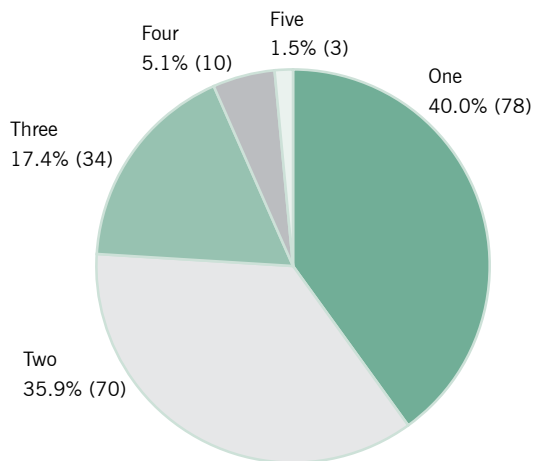
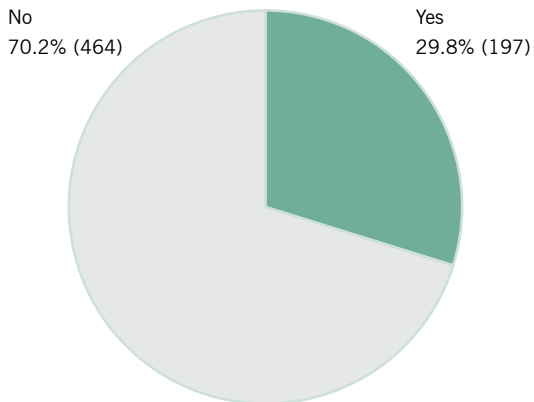
Number of places lived in the last six months (n = 663)

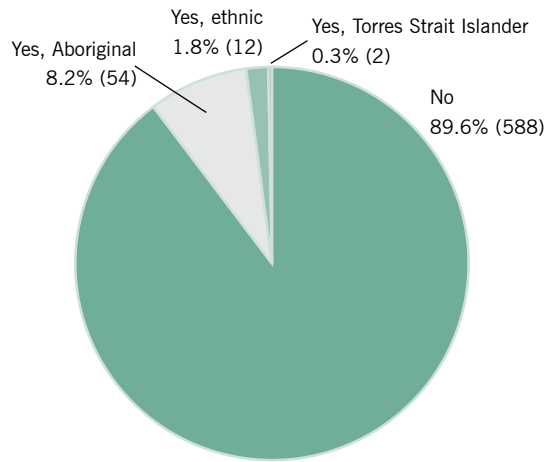


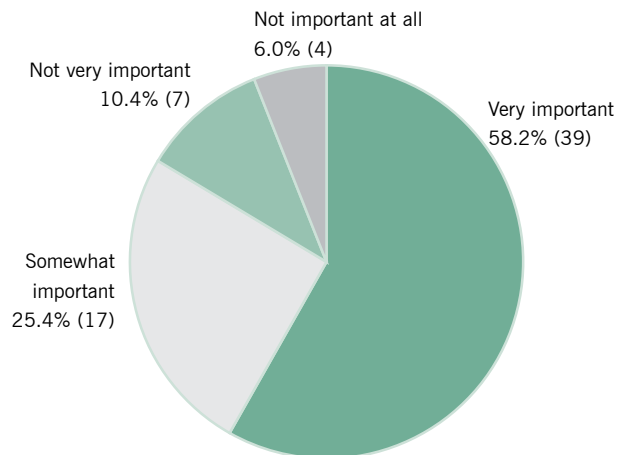
A6. Are you currently living or staying with any children under 16 years of age? How many?

Respondents living with children (n = 661)

Number of children in household of those respondents living with children (n = 195)

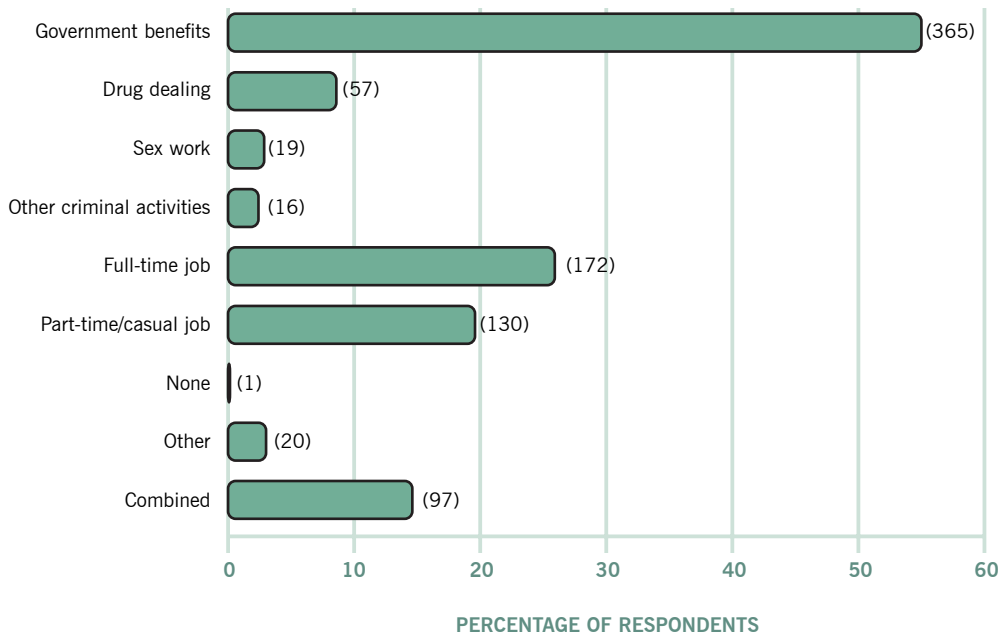


A7. Do you consider yourself part of any Indigenous or ethnic group?**Indigenous and ethnic identification (n = 656)**

A8. How important to you is the Indigenous or ethnic group that you identify with?**Level of Indigenous or ethnic identification (n = 67)**

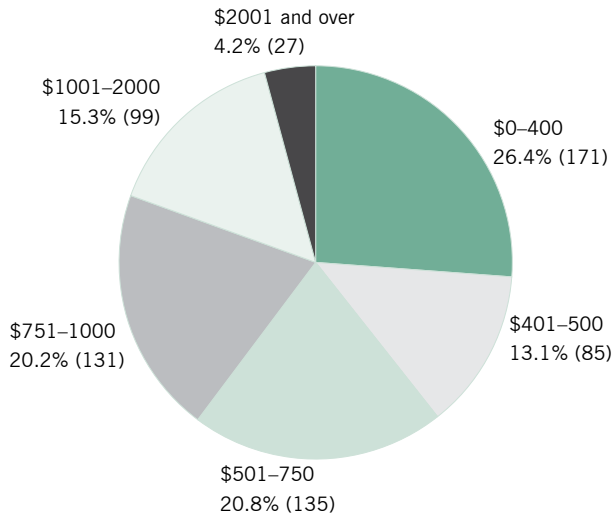
A9. What is your main source of income?

Main source of income



A10. What is your take-home pay each fortnight (include all sources of income)?

Level of fortnightly income (n = 648)

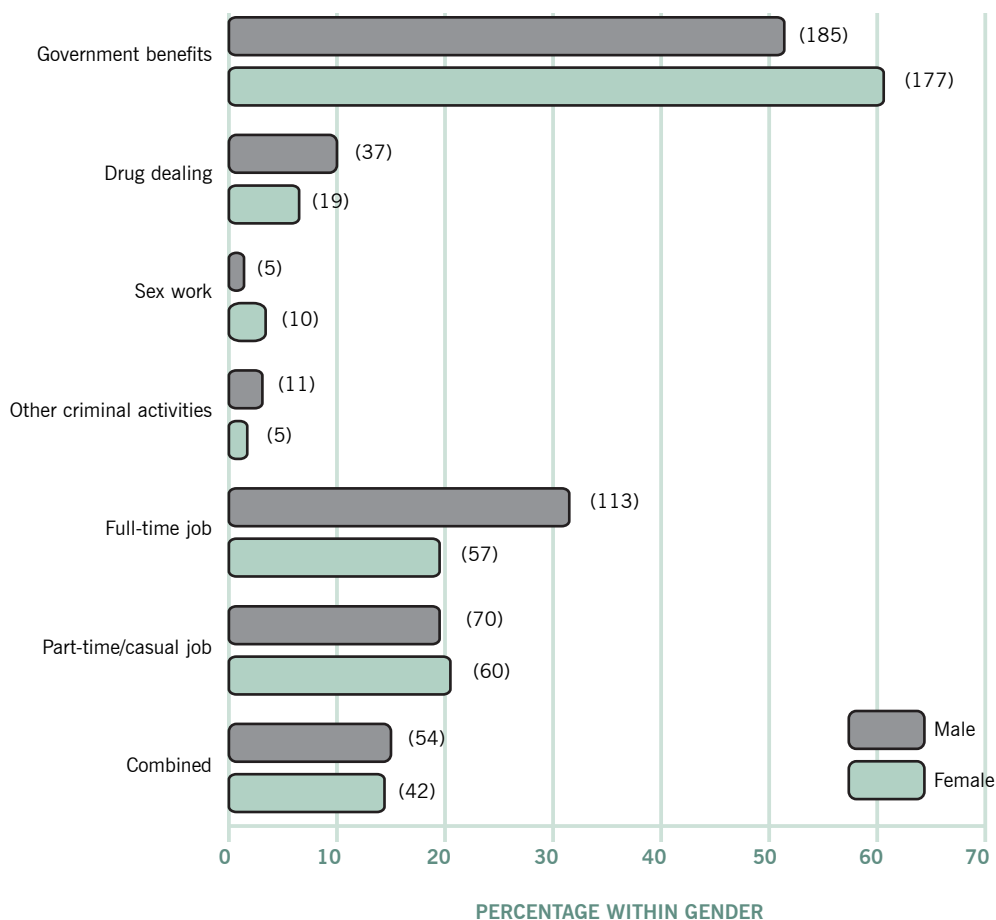


ADDITIONAL FINDINGS

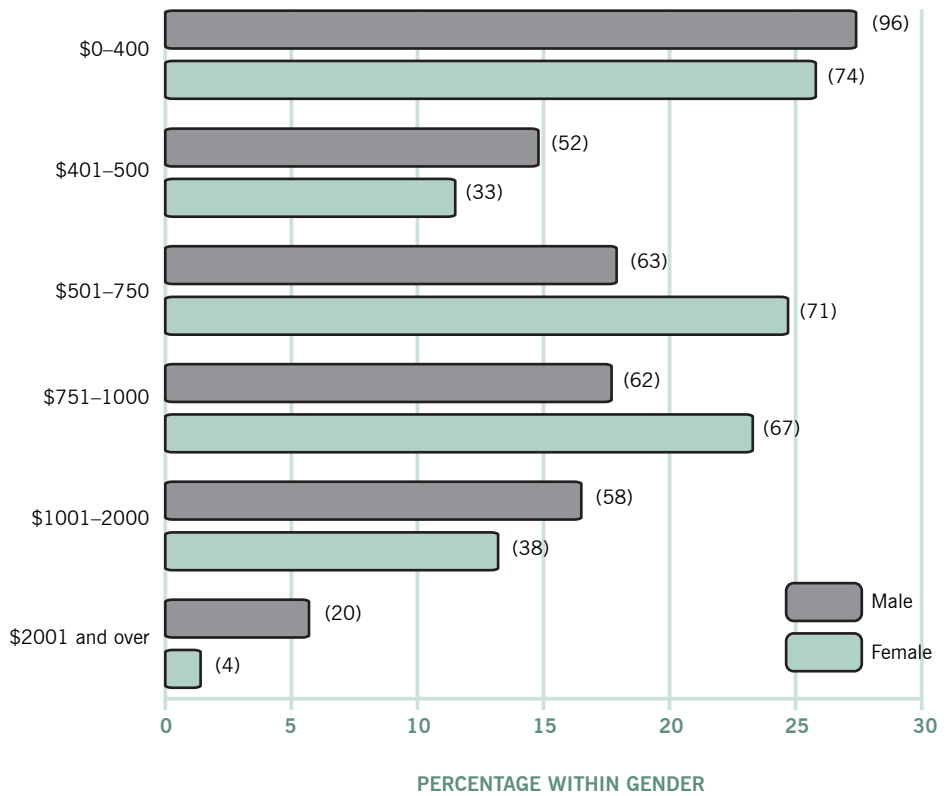
Main source of income, by level of fortnightly net income

MAIN SOURCE OF INCOME	LEVEL OF FORTNIGHTLY INCOME (NET)						Total (n)
	PERCENTAGE WITHIN MAIN SOURCE OF INCOME						
	\$0-400	\$401-500	\$501-750	\$751-1000	\$1001-2000	\$2001+	
Government benefits	41.2	19.2	21.4	12.0	4.5	1.7	359
Drug dealing	11.1	3.7	24.1	24.1	16.7	20.4	54
Sex work	0.0	10.5	10.5	10.5	47.4	21.1	19
Other criminal activities	6.3	0.0	50.0	12.5	6.3	25.0	16
Full-time job	3.6	2.4	12.7	32.5	42.8	6.0	166
Part-time/casual job	15.9	11.9	34.1	30.2	4.0	4.0	126
Other	26.3	0.0	10.5	21.1	15.8	26.3	19
Combined	16.3	9.8	26.1	20.7	14.1	13.0	92

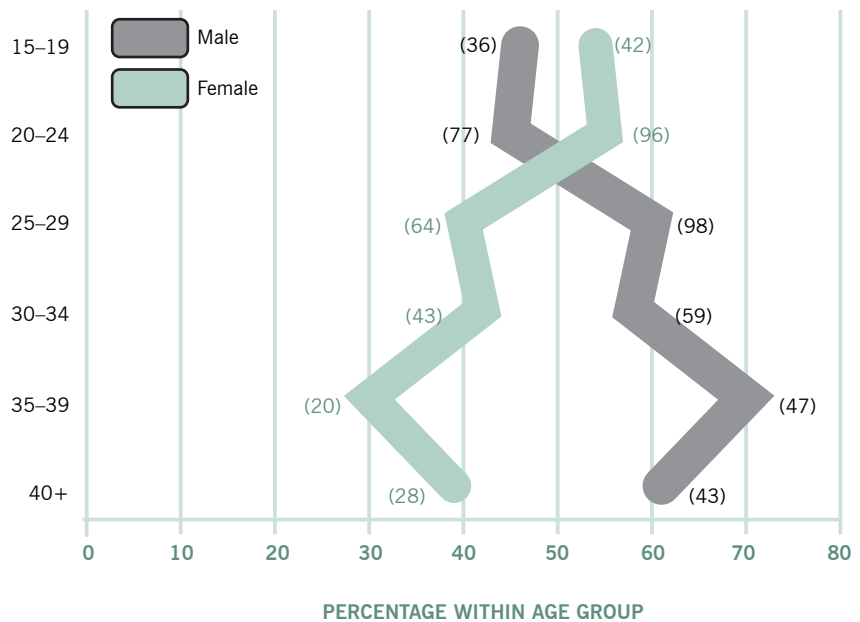
Main source of income, by gender



Level of fortnightly income, by gender



Age, by gender



Chapter 3

GENERAL DRUG USE

This chapter discusses the different types of drugs used by the amphetamine users involved in the research. Particular attention is paid to the prevalence of use for various types of drugs, the age at drug use initiation, and levels of expenditure on drugs.

Initiation into drug use and injection

The respondents in this study had tried base ('base/pure/wax') and speed powder ('speed powder/pills') at a younger age than they tried other types of amphetamine; the median age of first use varied slightly according to the type of amphetamine used. For base and speed powder the age of initiation was about 19 (19 and 18.5 respectively), whereas, for ice ('ice/shabu/crystal'), amphetamine liquid and prescription amphetamine (e.g. dexamphetamine), initiation was slightly later (21, 21 and 20 respectively). This is similar to the pattern of initiation into opioid use reported by respondents. For people who had used heroin, the median age of first use was 19, compared with 22 for methadone and 21 for other opioids (e.g. morphine). The survey instrument did not distinguish between prescribed and non-prescribed use of methadone.

The median age of initiation into the use of some amphetamine-type substances and opioids is also similar to that for other substances with distinctive stimulant or depressant properties, such as ecstasy (median age of 20) and benzodiazepines (median age of 20).

The median age of 18 years for first use of hallucinogens (e.g. LSD and 'mushrooms') was slightly younger than for any of the major stimulants and depressants.

The respondents commenced use of other drugs considerably earlier, including tobacco at a median age of 14 years, alcohol at 15 years and cannabis at 15 years.

For both the base and ice forms of amphetamine, there was a difference of one year between the median age of initiation into these drugs (19 and 21) and the age at which they were first injected (20 and 22 respectively). For the other types of amphetamine, however, there was no difference between the median age of first use and the median age of first injection. This suggests that there is a rapid progression to injection for many respondents, and for others the first use of the amphetamines may be through injection. This resembles the typical pattern in regard to heroin use. In this study, the median ages for the first use and first injection of heroin were the same (19 years).

Patterns of drug use

All respondents had used some form of amphetamine at least once during the previous 12 months. (This was the inclusion criterion for the study.)

Respondents were asked to indicate the different types of amphetamine that they had used at any time in the past. Speed powder was the most prevalent form of amphetamine (85.2% of

respondents), followed by base (72.3%) The other varieties of amphetamine, such as ice (43.8%), amphetamine liquid (20.6%) and prescription amphetamine (26.4%), had been used by far fewer respondents.

Well over a third of respondents (39.4%) had used heroin at some time and over half (60.2%) had used ecstasy. The overwhelming majority of respondents had used alcohol (at least 88.8%), tobacco (at least 83.5%) and cannabis (89.2%).

Of the amphetamines, base and speed powder had been used by the greatest number of respondents (63.0% and 64.4% respectively) in the previous six months. Base had been used more often than speed powder, with a median of 30 days of use during the six months compared to 20 days for speed powder. About three-quarters of the sample (74.6%) had used cannabis during that period, while a comparable number had used alcohol (at least 71.0%) and tobacco (at least 64.8%).

Those respondents who had used alcohol tended to do so about twice a week (a median of 48 days out of the 6 months). Those who had used tobacco tended to do so just about every day (median of 180 days) and those who had used cannabis did so on most days (median of 150 days).

There was also considerable use of pharmaceutical drugs over the previous six months. Nearly one-third (30.1%) had used benzodiazepines during this period, with a median of 26 days of use. About 1 in 10 respondents (9.8%) had used antidepressants in the previous six months. Antidepressants were used on a median of 168 days (slightly less than every day) during this period.

Methods of amphetamine use

Injection was the most common method of use for base amphetamine. About 80 per cent (79.9%) of those who had used base in the previous six months had injected it, compared to 34.6 per cent who had swallowed it and 15.8 per cent who had snorted it. By comparison, there was less of a marked preference for any particular method of using speed powder, with 63.7 per cent of those using speed powder in the previous 6 months injecting, 48.6 per cent swallowing and 40.0 per cent snorting.

Among respondents who had used ice in the previous six months the preference was for injection (80.3%). Only about one-quarter (24.0%) had swallowed it, and relatively few snorted it (9.3%). In addition, however, a significant minority (9.3% or about 1 in 10) of those using ice during this period had smoked it. In contrast, most people who had used prescription amphetamines had swallowed them (81.3%), while just over one-third had injected them (36.0%).

Expenditure on drugs

The highest level of average spending on drugs per day of use was on heroin (\$92.70), followed closely by cocaine (\$82.30). Fewer than one in five of the respondents, however, had purchased these particular drugs during the previous six months.

The average amount spent per day of use was similar for all of the more common forms of amphetamine, with base, ice and speed powder each amounting to about \$65.00 on average. For amphetamine liquid the average was \$58.60 and for prescription amphetamines it was \$9.90.

Attention deficit and hyperactivity disorder (ADHD)

Only 4.4 per cent of respondents reported ever having been prescribed drugs such as dexamphetamine for the treatment of ADHD.

Favourite drugs

Respondents were asked to identify their favourite drug. Just over a quarter of those surveyed identified cannabis as their favourite drug, while 20.9 per cent selected base/wax/pure and 17.1 per cent nominated speed powder or pills as their favourite drug. A substantial proportion of users named alcohol (13.8%), tobacco (12.0%) and heroin (11.2%) as their preferred drug of choice. Understandably, there is a difference between favourite drug and most favoured drug for injecting. The most favoured drug for injecting was the base/wax/pure form of amphetamine (40.7%), followed by speed powder/pills (27.9%) and heroin (21.5%).

Drug combinations

Both legal and other illicit drugs are often used in conjunction with amphetamines in order to enhance or manage the drug experience. The results of the survey show that the most popular drugs used to 'come up' with amphetamines are tobacco, alcohol, cannabis and ecstasy. Approximately half of those surveyed reported that they usually used tobacco and alcohol with amphetamines to come up, while 40.2 per cent used cannabis and 23.5 per cent usually combined ecstasy with amphetamines. A greater proportion of respondents (59.2%) indicated that they used cannabis to 'come down' from using amphetamines, while tobacco (38.8%), alcohol (28.8%), benzodiazepines (20.9%) and heroin (17.8%) were also regularly used to manage the come-down.

The following section focuses on the social context and perceived effects of amphetamine use. It discusses the factors contributing to a user's decision to commence and continue amphetamine use, as well as the social networks involved in the initiation and ongoing use of amphetamines.

Types of users

Respondents were asked to self-identify their type of amphetamine use. The results show that over half of those surveyed considered themselves to be recreational or casual users (54.4%); 20.8 per cent believed they were binge users; and 13.3 per cent identified as dependent users. A smaller proportion of the sample described themselves as experimental users (3.8%) or work-related users (5.6%), while 2.1 per cent did not relate to any of the pre-defined categories. Males were more likely than females to be binge users, but females were just as likely as males to be dependent users.

Initiation

Initiation to amphetamine use was generally opportunistic. Ninety-six per cent of those surveyed gave 'I wanted to see what it was like' as the reason they first tried amphetamines; 73.7 per cent stated that someone giving them their first try of amphetamines was a motivating factor; and 80.1 per cent stated that they first tried because their friends were

using. The least likely reasons for first experimenting with amphetamines were perceptions that it would help them lose weight or get fit, a need to stay awake for work or study, or the unavailability of their usual drug of choice.

Consequences of amphetamine use

Respondents reported experiencing a number of personal changes since using amphetamines. Seventy-seven per cent indicated that they were finding sex more enjoyable; 70.1 per cent had become more compulsive; 65.2 per cent had been able to work harder to varying degrees; and 64.0 per cent claimed that they were less likely to achieve what they wanted and had become more easily distracted. Nearly 54 per cent of those surveyed also indicated that they had become more aggressive since using amphetamines and just over half had begun to put themselves before their families on occasions.

Location of consumption

Amphetamines are generally consumed in the private domain. Eighty-six per cent of respondents indicated that in the previous six months their amphetamine use had usually taken place in a private dwelling. Male users were more likely than female users to use amphetamines in a commercial space, public place or vehicle.

Importance of social networks

The data show that social networks play a significant role in the initiation and continued use of amphetamines. Seventy-six per cent of respondents reported that they were with friends, acquaintances or work peers when they first tried amphetamines and most of these people (96.6%) used with them. In addition to this, a substantial proportion of respondents (80.1%) reported having first tried amphetamines because their friends were users. Approximately 43 per cent had first used amphetamines with their partners, and females were more likely than males to initially explore the use of amphetamines with their partners. Only 9.8 per cent of users indicated that they were in the company of a family member when they first used.

The social networks involved in current amphetamine use were comparable to those involved at initiation. However, a substantial proportion of users (26.9%) reported that they had usually consumed amphetamines on their own within the previous six months. Predictably, work-related and dependent users had the highest levels of sole usage.

Openness about amphetamine use

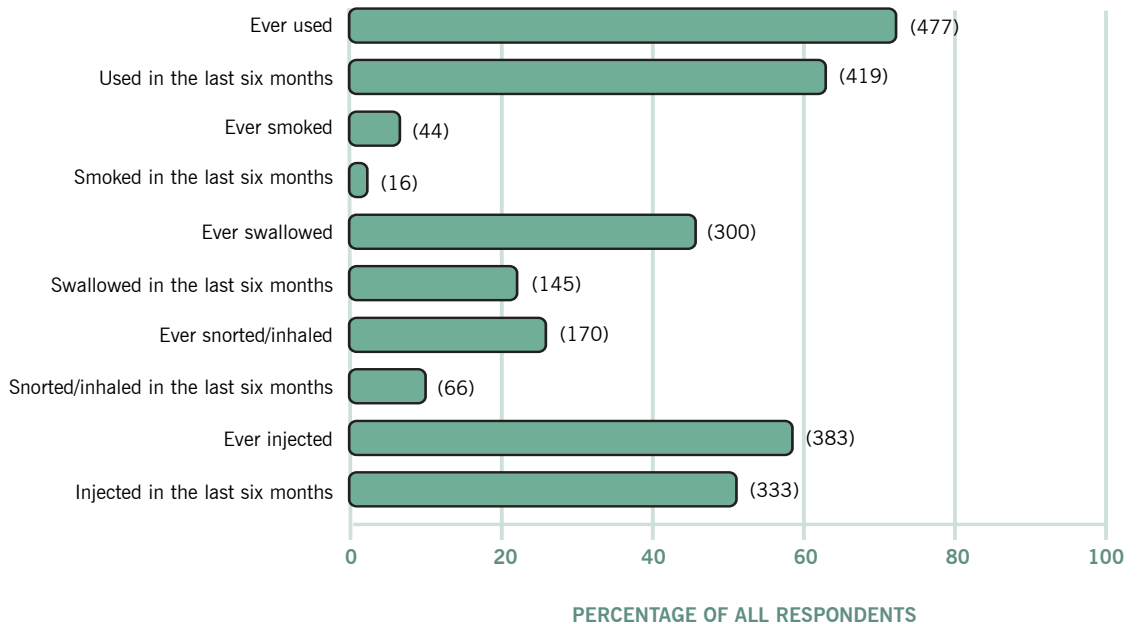
Despite the illegal nature of amphetamine use, the survey shows that a substantial proportion of respondents openly talked about their amphetamine use to various people. The majority of respondents (94.3%) indicated that they had friends and acquaintances who knew about their amphetamine use. Fifteen per cent of these respondents spoke freely to all of their friends and acquaintances about their use, while 38.8 per cent indicated that most of their friends knew. A significant proportion of users (62.9%) revealed that members of their family knew about their amphetamine use and just over a third had talked to a health professional about it.

RESULTS

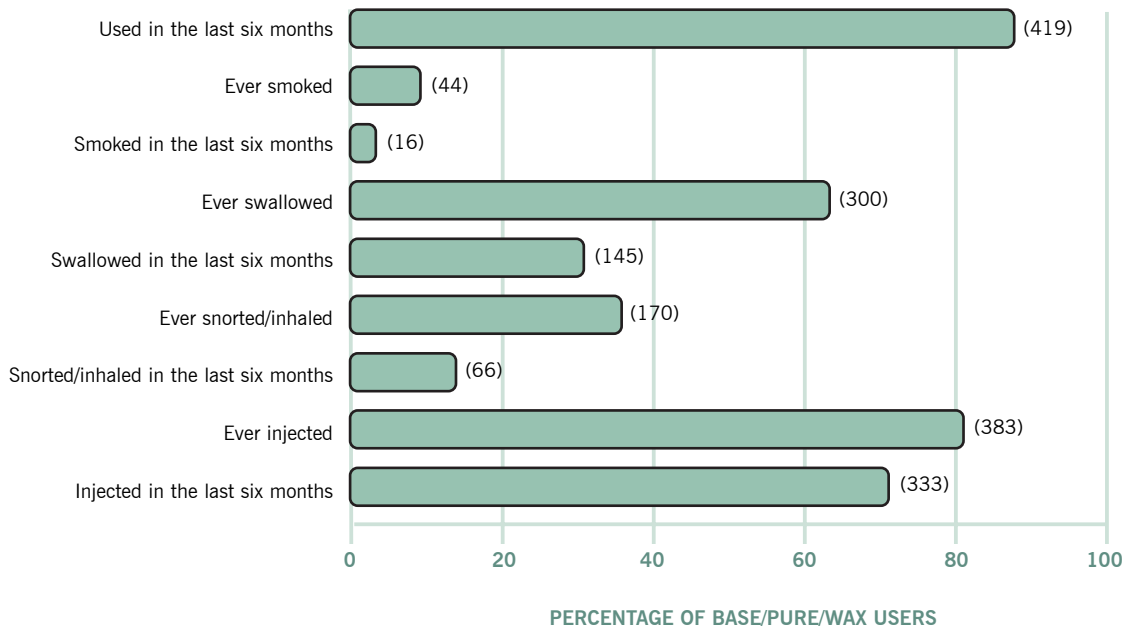
B1. The following questions are about your general drug use, how you use drugs and how much they cost you each month.

Base/pure/wax

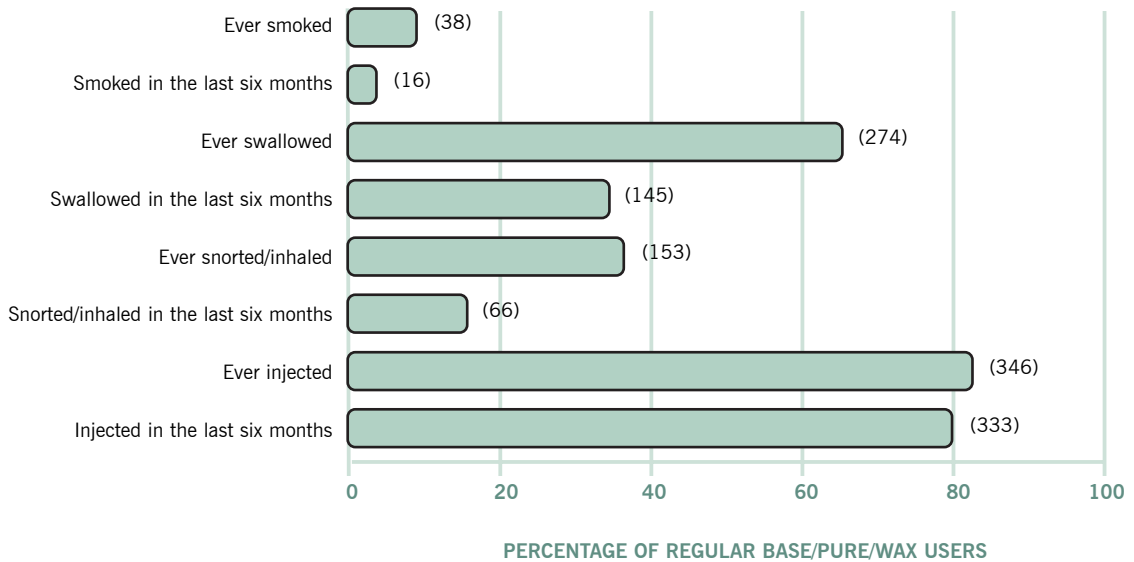
Type of base/pure/wax use — all respondents (n = 660)



Type of base/pure/wax users (n = 477)



Type of use — regular base/pure/wax users (n = 419)*



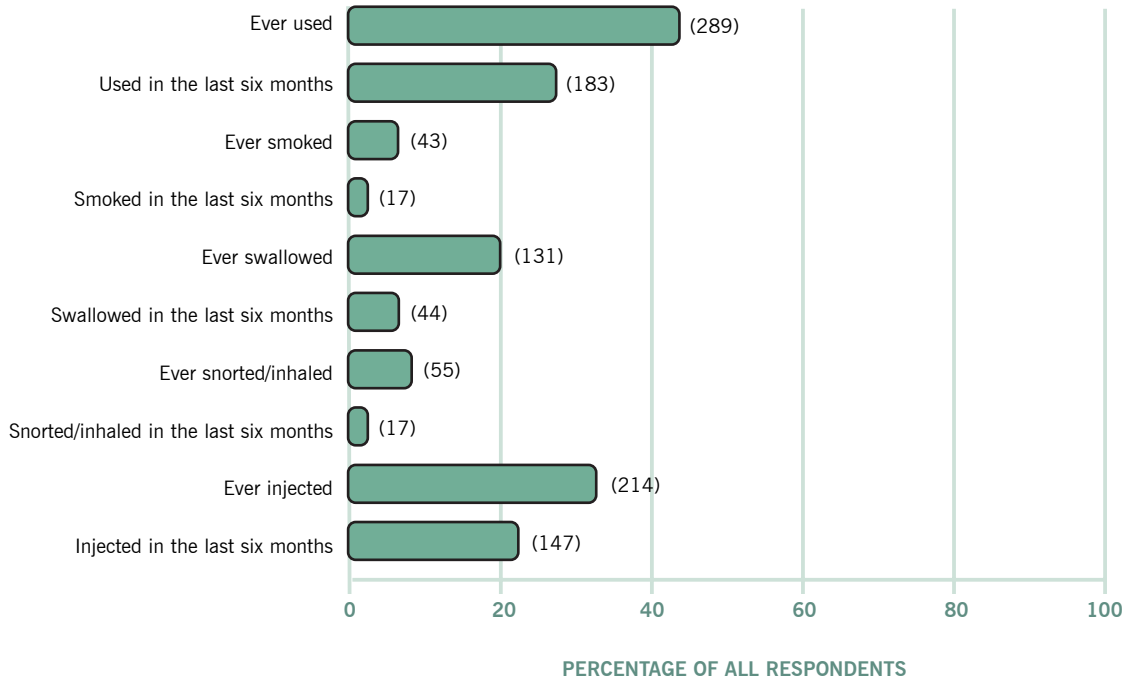
* Regular users are respondents who have used this particular drug during the past 6-month period.

Dimensions of base/pure/wax use (n = 477)

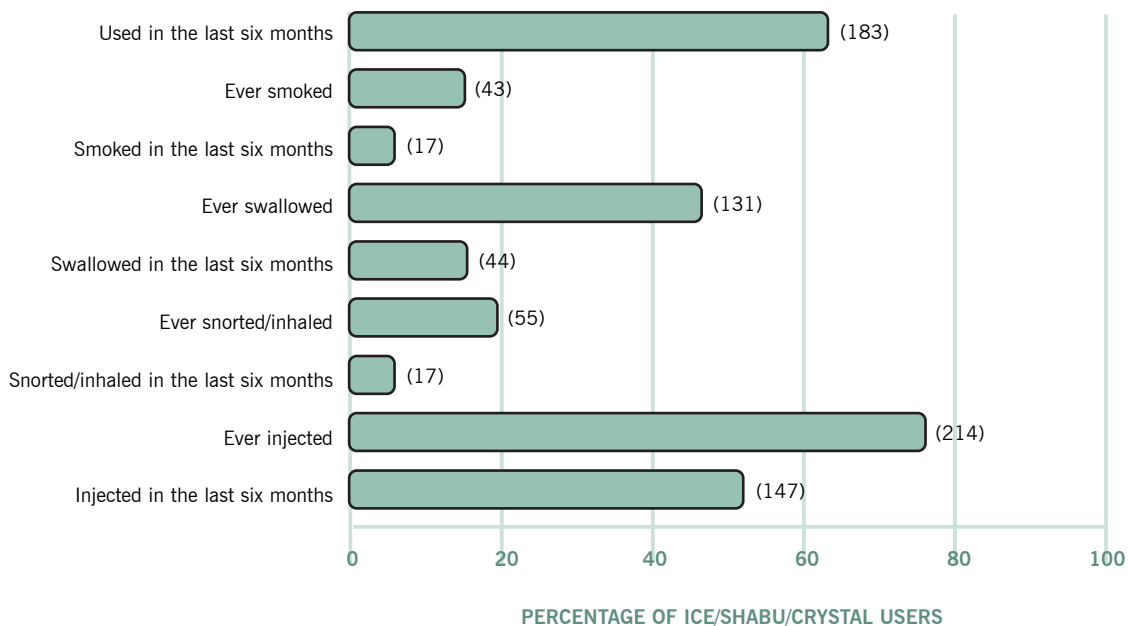
Median age of initiation	19
Age range of initiation	10–69
Median age of injecting initiation	20
Age range of injecting initiation	10–69
Median number of days used in last six months	30
Range of days used in last six months	1–183
Average spent per day of use (\$A)	65
Maximum spent per day of use (\$A)	400

Ice/shabu/crystal

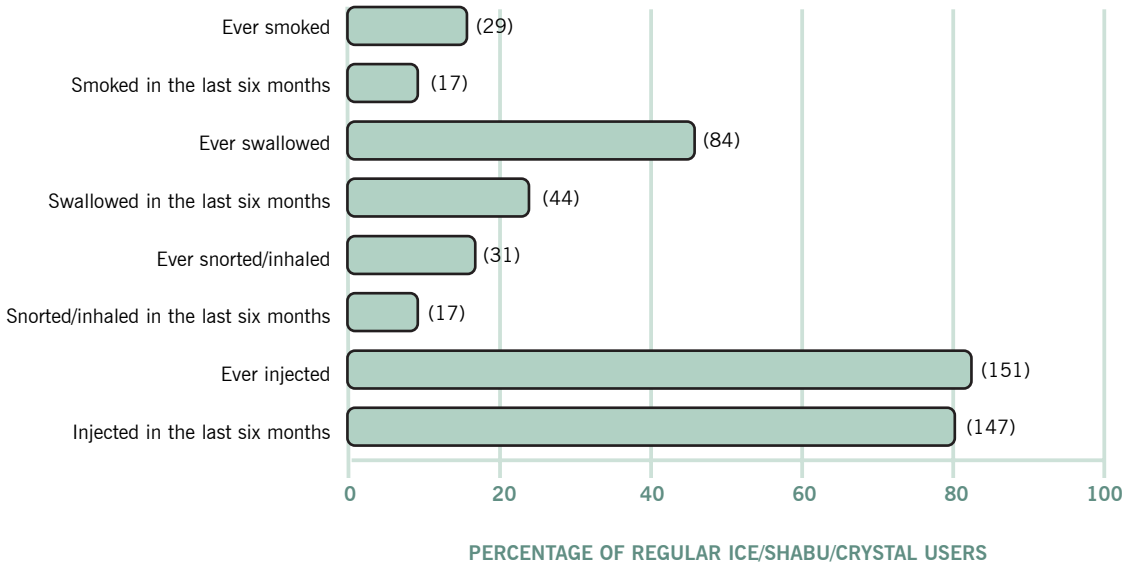
Type of ice/shabu/crystal use — all respondents (n = 660)



Type of use — ice/shabu/crystal users (n = 289)



Type of use — regular ice/shabu/crystal users (n = 183)

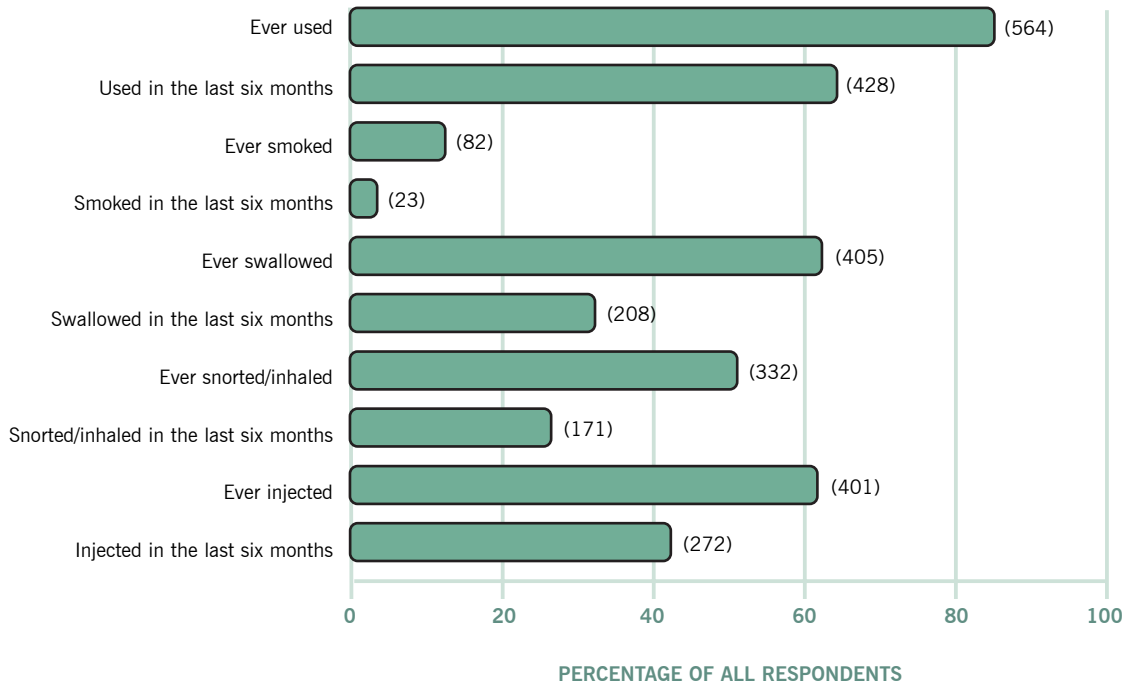


Dimensions of ice/shabu/crystal use (n = 289)

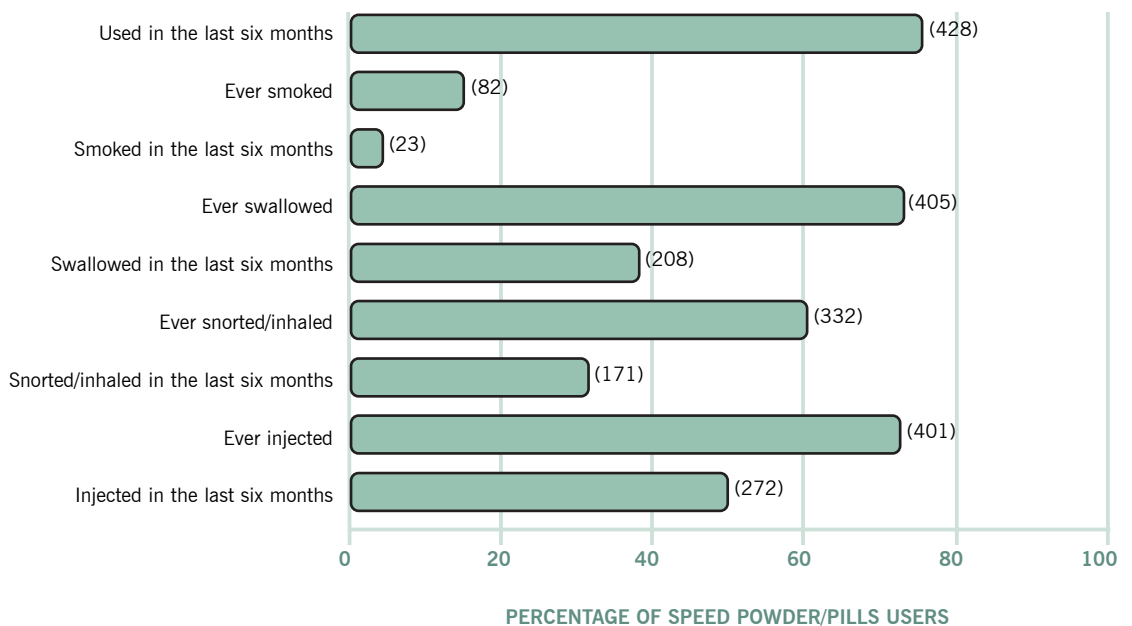
Median age of initiation	21
Age range of initiation	12–68
Median age of injecting initiation	22
Age range of injecting initiation	12–69
Median number of days used in last six months	10
Range of days used in last six months	1–180
Average spent per day of use (\$A)	66
Maximum spent per day of use (\$A)	300

Speed powder/pills

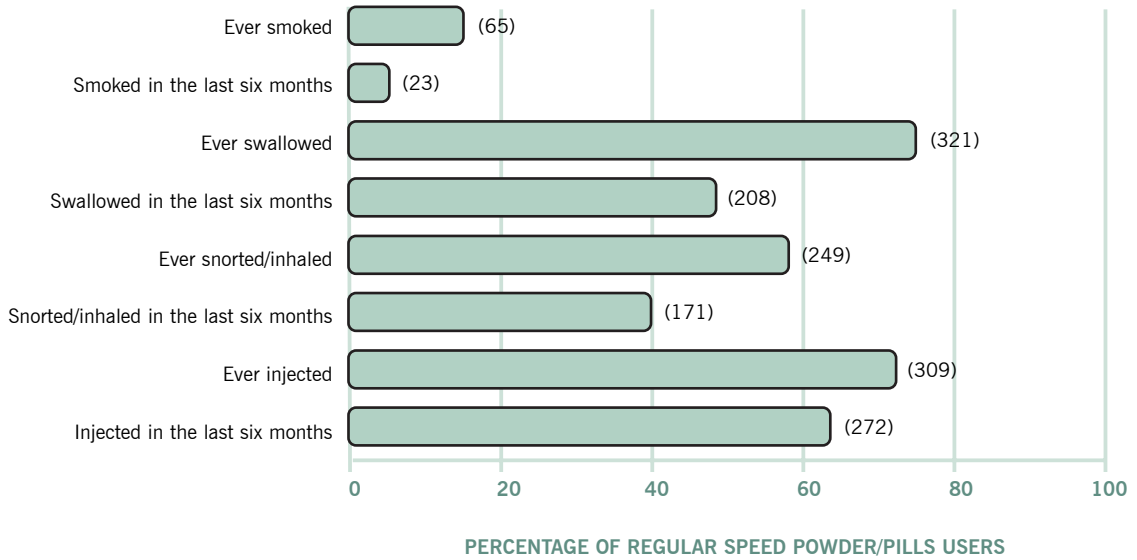
Type of speed powder/pills use — all respondents (*n* = 662)



Type of use — speed powder/pills users (*n* = 564)



Type of use — regular speed powder/pills users (*n* = 428)

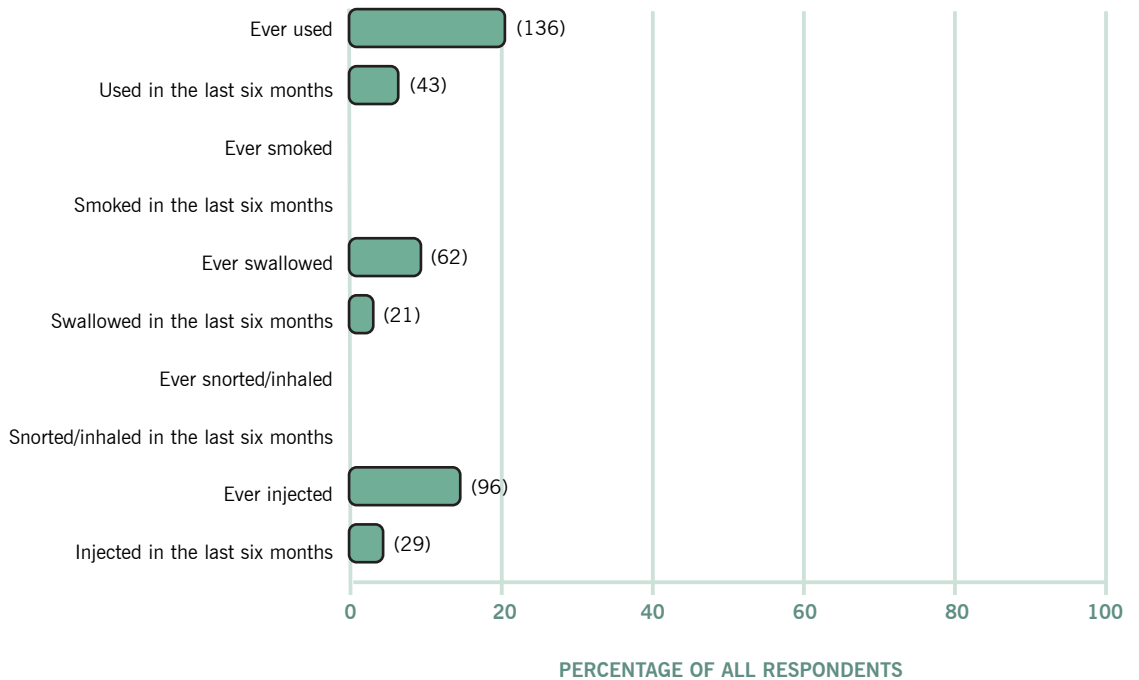


Dimensions of speed powder/pills use (*n* = 564)

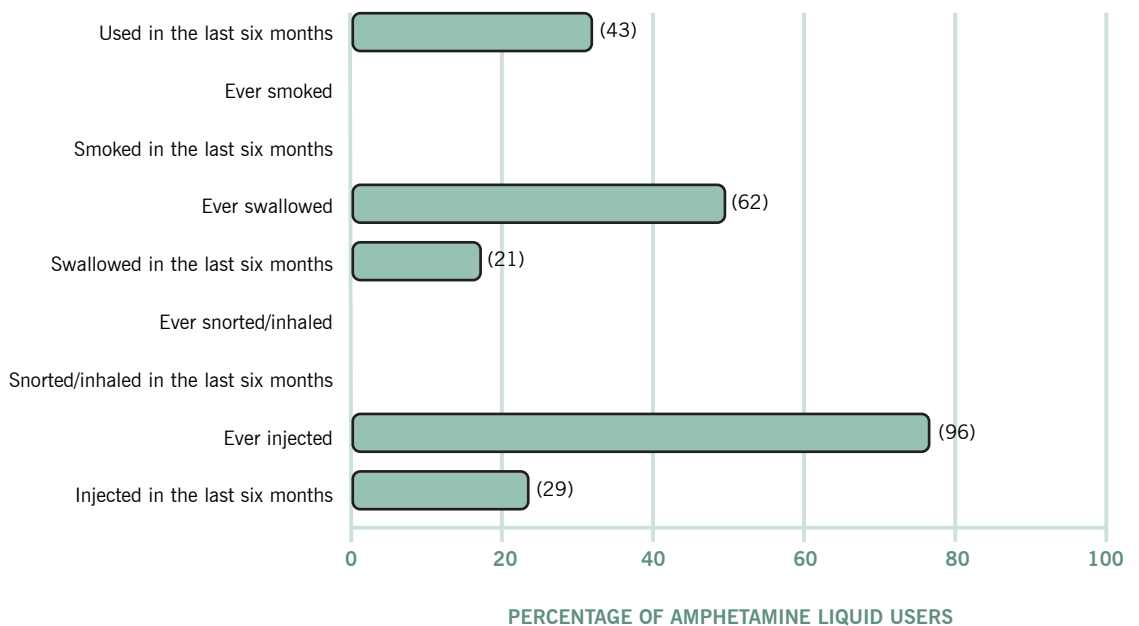
Median age of initiation	18.5
Age range of initiation	12–49
Median age of injecting initiation	19
Age range of injecting initiation	13–49
Median number of days used in last six months	20
Range of days used in last six months	1–183
Average spent per day of use (\$A)	65
Maximum spent per day of use (\$A)	550

Amphetamine liquid

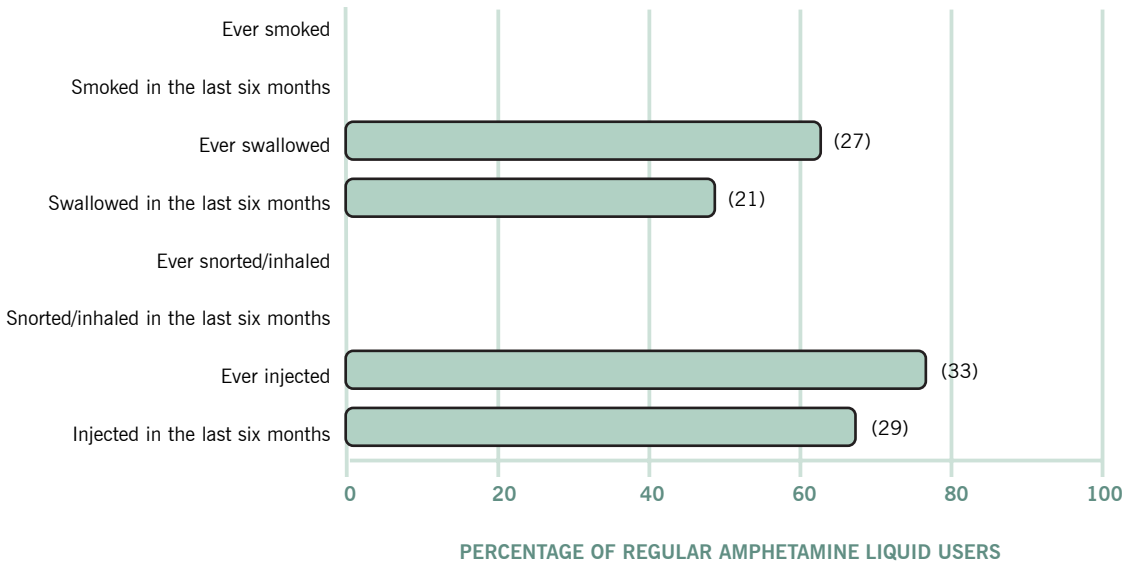
Type of amphetamine liquid use — all respondents (*n* = 661)



Type of use — amphetamine liquid users (*n* = 136)



Type of use — regular amphetamine liquid users (*n* = 43)

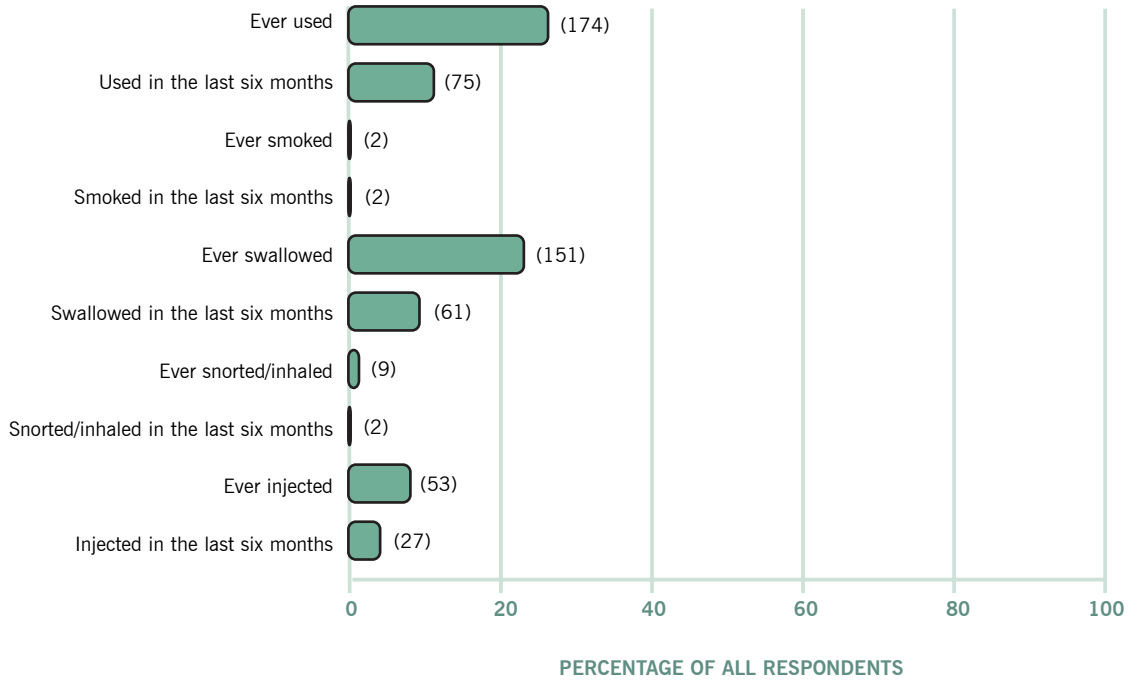


Dimensions of amphetamine liquid use (*n* = 136)

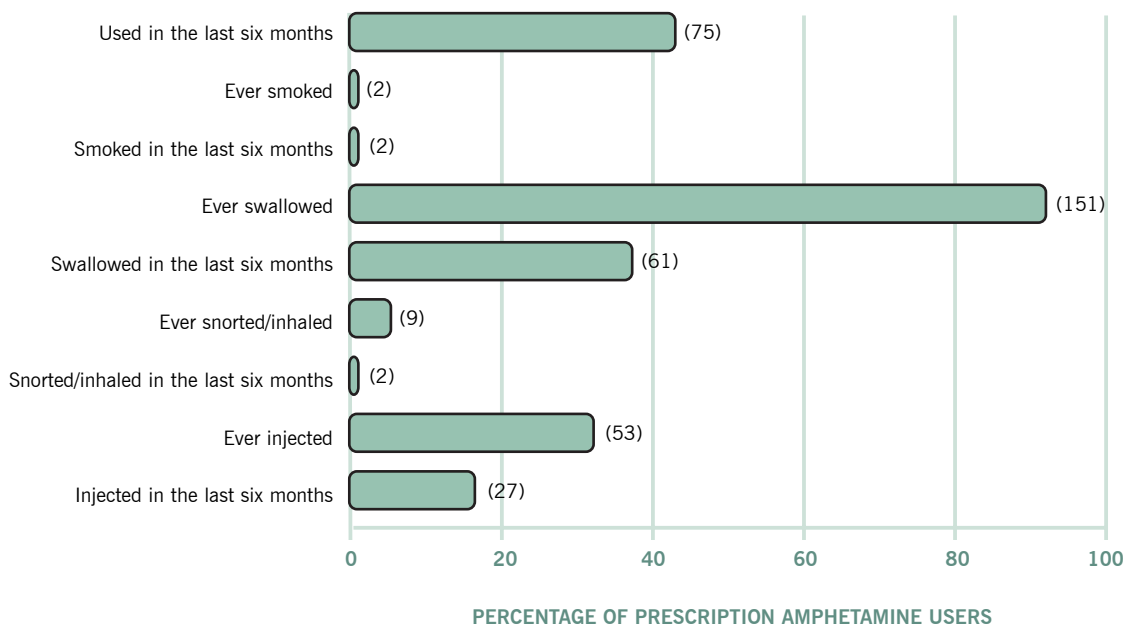
Median age of initiation	21
Age range of initiation	13–49
Median age of injecting initiation	21
Age range of injecting initiation	14–49
Median number of days used in last six months	6
Range of days used in last six months	1–72
Average spent per day of use (\$A)	59
Maximum spent per day of use (\$A)	200

Prescription amphetamines

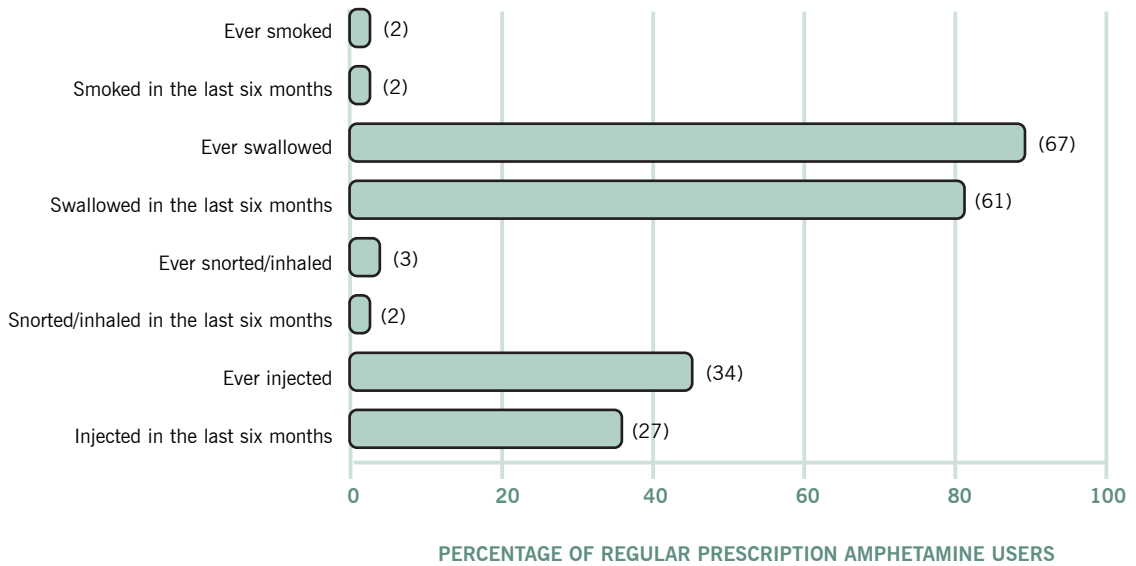
Type of prescription amphetamine use — all respondents (*n* = 660)



Type of use — prescription amphetamine users (*n* = 174)



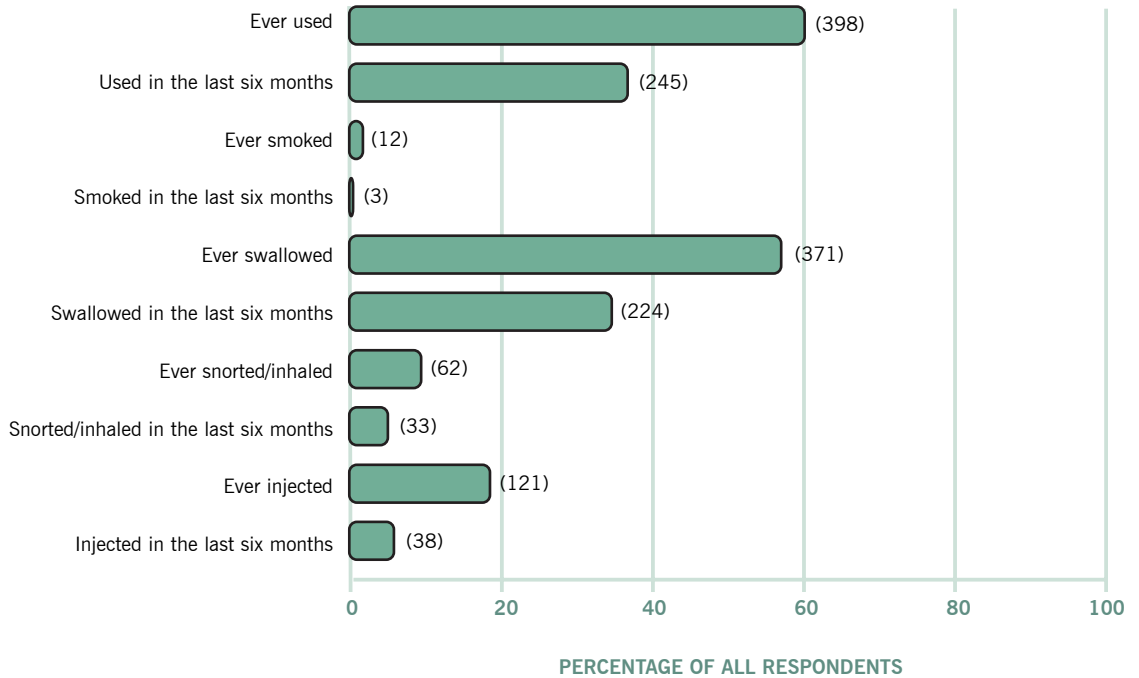
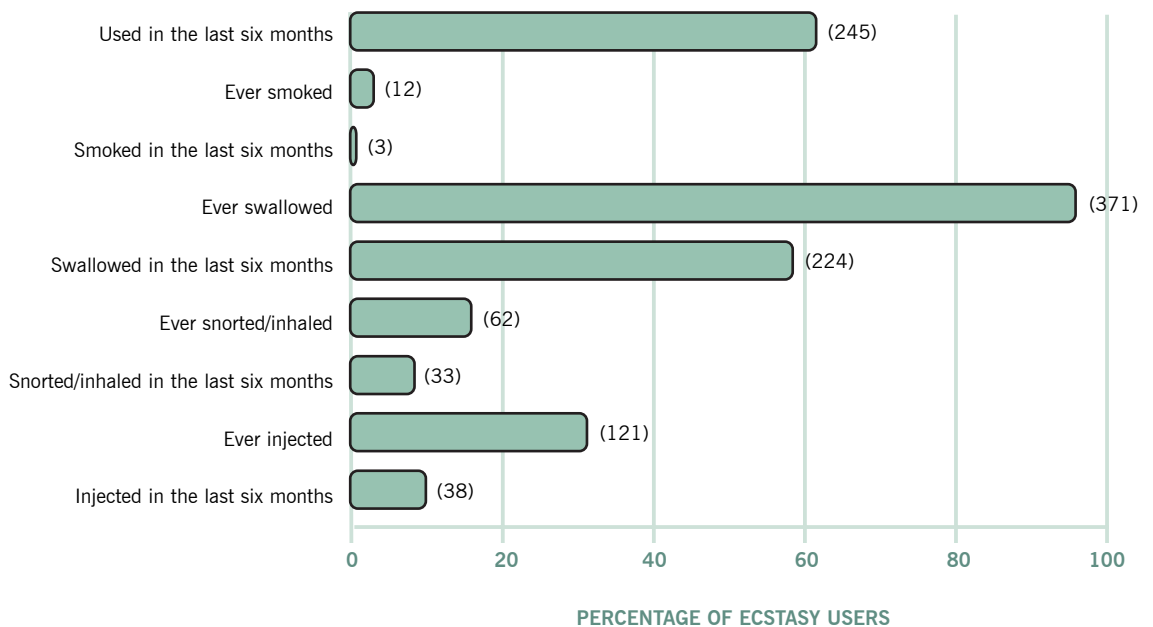
Type of use — regular prescription amphetamine users (*n* = 75)



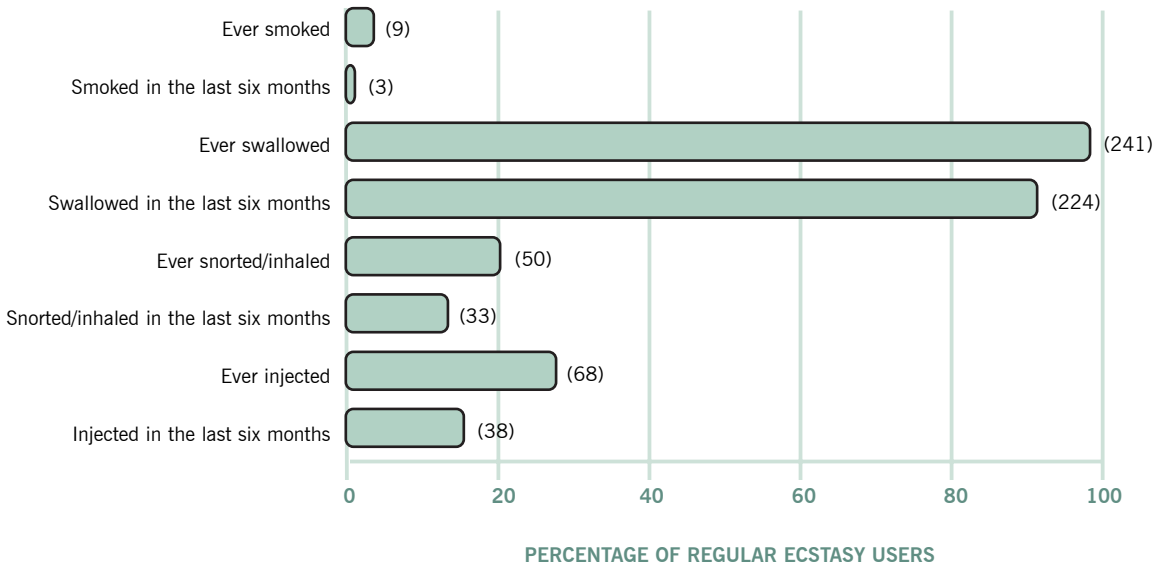
Dimensions of prescription amphetamine use (*n* = 174)

Median age of initiation	20
Age range of initiation	6–48
Median age of injecting initiation	20
Age range of injecting initiation	13–36
Median number of days used in last six months	10
Range of days used in last six months	1–180
Average spent per day of use (\$A)	10
Maximum spent per day of use (\$A)	100

Ecstasy

Type of ecstasy use — all respondents (*n* = 661)Type of use — ecstasy users (*n* = 398)

Type of use — regular ecstasy users (*n* = 245)

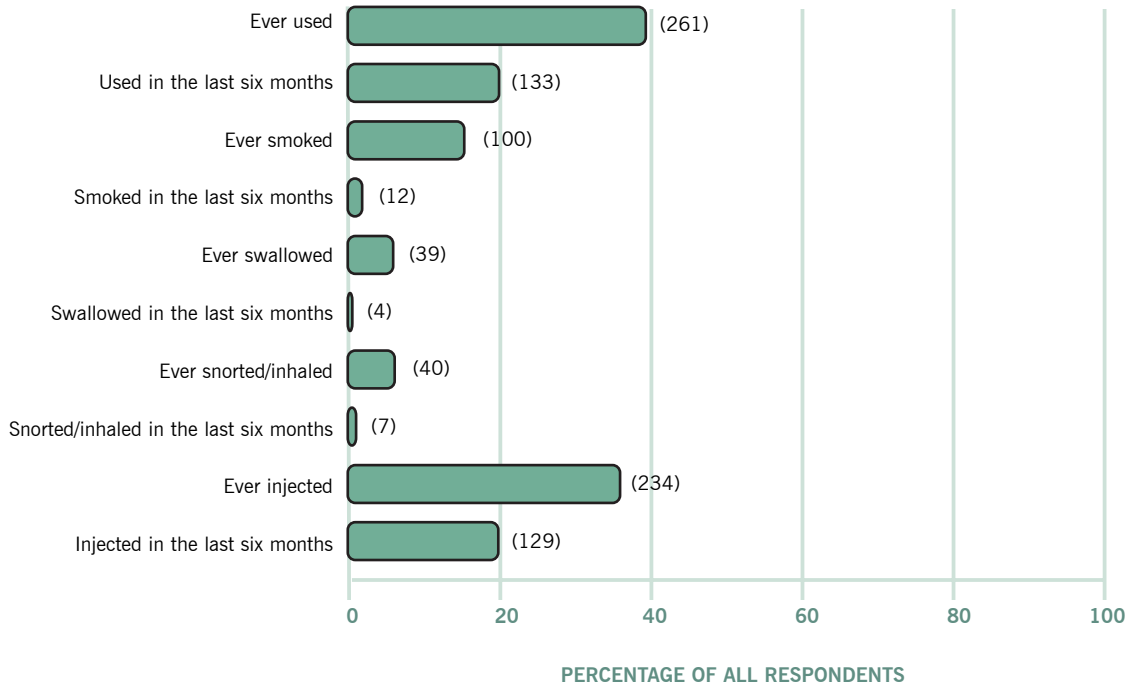


Dimensions of ecstasy use (*n* = 398)

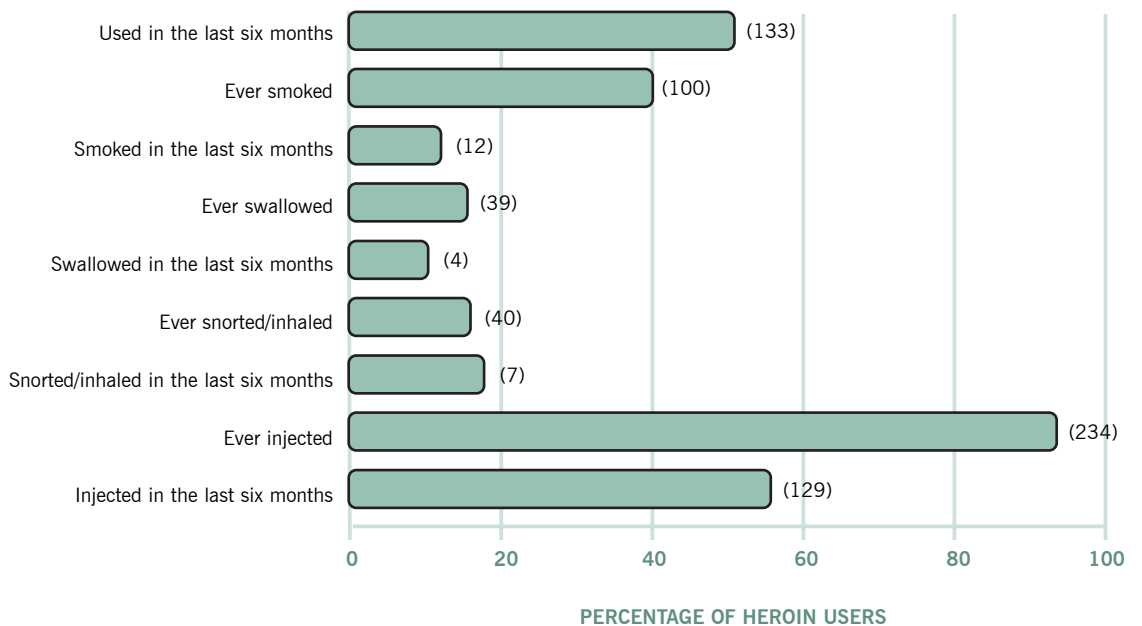
Median age of initiation	20
Age range of initiation	8–70
Median age of injecting initiation	22
Age range of injecting initiation	13–45
Median number of days used in last six months	5
Range of days used in last six months	1–140
Average spent per day of use (\$A)	46
Maximum spent per day of use (\$A)	150

