

ILLICIT DRUG USE, SOURCES OF AUSTRALIAN DATA

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PREFACE

Illicit Drug Use, Sources of Australian Data (Cat. no. 4808.0) provides a guide to sources of national data on illicit drug use in Australia. Data on the use of illicit drugs come from diverse sources, with a variety of original purposes, and from different fields of study. The focus of this publication is on sources of national quantitative data which have been collected within the last 10 years concerning the use of illicit drugs within Australia.

This publication is a valuable reference for researchers as it draws together an exhaustive range of non-ABS as well as ABS sources. It covers both administrative and survey data, as well as relevant publications and research. It identifies sources of data available at October 2001 on each of the following issues: prevalence and pattern of illicit drug use, health consequences, impact on family and community members, associated law and order issues and the costs of illicit drug use. An alphabetical directory of data sources is provided in Appendix 1.

The publication includes a discussion on general issues associated with data quality. This information is presented to assist analysts and researchers make appropriate decisions about the use of the data. Most of the data sources provided in this publication are not ABS products but have been selected on the basis of their scope. Hence, their inclusion should not be taken as an ABS endorsement of their quality.

Many individuals and organisations have contributed to this project, and their cooperation is very much appreciated. In particular, I would like to thank the following organisations who contributed to a peer review of the publication: Australian Bureau of Criminal Intelligence, Australian Institute of Criminology, Australian Institute of Family Studies, Australian Institute of Health and Welfare, Commonwealth Department of Family and Community Services, Commonwealth Department of Health and Aged Care, and the National Centre for Epidemiology and Population Health at the Australian National University.

The ABS has made every effort to contact all likely sources of national statistics related to illicit drug use. The ABS welcomes readers' suggestions on how the publication could be improved. To express your views, please contact the Director, Health Section, Australian Bureau of Statistics, PO Box 10, Belconnen ACT 2615.

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28 November 2001

ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ADCA	Alcohol and other Drugs Council of Australia
AIC	Australian Institute of Criminology
AIDR	Australian Illicit Drug Report
AIDS	Acquired Immunodeficiency Syndrome
AIHW	Australian Institute of Health and Welfare
ASSADS	Australian School Students Alcohol and Drugs Survey
AUSTRAC	Australian Transaction Reports and Analysis Centre
BEACH	Bettering the Evaluation and Care of Health
CIDI	Composite International Diagnostic Interview
COD	Causes of Death
COTSA	Clients of Treatment Service Agencies
DHAC	Commonwealth Department of Health and Aged Care
DSM	Diagnostic and Statistical Manual of Mental Disorders
DUCO	Drug Use Careers of Offenders
DUMA	Drug Use Monitoring in Australia
GPSCU	General Practice Statistics and Classifications Unit, University of Sydney
HCV	Hepatitis C Virus
HIC	Health Insurance Commission
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IDRS	Illicit Drug Reporting System
MUNCCI	Monash University National Centre for Coronial Information
NCIS	National Coroners Information System
NCHECR	National Centre in HIV Epidemiology and Clinical Research, University of New South Wales
NDARC	National Drug and Alcohol Research Centre, University of New South Wales
NDSHS	National Drug Strategy Household Survey
n.e.c	not elsewhere classified
SLA	Statistical Local Area
SMHWB	National Survey of Mental Health and Wellbeing of Adults
SSDA	Social Science Data Archives, Australian National University
WHO	World Health Organization

- *“Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world’s most valuable asset.”*

Source: Political Declaration on Global Drug Control, by the States Members of the United Nations at the twentieth special session of the General Assembly, June 1998.

- *“. . . much more needs to be done to identify, understand and contain the forces which lead individuals to resort to drugs . . . Information and a better understanding of the problem are essential prerequisites for progress in meeting this aim.”*

Source: Giorgio Giacomelli, Executive Director of the United Nations International Drug Control Programme. United Nations International Drug Control Programme 1997, *World Drug Report 1997*, Oxford University Press, Oxford.

1.1 BACKGROUND

Illicit drug use is of international concern and has become a major cause of concern within the Australian community as it affects so many facets of society. This is reflected in the range of strategies, studies and rehabilitation programs being undertaken. Governments, government agencies, community organisations and universities are giving increased attention to the issue. An improved understanding of the information already available is in the interests of all.

A range of policy questions give direction to current data collection and research on illicit drugs. These include questions such as:

- What is the extent and nature of illicit drug use across the country?
- What is the attitude of the community to illicit drug use?
- What circumstances lead some people but not others to experiment with illicit drugs?
- What is the impact of illicit drug taking on users themselves, their families and the wider community?
- To what extent is illicit drug taking linked with other drug taking and harmful behaviours?
- What are the costs to society of illicit drug use?
- How effectively do the health and criminal justice systems deal with the use of illicit drugs?
- In what ways are the production, supply and use of illicit drugs associated with other crime such as burglary, prostitution and fraud?

1.1 BACKGROUND

continued

As the national statistical agency, the Australian Bureau of Statistics (ABS) is interested in ensuring that the data on key social issues and policy questions are available to support research, analysis, policy development and decision making. In the area of illicit drugs, such data will inevitably be drawn from a wide variety of sources, with surveys and specific collections complementing the information available from administrative systems. These data will be most valuable, and the resources devoted to statistical collections will be most effectively used, when they are coordinated to promote, as far as possible, a unified body of information.

A key step in this process is understanding the range of existing statistical activity on the subject. Users can then assess whether the information necessary for analysis and decision making is available. Priorities for further work can then be established.

1.2 PURPOSE OF THIS PUBLICATION

The purpose of this publication is to assist governments, community groups and the Australian public in identifying and accessing available data sources on the extent and consequences of illicit drug use. As well as giving a brief outline of the main data sources available, limitations and gaps in available data are identified.

This publication is not intended to be a discussion of the impact of illicit drug use in Australia; rather it points the reader to the data which are available and provides a commentary on the source. It adds value to the body of existing research by identifying major sources of data from the separate fields of study involved, showing how the data sources may complement each other and where there are gaps among existing datasets.

1.3 SCOPE AND COVERAGE

The focus of this publication is on sources of national quantitative data which have been collected within the last 10 years and concern the use of illicit drugs within Australia.

The terms 'illicit drug' and 'drug' have no standard definition applied in Australian research. The *Australian Standard Classification of Drugs of Concern*, released by the ABS in July 2000, classifies drugs according to their type and form, but does not distinguish among substances on the basis of their legality.

Throughout this publication, the terminology is consistent with the definition of terms used in the *National Drug Strategic Framework 1998–99 to 2002–03* (Ministerial Council on Drug Strategy, 1998). The term 'drug' refers to any 'substance that produces a psychoactive effect' (i.e. the mental processes are altered). This term may include tobacco, alcohol and pharmaceutical drugs (i.e. substances which are legally available, although their supply is very regulated) as well as illicit drugs.

In this publication the term 'illicit drugs' refers to cannabis, heroin, cocaine, hallucinogens, amphetamines, ecstasy and other 'designer' drugs. Excluded from the term 'illicit drugs' are tobacco, alcohol, pharmaceutical drugs primarily used for therapeutic purposes (e.g. benzodiazepines), substances used for performance enhancement (e.g. anabolic steroids) and other common substances which may be inhaled for psychoactive effects (e.g. petrol), even when these substances are used illegally or without medical consent. The term 'injecting drug use' refers to the use of illicit drugs by injection.

1.3 SCOPE AND COVERAGE *continued*

There is, however, no consistency of definition or scope among the data sources referred to in this publication. Each of the data sources applies its own definition of 'drugs' and 'illicit drugs'. Substances can be categorised in different ways, and the data sources may or may not distinguish between the use of illegal substances and the non-therapeutic use of pharmaceutical substances. Some sources of information on the subject do not include all illicit drugs. Many are also sources of information on legally available drugs of concern such as alcohol and tobacco. This variability among data sources presents problems when using or comparing data from different sources.

The scope of this publication is restricted to sources of data on one or more of the illicit drugs as defined above. Sources of data on other substances of concern have been included only if they also contain data on these illicit drugs. This has been a pragmatic limitation of scope, which may not reflect data availability or social circumstances. Illicit drugs are not used in isolation but are often used in combination with each other and with other substances. It is acknowledged that the use of legally available substances excluded from the scope of this paper may have a greater impact than the use of illicit substances.

The data sources discussed in this publication are only those which provide national empirical data. They do not indicate the full range of information regarding the use of illicit drugs in Australia. Much additional work is being conducted at local and State levels, especially in the fields of prevention and treatment, which does not result in national data and so is out of scope of this publication.

State Government departments in the fields of law and order, health, social welfare and youth are potential sources of State and local data. Private organisations such as those providing welfare support and treatment services may be able to provide data for their area of operations. In addition to these administrative data, there have been many surveys of illicit drug users in particular local areas, cities or States. A number of these datasets are available from the Australian National University's Social Science Data Archives (see Appendix 2, A2.5).

Research studies are often reported in journals such as *Connexions*; *Australian and New Zealand Journal of Public Health*; *Addiction*; *Drug and Alcohol Review*; and *Drug and Alcohol Dependence*. CD-ROM literature databases such as AustROM can be of assistance in finding relevant papers. Many of these papers are referenced in the publications listed in Appendix 2 *Further references regarding illicit drug use*. The library and information services maintained by the Alcohol and other Drugs Council of Australia is a valuable resource available to the public for further researching the subject (Appendix 2, A2.2).

1.4 OUTLINE OF PUBLICATION

This publication is structured around broad subject areas of social and economic concern related to illicit drug use. A chapter is provided on each of the following: prevalence and patterns of illicit drug use; resultant health issues; effects on family and community members; law and order issues; and economic costs associated with illicit drug use. Sources of national data relevant to the area of concern are identified within each chapter. If sources provide information on more than one of the broad areas of concern, they are mentioned in each appropriate chapter.

1.4 OUTLINE OF
PUBLICATION *continued*

Examples of the type of data available on the subject are given in the information boxes at the beginning of each chapter, followed by a brief introduction to the issues relevant to the subject. Each of the main sources of data is examined, providing background such as the organisation responsible, reference years, a description of data items available, a mention of data limitations and a reference to published results. Less comprehensive sources are mentioned only briefly. A short discussion of data issues follows, summarising any difficulties or limitations of the data available. Identified gaps in the available national data are then outlined.

As each major data source is mentioned, a reference to the relevant entry in Appendix 1 is provided in brackets. Appendix 1 provides a directory of the national sources of data, listed alphabetically. It provides a summary of details useful to anyone interested in accessing the data available, including a description of data items available, references to selected published output and contact details of the organisation responsible for the data.

Appendix 2 provides further references, mainly to publications and websites which may be useful when researching specific aspects of illicit drug use. Appendix 3 provides a guide to the classification issues associated with coding illnesses and causes of death directly associated with illicit drug use. Thereafter, there is a bibliography of publications, followed by a short index of the data sources available and organisations responsible.

Examples of available data

- In 1998, 39% of Australians aged 14 years or older had at some time used cannabis.
 Source: Adhikari, P. & Summerill, A. 2000, *1998 National Drug Strategy Household Survey: Detailed findings*, AIHW Cat. no. PHE 27 (Drug Statistics Series No. 6), Australian Institute of Health and Welfare, Canberra.

- A 1994 survey indicated that there was more widespread experimentation with illicit drugs, particularly marijuana, among the urban Aboriginal and Torres Strait Islander community than the general urban population.
 Source: Commonwealth Department of Human Services and Health 1994, *National Drug Strategy Household Survey: Urban Aboriginal and Torres Strait Islander Peoples Supplement*, 1994, Looking Glass Press, Canberra.

- In 1997, drug-use disorders were more prevalent among males, the young, the unemployed, those who have never married and those who are Australian-born.
 Source: Hall, W., Teesson, M., Lynskey, M. & Degenhardt, L. 1998, *The Prevalence in the Past Year of Substance Use and ICD-10 Substance Use Disorders in Australian Adults: Findings from the National Survey of Mental Health and Well-being*, NDARC Technical Report No. 63, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

- There were an estimated 74,000 dependent heroin users in Australia in 1997.
 Source: Hall, W., Ross, J., Lynskey, M., Law, M. & Degenhardt, L. 2000, *How many dependent opioid users are there in Australia?*, NDARC Monograph No. 44, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

2.1 INTRODUCTION

This chapter looks at data sources which describe the people who are using illicit drugs and the types of drugs they are using. Information on the numbers and characteristics of illicit drug users, types of drugs used and the circumstances of that use, is necessary to understand the effects of illicit drug use on our society and to develop policies in response. The public health threat of disease transmission and increasing community concerns about the prevalence of illicit drug use among younger Australians have resulted in considerable money and effort being put into gaining information about illicit drug use in recent years, under the coordination of the National Drug Strategy.

A small number of sources provide detailed information concerning the extent of illicit drug use in various parts of Australia and the characteristics of those who use them. These collections provide a number of sociodemographic data items, as well as information on the type of drugs used and frequency and method of use. These main sources of data on prevalence and patterns of use are discussed in some detail in the following sections.

2.1 INTRODUCTION

continued

Nearly all of the sources listed throughout this publication provide some information relevant to this topic, such as the age and sex of those who use illicit drugs, the types of illicit drug used and the method of use. Some of these sources provide further details about their sample population, such as ethnicity, field of employment and area of usual residence, although many provide information about particular sub-populations of illicit drug users only, such as injecting drug users or those convicted of a drug offence. These data sources are referred to briefly in 2.2.2 *Other sources of data* and a more thorough discussion of each is given elsewhere in this publication.

Further details regarding the data sources are available in Appendix 1. The data quality issues discussed in Chapter 7 are relevant to each of the data sources mentioned here.

2.2 DATA SOURCES

2.2.1 Major sources of data

NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY (NDSHS)
(Appendix 1, A1.16)

The Commonwealth Government has funded a series of national household surveys, initially known as the National Campaign Against Drug Abuse Social Issues Survey. As the survey has been repeated in similar format every 2–3 years since 1985, results enable changes in prevalence, patterns and attitudes to be monitored. The seventh survey in this series is being conducted during 2001 by the Australian Institute of Health and Welfare (AIHW), with results due during 2002.

The 2001 National Drug Strategy Household Survey asks people from across Australia for information about their use of drugs, including illicit drugs. Respondents are questioned regarding the circumstances of use of each particular drug (age of first use, place of use, where the drug was obtained), prevalence of use among friends, days lost from work or education because of drug use and health problems experienced. Demographic data are also collected, including age, sex, marital status, household composition, industry and occupation of employment, ethnicity, education and income.

It is anticipated there will be approximately 20,000 respondents to the 2001 questionnaire. Households in the survey have been selected randomly and respondents selected from residents aged 14 years or over. Weighting procedures will be applied to give results consistent with the age and sex distribution of the population within each State and Territory. The National Drug Strategy Household Survey is often used as an indication of the extent of drug use in our community.

The AIHW report *1998 National Drug Strategy Household Survey: Detailed findings* by Adhikari and Summerill (2000), gives information from the 1998 survey and some comparisons with the 1995 survey results are available in the publication *1998 National Drug Strategy Household Survey: First results*, published by the AIHW in 1999. Both are available on the AIHW website <www.aihw.gov.au>. Records from the surveys are available by application to the Social Science Data Archives at the Australian National University (Appendix 2, A2.5).

2.2.1 Major sources of data continued

In their 1998 paper *Patterns of drug use in Australia, 1985–95*, Makkai and McAllister examined trends evident from the responses to five household surveys between 1985 and 1995. In addition, they combined responses across the five surveys to pool the available information about infrequent behaviours such as the use of hallucinogens.

In 1994, a special supplementary survey of the National Drug Strategy Household Survey was conducted, collecting similar data nationally for Aboriginal and Torres Strait Islander peoples living in urban areas. The results of these personal interviews were published in *National Drug Strategy Household Survey, Urban Aboriginal and Torres Strait Islander Peoples Supplement 1994* (Commonwealth Department of Human Services and Health, 1994). This publication gives information on the prevalence of use of each drug type, demographics of users, age of first use, attitude toward others' use of drugs, and the number of days lost from work or education.

AUSTRALIAN SCHOOL STUDENTS ALCOHOL AND DRUGS SURVEY (ASSADS) (Appendix 1, A1.3)

Prior to 1996, national surveys of secondary students were conducted to monitor the prevalence of tobacco and alcohol use, but did not include questions on illicit drugs. However, Health Departments of several States and Territories had conducted separate, independent surveys on the use of illicit drugs.

The Australian School Students Alcohol and Drugs Survey (ASSADS) was the first national survey of students which obtained data on the use of illicit drugs. The first ASSADS survey was conducted in 1996, with questions asked of approximately 31,000 school students aged 12–17 years, selected randomly from government and independent schools. The sample was stratified by State and type of school. The survey was conducted jointly by State and Territory Health Departments, the Commonwealth Department of Education, Training and Youth Affairs and the Commonwealth Department of Health and Aged Care (DHAC). The Anti-Cancer Council of Victoria acted as the coordinating agency.

In ASSADS, students were asked about the number of times they had used specific drugs during the last week, during the last four weeks, in the last year and in their lifetime. Further questions were asked about the circumstances of their use of alcohol and tobacco and about sun protection behaviours. These data can be related to age, sex, school year/level, spending money available, language spoken at home and whether they identified as an Aboriginal or Torres Strait Islander.

Results of the 1996 survey are available in *Australian secondary students' use of over-the-counter and illicit substances in 1996* (Letcher and White, 1999). A similar survey was conducted in 1999, with results to be published in late 2001.

ASSADS can provide information about illicit drug use by secondary students aged 12–17 years across the nation. However, it may not represent the situation for all adolescents within that age group, as the prevalence and patterns of use shown may not be the same for those of the same age group who had left school.

2.2.1 Major sources of
data continued

ILLICIT DRUG REPORTING SYSTEM (IDRS) (Appendix 1, A1.10)

The Illicit Drug Reporting System (IDRS) monitors the extent and patterns of drug use in the illicit drug market, aiming to identify emerging trends of local and national concern. It gives timely information of trends in illicit drug markets, with particular emphasis on injecting drug users in Australia's capital cities. Information from this group of heavy users, who tend to use a variety of drugs, may also indicate emerging trends in illicit drug markets for those who do not inject.

The IDRS is an annual schedule of surveys and data analysis, funded by DHAC and the National Drug Law Enforcement Research Fund, and coordinated by the National Drug and Alcohol Research Centre (NDARC). Commencing in Sydney in 1996, the coverage of the IDRS has gradually expanded to most capital cities in Australia. The IDRS aims to monitor the price, purity, availability and usage patterns of heroin, amphetamines, cocaine and cannabis, and make this information on emerging trends available quickly. During 2000 and 2001, the IDRS has been trialling the inclusion in its collection in three cities of amphetamine-type stimulants such as ecstasy.

The IDRS collates results from three sources:

- 1 An annual personal interview conducted with 100–160 injecting drug users in each capital city. These respondents are recruited by advertisements in media, needle and syringe programs, and by peer referral. Questions are asked about: their demographics and drug use patterns; the price, purity and availability of drugs; criminal activity; risk-taking behaviours; and general health status.
- 2 A telephone interview is undertaken each year with 25–60 informants in each capital city. These informants are required to have frequent contact with illicit drug users in the last six months and include workers in health and community services, needle and syringe programs, counselling services, research organisations and law enforcement agencies. Questions are asked about drug use patterns, drug availability, criminal behaviour and health issues.
- 3 Administrative datasets and survey results from health, law enforcement and other agencies are analysed as they become available.

When interpreting data from the IDRS surveys of illicit drug users, it should be kept in mind that the surveys are conducted in capital cities only and use respondent-initiated sampling rather than random sampling. A valuable part of the IDRS is its timely dissemination strategy, including quarterly bulletins, the early release of annual survey results at a public seminar, an annual publication for each State and Territory and an annual national publication, the latest being *Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System* (IDRS) (Topp et al., 2001).

NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING OF
ADULTS (SMHWB) (Appendix 1, A1.24)

The purpose of this national household survey was to assess the prevalence of major mental disorders in the Australian adult population. Data were also collected on a range of demographic and socioeconomic characteristics such as sex, age, employment status, marital status, country of birth, education and source of income. Conducted in 1997 by the ABS, the survey was an initiative of, and funded by, DHAC.

2.2.1 Major sources of data continued

Approximately 10,600 people aged 18 years and over were interviewed. The survey used a modified version of the Composite International Diagnostic Interview (CIDI) schedule which is a standard mental health questionnaire endorsed by the World Health Organization (WHO). This version of the CIDI was designed to identify disorders using the International Classification of Diseases, 10th revision (ICD-10).

Substance-use disorders, both harmful use and dependence, were among the mental disorders covered in the survey, with data collected separately on alcohol and other drug use. The section on drug-use disorders asked about the use of classes of drugs, rather than individual drugs. However, as some of the classes contained a mixture of illicit and prescribed drugs, the survey data do not entirely separate the use of illicit drugs from the misuse of prescription drugs.

The 1998 ABS publication *Mental Health and Wellbeing: Profile of Adults, Australia, 1997*, (Cat. no. 4326.0), presented the prevalence of drug-use disorders by age group, separately for men and women. More comprehensive results from this survey regarding the use of drugs within the community have been published by NDARC. These publications are referenced in Appendix 1, A1.24. Further data are available on request from the ABS to explore illicit drug use and the misuse of prescription drugs.

2.2.2 Other sources of data

The data sources discussed in 2.2.1 *Major sources of data* provide a wide range of information on the extent and type of illicit drug use and characteristics of the users. Other data sources provide less information regarding the prevalence of use, often just the age and sex of users and the types of drugs used. The administrative datasets and surveys in the following list provide some indication of the characteristics of those who use particular illicit drugs. As their main contribution to our knowledge of illicit drug use is in the fields of either health or law enforcement, a more comprehensive description of each is included in either Chapter 3 *Health issues* or Chapter 5 *Law and order*. Further details about each dataset are provided in Appendix 1.

HEALTH

Information about the demographics of those who die as a result of illicit drug use is available from the ABS Causes of Death collection (Appendix 1, A1.5), the AIHW National Mortality Database (Appendix 1, A1.21) and the National Coroners Information System (Appendix 1, A1.15) established by the Monash University National Centre for Coronial Information (MUNCCI). Data available include age and sex, region of usual residence, birthplace and marital status of the deceased. These datasets are not, however, representative of all illicit drug users. Heroin users dominate this mortality data as other illicit drugs do not often result in death. Other indicators (such as the National Drug Strategy Household Survey) show that only a small proportion of those who use illicit drugs use heroin.

2.2.2 Other sources of data continued

Demographic information about the characteristics of those who have been treated for physical and mental illness resulting from illicit drug use can be obtained from the AIHW National Hospital Morbidity Database (Appendix 1, A1.19) and the annual survey of doctors in general practice known as Bettering the Evaluation and Care for Health (BEACH) (Appendix 1, A1.4), conducted by the General Practice Statistics and Classifications Unit. Similarly, information about those who access drug and alcohol treatment services comes from the NDARC survey Clients of Treatment Service Agencies (Appendix 1, A1.6) and in future will be available from the requirements of the AIHW National Minimum Data Set for Alcohol and Other Drug Treatment Services (Appendix 1, A1.20).

INJECTING DRUG USERS

Information about injecting drug users who access drug and alcohol treatment services and other health services is available from the surveys mentioned above. In addition, the following sources provide data specific to injecting drug users.

The Australian Needle and Syringe Program Survey (Appendix 1, A1.2) is an annual survey, coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), which gives an indication of the characteristics of those accessing drug-injecting equipment. DHAC has recently commissioned a health economic study calculating costs and savings from needle and syringe programs across Australia. This work has the potential to provide some data relevant to the prevalence of injecting drug use, such as the types of distribution points, their locations and the numbers of needles and syringes distributed.

Basic demographics can be obtained about injecting drug users who are diagnosed with a blood-borne virus, from the National AIDS Registry (Appendix 1, A1.14) and National HIV Database (Appendix 1, A1.17), both maintained by NCHECR. Care needs to be exercised in assuming that information from these records is representative of others who inject drugs.

CRIME

A different perspective of those involved with illicit drugs is provided by the Commonwealth, State and Territory records of police, customs, courts and prisons. A national compilation of data from these sources is presented annually by the Australian Bureau of Criminal Intelligence in the Australian Illicit Drug Report (Appendix 1, A1.1).

Further information about the characteristics of those who have come into contact with the crime and justice system and who use illicit drugs, comes from a number of sources. The annual ABS National Prisoner Census (Appendix 1, A1.23) provides the demographics of prisoners whose most serious offence is a drug offence. The Drug Use Careers of Offenders survey (Appendix 1, A1.8) conducted by the Australian Institute of Criminology (AIC) should in future provide information on a cross-section of prisoners. The AIC Drug Use Monitoring in Australia program (Appendix 1, A1.9) provides data on the demographics and drug use habits of detainees at a few selected police stations across Australia.

2.2.2 Other sources of data continued

The association of drugs with homicide can be ascertained from the AIC National Homicide Monitoring Program (Appendix 1, A1.18), which maintains a database of information concerning homicides, including demographic data and type of drugs used, for both the victim and offender. Concerning less serious transgressions, the data reporting requirements of the DHAC National Diversion Minimum Dataset (see 5.2.2 *Other crime issues related to illicit drug use*) will in future provide some national data on people whose drug habits are of concern to those involved in law and order agencies.

REGIONAL DATA

Nearly all of the sources of national data mentioned in this publication also provide data for each State or Territory. Some of these sources can give reliable information for sub-State regions, and indicate that there are considerable differences between the extent and characteristics of illicit drug use in various locations across the country.

The capacity of national surveys to provide regional data is limited by the size of the sample population in any category and the method used for sample selection. The Illicit Drug Reporting System (Appendix 1, A1.10) conducted by NDARC provides data for each capital city, and publishes an annual report for each State and Territory. The Australian School Students Alcohol and Drugs Survey (Appendix 1, A1.3), the National Drug Strategy Household Survey (Appendix 1, A1.16) and the National Survey of Mental Health and Wellbeing of Adults (Appendix 1, A1.24) can provide data for each State and Territory, but their sample size is too small to provide reliable sub-State data on illicit drug use.

The administrative datasets of the MUNCCI National Coroners Information System (Appendix 1, A1.15), ABS Causes of Death collection (Appendix 1, A1.5) and AIHW National Hospital Morbidity Database (Appendix 1, A1.19) each include a sub-State geographic data item and thus may be able to provide some data on regions within each State or Territory. In order to provide reliable information for unusual events, it may be necessary to aggregate data across several years.

Although it is outside the scope of this publication to list all sources of regional data, those with an interest in a particular State or region may find that relevant data are available from their State or Territory health and law authorities and more localised surveys.

MINORITY GROUPS

Many of the surveys and administrative datasets include one or more items concerning ethnicity, country of birth, language spoken at home, or self-identification as an Aboriginal or Torres Strait Islander. The small number of respondents within each category may limit the use which can be made of these items. Often the only output available is in broad categories; for example in the National Survey of Mental Health and Wellbeing of Adults (Appendix 1, A1.24), the only output categories for language usually spoken at home are either 'English' or 'Other languages'.

The 1994 Urban Aboriginal and Torres Strait Islander Peoples Supplement to the National Drug Strategy Household Survey (Appendix 1, A1.16) provided a unique national view of illicit drug use by the urban Indigenous population.

2.3 DATA ISSUES

Despite the fact that there is no direct measurement of the total number of users of illicit drugs and their characteristics, there is a range of data sources available with some information on the prevalence and patterns of illicit drug use. Differences between the information gathered from these various data sources can be due to the sources measuring different subgroups of the user population, or to differences in the methods used to obtain the data. The relevance of data from these various sources to any particular research question will need to be individually assessed and data quality issues (such as those discussed in Chapter 7) will need to be taken into account.

When the data gathered from a number of independent sources agree, or indicate a similar trend, we can more confidently expect that the data are providing some useful insights into a complex situation. Further, it may be possible to construct a more integrated measure from these independent sources. An example of where a number of indicators are used in order to estimate the prevalence of an illicit activity is the study conducted in 2000 by Hall and associates at NDARC, called *How many dependent opioid users are there in Australia?*

2.4 DATA GAPS

PREVALENCE AND PATTERNS OF USE AMONG MINORITY POPULATIONS

The 1994 Urban Aboriginal and Torres Strait Islander Peoples Supplement to the National Drug Strategy Household Survey provided snapshot information about drug use by this group, but changes in the drug use of this group since 1994 have not been captured. Very little information is available about other ethnic groups from the national datasets, as discussed in 2.2.2 *Other sources of data*.

As the limited available data indicate that homeless people are among the most disadvantaged in society and likely to have different patterns of drug use, they are a population group of interest. Surveys of the Australian population generally draw their samples from people living in private dwellings, so the homeless are not included in these surveys. Data on homeless people would be included in many datasets obtained from agencies providing law enforcement and health services, but generally they are not identifiable in these datasets.