Heroin

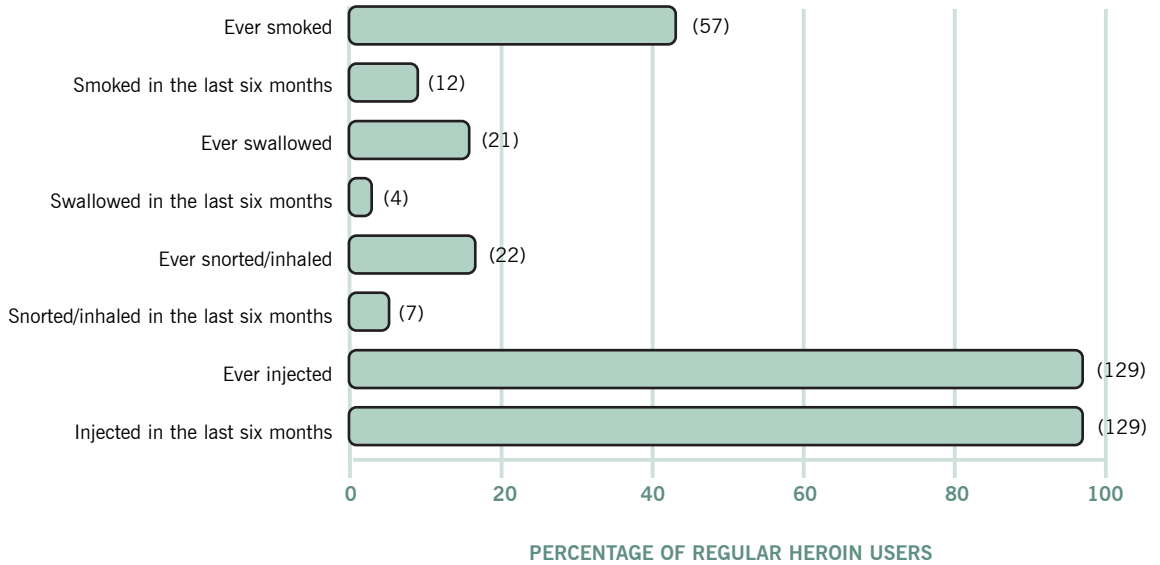
Type of heroin use — all respondents (*n* = 662)



Type of use — heroin users (*n* = 261)



Type of use — regular heroin users (*n* = 133)

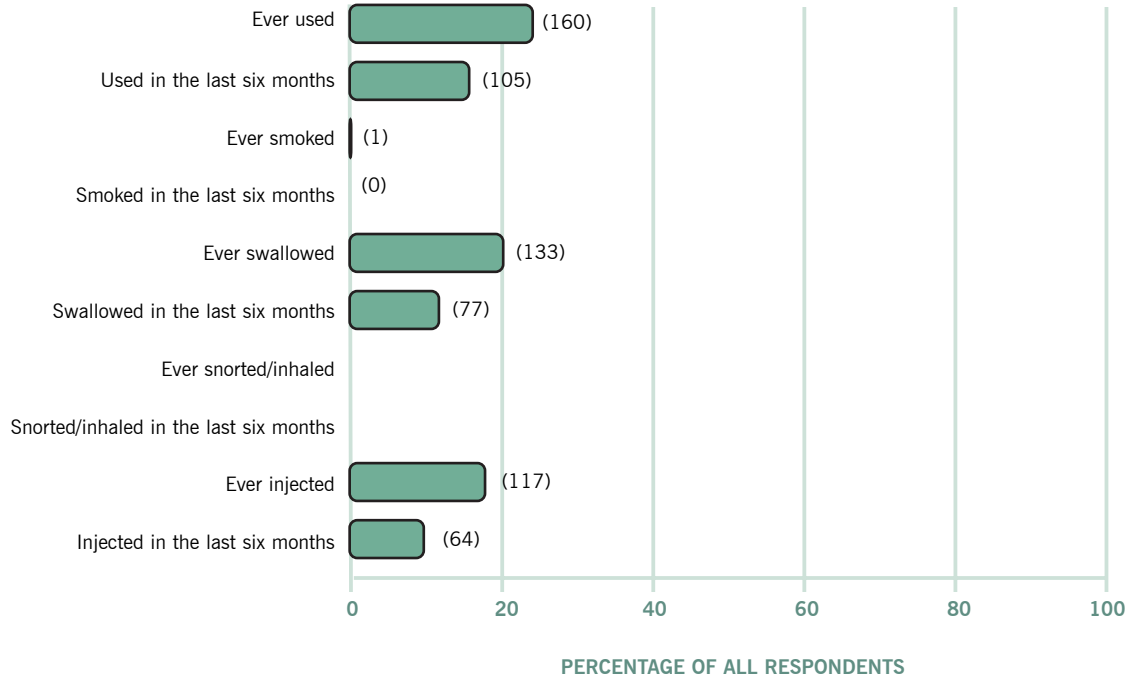


Dimensions of heroin use (*n* = 261)

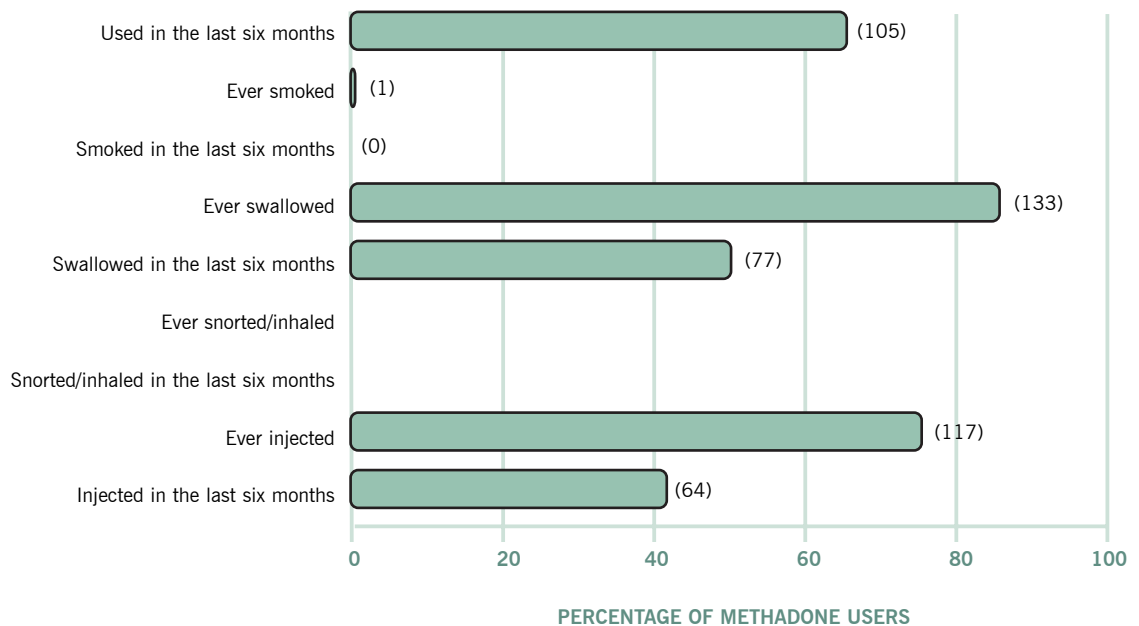
Median age of initiation	19
Age range of initiation	9–44
Median age of injecting initiation	19
Age range of injecting initiation	9–44
Median number of days used in last six months	20
Range of days used in last six months	1–180
Average spent per day of use (\$A)	93
Maximum spent per day of use (\$A)	500

Methadone

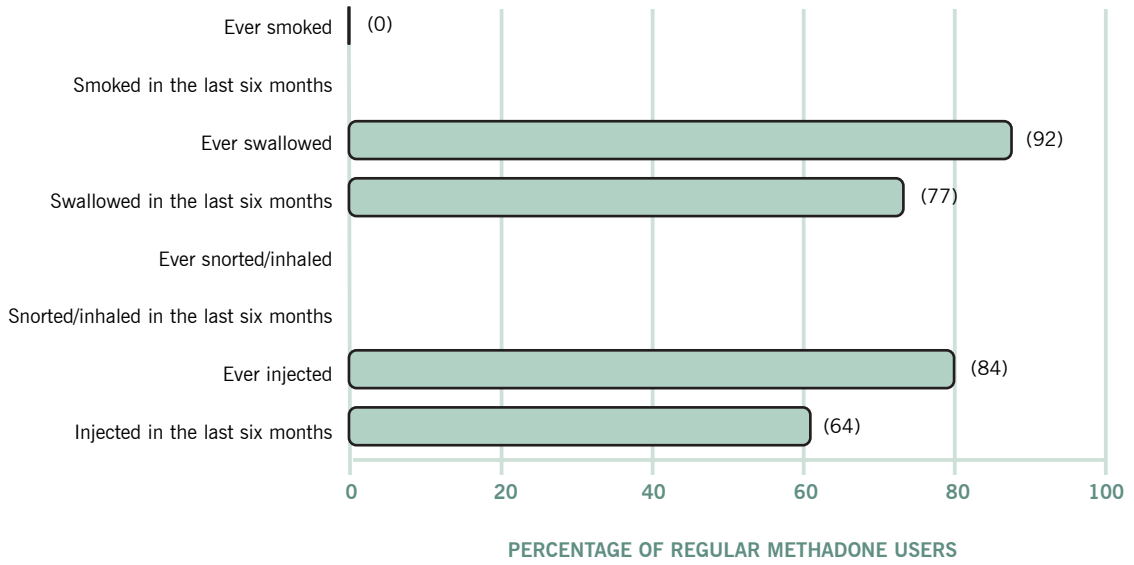
Type of methadone use — all respondents (*n* = 661)



Type of use — methadone users (*n* = 160)



Type of use — regular methadone users (*n* = 105)

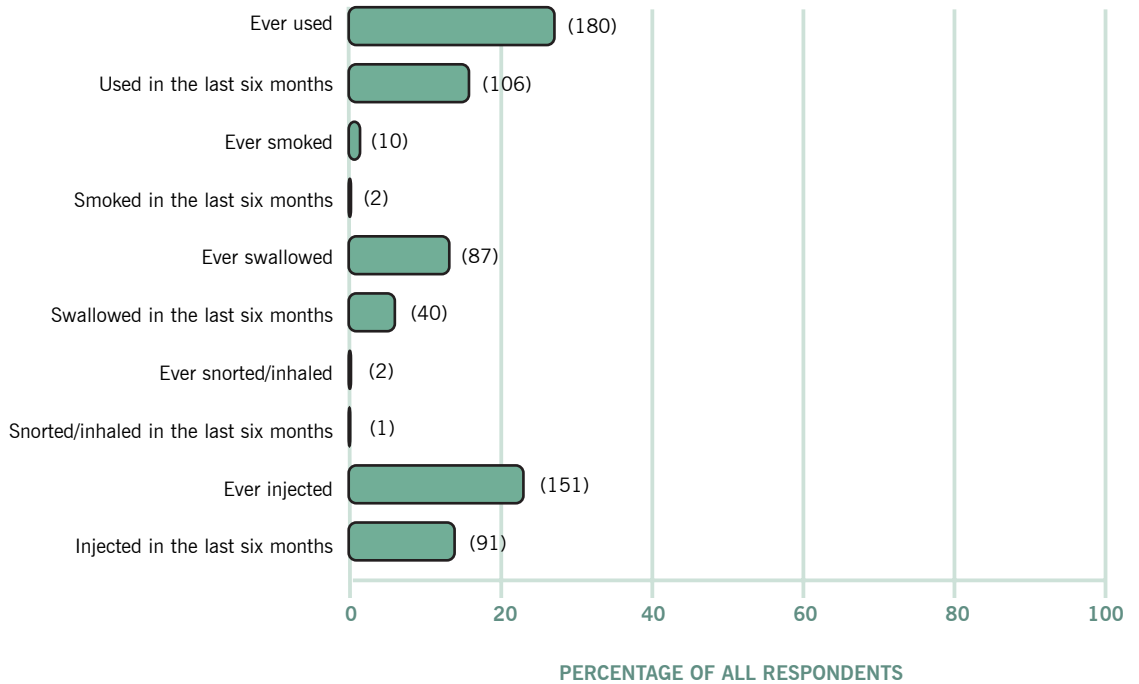


Dimensions of methadone use (*n* = 160)

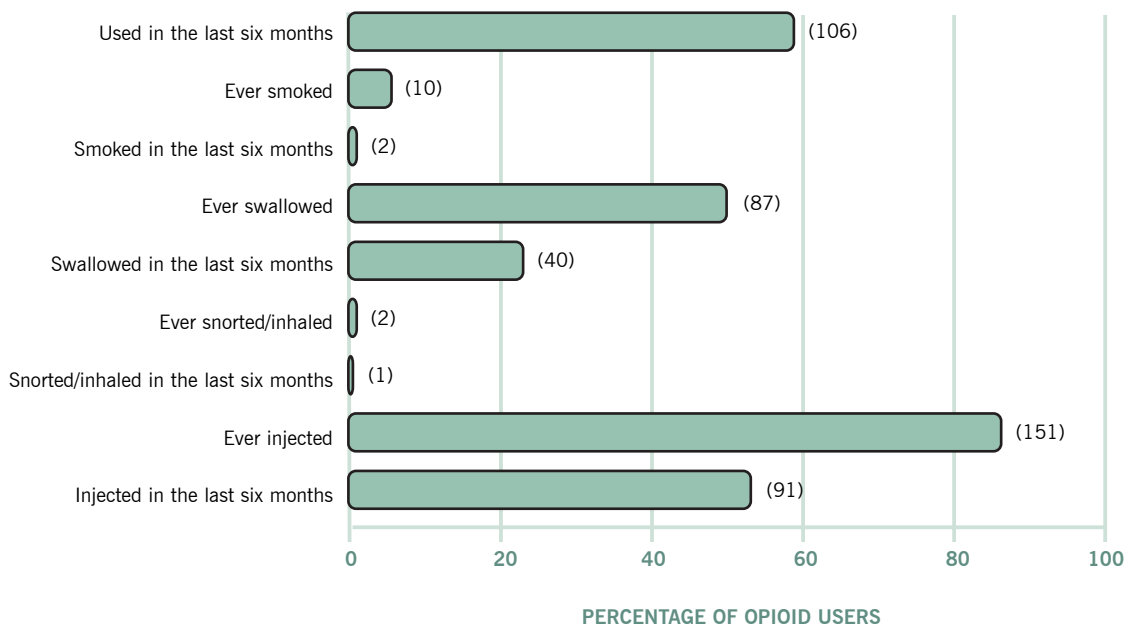
Median age of initiation	22
Age range of initiation	13–48
Median age of injecting initiation	22
Age range of injecting initiation	14–42
Median number of days used in last six months	60
Range of days used in last six months	1–183
Average spent per day of use (\$A)	11
Maximum spent per day of use (\$A)	240

Other opioids

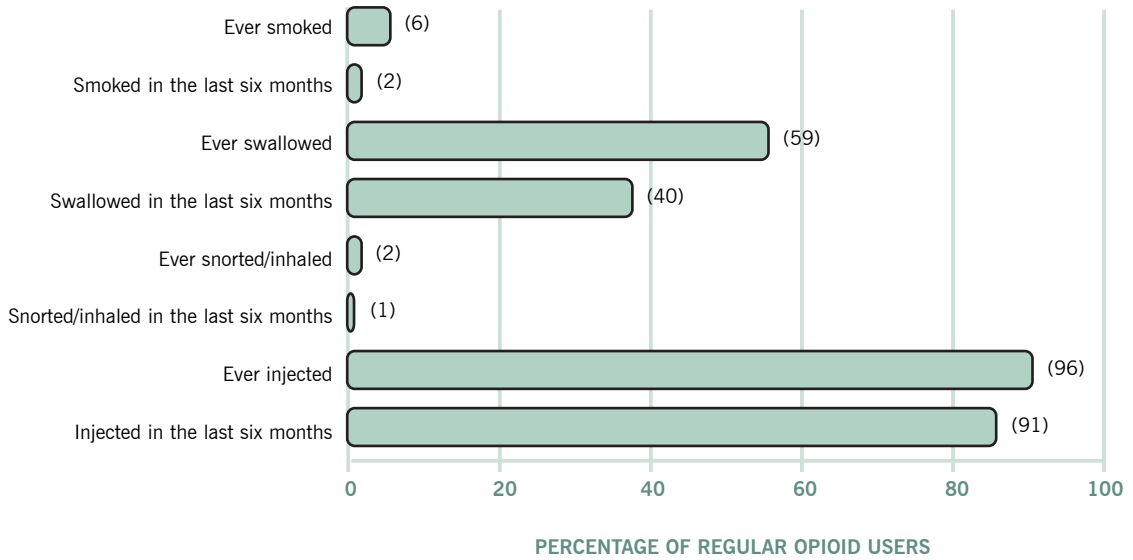
Type of other opioid use — all respondents (*n* = 661)



Type of use — opioid users (*n* = 180)



Type of use — regular opioid users (*n* = 106)

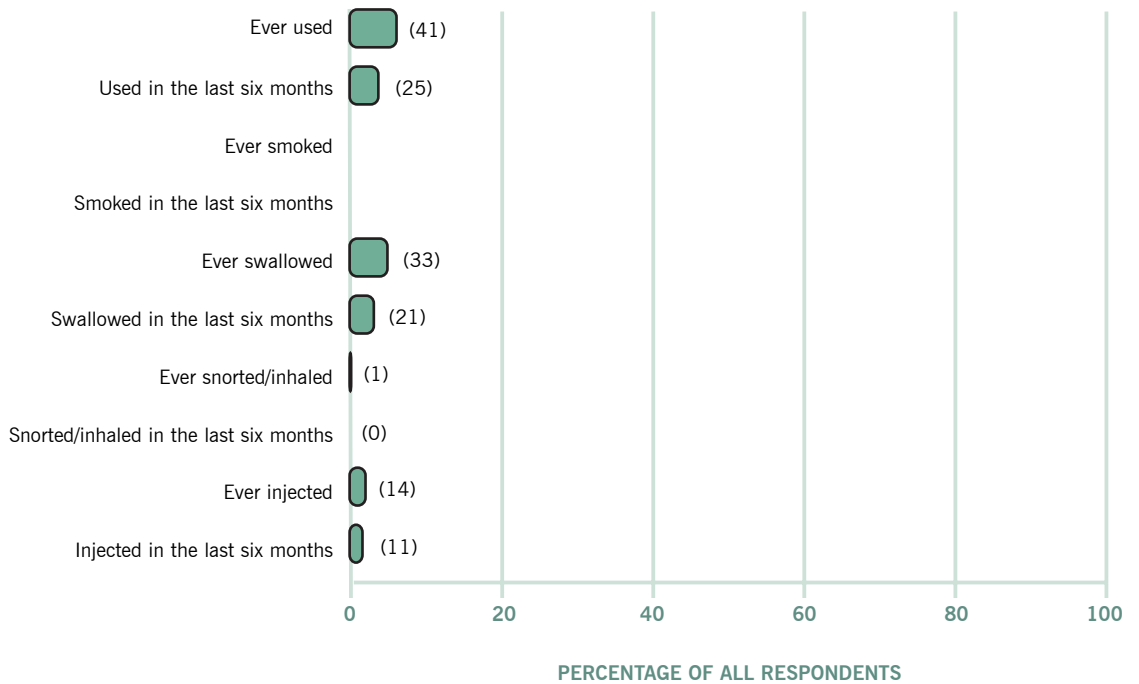


Dimensions of other opioid use (*n* = 180)

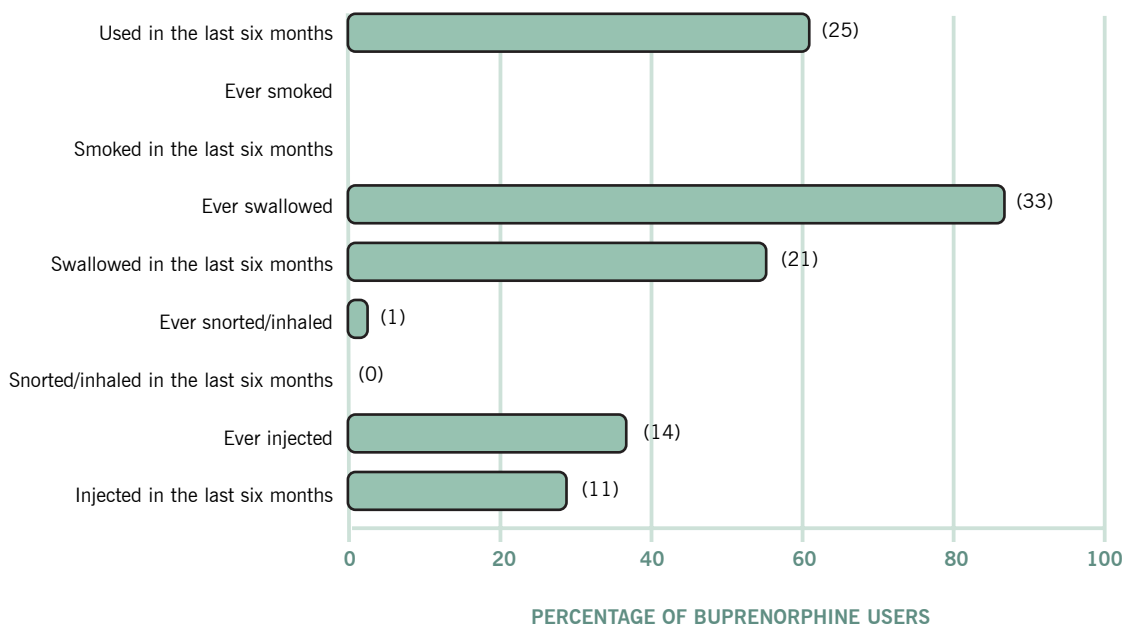
Median age of initiation	21
Age range of initiation	7–43
Median age of injecting initiation	21.5
Age range of injecting initiation	12–43
Median number of days used in last six months	12
Range of days used in last six months	1–182
Average spent per day of use (\$A)	30
Maximum spent per day of use (\$A)	250

Buprenorphine

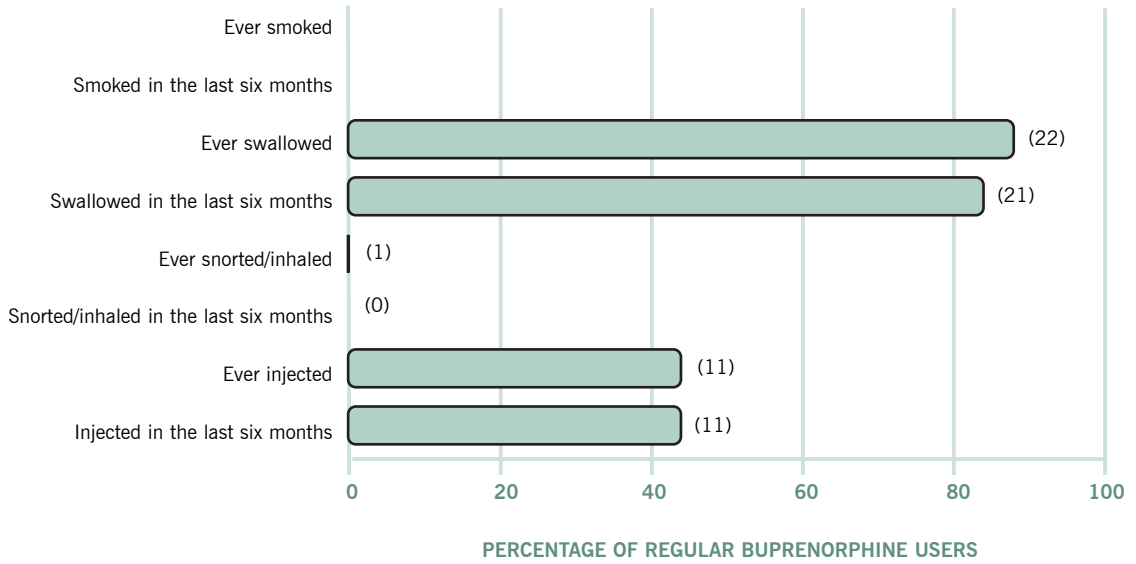
Type of buprenorphine use — all respondents ($n = 661$)



Type of use — buprenorphine users ($n = 41$)



Type of use — regular buprenorphine users (*n* = 25)

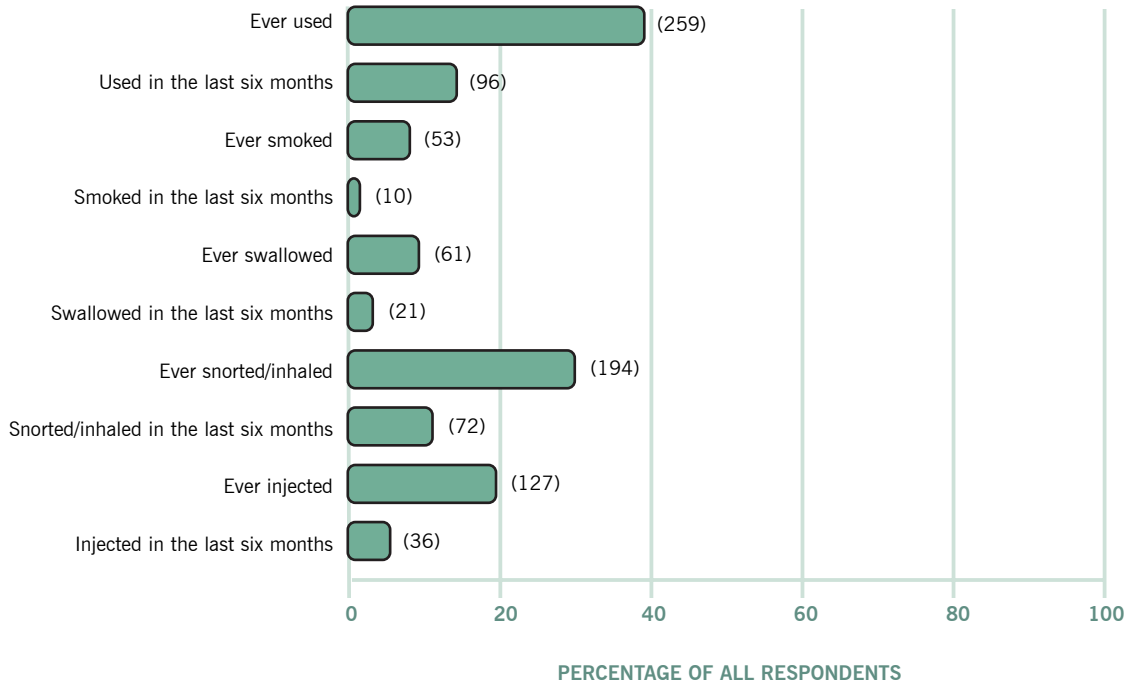


Dimensions of buprenorphine use (*n* = 41)

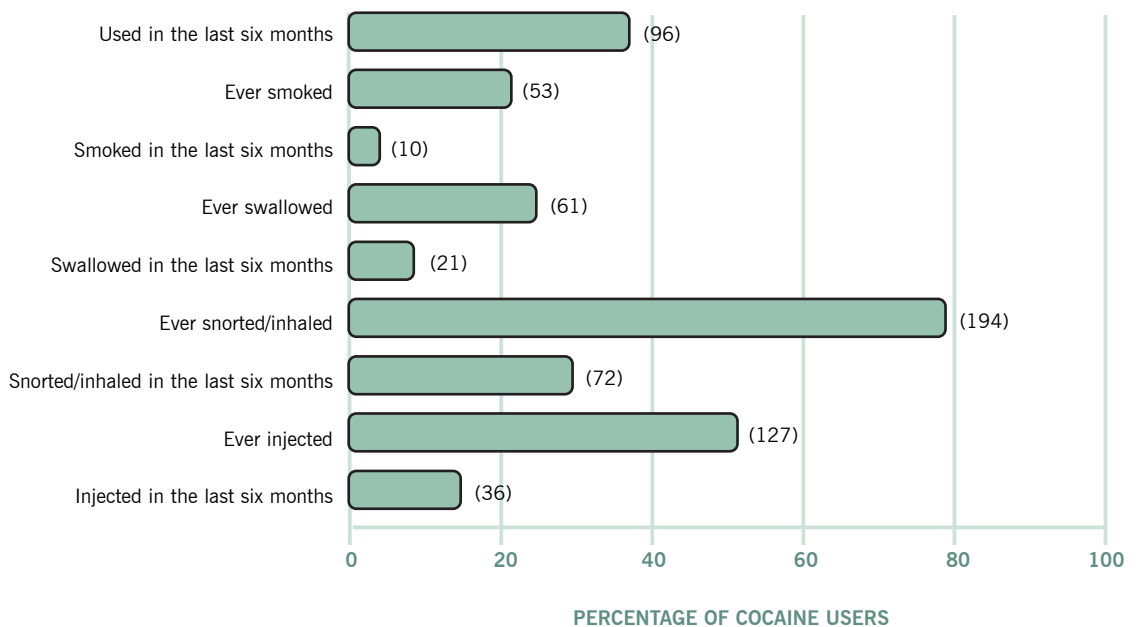
Median age of initiation	26
Age range of initiation	15–47
Median age of injecting initiation	27
Age range of injecting initiation	17–39
Median number of days used in last six months	20.5
Range of days used in last six months	1–180
Average spent per day of use (\$A)	5
Maximum spent per day of use (\$A)	40

Cocaine

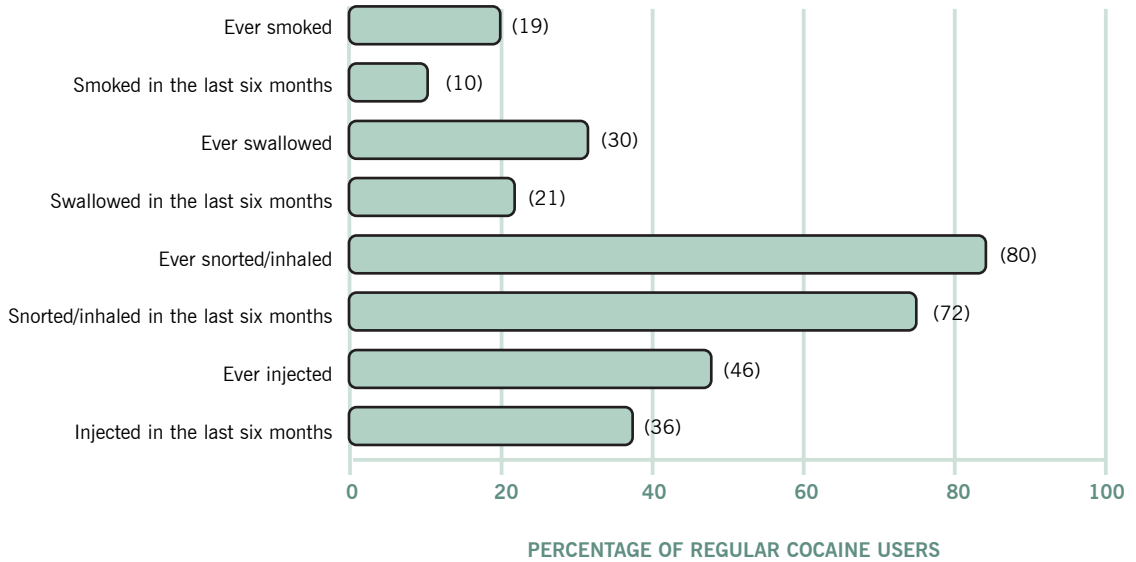
Type of cocaine use — all respondents (*n* = 661)



Type of use — cocaine users (*n* = 259)



Type of use — regular cocaine users (*n* = 96)

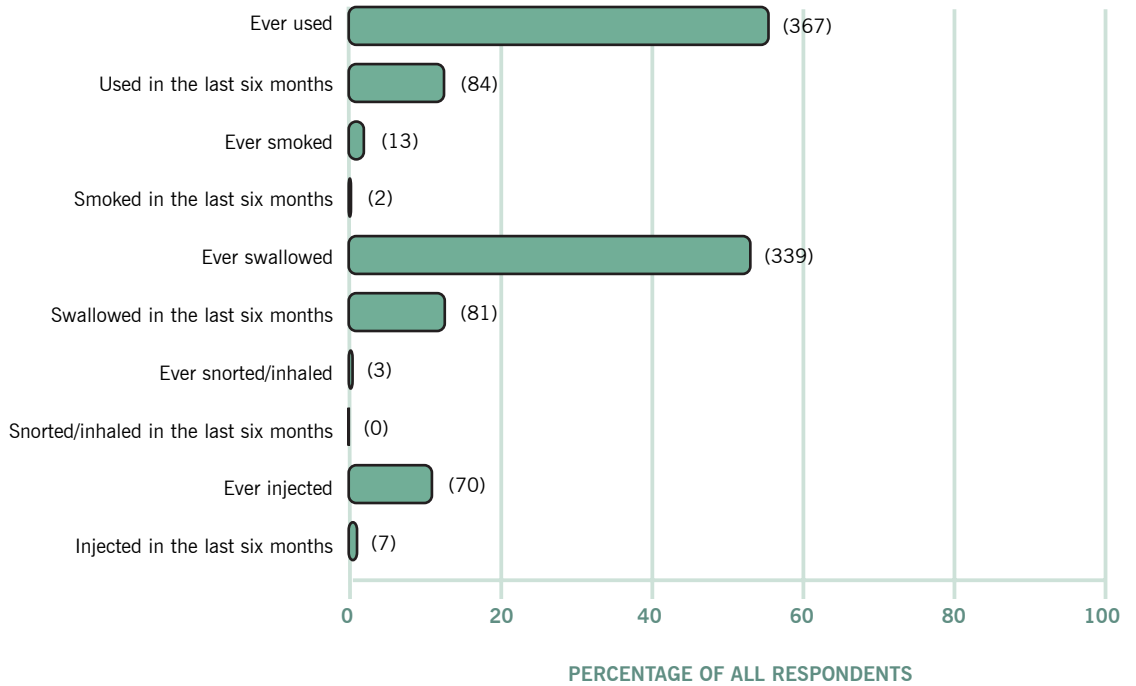


Dimensions of cocaine use (*n* = 259)

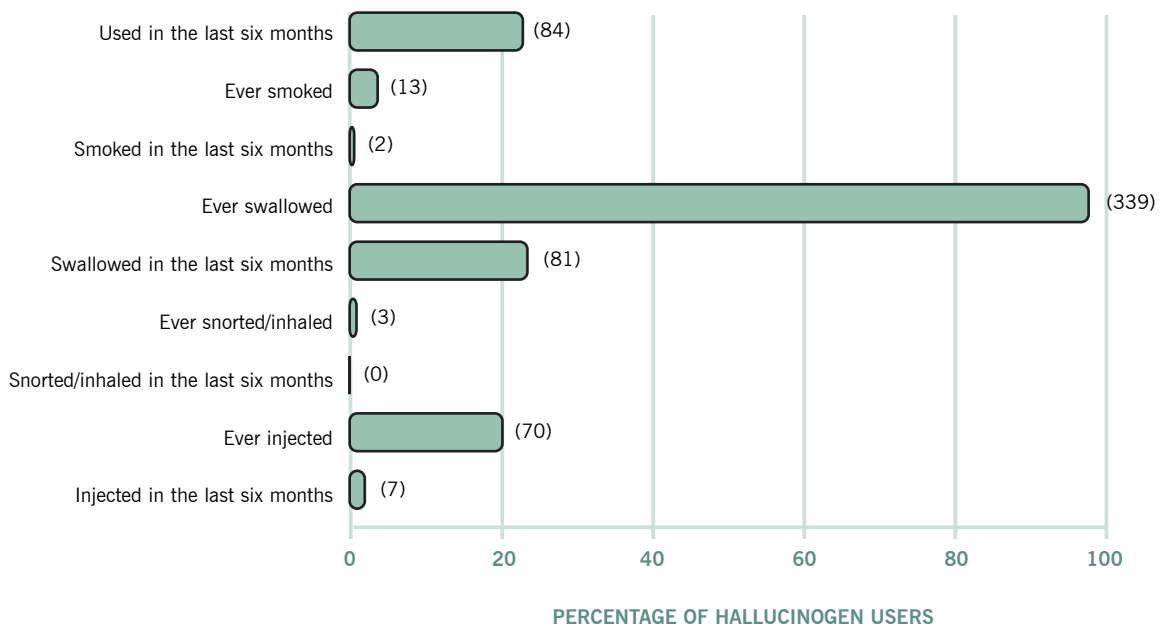
Median age of initiation	21
Age range of initiation	12–70
Median age of injecting initiation	22
Age range of injecting initiation	12–70
Median number of days used in last six months	3
Range of days used in last six months	1–180
Average spent per day of use (\$A)	82
Maximum spent per day of use (\$A)	500

Hallucinogens

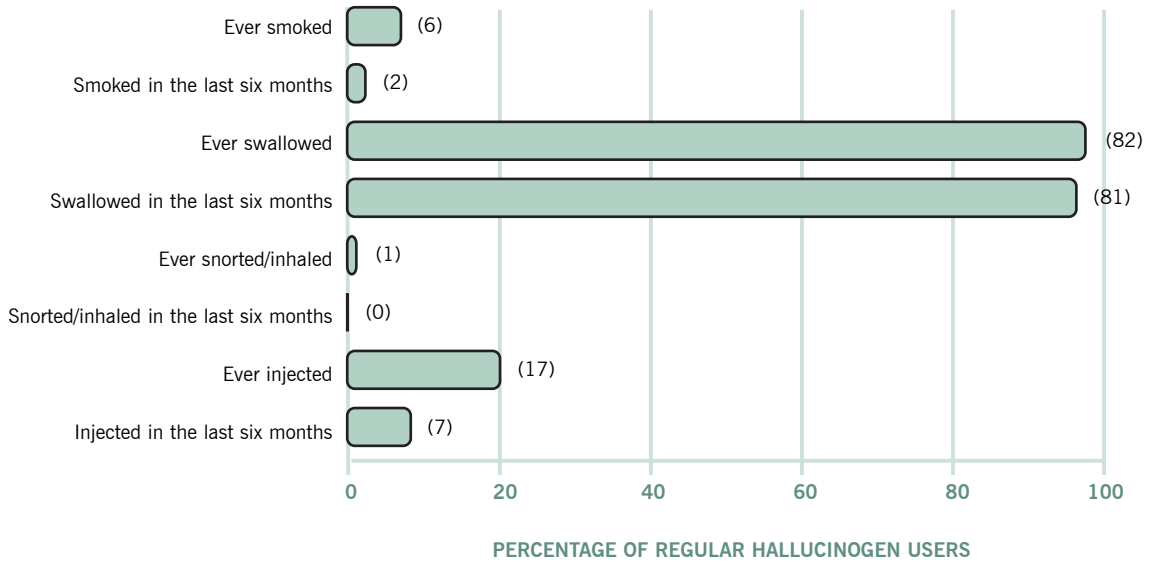
Type of hallucinogen use — all respondents (*n* = 661)



Percentage of use — hallucinogen users (*n* = 367)



Type of use — regular hallucinogen users (*n* = 84)

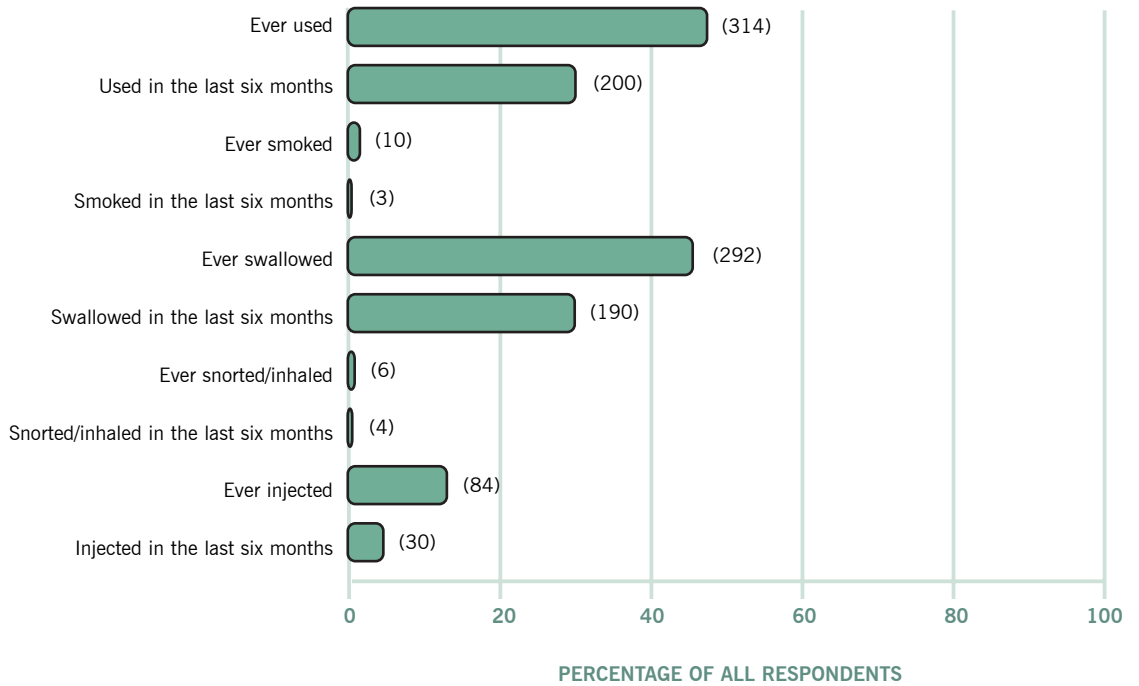


Dimensions of hallucinogen use (*n* = 367)

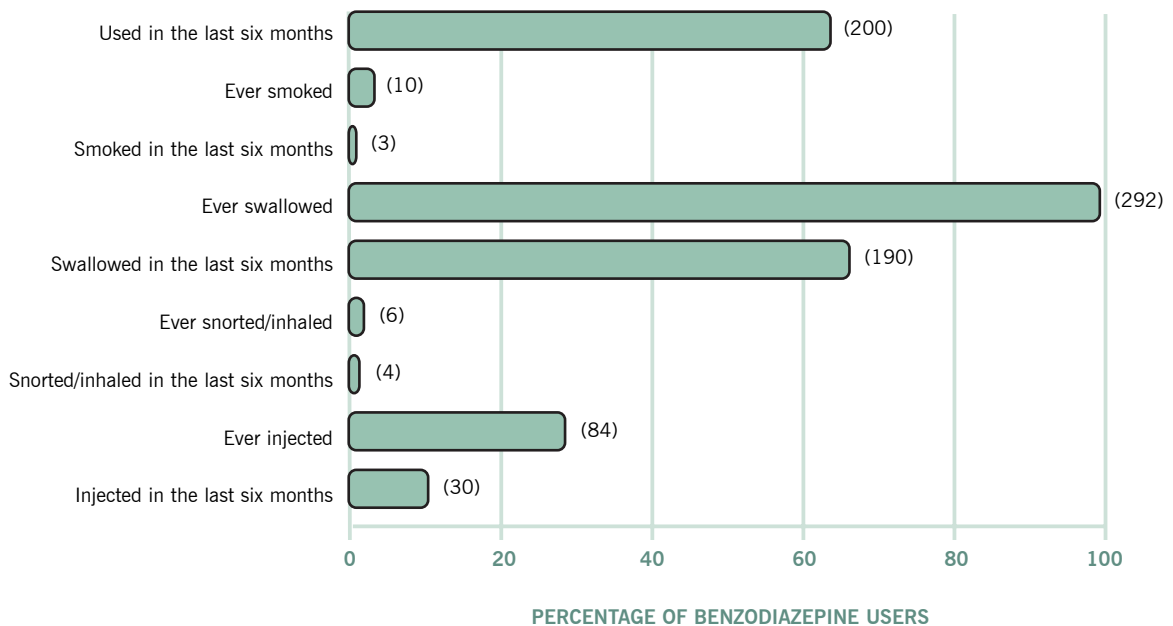
Median age of initiation	18
Age range of initiation	11–36
Median age of injecting initiation	19
Age range of injecting initiation	13–38
Median number of days used in last six months	3
Range of days used in last six months	1–60
Average spent per day of use (\$A)	22
Maximum spent per day of use (\$A)	80

Benzodiazepines

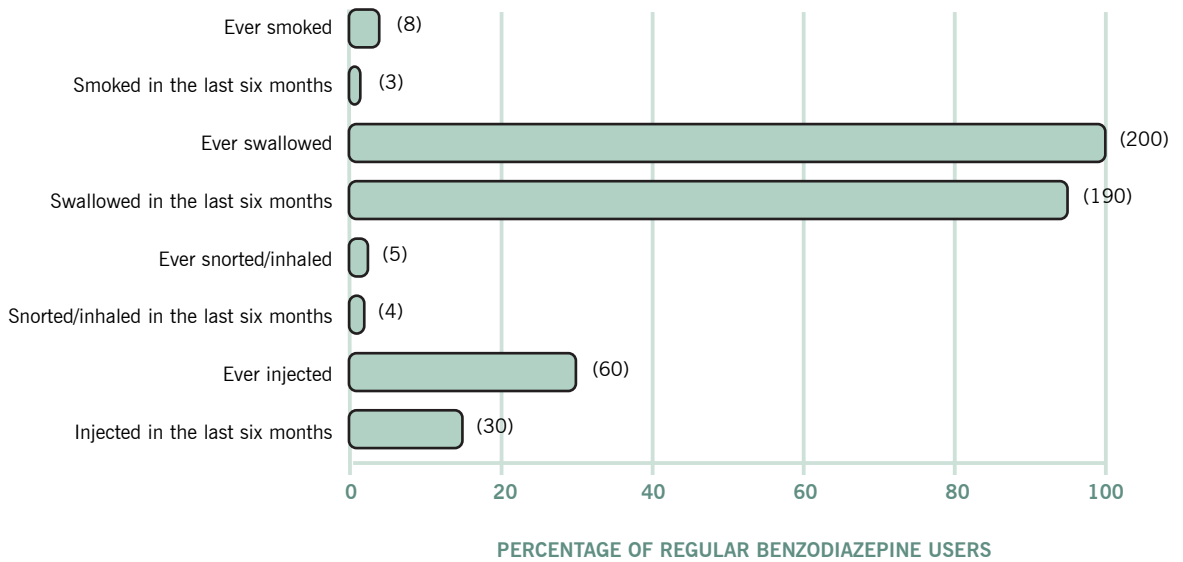
Type of benzodiazepine use — all respondents (*n* = 661)



Type of use — benzodiazepine users (*n* = 314)



Type of use — regular benzodiazepine users (*n* = 200)

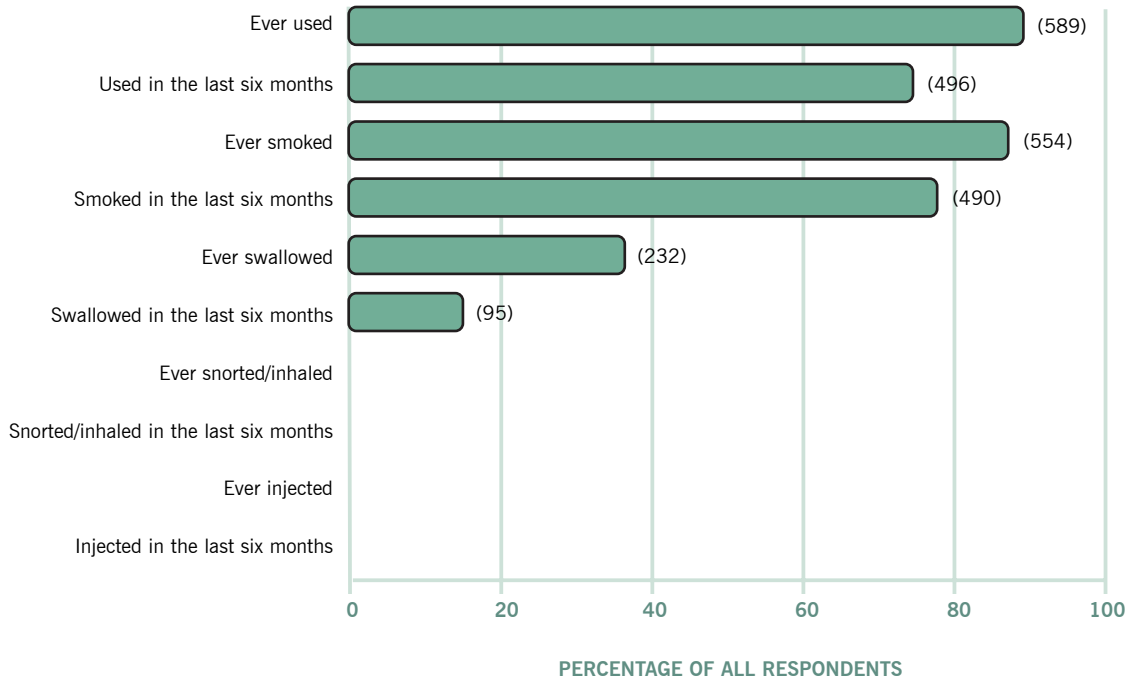


Dimensions of benzodiazepine use (*n* = 314)

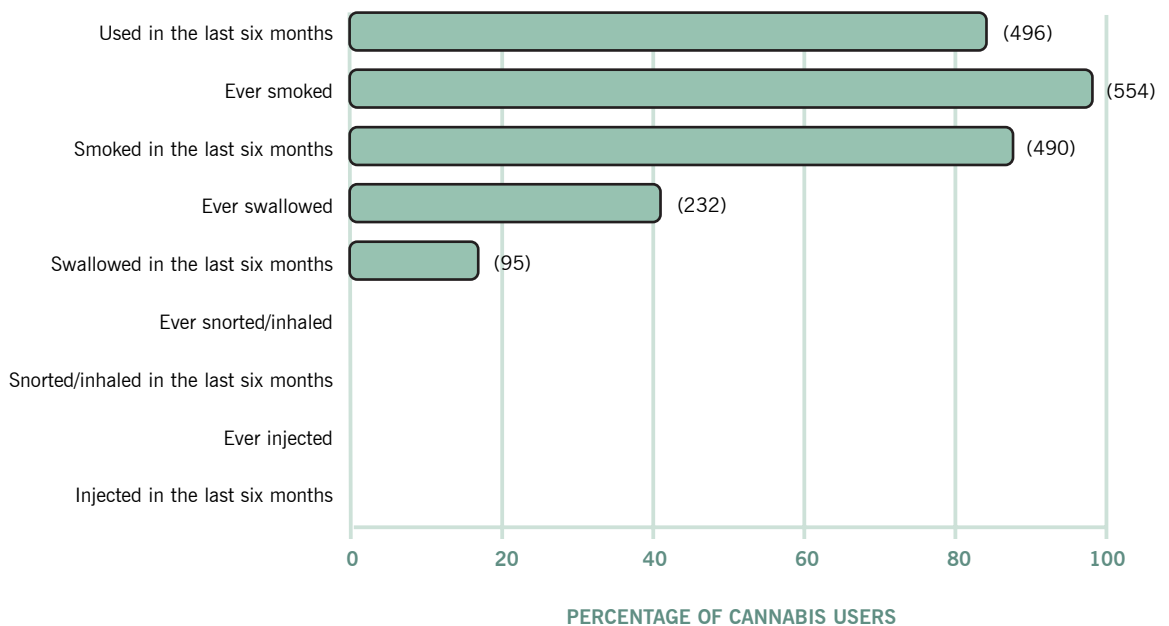
Median age of initiation	20
Age range of initiation	11–51
Median age of injecting initiation	20
Age range of injecting initiation	13–51
Median number of days used in last six months	26
Range of days used in last six months	1–183
Average spent per day of use (\$A)	3.5
Maximum spent per day of use (\$A)	50

Cannabis

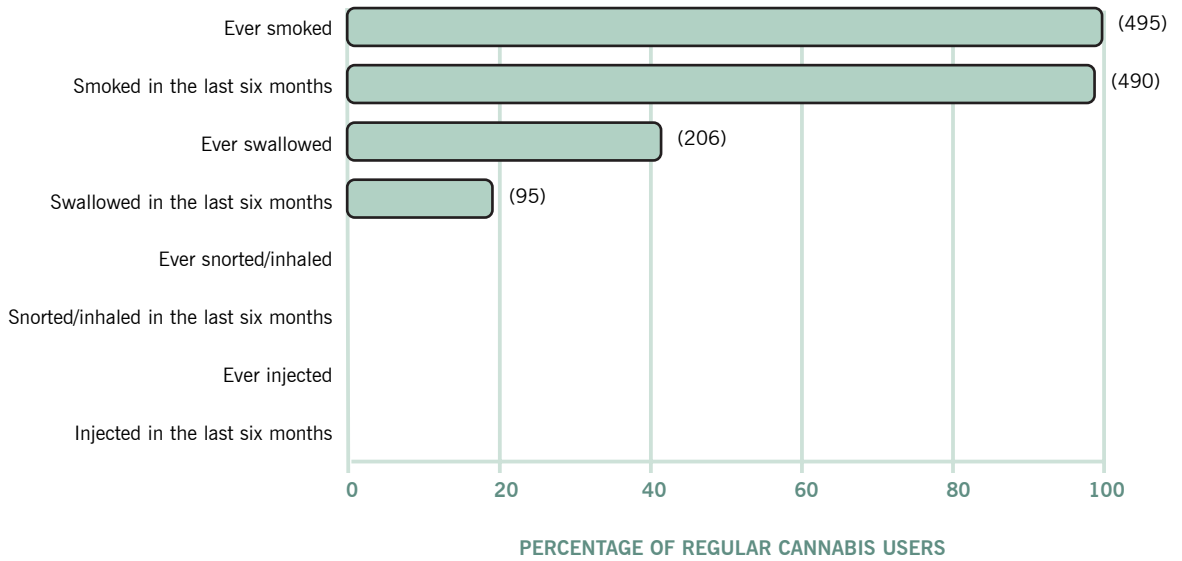
Type of cannabis use — all respondents (*n* = 660)



Type of use — cannabis users (*n* = 589)



Type of use — regular cannabis users (*n* = 496)

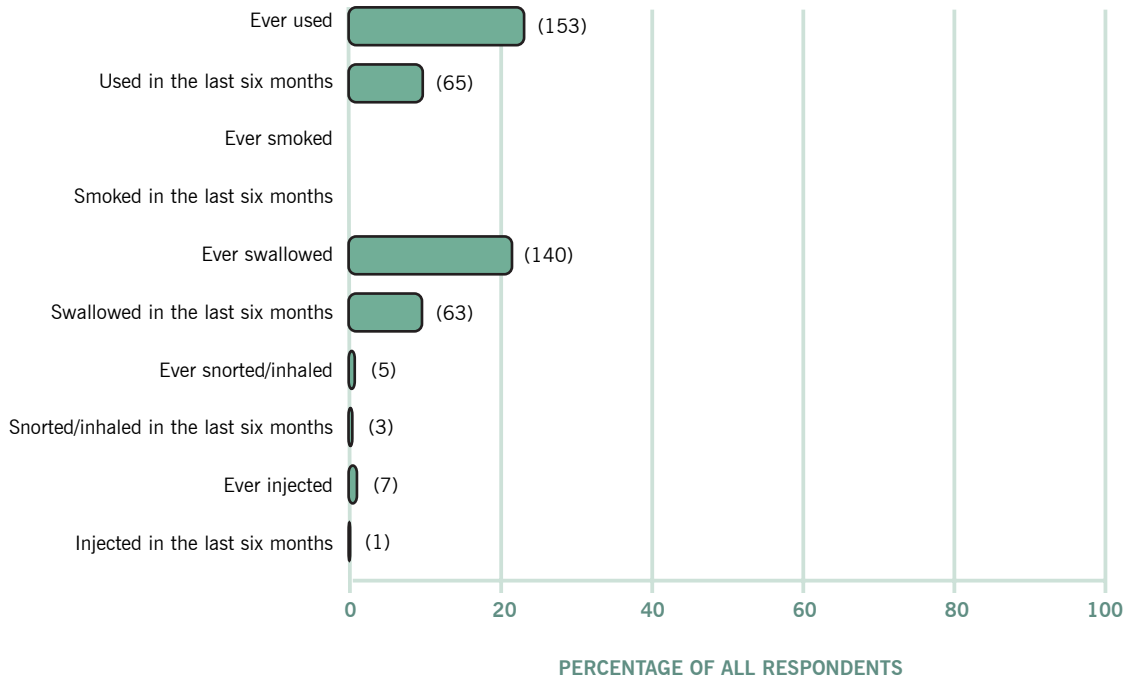


Dimensions of cannabis use (*n* = 589)

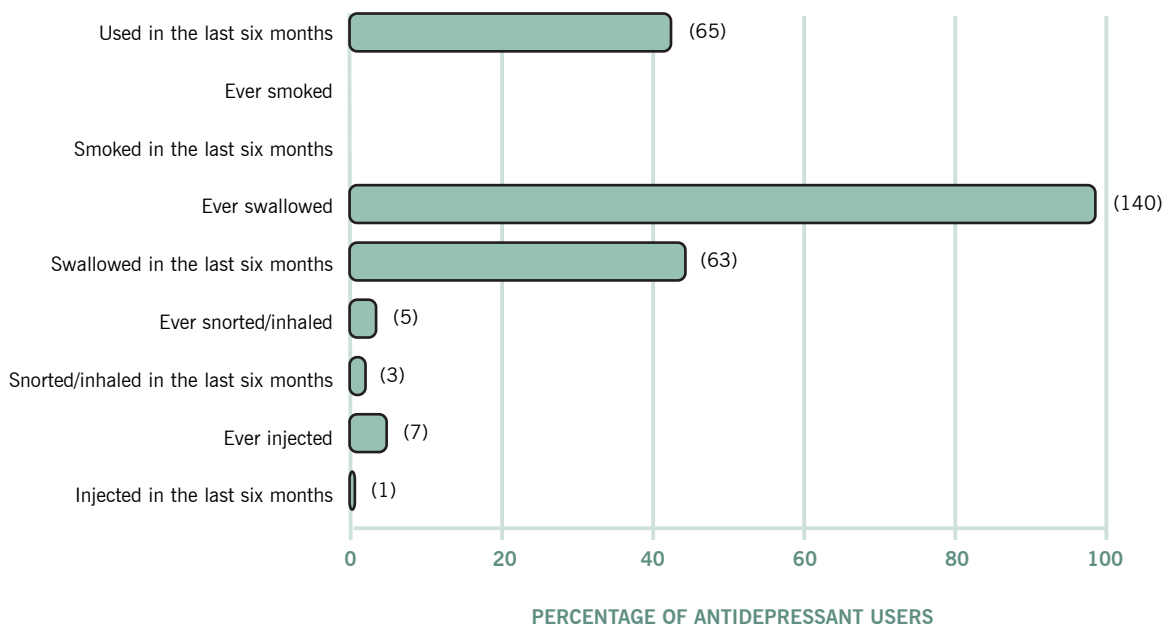
Median age of initiation	15
Age range of initiation	4–50
Median age of injecting initiation	n/a
Age range of injecting initiation	n/a
Median number of days used in last six months	150
Range of days used in last six months	1–183
Average spent per day of use (\$A)	21
Maximum spent per day of use (\$A)	400

Antidepressants

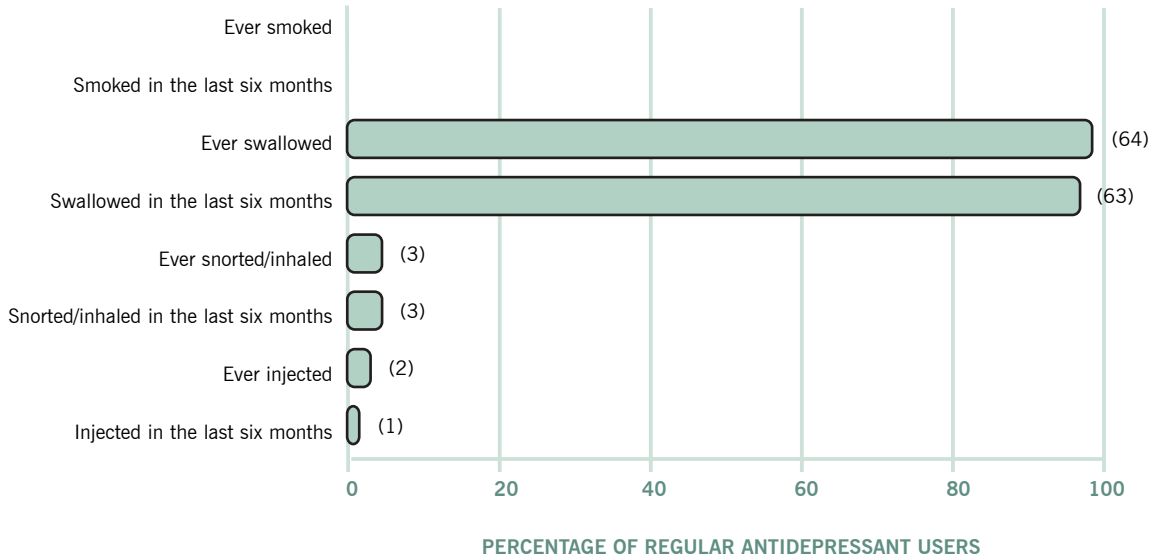
Type of antidepressant use — all respondents ($n = 660$)



Type of use — antidepressant users ($n = 153$)



Type of use — regular antidepressant users (*n* = 65)

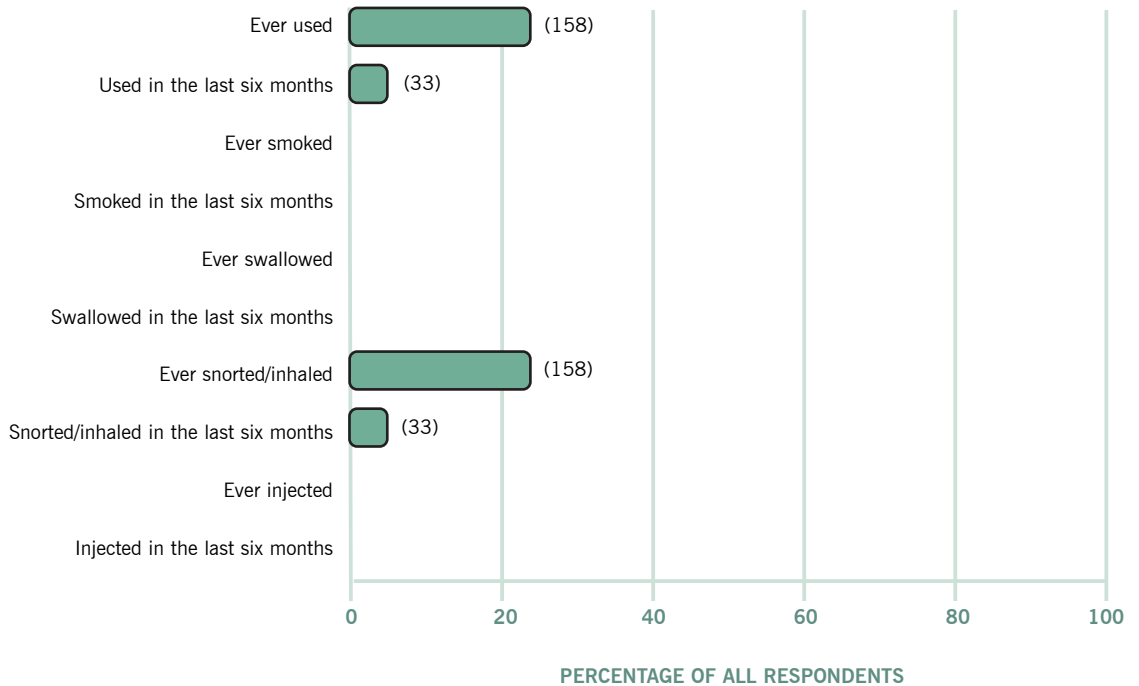


Dimensions of antidepressant use (*n* = 153)

Median age of initiation	24
Age range of initiation	8–48
Median age of injecting initiation	21
Age range of injecting initiation	18–23
Median number of days used in last six months	168
Range of days used in last six months	1–183
Average spent per day of use (\$A)	1.3
Maximum spent per day of use (\$A)	6

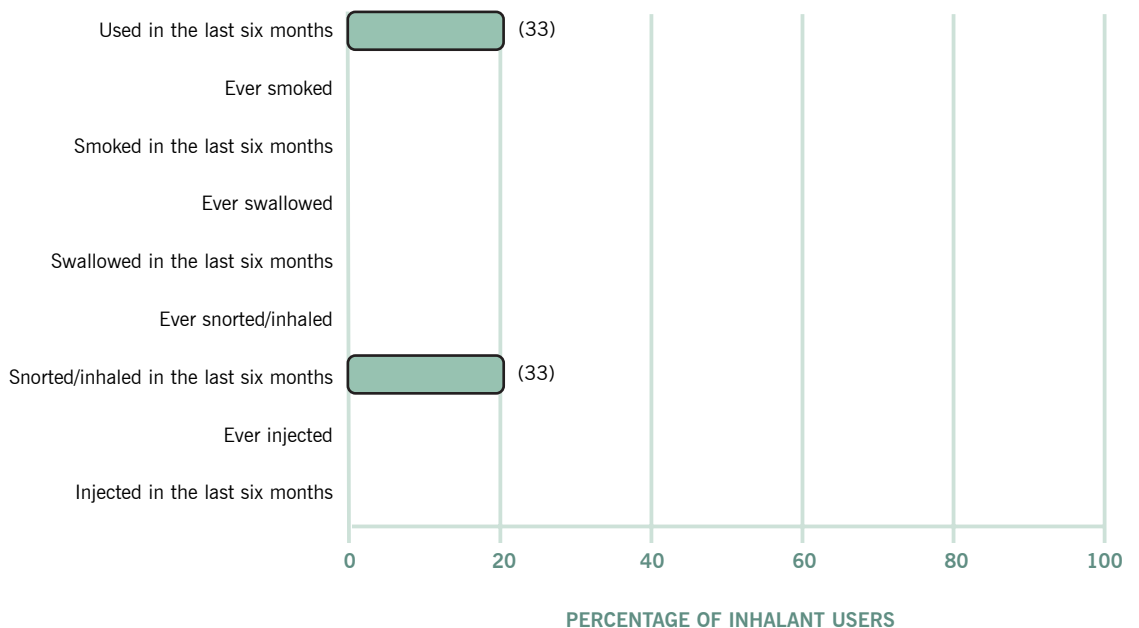
Inhalants

Type of inhalant use* — all respondents ($n = 661$)



* Information on inhalant use was collected only for 'ever used', 'age first used', 'used in the last six months' and 'amount spent on use'.

Type of use — inhalant users ($n = 158$)

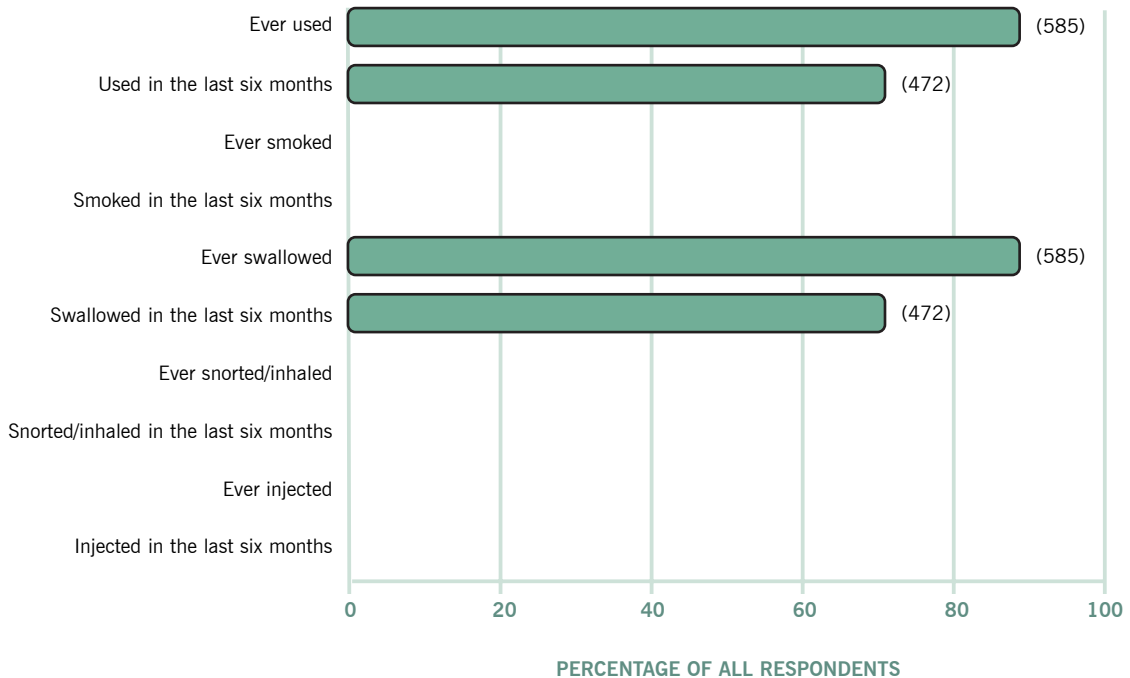


Dimensions of inhalant use (n = 158)

Median age of initiation	17
Age range of initiation	11–40
Median age of injecting initiation	n/a
Age range of injecting initiation	n/a
Median number of days used in last six months	6
Range of days used in last six months	0–168
Average spent per day of use (\$A)	8
Maximum spent per day of use (\$A)	90

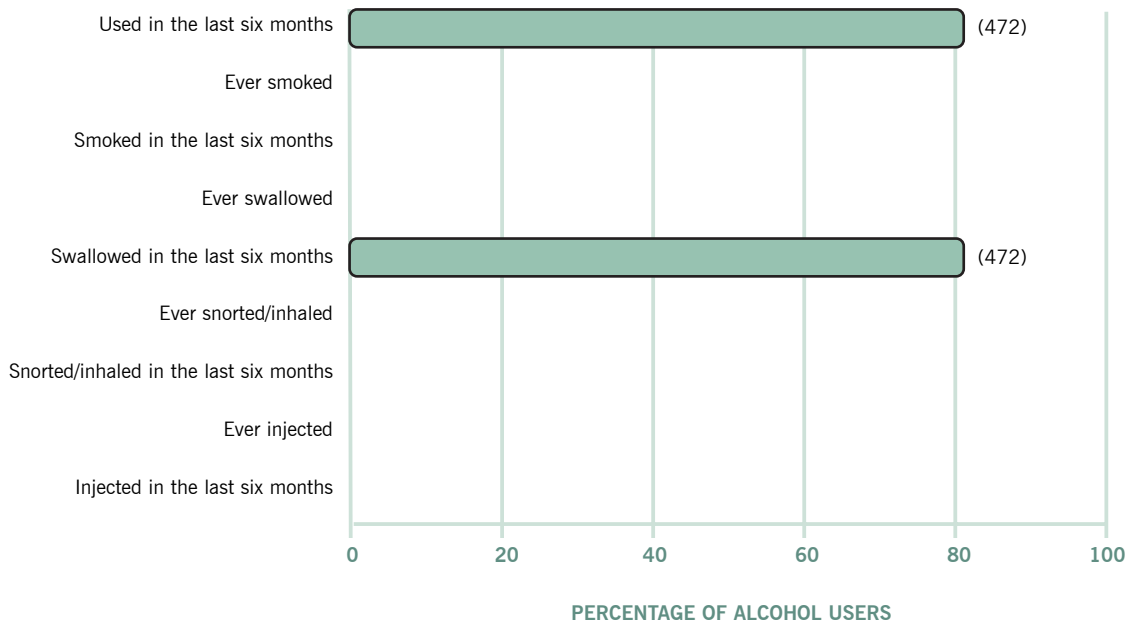
Alcohol

Type of alcohol use* — all respondents (n = 659)



* Information on alcohol use was collected only for 'ever used', 'age first used', 'used in the last six months' and 'amount spent on use'.