LONGITUDINAL DATA

Each of the datasets mentioned above provides a snapshot view only of illicit drug users. They provide little information on whether individuals display any patterns of progression in their drug-using habits and lifestyles and the circumstances of such changes. In contrast, longitudinal or cohort studies would provide information from the same people over a period of time. The longitudinal study Women's Health Australia (see 3.2.5 *Other sources of data on health issues*), which is funded by DHAC and conducted by the University of Newcastle and the University of Queensland, has the potential to supply this type of data.

2.4 DATA GAPS

continued

DIFFERENT METHODS OF USING DRUGS

An emphasis has been placed on gaining information about injecting drug users, due to the increasing prevalence of heroin overdose and extra harm implications of contracting of blood-borne virus diseases. Less information is available on the more widespread non-injecting use of illicit drugs.

THE CHOICE TO USE OR NOT USE ILLICIT DRUGS

Limited information is available on the background and circumstances of people's choice to use or not use illicit drugs. The National Drug Strategy Household Survey (Appendix 1, A1.16) may in future provide some relevant data, as the 2001 survey contains questions relating to the motivations for using drugs.

Examples of available data

- Between 1979 and 1999, the standardised death rate from drugs other than alcohol and tobacco increased by 79%, from five to nine deaths per 100,000 persons, driven primarily by increases in deaths of males from opiates.

Source: Australian Bureau of Statistics 2001, *Australian Social Trends, 2001*, Cat. no. 4102.0, ABS, Canberra.

- In 1998, opiate dependence, abuse or poisoning accounted for 52% of male and 42% of female hospital episodes attributable to the use of illicit drugs.

Source: Ridolfo, B. and Stevenson, C. 2001, *The quantification of drug-caused mortality and morbidity in Australia, 1998*, Australian Institute of Health and Welfare, Canberra.

- In 2000, approximately 53% of people with a history of injecting drug use who were seen at needle and syringe programs, tested positive to hepatitis C.

Source: National Centre in HIV Epidemiology and Clinical Research 2001, *HIV/AIDS, viral hepatitis & sexually transmissible infections in Australia Annual Surveillance Report 2001*, NCHECR, University of New South Wales, Sydney.

- In 1997, 4.9% of Australians aged 18 to 34 years had a drug use disorder.

Source: Hall, W., Teesson, M., Lynskey, M. & Degenhardt, L. 1998, *The Prevalence in the Past Year of Substance Use and ICD-10 Substance Use Disorders in Australian Adults: Findings from the National Survey of Mental Health and Well-being*, NDARC Technical Report No. 63, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

3.1 INTRODUCTION

Illicit drug use is associated with a range of adverse effects on both physical and mental health. These may result from the immediate pharmacological action of the substance (e.g. overdose and other adverse effects), long term impact (e.g. consequential mental and behavioural disorders) and/or the lifestyle associated with obtaining and using an illicit substance (e.g. blood-borne viral infections, exposure to violence). Some of these health issues are directly and obviously related to illicit drug use. However, in other areas which may impact directly on health, the role of illicit drugs is not as obvious (e.g. inadequate diet).

Information on the health outcomes of illicit drug use comes mainly from the records of health service providers (such as hospitals and doctors), public health administration records (e.g. notifications of infectious diseases) and registrations of deaths. However, medical intervention does not occur for many relatively minor mental and physical conditions resulting from illicit drug use, nor for some episodes of serious conditions such as non-fatal overdoses. Consequently, the use of administrative data sources will under-estimate the occurrence of some health conditions. Further, administrative records provide little information on the poor lifestyle behaviours often associated with long-term illicit drug use.

3.1 INTRODUCTION

continued

Surveys can be used to assess the prevalence and social impact of these non-recorded conditions. For example, personal interviews can give information on the habits of injecting drug users which may contribute to their risk of contracting infectious diseases, or the extent of overdose experiences which occur without medical intervention.

This chapter outlines the main sources of national data regarding health outcomes from illicit drug use, categorised into deaths, health services, injecting drug users and other sources. Data issues relating to the identified sources are subsequently discussed, followed by a listing of identified gaps in available data.

Further details of each primary dataset are listed in Appendix 1, including the data items available and contact details. Data quality issues discussed in Chapter 7, for both administrative or survey data, are relevant to these sources.

3.2 DATA SOURCES

3.2.1 Deaths

CAUSES OF DEATH COLLECTION (Appendix 1, A1.5) AND NATIONAL MORTALITY DATABASE (Appendix 1, A1.21)

The major source of information on drug-related deaths is the Causes of Death collection maintained by the Australian Bureau of Statistics (ABS). The ABS collates and processes death information from all State and Territory Registrars of Births, Deaths and Marriages. National data are available in hardcopy from 1907 and electronically from 1968. Each year the Australian Institute of Health and Welfare (AIHW) obtains the ABS-processed deaths data from the Registrars and adds these records to their National Mortality Database, which contains time series data from 1964.

Information from each 'Medical Certificate of Cause of Death' is coded by the ABS according to the International Classification of Diseases (ICD). The ABS applies ICD rules for determining the underlying cause of death from the conditions and/or injury information provided on the death certificate and relevant information obtained from the coroner's office. The primary purpose of mortality coding is to identify the underlying cause of death. This is defined as the condition, disease or injury which initiated the train of events leading directly to death.

Deaths resulting from drug use may be classified to a number of categories and each drug of interest may not have a unique code (e.g. amphetamines and ecstasy have the same code). Hence, not all illicit drugs can be distinguished. The 10th revision of the ICD, used to code deaths since 1999, provides more detailed information regarding particular drugs (e.g. suicides by opiates) than did the previous editions of ICD. Limitations in the capability of ICD to classify deaths attributable to the use of a particular drug are outlined in 3.3 *Data issues*. Further details on the ICD codes involved in drug-related deaths are provided in Appendix 3.

3.2.1 Deaths continued

In the case of an accidental or violent death, the underlying cause of death would be coded to the event (e.g. a car accident) rather than to the injury itself. In recognition of the need for additional information, since 1994 the ABS has flagged all records in which alcohol, tobacco or other drugs were mentioned on the death certificate or coroner's report. This drug flag indicates the presence of a drug, although it may not have contributed directly to the death (e.g. testing of a traffic accident victim indicated the recent use of amphetamines, although not in toxic quantities). Analysis of records with the drug flag gives some indication of the influence of alcohol, tobacco or other drugs on fatalities, but does not allow for any further distinction between types of drugs.

Commencing with deaths registered in 1997, the ABS now codes not only the underlying cause of death but also all associated causes mentioned on the death certificate. Where more than one drug is mentioned on the death certificate or coroner's report, a poisoning code for each drug is now added to the record. This more extensive dataset will allow a more comprehensive and insightful study of mortality patterns, including those related to the use of drugs.

As well as date of death and cause of death, demographic data such as age, sex, birthplace, marital status and region of usual residence are recorded in these datasets. They can be used to analyse time series and geographic trends in drug-related deaths.

Detailed data concerning illicit drugs from these collections can be purchased from both the ABS and AIHW. Using data from the Causes of Death collection, the article 'Drug-related deaths' in the ABS publication *Australian Social Trends, 2001* (Cat. no. 4102.0) is an example of the analysis which is possible using mortality data. *Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS)*, (Topp et al., 2001) gives the number of deaths from opioids in each State between 1990 and 1999.

Mortality data and aetiological fractions (see 3.3 *Data issues*) have been used to calculate the number of deaths attributable to illicit drug use in 1998. The AIHW published this information in the report by Ridolfo and Stevenson (2001), *The quantification of drug-caused mortality and morbidity in Australia, 1998* (Appendix 2, A2.9). This publication also contains data on the potential years of life lost as a result of drug-related deaths, a form of analysis which is very pertinent to illicit drug use because of the concentration of deaths in younger adult age groups.

NATIONAL CORONERS INFORMATION SYSTEM (NCIS) (Appendix 1, A1.15)

The Monash University National Centre for Coronial Information (MUNCCI) has established a national database of those deaths which are referred to the Coroner's office of each State and Territory. These are deaths of a sudden or suspicious nature. Information from this centralised database, called the National Coroners Information System (NCIS), is now available for all States and Territories except Queensland, with plans for Queensland's inclusion within a few years. The NCIS contains information pertaining to the death. This includes a narrative of events obtained from police reports to coroners, reports from the autopsy and forensic medical investigations (e.g., toxicology) as well as the coroner's findings.

3.2.1 Deaths continued

MUNCCI is currently coordinating a project aimed at developing standardised data items and procedures to be used across all States and Territories for drug-related deaths. To be implemented in late 2001, the NCIS Drugs Module Project will provide for a number of enhancements to the collection of information about deaths involving drugs. It will include a detailed classification of all drugs, from which specific classes of drugs can be separately identified. This project has been funded by the Commonwealth Department of Health and Aged Care (DHAC).

The NCIS database provides valuable information on drug-related deaths, including illicit drugs. While the public does not have access to this information, it is available for research by those involved in public health and safety. Researchers are required to obtain approval from various ethics committees.

3.2.2 General health services

Those experiencing health problems related to their use of illicit drugs use the general health services available in the community, such as doctors, hospitals and ambulances. Data on health problems associated with illicit drug use can only be obtained from those providers whose information systems separately identify these drug-related health problems. Even in these cases, information regarding the overall health condition of those who use illicit drugs usually cannot be extracted from these administrative systems, rather only information about health problems which result directly from the use of illicit drugs.

NATIONAL HOSPITAL MORBIDITY DATABASE (Appendix 1, A1.19)

The AIHW annually collates information from each of the States and Territories concerning patients in all hospitals, both private and public, for their National Hospital Morbidity Database. Data are available from 1993–94.

This database can provide data on patients whose hospitalisation was related to drug use. Available data include demographic and geographic characteristics, principal and additional diagnoses, medical procedures and length of stay in hospital. Estimates of the hospitalisation costs are also available.

The diagnoses of ill-health, including poisoning by drugs, are classified using the International Classification of Diseases (ICD). This classification cannot distinguish the use of illicit drugs from the use of similar pharmaceutical drugs. It also groups some drug types together, limiting the detail available on individual drug types. These limitations are further discussed in 3.3 *Data issues*. Details concerning the structure of ICD are provided in Appendix 3.

Data from the National Hospital Morbidity Database on hospitalisation resulting from drug use are available for a fee from the AIHW. An analysis of data concerning hospitalisations for alcohol and drug related health conditions among hospital patients in 1997–98 is provided in the AIHW publication *Alcohol and other drug treatment services: Development of a National Minimum Data Set* (Grant & Petrie, 2001). Data are included indicating the co-morbidity of drug dependency and other mental illness.

3.2.2 General health services continued

The number of hospital separations attributable to illicit drug use in 1997–98 have been estimated using the hospital morbidity data and aetiological fractions (see 3.3 *Data issues*). These estimates are published in *The quantification of drug-caused mortality and morbidity in Australia, 1998* (Ridolfo & Stevenson, 2001) (Appendix 2, A2.9).

BETTERING THE EVALUATION AND CARE OF HEALTH (BEACH) (Appendix 1, A1.4)

Doctors in general practice deal with a wide range of health problems, including some connected to their patients' use of illicit drugs. Bettering the Evaluation and Care of Health (BEACH) is a national survey of the clinical activities of doctors in general practice and has been conducted annually since 1998 by the General Practice Statistics and Classification Unit, a collaborating unit of the AIHW and the University of Sydney. It records details of 100 consecutive doctor–patient encounters for each randomly selected doctor. Among the problems managed by the doctors in this survey are those classified as a 'drug abuse' problem, and this category can be further broken down according to drug type. The classification used is the International Classification of Primary Care, 2nd Edition (ICPC–2).

The AIHW has produced a report on each of the first two completed years of the continuous survey, the latest being *General Practice Activity in Australia 1999–2000* by Britt et al. (2000). In the 1999–2000 survey, the occurrence of drug abuse problems was less than 1% of all 153,857 problems managed by the general practitioners surveyed, and no information on this issue was published. Nevertheless, data from the surveys relating to drug abuse problems are available from the General Practice Statistics and Classification Unit and the combination of data from two or three years of the survey should allow some useful analysis of the characteristics of drug-abuse patients and the treatments they receive.

PHARMACEUTICAL BENEFITS SCHEME

Information on the value and volume of claims paid by the Health Insurance Commission (HIC) to approved pharmacies for items listed in the Schedule of Pharmaceutical Benefits is available from the HIC website <www.hic.gov.au>. Items such as methadone and naloxone, which can be used for the treatment of opioid dependence and overdose, are included in this schedule. While data are available on the number of prescriptions completed for different drugs, the HIC cannot provide data on the number of people for whom those prescriptions are written, nor can it distinguish whether the drug is used for opioid dependence treatment or for other purposes such as analgesia.

3.2.3 Drug and alcohol treatment services

Drug and alcohol treatment services offer counselling and support to users who wish to change their drug/alcohol habits or avoid the adverse consequences of their use. A variety of treatment services offer diverse programs, approaches and sources of support. Methadone programs are one such specialised program of treatment, aimed specifically at those dependent on heroin.

The National Drug and Alcohol Research Centre (NDARC) is currently collecting and coordinating information from a number of different studies of treatments for opioid dependency. Called the National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD), this project aims to provide a means of comparison of the treatment trials which have recently been undertaken.

CLIENTS OF TREATMENT SERVICE AGENCIES (COTSA)

(Appendix 1, A1.6)

National surveys of Clients of Treatment Service Agencies (COTSA) were conducted by NDARC in 1990, 1992, 1995 and May 2001. All agencies which specialise in the treatment of people with drug and alcohol problems were asked to complete a survey form giving details about each client seen on a particular day.

Items collected include demographic details, the nature of the service provided and the type of drug problem. Information resulting from the 1995 survey is available in the publication by Torres et al., *Clients of Treatment Service Agencies: March 1995 Census Findings*. The detailed dataset is available on application from the Social Science Data Archives (Appendix 2, A2.5).

NATIONAL MINIMUM DATA SET FOR ALCOHOL AND OTHER DRUG TREATMENT SERVICES (Appendix 1, A1.20)

Starting from the financial year 2000–01, publicly funded providers of drug and alcohol treatment services are required to supply a standardised set of summary data from their administrative systems to their State or Territory health authority. The AIHW will collate this information from each State or Territory annually. The resulting national data collection will provide information on the demographics and drug-use habits of those seeking help, as well as the number and types of treatment services available in different regions. Further details about the collection are available from the 2001 publication by Grant and Petrie *Alcohol and other drug treatment services: Development of a National Minimum Data Set*.

METHADONE CLIENT STATISTICS (Appendix 1, A1.13)

Outlets which supply methadone doses for the treatment of opioid dependency without also providing other treatment services (such as counselling or urine testing) are not required to report the data items specified in the National Minimum Data Set for Alcohol and Other Drug Treatment Services. However, clients on methadone programs are required to be registered with State and Territory health authorities to gain access to methadone, a pharmaceutical drug. The numbers of such registrations are provided annually to the DHAC.

3.2.3 *Drug and alcohol treatment services*
continued

Data on the number of methadone clients since 1986 are available from DHAC. Although they are not regularly published, these data can complement the information from the National Minimum Data Set. A time series of the number of clients of methadone-treatment services was included in the AIHW publication *Statistics on drug use in Australia 1998* (Higgins, Cooper-Stanbury and Williams, 2000).

3.2.4 *Injecting drug users*

Extra health risks are associated with the injecting of illicit drugs, particularly the spread of blood-borne viruses such as hepatitis B, hepatitis C and HIV. These infectious diseases are spread by the unsafe practices often associated with injecting illicit drugs, such as non-sterile conditions and the sharing of needles and other equipment.

The transmission of infectious blood-borne viruses has public health implications as well as affecting individuals. A high prevalence of infection among injecting drug users provides a potential source of infection for the general population. Consequently, there has been considerable effort to minimise and monitor the prevalence of HIV among injecting drug users. Reducing the high rate of infection of hepatitis among injecting drug users has also become a major concern.

Injecting drug users are prominent in data from all of the sources mentioned above. In addition, there are a number of sources which focus specifically on injecting drug users, which are discussed below.

AUSTRALIAN NEEDLE AND SYRINGE PROGRAM (NSP) SURVEY
(Appendix 1, A1.2)

Needle and syringe programs generally do not treat immediate health problems but rather aim to prevent the spread of blood-borne viruses by providing sterile injecting equipment and health information to those who inject drugs.

The Australian Needle and Syringe Program (NSP) Survey has been conducted annually since 1995. This survey, coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), asks all clients attending selected needle and syringe program sites during a particular week to complete a short questionnaire and provide a finger-prick blood sample for HIV (Human Immunodeficiency Virus) and HCV (hepatitis C virus) antibody testing. Information from this survey includes demographic data, history of injecting drug use and risk behaviours, as well as the prevalence of HIV and HCV antibodies in the client population.

A time series of data is now available from this annual survey, as reported in the article by MacDonald et al. in the October 2001 issue of the *Drug Trends Bulletin* produced by NDARC. Summary results are available in *HIV/AIDS, viral hepatitis & sexually transmissible infections in Australia Annual Surveillance Report 2001*, edited by the NCHECR.

3.2.4 *Injecting drug users*
continued

NATIONAL AIDS REGISTRY (Appendix 1, A1.14) AND NATIONAL HIV DATABASE (Appendix 1, A1.17)

These two databases are maintained by the NCHECR. The information is provided by State and Territory health authorities, which require health practitioners to notify any diagnosis of HIV infection or AIDS. Data recorded on these databases include demographic details, date of diagnosis and source of exposure to the infection (such as the person's reported history of receipt of blood, injecting drug use and type of sexual contact).

The NCHECR also produces a quarterly report of data from these public health notification systems, the *Australian HIV Surveillance Report*. A comprehensive source of relevant information available from these databases is the annual publication *HIV/AIDS, viral hepatitis & sexually transmissible infections in Australia Annual Surveillance Report 2001*, edited by the NCHECR. This annual publication presents data from many sources concerning the occurrence of HIV and related diseases in Australia. People who have injected drugs are one group of interest in regard to these infections.

OTHER SURVEYS OF INJECTING DRUG USERS

Questions on risk-taking behaviours and general health are included in the survey of injecting drug users conducted annually as part of the Illicit Drug Reporting System (IDRS) (Appendix 1, A1.10). This program also includes an annual survey of key informants who have regular contact with injecting drug users and who are asked questions about the health of injecting drug users. The IDRS, coordinated by NDARC, collects information in most capital cities in Australia and regularly disseminates results. Further details are available in 2.2.1 *Major sources of data* and Appendix 1, A1.10.

The Turning Point Alcohol and Drug Centre recently conducted a study in Sydney, Melbourne and Perth called the Australian Blood-borne virus Risk and Injecting Drug Use Study (ABRIDUS). Injecting drug users were asked questions specifically designed to obtain information about exact injecting practices which may relate to the transmission of hepatitis C, as distinct from the transmission of HIV. A final report is due to be published before the end of 2001. In addition, the Turning Point Alcohol and Drug Centre is currently conducting a study of the demand for new pharmaceutical therapies for opioid addiction, by surveying 1,000 users in Victoria, South Australia and New South Wales.

3.2.5 *Other sources of data on health issues*

NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING OF ADULTS (SMHWB) (Appendix 1, A1.24)

This national household survey was conducted by the ABS in 1997, with approximately 10,600 people aged 18 years or over being interviewed. Diagnostic data in the survey were collected using a World Health Organization (WHO) endorsed instrument, the Composite International Diagnostic Interview (CIDI) schedule, to provide an estimate of the prevalence of major mental disorders in the Australian adult population.

3.2.5 *Other sources of data on health issues continued*

The survey provides estimates of the number of people who meet the criteria for two drug related disorders: harmful use of drugs and dependence on drugs. As the survey also identifies other mental health problems and chronic physical conditions, results from the survey can indicate the extent of co-morbidity. Further information was collected on general wellbeing and disability. A range of sociodemographic items was included so that these data can be explored by age, sex, employment status, marital status, etc.

The National Survey of Mental Health and Wellbeing of Adults does not completely separate illicit drug use from the misuse of pharmaceutical drugs. Findings from this survey have been published in the ABS and NDARC publications listed in Appendix 1, A1.24. Further data are available for a fee from the ABS.

THE NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY (NDSHS)
(Appendix 1, A1.16)

The Commonwealth Government has funded a series of national household surveys on drug use, conducted every 2–3 years since 1985. These surveys approach a random selection of Australians aged 14 years or over. The most recent survey in this series is being conducted by AIHW during 2001, with results to be available in 2002.

As well as demographic information and details about behaviours in relation to drugs — illicit or otherwise — the 1998 survey asked questions concerning health problems people had experienced. Respondents were asked about their recent use of the services of a doctor or hospital, their rating of their general health and whether their physical or emotional wellbeing had interfered with what they would like to have done.

The AIHW report *1998 National Drug Strategy Household Survey: Detailed findings*, by Adhikari and Summerill (2000), gives information from the 1998 survey. It is available on the AIHW website at <www.aihw.gov.au>.

OTHER SURVEYS

Women's Health Australia, previously known as the Australian Longitudinal Study of Women's Health, commenced in 1995. It is a longitudinal study funded by DHAC and conducted by researchers from the University of Newcastle in collaboration with the University of Queensland. This study aims to follow six cohorts of Australian women over a number of years, gathering information on themes such as time use, health and use of health care services, experience of violence, life stages and key events. The cohort of women aged in their twenties was surveyed for illicit drug information for the first time in 2000. They were asked whether they had used specific drugs and whether they had injected illicit drugs. The results of these questions will be able to be cross-classified with a large range of information which was gained in the same survey and in previous and future surveys of the same women. Further information on the study is available on the website <www.fec.newcastle.edu.au/wha>.

3.2.5 Other sources of data on health issues
continued

Smaller surveys of specific groups of illicit drug users in various locations have been conducted by a variety of organisations. Although many of these studies are not primarily aimed at gathering health information, they can provide relevant information such as infectious diseases, overdoses and concurrent use of pharmaceutical drugs, for specific geographic areas. These surveys are outside the scope of this paper. Relevant datasets may be available from the Australian National University's Social Science Data Archives (Appendix 2, A2.5). The results of specific studies may be reported in journals such as: the *Australian Medical Journal*; *Addiction*; *Drug and Alcohol Review*; and *Drug and Alcohol Dependence*. CD-ROM literature databases such as AustROM and AUSThealth can help to find relevant papers, and many are referenced in the publications listed in Appendix 2 *Further references regarding illicit drug use*.

3.3 DATA ISSUES

The discussion in Chapter 7 *Data quality issues* is very relevant to the datasets mentioned in this chapter. In addition, the following issues apply specifically to health-related data.

There is no simple measure of the health consequences of illicit drug use. The estimates produced by researchers will naturally depend on the purpose of the study, but may be compromised by the lack of comprehensive, coordinated data. As a result, large variations may occur in different studies in the numbers of deaths or cases of disease resulting from illicit drug use. The following factors influence the quality and relevance of statistical analyses undertaken in this complex area.

DEFINITIONS

The results of the various studies may be incomparable because they relate to a different population of users. Many of the data sources do not distinguish illicit drugs from pharmaceutical drugs and those using these data for secondary analysis make their own individual decisions as to which drugs they include in their study. The different sources also use a variety of definitions for terms such as 'drug-related' and 'stimulants', as discussed in Chapter 7 *Data quality issues*.

INTERNATIONAL CLASSIFICATION OF DISEASES

(see also Appendix 3)

The capability of the morbidity and mortality datasets to produce reliable time series depends on a number of factors: the extent to which the classification system used to code illness and causes of death is capable of identifying drug-related conditions and deaths; the introduction of revisions of the classification system; and variation in the information provided on death certificates and hospital records over the decades as medical knowledge of, and community interest in, drug use has changed.

The most commonly used health classification in Australia is the International Classification of Diseases (ICD). As a statistical classification, it is designed to encompass the entire range of morbid conditions within a manageable number of categories. The periodic revisions of the ICD have been coordinated by the WHO since the sixth revision in 1948, when the original focus on causes of death was expanded to include non-fatal diseases.

3.3 DATA ISSUES

continued

For mortality data, ICD-9 (International Classification of Diseases, 9th revision) was used to code deaths from 1979 to 1998. For deaths registered from 1999 onwards, the 10th revision of this classification, ICD-10, is being used. As this change resulted in a significant break in time-series data, causes of all deaths registered in 1997 and 1998 have been coded in both ICD-9 and ICD-10.

Up to and including 1997-98, hospital data on illness had been coded to the modified version of ICD-9 known as ICD-9-CM (Clinical Modification). From July 1998, data on illness in the National Hospital Morbidity Database has been coded to an Australian modification of ICD-10, known as ICD-10-AM (Australian Modification).

Use of the ICD classification for morbidity and mortality coding presents some problems in identifying the impact of illicit drugs on illness and death. The structure of the classification is not conducive to identifying death and illness attributable to the use of a particular drug. Rather, a death or illness resulting from drug use may be primarily classified to either a medical condition (dependence, non-dependent abuse, psychoses), or an external cause (assault by poisoning, accidental poisoning, suicide by poisoning, undetermined). Within these categories, there is not always a unique code for each drug of interest and there is no provision to distinguish illicit drugs from others. However, ICD-10 provides for finer detail than earlier revisions, through the use of poisoning codes.

The complexity of classifying diseases and deaths related to drug use may result in a range of figures being quoted as the health consequences of drug use. It has also meant that the standard outputs from the morbidity and mortality collections do not contain figures on drug-related deaths. Appendix 3 has been included as a guide to the ICD classification regarding deaths resulting from the use of illicit drugs.

MEASURING THE HEALTH BURDEN OF ILLICIT DRUG USE

Basic measures of the prevalence of death and illness resulting from illicit drug use can be obtained from the relevant data within the Causes of Death collection, National Mortality Database and National Hospital Morbidity Database. An additional concern regarding the health consequences of illicit drug use is measuring the joint impact of the premature loss of life, ill-health and disability, particularly as the use of illicit drugs is concentrated among younger adults.

This requires input from other studies into associations between illicit drug use and health related conditions, as the use of illicit drugs is not only a direct cause of death and illness (e.g. heroin overdose), but is also a risk factor in other conditions (e.g. hepatitis). The attributable proportion, also known as the attributable risk or aetiological fraction, indicates the proportion of a health condition which could be attributed to a particular risk factor, such as the use of an illicit drug.

The method of obtaining aetiological fractions for illicit drugs, and the resultant fractions which apply to Australian data, are detailed in the 2001 publication *The quantification of drug-caused mortality and morbidity in Australia, 1998*, by Ridolfo and Stevenson (Appendix 2, A2.9) and the 1995 work by English et al. The more recent of these two publications gives estimates of the number of deaths and years of potential life lost (in 1998) attributable to illicit drug use as well as the number of hospital separations and patient days (in 1997-98), which are attributable to illicit drug use.

3.3 DATA ISSUES

continued

As the results of such analysis depend heavily on the quality of input data available, these figures could represent an underestimate of the health consequences of illicit drug use. If no studies show a causal relationship between use of an illicit drug and a health condition, an aetiological fraction for drug use cannot be calculated for that condition, although future studies may show such a relationship. Another factor to be considered is that the aetiological fractions are based on the prevalence of illicit drug use as obtained from the 1998 National Drug Strategy Household Survey, generally considered to be a conservative estimate of the actual extent of illicit drug use. This is due to the problems inherent in self-report responses to household surveys, as discussed in Chapter 7 *Data quality issues*.

3.4 DATA GAPS

ACCIDENTS

There is anecdotal evidence of a higher risk of injury from road accidents, machinery operation, falls and drownings while a person is under the influence of illicit drugs, but little data are available. There is increasing interest in information on this issue as some companies, looking at the implications for work-place safety and accident compensation, are implementing drug testing of employees. This issue of illicit drug use and work-place safety is more applicable to particular industry sectors, such as mining.

Drummer (1994) researched the records of drivers killed in road accidents in Victoria, New South Wales and Western Australia between 1990 and 1993. Although he found an increased culpability of drivers with drugs other than alcohol in their bloodstream, the increase was not statistically significant for the number of cases studied. Future inquiries into the association between accidental deaths and drug use will be assisted by the drugs module of the National Coroners Information System (Appendix 1, A1.15).

EMERGENCY TREATMENT

At present there is no national collection of data from hospital emergency wards and ambulance services in each State and Territory. Both of these health services are potential sources of information on accidents, overdose and acute psychotic episodes involving the use of illicit drugs. Information on the acute health consequences of illicit drug use, as well as the economic and social consequences of illicit drug use, would be more complete if data from these emergency medical interventions were available. As emergency treatment is usually provided in close proximity to the emergency site, these sources of data also have the potential to contribute to regional information regarding illicit drug use.

One of the problems in obtaining national data is the lack of uniformity in the types of detail maintained in the administrative records of these services. The Turning Point Alcohol and Drug Centre in Victoria is presently working on extending its system of monitoring ambulance attendances at non-fatal heroin overdoses in Melbourne, aiming to collate similar information from ambulance services across Australia.