Type of use — alcohol users (*n* = 585)

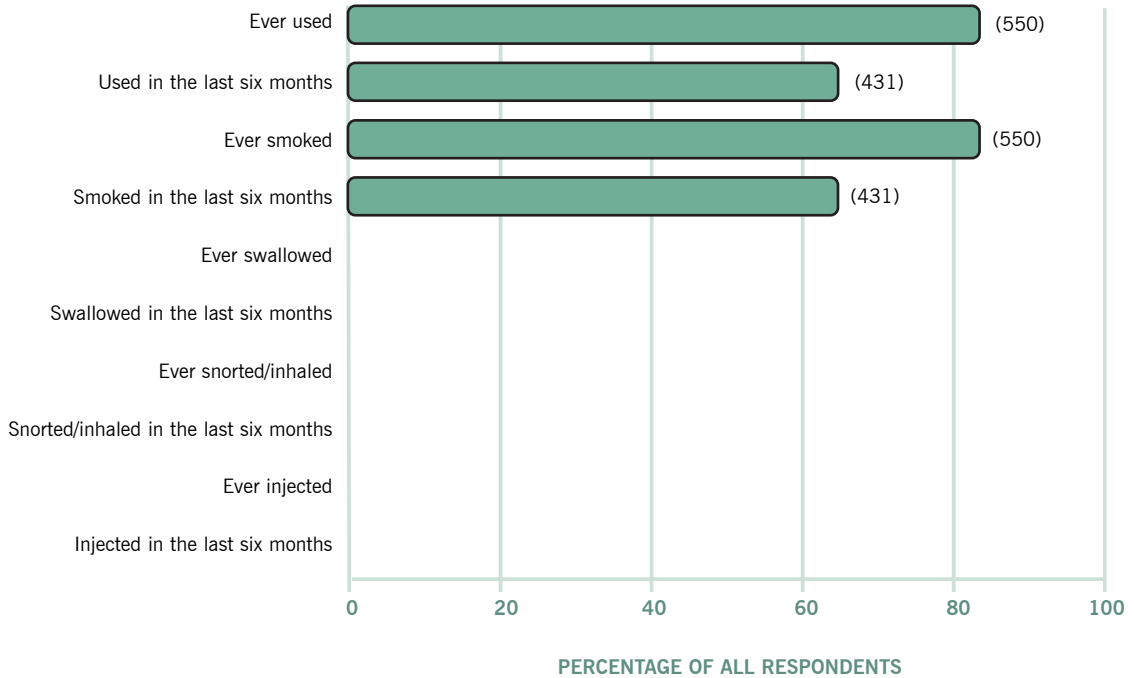


Dimensions of alcohol use (*n* = 585)

Median age of initiation	15
Age range of initiation	2–30
Median age of injecting initiation	n/a
Age range of injecting initiation	n/a
Median number of days used in last six months	48
Range of days used in last six months	0–183
Average spent per day of use (\$A)	28
Maximum spent per day of use (\$A)	300

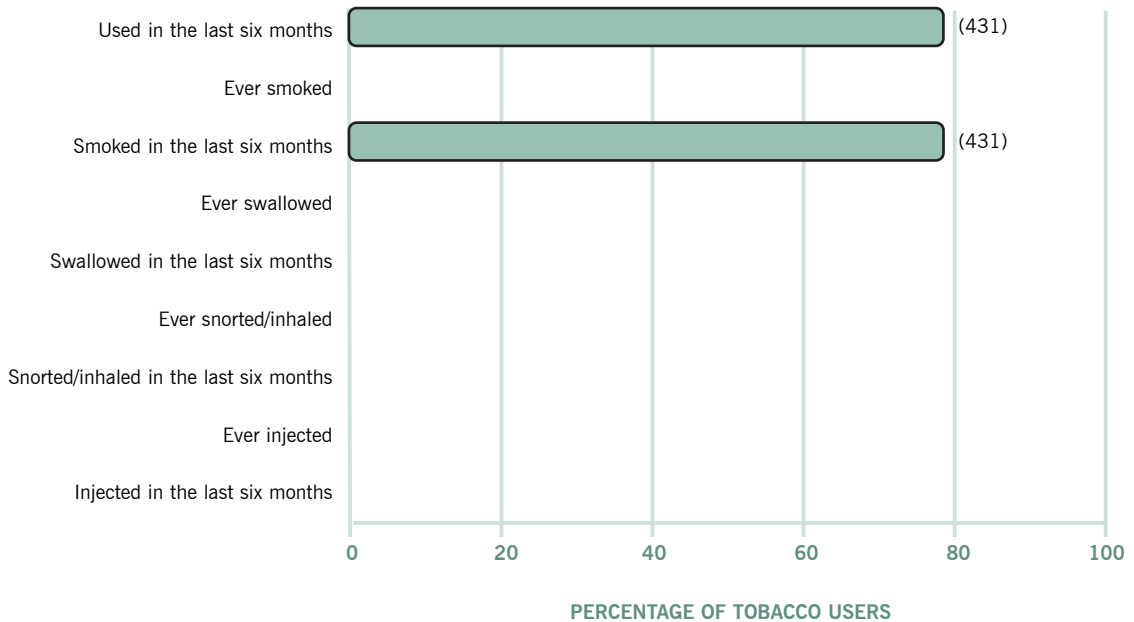
Tobacco

Type of tobacco use* — all respondents (n = 659)



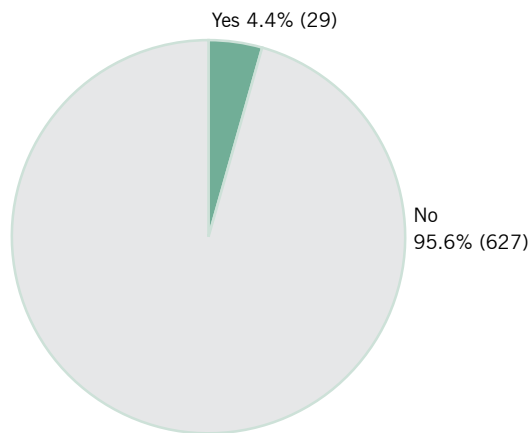
* Information on tobacco use was collected only for 'ever used', 'age first used', 'used in the last six months' and 'amount spent on use'.

Type of use — tobacco users (n = 550)



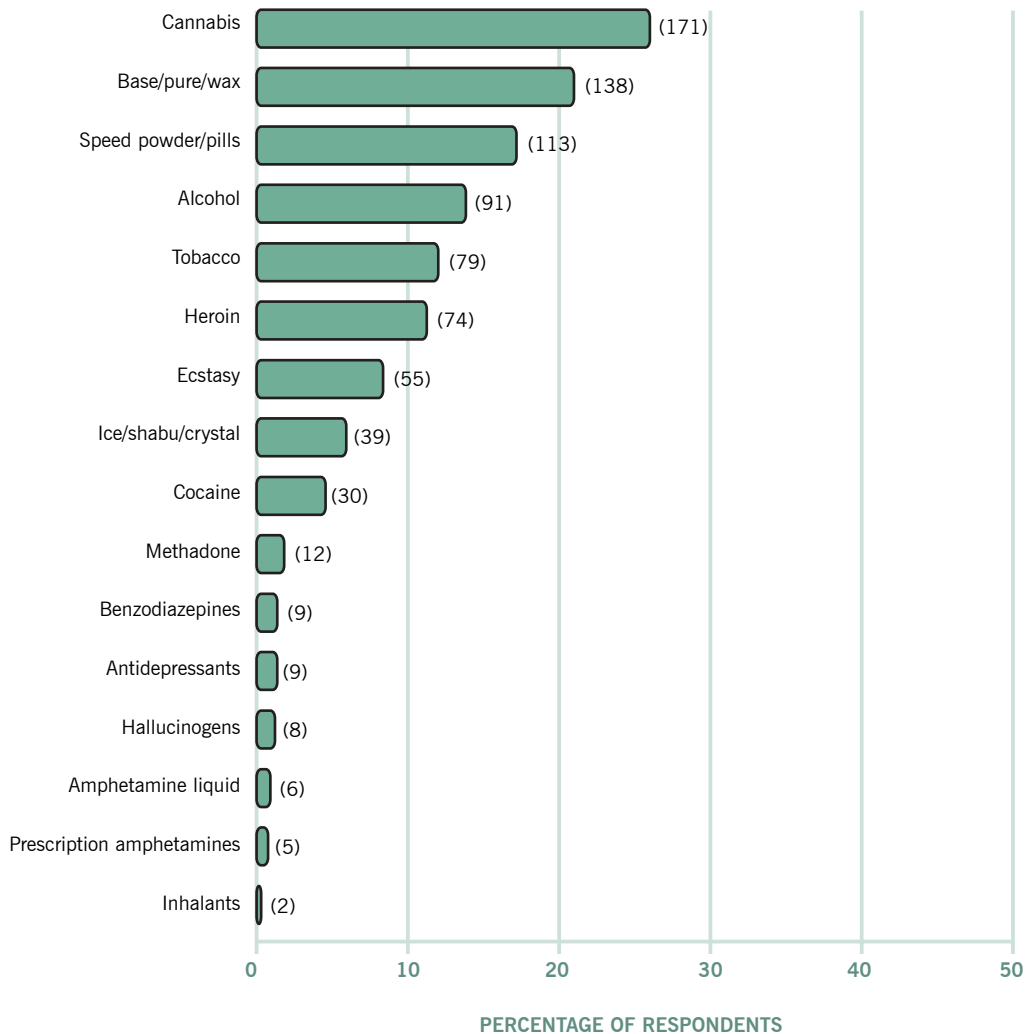
Dimensions of tobacco use (*n* = 550)

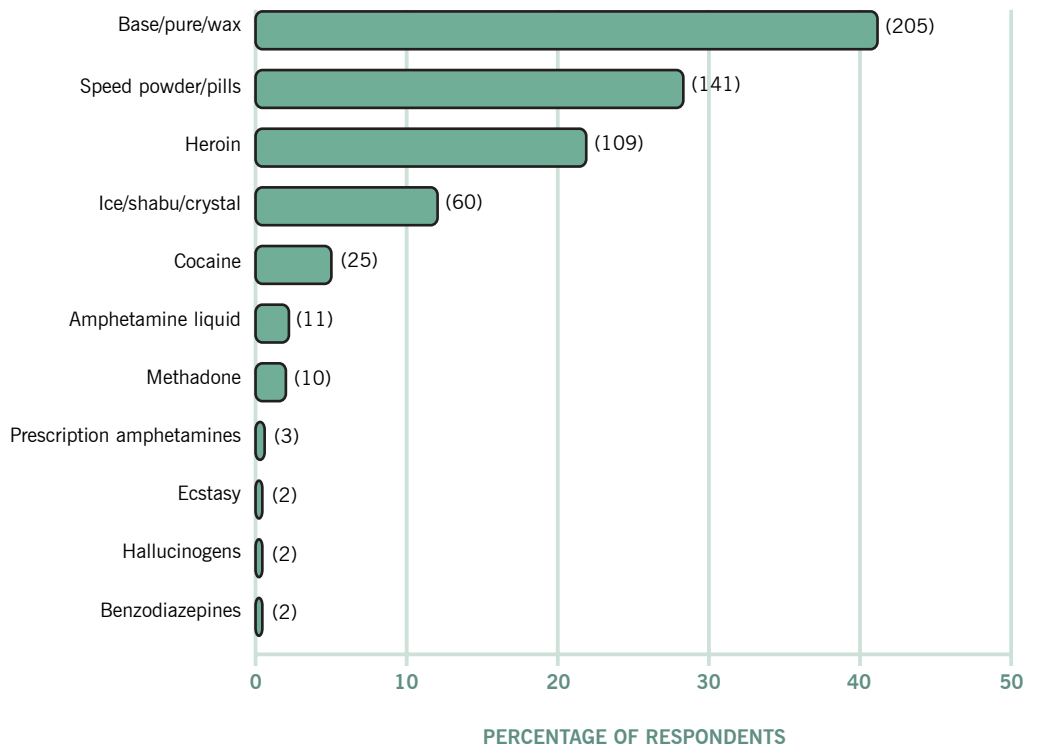
Median age of initiation	14
Age range of initiation	5–38
Median age of injecting initiation	n/a
Age range of injecting initiation	n/a
Median number of days used in last six months	180
Range of days used in last six months	0–183
Average spent per day of use (\$A)	9
Maximum spent per day of use (\$A)	60

B2. Have you ever been prescribed drugs for ADHD (attention deficit and hyperactivity disorder)?**Proportion of respondents prescribed ADHD drugs (*n* = 656)**

B3. What is your favourite drug? What is your favourite drug for injecting?

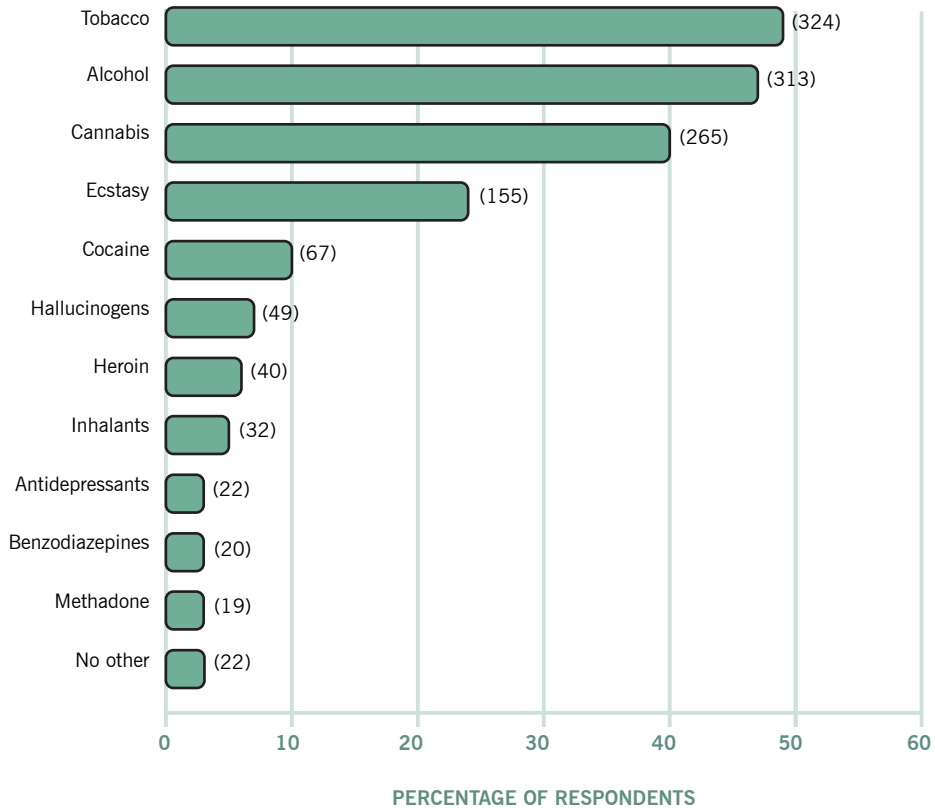
Favourite drug



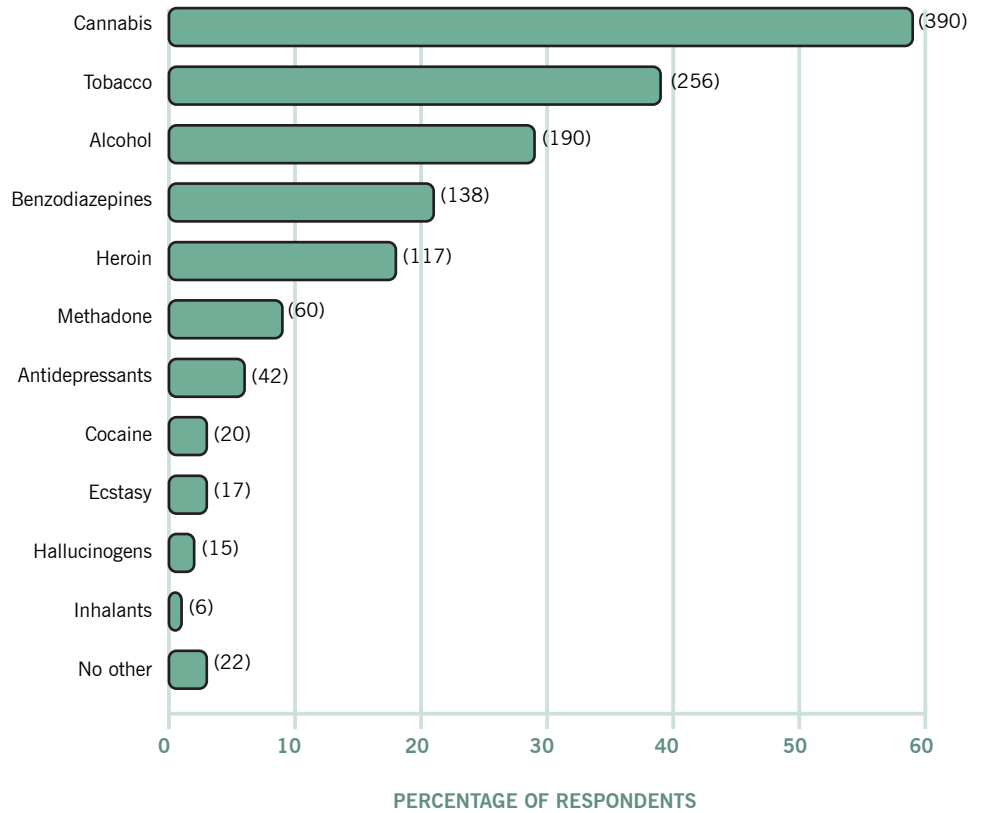
Favourite drug for injecting

B4. What other drugs do you usually like to use at the same time as using speed? Do you use them to come up or to come down?

Other drugs used to come up while using amphetamines

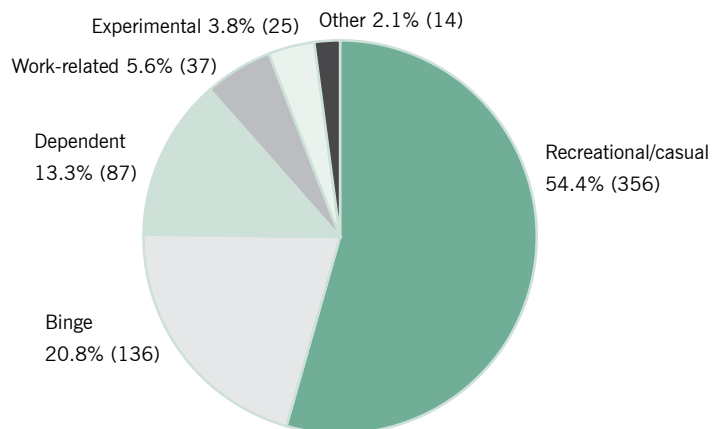


Other drugs used to come down while using amphetamines



B5. What type of speed user do you think you are?

Self-identified type of amphetamine user (n = 655)



B6. How well do the reasons below explain why you first used speed? Are they not at all, a little, or a lot like you?

Reasons for first using amphetamines

	PERCENTAGE WHO AGREE			Total (n)
	Not at all	A little	A lot	
My friends were doing it	19.9	47.5	32.6	644
My partner/boyfriend/girlfriend encouraged me	58.4	22.9	18.7	630
I wanted to see what it was like	3.9	28.9	67.2	646
I needed to stay awake for work or study	71.1	18.1	10.8	630
I wanted to forget my problems	59.4	22.5	18.1	635
I thought it would help me lose weight/get fit	76.5	14.7	8.8	634
I wanted to become a more interesting person	68.9	23.5	7.6	633
I'm not sure why, but I just always knew I would eventually	44.1	36.9	19.1	635
Someone gave it to me	26.3	34.7	39.0	636
What I usually use wasn't available	79.9	11.5	8.6	626
Other	19.2	15.4	65.4	26

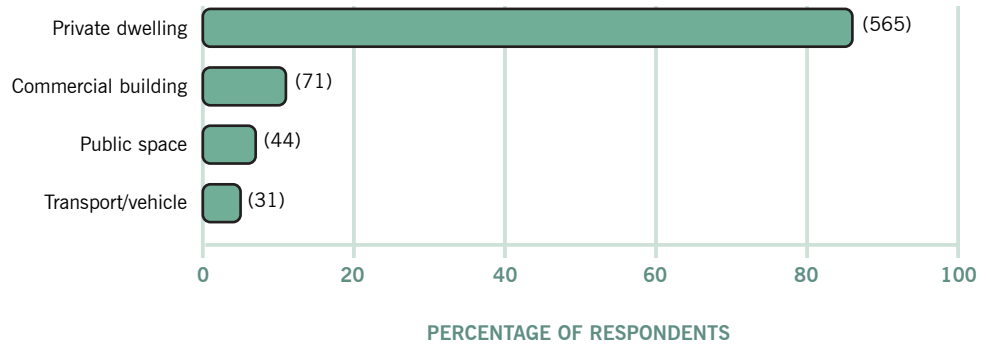
B7. How well do the statements below describe you as a person since you started using speed? Are they not at all, a little, or a lot like you?

Type of changes since using amphetamines

	PERCENTAGE WHO AGREE			Total (n)
	Not at all	A little	A lot	
My relationships with people have generally improved	54.8	38.7	6.5	651
I don't achieve all that I want to/I'm very easily distracted	36.0	44.9	19.1	650
I find that I'm less tolerant	39.6	39.4	21.0	649
I work harder	34.8	39.0	26.2	649
Once I start something, I can't stop doing it	29.9	37.0	33.1	643
I have undergone spiritual and personal growth	57.4	30.8	11.8	646
It helps me lose weight/get fit	62.4	27.3	10.3	649
Sex is more enjoyable	22.7	40.6	36.7	643
I am more aggressive	46.0	36.6	17.4	648
I put myself before my family	48.7	31.8	19.5	647
Other	27.3	18.2	54.5	11

B8. In the last six months, where have you usually used speed?

Usual location of amphetamine use



B9. Who were you with when you first tried speed and did they also use speed with you?

Social networks and initiation of amphetamine users

TYPE OF PERSON	WERE WITH RESPONDENT		USED WITH RESPONDENT	
	(n)	%	(n)	%
Partner/boyfriend/girlfriend	282	42.5	276	98.2
Friend/acquaintance/workmates	504	75.9	487	96.6
Family members	65	9.8	61	93.8
Strangers	59	8.9	52	88.1
By myself	40	6.0		

B10. In the last six months, who were you usually with when you used speed and did they also use speed with you?

Social networks and amphetamine use

TYPE OF PERSON	WERE WITH RESPONDENT		USED WITH RESPONDENT	
	(n)	%	(n)	%
Partner/boyfriend/girlfriend	312	47.1	300	96.2
Friend/acquaintance/workmates	508	76.7	491	96.7
Family members	57	8.6	53	93.0
Strangers	70	10.6	61	87.1
By myself	178	26.9		

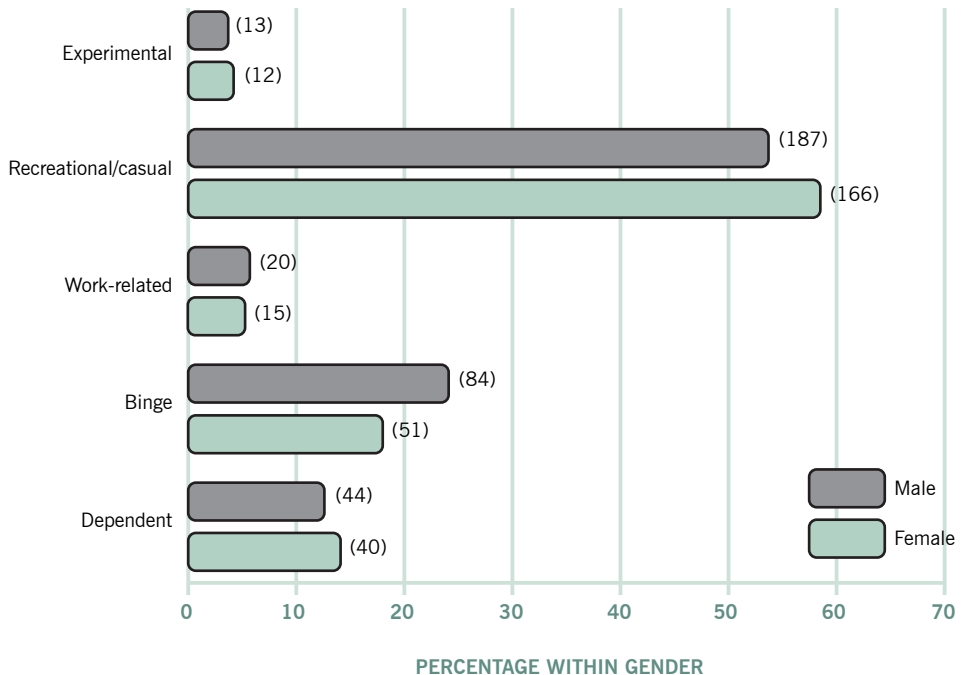
B11. Who knows that you use speed?

Social networks and their knowledge of respondent's amphetamine use

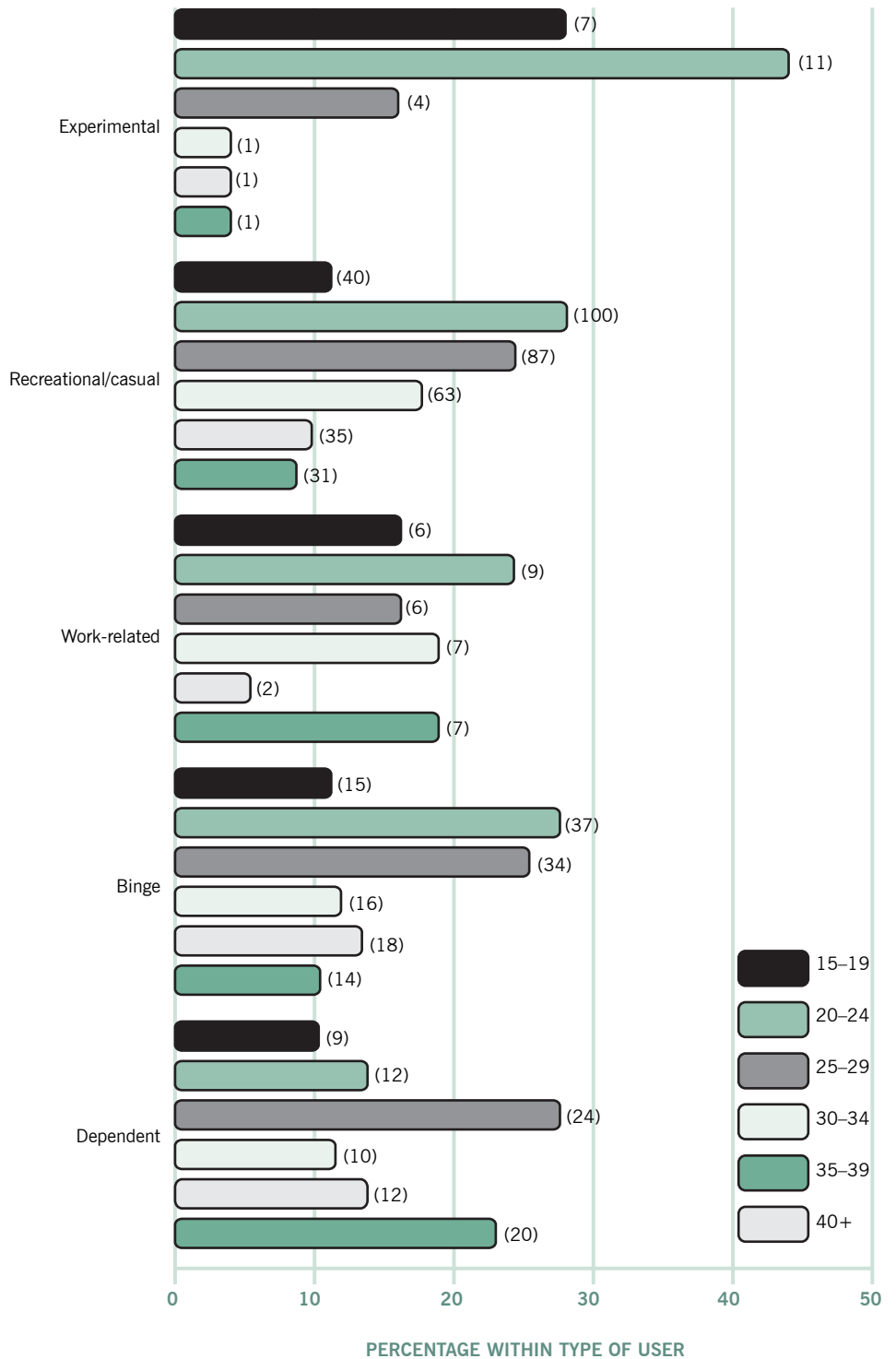
TYPE OF PERSON	WHO KNOWS		HOW MANY KNOW					
	(n)	%	ALL OF THEM		MOST OF THEM		SOME OF THEM	
			(n)	%	(n)	%	(n)	%
Friend/acquaintances	624	94.3	93	15.4	234	38.8	276	45.8
Family members	417	62.9	87	21.3	96	23.5	225	55.1
Workmates	206	31.1	22	10.9	39	19.3	141	69.8
Partner/boyfriend/girlfriend	412	62.2						
Police	124	18.7						
Strangers	76	11.5						
Health professional	231	34.8						
No one knows	10	1.5						

ADDITIONAL FINDINGS

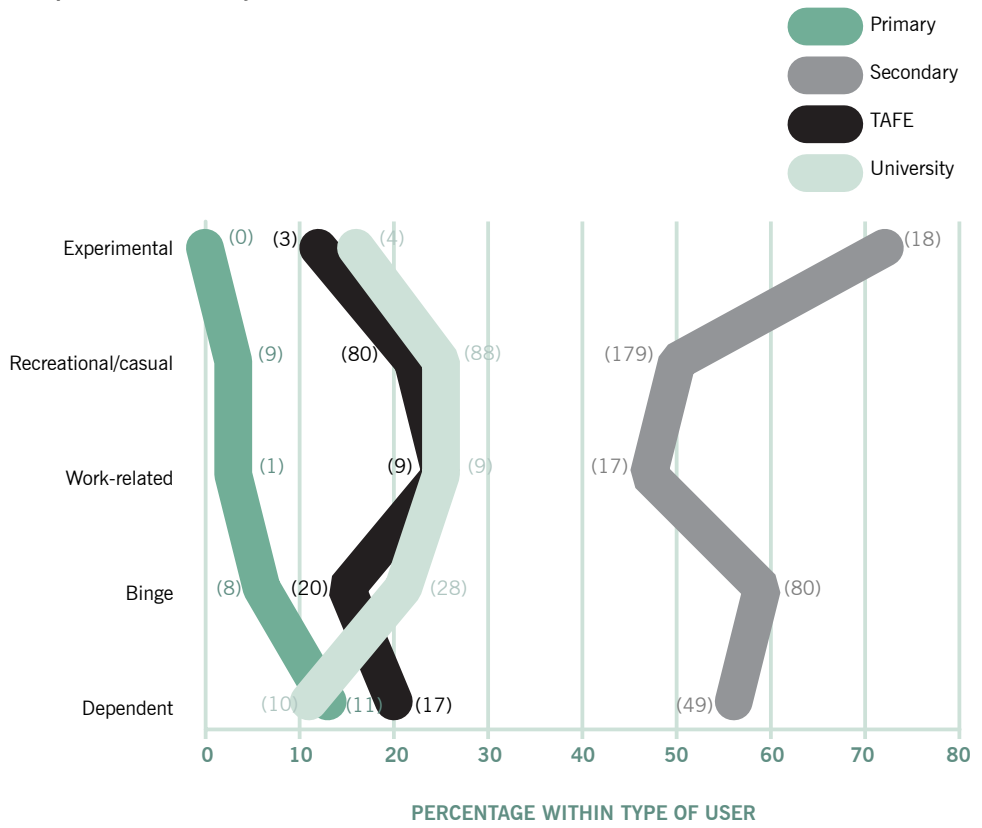
Self-identified type of amphetamine user, by gender



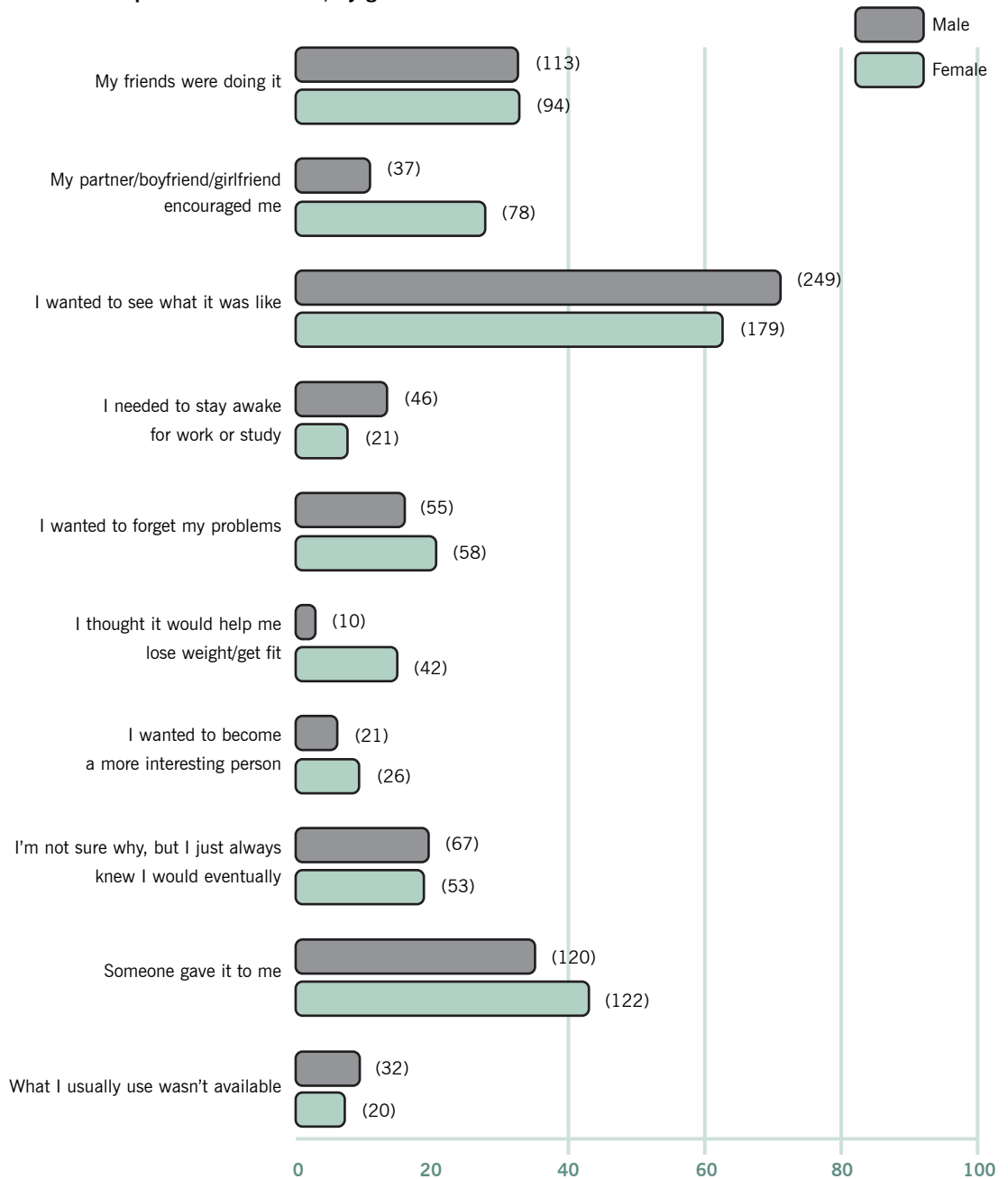
Self-identified type of amphetamine user, by age



Self-identified type of amphetamine user, by level of education

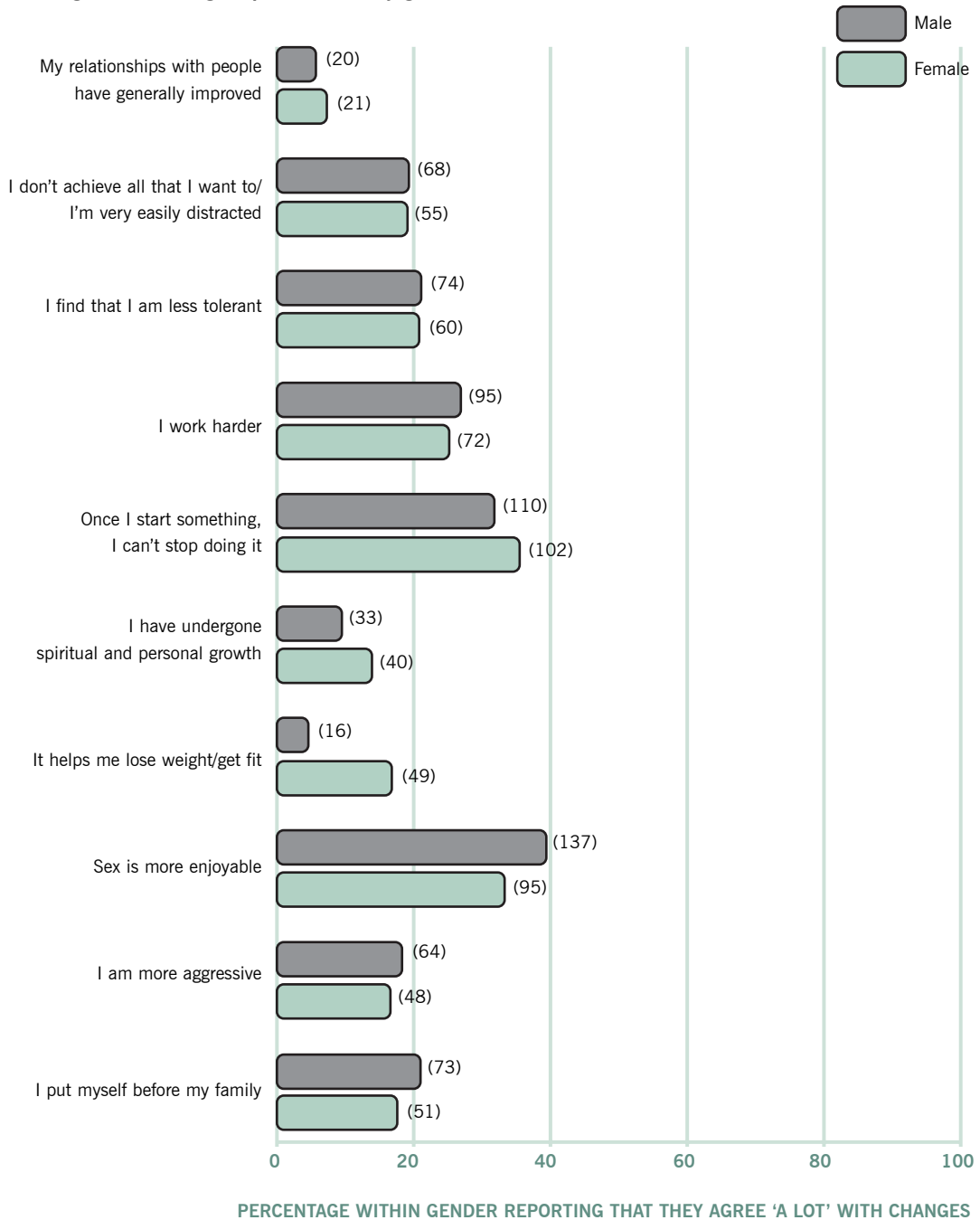


Key indicators of amphetamine initiation, by gender

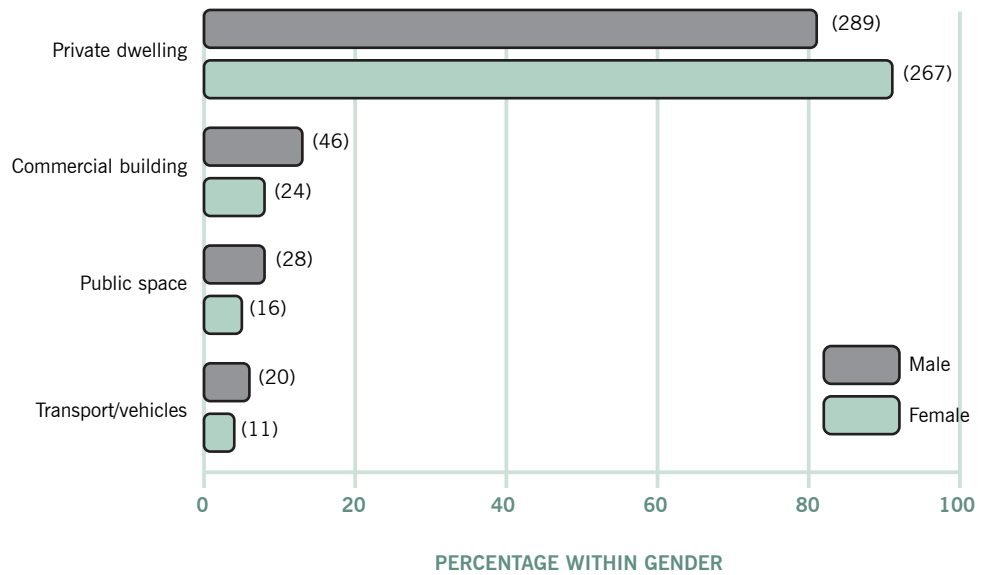


PERCENTAGE WITHIN GENDER REPORTING THAT THEY AGREE 'A LOT' WITH THE REASON

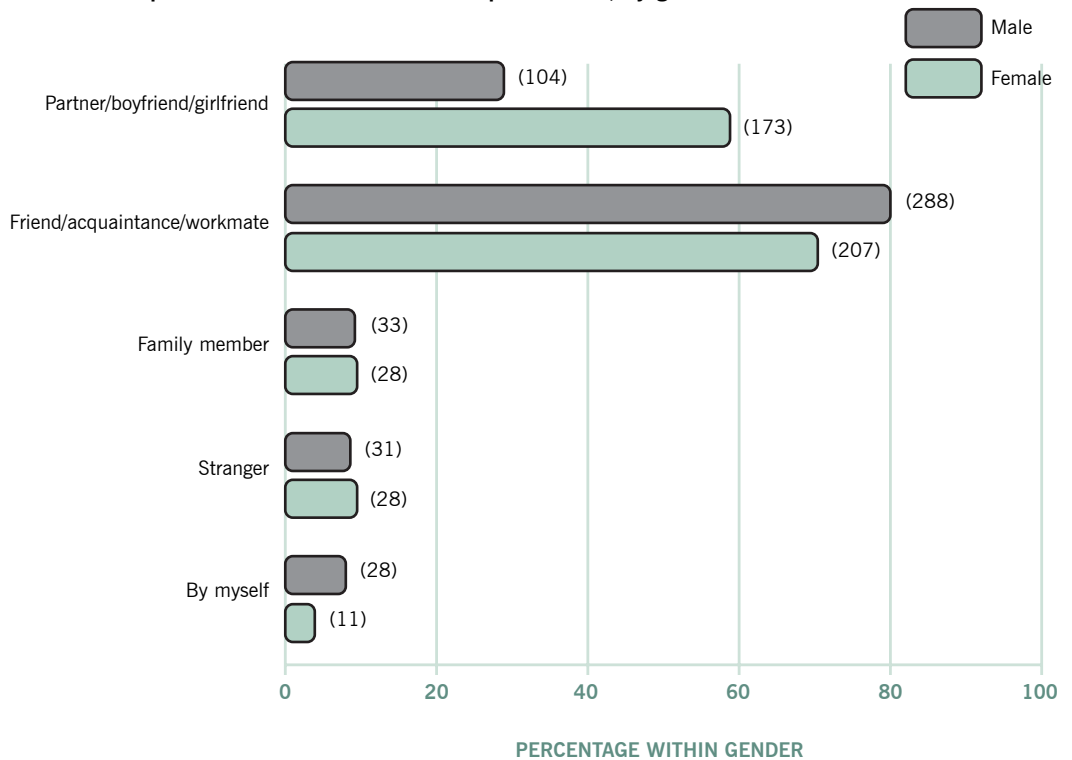
Significant changes since using amphetamines, by gender



Usual place of amphetamine use, by gender



Amphetamine initiation: person with whom first used amphetamines, by gender



Chapter 4

GENERAL HEALTH

The 'general health' section of the survey instrument collected information about the recent physical and mental health status of the amphetamine users involved in the research, as well as their experience of 'coming down' off amphetamines. This chapter of the report also discusses the levels of amphetamine dependence of the respondents and their possible motivations for ceasing amphetamine use.

Health survey instrument

The physical and mental health status of the respondents was ascertained using the 12-item Short Form Health Survey (SF-12), which measures recent functional impairment (Ware, Kosinski & Keller 1996). Accordingly, discussions of disability in this report, based on SF-12 scores, do not necessarily refer to anything other than acute or short-term disability. The Severity of Dependence Scale (SDS) (Gossop, Darke & Griffiths 1995) was used to measure the degree of dependence among respondents. A cut-off of 4/5 was used to distinguish between dependent and non-dependent amphetamine users (above 4 = dependent). See 'Research methods' in Chapter 1 for more information on the SF-12 or the SDS.

Physical health

Physical component summary (PCS) scores on the SF-12 did not indicate any difference in physical health, for either males or females, between respondents and the general population. However, the sample has an over-representation of younger age groups compared to the general population, with the majority of respondents (73.7%) being between the ages of 18 and 34. When the respondents in this age group were compared to the same age group in the general population, some small differences emerged. The mean PCS score for these respondents was 50.46, compared to the population mean of 53.33. Overall, female respondents between 18 and 34 had slightly poorer physical health than male respondents in the same age group (mean PCS of 49.82 compared to 51.10). These scores, however, all represent a level of health without physical disability.

Individuals in this sample between the ages of 18 and 34 were more likely than the corresponding age group in the general population to experience mild physical disability. Specifically, the least physically healthy 25 per cent of respondents (between the ages of 18 and 34) had a PCS score below 45.39 (indicating that they were mildly disabled or worse). This contrasts with a score of 51.56 and below (i.e. not disabled or worse) for the least physically healthy 25 per cent of the general population.

Approximately one in ten of all the respondents (11.4%) had experienced a moderate degree of physical disability. For those between the ages of 18 and 34 this figure was only marginally lower, at 10.4 per cent.

Some specific physical health indicators, in addition to the SF-12, were included in the survey instrument to identify other health patterns. These are discussed below.

Mental health

The average mental component summary (MCS) score for all respondents (46.44, which may be categorised as ‘mildly disabled’) was lower than that for the general population (50.04, which may be categorised as ‘not disabled’).

The mental health characteristics of respondents, however, differed considerably according to whether they were classified as dependent on amphetamines. Respondents who were not dependent ($n = 403$) scored about the same on average (49.12) as the general population. In contrast, dependent users ($n = 261$) scored far lower (42.73) than the general population.

Respondents who were dependent on amphetamines were more likely than the general population to experience moderate or severe disability on account of their mental health. Twenty-five per cent of dependent users had an MCS score below 33.72 (indicating that they were moderately disabled or worse), whereas the equivalent 25 per cent of the general population has a score below 45.13 (mildly disabled or worse). In regard to the overall sample, female respondents (22.1%) were more likely than males (13.9%) to experience moderate disability, but equal proportions of each gender had recently experienced severe disability (12.6% and 12.2% respectively).

Diet

Dietary issues were a concern for at least a quarter of respondents, with 28.9 per cent reporting that they had not been eating properly most of the time or all of the time during the previous four weeks. A further 27.9 per cent reported not eating properly some of the time. Seventeen per cent reported feeling ‘run down’ either most or all of the time over the previous four weeks, and another 25.4 per cent felt run down some of the time.

Amphetamine dependence

About two in five (39.3%) of the respondents were dependent on amphetamines, according to their responses to the SDS. (They scored higher than the cut-off of 4 for dependence.) A greater proportion of females (43.0%) than males (35.5%) were dependent. In contrast to drug-dependent behaviour, very controlled and stable patterns of amphetamine use were also common within the sample, with one in five respondents attaining the lowest possible score on the SDS. This was virtually the same for males (20.5% scoring zero) and females (21.5% scoring zero).

The physical and emotional come-down

For most respondents (92.0%), the experience of coming down from amphetamines lasted for three days or less. For nearly one-third of the respondents (32.2%) the physical experience of the come-down was usually difficult or very difficult. A similar proportion (35.3%) found that it had been difficult or very difficult emotionally. Although just over half (56.7%) had experienced no real change in the come-down over the previous 12 months, more than a quarter (27.5%) had noticed it getting worse.

Comorbidity

Those respondents who were dependent on amphetamines were almost twice as likely as non-dependent amphetamine users to experience some disabling mental health symptoms, as measured by their mental health (MCS) score on the SF-12. Forty-two per cent of dependent amphetamine users had recently experienced some moderate or severe mental health disability, compared to 21.3 per cent of non-dependent users.

The association between dependence and poorer mental health was more pronounced for the female respondents, with an average MCS score of 40.34 for dependent users compared to 49.48 for non-dependent users. For male respondents there was less of a difference, with an average score for dependent users of 44.16, compared to 48.78 for non-dependent users. Dependent users were also more likely to report easily getting panicky or scared (13.7%), or easily losing their temper (23.3%) all or most of the time over the previous four weeks. In comparison the figures for non-dependent users were 2.4 per cent and 9.8 per cent respectively.

Possible reasons to stop using amphetamines

After responding to the items contained within the SDS, respondents were asked to nominate possible reasons for not using amphetamines. The responses to this question draw attention to some of the issues that may influence a user's decision to cease the consumption of amphetamines in the future, and provide an indication of some of the negative effects of amphetamine use as experienced by those surveyed.

A sensitivity to the illegality of amphetamine use was evident in the proportion of respondents stating that avoiding trouble with the law and/or police was a possible reason to stop using. Police activity and the existence of criminal sanctions was nominated as the most significant incentive to stop using amphetamines, with 41.3 per cent of those surveyed giving this reason. Other widely held reasons included 'to be more in control of my life' (38.3%), 'to have better mental health' (37.4%) and 'to have better physical health' (33.3%).

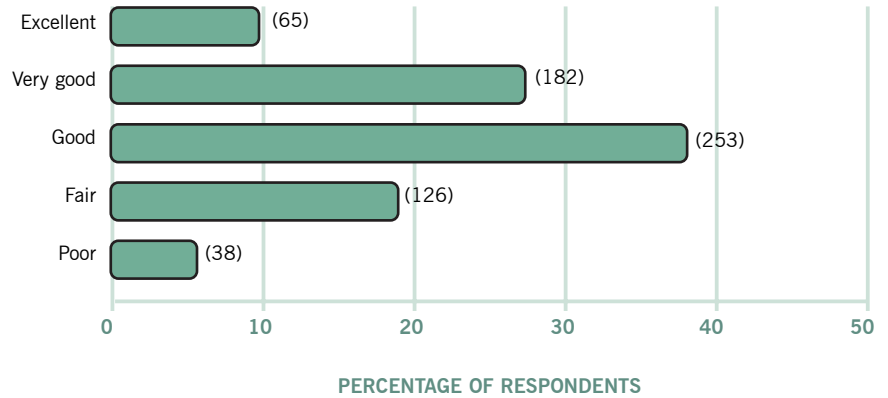
It is important to note, however, that respondents indicating that they had a desire to stop using amphetamines (i.e. those who stated, when responding to an item within the SDS, that they 'often' or 'always or nearly always' wished they could stop using) did not identify law enforcement as central to their interest in stopping. These respondents reported that the most important factors underpinning their desire to stop were 'to gain more control of their lives' (74.5%), 'to have better mental health' (61.3%) and 'to have better physical health' (58.5%). Avoiding trouble with the law and/or police was important to 48.1 per cent of those wishing to stop using amphetamines — only slightly fewer than those nominating 'not finding speed fun anymore' (51.9%) as a reason to stop using.

A substantial proportion of all respondents (44.5%) indicated that they had 'never or almost never' wished that they could stop using amphetamines.

RESULTS

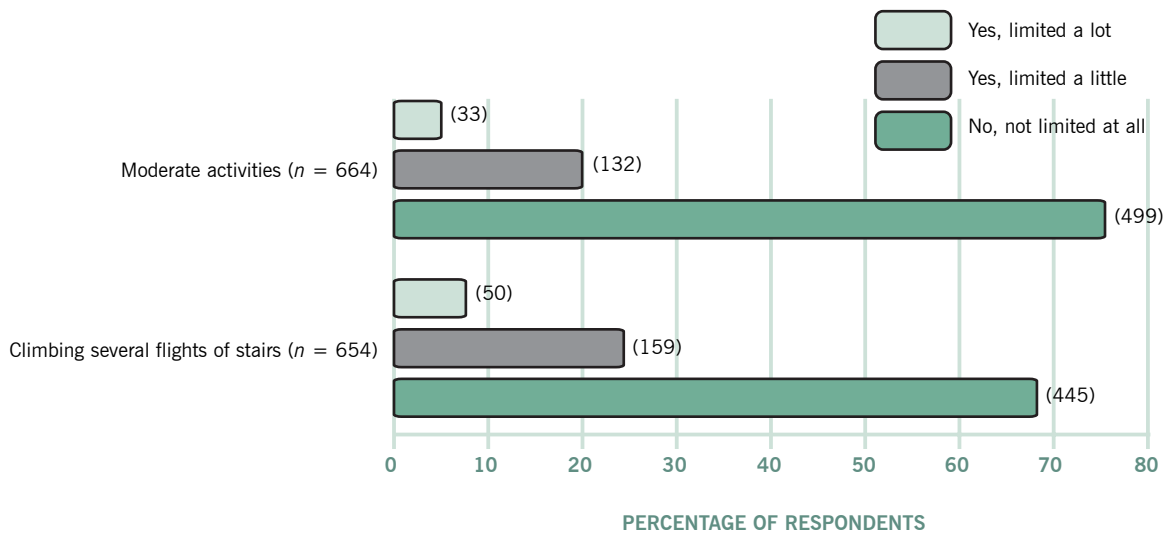
C1. In general, would you say your health is ... ?

Perceived level of general health of respondents ($n = 664$)



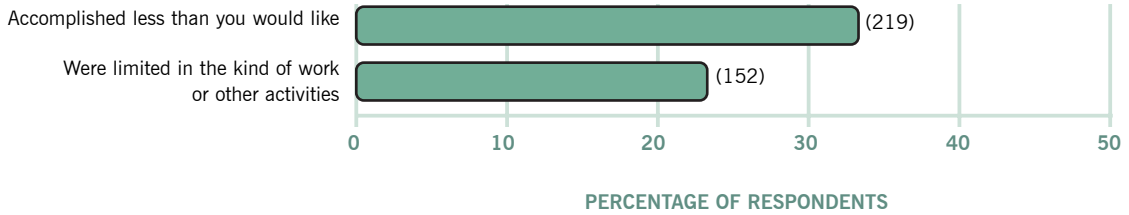
C2. Does your health now limit you in these activities? If so, how much?

Health limitations and participating in activities



C3. During the past four weeks, have you had any problems with your work or other regular daily activities as a result of your physical health?

Problems with work or daily activities due to physical health



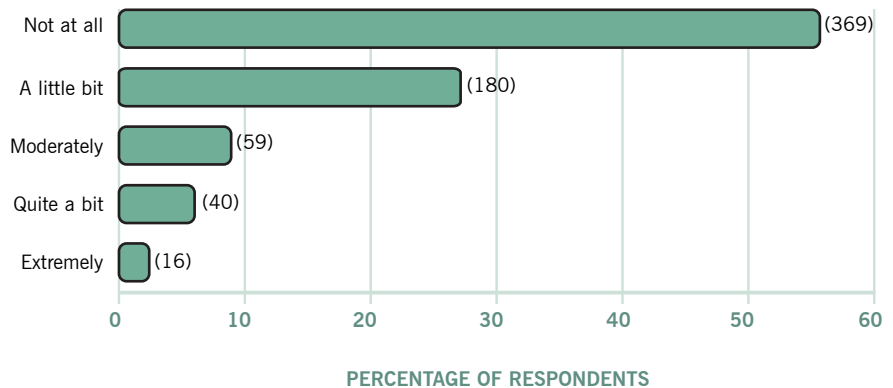
C4. During the past four weeks, have you had any problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Problems with work or daily activities due to emotional health



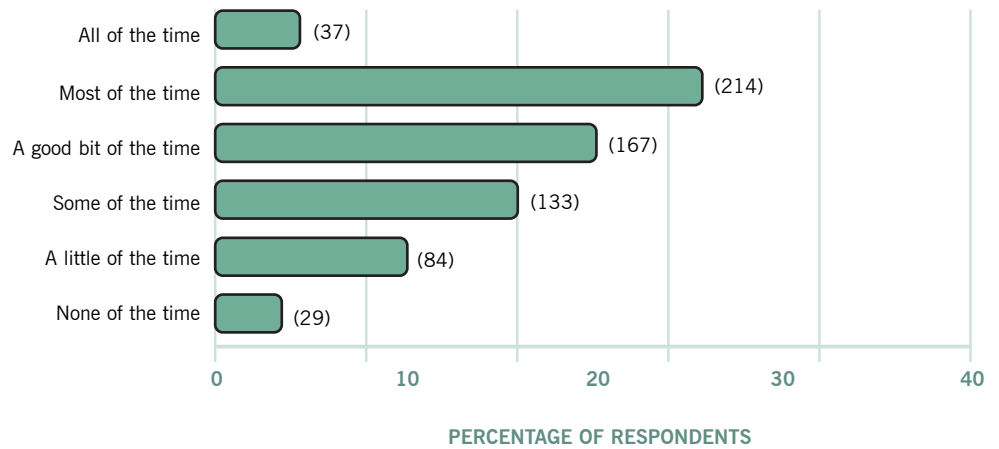
C5. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Problems with work due to pain (n = 664)



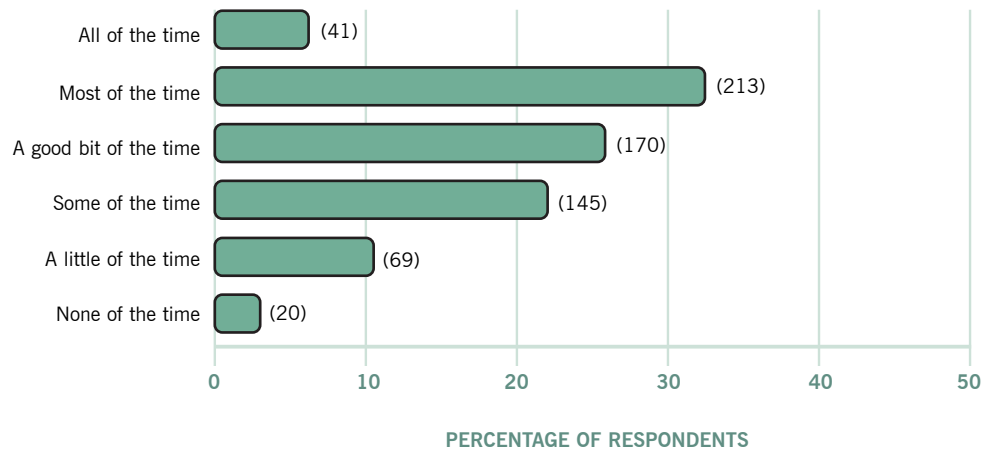
C6. How much of the time during the past four weeks have you felt calm and peaceful?

Perceived levels of calm and peacefulness ($n = 664$)



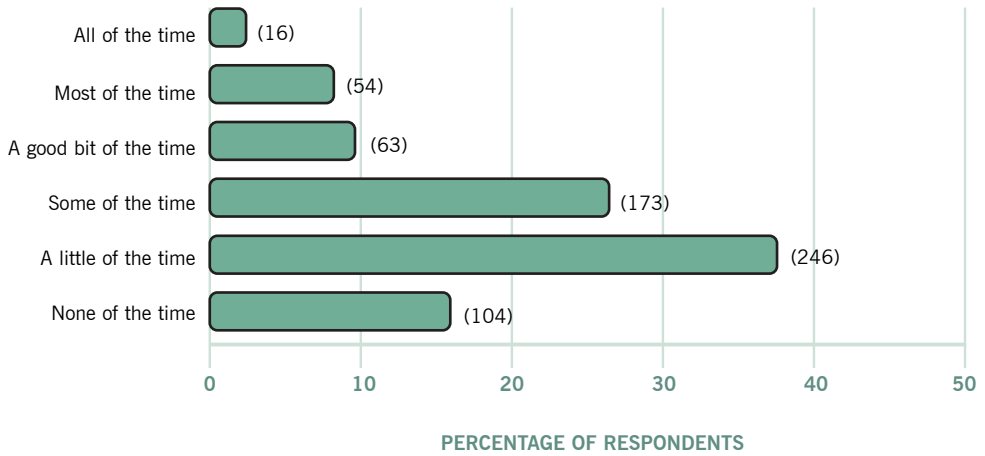
C7. How much of the time during the past four weeks did you have a lot of energy?

Perceived levels of energy ($n = 658$)



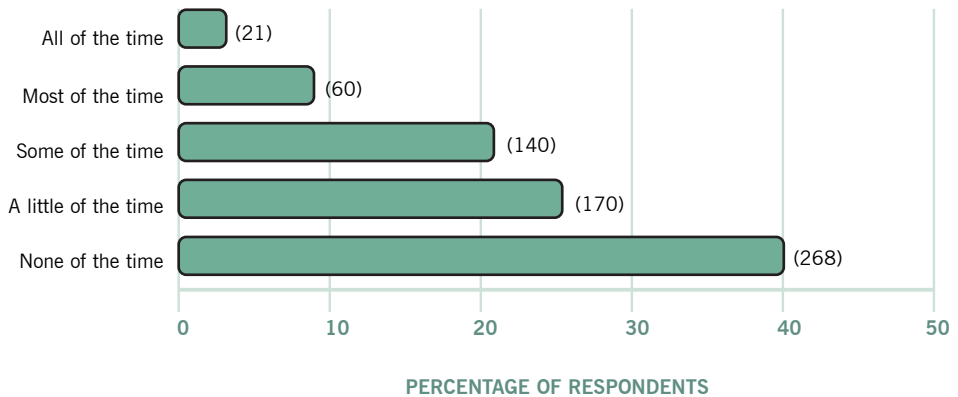
C8. How much of the time during the past four weeks have you felt downhearted and blue?

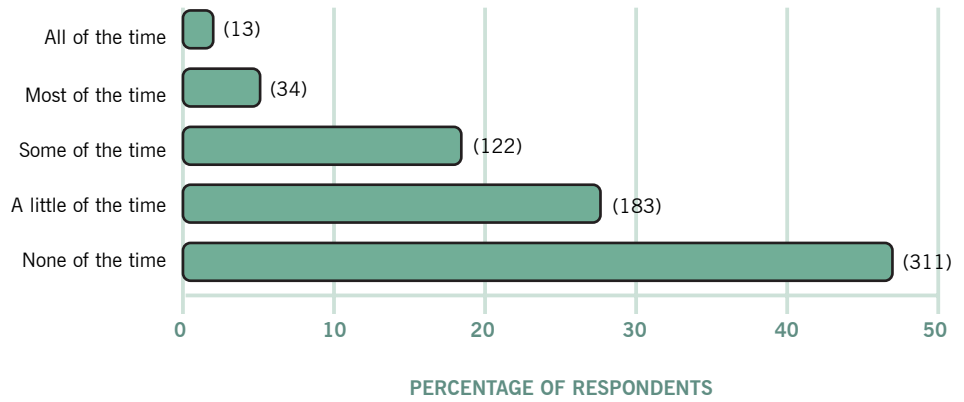
Perceived levels of feeling downhearted and blue (*n* = 656)

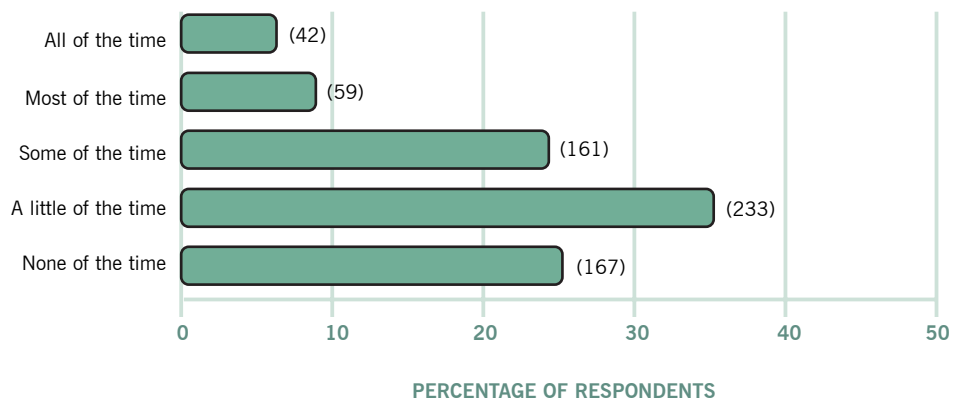


C9. During the past four weeks, how much of the time has your physical health or emotional problems interfered with social activities (like visiting friends, relatives etc.)?

Problems with social activities due to physical or emotional health (*n* = 659)

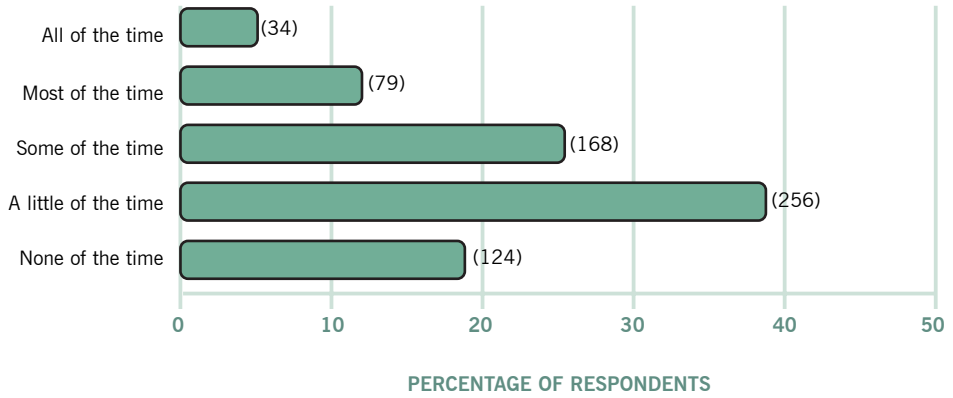


C10. How much of the time during the past four weeks have you felt that you get panicky or scared easily?**Incidence of feeling panicky or scared easily ($n = 663$)**

C11. How much of the time during the past four weeks have you felt that you easily lose your temper?**Incidence of feeling that they easily lose their temper ($n = 662$)**

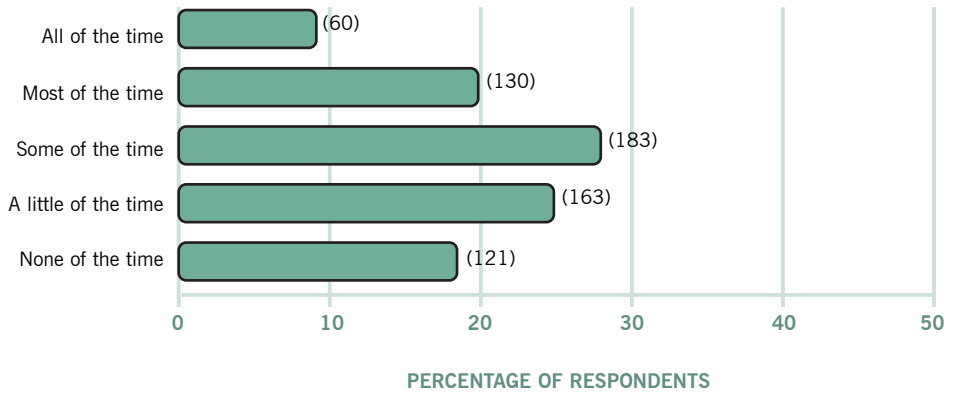
C12. How much of the time during the past four weeks have you felt that you are run down (not in your best physical condition)?

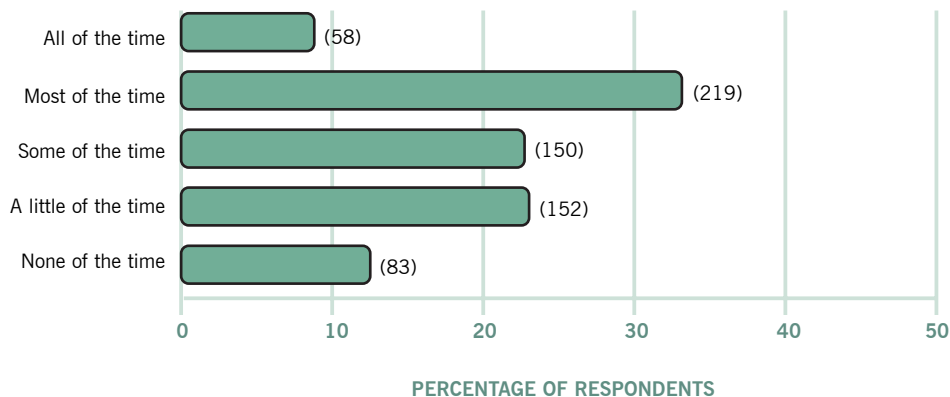
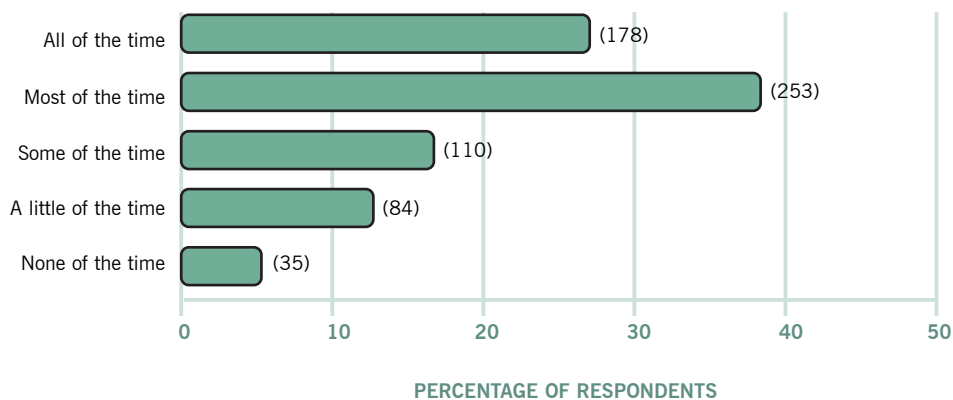
Incidence of feeling run down (*n* = 661)



C13. How much of the time during the past four weeks have you felt that you are not eating properly?

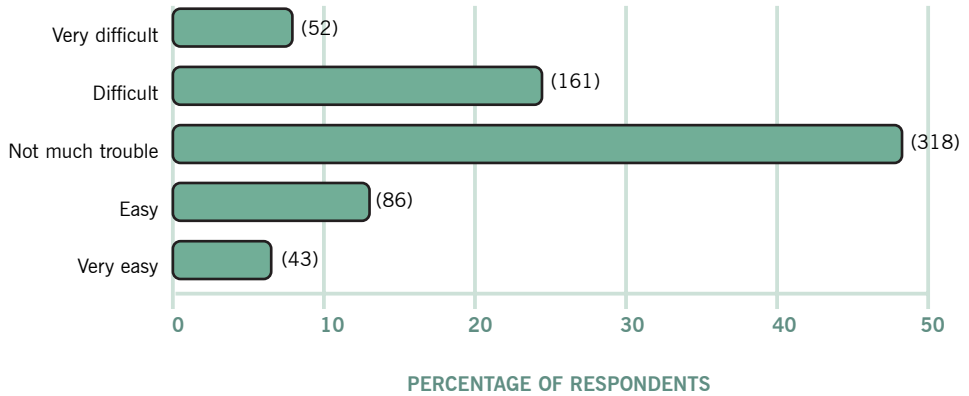
Incidence of not eating properly (*n* = 657)



C14. How much of the time during the past four weeks have you felt that you are playing a useful part in things?**Incidence of feeling that they are playing a useful part in things (*n* = 662)****C15. How much of the time during the past four weeks have you felt capable of making decisions about things?****Incidence of feeling capable of making decisions (*n* = 660)**

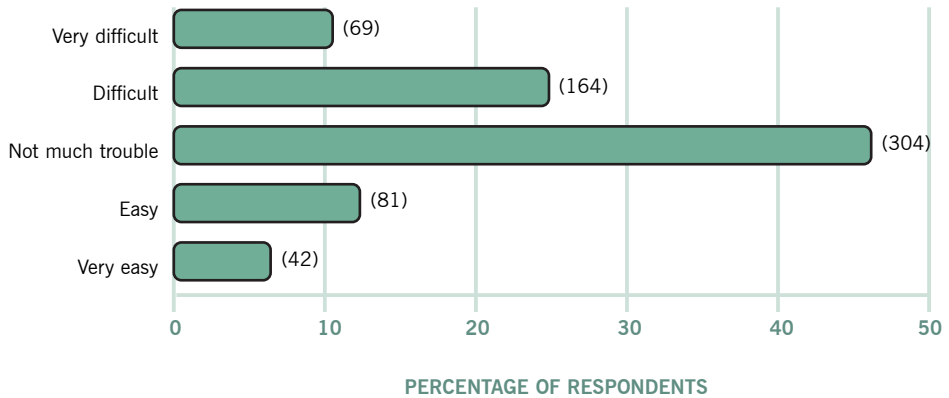
C16. Over the last 12 months, how physically difficult has the come-down from speed usually been?

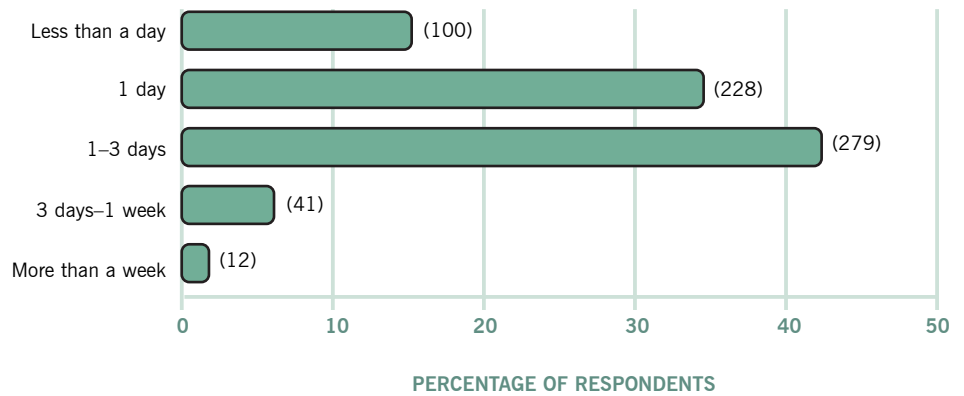
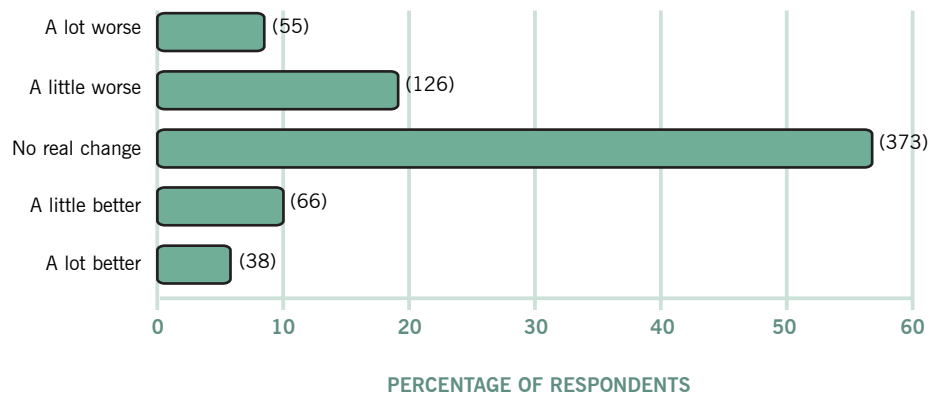
Physical difficulty of amphetamine come-down (*n* = 660)



C17. Over the last 12 months, how emotionally difficult has the come-down from speed usually been?