3.4 DATA GAPS

continued

CONSEQUENTIAL HEALTH PROBLEMS ASSOCIATED WITH ILLICIT DRUG USE

A cluster of health conditions associated with illicit drug use have been recognised, including substance abuse, addictions, depression, violence, suicide, schizophrenia and low birthweight of babies born to mothers who use illicit drugs. However, there are little data concerning such medium and long-term health consequences. The lack of Australian studies on illicit drug use in relation to illness or injury was noted by English et al. (1995), as a result of their extensive research into this aspect of illicit drug use.

LINKING OF MEDICAL RECORDS

Further analysis of hospital records would be possible if the records from different hospital episodes for the same patient could be linked. The Health Department of Western Australia has done some work on this, and an example of some results from this type of work can be seen in the 1999 report by Patterson et al., *First-time hospital admissions with illicit drug problems in Indigenous and non-Indigenous Western Australians: an application of record linkage to public health surveillance*. The AIHW is looking at such possibilities as part of the National Health Record Linkage Project.

Examples of available data

- In 1998, more than one in four (26%) Australians aged 14 years or older considered the regular use of marijuana/cannabis was acceptable.
- In 1998, approximately 10% of Australians aged 14 years or older were victims of verbal abuse from a person affected by drugs other than alcohol.

Source: Australian Institute of Health and Welfare 1999, *1998 National Drug Strategy Household Survey: First Results*, AIHW Cat. no. PHE 15, (Drug Statistics Series No. 1), AIHW, Canberra.

- Over 3% of all problem calls to Kids Help Line in 1998 were from young people with various concerns regarding drugs; one in five of these callers were phoning about another person’s drug use or how to help another person who was ‘high’.

Source: Kids Help Line, *Drug Use*, INFOSHEET 13, available from the Internet <www.kidshelp.com.au/INFO13/DrugUse.htm>

- In a 1999 survey of parents of 12–17 year olds, the 42% of parents who had ever used marijuana themselves had lower perceptions of danger associated with marijuana use, as did current smokers and parents who usually drink five or more drinks on an occasion.

Source: Commonwealth Department of Health and Aged Care 1999, *Research Report on Developmental Research for a Community Education and Information Campaign on Illicit Drugs*, DHAC, Population Health Division, Research and Marketing Group, Canberra.

4.1 INTRODUCTION

For many in our society, the most important aspects of illicit drug use are the pain and disruption which the use of illicit drugs can inflict on others, rather than the health or legal consequences to the user. Heavy users of illicit drugs tend to be concentrated geographically, socially and demographically, so the impact of illicit drug use on individuals and communities can be expected to vary. For example, the experiences of those living in communities with high unemployment rates and large proportions of younger people will differ from the experiences of those in retirement communities.

According to the 1998 report of the Ministerial Council on Drug Strategy, *National Drug Strategic Framework 1998–99 to 2002–03*, the problems experienced by the families of people who have a substance-use disorder include social stigmatisation, financial burden, negative effects on family relationships and the social implications of associated criminal activity. Further, community concerns of public welfare and safety, including the danger of discarded needles and street nuisance, affect residents’ quality of life, property values and the viability of retail areas. The attitudes and opinions of members of the public toward the use of illicit drugs are also relevant to this topic.

4.1 INTRODUCTION

continued

This chapter looks at the availability of data on the effects of illicit drug use on families and communities. In addition to the sources listed here, sources of data on the issue of property crime associated with the use of illicit drugs are discussed in Chapter 5 *Law and order*. Sources which can provide information on public health issues are discussed in Chapter 3 *Health issues*.

4.2 DATA SOURCES

NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY (NDSHS)
(Appendix 1, A1.16)

This series of national surveys provides a measure of the changes in community attitudes and experiences with drug use. It also enables some comparisons to be made between various sectors of the community, such as those with different demographic characteristics or residents of different States and Territories.

The National Drug Strategy Household Survey has been conducted every 2–3 years since 1985. Although the questionnaire has changed, some questions have been repeated a number of times during that period. The Australian Institute of Health and Welfare (AIHW) conducted the seventh survey in the series during 2001, with results due to be available in 2002. Households were randomly selected from all States and Territories, and more than 10,000 persons aged 14 years or over were questioned on the topic of use of alcohol, tobacco and other drugs.

In addition to information about their personal use of drugs, the 1998 survey asked respondents about their awareness of and attitude toward drug use. The survey included questions about people's unpleasant experiences involving persons affected by drugs (such as being verbally or physically abused, being frightened, or having property damaged or stolen). It also questioned the respondent's perceptions of problems associated with drug use, such as the effect on other family members and the community, as well as their attitudes towards changes to regulations related to the sale and use of drugs and the treatments available.

In addition to the selected outputs listed in Appendix 1, A1.16, a publication written by Makkai and McAllister and published in 1998, *Public Opinion Towards Drug Policies in Australia, 1985–95*, provided an analysis of the responses regarding community attitudes from the first five surveys.

INQUIRY INTO SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES
(Appendix 1, A1.11)

During 2000 and 2001, the House of Representatives Standing Committee on Family and Community Affairs is conducting an inquiry into substance abuse in Australian communities. The committee invited written submissions on the subject and held a series of public meetings to gain information on the impact of drugs. Among those making a submission to this inquiry are private individuals, special interest groups and government departments.

4.2 DATA SOURCES

continued

The submissions to this inquiry will provide a wide-ranging source of recorded experience concerning the social consequences of illicit drug use. This material will help to identify the public's concerns about the use of illicit drugs, the perceived impacts of drug abuse on the community, those who are affected by the abuse of both legal and illicit drugs, and those who have an interest in the subject. The terms of enquiry and list of submissions received are available on the website <www.aph.gov.au/house/committee/fca>

KIDS HELP LINE STATISTICS (Appendix 1, A1.12)

Calls to telephone support services are often from people associated with users, as well as those who use illicit drugs. Kids Help Line is a national organisation which provides a free confidential counselling service to give early help and support to young people to assist them to cope with their problems. The centre's counselling service is accessible by telephone, email and the web (live-on-line private chat).

Data available on drug-related calls include State of residence, sex, age and drug type. Information on drug use is further classified by who is using (self use or whether a family member or friend is involved); frequency or pattern of use; and whether urgent intervention is required. National data from 1994 are available on a fee for service basis. Kids Help Line endeavours to make these data available to assist with research into youth problems and needs throughout Australia.

DEVELOPMENTAL RESEARCH FOR THE NATIONAL ILLICIT DRUGS CAMPAIGN (Appendix 1, A1.7)

The Commonwealth Department of Health and Aged Care commissioned Stancombe Research and Planning to conduct this research, to assist the development of a community education and information campaign on illicit drugs.

The first, qualitative stage of this study involved 15 focus groups with parents and 65 in-depth interviews with parents and other members of the community, mainly in Sydney, Adelaide, Melbourne, Dubbo (NSW) and Renmark (SA). These interviews sought an understanding of the scope of the target group's knowledge, attitudes and behaviours; to identify key issues; and to provide information and insights to aid the development of the campaign.

The second, quantitative stage of the research involved a national telephone survey of 1,004 parents of children aged 12–17 years, conducted in February 1999. It aimed to determine the extent to which the emerging key issues and relevant knowledge, attitudes and behaviours identified in the qualitative phase are representative of a wider population. Questions included whether respondents considered illegal drug taking to be a problem, the degree to which each drug (including alcohol and tobacco) was considered dangerous, their attitude to their teenage child using drugs, whether they thought it likely their child would be offered specific drugs and whether their child would accept the drug.

Some headline results from this work are available on the National Drugs Campaign website <www.drugs.health.gov.au>, by following links to campaign, then research. A summary report of the method of research and results is available from the Sydney office of the Commonwealth Department of Health and Aged Care.

4.2 DATA SOURCES

*continued*PUBLIC PERCEPTIONS OF THE HEALTH AND PSYCHOLOGICAL
CONSEQUENCES OF CANNABIS USE

To obtain information regarding the community's perceptions of the health effects of cannabis use, the National Task Force on Cannabis commissioned a survey of the Australian population in 1995. The study gathered qualitative data from preliminary focus groups in 15 communities and subsequently conducted a telephone interview of people across Australia. Questions related to the perceived benefits and risks of using alcohol, tobacco, heroin and amphetamines as well as cannabis.

Results were published in *Public perceptions of the health and psychological consequences of cannabis use* (Hall and Nelson, 1995). Responses were analysed to identify associations between demographic characteristics, personal use of cannabis or knowledge of a cannabis user, perceptions of benefits and risks, and attitudes toward possible cannabis legislation changes. This report is available from the website <www.health.gov.au/pubhlth/publicat>.

ABS SURVEYS

The 1998 Crime and Safety Survey, a national household survey conducted by the ABS, investigated the extent of people's experience of crimes. Although specific questions on drug offences were not included, respondents were asked if they thought illegal drugs were a problem in their neighbourhood. The survey provided information about the associations between a perceived illicit drugs problem, a respondent's demographic characteristics and their experiences as victims of other crimes.

A similar question has been asked of respondents to the ABS quarterly Population Survey Monitor from 1996 until the survey vehicle was discontinued in 2000, as part of a topic covering Community Perceptions of Police Services. Data resulting from this survey question have been published in the *Report on Government Services 2001* by the Productivity Commission's Steering Committee for the Review of Commonwealth and State Service Provision, which is available on their website <www.pc.gov.au/gsp/2001>. Further data from both sources are available as a consultancy from the ABS.

OTHER SOURCES

Alcohol and drug treatment services provide counselling and advice to not only drug users but their family and friends. Thus the NDARC survey of Clients of Treatment Service Agencies (COTSA) (Appendix 1, A1.6) and the proposed AIHW National Minimum Data Set for Alcohol and Other Drug Treatment Services (Appendix 1, A1.20), both discussed in 3.2.3 *Drug and alcohol treatment services*, give some information relating to clients who are family or friends of a user.

4.3 DATA ISSUES

There appears to be little national data which indicate the impact of illicit drug use on others. While many surveys have been designed to obtain information from users of illicit drugs, few surveys have been designed to gain information from those who do not use illicit drugs, regarding their experiences and knowledge of social consequences of illicit drug use by others. An example of a regional study which considered this impact was the 1997 study by Didcott et al. *Long-term Cannabis Users on the New South Wales North Coast*, which included questions for the family and friends of cannabis users.

There is only one example of administrative data in the listing of national data sources in this chapter: Kids Help Line. Similar information could be collected by many organisations providing welfare services to the community, although unless it is obtained and recorded in a systematic way on all records it is difficult to compile statistical aggregates.

Each State and Territory (except the Northern Territory) maintains an Alcohol and Drug Information Service for the public to call when they have queries concerning alcohol and drugs. The contact numbers for these telephone advisory services are listed on the Australian Drug Foundation website <www.adf.org.au/parents/phoneno.html>. Many of the calls received come from parents and partners of illicit drug users, and give an indication of family and community concerns. These services record information such as the type of drug used, level of use (such as experimental or regular) and the postcode of the caller. As yet there has been no national coordination of information from these State-specific support services, although the NDARC Illicit Drug Reporting System (Appendix 1, A1.10) has used information from these services to confirm trends in the popularity of particular types of illicit drugs.

The data quality issues discussed in Chapter 7 need to be considered in relation to any source of data on the social impacts of illicit drug use.

4.4 DATA GAPS

There is a lack of objective national data concerning the impact that substance abuse has on a wide range of social welfare issues. For example, there is little data on the extent and nature of the associations between illicit drug use and issues such as child neglect, violence, financial difficulties, social isolation, marriage breakdowns and homelessness.

There is also a lack of national data on public welfare issues such as needle discards and street nuisance. Many local governments have to deal with the problem of needle discards, and council records from either regular or ad hoc needle collections may give some data about local conditions. A number of local government councils and other organisations have surveyed their local populations for information on these issues within their particular areas.

Examples of available data

- A total of 83,049 arrests for drug offences were reported by law enforcement agencies in 1999–2000.
- Police seized 4,365 kg of cannabis, 735 kg of heroin, 382 kg of amphetamine-type substances and 839 kg of cocaine in Australia in 1999–2000.

Source: Australian Bureau of Criminal Intelligence 2001, *Australian Illicit Drug Report 1999–2000*, ABCI, Canberra.

- A drug offence was the most serious offence recorded for 2,227 (10.3%) persons in Australian prisons on 30 June 2000.

Source: Australian Bureau of Statistics 2001, *Prisoners in Australia, 2000* Cat. no. 4517.0, ABS, Canberra.

- During July 1999 to June 2000, 33.3% of victims of homicide had consumed alcohol at the time of the offence, and 35% of these victims had consumed both alcohol and illicit drugs, most commonly cannabis.

Source: Mouzos, J. 2001, 'Homicide in Australia 1999–2000', in *Trends and issues in crime and criminal justice No. 187*, Australian Institute of Criminology, Canberra.

- In a study conducted in 2000 involving 1,631 adult males detained in four police lockups across Australia, 65% of those detained for a violent offence and 82% of those detained for property offences tested positive for amphetamines, benzodiazepines, cannabis, cocaine, methadone or opiates.

Source: Makkai, T. & McGregor, K. 2001, *Drug Use Monitoring in Australia (DUMA): 2000 Annual Report on Drug Use Among Police Detainees*, Research and Public Policy Series No. 37, Australian Institute of Criminology, Canberra.

5.1 INTRODUCTION

There is legislation against cannabis, heroin, cocaine, hallucinogens, amphetamines and designer drugs such as ecstasy throughout Australia. Drug offences range from possession, use, trafficking or dealing, to importing, manufacturing or growing particular drugs. The impact of illicit drugs on law and order goes beyond drug offences as many other crimes, such as prostitution, theft and violent offences, may be related to an involvement with drugs. A further issue is the prevalence and health consequences of illicit drug use among those under remand or in custody for other crimes.

This chapter outlines sources of data about the impact of illicit drug use on law and order. A distinction is made between sources of data about drug offences and sources which can provide data about the association of other crime with the use of illicit drugs. Further information on major data sources is available in Appendix 1. The data quality issues outlined in Chapter 7, are applicable to these collections.

5.2 DATA SOURCES

5.2.1 Drug offences

The Commonwealth has legislated against certain drugs. In addition, each State and Territory is responsible for legislation which uniquely defines drug offences within its jurisdiction. Enforcement of these laws involves many public agencies across Australia, including customs, police forces, courts, legal representatives, and correctional services.