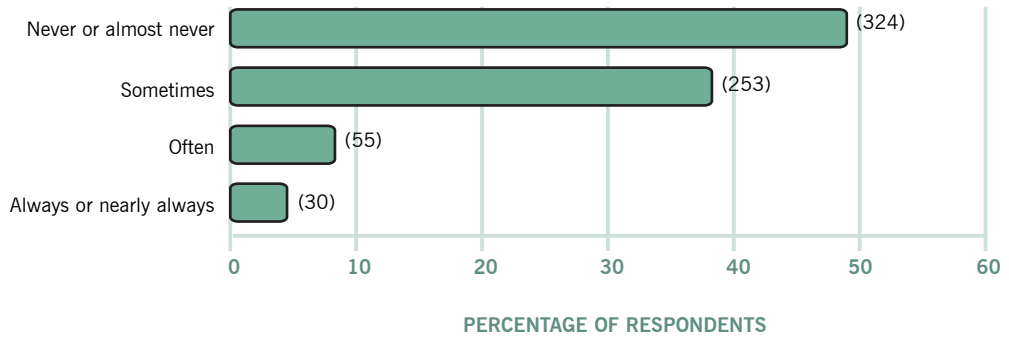
Emotional difficulty of amphetamine come-down (*n* = 660)



C18. After you have used speed, how long have you usually felt the after-effects for?**Length of amphetamine come-down (*n* = 660)****C19. In the last 12 months, has the experience of the come-down changed for better or for worse?****Changes in amphetamine come-down (*n* = 658)**

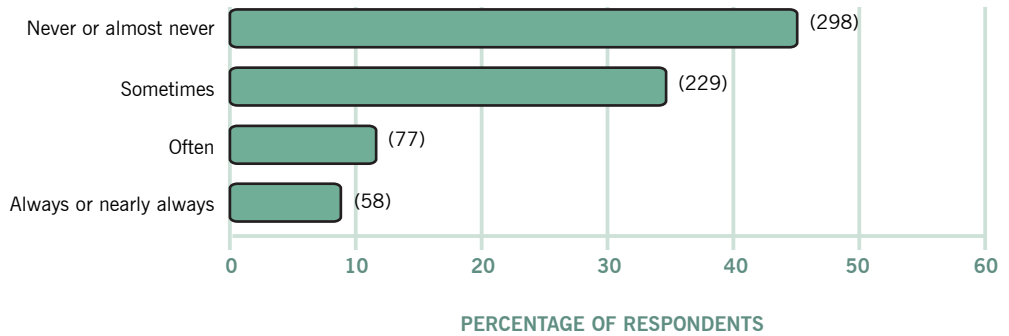
C20. Have you thought that your speed use was out of control?

Amphetamine use out of control (n = 662)



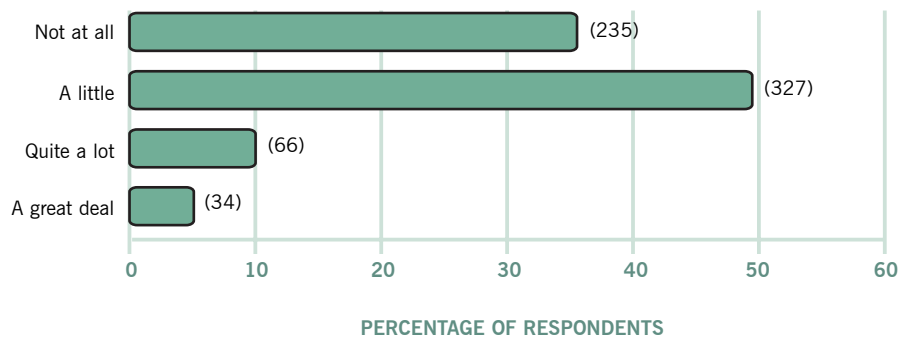
C21. Did the prospect of missing a hit or dose make you very anxious or worried?

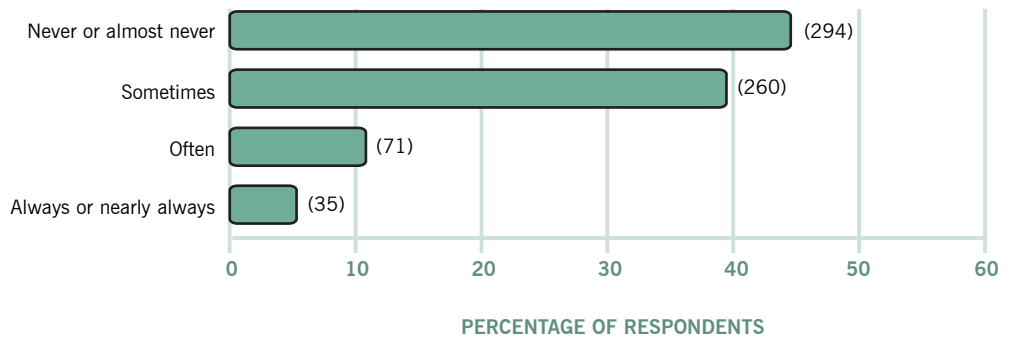
Anxiety or worry at prospect of missing an amphetamine hit or dose (n = 662)

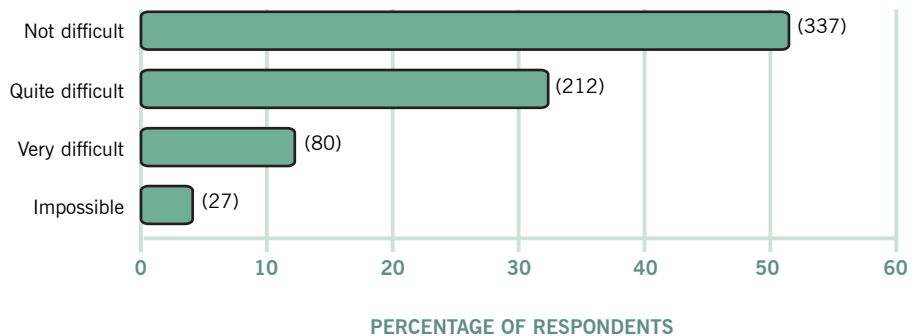


C22. How much have you worried about your speed use?

Concern about amphetamine use (n = 662)

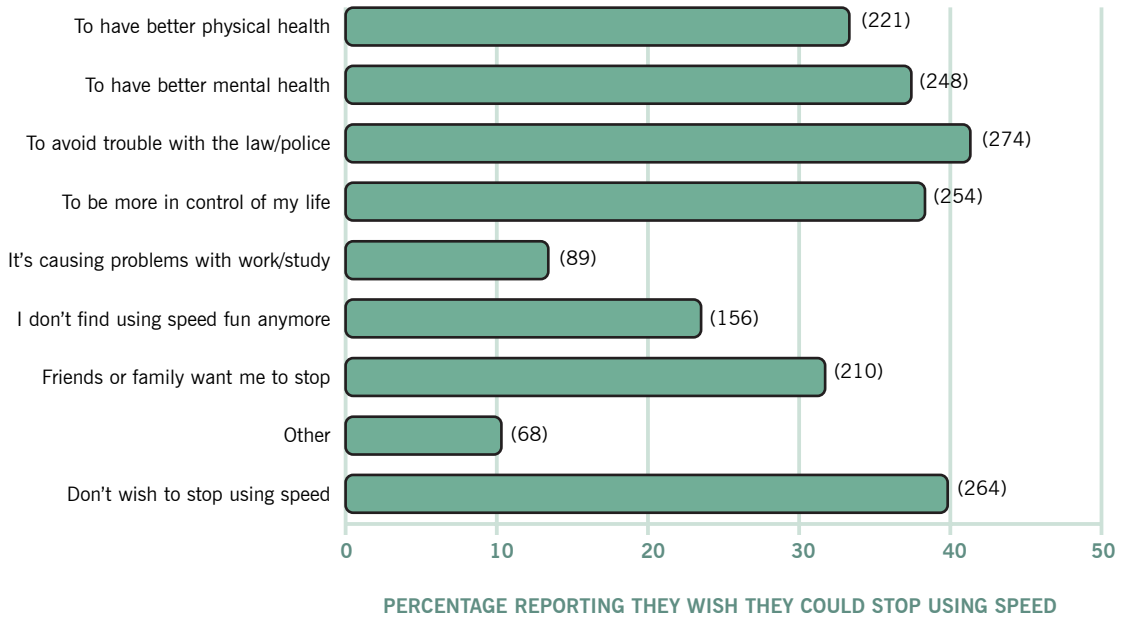


C23. Do you wish that you could stop?**Inclination to stop using amphetamines (*n* = 660)**

C24. How difficult would you find it to stop using or go without speed?**Difficulty of desisting from amphetamine use (*n* = 656)**

C25. If you wish you could stop using speed, what would the reasons be?

Possible reasons for not using amphetamines



ADDITIONAL FINDINGS

SF-12 Physical health summary (PCS) scores

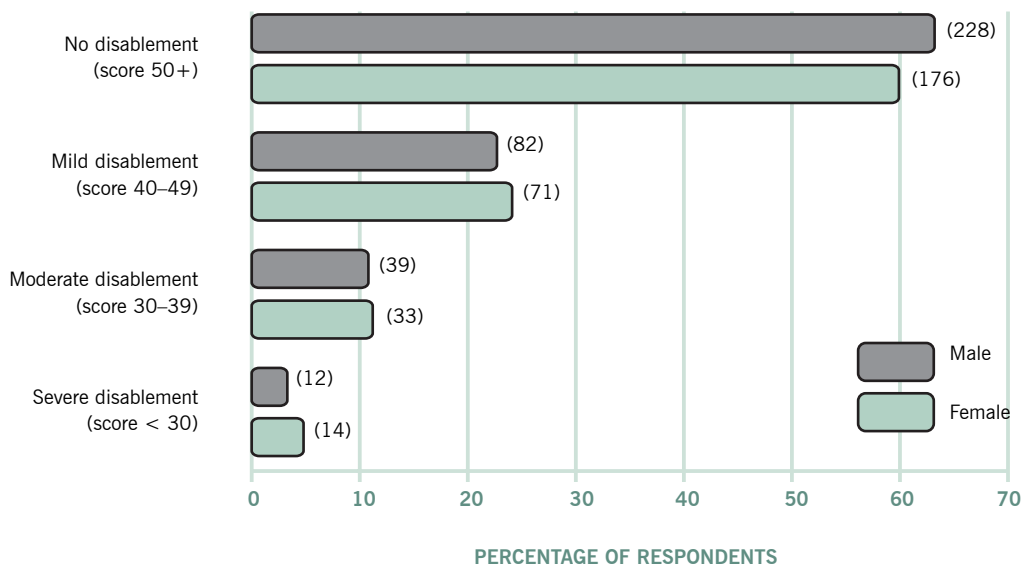
	MALE (n = 361)	FEMALE (n = 294)	TOTAL (n = 665)	NATIONAL SURVEY*	POPULATION NORM
Mean	50.05	49.40	49.72	48.85	50.12
25th percentile	44.47	43.57	44.02	-	46.53
50th percentile	53.37	53.07	53.22	-	53.55
75th percentile	56.13	55.92	56.00	-	56.49
Standard deviation	8.81	9.21	9.03	10.05	9.45
Range	19.57–66.75	12.39–64.74	12.39–66.75	10.55–68.66	13–69

* 1997 Australian National Survey of Mental Health and Wellbeing (n = 10 641)

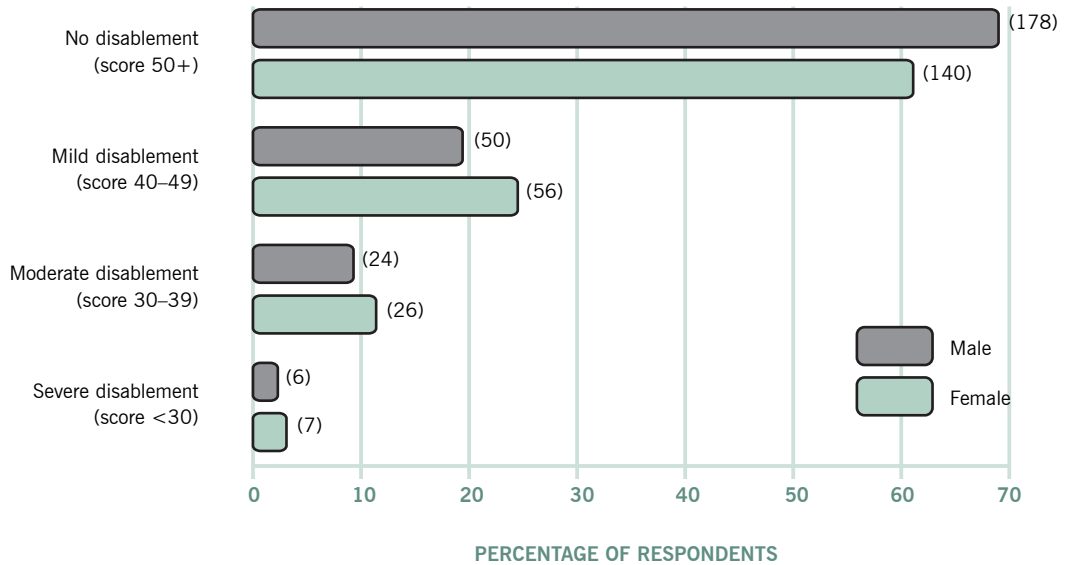
SF-12 Physical health summary (PCS) scores for ages 18 to 34

	MALE (n = 361)	FEMALE (n = 294)	TOTAL (n = 665)	POPULATION NORM
Mean	51.10	49.82	50.46	53.33
25th percentile	47.11	43.54	45.39	51.56
50th percentile	54.21	53.29	53.71	55.18
75th percentile	56.24	55.92	56.03	57.21
Standard deviation	7.99	8.63	8.34	6.73
Range	22.25–64.02	17.40–64.74	17.40–64.74	18–68

SF-12 Physical health: levels of disablement, by gender



SF-12 Physical health: levels of disablement by gender, for ages 18–34

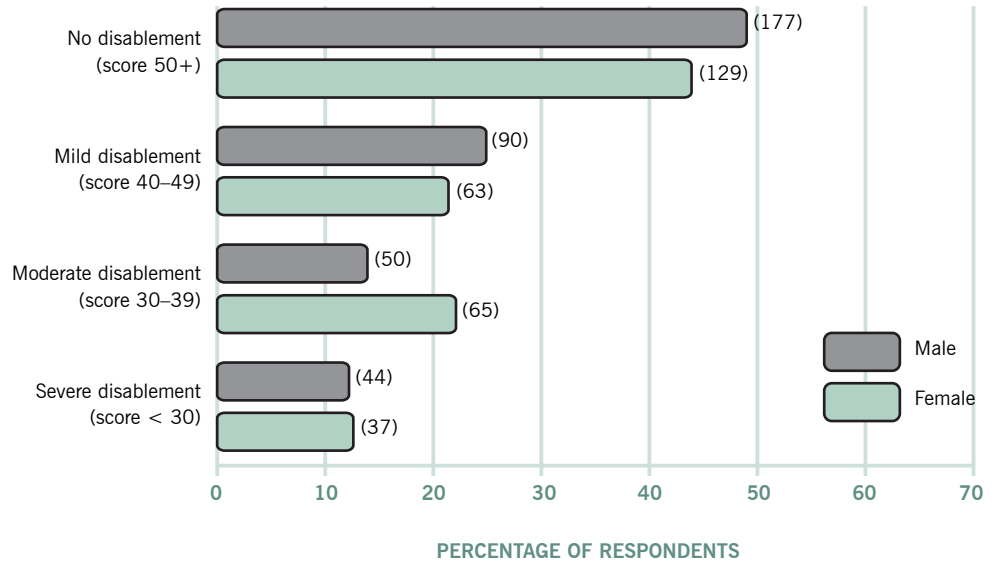


SF-12 Mental health summary (MCS) scores

	MALE (n = 361)	FEMALE (n = 294)	TOTAL (n = 665)	NATIONAL SURVEY*	SUBSTANCE USE DISORDER	POPULATION NORM
Mean	47.14	45.49	46.44	51.81	44.4	50.04
25th percentile	39.25	35.22	37.79	–	–	45.13
50th percentile	49.68	47.42	48.49	–	–	52.85
75th percentile	56.74	57.10	56.98	–	–	57.30
Standard deviation	11.48	12.47	11.92	9.41	–	9.59
Range	12.23–65.67	15.26–65.76	12.23–65.76	10.05–71.09	–	10–70

* Respondents to the 1997 Australian National Survey of Mental Health and Wellbeing who were assessed, using the Composite International Diagnostic Interview and ICD-10 criteria, as having a substance use disorder

SF-12 Mental health: levels of disablement, by gender



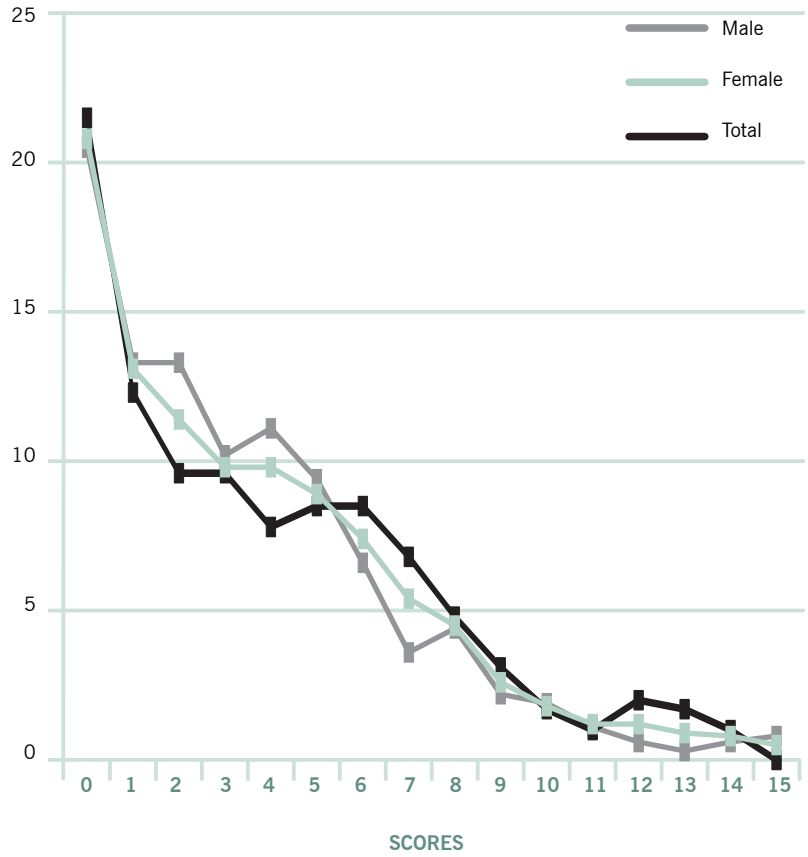
Scores on the Severity of Dependence Scale (SDS)

SDS Score	MALE (n = 361)			FEMALE (n = 293)			TOTAL (n = 664)			
	(n)	%	Cumulative %	(n)	%	Cumulative %	(n)	%	Cumulative %	
Highest score	15.0	3	0.8	0.8	0	0.0	0.0	3	0.5	0.5
	14.0	1	0.3	1.1	5	1.7	1.7	6	0.9	1.4
	13.0	2	0.3	1.7	3	1.0	2.7	5	0.8	2.1
	12.0	2	0.6	2.2	6	2.0	4.8	8	1.2	3.3
	11.0	4	1.1	3.3	3	1.0	5.8	8	1.2	4.5
	10.0	7	1.9	5.3	5	1.7	7.5	12	1.8	6.3
	9.0	8	2.2	7.5	9	3.1	10.6	17	2.6	8.9
	8.0	16	4.4	11.9	14	4.8	15.4	30	4.5	13.4
	7.0	13	3.6	15.5	20	6.8	22.2	36	5.4	18.8
	6.0	24	6.6	22.2	25	8.5	30.7	49	7.4	26.2
	5.0	48	13.3	35.5*	36	12.3	43.0*	87	13.1	39.3*
Cut-off for dependence	4.0	34	9.4	44.9	25	8.5	51.5	59	8.9	48.2
	3.0	48	13.3	58.2	28	9.6	61.1	76	11.4	59.6
	2.0	40	11.1	69.3	23	7.8	68.9	65	9.8	69.4
	1.0	37	10.2	79.5	28	9.6	78.5	65	9.8	79.2
Lowest score (least severe)	0.0	74	20.5	100.0	63	21.5	100.0	138	20.8	100.0
TOTAL		361	100.0		293	100.0		664	100.0	

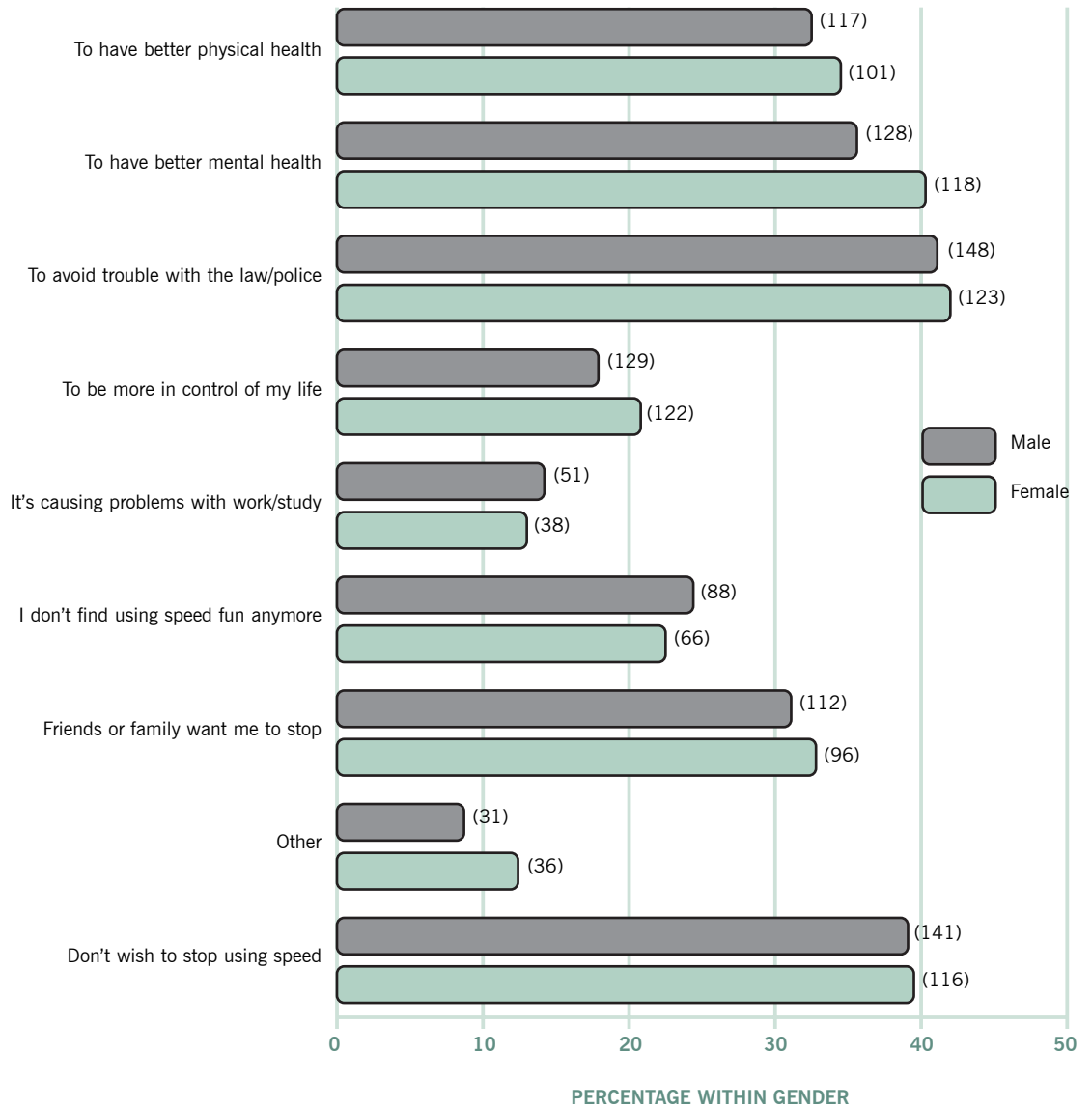
* Indicates approximate percentage of dependent amphetamine users in this sample.

Percentage of scores on the SDS, by gender and total

PERCENTAGE OF RESPONDENTS



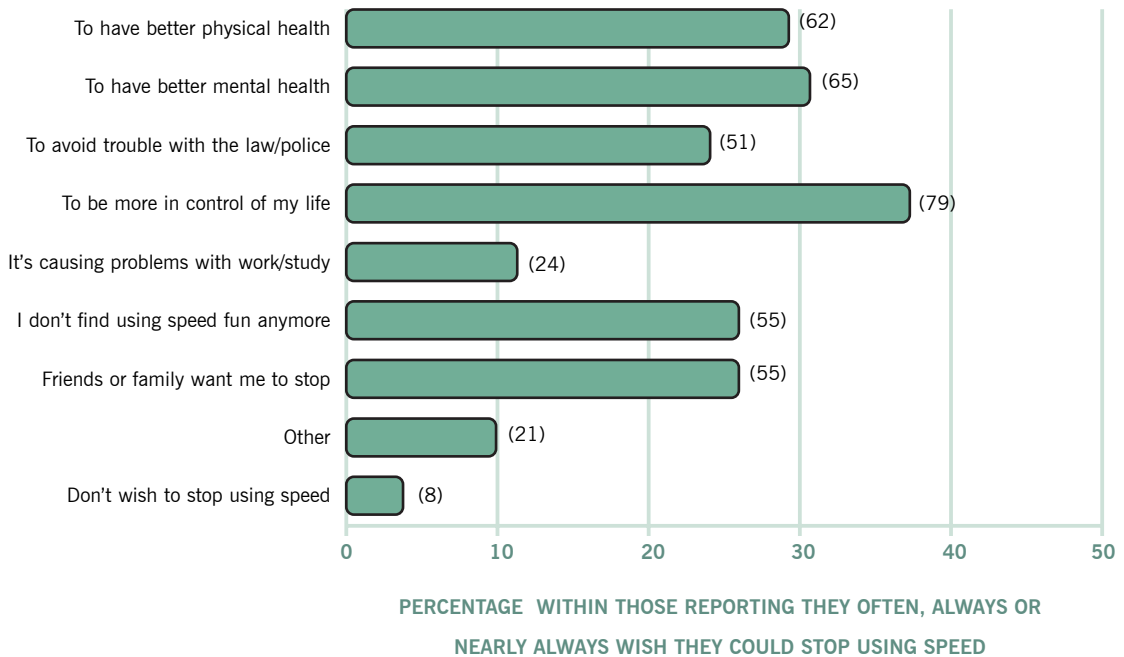
Possible reasons for not using amphetamines by gender



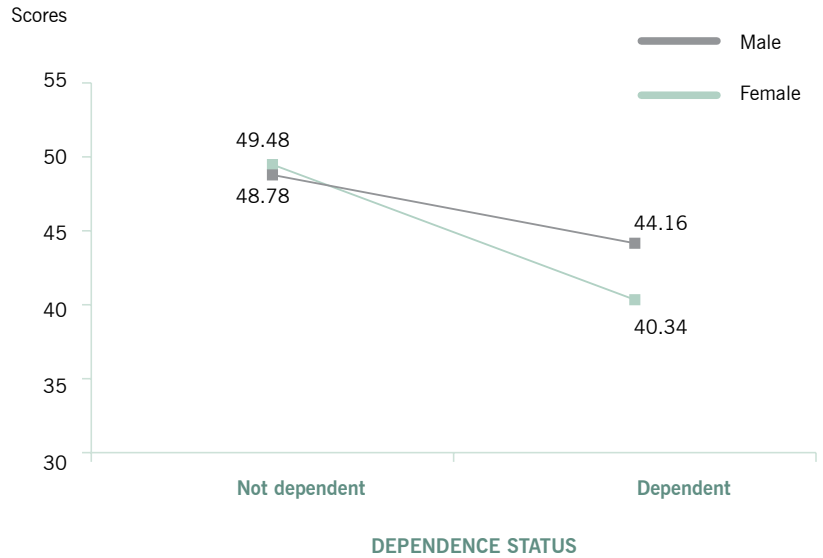
Possible reasons for not using amphetamines, by age group

REASON TO STOP USING	AGE											
	NUMBER AND PERCENTAGE REPORTING AGREE WITH REASON (WITHIN AGE GROUP)											
	15-19		20-24		25-29		30-34		35-39		40+	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
To have better physical health	13	16.9	60	34.5	57	35.0	31	30.4	23	33.8	36	46.8
To have better mental health	22	28.6	65	37.4	58	35.6	39	38.2	23	33.8	40	51.9
To avoid trouble with the law and/or police	35	45.5	71	40.8	64	39.3	34	33.3	29	42.6	40	51.9
To be more in control of my life	28	36.4	66	37.9	59	36.2	37	36.3	23	33.8	40	51.9
It's causing problems with work/study	12	15.6	26	14.9	18	11.0	12	11.8	9	13.2	12	15.6
I don't find using speed fun anymore	15	19.5	40	23.0	32	19.6	26	25.5	19	27.9	24	31.2
Friends or family want me to stop	31	40.3	61	35.1	46	28.2	29	28.4	18	26.5	24	31.2
Other	9	11.7	19	10.9	14	8.6	10	10.0	7	10.6	9	11.7
Don't wish to stop using	31	39.7	61	35.1	70	42.9	49	47.6	24	35.3	28	36.4

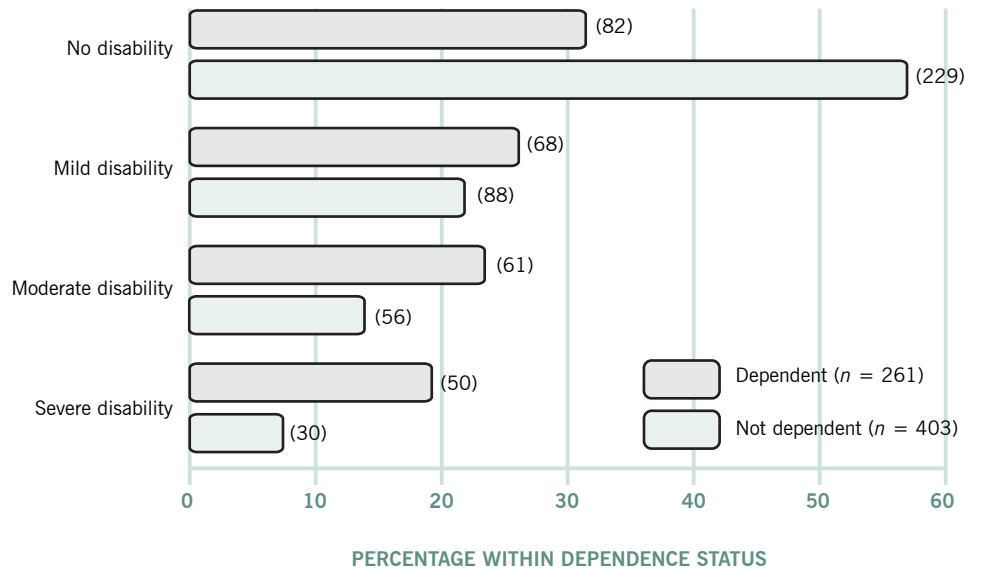
Possible reasons for not using amphetamines for those who wish to stop



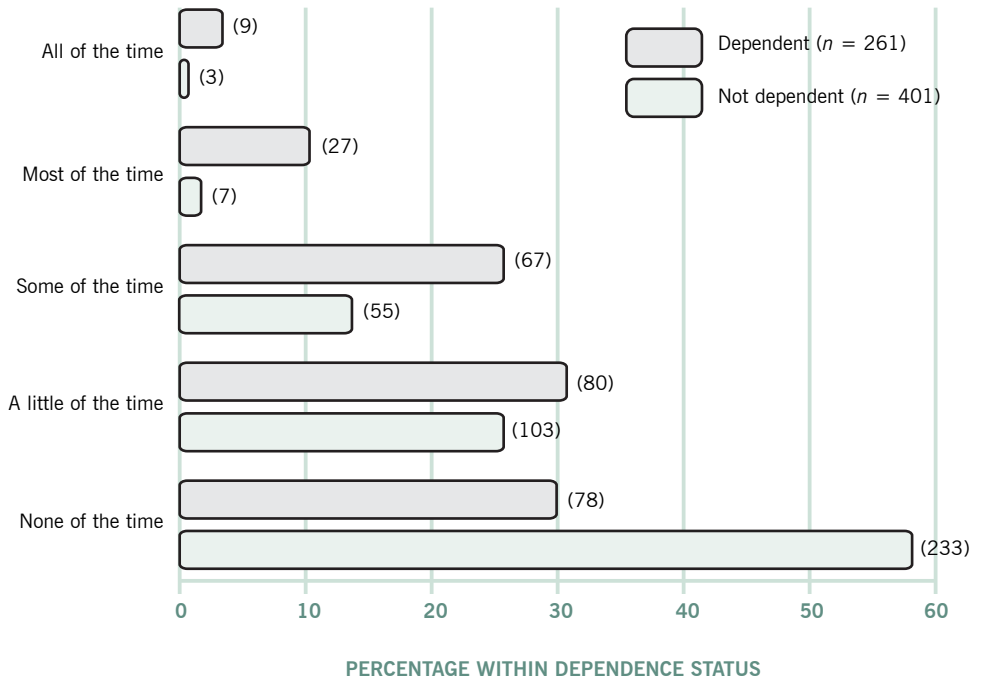
SF-12 Mental health summary score, by dependence status and gender



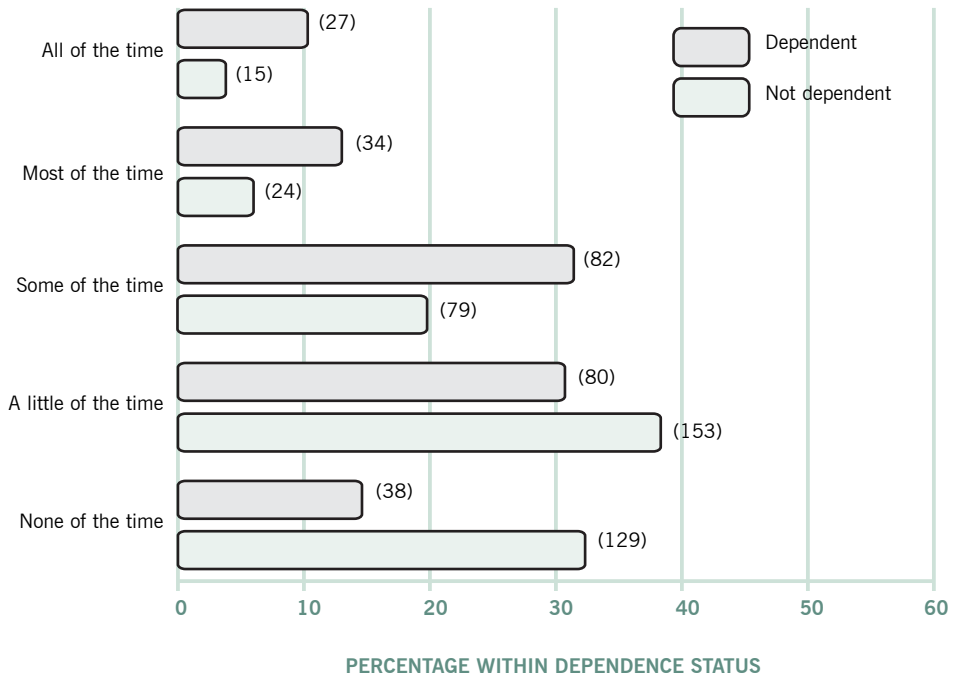
Incidence of mental health disability (SF-12), by dependence status



Incidence of feeling panicky or scared easily, by dependence status



Incidence of feeling that they easily lose their temper, by dependence status



Chapter 5

SOCIOCULTURAL ISSUES

This chapter provides a broader picture of amphetamine use by giving a sociocultural picture of the amphetamine users participating in the research.

Leisure time

Visiting friends at their homes was the most popular way for the respondents to spend their leisure time; 75.5 per cent of the sample reported doing this every week, and 41.8 per cent went to a pub or bar at least once a week. Attending nightclubs or raves and going to restaurants or cafés were other common ways of socialising, with approximately 41.2 per cent of those surveyed indicating that they attended such places at least once a month. Those aged between 20 and 24 had the most active social lives and most respondents (68.0%) reported spending between \$100 and \$200 on a good night out.

Cultural group identification

There was a tendency among many of those surveyed to gravitate towards non-mainstream, experimental and creative endeavours. Although the respondents identified most often with the drug-user (48.1%), family (35.6%), worker (32.7%) and pub-scene (29.9%) social groups, a relatively high proportion indicated that they identified with the artist (18.2%), raver (18.2%), musician (16.9%) and hippie (15.9%) subcultures. Furthermore, 28 per cent acknowledged themselves as gay, lesbian or bisexual — with far more female respondents than male respondents considering themselves bisexual (33.0% and 10.7% respectively).¹

The level of importance ascribed to belonging to a particular social group or subculture varied significantly. Approximately 50 per cent of respondents reported that belonging to a social group or subculture was either very important or somewhat important, while 30.0 per cent indicated that it was not very important and 21.0 per cent reported that it was not important at all. Even though half of those surveyed did not feel any significant sense of attachment to any particular social group or subculture, subcultural or social group participation was still an important feature of social identity for a sizeable proportion of respondents. This was especially the case for respondents identifying with their family.

Material goods

Respondents were asked whether a range of material goods were available for use at their place of residence. Most respondents reported that they had access to a television (96.1%),

1 It is interesting to note that a similar proportion of users identified themselves as gay, lesbian or bisexual in the 2001 IDRS Party Drugs Survey. This contrasts with national and international studies of the general population, which find that the proportion of non-heterosexual people is less than 10 per cent (Rose and Najman 2002).

stereo (90.5%), video player (79.1%) and a mobile phone (75.3%); electronic goods such as playstation/X-boxes (42.6%), computers with Internet access (36.4%), CD walkmans (34.1%) and DVD players (32.3%) were somewhat less prevalent. Almost half of the respondents (47.1%) reported having access to more than 50 books in their household, and 32.3 per cent indicated that their homes contained less than 50 books. More than twice as many respondents had access to a car worth less than \$10 000 (49.5%) than had access to a car worth more than \$10 000 (22.9%). It is reasonable to conclude from these data that a significant proportion of users had no books in their homes (21%) and did not have the use of a household car (28%).

Clothing

Just over a third of respondents obtained a new item of clothing (including shoes) on a monthly basis, and 26.8 per cent acquired new clothing at least once a fortnight. Although female users purchased clothing more regularly than male users, they were less likely to spend more than \$50 on their purchases. Approximately 55 per cent of female users reported spending up to \$50 on new clothing, compared to 40.8 per cent of male users. A similar percentage of male users indicated that they would spend up to \$200 when making a purchase of clothing, whereas only 31.5 per cent of female users would spend as much as this. Although a significant proportion of respondents acquired clothing fairly frequently, it is worth noting that nearly 17 per cent of respondents obtained new clothing only once a year or less.

Body image

Respondents were asked how happy they were with the appearance of their bodies. Overall, male users indicated more self-confidence about their bodies than female users — with 20.0 per cent of male respondents reporting that they were totally happy with the appearance of their bodies, compared to 14.0 per cent of female users. Heavy and frequent users of amphetamines were less likely than other types of users to have a good body image. Twenty per cent of dependent users and 14.7 per cent of binge users indicated that they were not at all happy with how they looked, compared to 4.0 per cent of experimental users, 9.6 per cent of recreational users and 10.8 per cent of work-related users.

Friendship networks

Forty-one per cent of those surveyed reported having between four and ten friends they felt they could trust, and 51.4 per cent of respondents reported that half or more of their trusted friends were also amphetamine users. Although friendship networks were obviously important to most amphetamine users, it is worth noting that 11.0 per cent reported that they did not have any friends they could trust.

Attitudes towards media and law

The involvement in illicit activity by amphetamine users is reflected in their attitudes towards traditional systems of authority. Sixty-nine per cent of the sample reported feeling that law-makers did not understand the nature of illicit drug use, and 55.0 per cent believed that news and current affairs programs always provided inaccurate information regarding drugs. A significant number of users also reported that they were harassed and treated unfairly by the Queensland police. This was particularly the case for binge and dependent

amphetamine users. Fifty-four per cent of binge users and 58.1 per cent of dependent users believed that they were harassed by the police simply because they looked as if they used drugs; 58.5 per cent of binge users and 63.5 per cent of dependent users claimed that they had been searched for drugs without reason while out in public.

Victimisation

A range of questions explored the relationship between violent victimisation and amphetamine use. The questions examined the type of violence experienced in connection with amphetamine use, and the victim’s relationship to the perpetrator. Of those surveyed, approximately half reported that they had been verbally threatened as a result of their own or other people’s amphetamine use, 28.3 per cent had been assaulted without a weapon and 15.5 per cent had been assaulted with a weapon.

The physical harms associated with amphetamine use were linked to gender and modes of amphetamine consumption. Female users were likely to experience amphetamine-related violence in the private sphere, whereas male users tended to encounter verbal and physical confrontations in the public sphere. Of the female users who had been assaulted without a weapon, 55.7 per cent had been assaulted by their partner. This contrasts with the 18.2 per cent of male users experiencing assaults without a weapon at the hands of their partner. Female and male users were equally likely to encounter violent behaviour in altercations with their friends, but male users were more likely than female users to be exposed to violence from dealers and strangers.

It also appears that level of amphetamine consumption is associated with an increased vulnerability to violent attacks. The results show a clear relationship between type of user and levels of victimisation, with binge and dependent users more likely to be victims of violence than work-related, recreational and experimental users. For example, 60.9 per cent of dependent users had been verbally threatened, compared to 12.0 per cent of experimental users; and 26.4 per cent of dependent users had been assaulted with a weapon, compared to 4.0 per cent of experimental users.

RESULTS

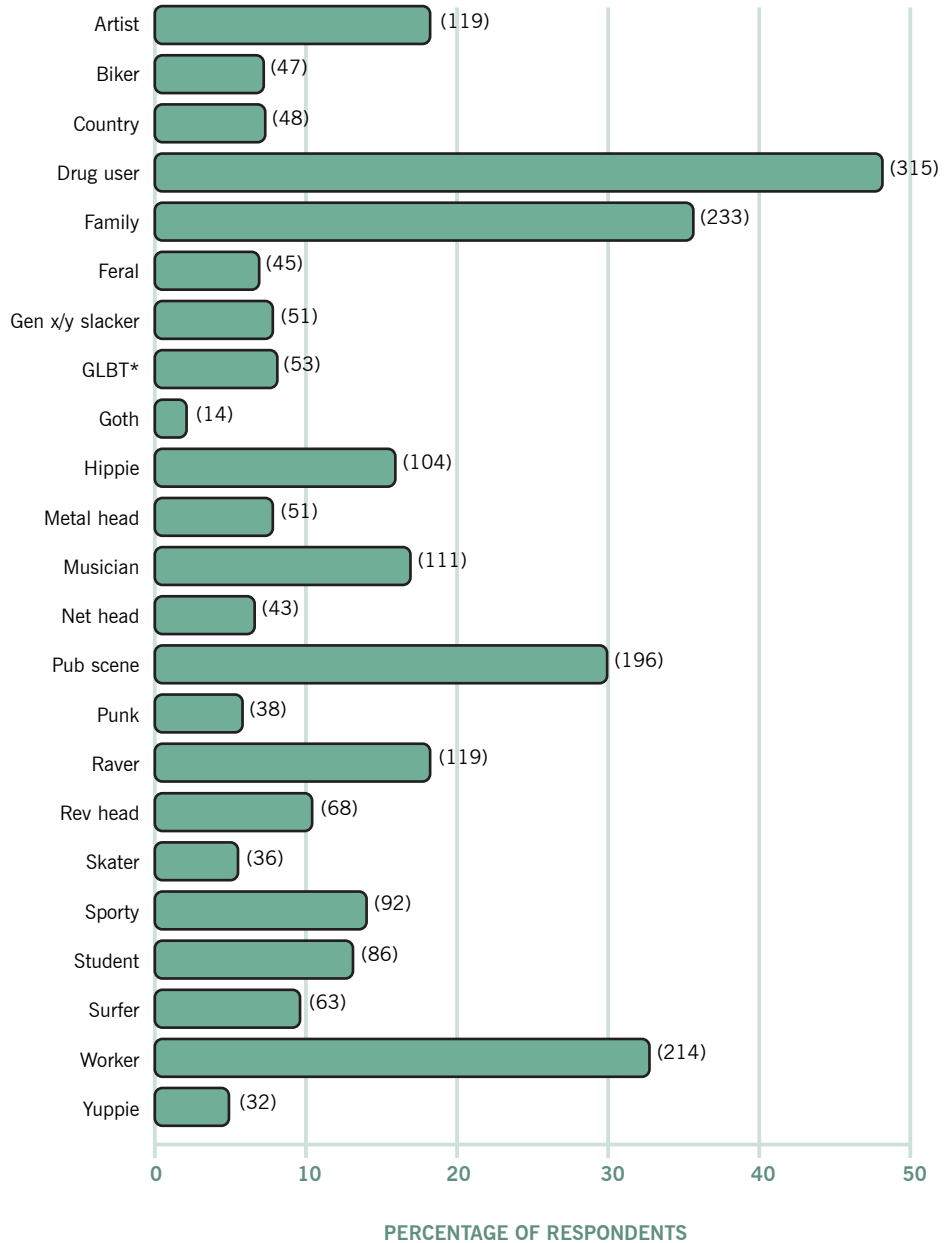
D1. How often do you go to the following places?

Leisure time spent at various places

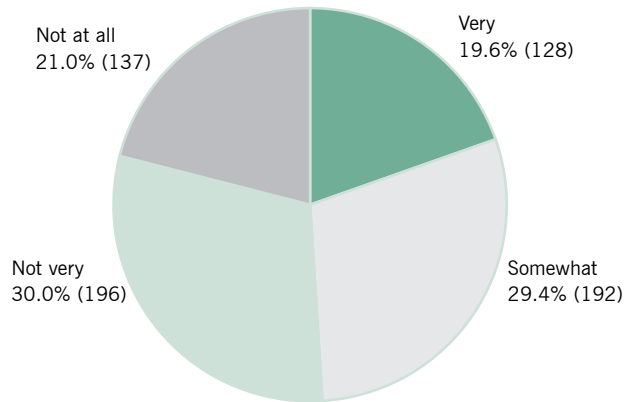
TYPE OF PLACE	NUMBER OF TIMES VISITED (%)					Total (n)
	Every week	Every month	Every few months	Once a year or less	Never	
Nightclubs/raves	21.3	19.8	20.1	17.2	21.7	658
Venues playing live music	12.6	21.2	27.0	21.1	18.1	659
Pub/bar	41.8	27.4	16.5	6.1	8.2	656
Cinema	2.6	15.9	38.2	22.6	20.8	660
Shopping centre/mall	16.8	9.7	11.1	11.7	50.6	648
Restaurants/café	19.5	21.7	25.2	13.8	19.8	658
Friend's house for visit	75.5	13.5	5.6	0.8	4.6	658
Venue to watch sports	9.4	9.7	14.0	17.7	49.3	651
Venue to play sports	13.2	6.2	7.3	14.4	59.0	646

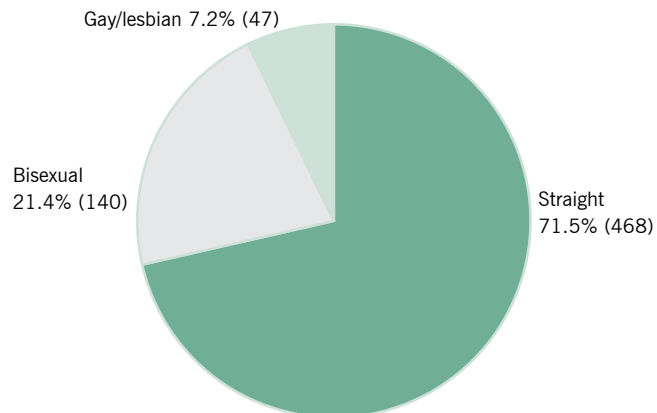
D3. If you had to choose a social scene or subcultural group that you identify with, what would it be?

Identification with a subculture



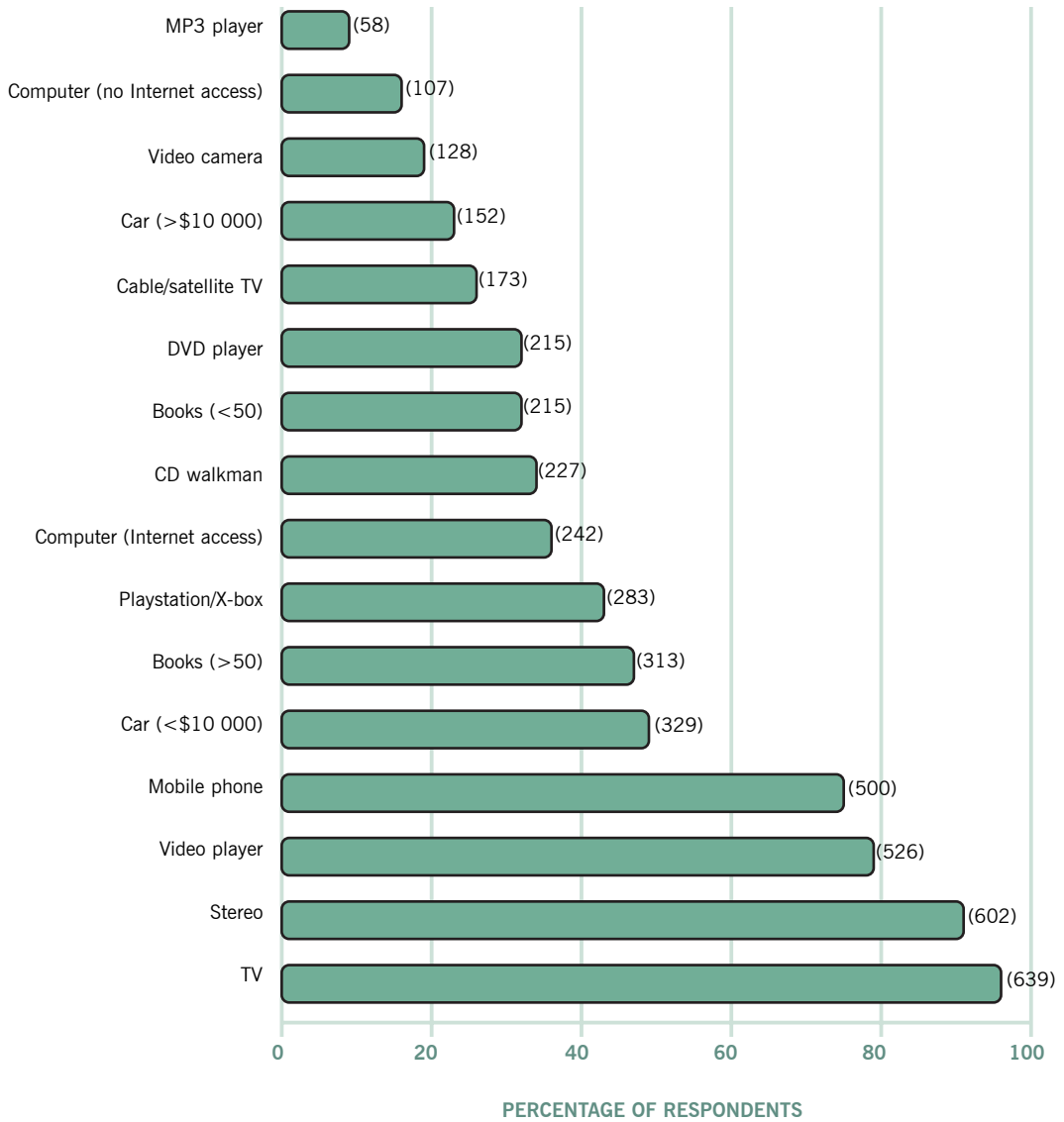
* Gay, lesbian, bisexual and transgender

D4. How important is it to you to feel as though you belong to these groups?**Importance of subcultural identification (n = 653)**

D5. What is your sexual orientation?**Sexual orientation (n = 655)**

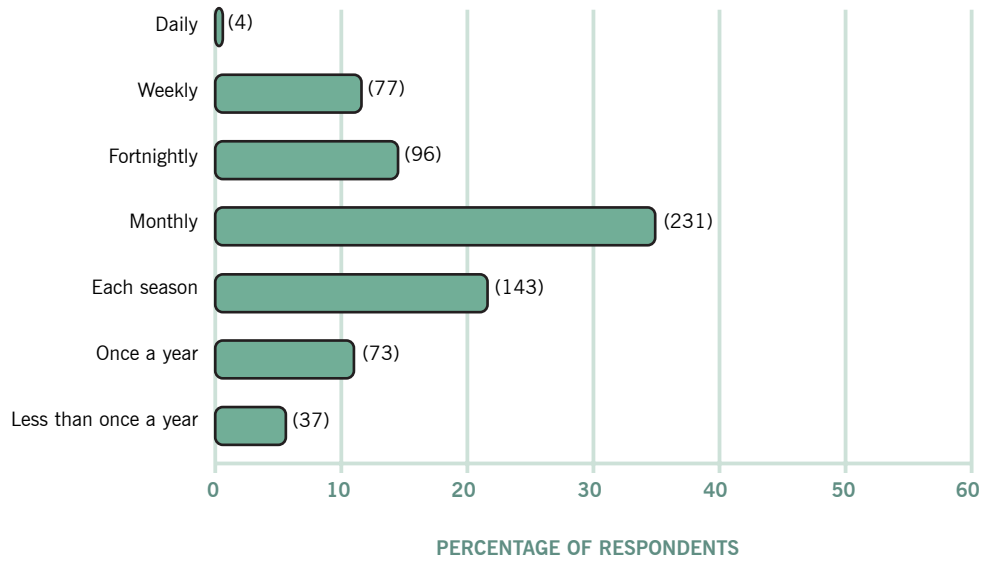
D6. Which of the things below do you have access to where you live?

Access to material goods



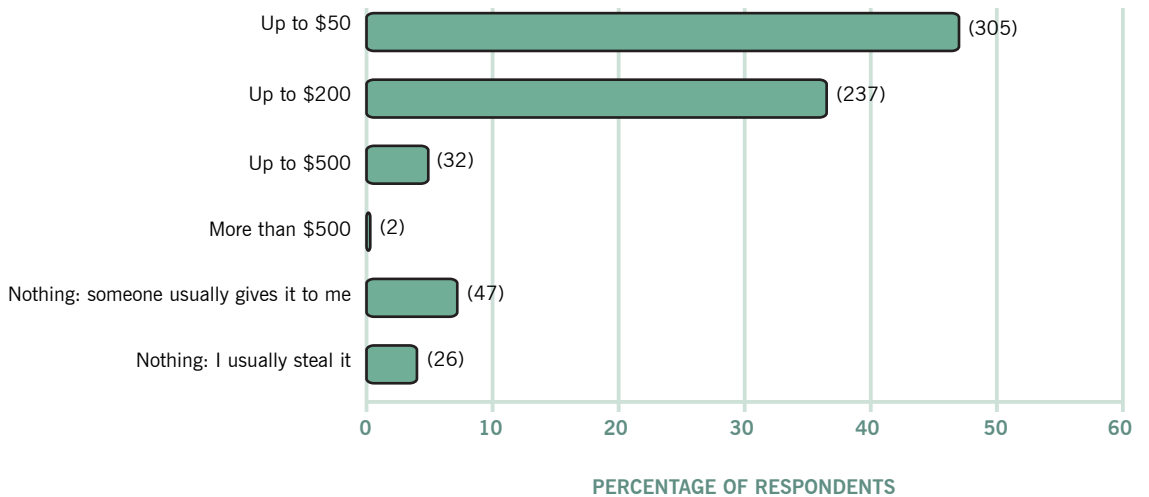
D7. How often do you buy or obtain a new item of clothing (including shoes)?

Regularity of obtaining new clothing (n = 661)



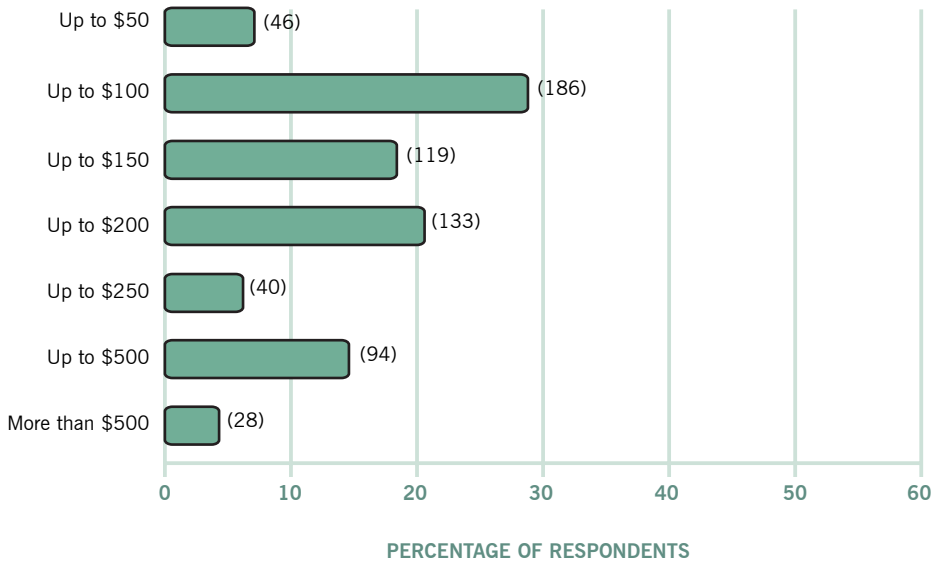
D8. How much would you usually spend when buying or obtaining a new item of clothing?

Cost of obtaining new clothing (n = 649)



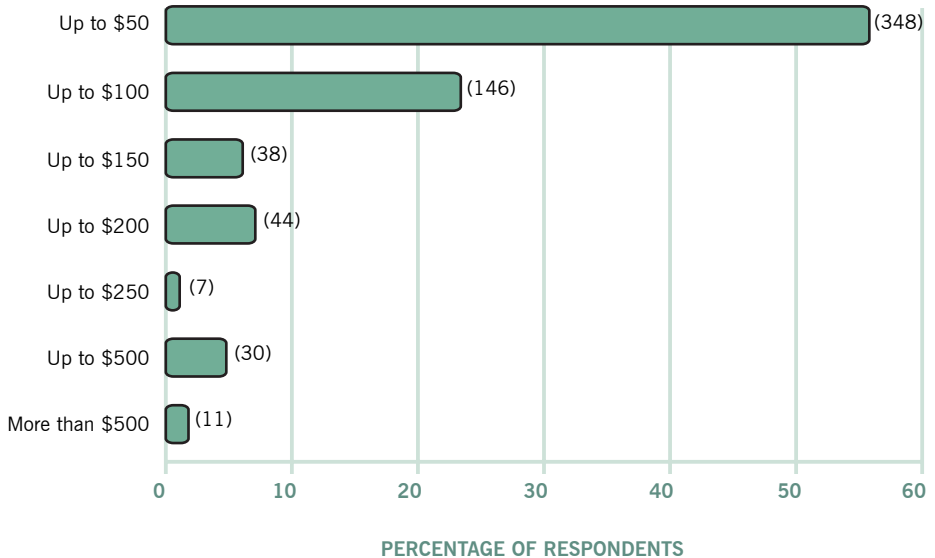
D9. On a good night out, how much do you usually spend (including drugs)?

Amount spent on a good night out (*n* = 646)

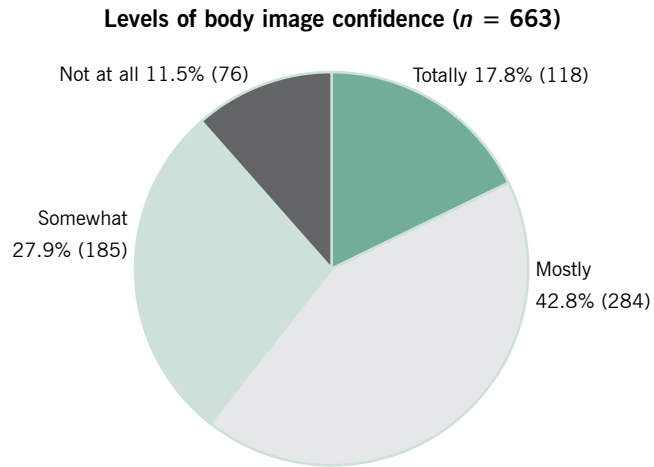


D10. On a good night out, how much does somebody else usually spend on you (including drugs)?

Amount spent on respondent by someone else on a good night out (*n* = 624)

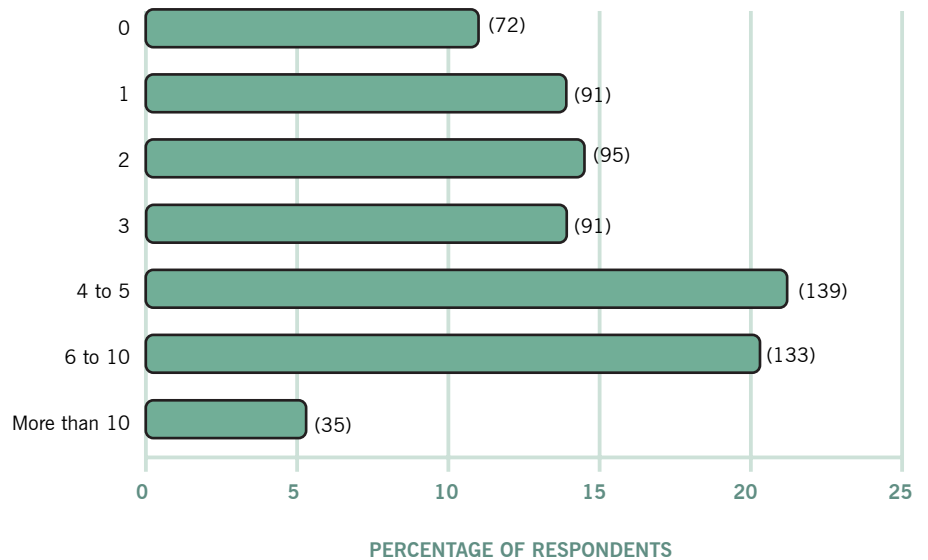


D11. How happy are you with the look of your body?



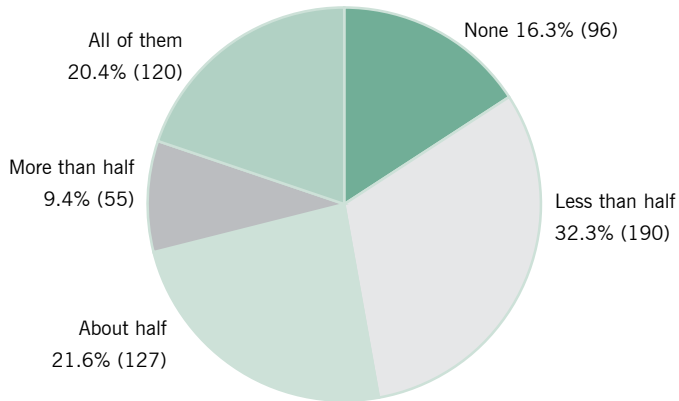
D12. How many close friends do you have that you can really trust?

Number of trusted friends (n = 656)



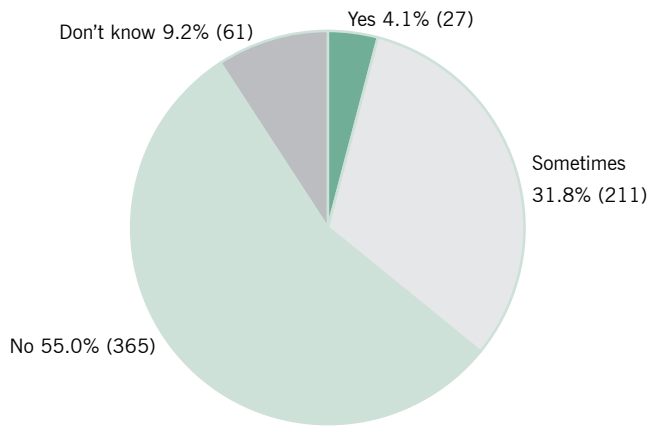
D13. How many of these friends are also speed users?

Proportion of trusted friends engaged in amphetamine use (n = 588)

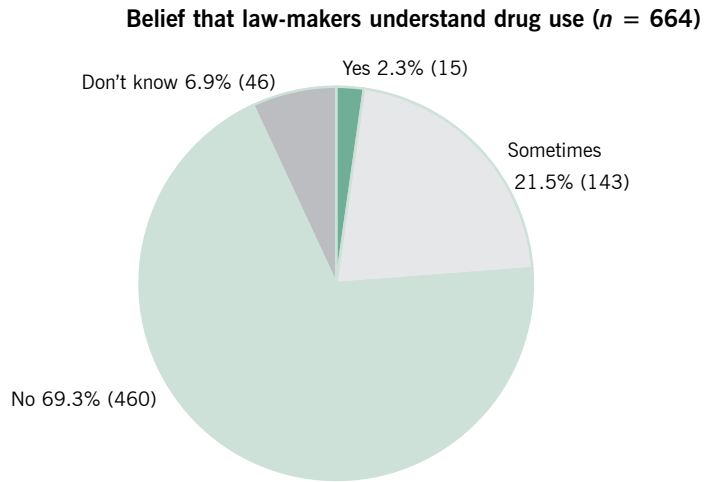


D14. Do you think the news and current affairs shows provide accurate information about drugs?

Belief that media provide accurate information about drugs (n = 664)

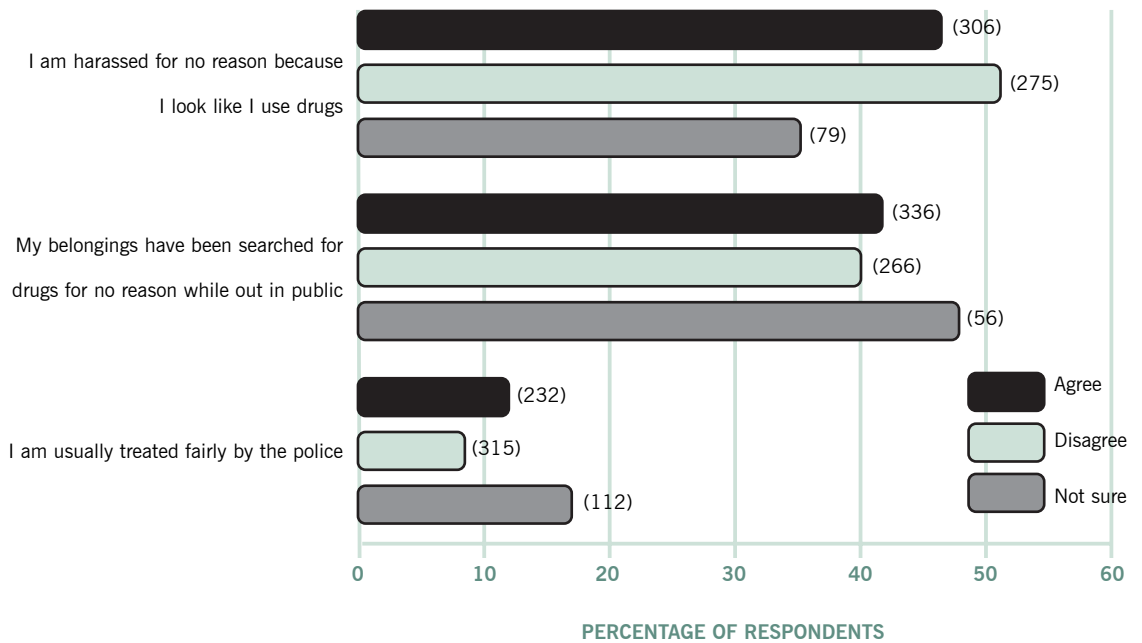


D15. Do you think that the people who make the laws about drugs understand what drugs are all about?



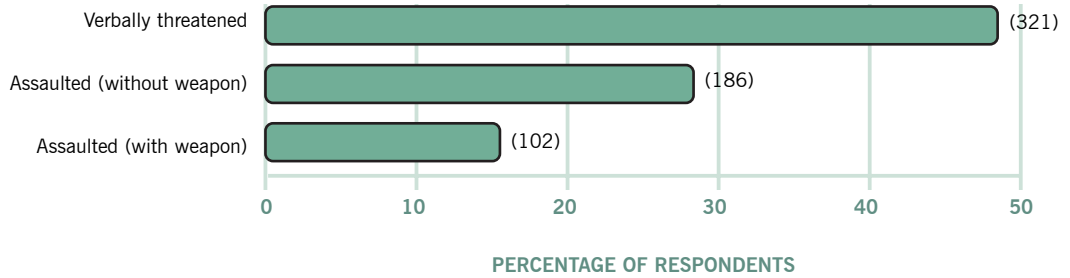
D16. Do you agree or disagree with the statements listed below about police in Queensland?

Attitudes towards Queensland Police Service



D17, D19, D21. Have you ever been verbally threatened or assaulted (with or without a weapon) because of anything to do with speed, or because of someone else's speed use?

Victimisation associated with amphetamine use



D18. Who verbally threatened you?

Experience of verbal threats — victim's relationship to perpetrator



D20. Who assaulted you (without a weapon)?

Victim's relationship to perpetrator of assault (without a weapon)



D22. Who assaulted you (with a weapon)?

Victim's relationship to perpetrator of assault (with a weapon)



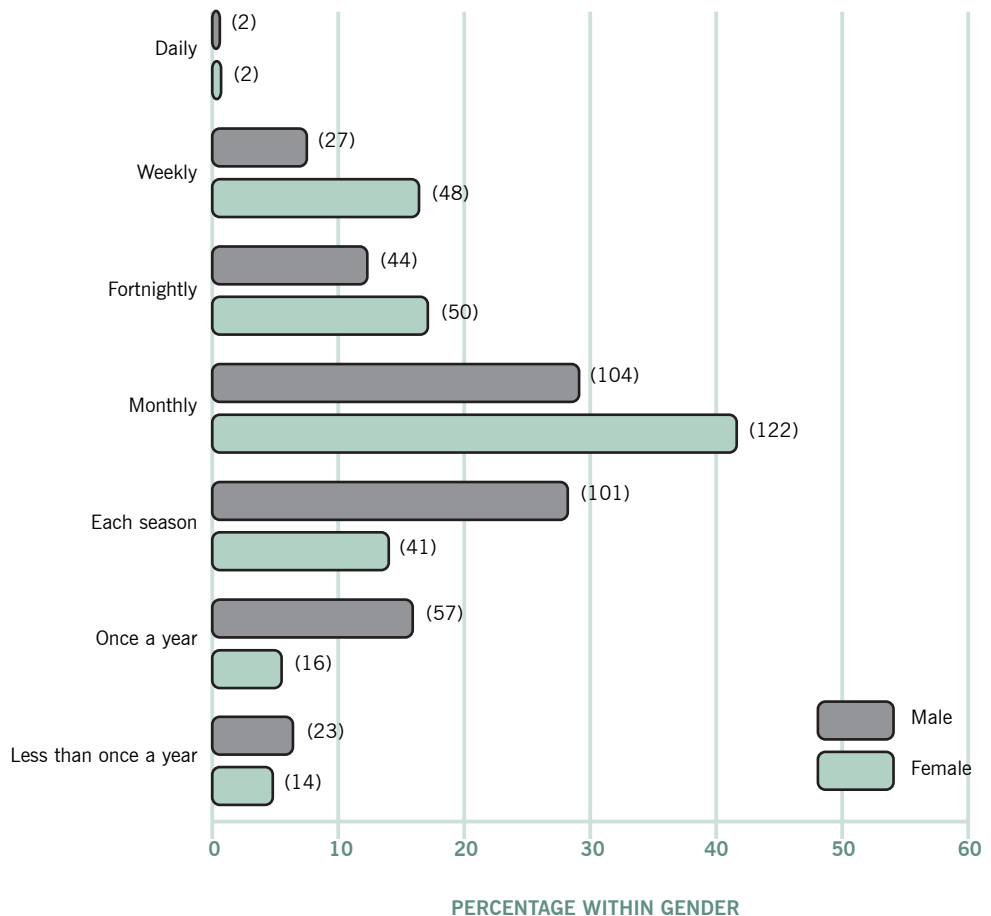
ADDITIONAL FINDINGS

Leisure time — weekly visitation of places, by age

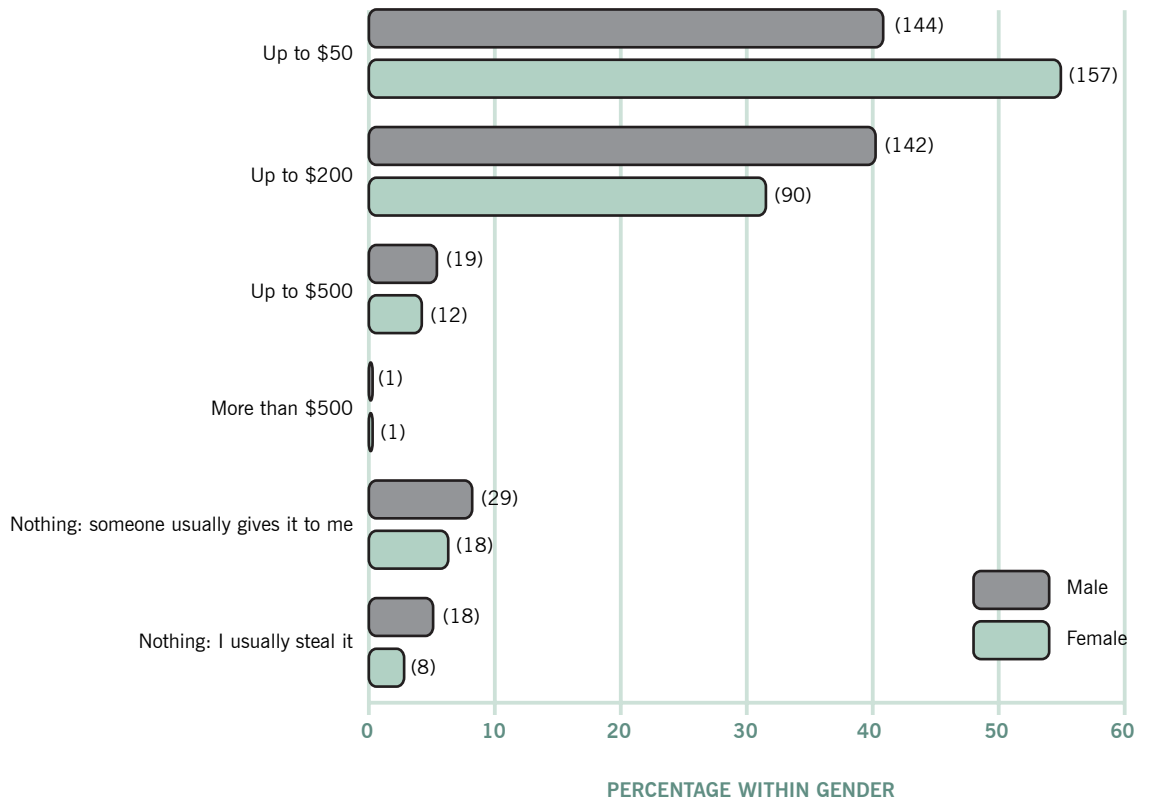
PERCENTAGE VISITING EACH TYPE OF PLACE WEEKLY

TYPE OF PLACE	AGE GROUPS						Total (n)
	15-19	20-24	25-29	30-34	35-39	40+	
Nightclubs/raves	17.1	37.1	25.0	12.1	5.0	3.6	140
Venues playing live music	19.3	27.7	31.3	8.4	4.8	8.4	83
Pub/bar	12.0	30.7	25.5	14.6	10.2	6.9	274
Cinema	23.5	17.6	41.2	11.8	0.0	5.9	17
Shopping centre/mall	29.4	24.8	23.9	11.0	5.5	5.5	109
Restaurants/cafés	14.2	31.5	22.8	13.4	7.9	10.2	127
Friend's house for visit	12.7	30.9	24.4	13.5	9.7	8.7	495
Venue to watch sports	11.5	29.5	36.1	9.8	4.9	8.2	61
Venue to play sports	12.9	37.6	35.3	8.2	4.7	1.2	85

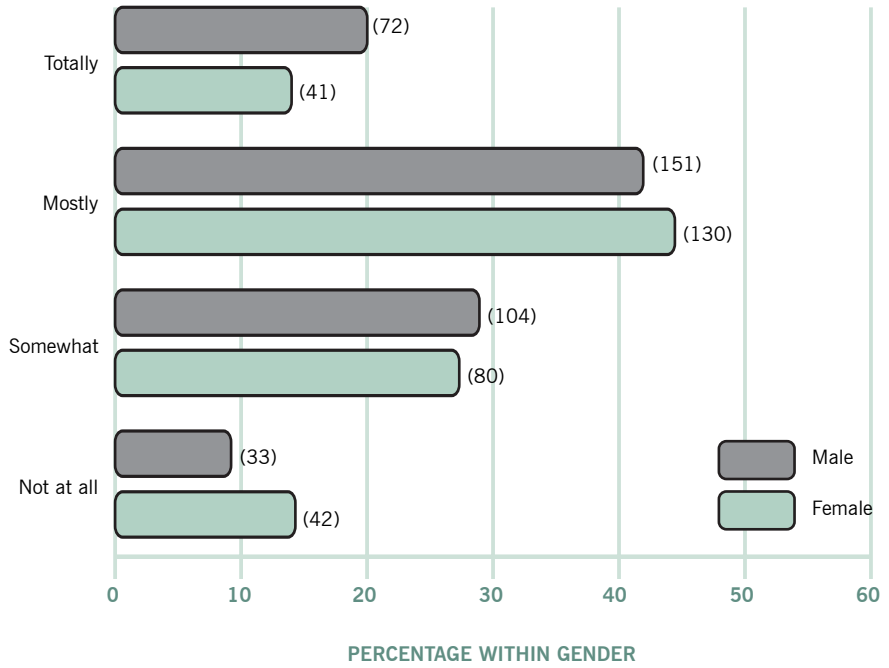
Regularity of obtaining new clothing, by gender



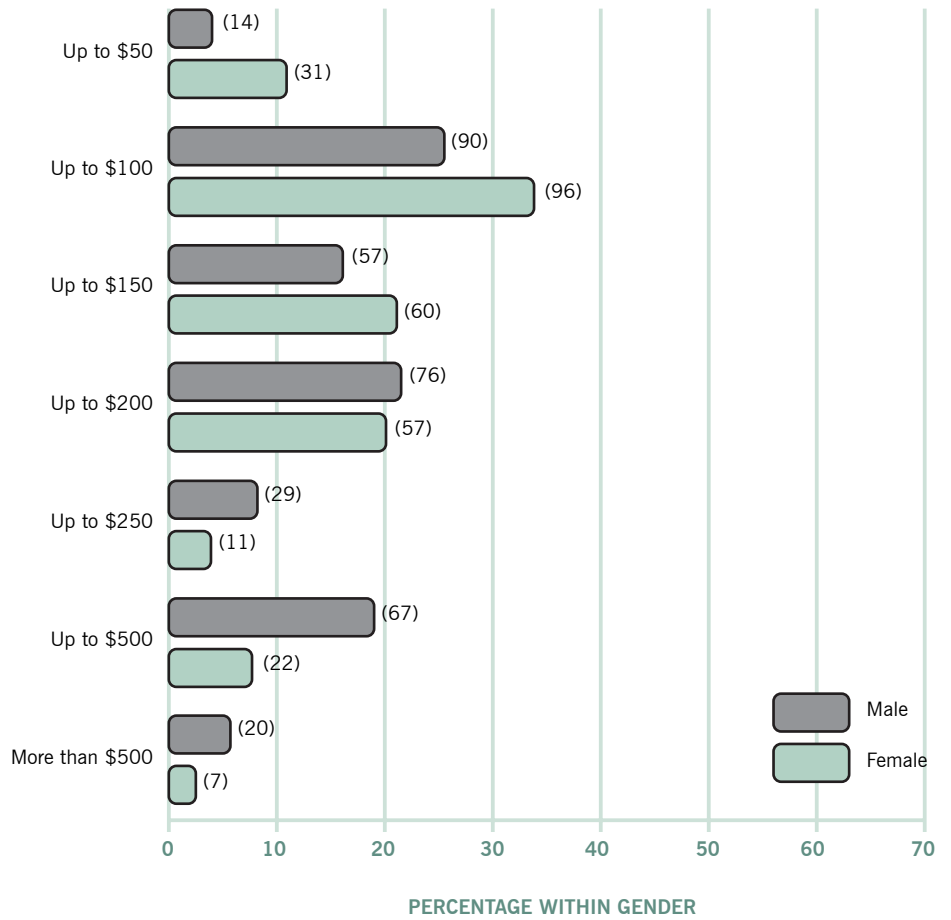
Amount spent on new clothing, by gender



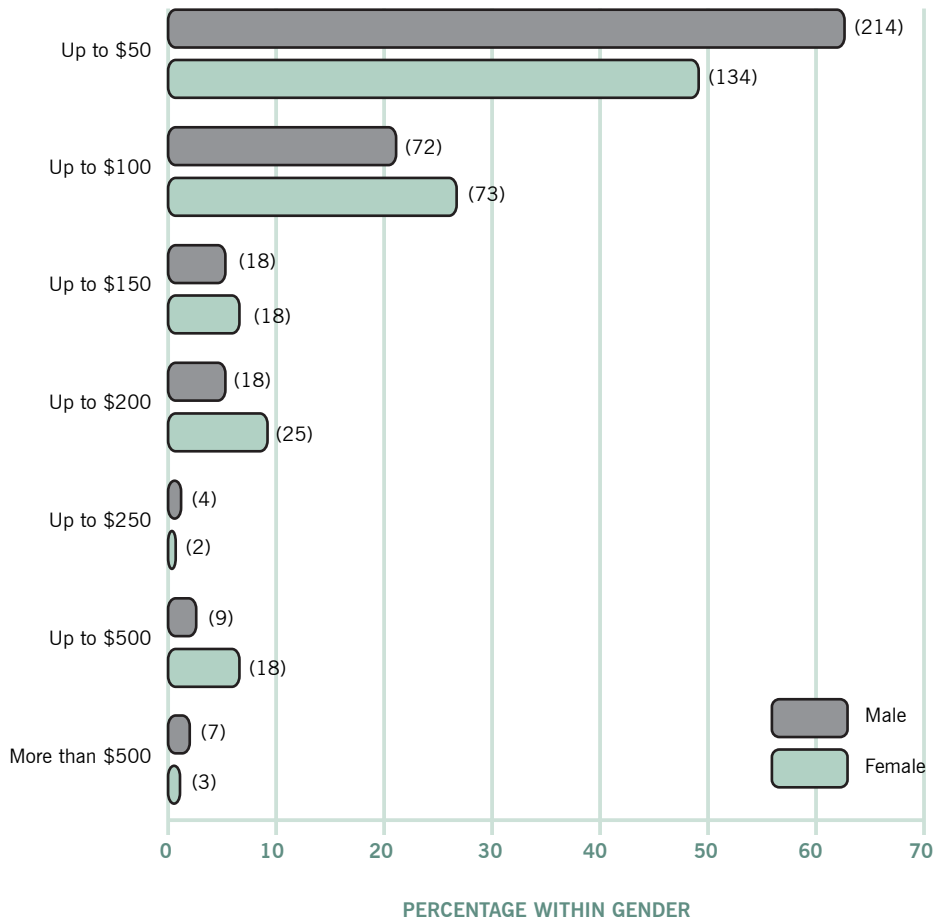
Levels of body image confidence, by gender



Amount spent on a good night out, by gender



Amount spent on respondent by someone else on a good night out, by gender

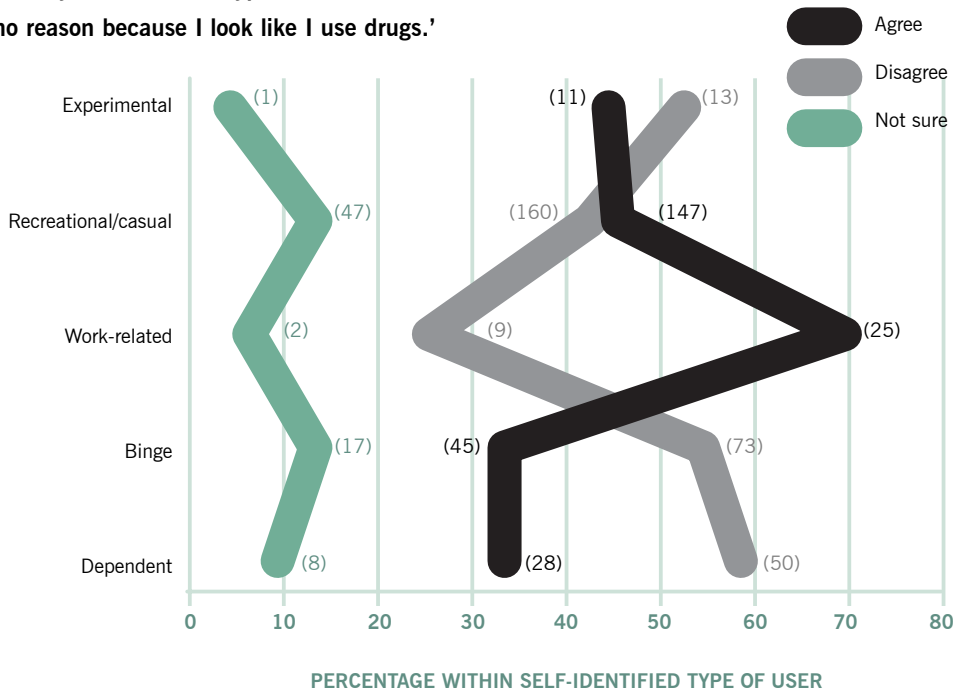


Identification with a subculture, by self-identified type of user

SUBCULTURE	PERCENTAGE WITHIN TYPE OF USER									
	Experimental		Recreational/casual		Work-related		Binge		Dependent	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Skater	4	16.7	16	4.6	0	0.0	6	4.5	3	3.5
Goth	1	4.2	8	2.3	1	2.7	2	1.5	1	1.2
Family	6	25.0	128	36.5	12	32.4	49	36.8	29	33.7
Drug user	8	33.3	127	36.2	11	29.7	90	67.7	62	72.1
Feral	1	4.2	19	5.4	2	5.4	15	11.3	4	4.7
Student	2	8.3	60	17.1	5	13.5	13	9.8	4	4.7
Biker	0	0.0	18	5.1	2	5.4	13	9.8	10	11.6
Sporty	4	16.7	64	18.2	6	16.2	14	10.5	3	3.5
Surfer	3	12.5	33	9.4	6	16.2	13	9.8	5	5.8
Hippie	5	20.8	55	15.7	7	18.9	23	17.3	9	10.5
Worker	6	25.0	127	36.2	18	48.6	37	27.8	23	26.7
GLBT	1	4.2	29	8.3	4	10.8	8	6.0	7	8.1
Rev head	1	4.2	35	10.0	2	5.4	21	15.8	7	8.1
Gen x/y slacker	3	12.5	24	6.9	2	5.4	13	9.8	6	7.0
Yuppie	1	4.2	18	5.1	4	10.8	6	4.5	3	3.5
Metal head	4	16.7	25	7.1	0	0.0	13	9.8	6	7.0
Raver	5	20.8	64	18.2	5	13.5	31	23.3	11	12.8
Musician	2	8.3	67	19.1	3	8.1	27	20.3	6	7.0
Net head	4	16.7	26	7.4	5	13.5	6	4.5	2	2.3
Punk	2	8.3	17	4.8	4	10.8	8	6.0	3	3.5
Pub scene	9	37.5	116	33.0	8	21.6	43	32.3	17	19.8
Artist	3	12.5	75	21.4	5	13.5	23	17.3	8	9.3
Country	0	0.0	28	8.0	8	21.6	8	6.0	4	4.7

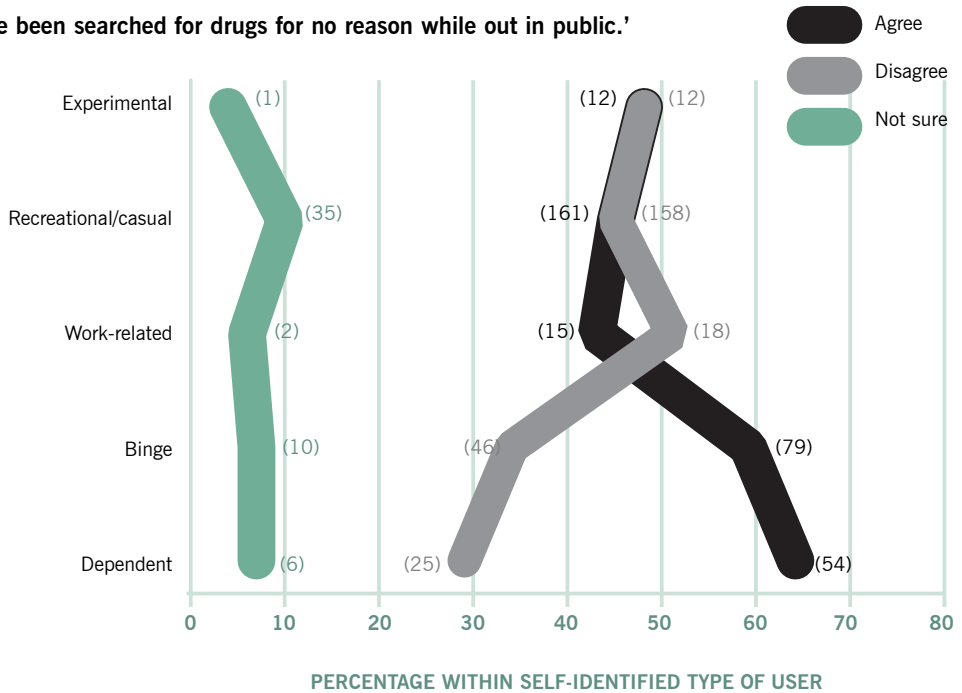
Attitudes towards QPS, by self-identified type of user:

'I am harassed for no reason because I look like I use drugs.'



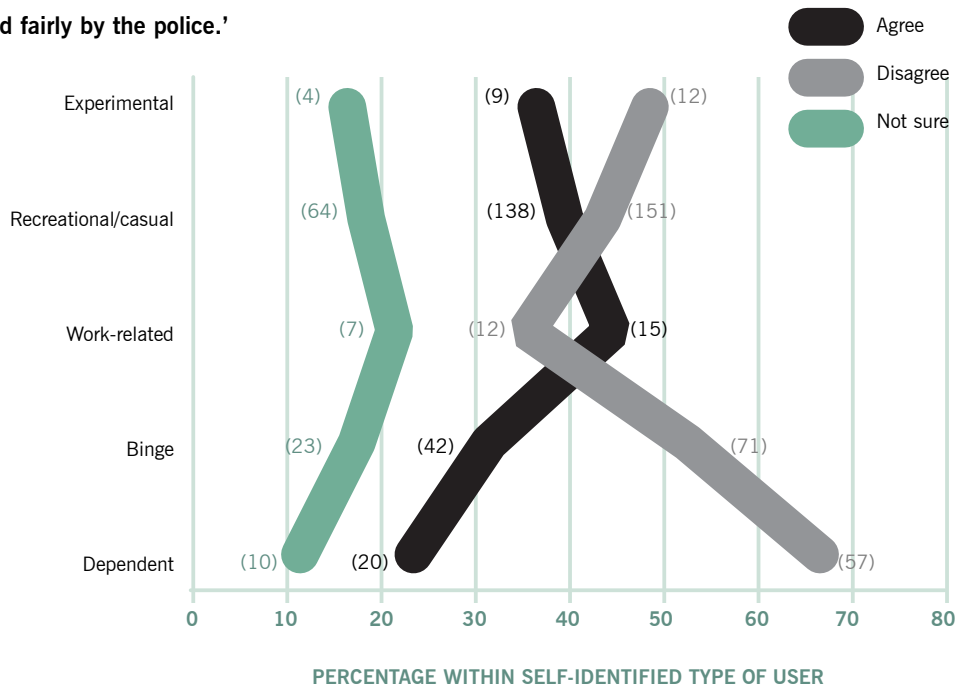
Attitudes towards QPS, by self-identified type of user:

'My belongings have been searched for drugs for no reason while out in public.'

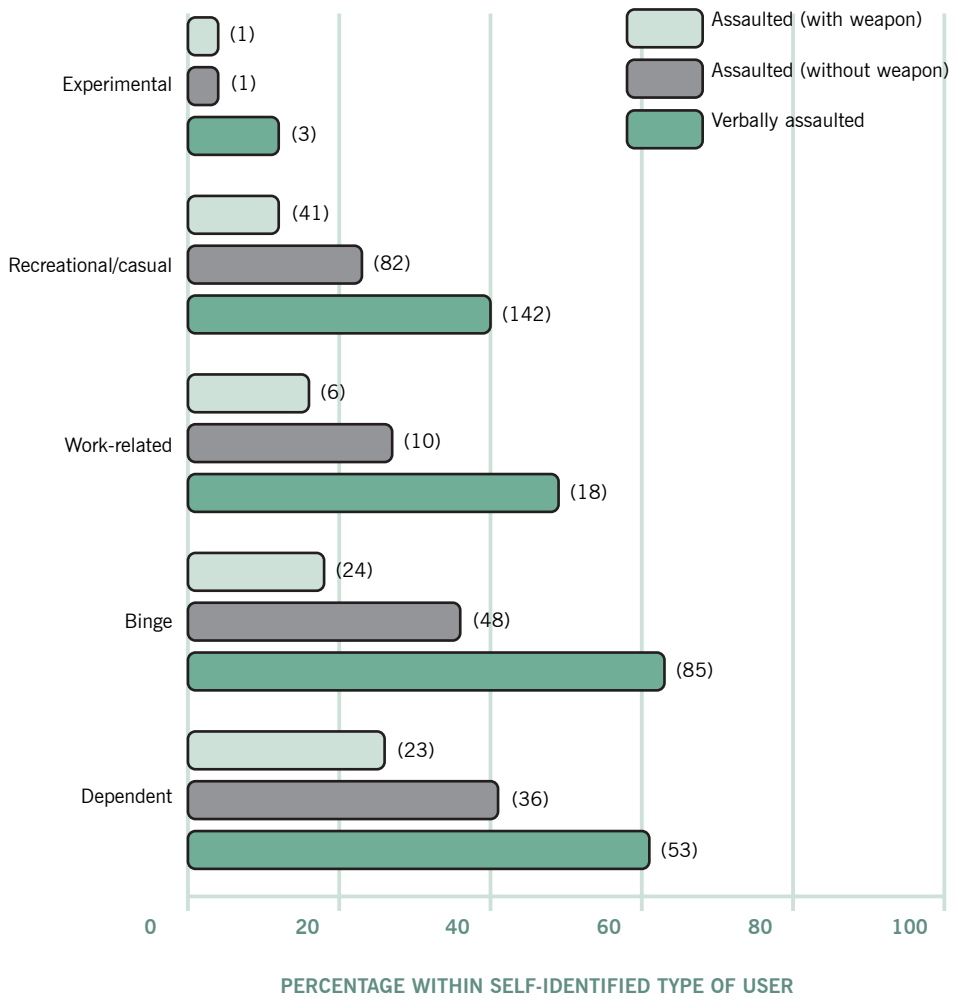


Attitudes towards QPS, by self-identified type of user:

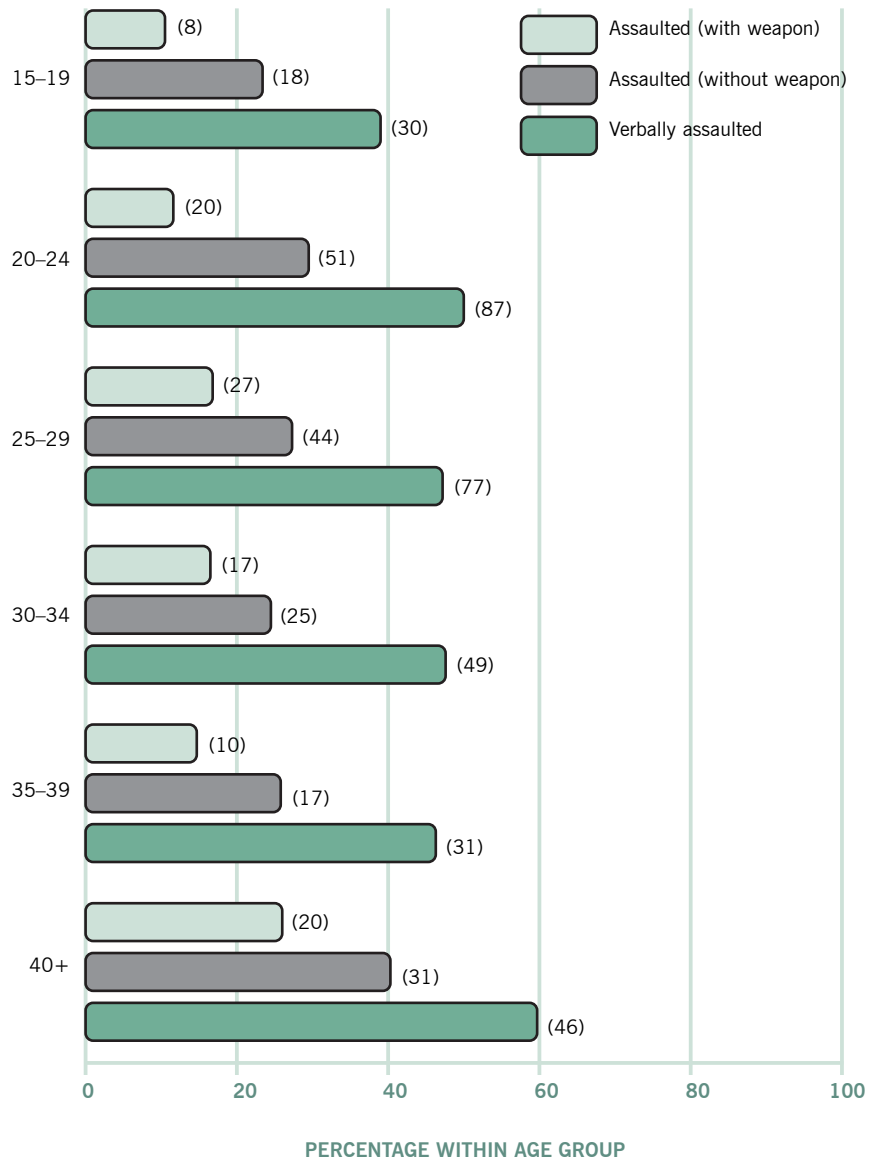
'I am usually treated fairly by the police.'



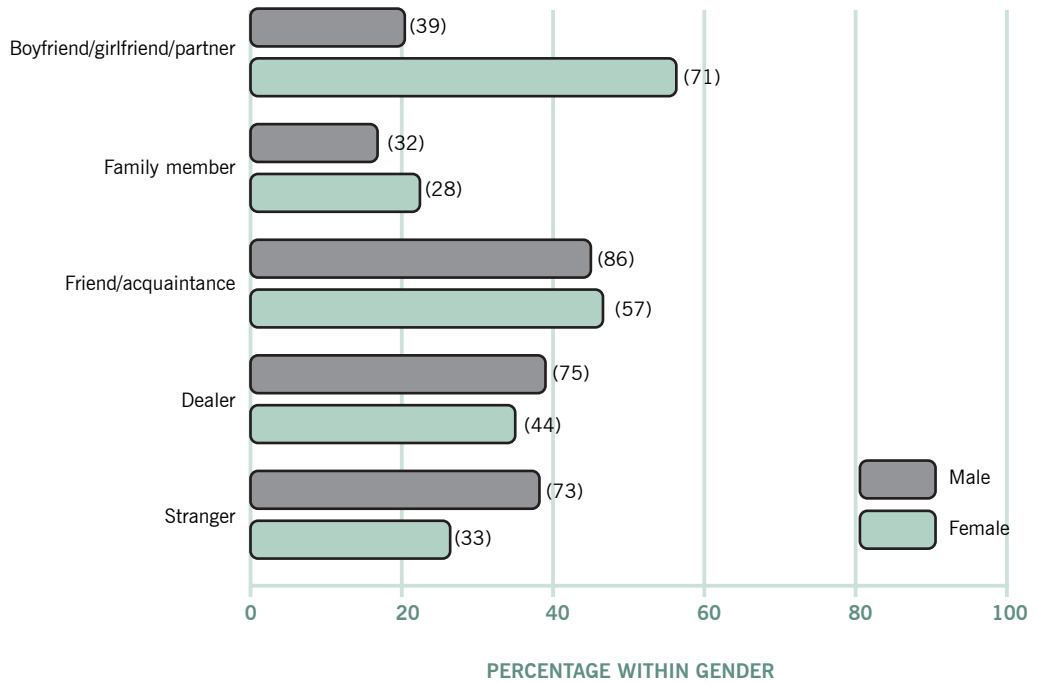
Levels of victimisation, by self-identified type of user



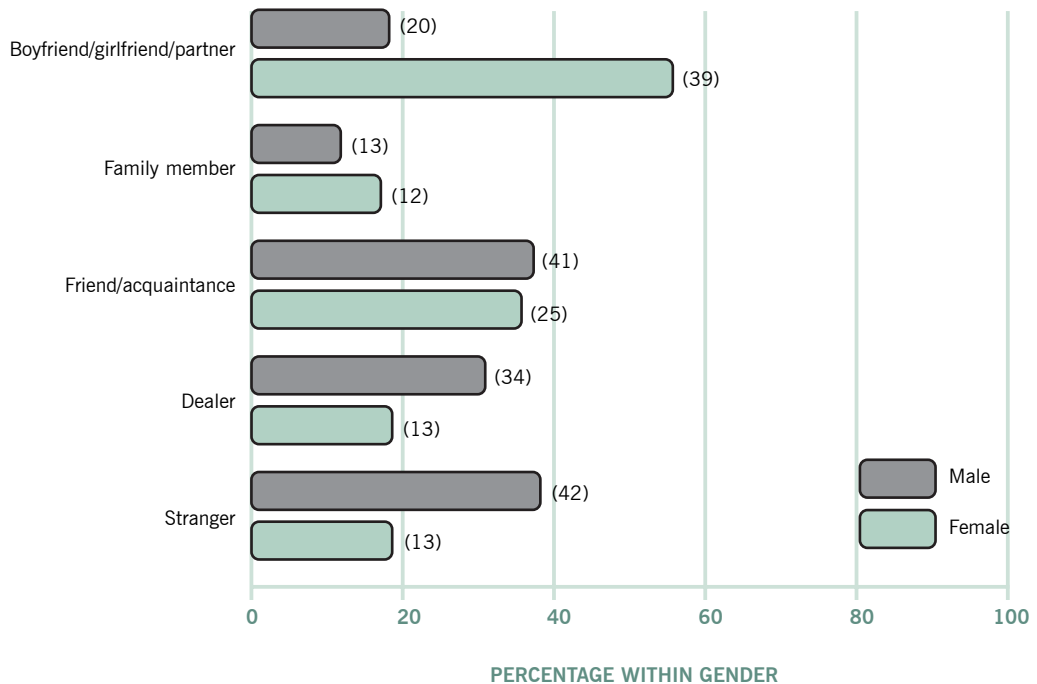
Levels of victimisation, by age



Experience of verbal threats — victim's relationship to perpetrator, by gender



Experience of assault without weapon — victim's relationship to perpetrator, by gender



Experience of assault with weapon — victim's relationship to perpetrator, by gender



Chapter 6

AMPHETAMINE AVAILABILITY

The ‘Availability’ section of the survey collected information about the purchasing patterns of amphetamine users, amphetamine accessibility, and users’ attitudes towards the risk of participating in Queensland’s amphetamine market.

Paying for amphetamines

Although the majority of respondents purchased amphetamines in cash transactions, there were other significant secondary sources of supply. Just over three-quarters of respondents stated that they mostly used cash to purchase amphetamines, while 50.9 per cent reported that they were sometimes given them; 36.3 per cent at times relied on credit from dealers and 30.8 per cent occasionally traded other drugs. Male users were more likely than female users to use cash in amphetamine deals, and a significant proportion of female users (21.4%) were mostly given their amphetamines.

Purchasing patterns

Users generally purchase amphetamines for personal consumption, but they also occasionally buy for their friends. Just over half of those surveyed indicated that they mostly obtained amphetamines for their own use, while 45.7 per cent stated that they sometimes bought amphetamines for themselves and a couple of friends.

Sourcing amphetamines

Amphetamine deals generally occur in private and typically involve direct contact with a dealer. Nearly three-quarters of respondents reported that they mostly purchased from a dealer, and 81.5 per cent indicated that their amphetamine transactions predominantly occurred in private dwellings, often in the user’s home. Nearly half of the respondents reported that amphetamines were mostly brought to them, and 35.0 per cent indicated that amphetamines were sometimes traded in their own homes. Immediate social networks also play a relatively important role in locating amphetamines, with 45.0 per cent of respondents reporting that they sometimes obtained amphetamines from friends or family.

Availability

The types of amphetamines most commonly used are also those most reliably sourced. Approximately 70 per cent of those surveyed stated that they could obtain, either very reliably or somewhat reliably, ‘base/pure/wax’ or ‘speed powder/pills’ whenever they wanted. Amphetamine liquid was the least reliable form of amphetamine in the market. The data show that regular users of amphetamines are most likely to have dependable drug connections and increased amphetamine accessibility.

Production of amphetamines

Just over 55 per cent of respondents believed that amphetamines were produced in ‘backyard’ or ‘box’ labs, whereas 15.8 per cent understood amphetamines to be made in professional labs. Twenty-eight per cent indicated that they did not know where the amphetamines they used were produced.

Law-enforcement strategies

Nearly three-quarters of those surveyed believed that the police made selling amphetamines a very risky or quite risky endeavour. This is not surprising, given that 41.5 per cent of users reported knowing of friends or acquaintances who had been arrested for drug offences in the previous six months. Those more heavily involved in amphetamine use were most likely to be acquainted with people who had been arrested. Sixty-eight per cent of dependent users and 43.9 per cent of binge users had friends or acquaintances who had been arrested, compared to 29.2 per cent of experimental users, 34.5 per cent of recreational users and 35.1 per cent of work-related users.

RESULTS

E1. How do you usually get speed?

Method of obtaining amphetamines

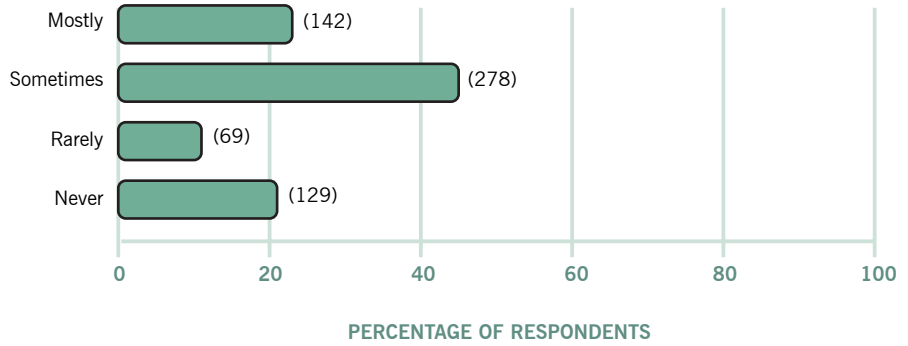
HOW OBTAINED	PERCENTAGE OF RESPONDENTS				Total (n)
	Mostly	Sometimes	Rarely	Never	
Pay cash for it	75.8	18.8	4.4	1.1	656
Get given it	15.1	50.9	27.3	6.7	644
Credit from dealers	8.9	36.3	19.2	35.7	631
Traded drugs	4.0	30.8	18.4	46.8	620
Swapped sex	3.4	9.4	8.0	79.2	615
Doctor shopping	1.5	9.1	8.9	80.6	607
Other	40.7	25.9	33.3	0.0	27

E2. Who do you usually get speed from?

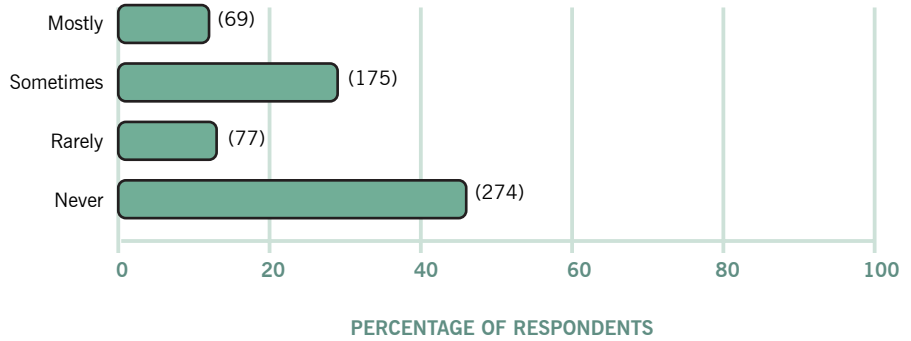
Obtain amphetamines from dealer (n = 650)



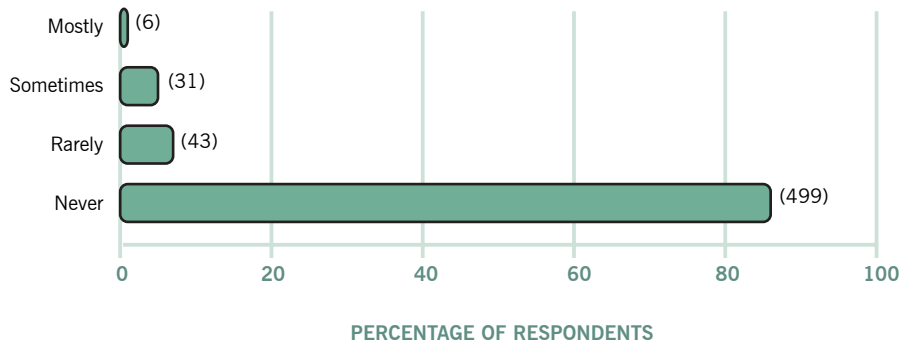
Obtain amphetamines from family and friends (*n* = 618)



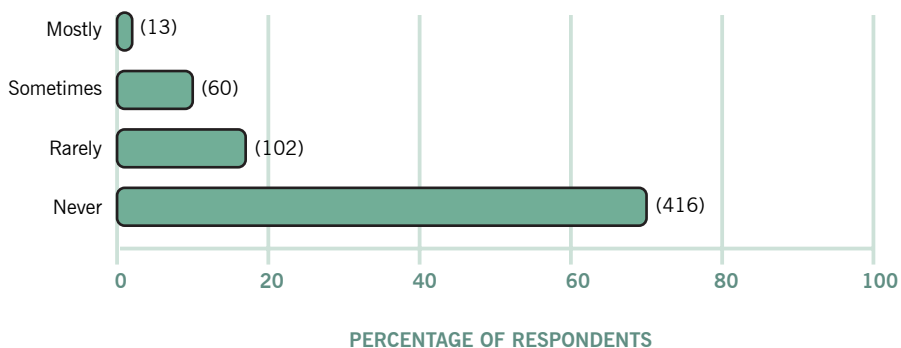
Obtain amphetamines from partner/boyfriend/girlfriend (*n* = 595)



Obtain amphetamines from pharmacist/doctor (*n* = 579)

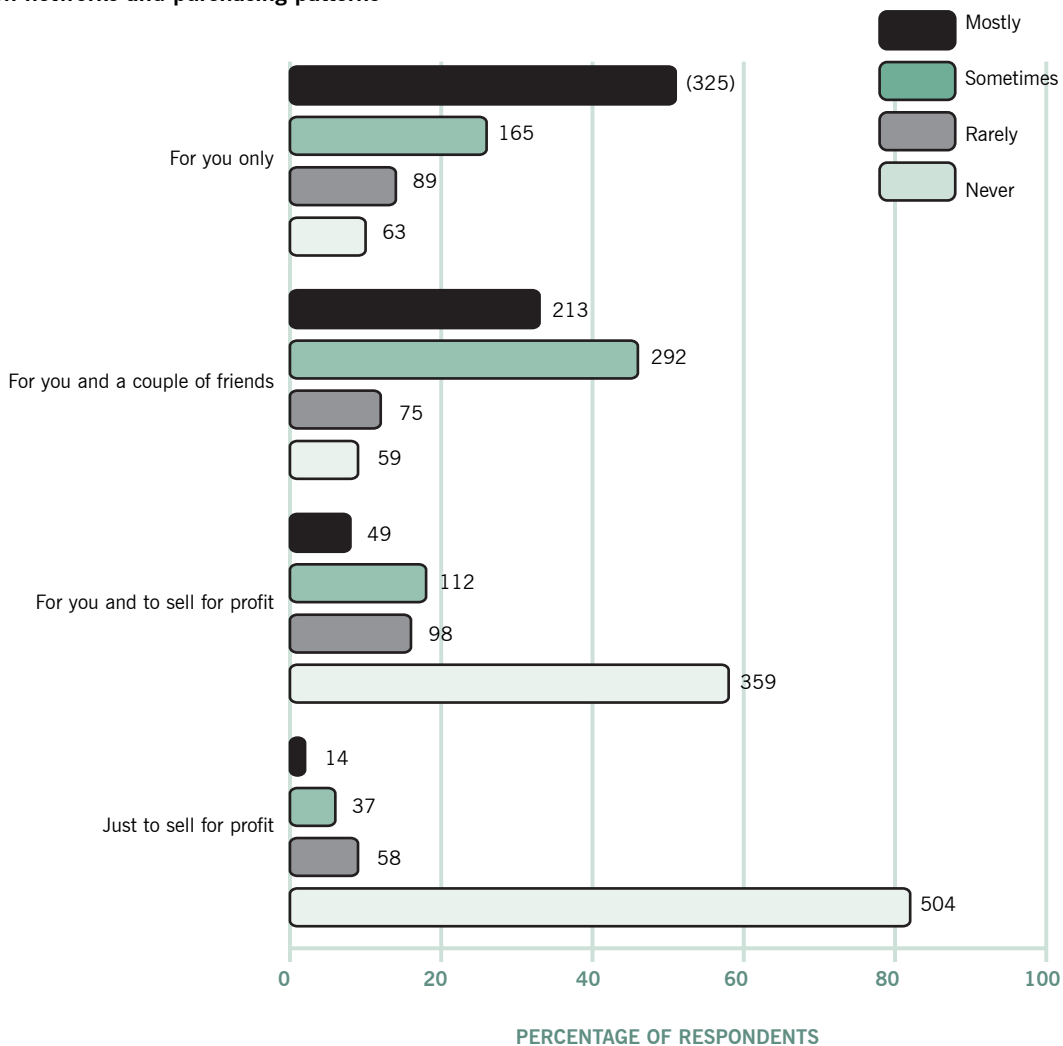


Obtain amphetamines from strangers (n = 591)



E3. When you buy speed, for whom do you buy it, and do you usually buy to use or to sell?

Distribution networks and purchasing patterns



E4. When you buy speed where do you usually get it from?

Location of amphetamine purchases

PLACE OF AMPHETAMINE PURCHASE	PERCENTAGE OF RESPONDENTS				Total (n)
	Mostly	Sometimes	Rarely	Never	
Private dwelling	81.5	14.8	1.5	2.1	655
Commercial building	4.8	31.5	26.2	37.5	619
Public space	5.6	25.2	22.3	46.8	622
Transport/vehicle	5.3	29.7	23.3	41.6	622

E5. What distance in kms do you usually travel from where you live to get speed?

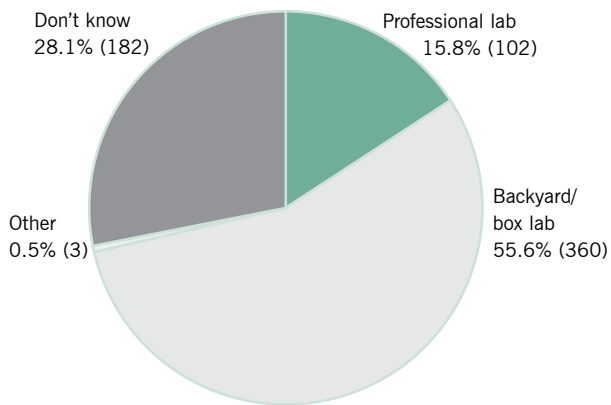
Distance travelled to obtain amphetamines

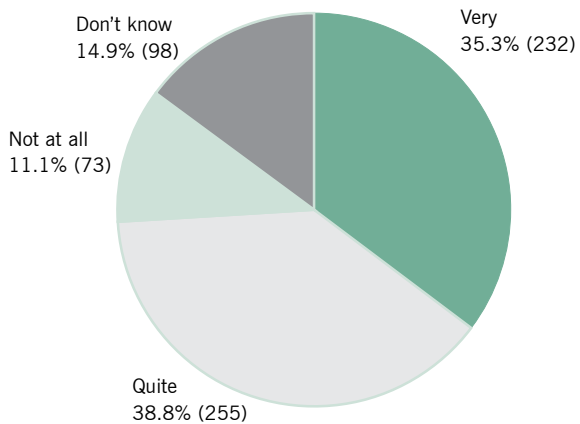
DISTANCE TRAVELLED	PERCENTAGE OF RESPONDENTS				Total (n)
	Mostly	Sometimes	Rarely	Never	
0 km (delivered/brought to respondent)	48.1	35.0	8.5	8.5	472
Less than 5 km	35.5	45.3	8.7	10.5	448
More than 5 km, less than 50 km	32.0	26.3	17.1	24.7	438
More than 50 km	5.4	14.4	14.1	66.0	368

E6. How reliably can you get different types of speed when you want it?

Reliability of obtaining amphetamines

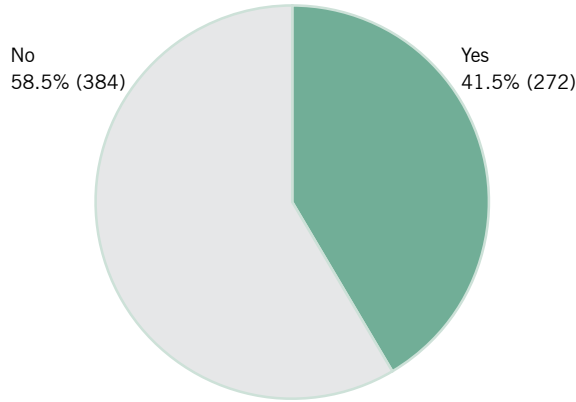
TYPE OF AMPHETAMINE	PERCENTAGE OF RESPONDENTS REPORTING LEVEL OF RELIABILITY				Total (n)
	Very	Somewhat	Not at all	Don't know/ Don't use	
Base/pure/wax	31.2	37.1	15.6	16.1	641
Ice/shabu/crystal	12.2	22.9	27.2	37.8	625
Amphetamine liquid	5.9	12.9	22.9	58.3	612
Speed powder/pills	39.1	31.2	11.8	17.9	642
Prescription	10.4	11.4	14.6	63.6	616

E7. Where do you think the speed that you usually get is made?**Place of amphetamine production — user perception (n = 647)**

E8. How risky do you think it is to sell speed at the moment because of the police?**Risk of market participation — user perception (n = 658)**

E9. In the last six months, have any of your friends or acquaintances been arrested for drug offences involving speed?

Friends or acquaintances arrested for offences involving amphetamines (n = 656)



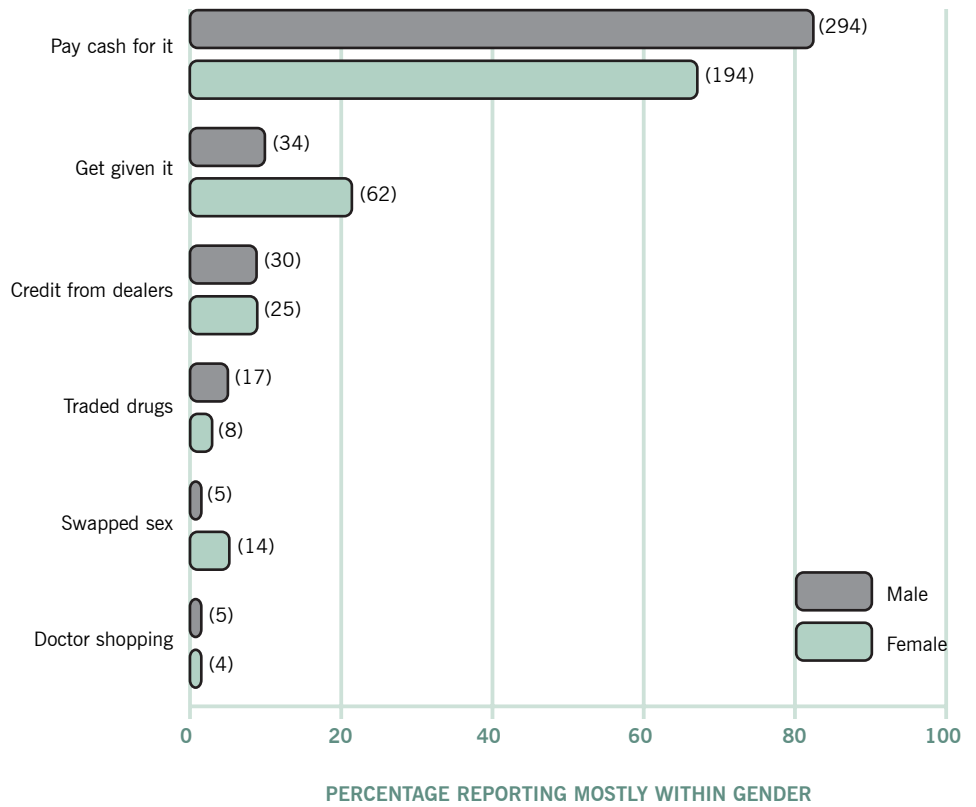
ADDITIONAL FINDINGS

Most common method of obtaining amphetamines, by self-identified type of user

NUMBERS AND PERCENTAGES WITHIN TYPE OF USER

HOW AMPHETAMINES OBTAINED	Experimental		Recreational/ casual		Work-related		Binge		Dependent	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Pay cash for it	20	80.0	265	75.7	28	77.8	111	81.6	59	69.4
Get given it	5	20.8	55	16.0	6	16.2	12	9.1	15	17.9
Credit from dealers	3	12.5	19	5.7	3	8.8	15	11.3	13	16.0
Traded drugs	0	0.0	9	2.7	4	11.8	3	2.3	7	8.8
Swapped sex	1	4.2	6	1.8	2	6.5	5	3.8	5	6.4
Doctor shopping	0	0.0	1	0.3	2	5.9	2	1.6	3	3.9

Most common method of obtaining amphetamines, by gender

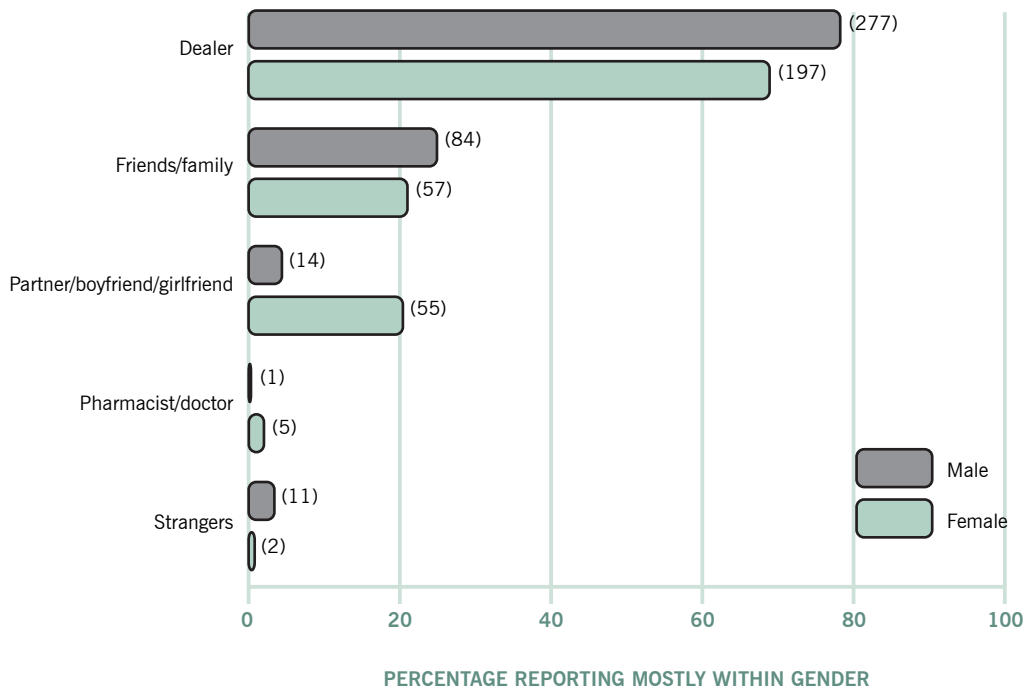


Amphetamine source — from whom usually obtained, by self-identified type of user

NUMBERS AND PERCENTAGES WITHIN TYPE OF USER

OBTAIN AMPHETAMINES FROM:	Experimental		Recreational/ casual		Work-related		Binge		Dependent	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Dealer	14	58.3	235	67.7	30	85.7	114	83.8	77	89.5
Friends/family	8	32.0	80	24.5	14	38.9	22	16.8	13	16.7
Partner/boyfriend/girlfriend	3	13.6	33	10.3	1	3.3	17	13.5	11	14.1
Pharmacist/doctor	0	0.0	3	1.0	1	3.1	2	1.6	0	0.0
Strangers	0	0.0	10	3.2	1	3.1	0	0.0	2	2.7

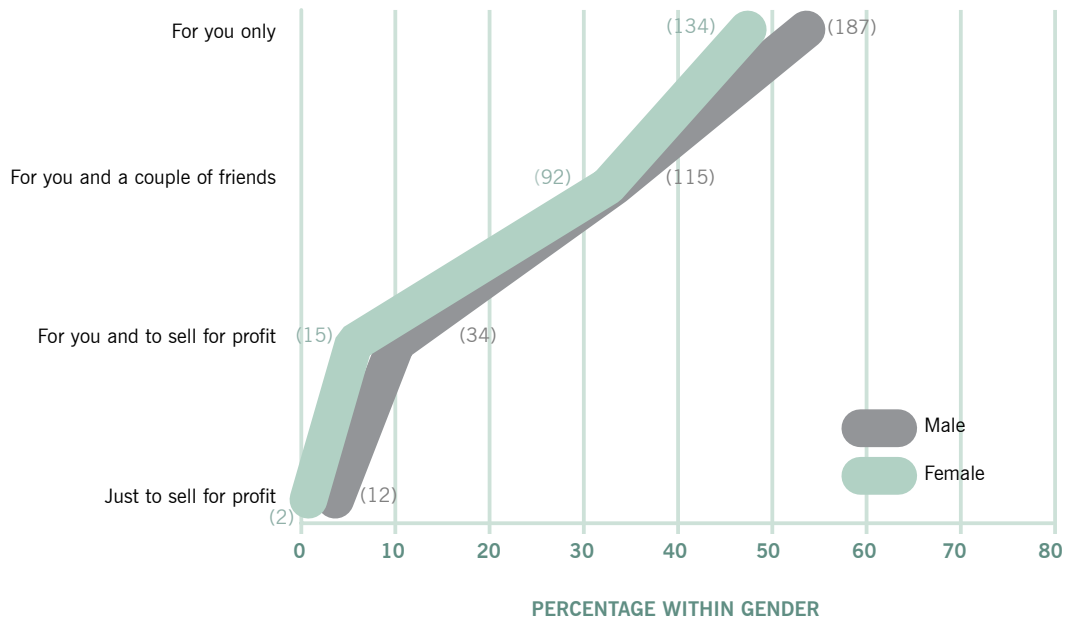
Amphetamine source — from whom usually obtain amphetamines, by gender



Most common distribution networks and purchasing patterns, by self-identified type of user

BUY AMPHETAMINES ...	NUMBERS AND PERCENTAGES WITHIN TYPE OF USER									
	Experimental		Recreational/ casual		Work-related		Binge		Dependent	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
For user only	12	50.0	165	48.0	26	72.2	63	47.7	53	64.6
For user and a couple of friends	10	41.7	121	35.2	12	33.3	43	32.8	20	25.0
For user and to sell for profit	0	0.0	15	4.5	2	6.1	14	10.6	12	15.0
Just to sell for profit	0	0.0	5	1.5	0	0.0	2	1.5	5	6.3

Distribution networks and purchasing patterns, by gender



Most common location of amphetamine purchases, by self-identified type of user

LOCATION OF PURCHASE	NUMBERS AND PERCENTAGES WITHIN TYPE OF USER									
	Experimental		Recreational/ casual		Work-related		Binge		Dependent	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Private dwelling	20	80.0	286	81.3	30	81.1	109	81.3	73	85.9
Commercial building	3	12.5	20	6.0	2	6.1	4	3.1	1	1.3
Public space	0	0.0	13	3.8	5	15.6	7	5.3	9	11.8
Transport/vehicle	0	0.0	15	4.5	5	15.6	6	4.6	5	6.5

Reliability of obtaining amphetamines, by self-identified type of user

TYPE OF AMPHETAMINE	NUMBERS AND PERCENTAGES WITHIN TYPE OF USER									
	Experimental		Recreational/ casual		Work-related		Binge		Dependent	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Base/pure/wax	7	28.0	83	24.3	12	35.3	50	37.3	44	53.0
Ice/shabu/crystal	1	4.0	37	11.0	6	18.8	17	13.1	14	17.9
Amphetamine liquid	0	0.0	21	6.4	2	6.1	6	4.7	6	8.1
Speed powder/pills	6	24.0	132	37.9	15	42.9	57	42.5	35	44.9
Prescription amphetamines	1	4.0	27	8.1	9	27.3	9	6.9	17	23.3

Chapter 7

SELLING AMPHETAMINES AND THE DRUG–CRIME NEXUS

The ‘selling’ section of the survey instrument collected information about the supply of amphetamines, the reasons why people become involved in the sale of amphetamines, and the drug–crime nexus.²

Prevalence of market participation

The results show that the Queensland amphetamine market is characterised by a large number of users selling to a select group of individuals for their personal use (at least at the lower end of the market). Nearly half of those surveyed reported that they had sold amphetamines at some stage, and 16.4 per cent indicated that they were selling at the time of the survey. Amphetamines were most often sold to people known to the dealers rather than to strangers. Nearly half of the dealers surveyed reported that they sold to friends and acquaintances on a weekly basis; 34.3 per cent indicated that they sold daily to close friends and 25.0 per cent sold daily to acquaintances. Only 8.7 per cent of dealers indicated that they sold daily to strangers, and 18.3 per cent sold weekly to strangers.

Age of initiation

Those selling amphetamines usually started while still relatively young. Forty-five per cent of respondents who had at some stage sold amphetamines indicated that they started selling when they were 15–19 years old, and 28.1 per cent were 20–24 years old when they first began selling. Only 2.3 per cent started dealing amphetamines after they had turned 40. Few gender differences were observed in the age at which amphetamine dealing began.

Reasons for market involvement

The notion that most users begin and continue to sell drugs to maintain their own drug use is supported by the proportion of dealers (26.1%) claiming that they did not generate any income from selling illicit drugs. A further 38 per cent reported that a quarter of their income came from this source, and only 2.8 per cent of dealers indicated their total income came from trading drugs.

Friendship alliances play a significant part in the distribution of amphetamines. Fifty-three per cent of those who sold amphetamine indicated that it was their friends who had first encouraged them to sell, and 81.9 per cent stated that they continued to sell because their friends depended on them to varying degrees.

Although involvement in the supply of amphetamines can be attributed to many factors, the results of the survey suggest that most users become involved in dealing because it gives them an opportunity to obtain further drugs and provides a source of income. Eighty-nine

2 The definition of ‘selling amphetamines’ used in the survey included but was not limited to those buying amphetamines and passing it on to others at cost price.

per cent of those who had sold amphetamines gave the reason ‘to support my own drug use’ as a rationale behind their decision to enter the amphetamine market and 84.6 per cent indicated that money was a motivating factor.

Reasons for leaving the market

Nearly 80 per cent of ex-dealers claimed they had stopped selling amphetamines because they ‘had just had enough’, while 42.5 per cent reported leaving the market because of the encouragement of friends and family. Police activity can also have an impact. Just over 60 per cent of ex-dealers reported that they stopped selling amphetamines in order to avoid being caught by the police, and 14.8 per cent indicated that they stopped dealing because they had already been caught by the police. Very few respondents stated that they left the scene because they no longer needed the money.

Selling other drugs

While 16.4 per cent of respondents were selling amphetamines at the time of the survey, just over 25 per cent of all respondents reported that they were selling other drugs. Male users (30.8%) were more likely than female users (18.2%) to be selling other drugs.

Property and personal offences

The data show that almost half of those surveyed had stolen something from a person or place and/or dealt in stolen goods. One-third had committed a break and enter, 26.8 per cent had vandalised property, 22.7 per cent had committed fraud and 21.3 per cent had stolen a motor vehicle. Fewer respondents had committed personal offences. Twenty-seven per cent had committed assault or caused bodily harm, 12.8 per cent had robbed someone without a weapon, 7.4 per cent had robbed someone with a weapon, 1.7 per cent had perpetrated a sexual assault and 1.4 per cent had committed a murder. A strong relationship was apparent between committing offences and gender, level of education, and type of amphetamine use.

Amphetamine use patterns and crime

The relationship between amphetamine use and crime was explored by asking respondents whether they had committed various property and personal offences; and, if so, whether they identified with a range of reasons to explain their involvement in these offences.

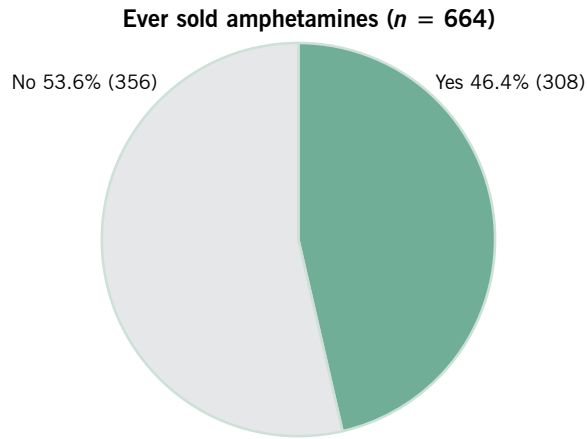
Twenty-six per cent of those who had committed personal offences reported that they were using amphetamines whenever they committed an offence. This contrasts with those committing property offences, of whom only 18.5 per cent of offenders indicated that they were always on amphetamines when committing the offences. A similar finding was observed in relation to offences committed while the offender was coming down from amphetamines: more personal offences (39.1%) than property offences (34.5%) were always or sometimes committed while the offender was coming down from amphetamines.

Amphetamine use patterns and violence

The link between amphetamine use and aggressive behaviour was observed in the number of respondents reporting that they had been physically violent towards people because of their own amphetamine use. The types of people most likely to be at risk from this violence were strangers (as reported by 7% of respondents) and partners of amphetamine users (5.1%). It is interesting to note, however, that female users (7.3%) were more likely than male users (3.4%) to admit that they were often violent towards their partners.

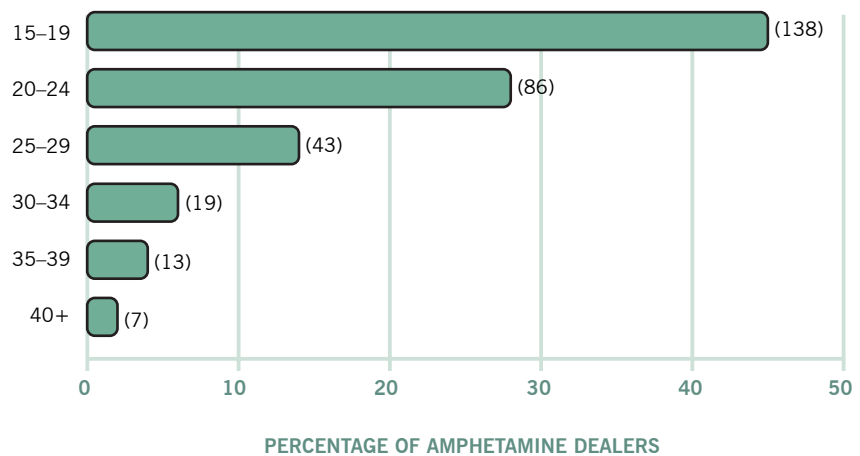
RESULTS

F1. Have you ever sold speed (including selling to your friends)?



F2. What age were you when you first started to sell speed?

Selling amphetamines — age of initiation (n = 306)

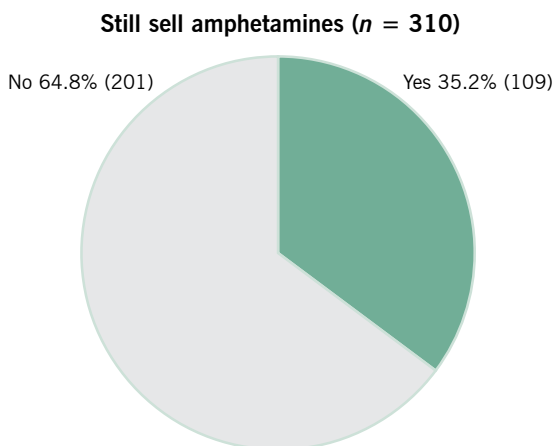


F3. Why did you first start to sell speed? Are the reasons listed below not at all, a little or a lot like you?

Indicators of amphetamine market initiation — reasons first started selling amphetamines

REASONS STARTED SELLING AMPHETAMINES	PERCENTAGE OF AMPHETAMINE DEALERS			Total (n)
	Not at all	A little	A lot	
Friends encouraged me	47.2	37.2	15.6	288
For money	15.4	29.5	55.1	292
For fun	50.2	34.4	15.4	285
To support my own drug use	10.9	26.2	62.9	302

F4. Do you still sell speed?



F5. Why do you still sell speed? Are the reasons listed below not at all, a little or a lot like you?

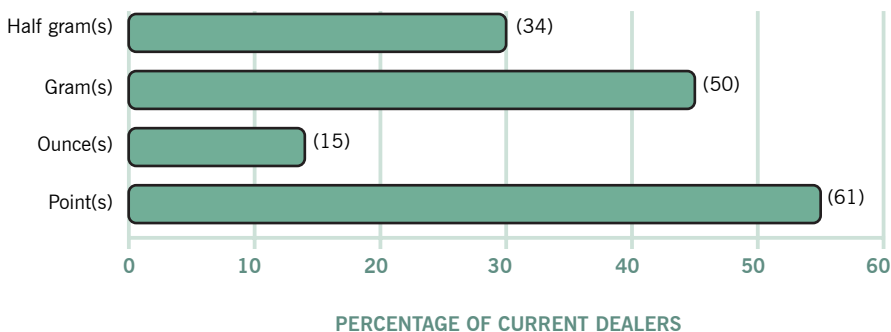
Indicators of amphetamine market participation — reasons still selling amphetamines

PERCENTAGE OF CURRENT DEALERS REPORTING LEVEL OF AGREEMENT

REASONS STILL SELLING AMPHETAMINES	Not at all	A little	A lot	Total (n)
Friends rely on me	18.1	43.8	38.1	105
I need the money	9.4	30.2	60.4	106
For fun/I like it	47.6	35.9	16.5	103
To support my own drug use	10.1	22.9	67.0	109

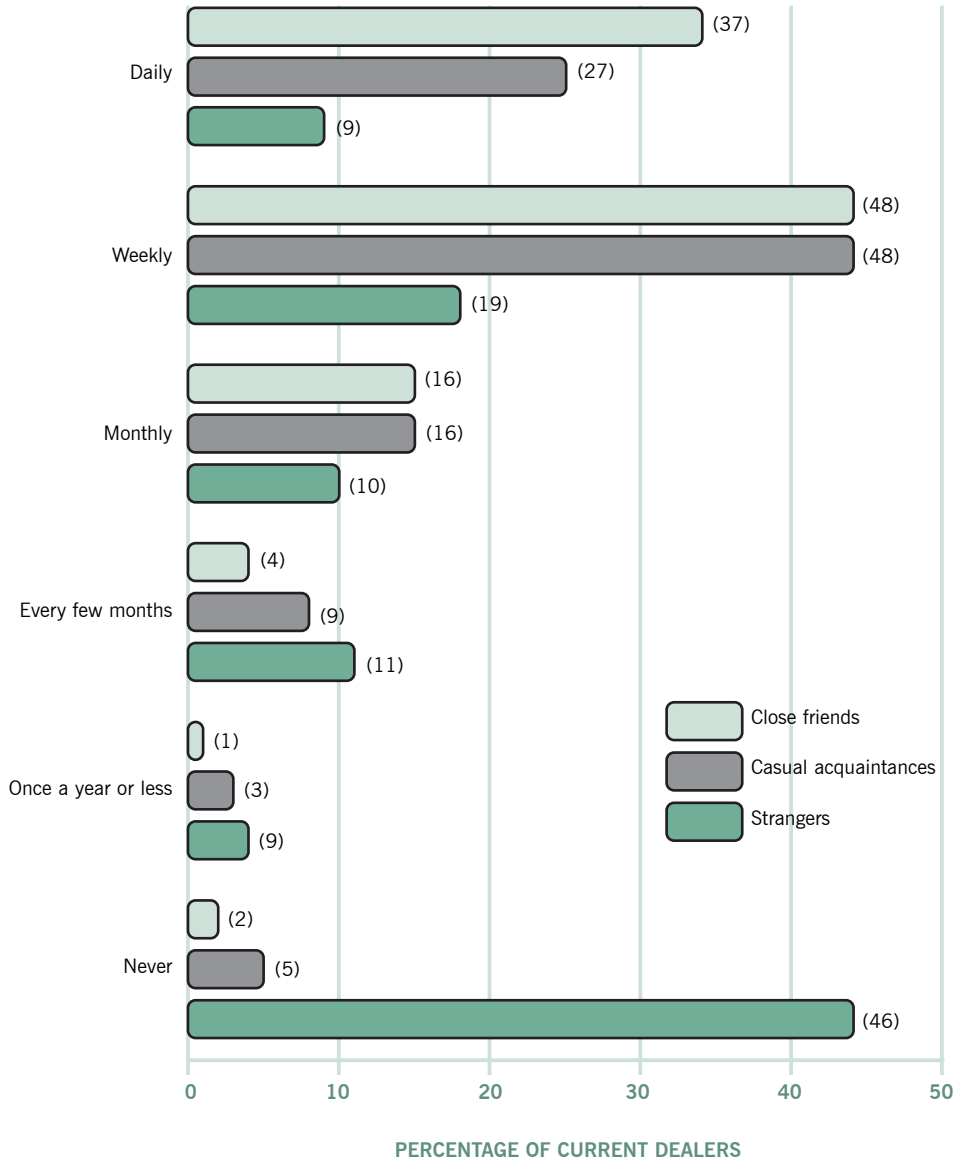
F6. When selling speed, which quantities or measures do you usually deal in?

Quantities of amphetamines usually sold



F7. Who do you usually sell to, and how often?

Amphetamine market networks — to whom and how often amphetamines are sold



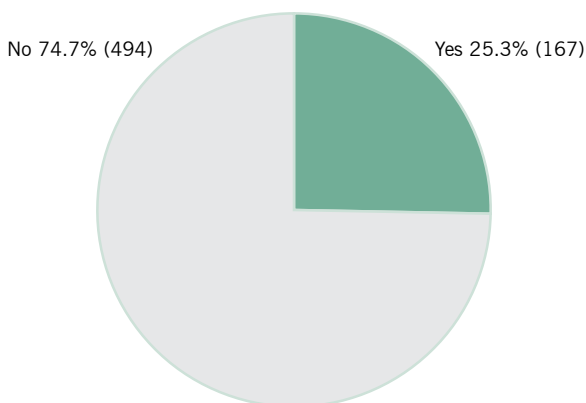
F8. Why don't you sell speed anymore? Are the reasons listed below not at all, a little or a lot like you?

Reasons for leaving the market

REASONS NO LONGER SELLING	PERCENTAGE OF EX-DEALERS REPORTING LEVEL OF AGREEMENT			
	Not at all	A little	A lot	Total (n)
Family/friends encouraged me to stop	57.5	25.3	17.2	186
Don't need the money anymore	64.5	21.0	14.5	186
I'd just had enough	21.3	23.9	54.8	188
I'd been threatened with violence	71.7	14.7	13.6	184
Decided to stop before I got caught by the police	39.5	23.8	36.8	185
Decided to stop because I got caught by the police	85.2	6.0	8.8	182

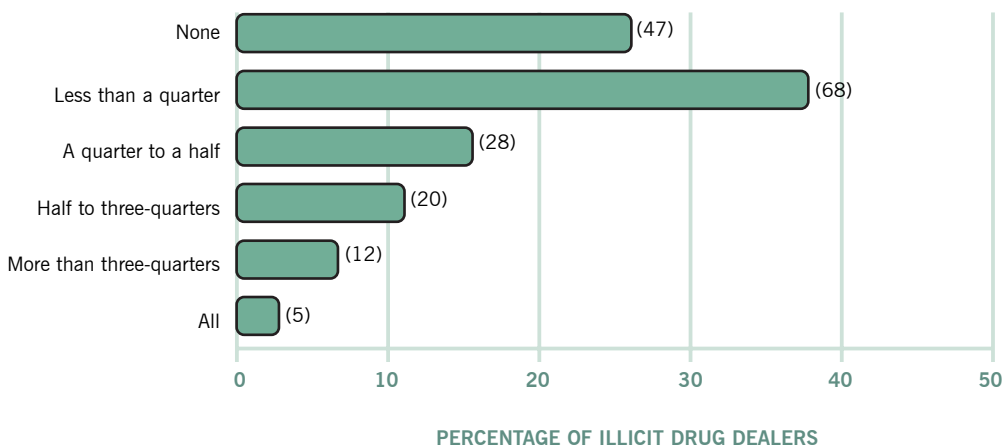
F9. Do you sell other drugs?