Each of these organisations use administrative systems which are potentially capable of furnishing data related to drug offences, although distinguishing drug offences from other offences may not always be possible. Data from these administrative databases are generally not accessible to the public, although summary statistics are often published in the annual reports of each organisation. However, data from many of these organisations are made available to the Australian Bureau of Criminal Intelligence (ABCI). The ABCI endeavours to disseminate to the public information concerning illicit drug use from various law enforcement organisations. The ABCI should be the first point of contact for those interested in gaining data from these administrative sources.

Achieving aggregated national data from independent Commonwealth, State and Territory sources is a complex process. The various law and order agencies collect data for their own administrative use, which leads to a lack of uniformity in the collection process and the resulting data items. A further consequence of aggregation is the possibility of overlap between agencies. For example, in the event of drug seizures and arrests, joint operations may involve the Australian Federal police and relevant State and Territory police. This may result in joint exercises being reported by both agencies involved. Consequently, a single incident may be counted twice when data are aggregated to a national level.

Steps have been taken to overcome these problems associated with the aggregation of data from various law and order agencies. *The National Illicit Drug Statistics Framework* has been developed as a joint project between the ABCI and the ABS on behalf of the National Community Based Approach to Drug Law Enforcement. This common framework for the collection of illicit drug statistics identifies a core set of statistical data items and includes definitions, standards and counting rules for those items. The framework is comprehensive and its adoption will ensure more comparable output, to enable a more complete picture of illicit drug activity in Australia.

AUSTRALIAN ILLICIT DRUG REPORT (AIDR) (Appendix 1, A1.1)

In the *Australian Illicit Drug Report 1999–2000* (Australian Bureau of Criminal Intelligence, 2001) the ABCI presents both qualitative and quantitative data from agencies such as the Australian Federal Police, the Australian Customs Service, the National Crime Authority, the Australian Transaction Reports and Analysis Centre, Directors of Public Prosecution, State and Territory police services, correctional services, and forensic science centres.

5.2.1 Drug offences

continued

This report, published annually since 1991–92, provides comprehensive information on the market for each of the main illicit drugs. Issues addressed include the number of arrests classified by provider and consumer offences; frequency and quantities of seizures; international supply and demand trends; and sources, prices and purity of the various types of drugs. Data are available at State and Territory level as well as national aggregates. The 1999–2000 report includes data on the association between illicit drugs and money laundering as well as the distribution and use of illicit drugs in New Zealand.

NATIONAL PRISONER CENSUS (Appendix 1, A1.23)

One measure of the prevalence of drug offences is the proportion of the prison population that has been incarcerated for drug offences. An annual census of prisoners in Australia was begun in 1972 by the Australian Institute of Criminology (AIC) and transferred to the responsibility of the ABS in 1994. The collection is based on a census of the prison population in Australia at 30 June each year. Information collected includes age and sex of prisoner, most serious offence, State or Territory of incarceration, history of previous imprisonment, length and type of sentence and Indigenous status. Results of the 2000 Prisoner Census were published by the ABS in June 2001, *Prisoners in Australia 2000* (Cat. no. 4517.0). This publication replaces an annual report *Prisoners in Australia*, produced by the ABS for the Corrective Services Ministers' Council for the years 1994 to 1999.

In terms of drug offences, the National Prisoner Census provides statistics on the number of adults in Australian prisons whose most serious offence is possession and/or use; dealing and/or trafficking; or importing, growing and/or manufacturing of illicit drugs. The most serious offence is determined primarily by length of sentence, or, where sentences are equal, by the *Australian National Classification of Offences* (ANCO) (Cat. no. 1234.0), ABS, 1985.

Data generated from the annual prisoner census have a number of limitations regarding the counting of convictions for illicit drug offences. For the purpose of the census, only a prisoner's most serious offence is recorded, resulting in an undercount of the total number of drug convictions. For example, if a prisoner is serving a sentence for both possession of heroin and the more serious offence of assault, the illicit drug conviction will not be recorded in the National Prisoner Census. A further limitation in estimating the number of illicit drug offenders in prisons is the bias toward prisoners serving relatively long sentences. As the census is a snapshot of the prison population on a particular day, prisoners with long sentences are more likely to be in prison on this day than those who are serving sentences of less than 12 months.

The census does not provide information on drug type, which would be useful in determining patterns of illicit drug use. Nor does the census provide information on juvenile offenders as it is restricted to adult prisons. Finally, prisons are operated by State and Territory departments and consequently the administrative recording practices of the various jurisdictions may result in inconsistencies in the data.

5.2.1 Drug offences

continued

NATIONAL POLICE CUSTODY SURVEY (Appendix 1, A1.2.2)

Data for the third National Police Custody Survey was collected during August 1995 at each occasion on which a person was taken into police custody and physically lodged in a police cell at any location in Australia. It also covered people already in the cells at the commencement of the survey. Data was collected on the most serious offence associated with the incident of police custody, including possession, use, dealing, trafficking, production or manufacturing of illicit drugs. Other data collected include the age and sex of the detainee, Indigenous status, the location of the police station or watchhouse, reason for being lodged in cells, period of lodgement, and reason for release.

This survey, which the Royal Commission into Aboriginal Deaths in Custody initiated in 1988, was conducted by the AIC in 1992 and 1995, with the cooperation of the police services. It aimed to meet the need for useful national information regarding the extent and nature of police custody in Australia as an interim measure until all police services established administrative systems which could produce uniform data.

Data presented in the 1997 report by Carlos Carcach and David McDonald, *National Police Custody Survey, August 1995*, include the number and rate of drug offences compared with other offences, by age group, sex and Indigenous status.

5.2.2 Other crime issues related to illicit drug use

In addition to those offences directly relating to illicit drugs, the extent to which other criminal activity (such as property and violent crimes) is associated with illicit drug use is also of concern. Until recently, there had been a lack of empirical data concerning the involvement of illicit drug users in crime other than drug offences.

(a) Illicit drug use among people arrested/convicted of other offences

DRUG USE MONITORING IN AUSTRALIA (DUMA) (Appendix 1, A1.9)

A recent initiative in the investigation of the use of drugs by people who commit crime is Drug Use Monitoring in Australia (DUMA). DUMA is a study of drug use among arrestees, coordinated by the AIC and funded under the National Illicit Drug Strategy. It seeks to monitor drug use among people who have been charged with a criminal offence and are being detained in a police lockup facility.

DUMA is designed to monitor local drug markets, but its consistent methodology and data collection instruments enable comparative analysis of sites across Australia. As the AIC is affiliated with the International Arrestee Drug Abuse Monitoring (I-ADAM) program, DUMA conforms with international standards, allowing for comparison with other affiliated countries, including the United States, England, Scotland, South Africa and Chile.

DUMA is a pilot project which began in January 1999 for three years, and has now been funded for a further two years with an extension of survey sites. During 1999–2001, data are being collected quarterly from four pilot sites in three jurisdictions: Southport watchhouse in Queensland; East Perth lockup in Western Australia; and Bankstown and Parramatta police stations in New South Wales. A further two sites, in South Australia and Victoria, will be included in 2002. Data are collected on arrestees' use of specific drugs, including amphetamines, cannabis, cocaine and opiates; the offences for which they have been arrested; and sociodemographic information. Urine samples are also taken as a means of validating the self-report response to questions on recent drug use.

a) *Illicit drug use among people arrested/convicted of other offences*
continued

Not all of those who are detained by police from the selected sites are invited to participate. At each site, interviews are conducted only at specific times of the day, during a three week period every three months. Some offenders are assessed by police staff as ineligible, usually because they are considered a danger to the interviewer. Further, minor offenders who are issued with 'notices to attend court' are not brought into police stations for processing and are thus out of scope for DUMA.

A summary of results of the first collection of DUMA has been published in the report *Drug Use Monitoring in Australia (DUMA): 2000 Annual Report on Drug Use Among Police Detainees* (Makkai & McGregor, 2001). A number of other publications that focus on particular sites or aspects of the research are available on the AIC website <www.aic.gov.au/research/duma.html>.

NATIONAL HOMICIDE MONITORING PROGRAM (Appendix 1, A1.18)

Focused primarily on monitoring trends in the incidence of homicide, this database contains information on the presence of alcohol or other drugs in both victims and perpetrators. It also contains data on whether drugs were involved in the motive for the homicide and whether drugs were involved in the method of execution.

Data concerning the incident and the offender come from police records. When the offender is apprehended within sufficient time of the incident, details of any drug used by the offender are included. Data concerning the use of alcohol and drugs by the homicide victim has been collected from coronial records since July 1996, but prior to 1996–97 this data item was based on information available from police reports.

The AIC established the National Homicide Monitoring Program following the recommendations of the National Committee on Violence. It aims to identify any common characteristics among individuals who have been homicide victims, the characteristics of offenders and the circumstances which may contribute to the likelihood of homicide occurring. The AIC has maintained this collection with the cooperation and support of all Australian police services since 1990. Information from the program is made available on the AIC website <www.aic.gov.au/research>.

NATIONAL DIVERSION MINIMUM DATA SET

Diversion programs which are currently being established under the National Drug Strategy are aimed at treating rather than incarcerating drug users who come to the attention of law enforcement agencies. The Commonwealth Department of Health and Aged Care is presently working toward establishing a standard set of administrative data from all States and Territories regarding these new diversion programs. The National Diversion Minimum Data Set is intended to provide information on the effectiveness of these diversion programs by linking law enforcement and health data. In future, this administrative requirement should result in a new source of information on illicit drug use by arrestees. The capacity of police services to deliver the information required for this dataset is still being assessed and it may be some time before data are available for analysis.

a) *Illicit drug use among people arrested/convicted of other offences*
continued

Diversion programs are administered by State and Territory Governments and can differ greatly. This may have implications in the collection of national data, as discussed in Chapter 7 *Data quality issues*.

AUSTRALIAN ILLICIT DRUG REPORT (AIDR) (Appendix 1, A1.1)

In addition to data on arrests and seizures, the ABCI Australian Illicit Drug Report (see 5.2.1 *Drug offences*) incorporates information on illicit drug trafficking and detection of use in Australian prisons. These data are collected from various public and private prisons in each State and Territory.

The usefulness of these data in assessing illicit drug use among prisoners has a number of limitations. They do not identify the characteristics of prisoners who use illicit drugs, which would help identify patterns of use. Also, prisons in Australia are the responsibility of each State and Territory Government, resulting in differences in procedures employed to detect and report illicit drug use among prisoners across Australia.

DRUG USE CAREERS OF OFFENDERS (DUCO) (Appendix 1, A1.8)

The AIC has begun a survey of drug use among prisoners, called Drug Use Careers of Offenders (DUCO). In a similar vein to DUMA, this survey aims to examine the association between drug use and criminal careers among prisoners. It entails a three year survey of prisoners' criminal and drug-using histories, questioning adult male inmates in the first year, adult female inmates in the second year and juvenile inmates in the third. Data collection was completed for the male sample during 2001.

(b) *Criminal activity by known illicit drug users*

Data sources mentioned in 5.2.2(a) collect information about illicit drug use from people who are known to have committed a crime. Another approach to investigating the link between illicit drug use and crime is to gather information from known illicit drug users about their criminal activity. A number of surveys of illicit drug users, including those described below, provide some data regarding illegal activities of that group.

AUSTRALIAN NEEDLE AND SYRINGE PROGRAM (NSP) SURVEY (Appendix 1, A1.2)

The Australian NSP Survey has been conducted annually since 1995, coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR). It targets all clients who present at selected needle and syringe program sites across Australia during a one-week period. Clients are asked to complete a self-administered questionnaire and to provide blood for HIV (Human Immunodeficiency Virus) and HCV (hepatitis C virus) antibody testing. The survey includes questions about clients' experience of prison in the previous year, including whether they had injected drugs while in prison.

(b) *Criminal activity by known illicit drug users continued*

ILLICIT DRUG REPORTING SYSTEM (IDRS) (Appendix 1, A1.10)

The Illicit Drug Reporting System, which began in Sydney in 1996, is a further source of information on illicit drug users' involvement in criminal activity. This annual monitoring of illicit drug use, coordinated by NDARC, now collects information in most capital cities in Australia. One component of this reporting system is a survey of injecting drug users, which includes questions on the extent of respondents' participation in drug dealing, property, violent or fraudulent crime in the month prior to being surveyed. The latest publication of national data is *Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS)* (Topp et al., 2001).

(c) *Other sources*

There have been numerous other studies investigating the link between crime and illicit drug use, which are considered to be beyond the scope of the current publication because of limitations in geographic scope. CD-ROM literature databases such as AustROM can be of assistance in locating relevant papers. One example of such a study would be the extended questions regarding illegal behaviours that were included in the NSW sample of the national Australian School Students Alcohol and Drugs Survey (coordinated by the Anti-Cancer Council of Victoria), which is discussed in Chapter 2 *Prevalence and patterns of illicit drug use*. Results of this NSW study are available in *Juveniles in Crime – Part 1: Participation Rates and Risk Factors* (Baker, 1998).

5.3 DATA ISSUES

Legislative differences exist between States and Territories in definitions of an illicit substance, the quantities used to distinguish between consumers and providers of illicit drugs, and the penalties imposed. These differences make it difficult to compare data from different States and Territories and, to some extent, compromise the validity of any statistics based on aggregations of State and Territory data.

Commonwealth, State and Territory governments each legislate against similar lists of drugs. These lists are much more inclusive than that used for this publication. For example, they can include many commonly prescribed drugs such as tranquillisers which are out of the scope of this publication. Thus, data on illicit drug use from crime and justice agencies which use this legal definition may differ from figures calculated by other agencies.

Differences also exist in the counting units used by the different sources of data. Police and court statistics generally count the number of arrests and hearings, whereas prison statistics count people, as do studies investigating the link between crime and illicit drug use. As a person may commit more than one crime, data on drug crime derived from police and court figures may not be comparable with data derived from other sources.

Data from administrative sources such as police, courts and prisons, and data from surveys may be inconsistent. One factor is that these sources may refer to different populations. Not all drug offences will be detected by police and result in charges being laid, fewer will result in conviction and fewer still will result in imprisonment. Consequently, a person may commit a drug offence but not be represented in administrative datasets, although such a person may be represented in surveys of illicit drug users, such as the NDARC Illicit Drug Reporting System and the NCHECR Australian Needle and Syringe Program Survey.

5.3 DATA ISSUES

continued

Further limitations of both administrative data and surveys in providing information about illicit drug use are discussed in Chapter 7 *Data quality issues*.