Proportion of respondents selling other drugs (n = 661)



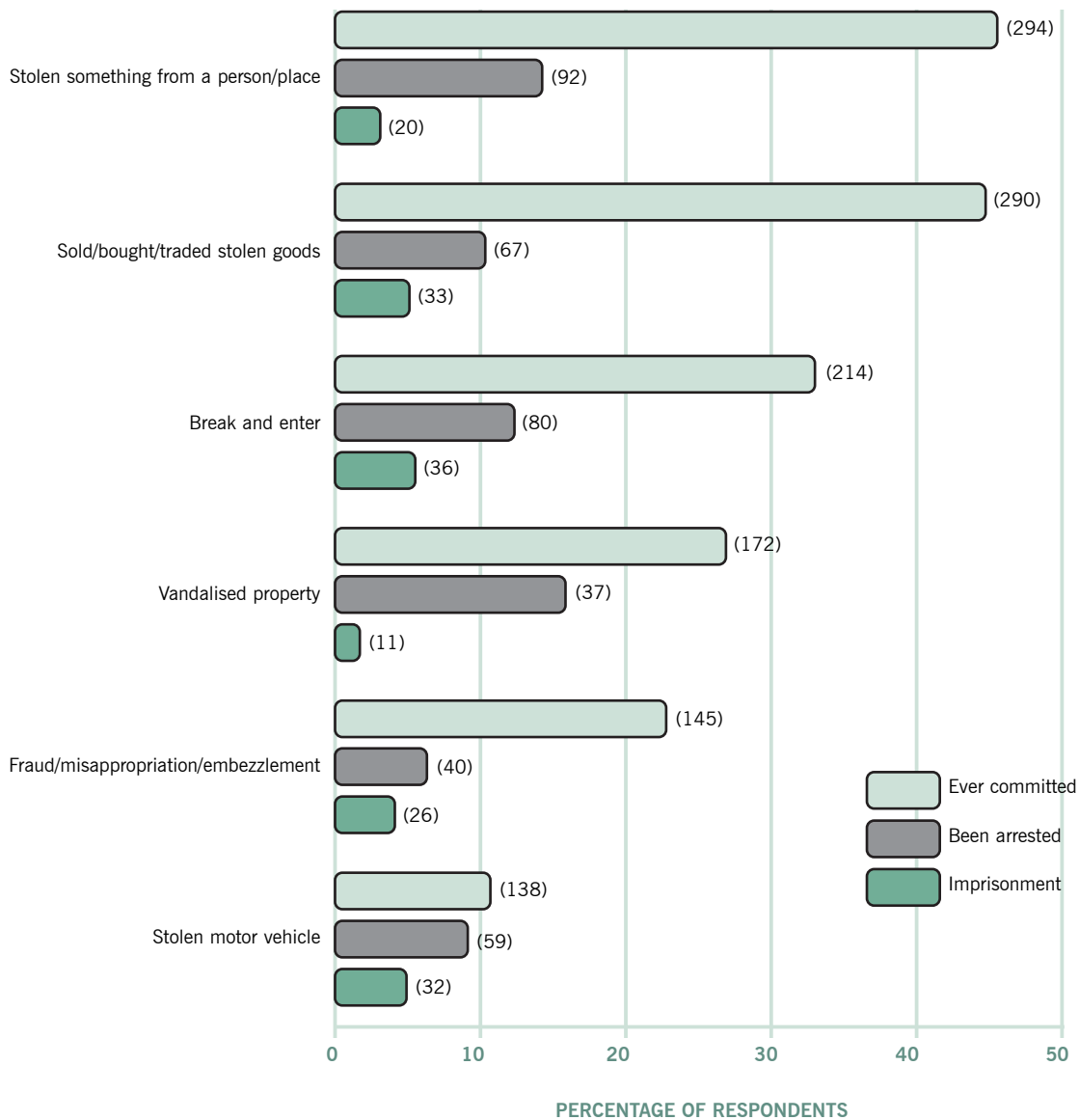
F10. How much of your total income, including benefits, is made from selling all types of drugs?

Share of total income made from the sale of illicit drugs, including amphetamines (n = 180)



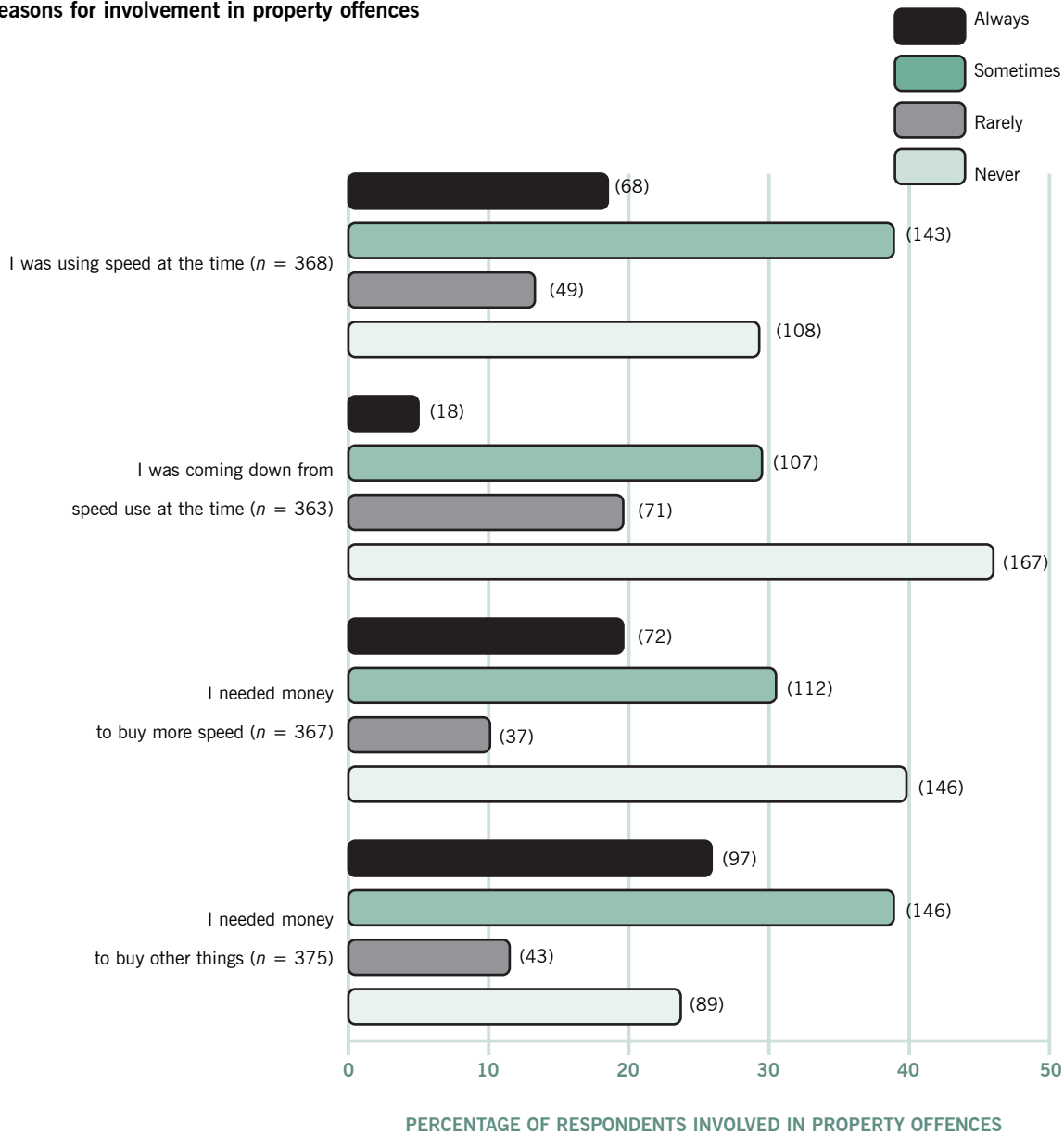
F11. Have you ever done any of the things listed below? Were you arrested and have you spent time in prison because of these things?

Involvement in property offences



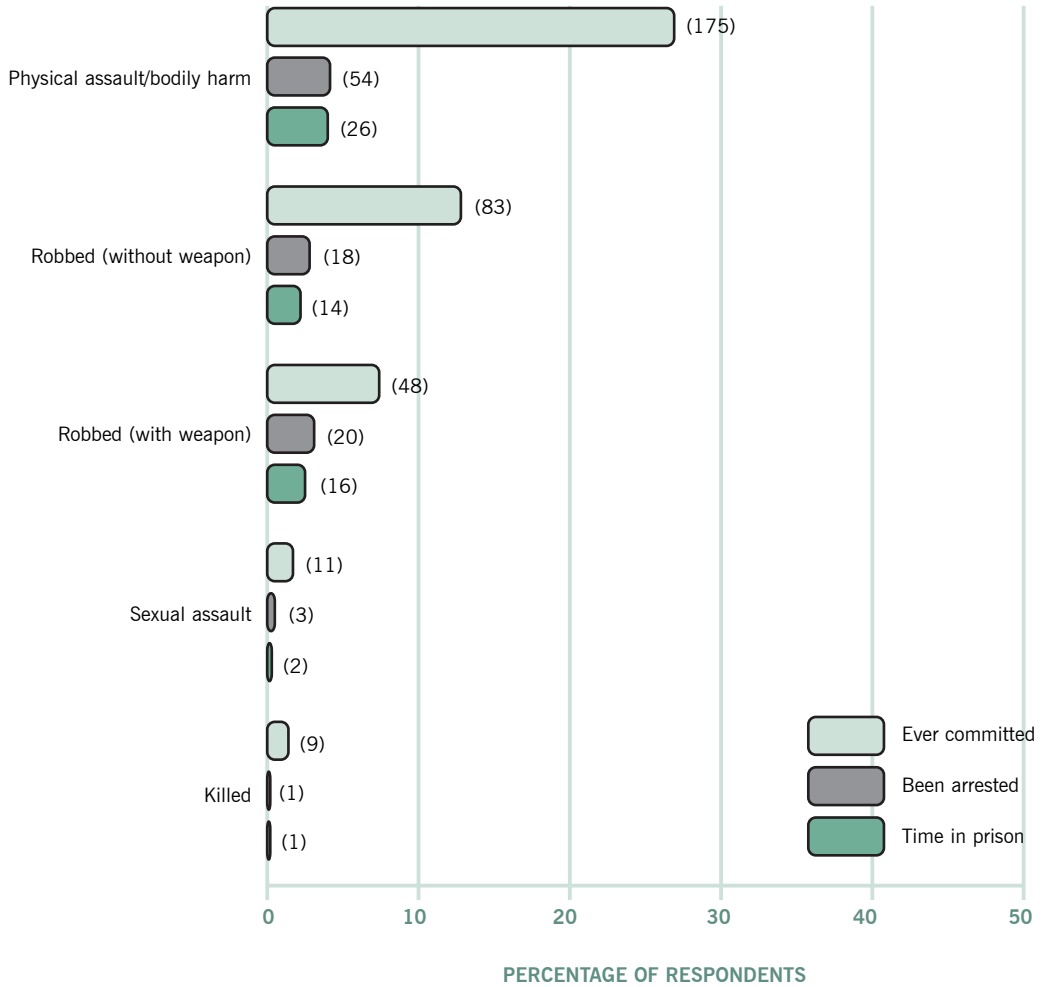
F12. For these offences, which of the following reasons explain why you did these things?

Reasons for involvement in property offences



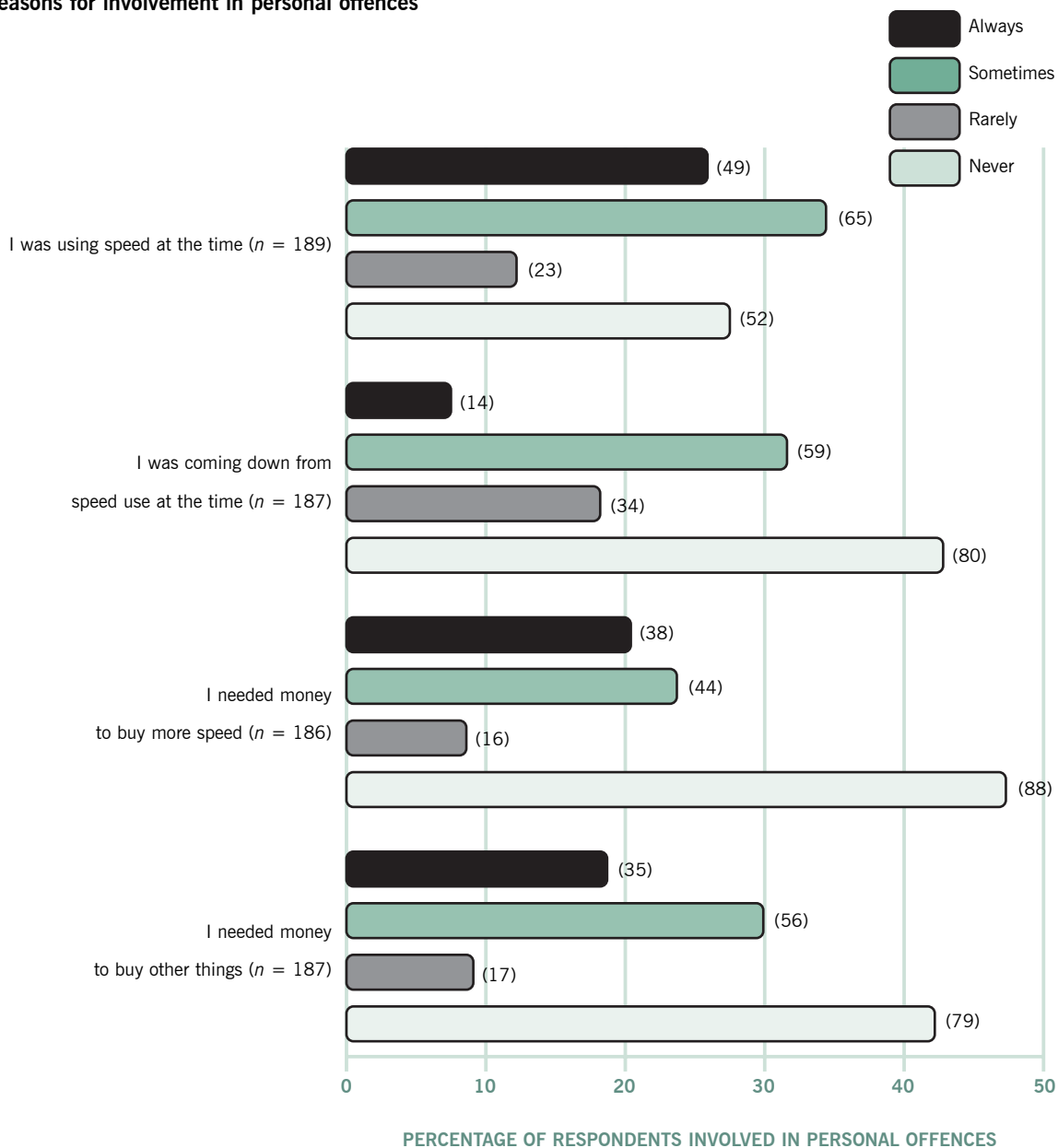
F13. Have you ever done any of the things listed below? Were you arrested and have you spent time in prison because of these things?

Involvement in personal offences



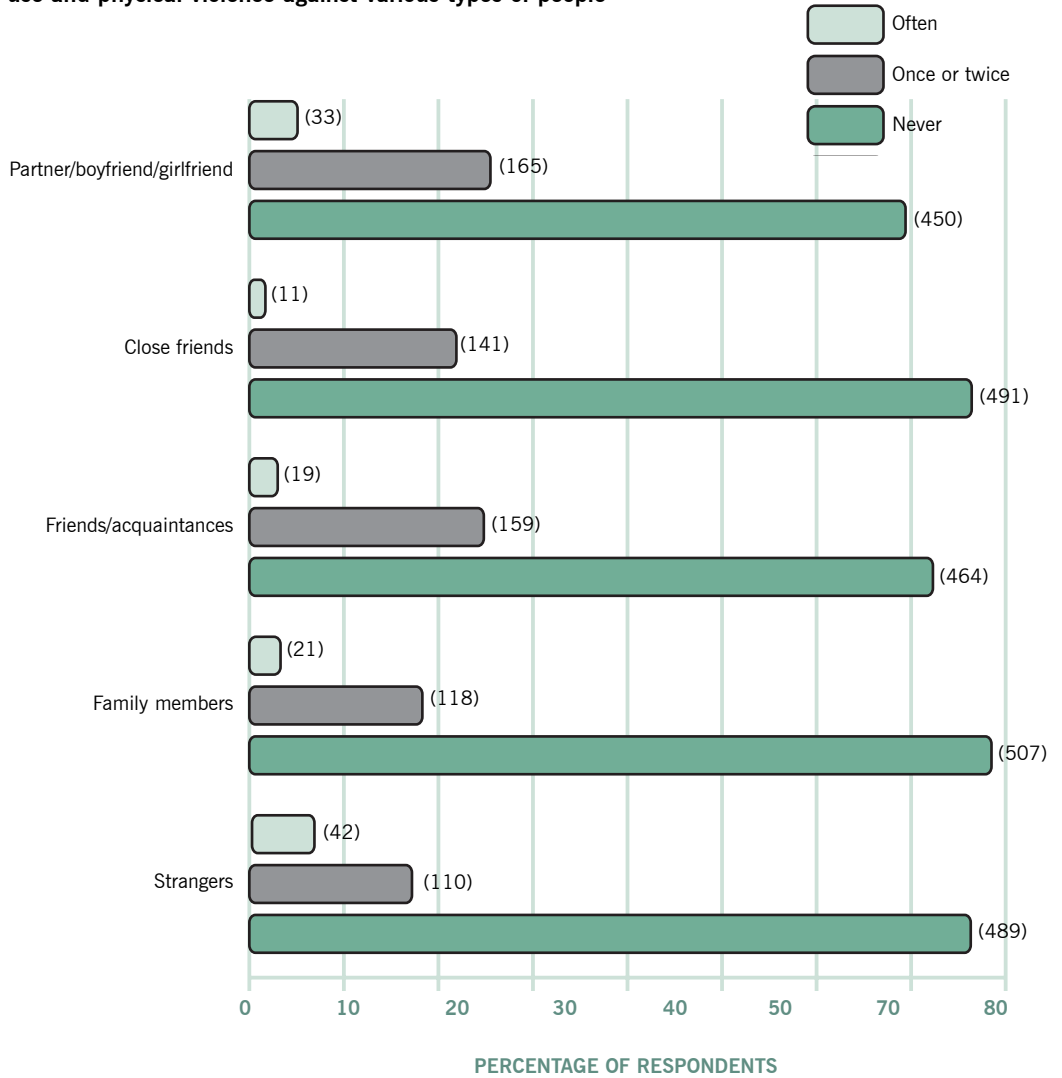
F14. For these offences, which of the following reasons explain why you did these things?

Reasons for involvement in personal offences



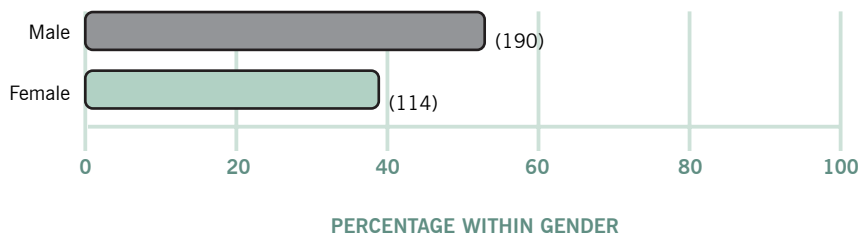
F15. Have you ever been physically violent towards anyone because of your speed use?

Amphetamine use and physical violence against various types of people

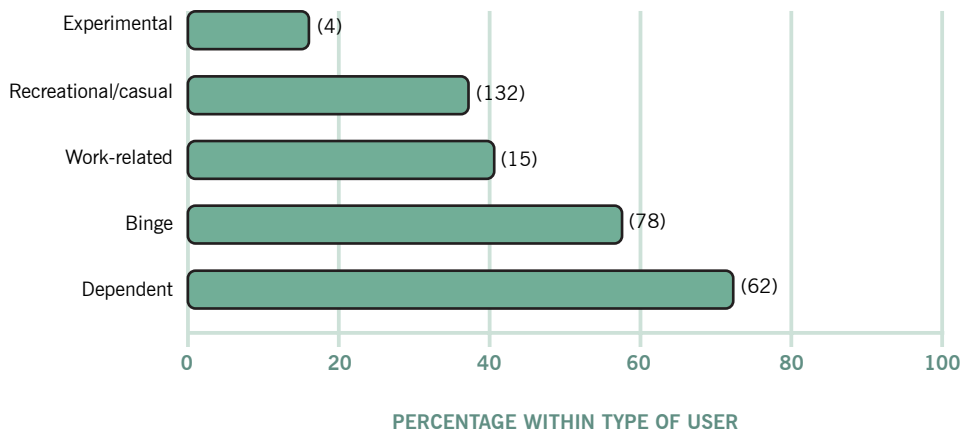


ADDITIONAL FINDINGS

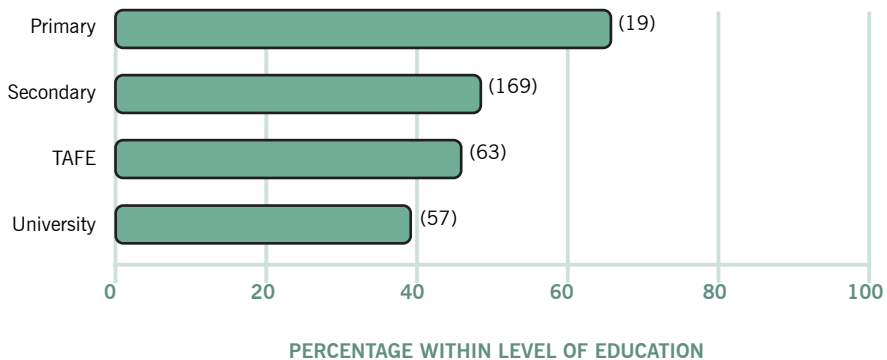
Ever sold amphetamines, by gender



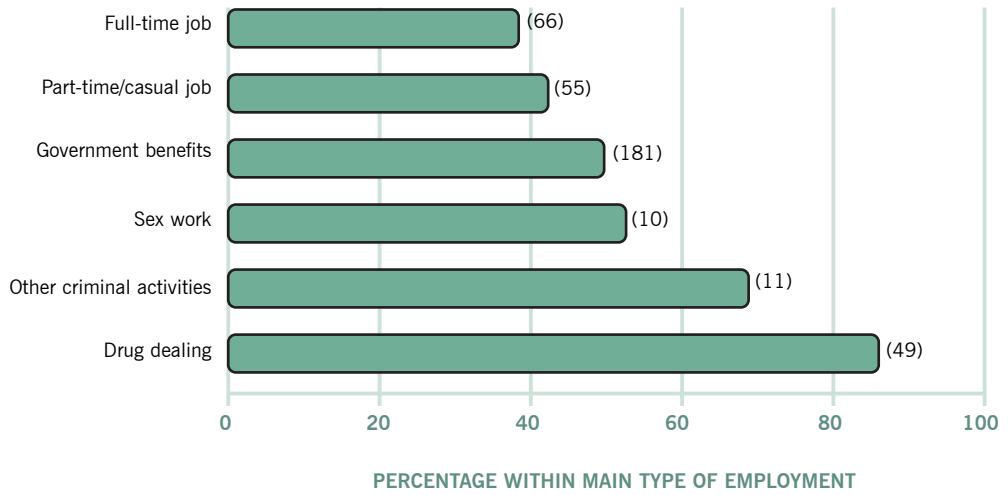
Ever sold amphetamines, by self-identified type of user



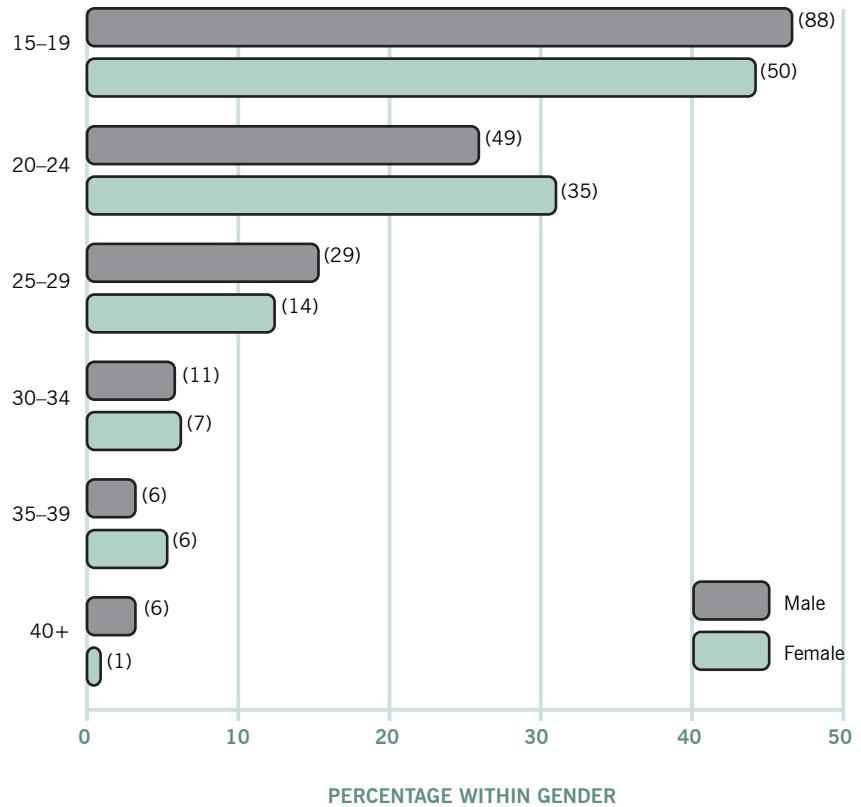
Ever sold amphetamines, by level of education

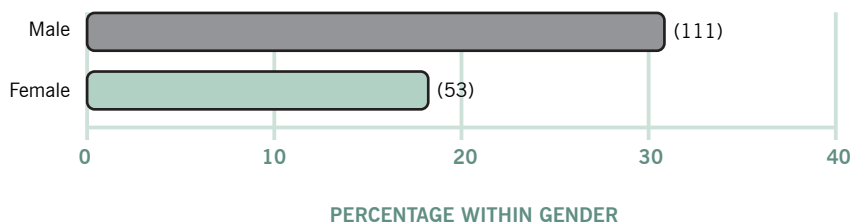
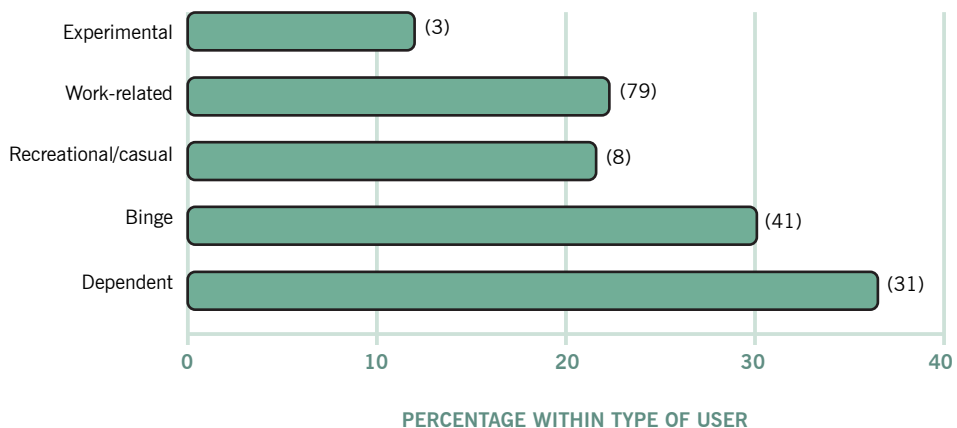
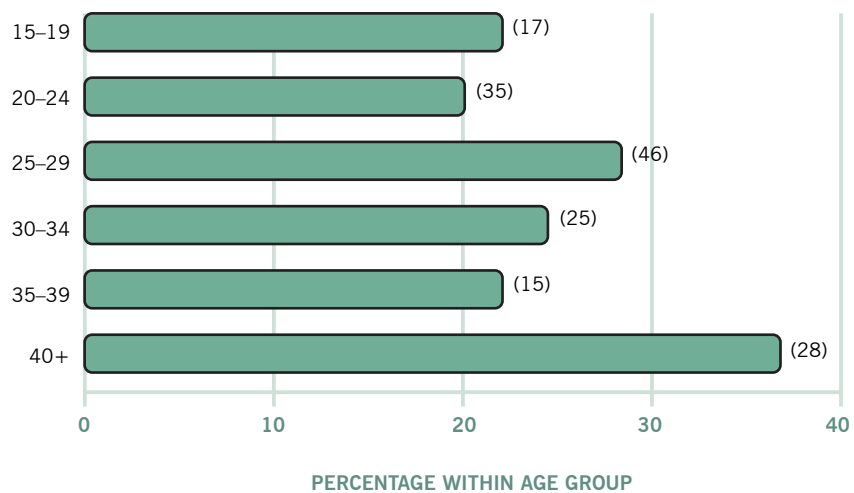


Ever sold amphetamines, by main source of income

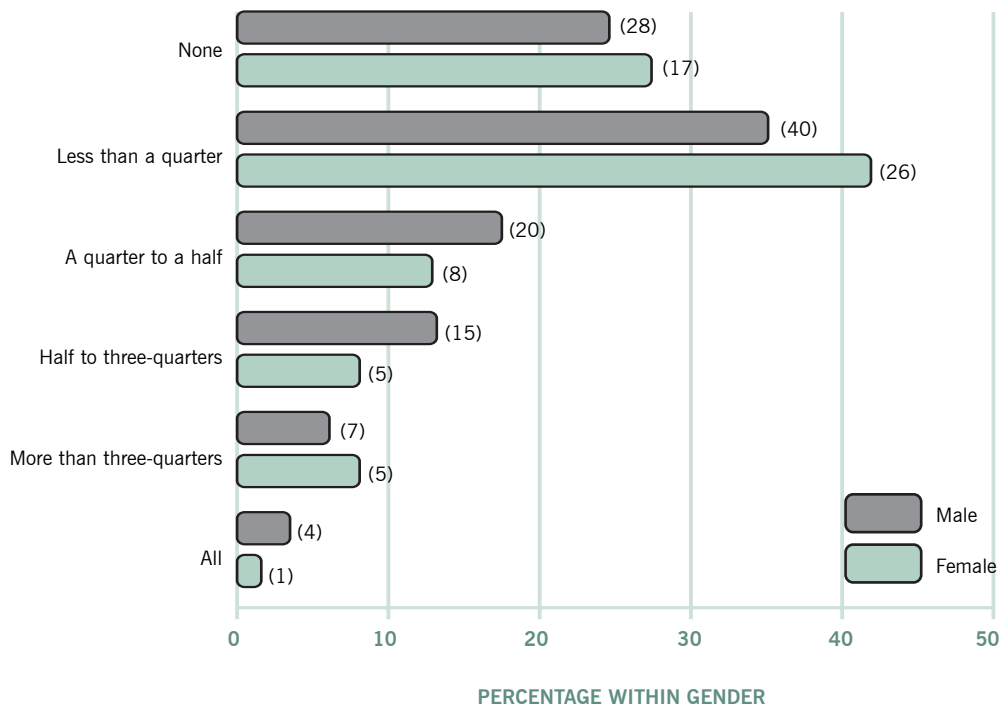


Age first sold amphetamines, by gender

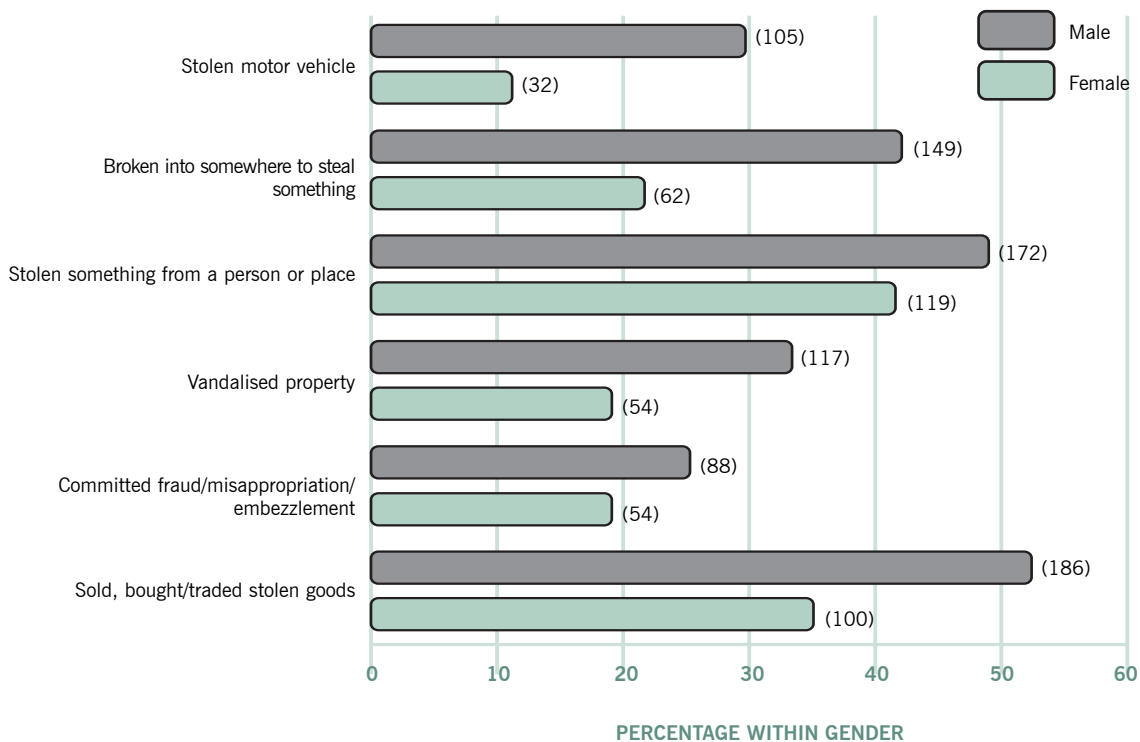


Sell other drugs, by gender**Sell other drugs, by self-identified type of user****Sell other drugs, by age**

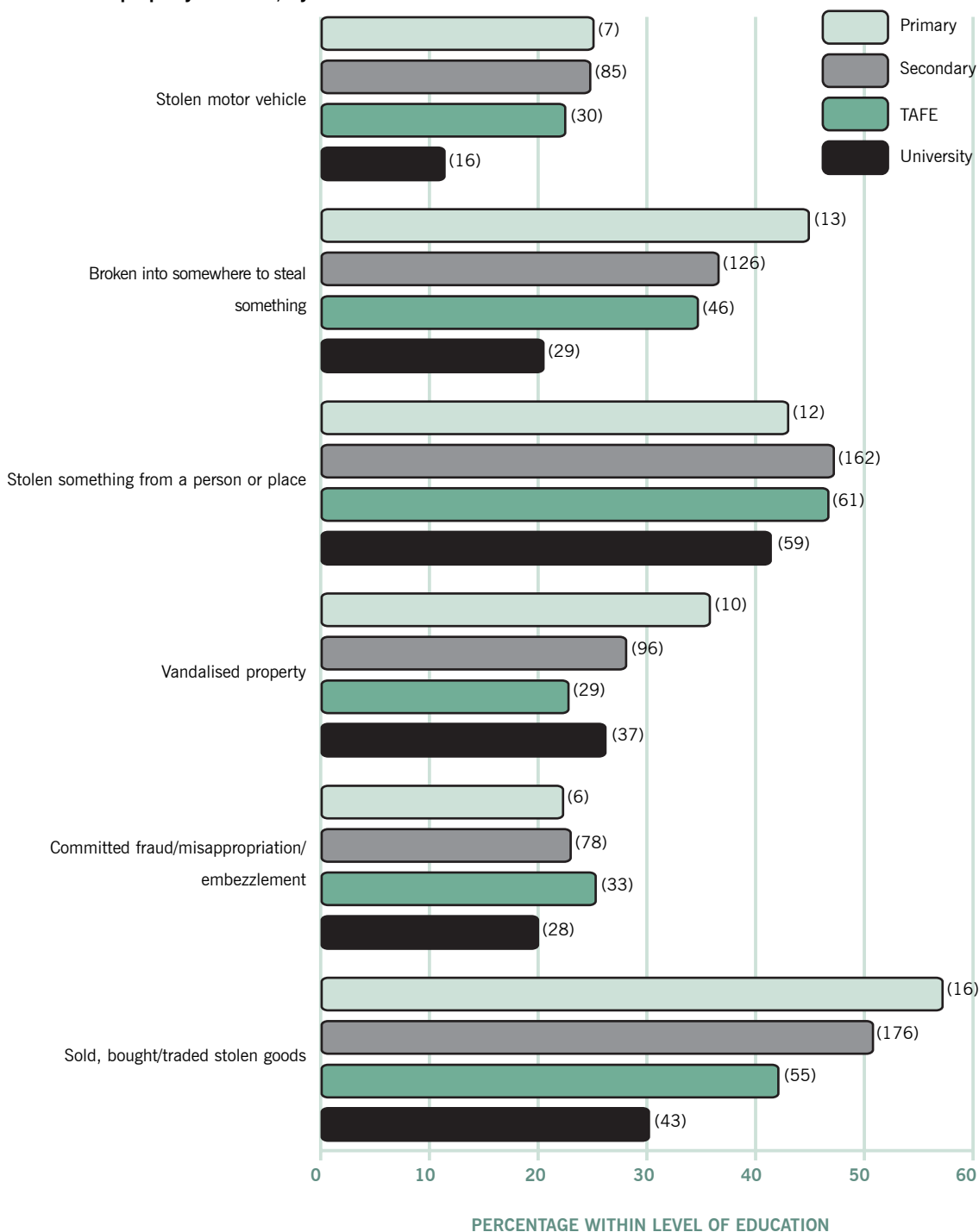
Income from selling illicit drugs, by gender



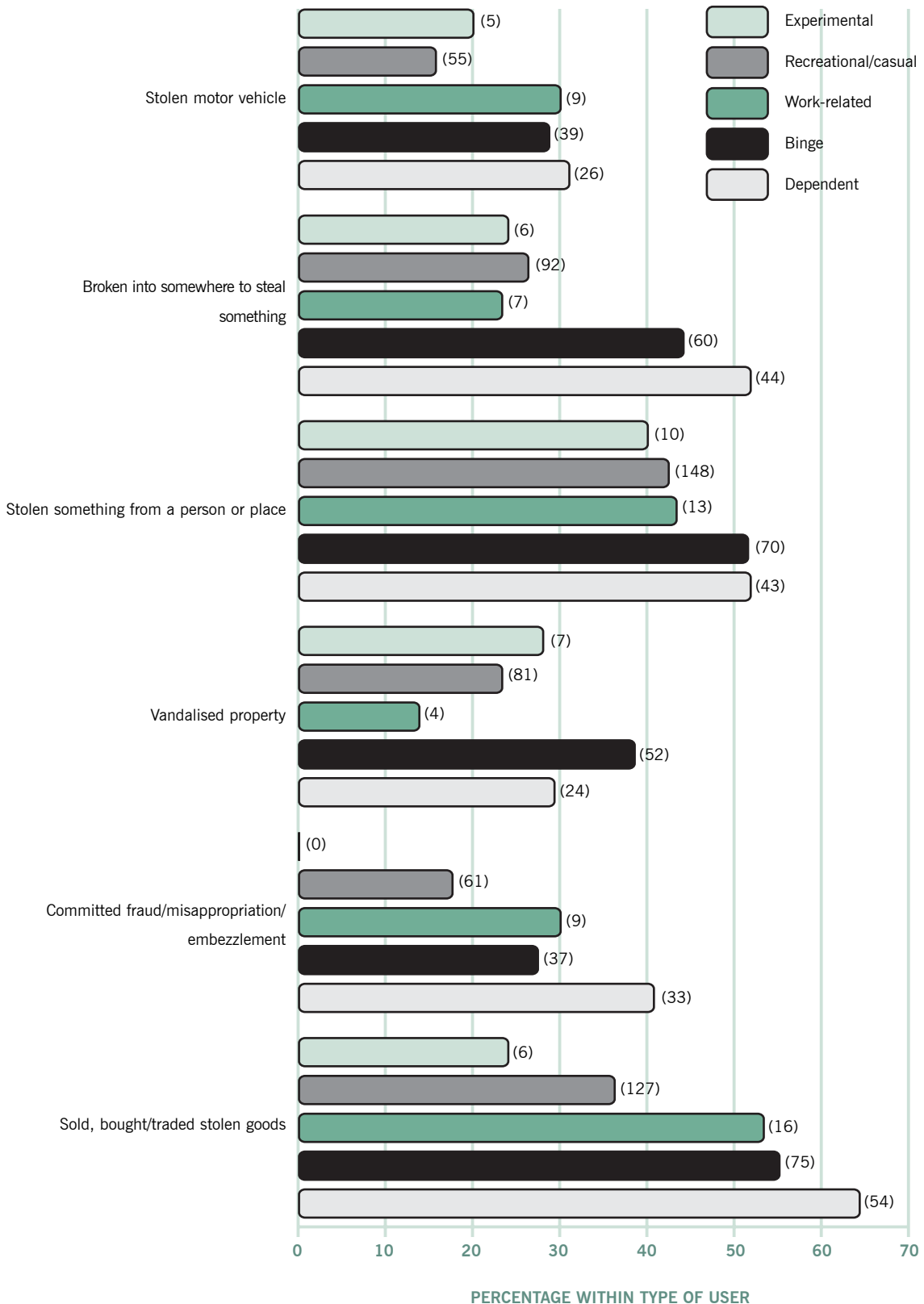
Involvement in property offences, by gender



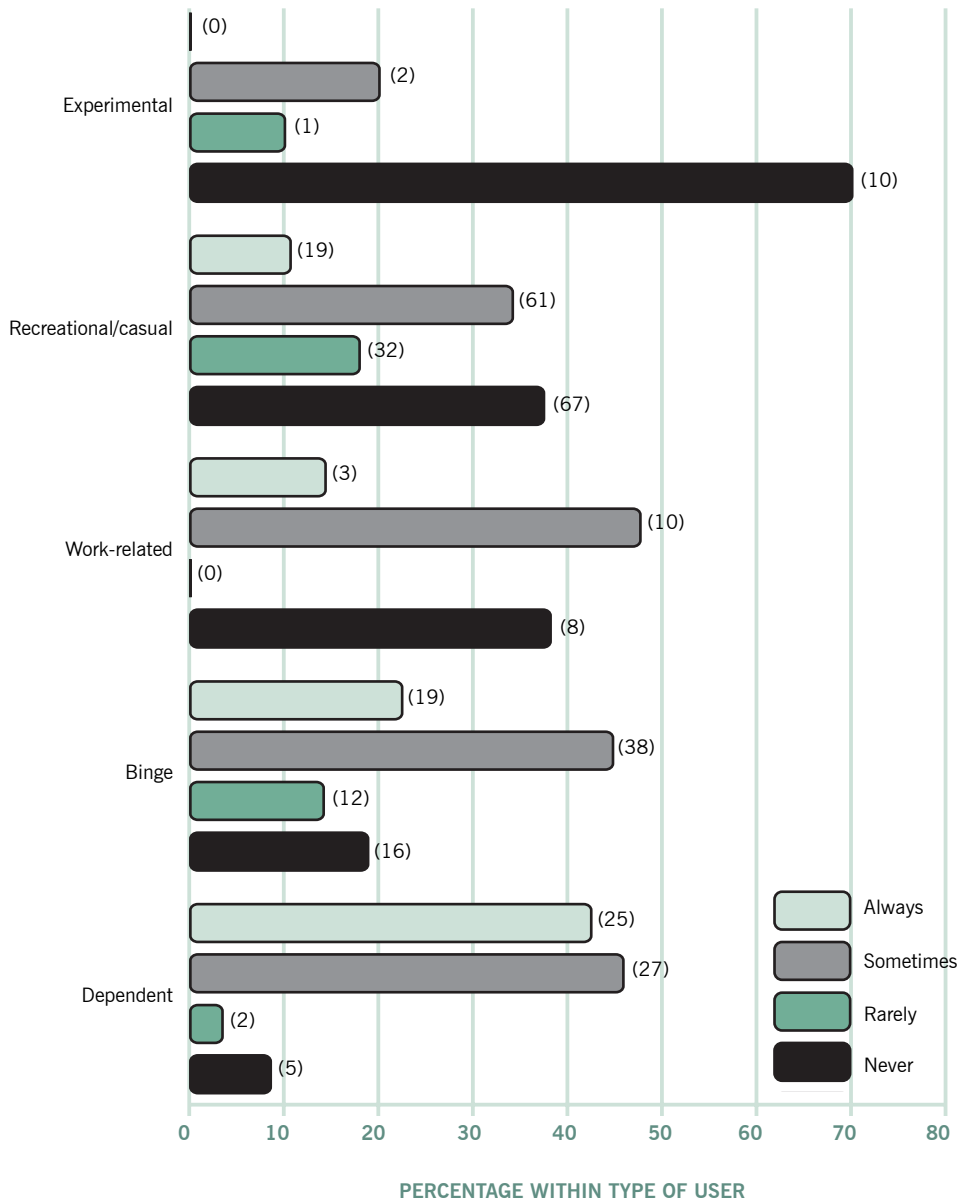
Involvement in property offences, by level of education



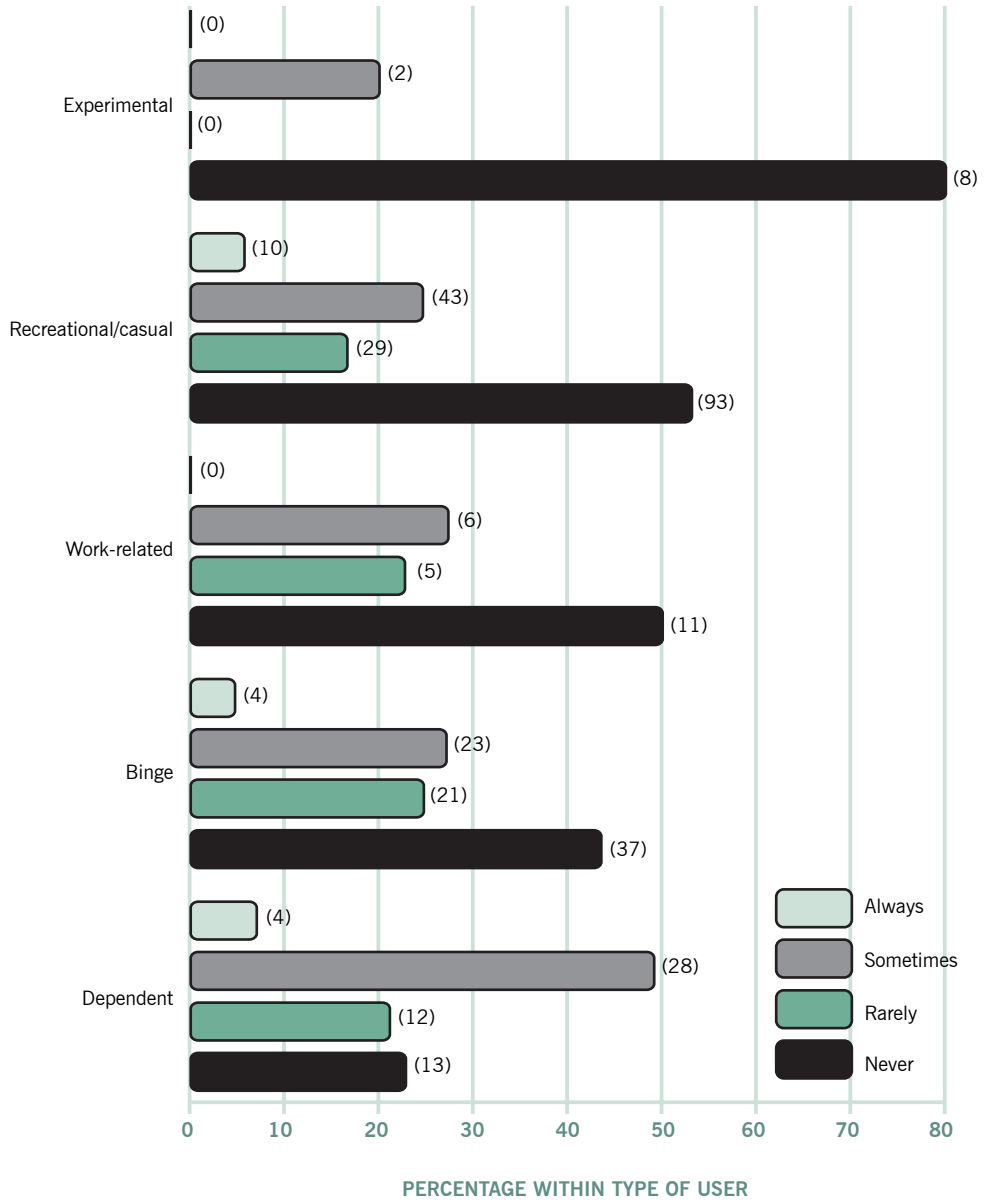
Involvement in property offences, by self-identified type of user



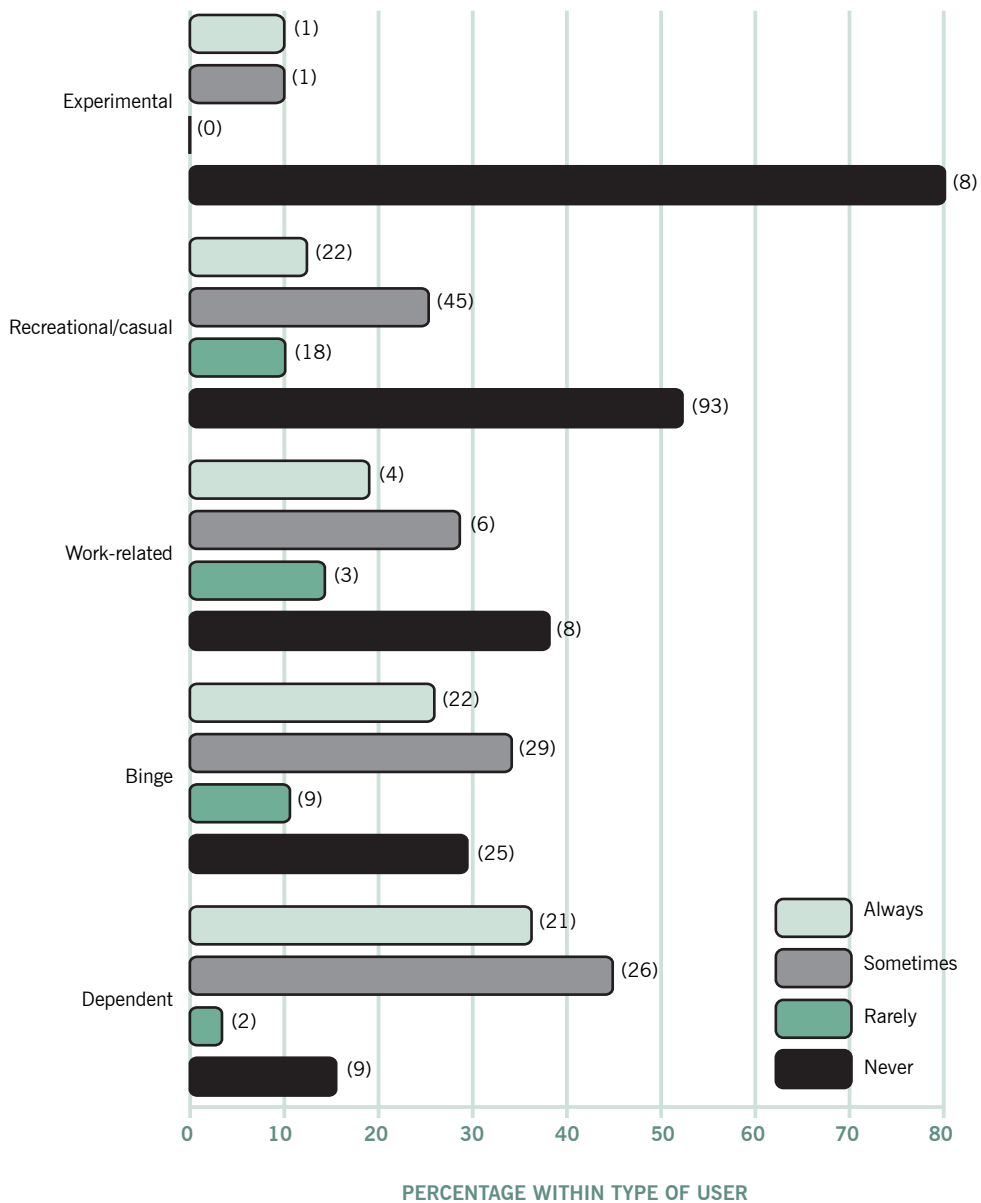
Using amphetamines as reason for property offences, by self-identified type of user



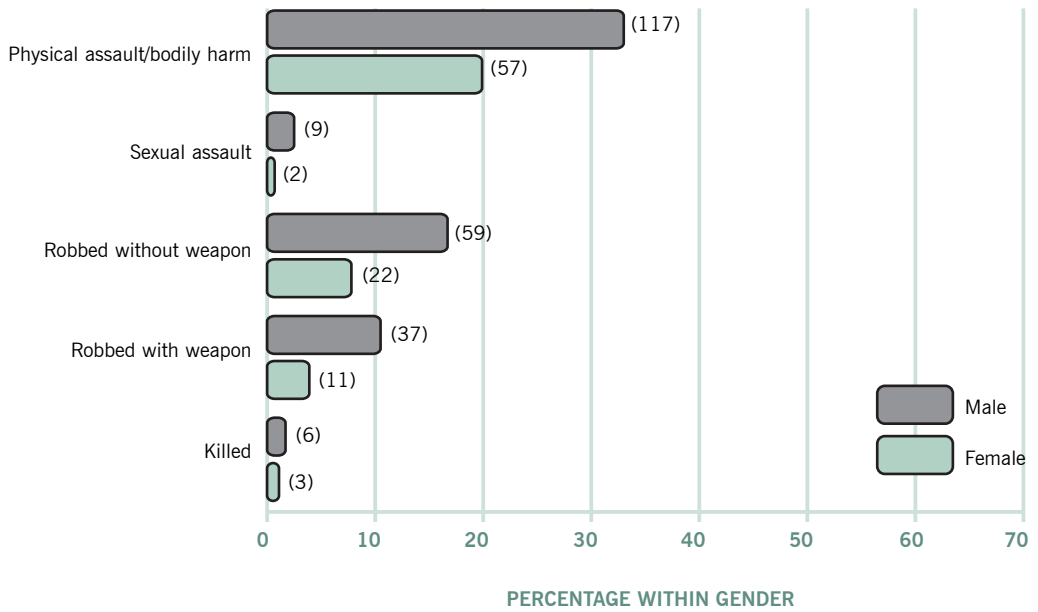
Coming down from amphetamines as reason for property offences, by self-identified type of user



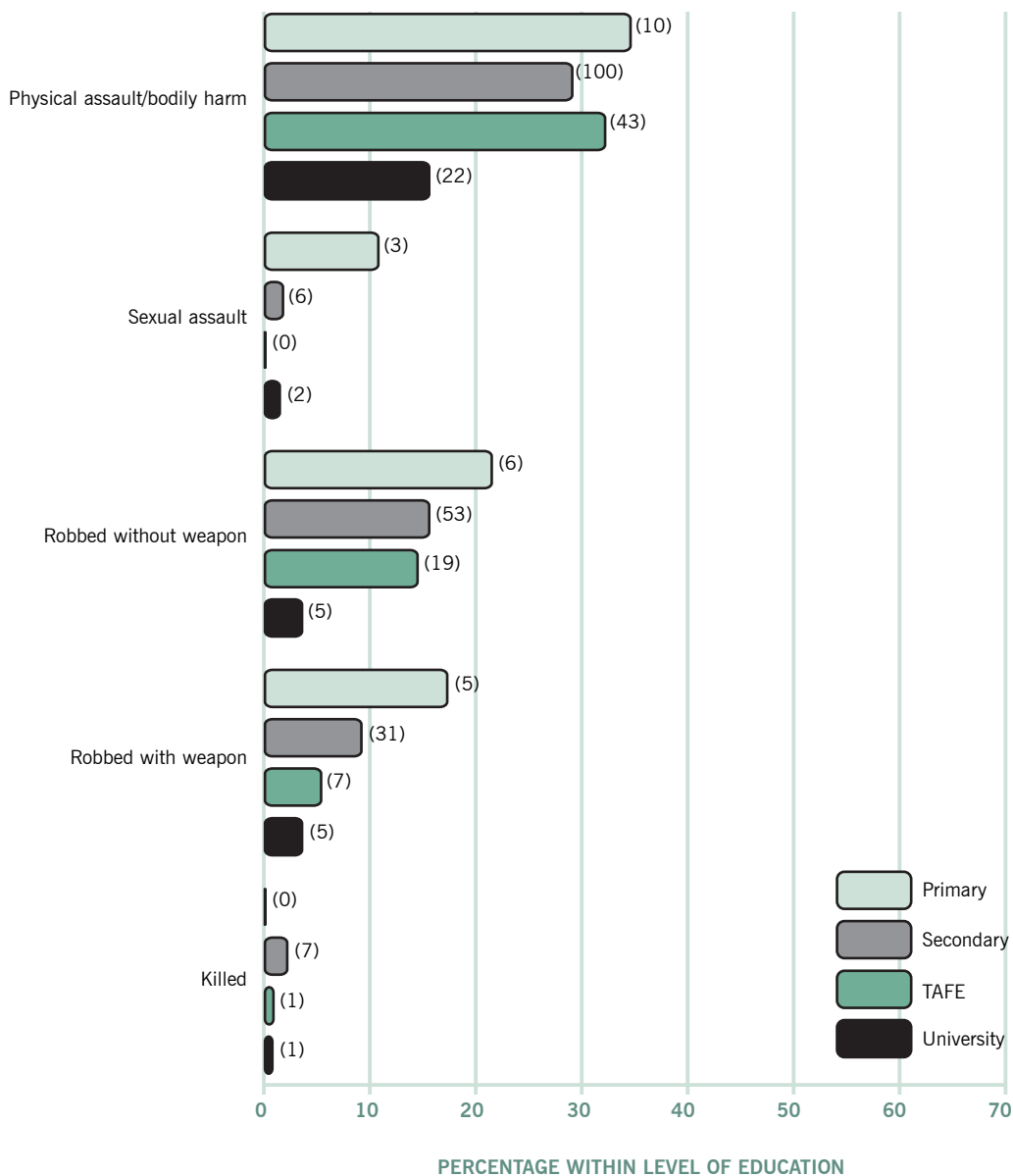
Needing money for amphetamines as reason for property offences, by self-identified type of user



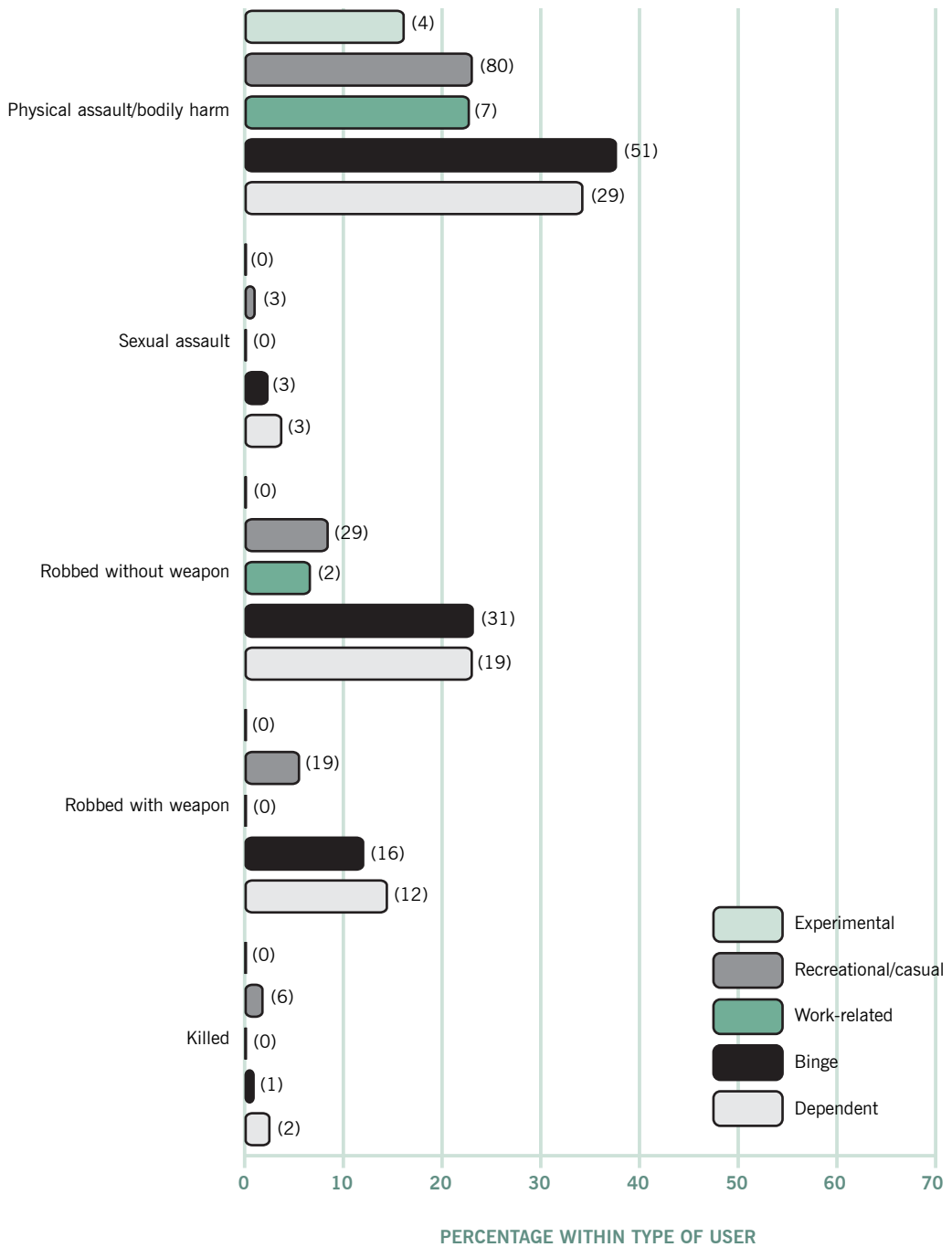
Involvement in personal offences, by gender



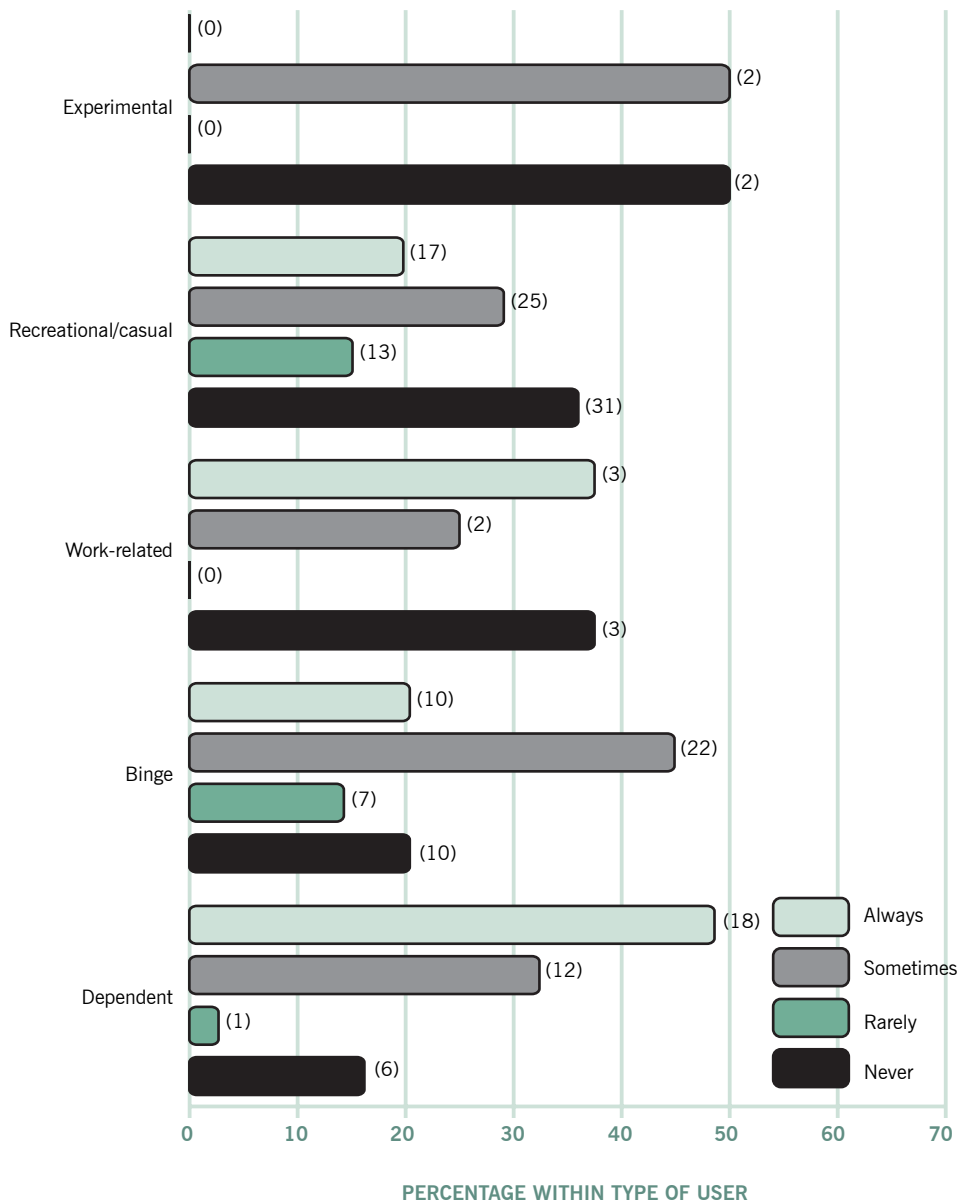
Involvement in personal offences, by level of education



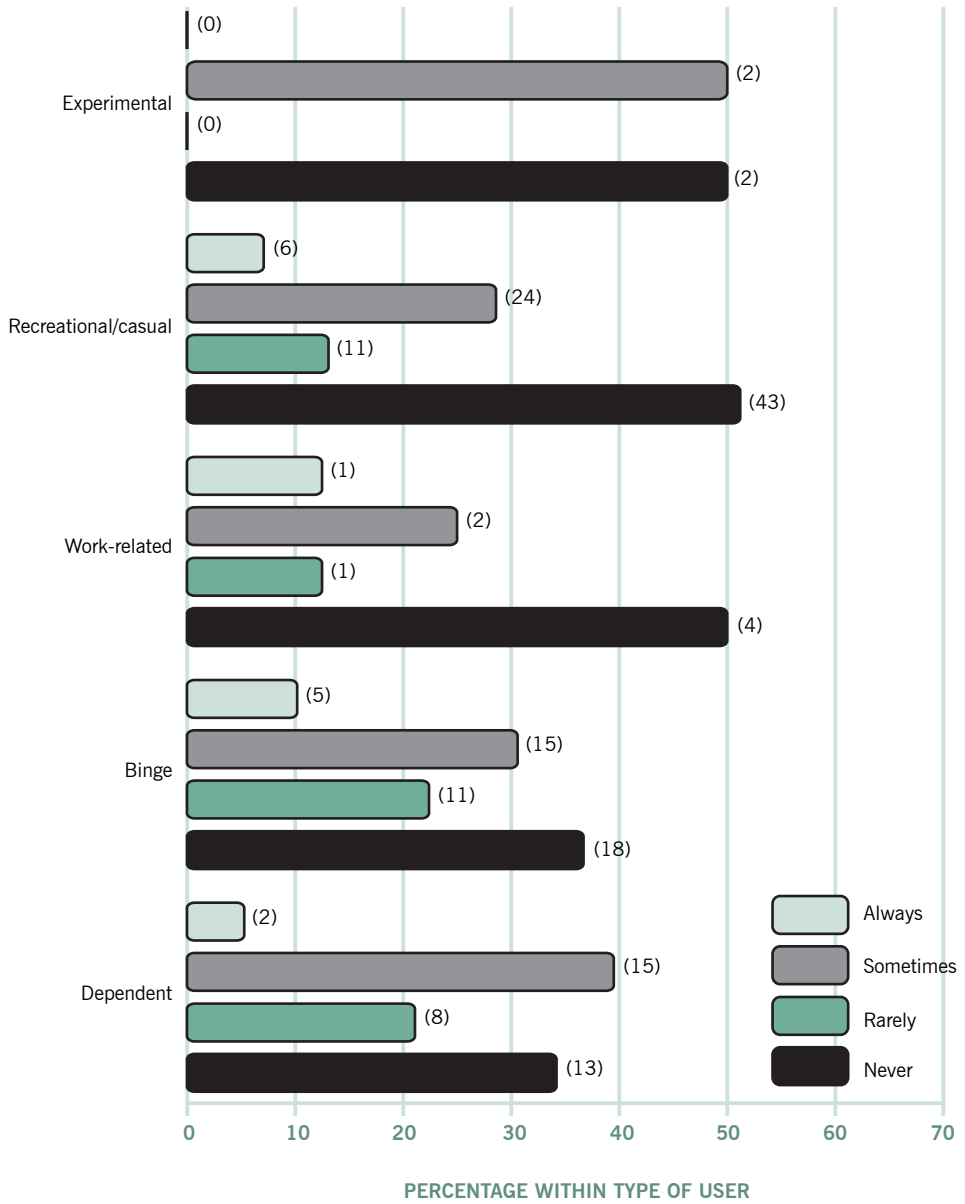
Involvement in personal offences, by self-identified type of user



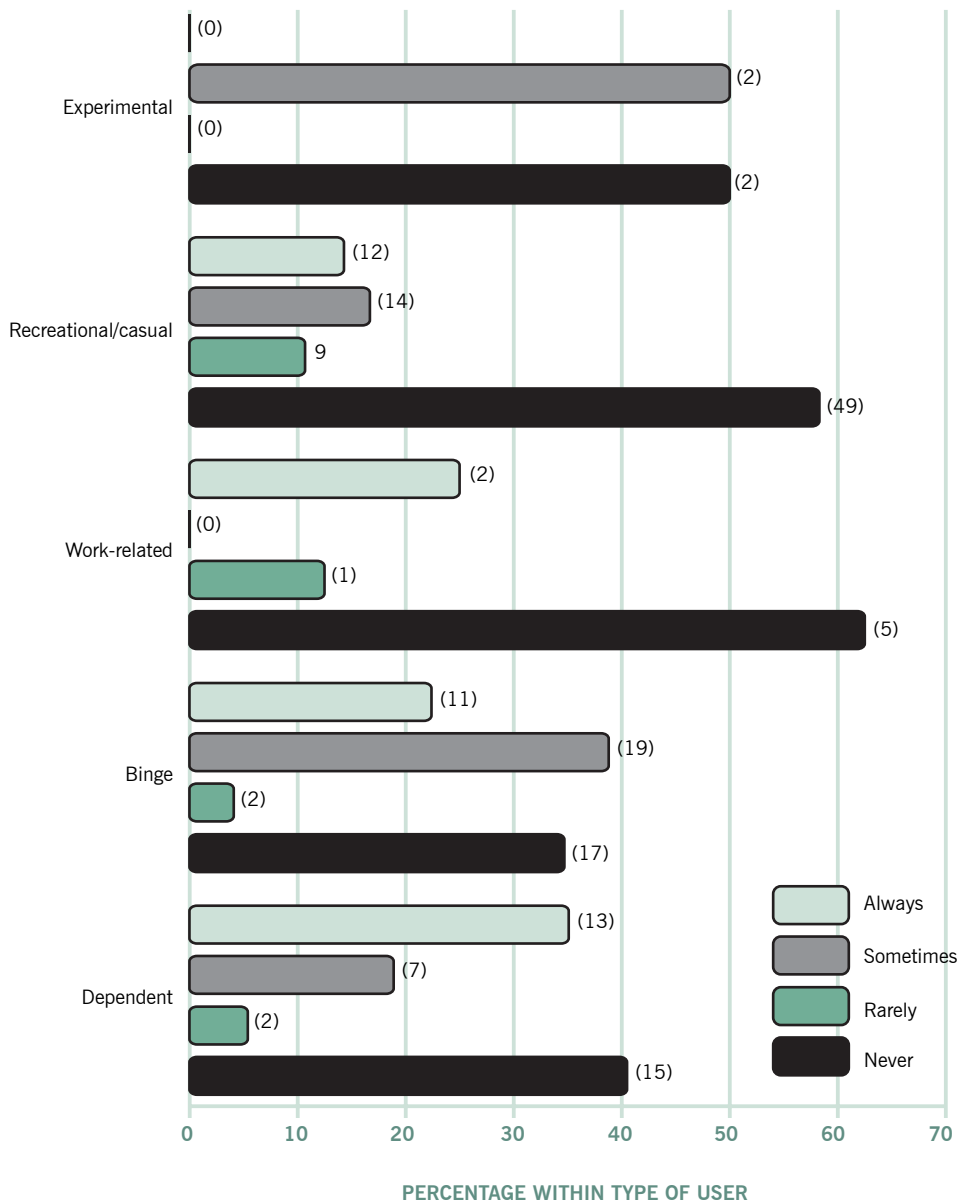
Using amphetamines as reason for personal offences, by self-identified type of user



Coming down from amphetamines as reason for personal offences, by self-identified type of user



Needing money for more amphetamines as reason for personal offences, by self-identified type of user



Amphetamine use and violence — levels of physical violence against various types of people, by gender

NUMBER AND PERCENTAGE REPORTING VIOLENCE, WITHIN GENDER

TYPE OF PERSON AGAINST WHOM PERPETRATED	FREQUENCY OF PERPETRATION	Male		Female	
		(n)	%	(n)	%
Partner/boyfriend/girlfriend	Never	254	72.8	187	64.7
	Once or twice	83	23.8	81	28.0
	Often	12	3.4	21	7.3
Close friends	Never	243	70.0	239	83.6
	Once or twice	95	27.4	45	15.7
	Often	9	2.6	2	0.7
Friends/acquaintances	Never	230	66.1	225	79.2
	Once or twice	104	29.9	54	19.0
	Often	14	4.0	5	1.8
Family members	Never	270	77.4	228	79.4
	Once or twice	63	18.1	54	18.8
	Often	16	4.6	5	1.7
Strangers	Never	248	71.3	232	82.0
	Once or twice	72	20.7	37	13.1
	Often	28	8.0	14	4.9

Chapter 8

INJECTING PRACTICES AND KNOWLEDGE

This chapter reports on the injecting practices of those respondents who were current injectors of illicit drugs. Access to sterile injecting equipment, level of awareness of safer injecting procedures, injection health issues and the environment where injecting occurs are also discussed.