5.4 DATA GAPS

POLICE AND PRISONS

At present the data on arrests for drug offences cannot be categorised according to the seriousness of the offence. For example, although the possession of a small amount of an illicit drug is often not considered as serious an offence as possession of a much larger amount, in existing data sources no distinction would be made if both amounts are considered a traffickable quantity. In the AIDR, distinction is made between consumption and provision offences but no further classification is possible. A finer classification would be needed to provide a more accurate assessment of the extent of offences associated with illicit drugs.

There is currently very little information on the numbers and characteristics of people in juvenile detention centres as a result of drug offences, as the annual National Prisoner Census conducted by the ABS includes only adult prisoners. The third phase of the AIC's Drug Use Careers of Offenders survey (Appendix 1, A1.8) will provide some information in this regard.

COURTS

The number of court cases involving drug charges is a potential indicator of drug offences. However, there is currently no national data source and data from State and Territory agencies are inconsistent.

The ABS collects data on cases heard in State and Territory Supreme and Intermediate Courts or their equivalent, which are published annually as *Higher Criminal Courts, Australia* (Cat. no. 4513.0). The publication provides national case-flow data showing the number of defendants processed by the higher criminal courts, but currently this collection does not include the type of offence committed. Consequently, drug offences cannot be identified. There are plans to expand the data included in future collections to include offence and penalty information. During 2001, the ABS tested a set of offence and penalty data for 1999–2000, for reliability and comparability.

Another limitation of this ABS collection in relation to illicit drug statistics is that it refers to the Supreme and Intermediate Courts, whereas the majority of drug offences, being relatively minor, would be heard in Magistrates Courts. At present, there is no national source of data on Magistrate Courts proceedings that includes information on offence type and penalty, with the capacity to categorise by type of drug offences.

Court statistics at State and Territory level are collected in many cases by the relevant Attorney-General's department. For example, in New South Wales, the Attorney-General's Bureau of Crime Statistics and Research have collected and published annual statistics on criminal cases finalised by the New South Wales Local, District, Supreme and Children's Courts since 1974. These include the number of persons charged with drug offences and the number of drug charges made. Information is also available on the type and size or length of the penalty imposed, and the age, sex and Indigenous status of offenders.

Examples of available data

- Since its launch in November 1997, the Commonwealth Government has allocated \$516m to the National Illicit Drug Strategy, for a range of supply-reduction and demand-reduction measures.

Source: Commonwealth Department of Health and Aged Care website <www.health.gov.au/pubhlth/strateg/drugs/illicit/index.htm>

- In 1992, the tangible and intangible costs of illicit drug use were estimated to be \$1,683.6m. Of this:
 - \$758.0m resulted from lost productivity, both paid and unpaid,
 - \$450.6m was spent on law enforcement,
 - \$42.7m was spent on health care, including medical services, nursing homes and hospital bed days.

Source: Collins, D. J. & Lapsley, H. M. 1996, *The social costs of drug abuse in Australia in 1988 and 1992*, National Drug Strategy Monograph Series No. 30, Commonwealth Department of Human Services and Health, Canberra.

- From January to March 2000, information supplied by covert police units and police informants indicated the price of one tablet/capsule of ecstasy ranged from \$15–\$25 in Tasmania to \$50–\$60 in Western Australia.

Source: Australian Bureau of Criminal Intelligence 2001, *Australian Illicit Drug Report 1999–2000*, ABCI, Canberra.

6.1 INTRODUCTION

There are considerable economic costs associated with illicit drug use and its consequences on the Australian community, borne by individuals, businesses and governments.

As well as affecting the personal lives of individuals, illicit drug use has an impact on many aspects of Australian society, including individual and community health; family and community functioning; crime and violence; and the social cohesion of our society. In economic terms this translates to an additional burden on the community. For example, the re-direction of community funds towards the criminal justice system and corrective services to address crimes associated with drug use means that these funds are unavailable to be used elsewhere. Another consequence to the Australian economy is a decrease in economic resources available for productive use as a result of ill-health or death among young adults. The economy is further affected by the impact on individuals and their families who may then need to rely on government or charitable assistance to obtain relief. Additionally, the presence of an underground illicit drug economy results in changed financial flows within society and a redistribution of wealth between groups.

6.1 INTRODUCTION

continued

It is not possible to ascertain the exact total cost of illicit drug use to the Australian community. Some components can be measured directly, such as government expenditure specifically sourced from the National Illicit Drug Strategy, but many of the social costs borne by the community, such as the extra cost of welfare, health and law and order services, can only be estimated. In addition, a number of costs associated with illicit drug use are not quantifiable, such as pain and suffering resulting from a reduced quality of life.

This chapter describes the sources of data on actual and estimated costs associated with the use of illicit drugs. However, many of the data sources outlined in other chapters of this publication can also contribute to this type of analysis.

6.2 DATA SOURCES

6.2.1 *Costs to the community*

No data are available which will directly measure many of the costs to the community of illicit drug use. As a result, complex estimations are the only available sources of information. A number of research papers have been published which contain estimates of the costs of illicit drug use.

THE SOCIAL COSTS OF DRUG ABUSE IN AUSTRALIA IN 1988 AND 1992 (Appendix 1, A1.25)

David Collins and Helen Lapsley (1991, 1996) have undertaken two studies which provide comprehensive estimates of the economic and social costs of illicit drug use in Australia. Results from these two studies have been published by the Commonwealth Department of Health and Aged Care (DHAC) as part of its National Drug Strategy series of monographs.

The estimates of the costs to the Australian community, calculated for the years 1988 and 1992 respectively, are based on comparisons between a hypothetical population in which no-one uses illicit drugs and the actual population with 'known' illicit drug behaviours. For each year studied, the estimates give the value of net resources which are unavailable to the community for consumption or investment purposes as a result of the effects of past and present illicit drug use, plus the intangible costs imposed by this use.

In their calculations, Collins and Lapsley attempted to identify and quantify all possible social benefits and costs of illicit drug use. Private benefits and costs were excluded. The issues considered included: the costs associated with reduced productivity in paid and unpaid work; health care costs of medical services; hospital and nursing home bed days; law enforcement costs; and market turnover.

A number of costs and benefits were identified which could not be measured because the impact of illicit drug use on these issues was unknown. These non-quantifiable costs included: welfare; ambulance; morbidity and mortality among victims of illicit drug users; crime (other than law enforcement costs); property damage due to illicit drug use; and drug-induced accidents. Consequently, these unknown costs could not be included in their estimate of total costs of illicit drugs.

6.2.1 Costs to the community continued

In addition to the cost estimates, Collins and Lapsley distinguished between tangible costs, such as health care and production costs, and intangible costs, such as value of loss of life. They identified avoidable costs as being those costs amenable to public policy and behaviour changes, and estimated the proportion of costs borne by individuals, businesses and governments. The authors also estimated the costs of abuse of tobacco and alcohol in Australia, allowing for comparison between the costs of illicit drugs and those of other drugs of concern.

During 2001, Collins and Lapsley have undertaken an enhanced estimation study for 1998, applying a similar methodology and using the latest available data. More accurate cost estimates are expected from the better information now available. For example, more detailed costs data are now available for police, the courts and corrective services, in the Reports on Government Services issued by the Productivity Commission's Steering Committee for the Review of Commonwealth and State Service Provision.

OTHER SOURCES

In 1989, the Parliamentary Joint Committee on the National Crime Authority investigated the scope and nature of trade in illicit drugs, the efficiency of law enforcement strategies in suppressing this trade, the social costs of the policy of prohibition, and whether prohibition was the most effective means of dealing with the problem. Their findings, published in the Cleeland Report, *Drugs, Crime and Society* (Parliamentary Joint Committee on the National Crime Authority, 1989), include an estimate of expenditure by governments to enforce the laws against certain drugs.

Robert Marks has written a number of research papers on the cost of illicit drug use. In his article *What Price Prohibition? An Estimate of the Costs of Australian Drug Policy* (1991), Marks expanded on the Cleeland Report list of expenditures on law enforcement which resulted from illicit drug use. He also estimated the net revenues generated by the black-market exchange of heroin, cocaine and cannabis in Australia in 1988–89. In *Cannabis laws: an analysis of costs* (1994), Marks updated to the financial year 1991–92 his previous estimates of expenditures on law enforcement. These estimates of law enforcement costs were employed by Collins and Lapsley (1991, 1996) in their estimate of the overall cost of illicit drug use.

Estimates of hospital costs associated with illicit drug use can be obtained from the Australian Institute of Health and Welfare's National Hospital Morbidity Database (Appendix 1, A1.19), a collection of data from patient records kept by Australian hospitals. It contains information for the financial years 1993–94 onwards including diagnoses, procedures undergone in hospital and external causes of injury and poisoning, as well as information on demographic characteristics and length of stay. For each hospitalisation, the database contains estimates of the cost of hospital care, based on the estimated national average costs for the relevant diagnosis related group.

6.2.2 Government expenditure

Some government funds are dispensed specifically for illicit drug programs and are reported in this way. However, much Government expenditure related to illicit drug use in the community is spent as part of the overall budget in other areas and its drug-related component can only be estimated. These estimates are covered in the discussion in the previous section 6.2.1 *Costs to the community*

The following section discusses only sources of data on government expenditure targeted specifically at reducing the use of illicit drugs and harms resulting from this use.

Government funds for illicit drug programs have been allocated through various government strategies and campaigns over the years. Since 1997, the Commonwealth Government has allocated expenditure aimed directly at reducing demand and supply of illicit drugs through the National Illicit Drugs Strategy. This strategy falls under the broad guidance of the National Drug Strategy and supplies funding to a range of measures covering law enforcement, education and treatment, rehabilitation, and counselling. Details of how funds are allocated can be obtained from the DHAC website <www.health.gov.au/pubhlth/strateg/drugs/illicit/index.htm>.

A report prepared for the Ministerial Council on Drug Strategy in 1997 by Single and Rohl, *The National Drug Strategy: mapping the future. An evaluation of the National Drug Strategy 1993–1997*, includes the actual expenditure by the Commonwealth, State and Territory governments on illicit drug programs. It lists the actual expenditure on each cost-shared project, together with a brief description of the project. This information is derived from applications to the Commonwealth for cost-shared funding through the National Drug Strategy.

From 1995 to 1999, the Alcohol and other Drugs Council of Australia (ADCA) (Appendix 2, A2.2) published an annual paper on government expenditure on drug programs and services, the latest being *Drugs, Money and Governments 1997–98* (Crosbie & McNiven, 1999). The paper contained data on Commonwealth, State and Territory Government expenditure specifically for drug programs and services through health departments and drug authorities. However, figures were for all drug programs and services, with no distinction between alcohol, tobacco and other drugs, including illicit drugs, and the comparability of data between States was problematic. This paper also included the results of a survey in which workers in the alcohol and other drugs field were requested to rate the performance of their respective State or Territory Government in relation to the adequacy of funding for drug issues. The results of similar surveys in more recent years have been made available through an ADCA newsletter.

DHAC has recently commissioned a health economic study calculating the return on investment from needle and syringe programs across Australia. It will incorporate calculations on costs and savings to health care systems from needle and syringe programs over the last 10 years.

6.2.3 *Illicit drug economy* Given the nature of the activity, little concrete data are available on the size of the turnover associated with illicit drugs. Current data concerning the illicit drug market are available from the following sources.

AUSTRALIAN ILLICIT DRUG REPORT (AIDR) (Appendix 1, A1.1)

The Australian Illicit Drug Report (AIDR) is produced annually by the Australian Bureau of Criminal Intelligence using data extracted from databases maintained by Commonwealth, State and Territory law enforcement agencies (see 5.2.1 *Drug offences*). The AIDR contains information collected from each State and Territory police service regarding the street price paid for illicit drugs. The prices in each State and Territory for each quarter of the year are published by weight and form for heroin, cannabis, cocaine, amphetamine and ecstasy.

The AIDR also contains information on suspicious transactions which are identified and reported to police by the Australian Transaction Reports and Analysis Centre (AUSTRAC). Income from illicit drugs is often laundered, that is, passed through a series of transfers so that it appears to be legitimate income. AUSTRAC, a Commonwealth funded anti-money-laundering regulator and specialist financial intelligence unit, monitors financial transactions and reports suspiciously large or frequent transactions to police. However, not all transactions reported by AUSTRAC will be related to illicit drugs.

ILLICIT DRUG REPORTING SYSTEM (IDRS) (Appendix 1, A1.10)

The Illicit Drug Reporting System, coordinated by the National Drug and Alcohol Research Centre, monitors the price, purity and availability of illicit drugs in most of Australia's capital cities. Information is gained from an annual interview of injecting drug users and is made available in quarterly bulletins and annual publications. Further details about the Illicit Drug Reporting System are available in 2.2.1 *Major sources of data*.

DRUG USE CAREERS OF OFFENDERS (DUCO) (Appendix 1, A1.8)

This program of prisoner surveys, conducted by the Australian Institute of Criminology, includes questions regarding prisoner's expenditure on illicit drugs in the six months prior to arrest. An estimate of the costs of drug-related property crime will be derived, from the self-reported income from fraud, stolen cash and the resale of stolen items, as well as the sale of illicit drugs.

OTHER SOURCES

As part of their assessment of total costs, Collins and Lapsley (1991, 1996) calculated the market turnover of illicit drugs in Australia in 1988 and 1992 (Appendix 1, A1.25). This estimate built upon previous work done by Marks (1992) and the Cleeland Report (Parliamentary Joint Committee on the National Crime Authority, 1989).

6.2.3 Illicit drug economy continued

In the paper, *Running the Risks: Heroin, Health and Harm in South West Sydney* (1998), Lisa Maher and her colleagues produced an estimate of the income of heroin users in Australia derived from illegal activities. This was based on the findings of a long-term study of income generation among 202 young heroin users in south-west Sydney. Sources of income reported by respondents included theft and burglary, illicit drug market activities and prostitution. The publication reports the incidence of these activities, as well as the proportion of total income derived from each source and average weekly earnings from each source. Their findings were generalised to obtain a national estimate, based on the estimates of the size of the population of regular heroin users in Australia detailed by Hall in *The demand for methadone maintenance treatment in Australia* (1995).

6.3 DATA ISSUES

The extent to which illicit drug use impacts on many community services can only be estimated indirectly. For example, current administrative systems cannot separately report on police and court resources expended on illicit drug work as distinct from other work. Estimates have been calculated using related data, such as the proportion of offenders whose most serious offence is drug-related. Because this data does not take into account secondary illicit drug offences, nor other offences associated with the use of an illicit drug, these cost estimates under-represent the actual law enforcement costs resulting from illicit drug use.