Patterns of injecting drug use

Three-quarters of respondents described themselves as injecting drug users, with a slightly higher proportion of males (78.7%) than females (71.1%). Contrasting injection behaviours were reported, ranging from dependence to occasional or rare injecting. More than a quarter of injectors (28.3%) reported injecting drugs once a day or more often over the preceding three months. A similar proportion (28.9%), however, injected once a week or less over the three months, and an additional 9 per cent (nearly 1 in 10) had not injected at all during this period.

Use and disposal of injection equipment

Over half of the injectors (56.9%) indicated that they always used a new syringe to inject drugs, while most of the remaining injectors (37.6%) reported using one most of the time. The majority of respondents (67.8%) stated that it was easy or very easy to obtain needles and syringes from a usual outlet such as a needle and syringe program or a pharmacy.

Needle and syringe programs (NSPs) were the most common source of injection equipment, with 71.9 per cent of injectors usually obtaining them from this source. This total figure for NSP utilisation includes 10.5 per cent of injectors who used programs at hospitals and 6 per cent who used outreach programs. The remaining 55.4 per cent who used NSPs accessed them through a variety of other settings, including within non-government agencies, community health centres and other government agencies. Apart from NSPs, pharmacies accounted for a substantial proportion of service provision, with 31.4 per cent of injectors having used this source.

Less than half of all injectors (43.4%) used sterile water (in plastic ampoules) to mix their drugs. Of those who did use sterile water, 56.0% per cent reported that they obtained it from an NSP (including NSPs in hospital settings). Most injectors disposed of injection equipment in an appropriate manner. Fifty-five per cent reported always putting their used needles and syringes into a sealed container or a public sharps bin, while a further 31.4 per cent reported doing so most of the time.

Injecting experiences and risk behaviours

Over the six months preceding the interview, nearly one in five injectors (17.7%) had used a needle and syringe after someone else had used it, while a considerably greater number (39.4%) had used a drug mix after somebody else. Dependent amphetamine users were

more likely than non-dependent users to have used a needle and syringe (24.8% compared to 11.6%) or a drug mix (47.8% compared to 32.3%) after someone else in the last six months. In addition, female injectors were slightly more likely than males to have used a needle and syringe after somebody else (19.5% compared to 15.5%). One in five female injectors (20.0%) had used a drug mix after their regular sexual partner had used it, compared to 12.3 per cent of males. Females (15.3%) were also slightly more likely than males (11.0%) to use injection equipment after their regular sexual partner had used it.

Although they were in the minority, a notable proportion of injectors had injected other people at the same time as they were using. Many injectors (22.5%) had injected someone else ‘sometimes’ during the previous six months and a further 8.8 per cent had done so every time or nearly every time that they used themselves. Fewer than 1 in 5 (18.5%) of these injectors always washed their hands between their own hit and the other person’s. More than one-third of all injectors (35.6%) reported using their hand to clean the blood from their own injection site on occasions over the last six months; but the overwhelming majority of injectors (77.2%) reported also using a swab for this purpose.

Practical problems relating to injection sites and injecting techniques were common among the injectors in this sample. The most common problems they had experienced over the preceding six months were difficulty injecting (46.5%) and prominent scarring or bruising (45.1%).

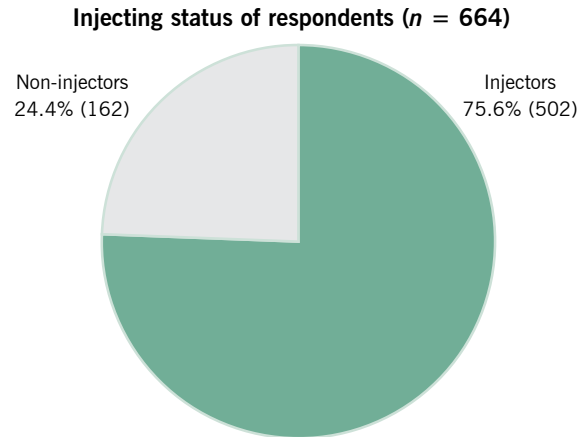
While most people reported that they always or nearly always injected at a private dwelling (85.7%), a sizeable minority reported sometimes using at a commercial building (23.3%), in a public space (22.1%) or in some form of transport or vehicle (34.6%). Of the injectors who had used in places other than a private dwelling, many reported feeling either not safe or very unsafe using at a commercial building (52.4%) or in some form of transport (48.0%), and particularly unsafe in a public space (59.5%). More than a third of all injectors had ‘sometimes’ injected in a hurry because they were worried about being caught by the police, and 10.7 per cent had done so ‘often’ or ‘always’.

Knowledge and attitudes regarding injecting and blood-borne viruses

Respondents were asked questions to gauge their knowledge about injecting and blood-borne viruses. Less than half of the injectors (43.1%) gave correct answers to all the questions, with an average score of 2.8 out of 4. Overall, respondents performed well in questions about sharing and reuse of needles and syringes, but they performed less well on questions about sharing other injection equipment. About 40 per cent of injectors agreed with the statement ‘It would be too hard for me to give up injecting’; yet a similar proportion (45.5%) agreed with the statement ‘It is worth giving up injecting to avoid the risk of getting hepatitis C’.

RESULTS

G1. Do you inject drugs?



G2. How often, on average, have you injected any drugs over the last three months?

Frequency of injection

RATE OF INJECTING DRUG USE	NUMBER AND PERCENTAGE OF RESPONDENTS	
	(n)	%
Not at all in the last 3 months	45	9.0
Once a week or less often	144	28.8
More than once a week but not every day	169	33.8
Once a day	66	13.2
2 to 3 times a day	58	11.6
More than 3 times a day	18	3.6

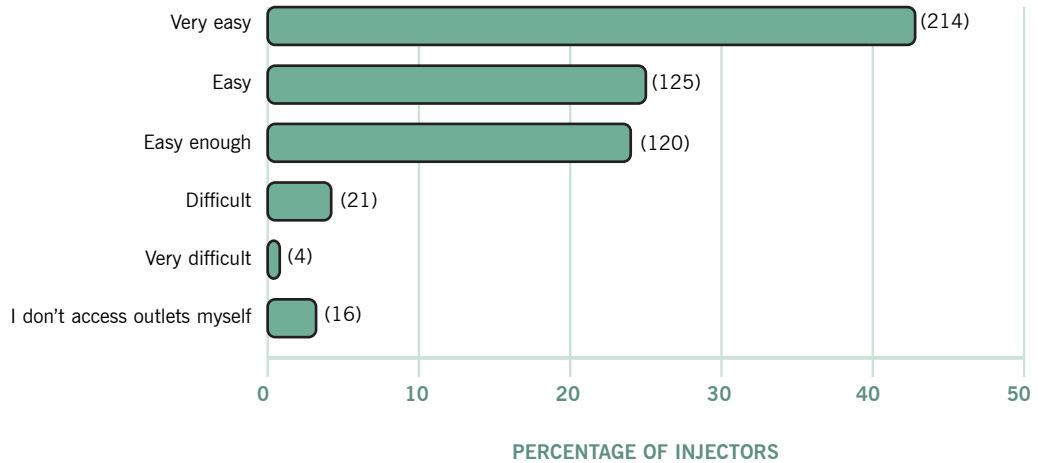
G3. Do you use a new syringe to inject drugs?

Use of new syringes when injecting

REGULARITY OF USING NEW SYRINGES	NUMBER AND PERCENTAGE OF RESPONDENTS	
	(n)	%
Always	283	56.9
Most of the time	187	37.6
Sometimes	25	5.0
Hardly ever	2	0.4
Never	0	0.0

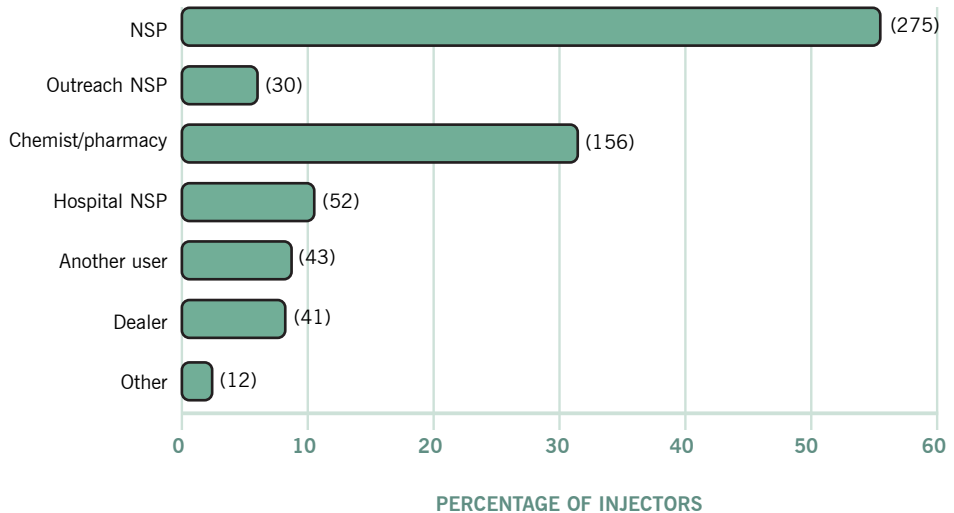
G4. What is it like trying to get hold of needles and syringes from any outlet (e.g. needle program or chemist)?

Availability of needles and syringes (*n* = 500)



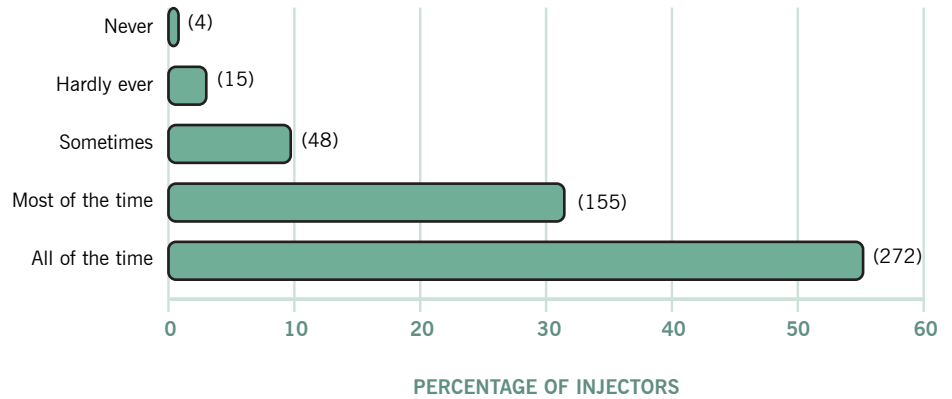
G5. Where do you most often get the needles/syringes that you use?

Source of needles and syringes



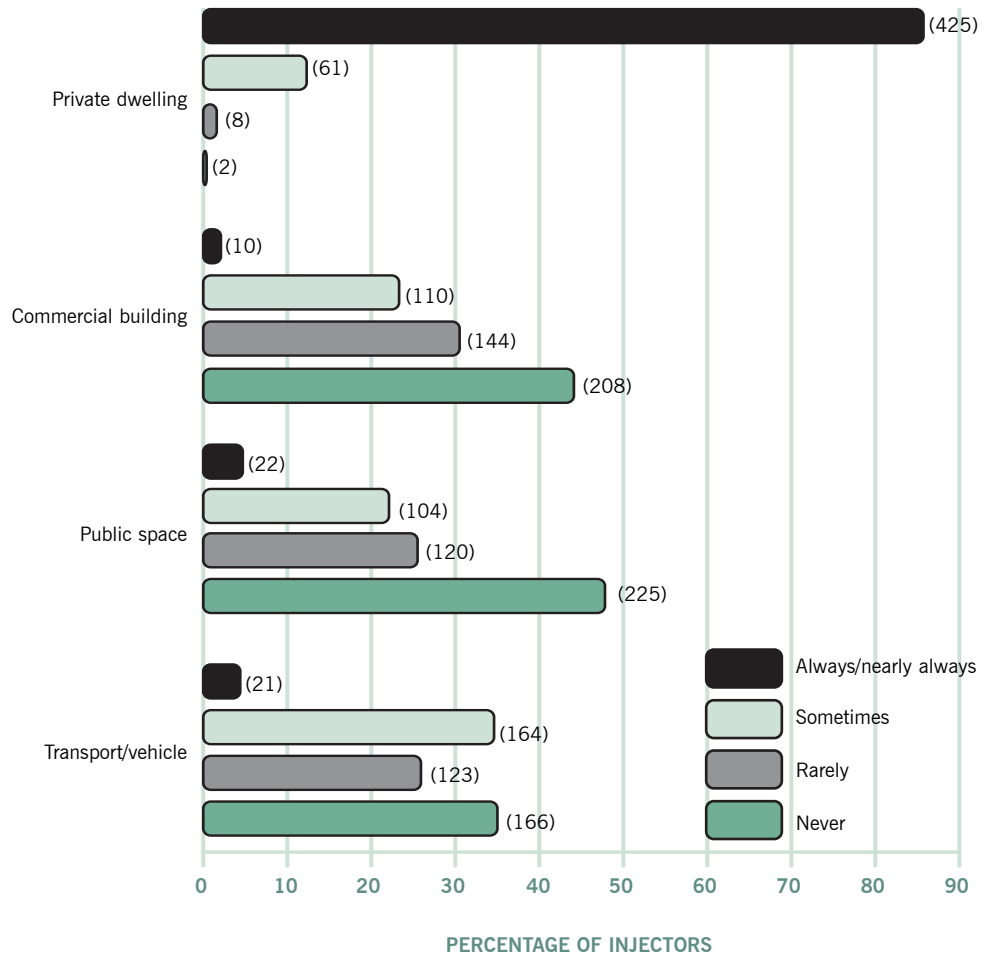
G6. When you dispose of your needles and syringes, how often do you put them into a sealed container or a public sharps bin?

Safe disposal of needles and syringes (n = 494)



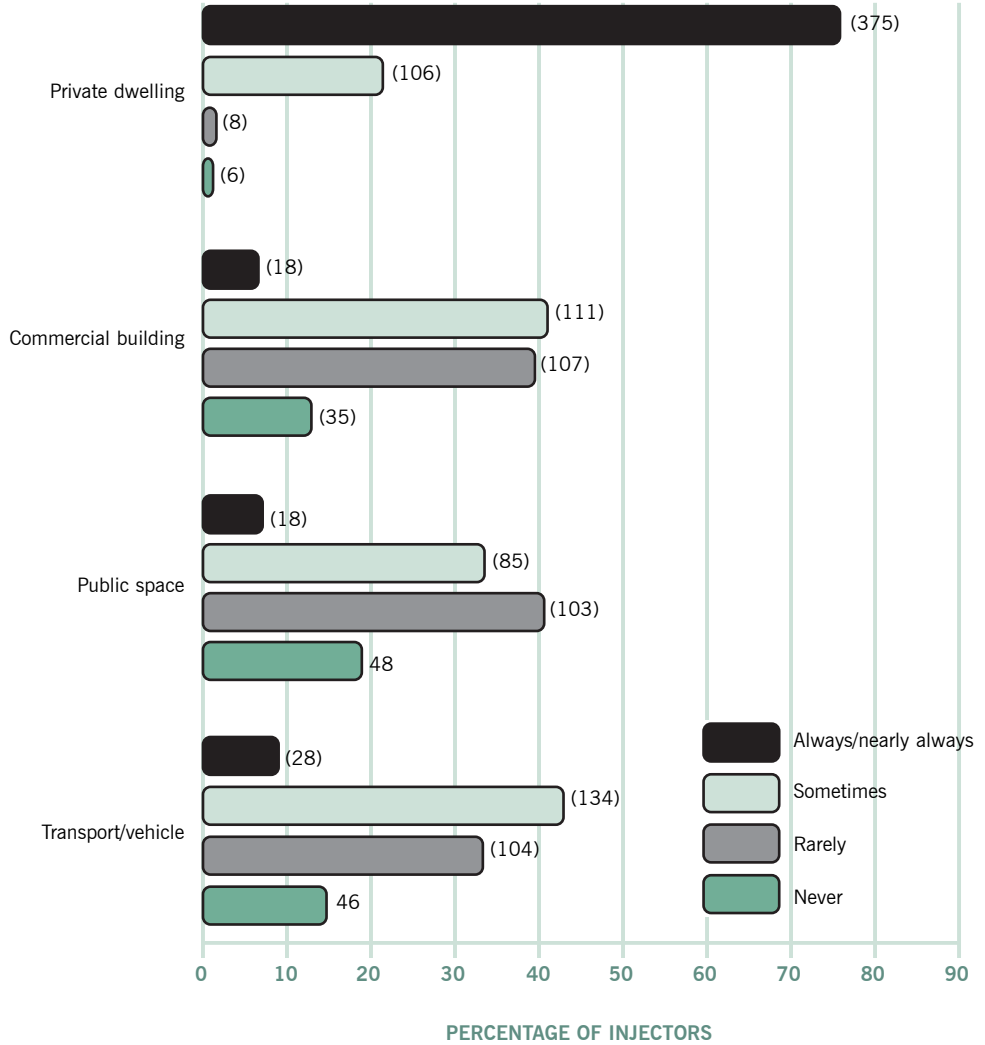
G7. Where are you when you inject?

Types of locations used when injecting



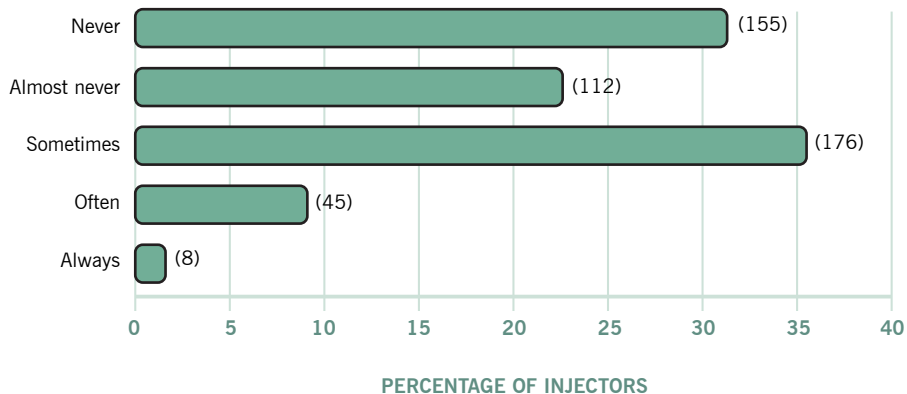
G8. How safe do you feel when injecting in each of these locations?

Perceived level of safety at different locations when injecting



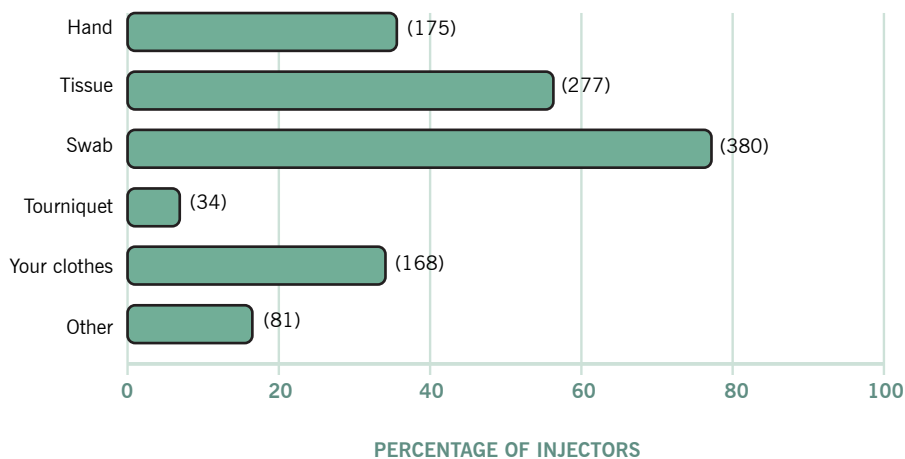
G9. Have you ever injected in a big hurry because you were worried about being caught by the police?

Hurried injecting due to concerns about police (*n* = 496)



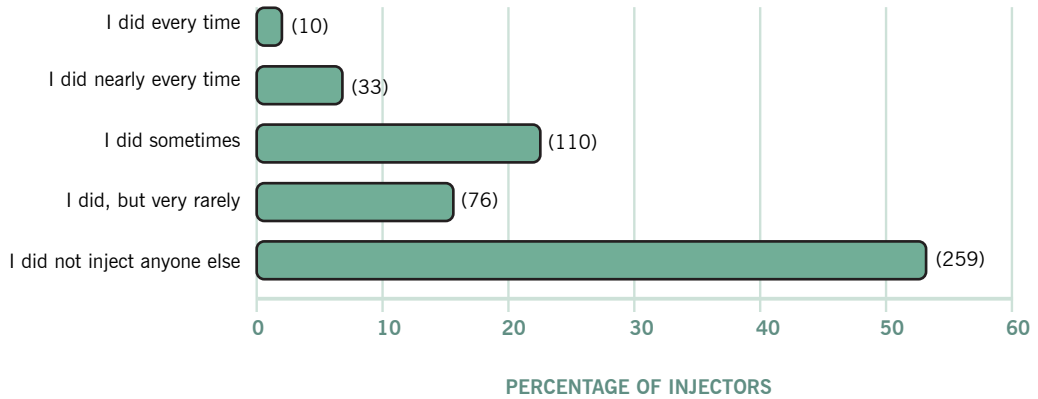
G10. In the last six months, when you have bled from your injection site, what have you used to clean up the blood?

Items used to clean blood from injection sites



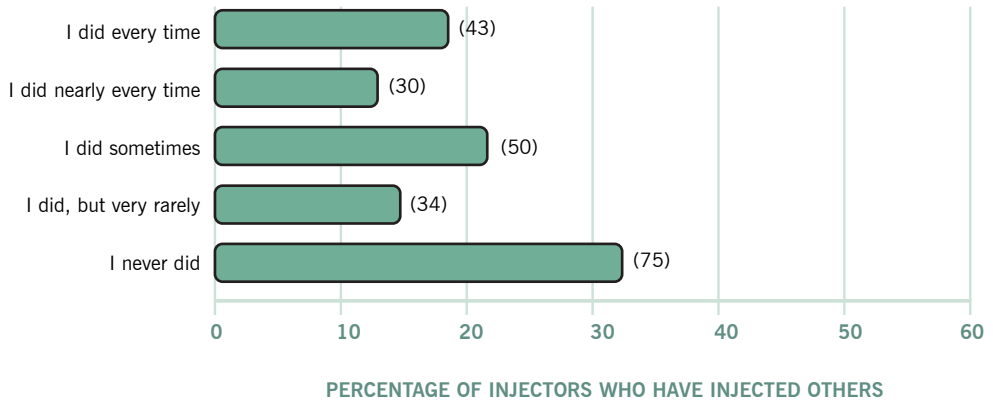
G11. In the last six months, have you injected anyone else at the same time you have been using?

Injecting others while using (n = 488)



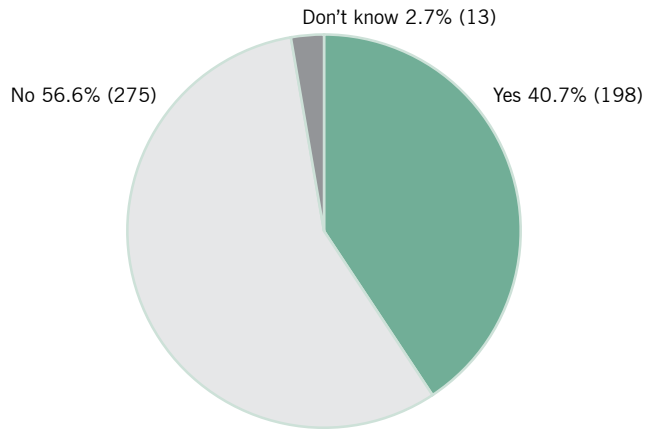
G12. In the last six months, have you washed your hands between your hit and theirs?

Washed hands between hits (n = 232)



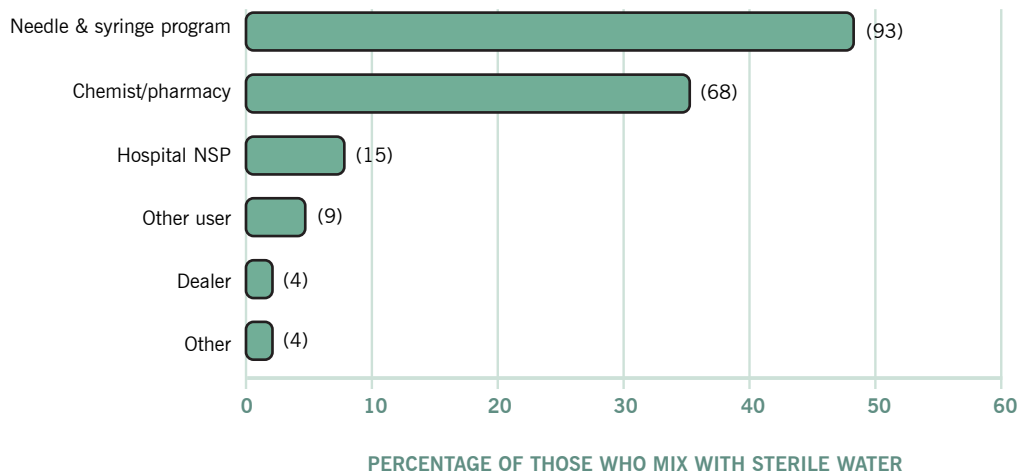
G13. The last time you injected, did you mix up with sterile water (in plastic ampoules)?

Used sterile water (*n* = 486)



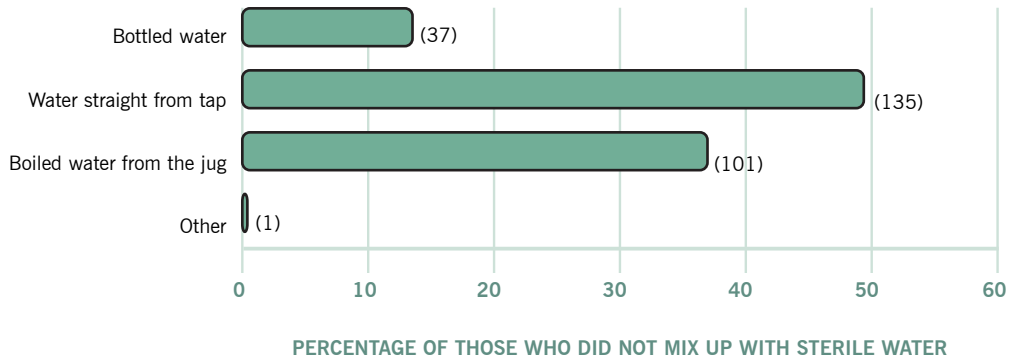
G14. Where did you get sterile water?

Sources of sterile water (*n* = 193)



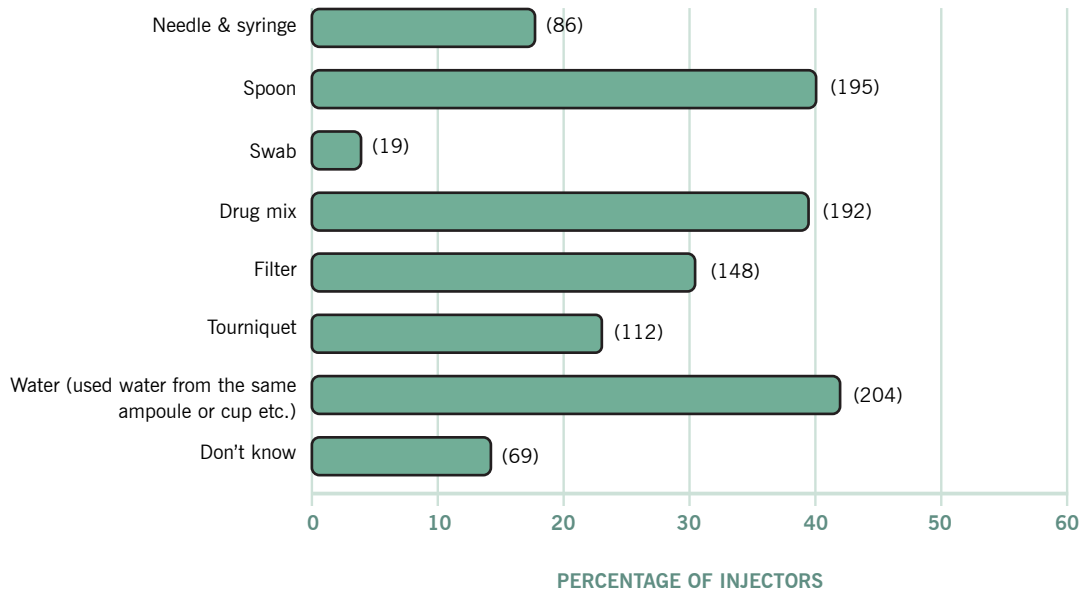
G15. If you didn't use sterile water, what did you use?

Types of non-sterile water used (n = 274)



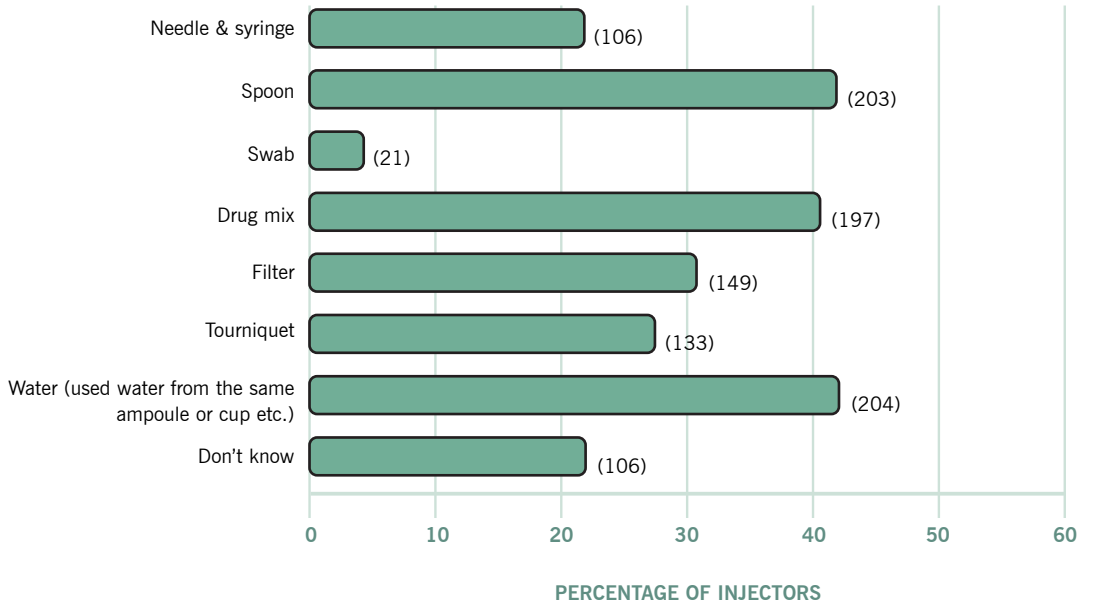
G16. In the last six months, have you used any of the following after someone else has used them?

Type of injecting equipment used, by the respondent after someone else



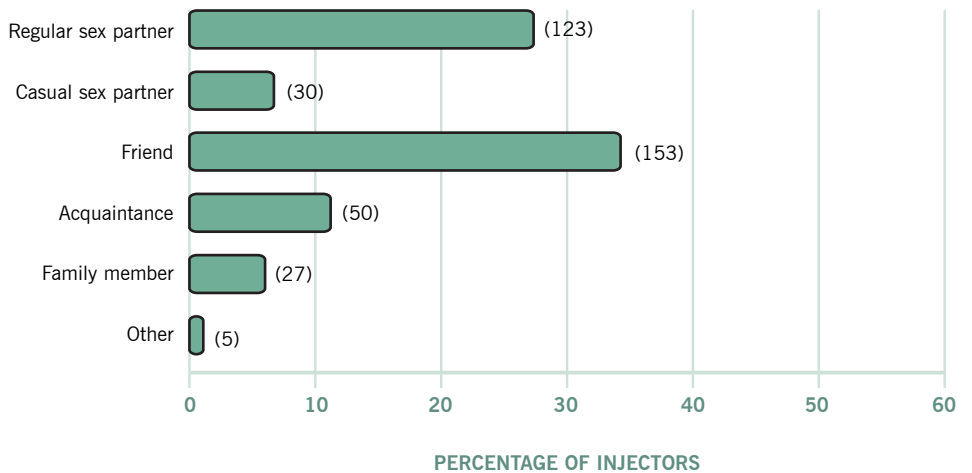
G17. In the last six months, has anyone used any of the following after you have used them?

Type of injecting equipment used by someone else after the respondent



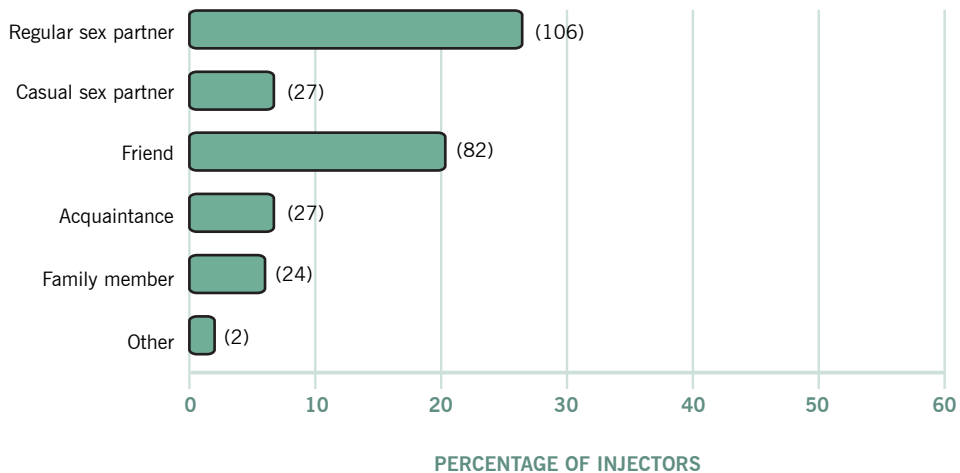
G18. In the last six months, who has usually used your injecting equipment after you?

Type of people using injecting equipment after respondent



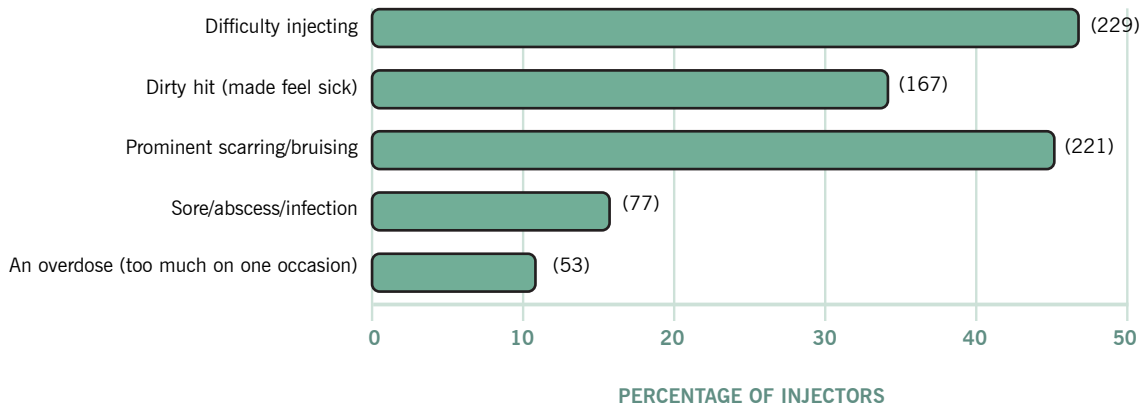
G19. In the last six months, who has usually used your injecting equipment before you?

Type of people using injecting equipment before respondent



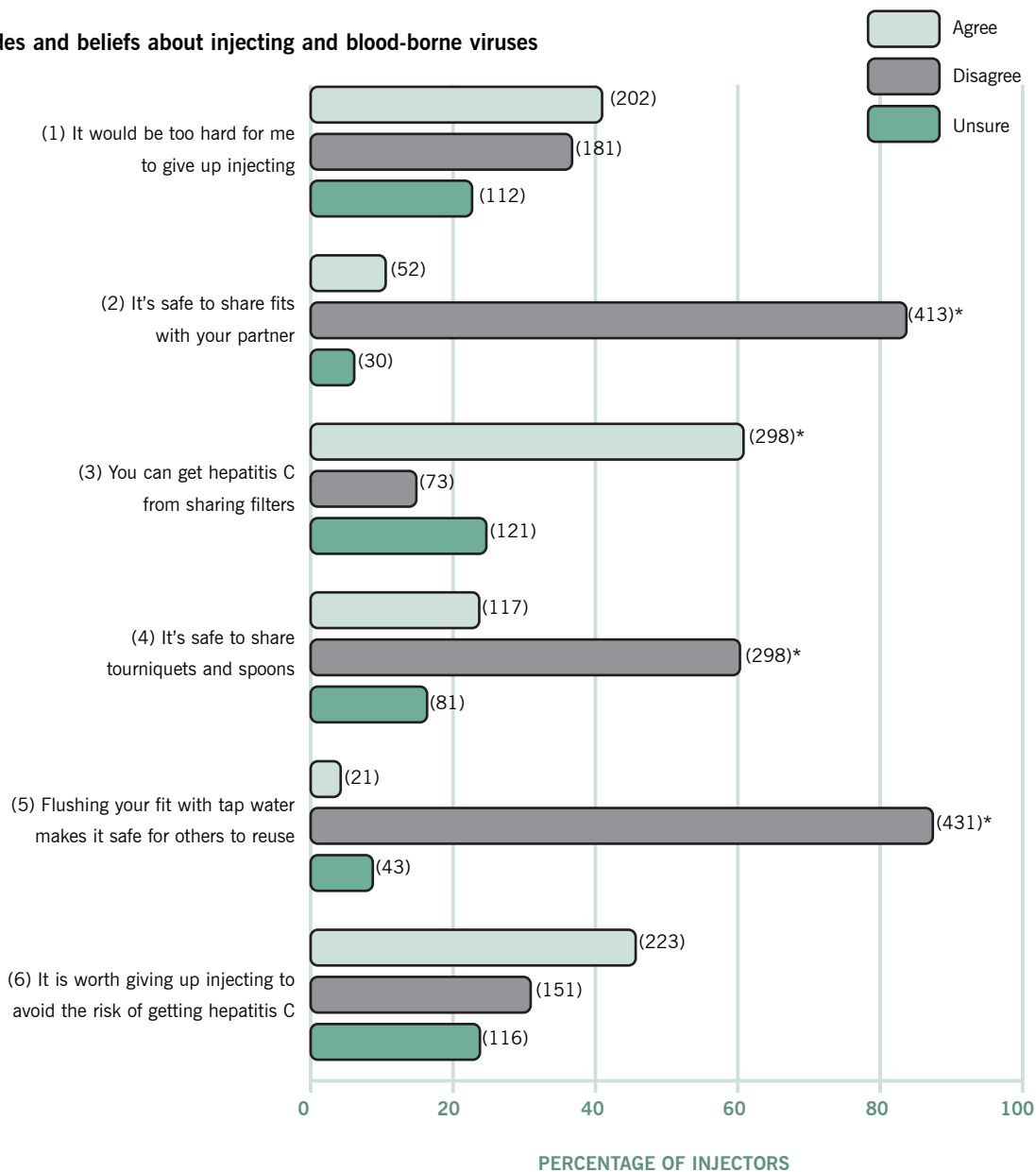
G20. Have you experienced any of the following in the last six months?

Injecting problems experienced



G21. Do you agree or disagree with the following statements about injecting and blood-borne viruses?

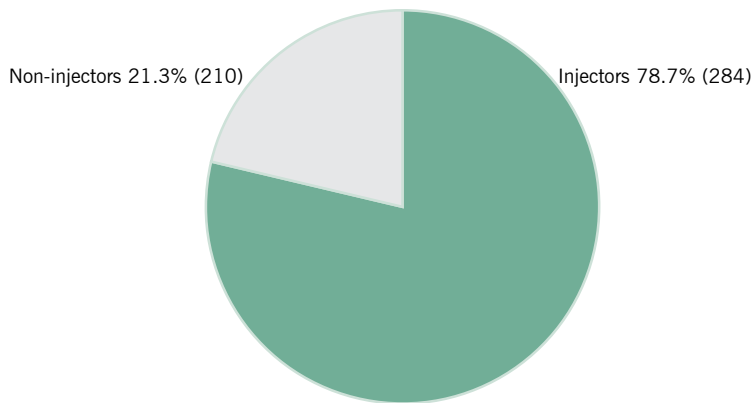
Attitudes and beliefs about injecting and blood-borne viruses



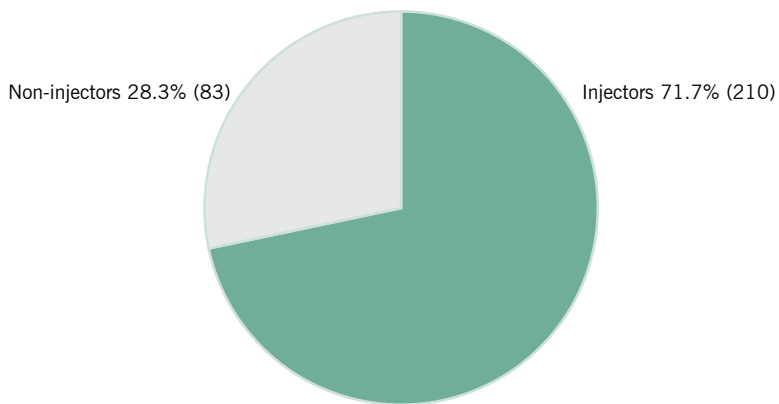
* Denotes number of injectors indicating correct response — questions (2) to (5).

ADDITIONAL FINDINGS

Male respondents, by injecting status (*n* = 361)



Female respondents, by injecting status (*n* = 293)



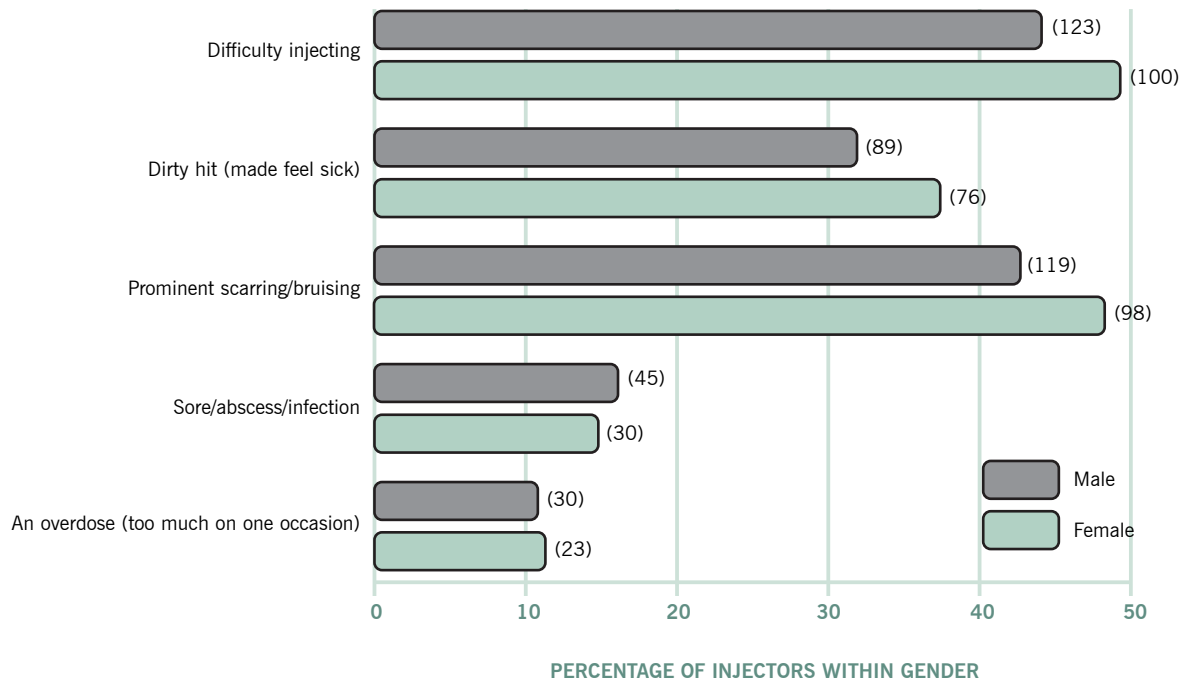
Rate of drug injecting, by gender

RATE OF INJECTING DRUG USE	MALE		FEMALE	
	(<i>n</i>)	%	(<i>n</i>)	%
Not at all in the last 3 months	26	9.2	19	9.1
Once a week or less often	85	29.9	57	27.4
More than once a week but not every day	92	32.4	74	35.6
Once a day	34	12.0	31	14.9
2 to 3 times a day	35	12.3	21	10.1
More than 3 times a day	12	4.2	6	2.9
Total	284		208	

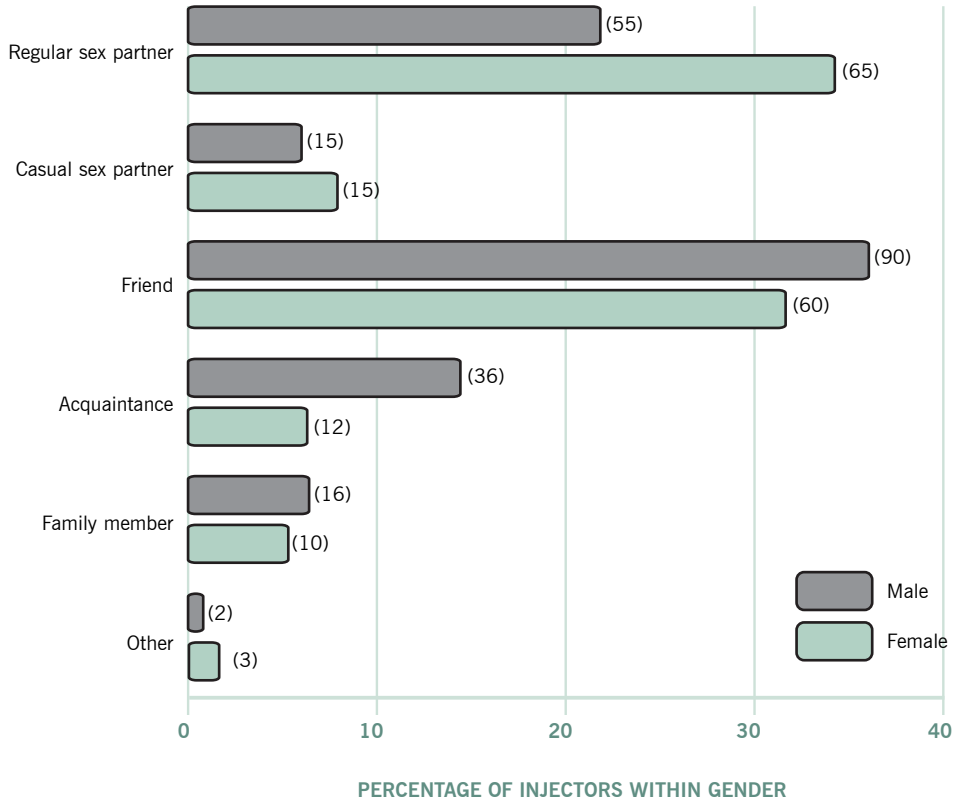
Use of new syringes when injecting, by gender

USE OF NEW SYRINGES	MALE		FEMALE	
	(n)	%	(n)	%
Always	165	58.1	111	54.1
Most of the time	103	36.3	83	40.5
Sometimes	14	4.9	11	5.4
Hardly ever	2	0.7	0	0.0
Never	0	0.0	0	0.0
Total	284		205	

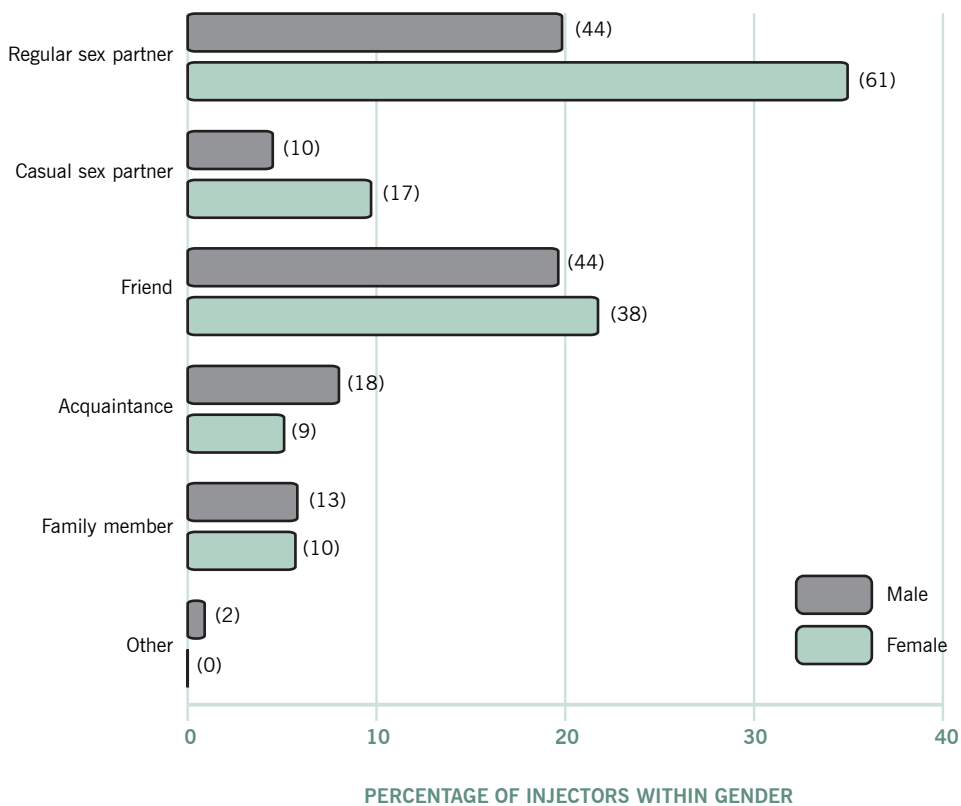
Injecting problems experienced, by gender



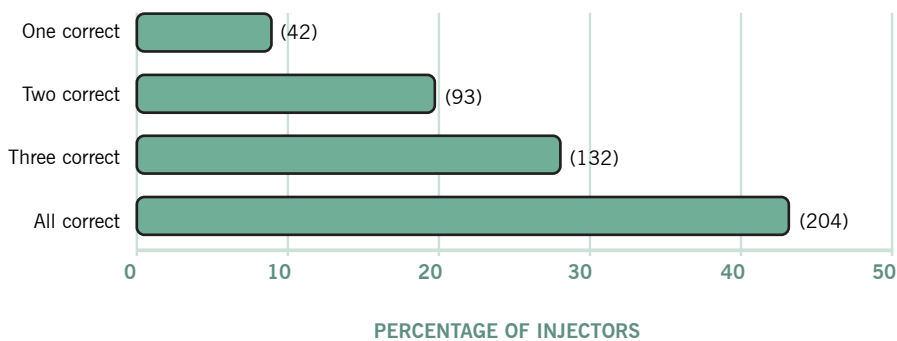
Type of people using injecting equipment after respondent, by gender



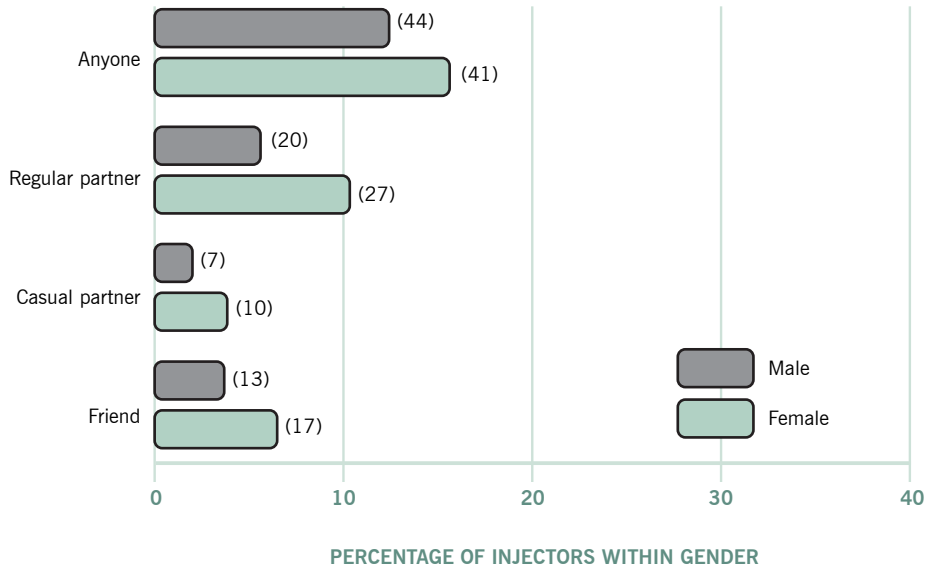
Type of people using injecting equipment before respondent, by gender



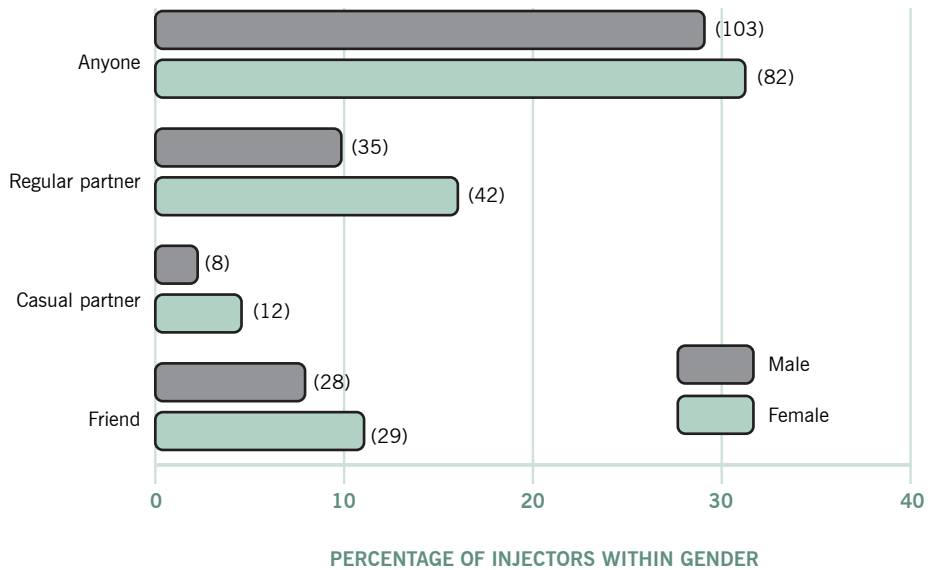
Respondents' scores on questions in item G21 relating to injecting and blood-borne viruses (n = 471)



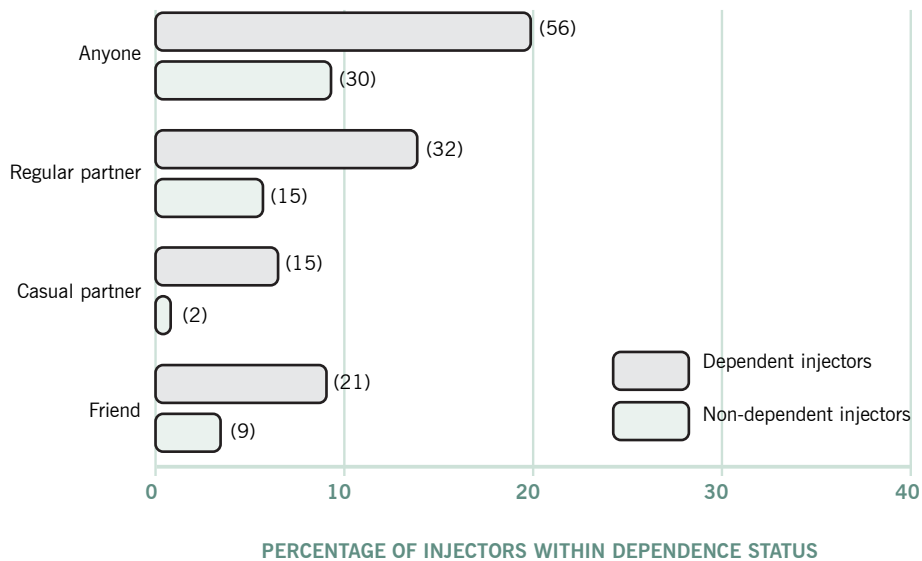
Types of people using needle and syringe before respondent, by gender



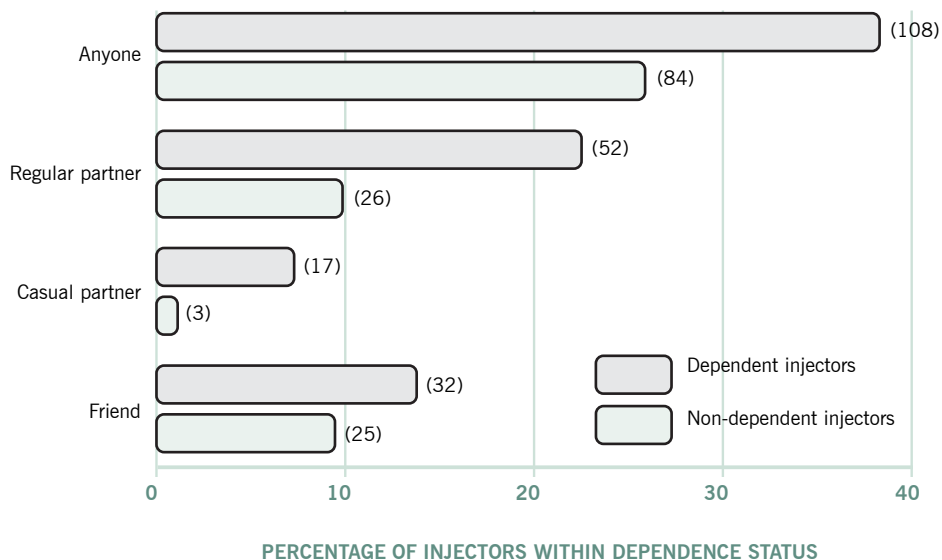
Types of people using drug mix before respondent, by gender



Types of people using needle and syringe before respondent, by dependence status



Types of people using drug mix before respondent, by dependence status



Chapter 9

KNOWLEDGE ABOUT BLOOD-BORNE VIRUSES

This chapter discusses the survey respondents' attitudes and knowledge in relation to blood-borne viruses, any information they had obtained about hepatitis C, and the helpfulness of this information.

Attitude of amphetamine users to blood-borne viruses as a health issue

The overwhelming majority of respondents believed that HIV, hepatitis C and hepatitis B were 'very important' health issues (83.0%). Despite the lack of any gender differences, individuals aged 19 or younger were considerably less likely than other age groups to consider these issues very important. Furthermore, non-injectors (91.9%) were more likely than injectors (80.0%) to consider them very important.

Extent of contact with information about hepatitis C

Over half of the respondents (57.1%) had obtained information about hepatitis C, and 84.5% of these respondents found the information helpful.

Knowledge about blood-borne viruses

Respondents who had obtained information about hepatitis C performed better on many of the hepatitis C knowledge questions than those who had not obtained such information. These 'informed' respondents also performed better on the hepatitis B questions. In particular, they performed better on questions about the infection risks associated with tattooing, body piercing, drug injection, and sharing razors or toothbrushes. The average score for this group on the hepatitis C questions was 6.5 out of a possible 9, compared to 4.3 for those who had not obtained information about hepatitis C. All respondents, however, performed poorly on questions about hepatitis C treatment and about reinfection with hepatitis C, with those who had obtained information performing only slightly better than those who had not.

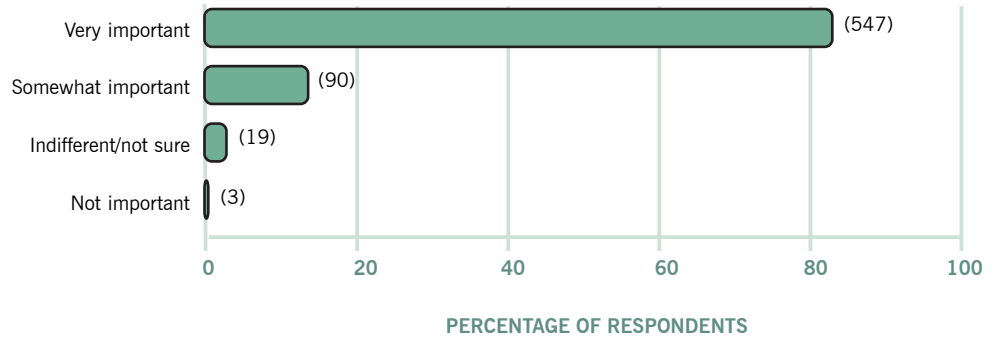
Amphetamine users' attitudes towards their own health

The overwhelming majority of respondents (93.3%) felt that good health was important to them. However, this varied according to the age group of the respondents. A smaller proportion of those in their late twenties valued their health than in any other age group. There was an incremental rise in the proportion who valued their health across the subsequent age groups. Furthermore, a difference in attitude was apparent when injection status and mental health were considered simultaneously. Injectors with mild to severe mental health disability were less likely than any other respondents to value their health.

RESULTS

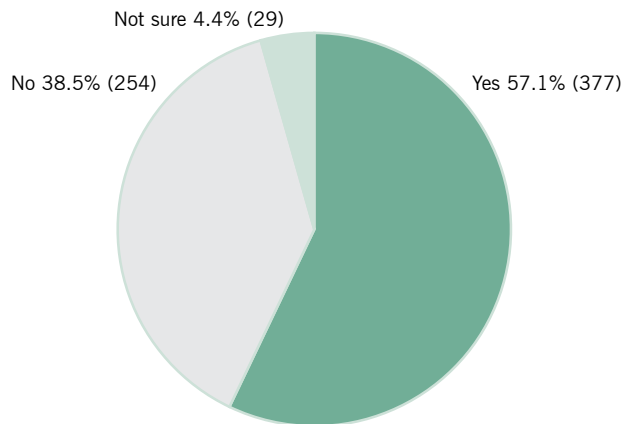
H1. Do you think that HIV, hepatitis C and hepatitis B are important health issues?

Perceptions about the importance of HIV, hepatitis C and hepatitis B as health issues (*n* = 659)



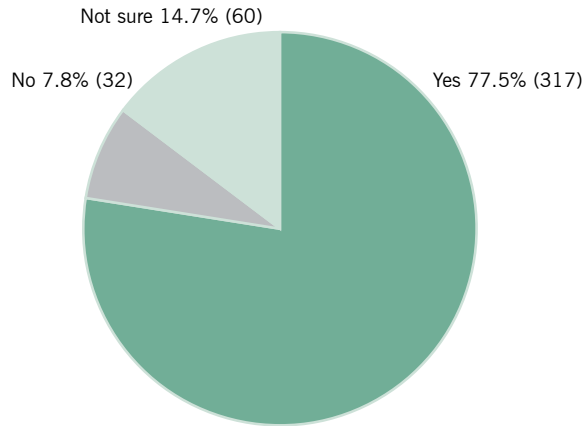
H2. Have you ever obtained information about hepatitis C?

Level of access to hepatitis C information (*n* = 660)



H3. If yes, did you find this information helpful?

Helpfulness of hepatitis C information (n = 409)



H4. For each one, I want you to tell me if you agree or disagree or if you are unsure.

Knowledge about hepatitis B and hepatitis C

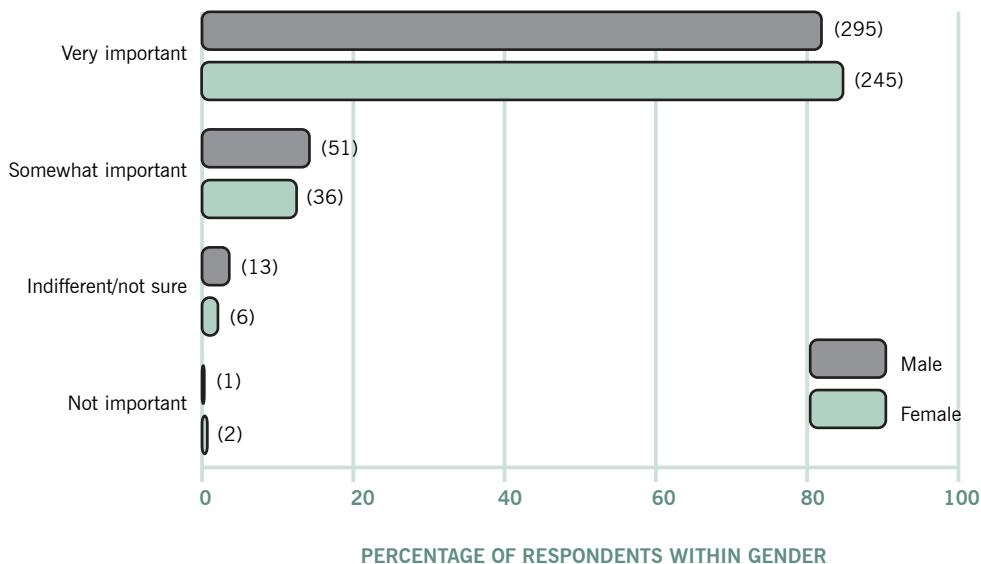
NUMBER AND PERCENTAGE REPORTING LEVEL OF AGREEMENT

STATEMENTS	AGREE		DISAGREE		UNSURE	
	(n)	%	(n)	%	(n)	%
You can get hepatitis C from tattooing and body piercing	549	83.3*	29	4.4	81	12.3
You can get hepatitis B from having sex	451	68.4*	50	7.6	158	24.0
You can get hepatitis C from sharing razors or toothbrushes	482	73.1*	55	8.3	122	18.5
You can get vaccinated against hepatitis B	499	75.8	24	3.6*	135	20.5
You can get vaccinated against hepatitis C	112	17.0	334	50.8*	211	32.1
Getting hepatitis C has no long term effects on your health	76	11.6	453	69.2*	126	19.2
You can get hepatitis B more than once	178	27.0*	184	27.9	297	45.1
You can get hepatitis C more than once	252	38.5*	140	21.4	262	40.1
The only people who need to worry about hepatitis C are those who inject drugs	80	12.2	508	77.4*	68	10.4
There's no treatment for hepatitis C	165	25.3	241	36.9*	247	37.8
You can get hepatitis C from snorting/drinking speed	90	13.9	353	54.5*	205	31.6
If I inject drugs, I significantly increase my risk of getting hepatitis C	525	80.0*	60	9.1	71	10.8
Good health is important to me	611	93.3	9	1.4	35	5.3

* Denotes proportion of injectors indicating correct response

ADDITIONAL FINDINGS

Perceptions about the importance of HIV, hepatitis C and hepatitis B as health issues, by gender (n = 649)

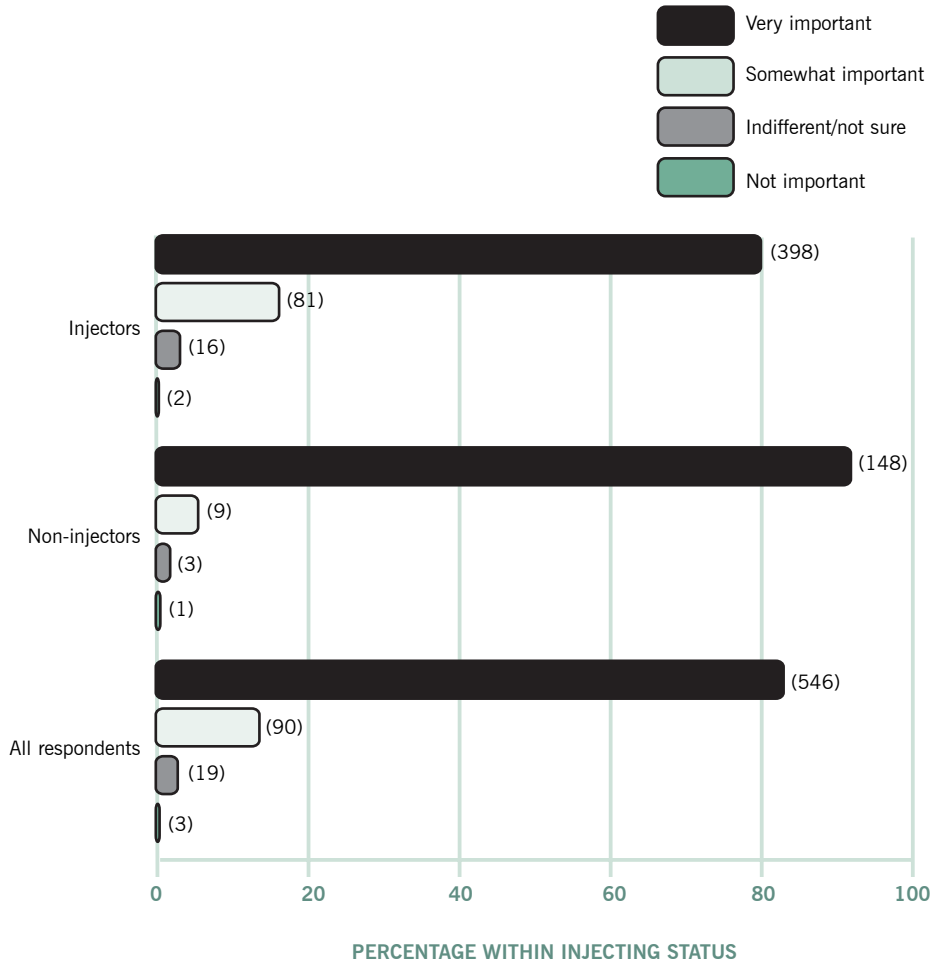


Perceptions about the importance of HIV, hepatitis C and hepatitis B as health issues, by age group (n = 657)

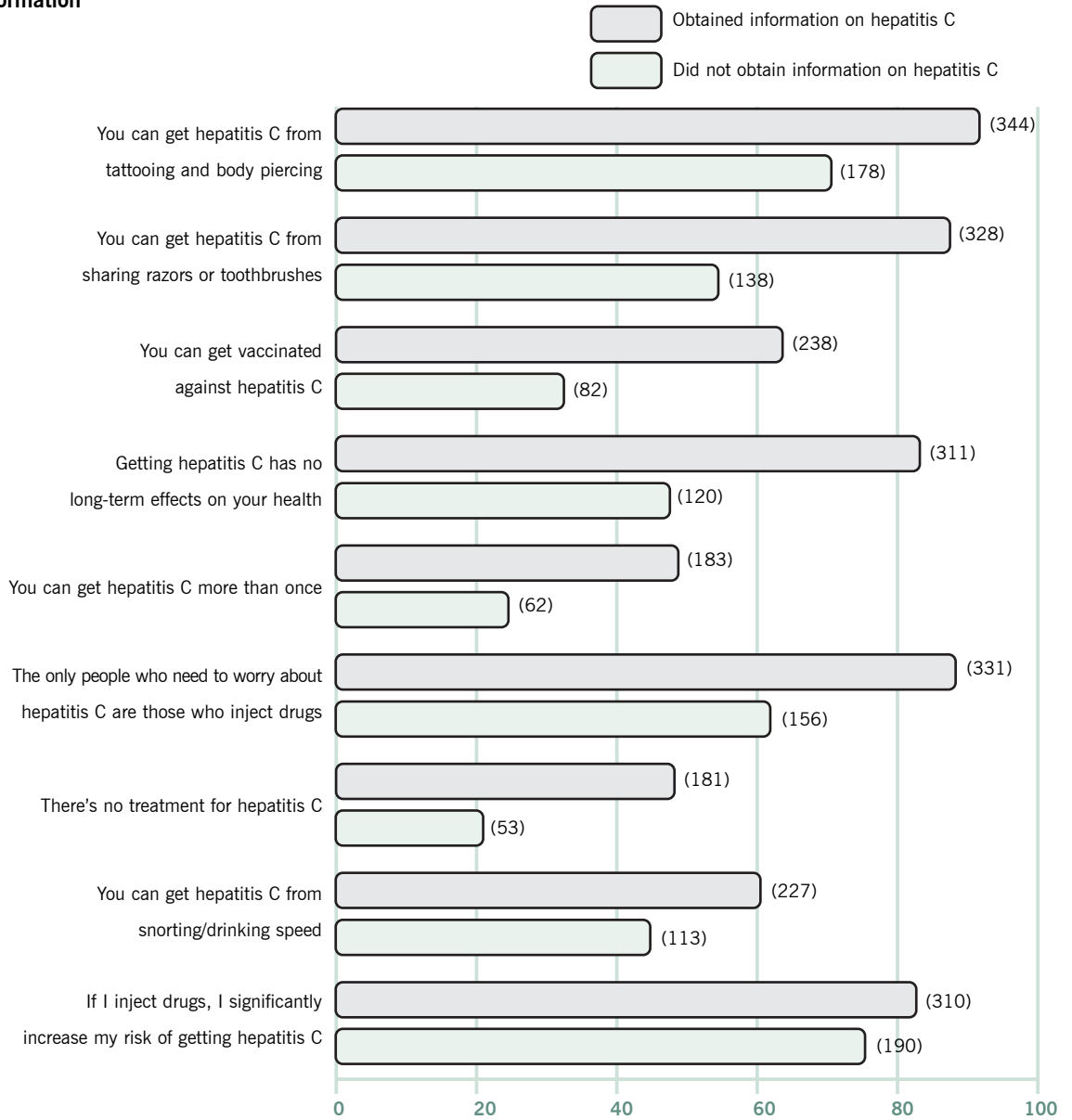
NUMBER AND PERCENTAGE REPORTING IMPORTANCE OF HIV, HEPATITIS C AND HEPATITIS B (WITHIN AGE GROUP)

	AGE												Total	
	15-19		20-24		25-29		30-34		35-39		40+			
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Very important	56	72.7	150	86.7	134	82.7	83	81.4	55	83.3	68	88.3	546	83.1
Somewhat important	15	19.5	18	10.4	20	12.3	18	17.6	10	15.2	8	10.4	89	13.5
Indifferent/not sure	6	7.8	4	2.3	6	3.7	1	1.0	1	1.5	1	1.3	19	2.9
Not important	0	0.0	1	0.6	2	1.2	0	0.0	0	0.0	0	0.0	3	0.5
Total	77		73		162		102		66		77		657	

Perceptions about the importance of HIV, hepatitis C and hepatitis B as health issues, by injecting status
(n = 658)

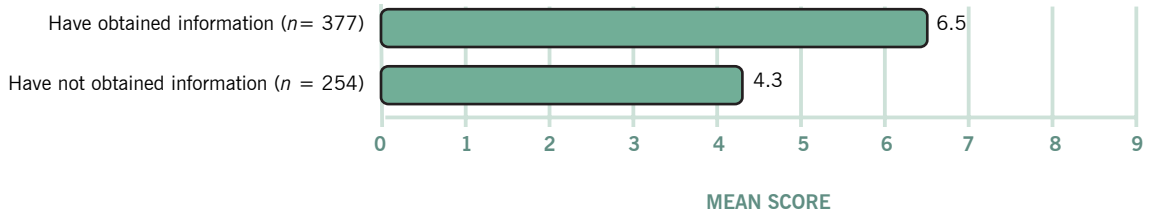


Participants who correctly responded to each hepatitis C knowledge question, by access to hepatitis C information

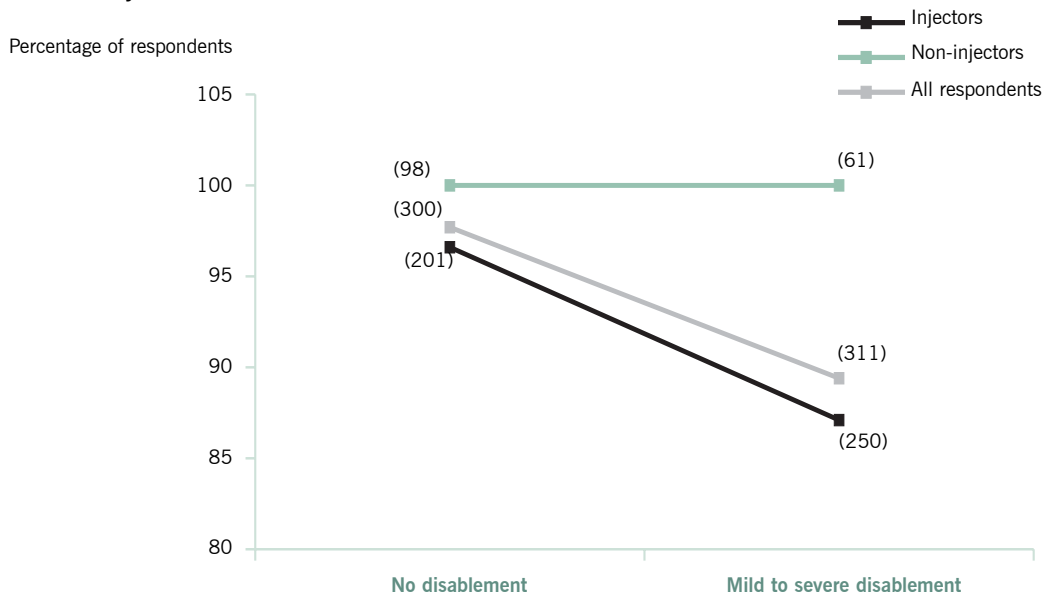


PERCENTAGE WHO CORRECTLY RESPONDED TO QUESTIONS WITHIN 'ACCESS TO KNOWLEDGE' STATUS

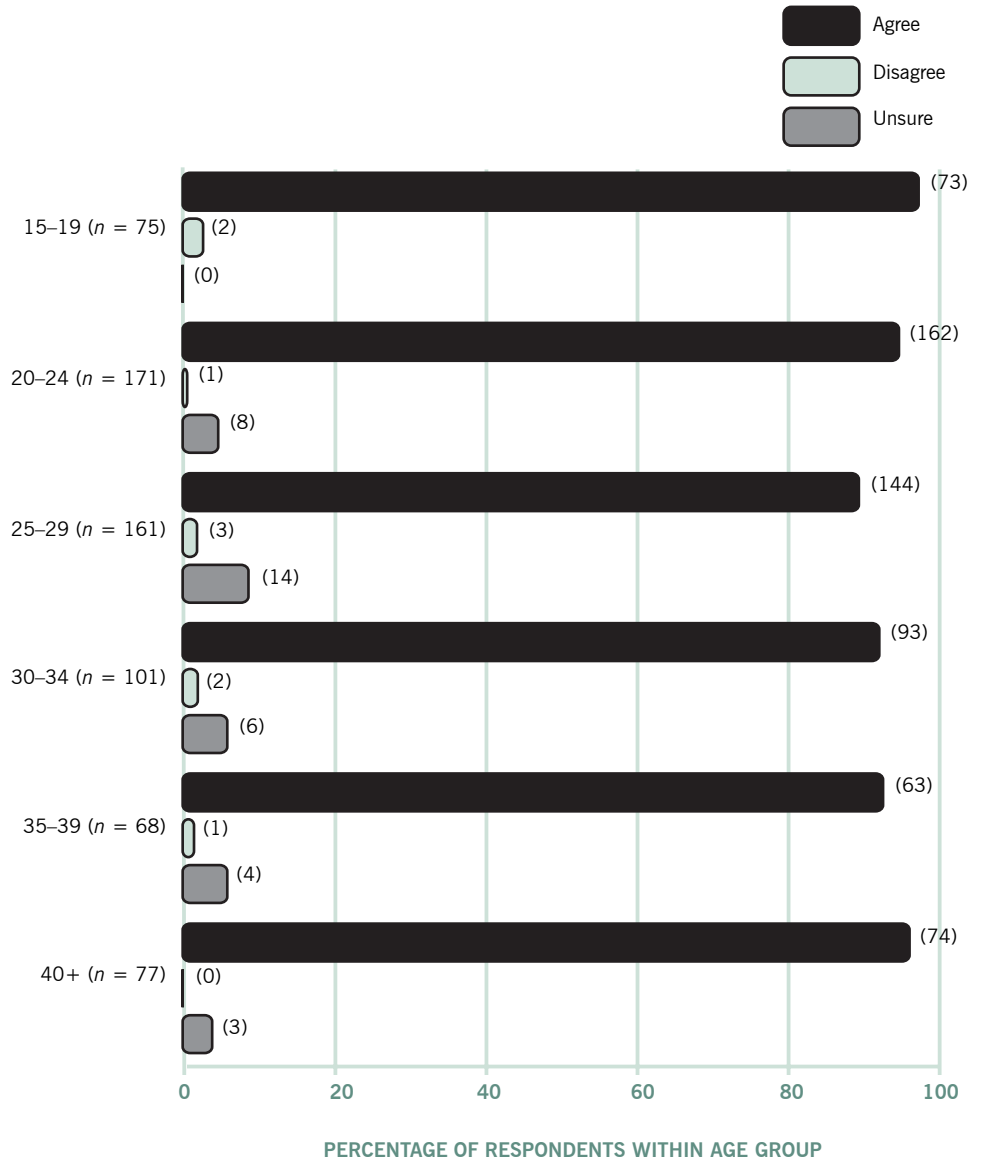
Mean score on hepatitis C questions (out of 9), by access to hepatitis C information



Percentage of respondents who agree that good health is important to them, by injecting status and level of mental health disability



Respondents who agree that good health is important to them, by age (n = 653)



Chapter 10

EXPERIENCES OF INFORMATION AND SERVICES RELATING TO DRUG USE

This chapter reports on respondents' experiences of information and services in relation to their amphetamine use. They were asked whether they had sought information about amphetamine use from informal or formal sources, and whether they thought this information was useful. They were also asked to indicate whether they had used professional health services in connection with their drug use, and to rate their level of satisfaction with these services.

Degree of contact with information

Less than half of the respondents (47.5%) reported ever having obtained any information about the effects of amphetamines. Overall, there was no gender difference in regard to obtaining such information. Injecting amphetamine users were only slightly more likely than non-injectors to have obtained information about the effects of amphetamines (49.8% and 40.1% respectively). A difference emerges, however, when gender and injection status are considered together; male non-injectors were much less likely than other respondents to have obtained information (33.8% had obtained information).

Information sources and their quality

Those respondents who had obtained information about the effects of amphetamines acquired it from a wide variety of verbal and other sources. Out of all verbal information sources, the greatest proportion of respondents (31.4%) reported having spoken to friends. About one in five (19.2%) had spoken to a general practitioner, and roughly the same proportion (18.2%) had spoken to workers at an NSP. Fewer people had spoken to police (6.9%) or teachers and other school workers (5.9%) to obtain the information than to any other group.

The majority of the respondents who had spoken to NSP workers (85.1%) thought that the information provided was useful. Out of all verbal information sources, respondents were most likely to rate NSP workers as a useful source. People who had obtained information about amphetamines from friends (78.0%) were more likely than those who had obtained information from a general practitioner (71.1%) to regard this information as useful.

Respondents were also asked about their use of other types of information sources, which included sources such as leaflets (from various types of health services), websites, television, radio, magazines and newspapers. Out of all these sources, more respondents (27.4%) had acquired information from leaflets or other printed material from an NSP than from any other single source. The majority of those who had obtained leaflets or other printed material from an NSP (87.9%) found them to be a useful source of information. Websites were found to be a useful source of information among most people who had used them (73.2%). Only 12.3 per cent of people in the sample, however, reported ever using this source.

Attendance at health services and advice-seeking

Thirty-five per cent of the sample had sought professional advice or visited a health service in relation to their drug use. In half of these cases (49.3%) this effort to obtain assistance had related to the person's speed and other drug use. In addition to providing information about patterns of drug use, these data on service utilisation confirm that multiple drug use is a significant health issue for amphetamine users. For many respondents (28.9%) the assistance they sought related to other drug use, not amphetamines. A far greater proportion of injecting drug users (41.1%) than of non-injectors (16.3%) had sought assistance or advice about their drug use.

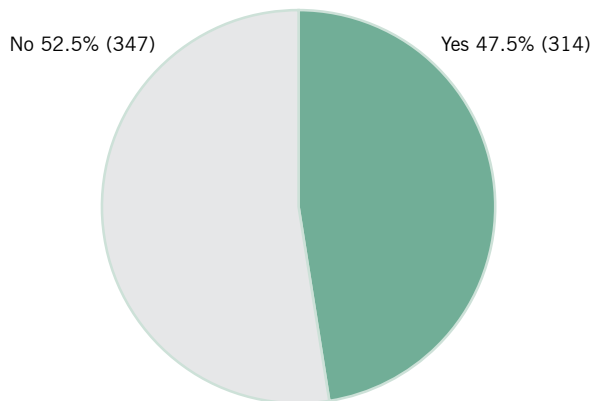
Use of and satisfaction with different types of health services

In seeking assistance for their drug issues, respondents were more likely to use drug treatment services (25.9%) and doctors (25.7%) than any other types of health services. Around half of the respondents who had used a drug treatment service or had been to a doctor were satisfied with the service (54.1% and 44.4% respectively).

RESULTS

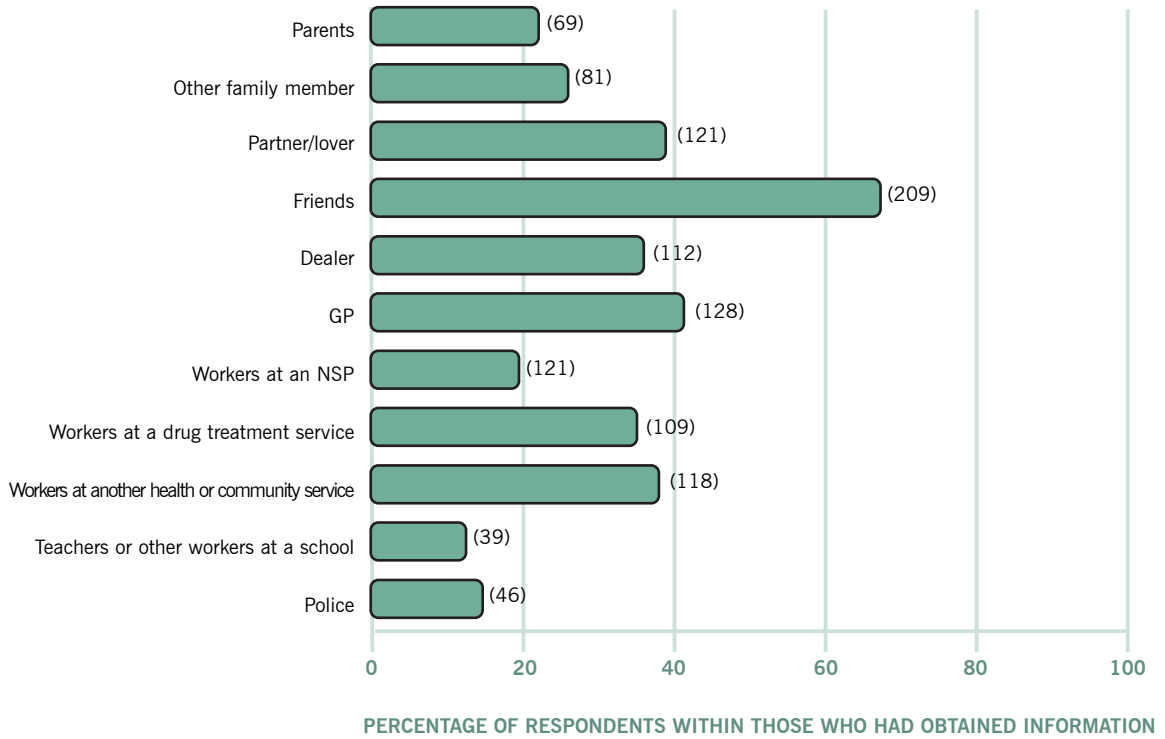
I1. Have you ever obtained information about the effects of speed?

Access to information about amphetamines ($n = 661$)

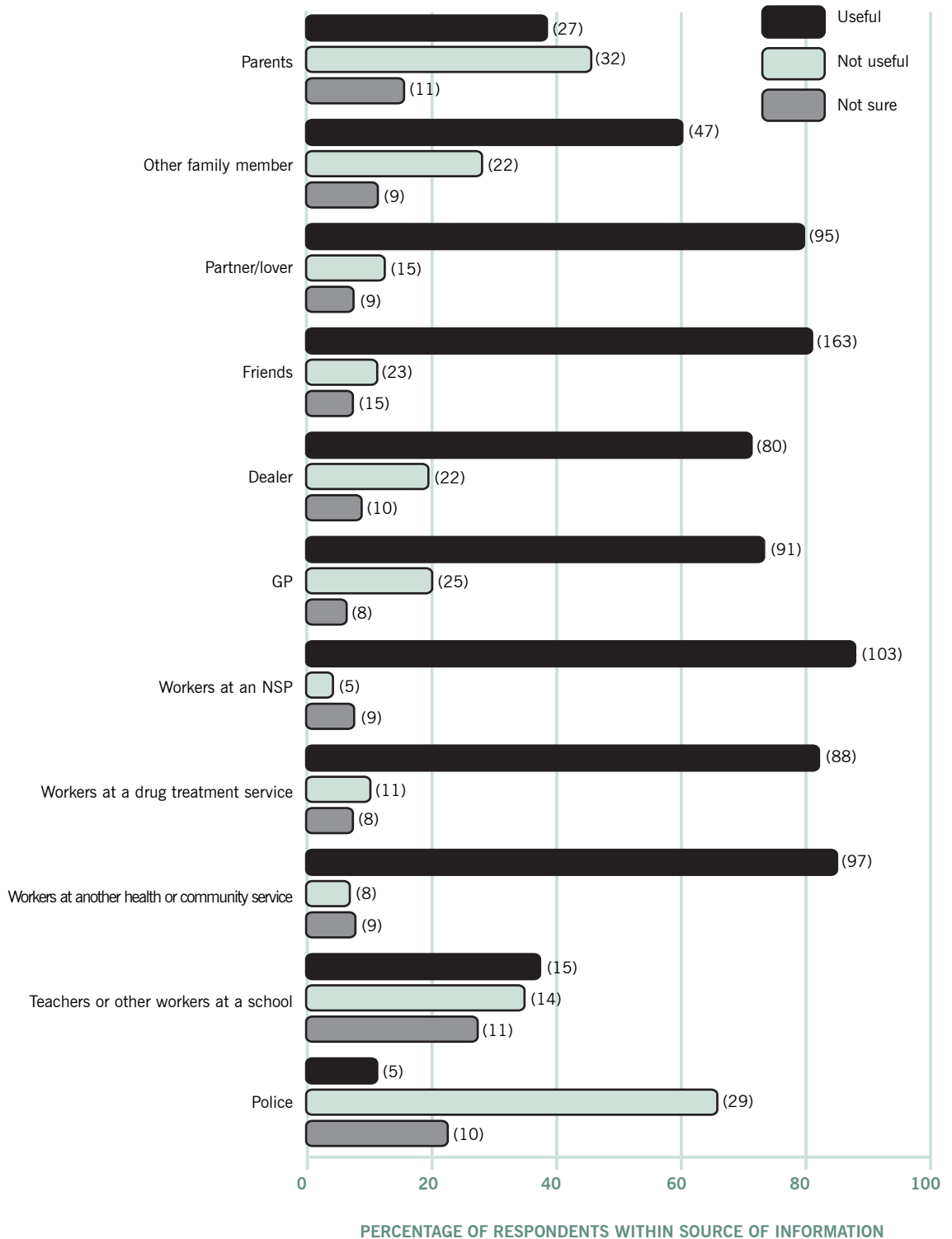


12. Who have you spoken with to get this information, and how useful was this information?

Types of people spoken to about the effects of amphetamines — respondents who had obtained information

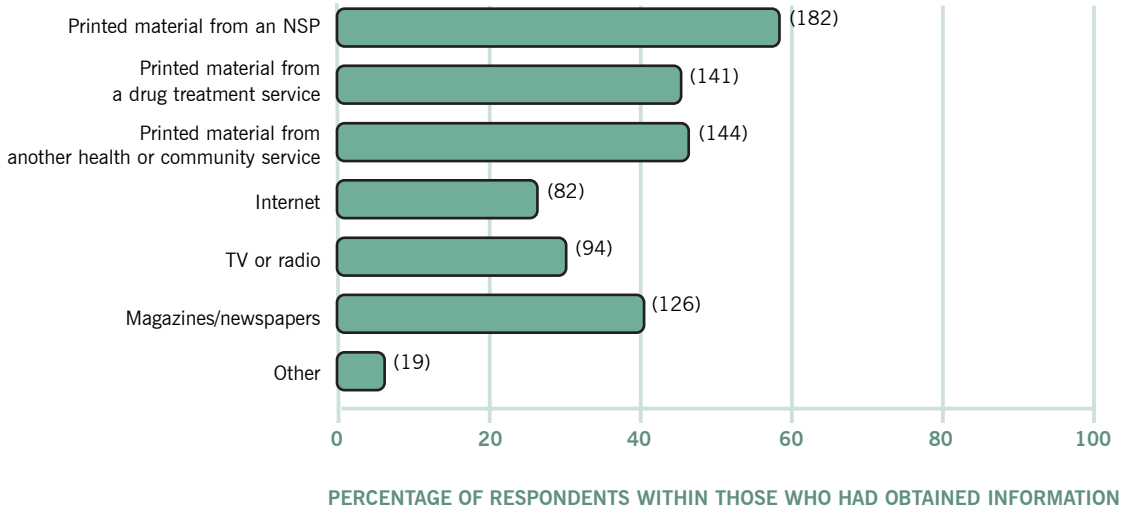


Usefulness of information about amphetamines from different people

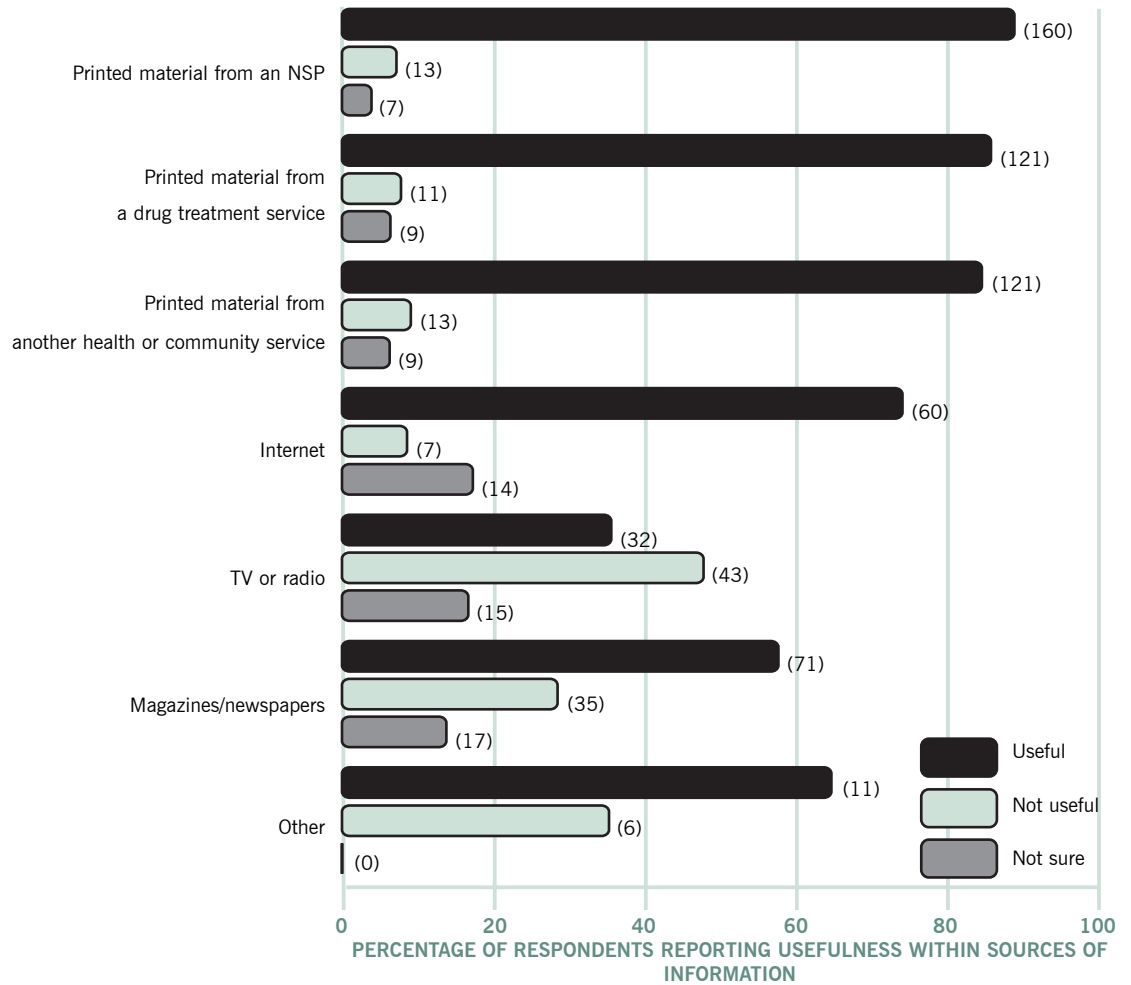


13. What other sources have you got this information from, and how useful was this information?

Additional sources of information about amphetamine use — respondents who had obtained information

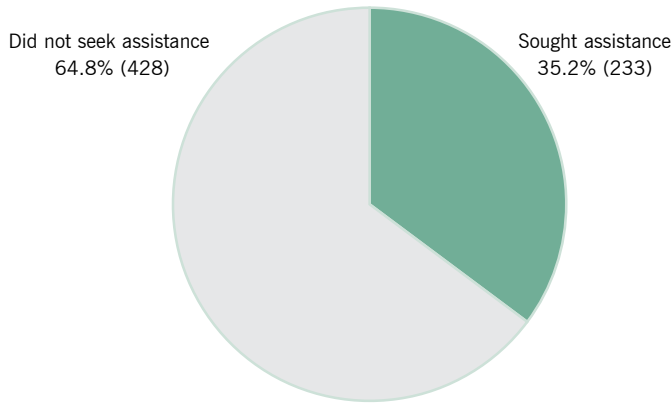


Usefulness of information about amphetamines from other sources



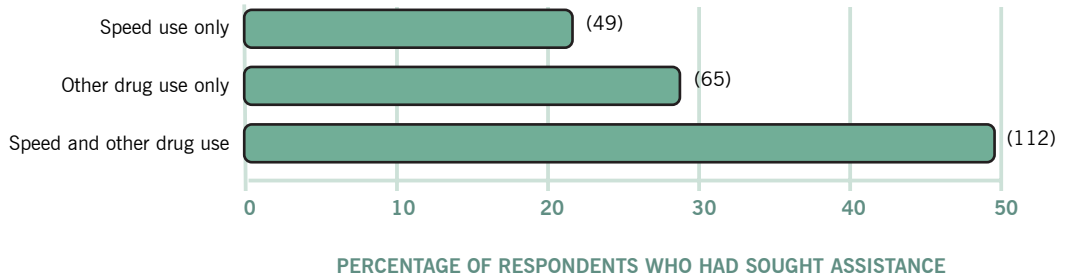
14. Have you been to a health service or sought any professional advice about your drug use?

Incidence of seeking medical assistance regarding drug use (n = 661)



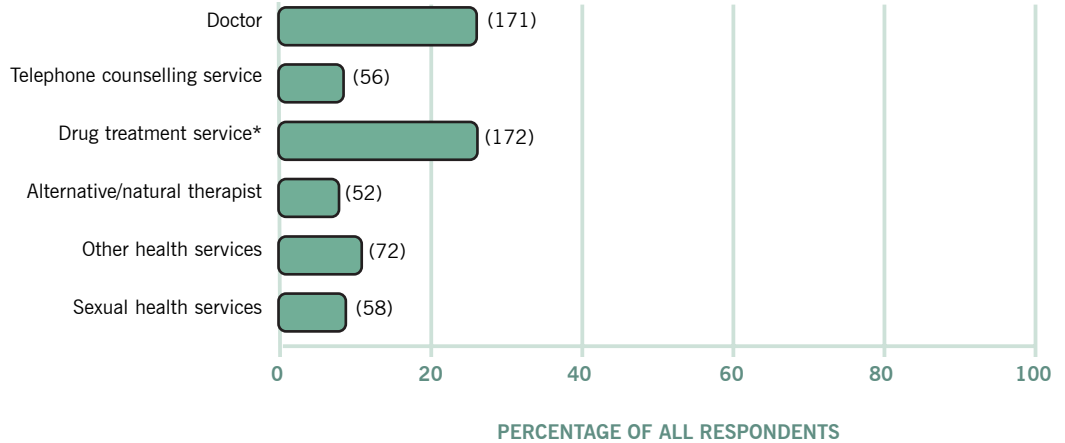
15. Was this in relation to your speed use or other drug use?

Type of assistance sought about drug use (n = 226)



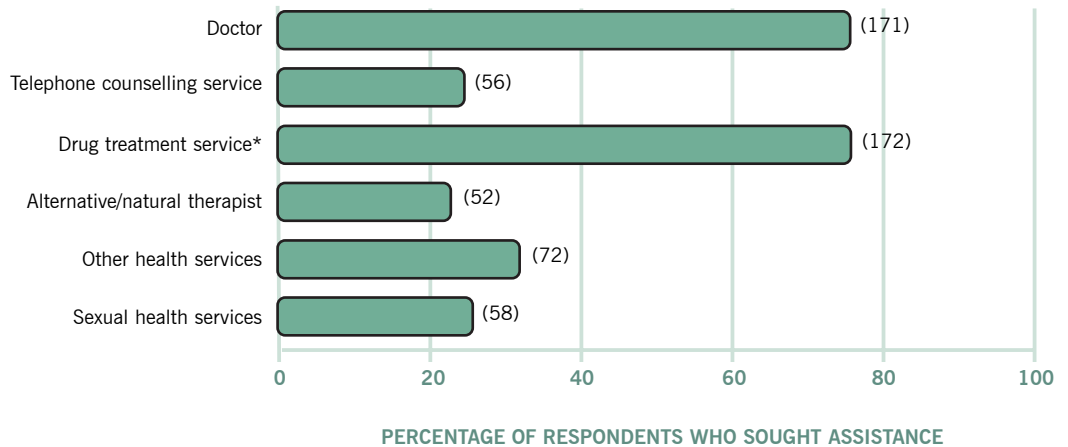
16. What type of service(s) have you sought help from, and how satisfied were you with the help that you received?

Services utilised in connection with drug use — all respondents



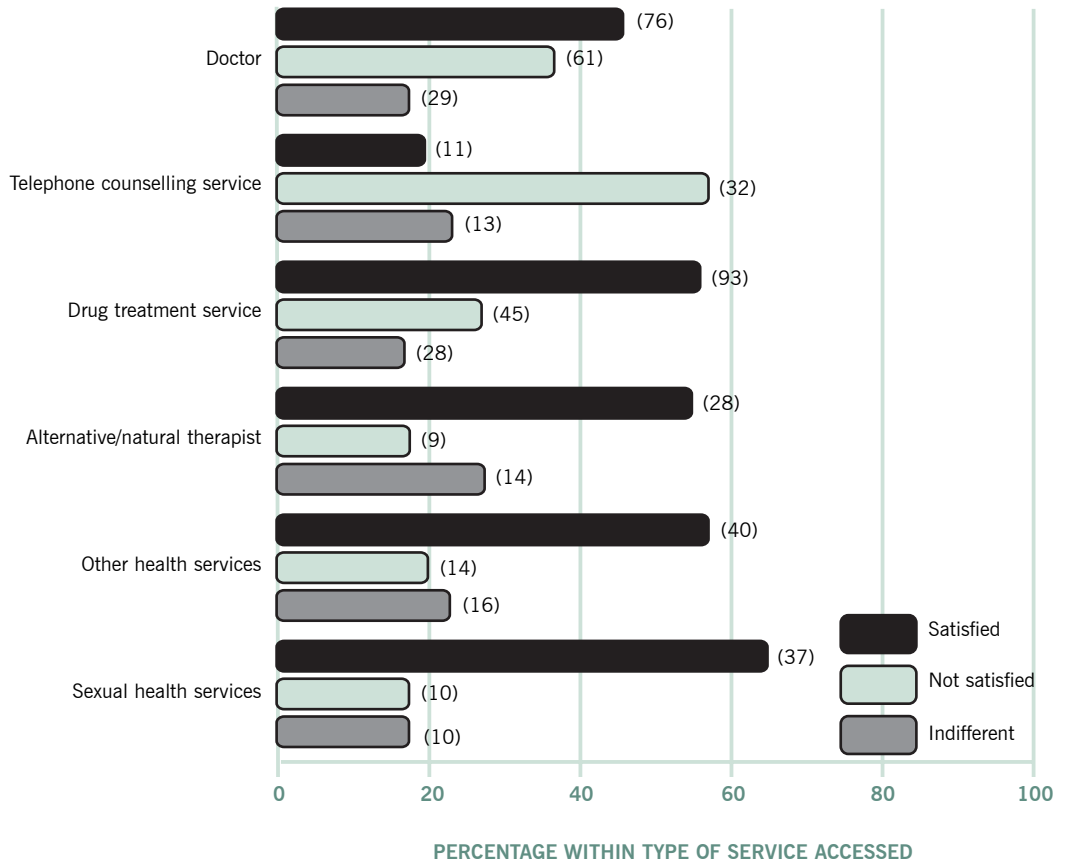
* e.g. counselling, detox, methadone, residential rehabilitation.

Services utilised in connection with drug use — respondents who sought assistance



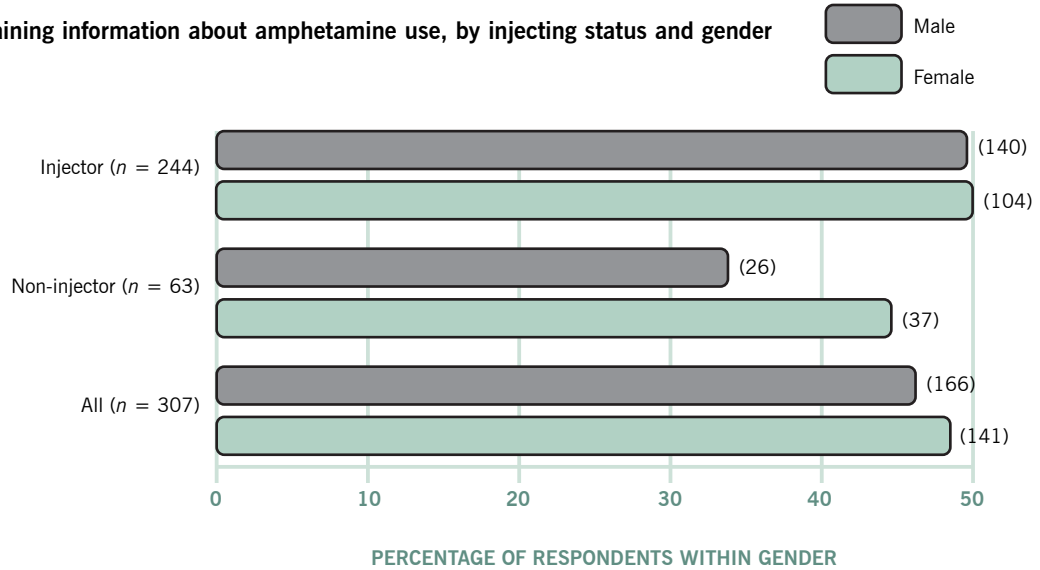
* e.g. counselling, detox, methadone, residential rehabilitation.

Level of satisfaction with treatment services

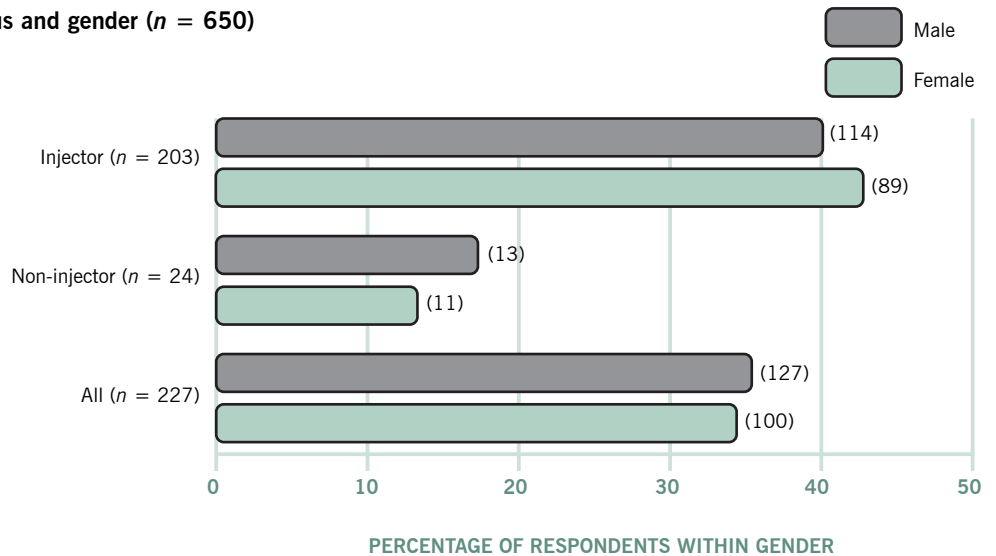


ADDITIONAL FINDINGS

Incidence of obtaining information about amphetamine use, by injecting status and gender
(*n* = 650)



Incidence of seeking medical assistance in connection with drug use
by injecting status and gender (*n* = 650)



Chapter 11

TESTING FOR BLOOD-BORNE VIRUSES (HIV AND HEPATITIS C)

Information about the extent of testing for HIV and hepatitis C was also collected in the survey. Questions assessed whether respondents had received the results of any tests that they might have had, whether they received counselling at the time of testing, and whether they planned to be tested again in the future.

Extent of testing for HIV and hepatitis C

More than half of the respondents had been tested for hepatitis C (60.0%), and a similar proportion (65.4%) had been tested for HIV. One-third of all respondents had been tested for hepatitis C in the past year, and approximately the same proportion (34.7%) had been tested for HIV during this period. Thus, out of all respondents who had ever had a test for either HIV or hepatitis C, just over half had been tested in the previous year. Injectors (66.8%) were more likely than non-injectors (39.1%) to have ever obtained a hepatitis C test. A smaller difference in regard to HIV testing (68.7% for injectors compared with 55.6% for non-injectors) was also observed.

Current injectors who usually obtained their equipment from a needle and syringe program (NSP) were more likely to have been tested at some time for hepatitis C than were injectors who had obtained their equipment from any other source (such as a pharmacy). Three-quarters of the injectors (75.4%) who usually used an NSP had been tested at some time; this was a higher proportion than for injectors overall.

There was also a positive association between having a hepatitis C test and having obtained information about hepatitis C. Over three-quarters of amphetamine users (76.9%) who had received hepatitis C information had also been tested.

Self-reported test results

Of all respondents who had obtained an HIV test, 3.4 per cent reported testing positive for HIV at their last test. Of all respondents who had obtained a hepatitis C test, 29.9 per cent reported testing positive for hepatitis C at their last test. Of all current injectors who had been tested, 34.7 per cent tested positive to hepatitis C, compared to 5.0 per cent of current non-injectors. In contrast, 2.7 per cent of all current injectors who had been tested reported an HIV-positive result, compared to 6.0 per cent of those who were currently non-injectors.

Counselling

Only a quarter of the respondents who had been tested for HIV reported that they received counselling at the time of the test. Similarly, only 28 per cent of those who were tested for hepatitis C reported that they received counselling with the test.

Intention of getting tested in the future

The majority of respondents indicated that they intended to get tested again for HIV and hepatitis C at some stage in the future (81.2% and 77.2% respectively). People who had tested positive for hepatitis C (63.2%) were less likely to think about getting tested again in the future than people who had tested negative to hepatitis C (83.5%).

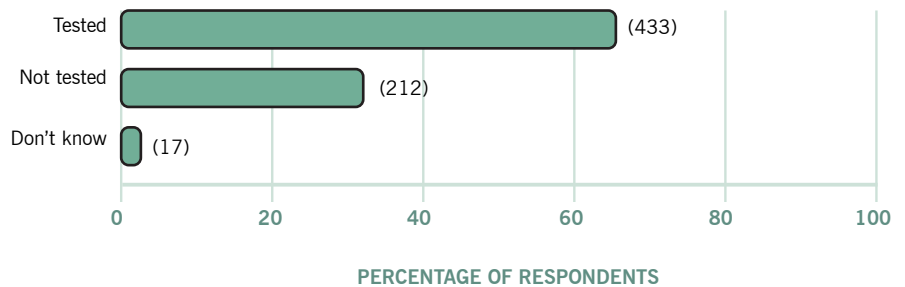
Injecting behaviour and hepatitis C status

There was an association between test results for hepatitis C and injecting behaviour. People who had tested positive to hepatitis C were less likely to report always using a new syringe than those who had tested negative (48.6% and 63.9% respectively).

RESULTS

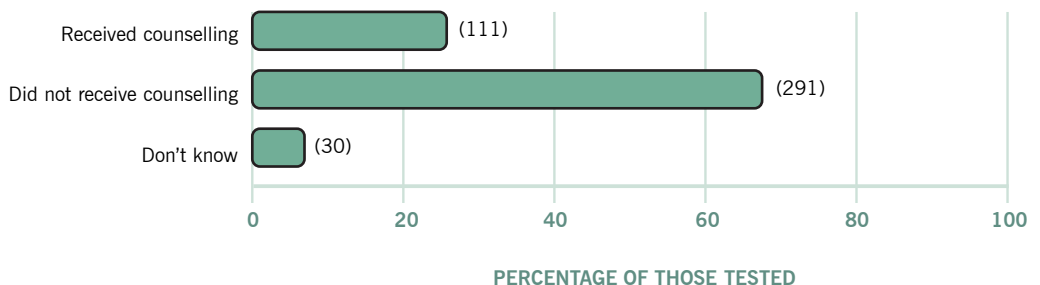
J1. Have you ever been tested for HIV?

Proportion of respondents ever tested for HIV ($n = 662$)



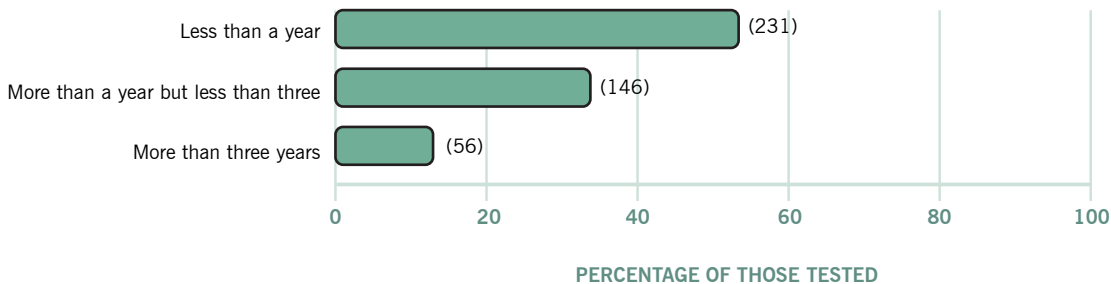
J2. Did you receive any counselling when you were tested?

Proportion of HIV-tested respondents who received counselling ($n = 432$)



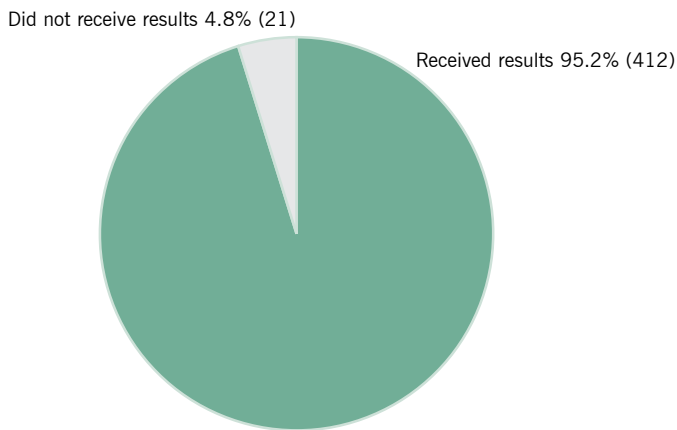
J3. About how long ago were you tested for HIV?

Time since last HIV test (*n* = 433)



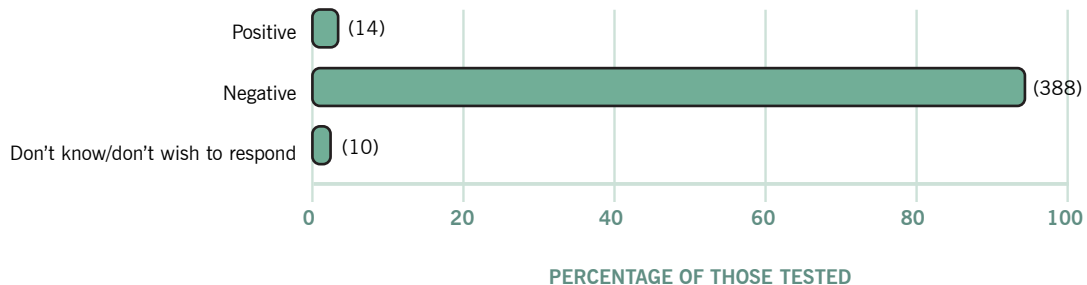
J4. Did you find out the results of your last HIV test?

Proportion of tested respondents who received HIV test results (*n* = 433)



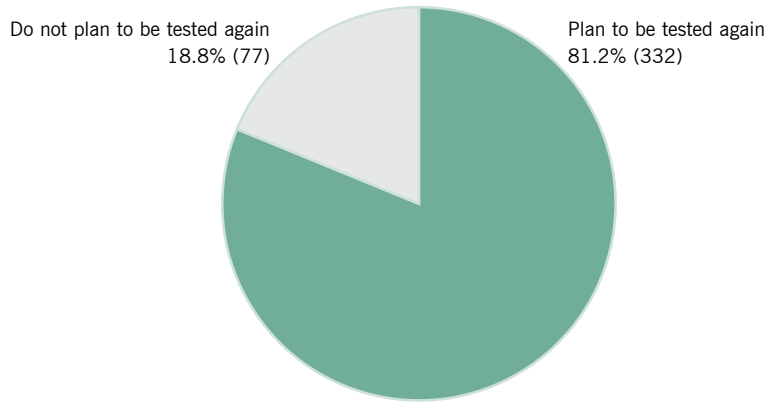
J5. What was the test result?

Self-reported HIV test results (*n* = 412)



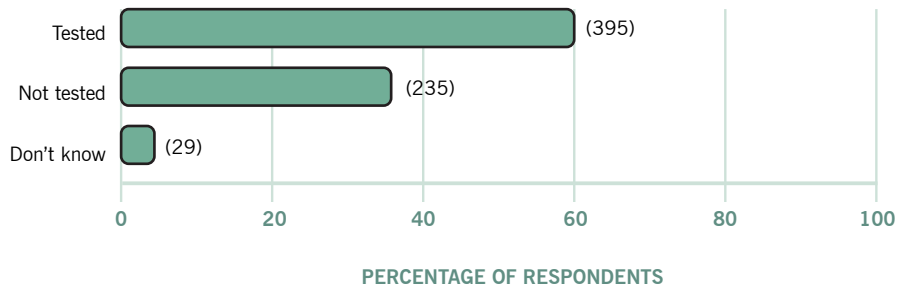
J6. Are you thinking of being tested again any time in the future?

Proportion of respondents intending to be tested again for HIV (*n* = 409)



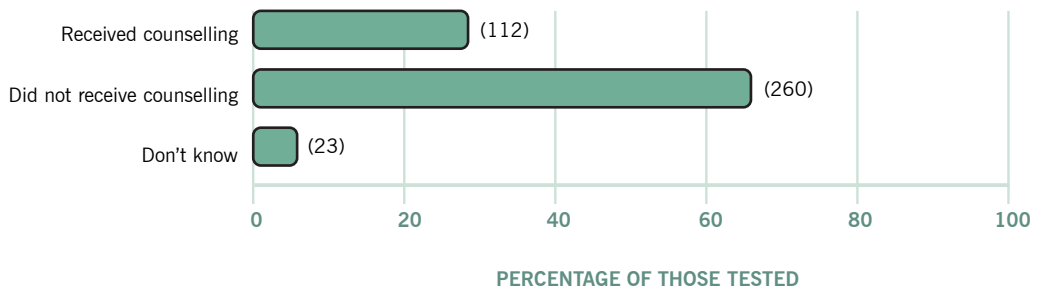
J7. Have you ever been tested for hepatitis C?

Proportion of respondents ever tested for hepatitis C (*n* = 659)



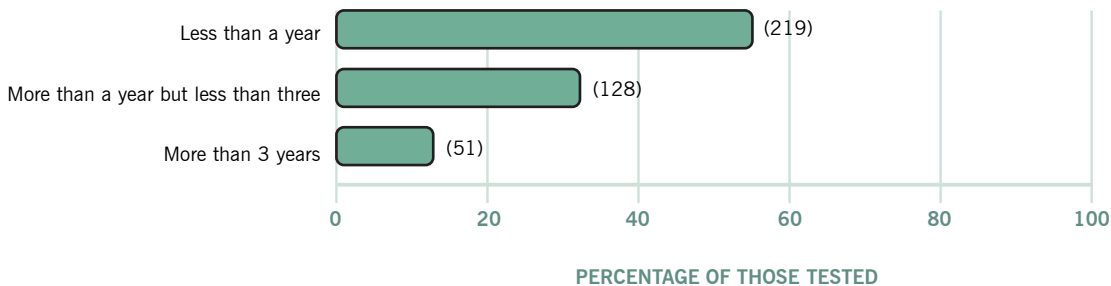
J8. Did you receive any counselling when you were tested?

Proportion of tested respondents who received counselling (*n* = 395)



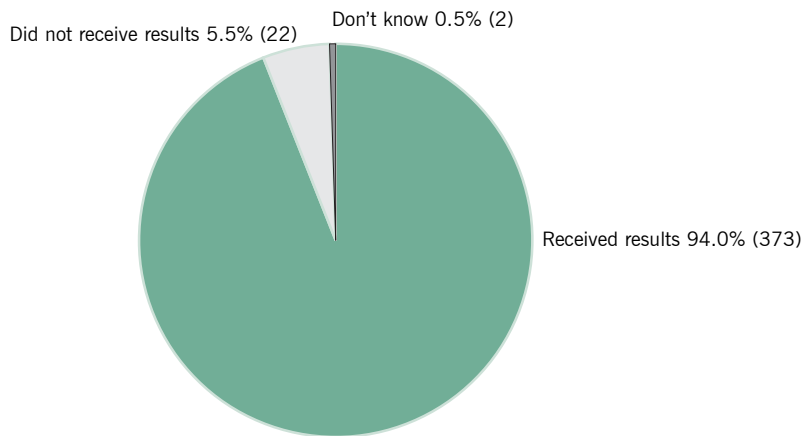
J9. About how long ago were you tested for hepatitis C?

Time since last hepatitis C test (*n* = 398)



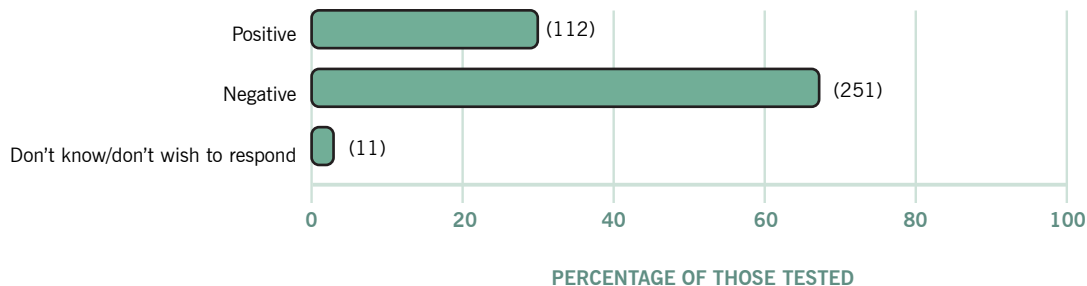
J10. Did you find out the results of your last hepatitis C test?

Proportion of those tested who received hepatitis C test results (*n* = 397)



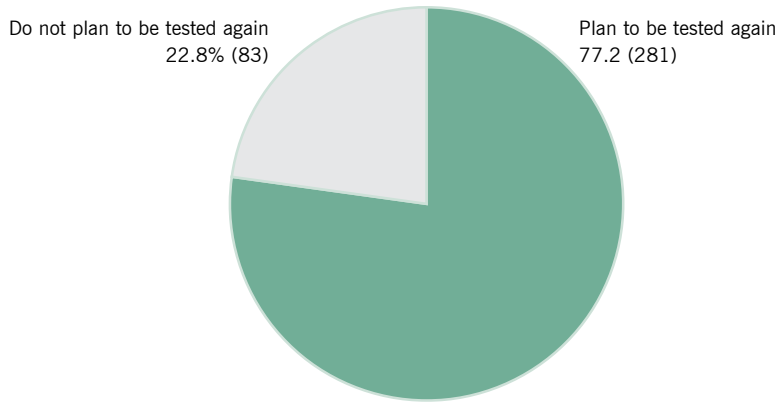
J11. What was the test result?

Self-reported hepatitis C test results (*n* = 398)



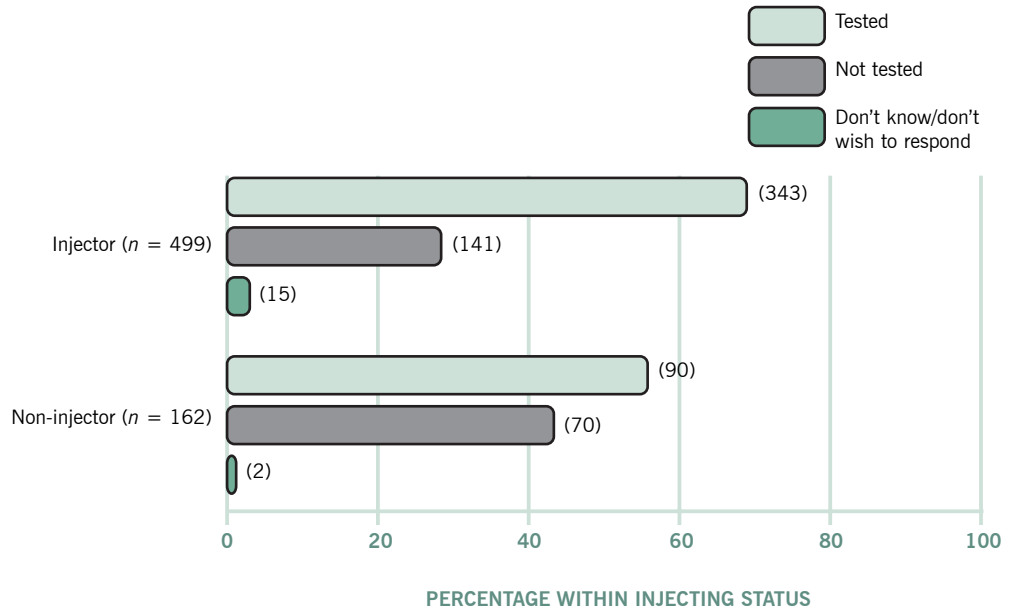
J12. Are you thinking of being tested again any time in the future?

Proportion of respondents intending to get tested again (n = 364)

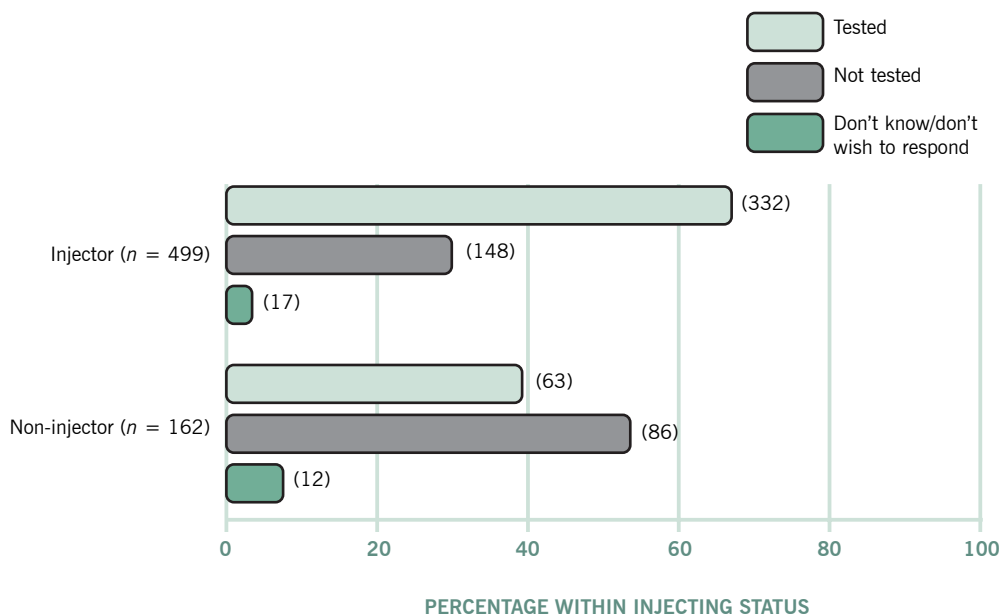


ADDITIONAL FINDINGS

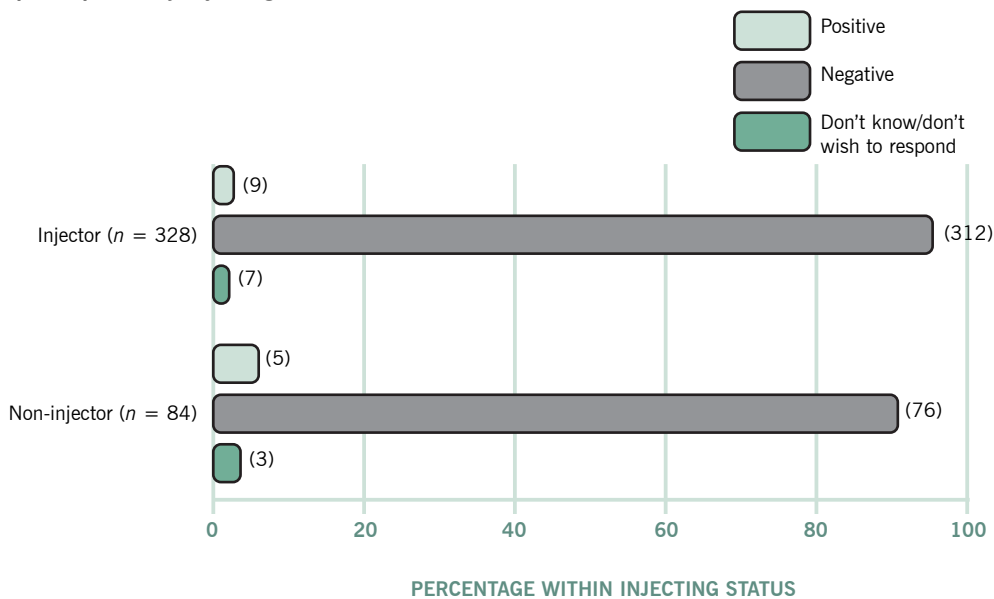
Proportion of participants who had been tested for HIV, by injecting status (n = 661)



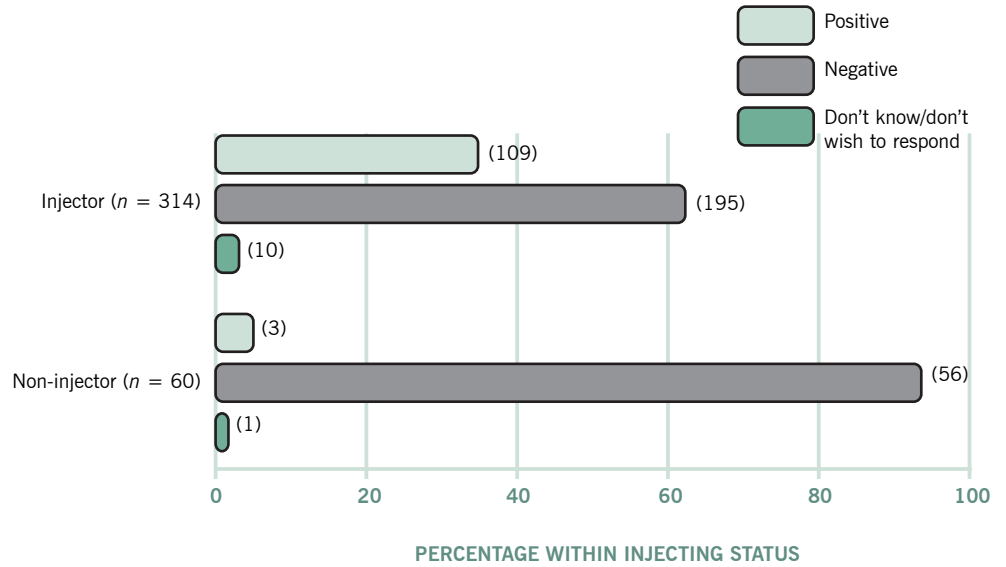
Proportion of participants who had been tested for hepatitis C, by injecting status ($n = 658$)



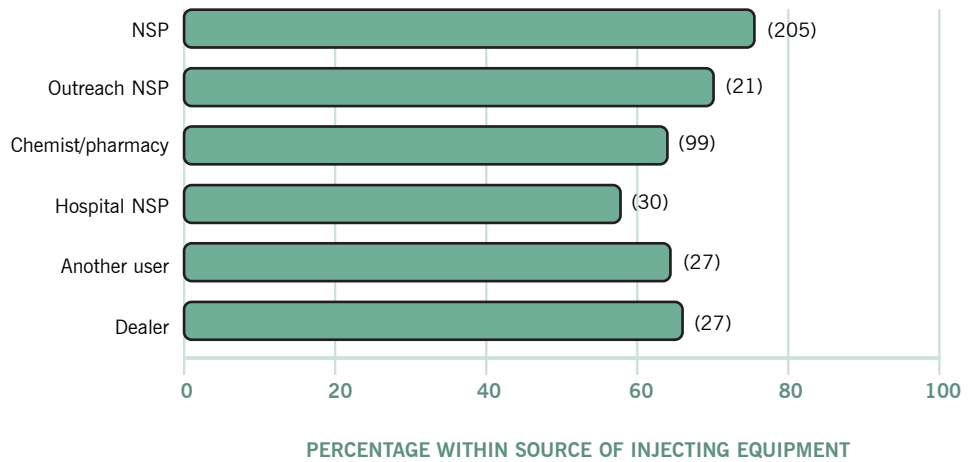
HIV test results of participants, by injecting status ($n = 412$)



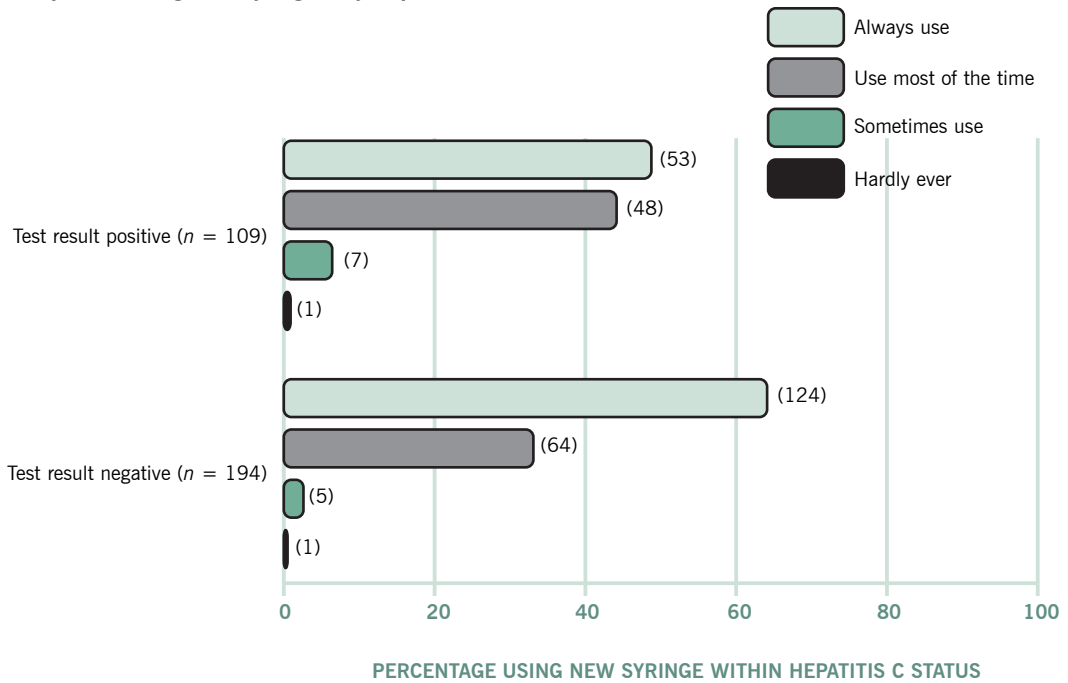
Hepatitis C test results of participants, by injecting status (*n* = 374)



Proportion of injectors who had ever been tested for hepatitis C, by usual source of injecting equipment



Proportion of injectors using new syringes, by hepatitis C test result



Relationship between access to information on hepatitis C and whether ever tested for hepatitis C (n = 628)

HAVE YOU OBTAINED INFORMATION ON HEPATITIS C?	HAVE YOU EVER BEEN TESTED FOR HEPATITIS C?			
	YES		NO	
	(n)	%	(n)	%
Yes	303	76.9	61	26.1
No	80	20.3	158	67.5
Not sure	11	2.8	15	6.4
Total (n)	394		234	

Relationship between hepatitis C test results and intention to be tested again for hepatitis C (n = 355)

WOULD YOU GET TESTED AGAIN?	HEPATITIS C TEST RESULT			
	POSITIVE		NEGATIVE	
	(n)	%	(n)	%
Yes	67	63.2	208	83.5
No	39	36.8	41	16.5
Total (n)	106		249	

Chapter 12

COMMENTS FROM RESPONDENTS

At the conclusion of the survey, participants were given the opportunity to comment on any issues they felt were important. The following list of selected quotes from this section of the survey shows the varied views and experiences of amphetamine users.

Selected quotes from users surveyed

‘The government needs to continue full funding for NSPs in the community sector — increase funding for detox and rehab with facilities for women with children. User services need to have users working in them, not “do gooders”. Government needs to work towards decriminalisation of drugs and drug use. Methadone doesn’t work for everyone; there need to be alternatives. Speed only detoxes.’

‘I like the fact I can lose weight; that is why I use. They should have a safe drug to use that does the same thing.’

‘People should be able to make up their own minds, but on the other hand I think it should be totally banned. Should be more and better programs for drug users like NSP in all communities. Need counselling (good counselling) for people who want to stop. Need ex-users to do this work. Drugs lead to lots of crime.’

‘If I could turn back time to the day I started using, I would not have used. How different my life would have been if I hadn’t started using. Need more services/counsellors for people with drug problems in general.’

‘Having methadone, NSPs and counselling all in one place is not suitable. People feel unable to access syringes without being seen by doctors and case managers. They feel “judged and persecuted”. People all feel the same about this.’

‘Chemical prohibition has had a dangerous kickback. For each avenue that is closed, a new avenue will open. People will take what they can, and people will always make what people will take. If the right chemicals were available people would be able to use the less harmful product.’

‘As a user of prescribed medication, I’m not out in the street. I live in a nice home, still function and don’t have to be a criminal. As a pot smoker I’m still motivated, well groomed. Given the views of drug users I don’t feel that it is right to type-cast people [i.e. drug users] as dirty, non-clean, useless, non-productive. Through my drug use, I’m still able to do everything. It helps me to do everything and feel good about doing things for myself and my family.’

‘Information should be more accessible for people, say on television, so people don’t have to be seen going to health services if they don’t want to. I don’t want to be seen as a drug user. It could ruin my career.’

‘I reckon it’s the lowest drug on earth. As a methadone user I inject speed because it’s the only drug available locally to inject, other than my takeaway doses. If they reintroduced an opiate-dependent IV program, I wouldn’t bother with the speed.’

‘I enjoy speed every once in a while for having fun at a party, and that’s all.’

‘There should be more info available for people, but they shouldn’t have to go to a health service to get it — maybe something like the AIDS campaign.’

‘I’m too scared to go for a Hep C test in case it’s positive. I’m scared that social workers will take my children away because of my drug use, so I try to hide it, but that’s not so easy when you are walking about as fried as I am most of the time. The speed helps kick me up the arse — you know, get stuff done — but then when I haven’t got it, I’m paralysed with depression. I wish people would stop giving me the stuff; I wish I could stop taking it. It’s a filthy, dirty habit.’

‘It scared me to find out about Hep C and how easy it is to get. Actually I think I could have it — I won’t share any more. How come the government doesn’t tell anyone? They should let everyone know.’

‘I believe there weren’t enough questions about law enforcement when drugs are involved. I don’t think the law enforcers send an appropriate or correct image of speed users to the public.’

‘I don’t know why other people should worry about my or other people’s speed use. I’m 50, I’m living on the beach after being out of a short stint in jail. I’ve got no chance of owning a house or even renting one, my missus and I are split up, I’m not allowed to see my kids, though I do. I can’t work full-time in anything other than dealing and cooking. I have a really bad reputation around here for being violent, a rapist, and a paedophile (not all of which is true). What else have I got? I’m not hurting anyone, just because my goals in life aren’t materialistic, doesn’t mean I should be bothered for what I do. I provide a service that people want. Christ, what else have the poor people got? Let them have their fun. People will always use speed.’

‘I first started taking speed as a party drug. That is why I still use. I wouldn’t say that I’m addicted, just young and having a good time.’

‘I usually take speed and E’s at home, then go out. I see myself as a party user. I don’t feel that I have a problem, but I don’t wish to stop.’

‘All drugs should be decriminalised. Channel the money into the government rather than black market. Make it safer for people to take and enjoy drugs. Educate people more.’

‘Overall I think I manage my drug use extremely well. I take risks when buying amphetamines, but I also take precautions to look after myself as best possible. I have experienced a few serious moments of dependency on a range of drugs and often use more than one drug at a time. These moments parallel with significant moments in life such as death of a family member, a motorbike accident, hip replacement and chronic pain during the process, suicide of brother and a relationship break-up. More than a few of those incidents occurred within a very short time frame. It was the compounding nature of these incidents that fuelled my increase in drug use, both prescribed and illicit. In hindsight, I

think I was able to successfully navigate my way through those moments, even when the boat was really rocking, and grew and learnt from them. At all times, adolescence aside, I was able to participate effectively in life, manage my responsibilities, respect my neighbours, maintain a job and my home, live and laugh. I believe life has incredible moments of joy and incredible moments of sadness and hurt and the sooner we accept that, the sooner we can move on. But I'm not anybody else.'

'People take drugs to experience feelings, new feelings because they don't actually feel good, and don't have a sense of wellbeing in their lives. In general, they aren't healthy, so they look for the alternative. People need to understand ways of being healthy before the issue of drug use enters their lives to destroy it. Because for most, by then it can be too late to see any light that may well be at the end of the tunnel. Understanding what it really means to be healthy and feel it, from a young age, is what's missing from society as a whole and its importance can't be overstated.'

'The war against drugs is doing more damage than many of the drugs themselves.'

'I think it's great you are collecting some real information and in such a non-intimidating manner. More free [sterile] water please.'

'The way people try to help is not always the best. Ex-users are the best people to help users. Social difficulties due to use — people keep away. You hate it, and love it at the same time.'

'I notice differences in batches used, variation in the type of speed feeling. The availability of ingredients, or lack of, isn't stopping users, only endangering them. These substances have been circulating for over 40 years. You won't just stop them, no matter how illegal.'

'I'm no longer concerned by my speed habit, as I've been clean for 3 months and intend to remain that way. I was clean for 3 years until I had a very emotional period of loss in my life. I took up speed again for 3 months to help with my grieving, but have since realised it doesn't help, only prolongs and worsens your problems.'

'I use drugs because I feel lost and alone. I don't feel like I fit into society at all. I am kind of directionless and unmotivated and really very scared. Drugs, particularly heroin, allow me to escape from my negative self-image for a while. I feel pleasantly sedated and the way I feel about myself becomes a lot less of a problem for me. I don't like who I am, and when I'm straight this returns ten-fold back on to me, so I use more. I do have some good qualities — but being crazy and emotional all the time makes it hard to see them. I hope you can learn more for speed users because I was far worse in the head when I used speed as opposed to heroin.'

'There should be more awareness about why we take speed, instead of jumping on the drug. Find out what causes us to want the drug, and it would be a safer place to live in. The more the police try to stop drugs, the more money I make.'

'Seems to me a lot of the antisocial aspects of speed use (e.g. depression, obsession, anger, violence) are not talked about enough, so the more open it is, the better for some.'

'I believe GPs are relatively uninformed about serious amphetamine use and should be educated on such issues, especially where other drugs are being used simultaneously. Localised services like counselling should be more available.'

'I don't have much to add because I try to lead a pretty normal, unaffected life, free from heavy drug use. I'm a casual user (so far!) and just hope that there becomes a wider range of services and support available to people who do have a severe problem. Most of my friends

are casual users who thoroughly enjoy having fun and a party on the weekends — eckies and a rave. We mostly work too and still generate normalcy in our lives. Moderation is the key — you control it, the speed and e's don't control you.'

'I shoot up pills and have noticed that there are no pamphlets or information about the risks involved etc. The Hep C and B information should be updated in an eye-catching way. Leaflets are very dull; they should have bright colours and a drawing that makes you aware etc.'

'I think family help is very important in every aspect of it. Unfortunately after rehab. people have nowhere to go except the "old friends" or the "old circle". We have to understand every person as unique and special and we have to deal with it in special ways. Just sending them back to the street is not going to help. They all cry for a bit of family love, touch and help, but sadly, in most cases, we reject them because of their past. Family services have a lot to answer for in these problems. When treating these people, don't count them as numbers, but human beings. Like everyone else they have the urge to work and to have a family, a stable life.'

'I'm just a typical basket case. My severe addiction is alcohol, combined with 'goee' pills. Done smack. I'm a mess. I'm trying to detox off the alcohol, but because of my polyuse of other cocktails, I am having great difficulty in finding help from rehabs etc. The professional help I have sought doesn't handle my situation at all.'

CONCLUSION

The Amphetamines in Queensland research project has used an innovative approach to collect timely information about a difficult-to-reach population. The results presented in this report highlight the experiences and views of a diverse range of amphetamine users, and demonstrate the need for effective interventions to help minimise amphetamine-related harms.

The use of a peer research model had the advantage of allowing the strategic sampling of amphetamine users beyond the service and institutional settings traditionally used to study drug-using populations. It also enabled the dissemination of information about blood-borne viruses, safe injecting practices, amphetamine use and available health services to a broad range of users. The process encouraged some users to approach and utilise existing services in connection with various health-related issues. Additionally, the peer research model fostered the development of rapport between researchers and respondents, thereby increasing the likelihood of producing new information about amphetamine use.

The research partnership formed between the Research and Prevention arm of the CMC and ATODS proved to be extremely successful, despite the different operational focus of each agency. The collaboration consolidated research resources and expertise, and made it possible to gain a broader view of amphetamine use in Queensland.

This publication represents the first phase of the reporting process. Further analyses and discussion papers based on the results of the project are planned for future release. It is also envisaged that the information collected by the project will inform policies aimed at reducing the harms associated with amphetamine use, and will help service providers deal with problematic use more effectively.

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