When estimating costs, widely different figures may be calculated for the same item because they are based on differing assumptions. For example, in 1992 Marks estimated the value of property stolen by heroin users in Australia during 1988 assuming there were 30,000 frequent heroin users. Maher and her colleagues (1998), used an estimate of more than 49,000 regular heroin users, to calculate a much higher cost.

Other differences result from variations in how items such as illicit drug turnover are defined and calculated. For example, Marks (1991) estimated the turnover of illicit drugs using the street value of the drugs. However, Collins and Lapsley (1991) considered these figures were likely to overestimate the true value of the market. They argued that a high proportion of the street value of illicit drugs is a return for the risks associated with the street trade, and it is unlikely that many resources used in the illicit drug trade would, in their alternative uses, command the same rates of return.

There have also been different definitions of scope among the sources of data with regard to the economic impact of illicit drugs in Australia. For example, although expenditure on Commonwealth, State and Territory government drug strategies is included in this chapter, Collins and Lapsley (1996) did not consider this to be a cost of illicit drug use per se, but rather, a cost of public policies designed to reduce illicit drug use. Thus, it was not included in their estimate of the total cost of illicit drug use in Australia, although they did provide figures for expenditures on government drug strategies.

6.4 DATA GAPS

A major shortcoming of data sources on the economic impact of illicit drug use is the lack of up-to-date information. The most comprehensive source of information on the costs of illicit drugs, *The social costs of drug abuse in Australia in 1988 and 1992* (Collins and Lapsley, 1996), is based on data from 1991–92. Given the trends of illicit drug use indicated from various data sources since then, it is likely that the cost estimates from this work are no longer appropriate. During 2001, Collins and Lapsley are working on filling this gap, looking at the social costs of drug abuse in 1998, the latest year for which pertinent information is available.

Data about the prevalence of illicit drug use, in conjunction with data on the crime, health and community issues associated with it, are used to estimate the economic impact of illicit drug activity. Thus the gaps and limitations of those data sources, as discussed in other chapters of this publication, are relevant to any estimate of costs. For example, it is not possible to estimate the cost of ambulance services associated with illicit drug use because national data are not available on how often ambulances attend overdoses or accidents resulting from the use of illicit drugs.

There are many intangible costs to which it is difficult to assign a monetary value. These include changes of behaviour in the community because of concerns over unsafe recreation areas or fear of street crime; defensive costs against theft such as crime prevention measures and insurance; and costs of corruption.

Although illegal goods and services such as illicit drugs are purchased in the market and, conceptually, should be regarded as part of production, they are not included in the Australian National Accounts. A major reason for this is the unavailability of adequate data to produce reliable estimates of their value. The sort of information that would be required relates to the entities engaging in production, the value of production, expenditure patterns and income generated. For similar reasons, the trade in illicit drugs is not included in Australia's imports and exports statistics, nor in the balance of payments.

CHAPTER 7

DATA QUALITY ISSUES

7.1 INTRODUCTION

The datasets, research papers and publications referred to in previous chapters are significant national sources of information on the prevalence of illicit drug use and its social and financial impact in the Australia community. However, those interested in this data need to be aware of a number of issues and caveats related to the interpretation of the data and any comparison among the various sources. Some of these issues originate in the diverse and complex nature of the topic, and some reflect the different definitions and classifications that are applied in obtaining the data.

When using data from any of the sources mentioned in this publication, it is imperative to know as much about the individual collection as possible. General information should be available on its purpose, the aims of those funding and/or conducting the collection, and the intended output from the collection. Details about the collection process need to be obtained, including the methodologies used to select respondents and collect data from them, as well as the data coding and processing systems. Answers to questions such as ‘Who is included?’ and ‘How are they selected?’ will indicate whether the information obtained from the dataset can be generalised to a broader population.

The final responsibility will fall on the analyst or researcher to make a judgement on whether a specific dataset is ‘fit for purpose’ in terms of its relevance, quality, etc. This decision needs to be formed by careful consideration of the types of issues which are discussed below.

7.2 DEFINITIONS

As there is no standard definition of the terms ‘illicit drugs’ or ‘drugs’, considerable variation exists in the coverage of relevant data sources and analyses. Additionally, substances can be grouped in different ways under headings such as ‘stimulants’ or ‘hypnotics’. Consequently, data from one source or study may not be comparable with that from others, and users of data need to be aware of the detailed definitions of the terms used in each data source or study.

The ABS has provided some guidance on the relationship between various drugs by publishing, in 2000, the *Australian Standard Classification of Drugs of Concern* (Cat. no. 1248.0). This classification assists researchers and public policy planners by providing a consistent framework of drugs of concern. The classification categorises each substance according to its chemical structure, mechanism of action and physiological effects. It does not distinguish between drugs according to their legal status. Its indexes include terms commonly used by drug users, some proprietary or brand names, acronyms and chemical names.

Future use of the standard classification could help to standardise the collection of information about drug use or assist in defining the range of the drugs included in datasets. For example, data reports could reference the standard list of drugs and indicate which drugs are included/excluded from the analysis.

7.3 DATA SOURCES

The range of collections from which data on illicit drug use can be extracted fall into two main types — administrative collections and survey collections. There are fundamental differences between these two types of collections, concerning the target population of the collection and the randomness of inclusion in the collection. These issues will impact on the potential uses of the data. Administrative collections provide data on a specific client group who are generally a non-random selection from a broader population, whereas survey collections can be random selections from any targeted population of interest (within operational constraints).

Availability of data from the respondent and the nature of the questions to be answered (or hypotheses to be tested) are major factors when choosing the type of collection to be used for analysis. Often, data concerning a specific issue or group needs to be compared with data from a broader target population, to indicate how widespread, or prevalent, specific characteristics and behaviours are in the broader population.

For example, consider each of the following questions.

- What is the prevalence of illicit drug use among Australian males aged 15–34 years?
- What proportion of illicit drug users have been involved in criminal activities to support their habit?
- What is the rate of hepatitis C among injecting drug users?

Each relates to a different target population. None of these questions can be fully answered by extracting data from administrative sources, as such sources cannot provide figures for the broader target population. Theoretically, these questions should be able to be answered by using data provided by carefully designed and implemented random surveys of 15–34 year old males, illicit drug users and injecting drug users, respectively. There are, however, difficulties in gaining good estimates from such surveys, due to the issues raised in the discussion of surveys below.

7.4 ADMINISTRATIVE COLLECTIONS

Many of the datasets covered by this publication originate from the administrative system of a government or private organisation. These datasets provide information about the clients of those organisations. The characteristics of those captured in these datasets may not be representative of any larger group. Generally, they will not be representative of the population as a whole and may not even be representative of the target group of the organisation.

The primary aim of these administrative systems is to support and facilitate the provision of a service. Provision of information on illicit drug use is only a by-product. Thus, data items may be limited and not tailored to the requirements of analysts and researchers interested in illicit drugs. Further, the by-product nature of administrative collections often means that data from the systems are of unknown quality. The agencies responsible for the collections often do not focus on the important definitional issues nor build data quality into the systems. Duplicates, missing items, etc. are possible. Hence, it is important to have a statement on the quality checks conducted on any administrative dataset.

7.4 ADMINISTRATIVE COLLECTIONS *continued*

Many administrative collections have been in place for a number of years and can show changes over time. Caution needs to be exercised, however, as trends evident in data from these collections may reflect changes in service provision and administrative procedures rather than trends in the use of illicit drugs. For example, the number of drug offences recorded in police statistics may be influenced by variables such as improvements in the effectiveness of law enforcement activities or changes in the penalty attached to an offence.

National administrative datasets are often aggregated from State and Territory administrative sources, as provision of services is primarily the responsibility of State and Territory governments. This presents some challenges when gathering national data, as each State and Territory collects data for its own purposes. Different systems for information storage and different definitions of scope and data items may be used. It requires substantial effort, with the assistance of the responsible State and Territory bodies, to coordinate and collate data from their independent administrative systems into a national data collection.

Even when a standardised set of data items is available from all jurisdictions, each administration may still put a slightly different emphasis or interpretation on the data required, so care needs to be exercised when interpreting and comparing data from different States and Territories. For example, testing procedures adopted to identify the use of drugs can vary according to State or Territory of jurisdiction.

In a number of areas, such as services for the treatment of alcohol and other drugs, considerable work has gone into the development of minimum data sets with mandatory reporting by all jurisdictions based on standard definitions and protocols.

7.5 SURVEYS

In general, the nature of data collected in surveys is quite different from administrative collections. Surveys allow analysts and researchers to tailor the data items to meet the objectives of their study and enable subjects to be explored in depth. Survey collections can be designed to gain data from the population group of interest. If a large random selection from within the target population is practical, the survey results will be representative of the target population.

There are many sources of error in survey data, but there are two major types of error: sampling and non-sampling errors. Sampling errors occur because of the use of a sample rather than the complete enumeration of the population. The size of the sampling error is largely dependent on the size of the sample, as explained below, but it will also depend on the inherent variability of the population. Non-sampling errors can occur at any stage of a survey for reasons such as errors in response, recording or processing of the data, and can occur even if there is a complete enumeration of the population.

Although sampling and non-sampling errors occur to some extent in all surveys, they can be minimised by good survey practice. Each data source should have some discussion of these possible sources of errors and the steps taken to minimise their effects, so that any interpretation of results can be appropriate. Some survey features which impact on sampling and non-sampling errors are discussed below.

7.5.1 *Sample selection*

For any specific target population, consideration needs to be given to identifying an appropriate way of sampling from that population. Large national surveys of the general population, such as the National Survey of Mental Health and Wellbeing of Adults (SMHWB) conducted by the ABS, may adopt a multistage design based on drawing a sample of private dwellings. Surveys of school children may be based on a sample of students, drawn from a sample of schools. These designs would generally be based on a random sample at each stage.

An important attribute of any random sample is that the likelihood of any individual in the target population being included in the sample can be calculated — from knowledge about the number of dwellings, the number of schools, the number and characteristics of students in each school, etc. In this situation, data collected from each respondent can be used to represent the data which would be collected from similar people in the target population. Hence, the sample data can be used to generate estimates for a broader population. The reliability and validity of the estimates will depend on the representativeness of the sample and the quality of the data collected from the respondents.

Clearly, it is not realistic to expect that such survey designs would be feasible for all target populations, particularly those whose numbers are small in the general population or who are difficult to find because, for example, they are homeless. Studies of populations of illicit drug users often employ non-random methods to obtain a sample. Methods of recruitment have included peer referral, advertising in magazines and visiting known locations of illicit drug users. To ensure the sample contains a range of the known population under study, researchers may make use of information from previous work in the field to target the recruitment of respondents according to known characteristics such as age, sex or city of residence. Although these non-random surveys cannot be used to generate estimates for the broader population, they can shed light on the behaviours, environments, etc. of many illicit drug users.

7.5.2 *Representativeness of the sample*

Samples achieved in surveys may not represent the total target population because of the scope of the survey design. For example, surveys based on private dwellings, such as the SMHWB, exclude people who are homeless as well as those in non-private dwellings (e.g. hotels, guest houses) or institutional settings (e.g. hospitals, prisons, military establishments and university halls of residence). The exclusion of these groups can bias the results if the prevalence and patterns of their illicit drug use differ from that displayed by people residing in private dwellings.

A low response rate to a survey may also result in biased information. This is partly because there is no way of knowing whether those who refuse to participate in the survey have characteristics similar to those who do participate. It may also be the case that response rates vary across groups so that particular groups within the population may be under-represented in the sample, as is frequently the case with young adult males, for example. If their behaviours are different from other groups within the population, then the procedures to produce estimates for the broader population may only partly overcome the bias in the sample. Hence, if the response rate is low, the survey results can reflect only the characteristics of the respondents and should not be used to draw inferences about the whole population.

7.5.2 Representativeness of the sample continued

Biases are also known as systematic errors as they produce survey results unrepresentative of the target population by systematically distorting the survey estimates. The most common sources of bias are survey non-response and samples which are not representative of the population of interest. The magnitude of the bias will depend on the extent to which those under-represented in the sample differ from those included in the sample.

7.5.3 Sample size

Sample size depends on a range of factors, including the objective of the survey, the funds available, and the response rate to be achieved. Whatever the sample size, the sample results would not be identical to results obtained from the whole of the population. One frequently used measure of the difference which results from the use of a sample rather than the complete enumeration of the population is the sampling error. A low sampling error means we can expect the sample results to be close to the population results. In general, the larger the size of the sample, the lower the sampling error. Conversely, the smaller the sample size, the larger the sampling error and the less reliable are any estimates based on the sample.

This limitation is not only applicable to small sample surveys; it may also limit the information available from large surveys when data on small sub-groups are extracted for analysis. If the sub-group of interest is only a small proportion of the total population, randomly selected samples of the total population can be expected to include only a small number of the target group, and thus yield little reliable data concerning this target group. For example, results from national household surveys may provide little detail about small specific sub-populations, such as injecting drug users, particular ethnic groups and regional populations. Other studies which target just these specific population groups can be more valuable in providing detailed information and in monitoring trends within these groups.

7.5.4 Self-reported responses

In general, surveys are not objective in the sense that they rely on self-reporting of situations, behaviours and attitudes. The results of a personal interview or a written questionnaire may be affected by the respondent's ability to recall events accurately. Results may also be influenced by the respondent's willingness to discuss illegal activities openly. Respondents may have concerns that they will be reported to the authorities, or that their answers will become known to other family/household members. Although survey procedures can help address such issues, it is likely that a socially unacceptable behaviour such as illicit drug use would be under-reported in surveys of the general population. In some cases, however, as with younger persons, involvement in such non-conventional behaviour may be over-reported.

Response errors, such as inaccurate reporting by respondents can be reduced by good questionnaire design. For example, thorough testing is necessary to ensure correct interpretation of the wording of questions. Conversely, the likelihood of response errors will increase with inadequacies in the questionnaire, imprecise application of survey procedures, incorrect recording of answers, errors in data entry and processing, etc.

Data on the consequences of illicit drug use to our society are available from a wide range of sources. Some data are collected to provide information specifically on illicit drug use; other collections have an entirely different original purpose but happen also to be relevant to illicit drug use. A variety of methods for collecting useful data has been developed by researchers in their particular fields of expertise.

Data on the prevalence of drug use, including illicit drugs, have resulted from a number of representative surveys of the Australian population. Trend data over a number of years are provided by the National Drug Strategy Household Survey, conducted by the Australian Institute of Health and Welfare (AIHW) with funds from the Commonwealth Department of Health and Aged Care (DHAC). Implementation of the Illicit Drug Reporting System, by the National Drug and Alcohol Research Centre (NDARC) at the University of NSW, has enabled changes in the patterns of use of injecting drugs to be monitored and made available quickly.

Data on the major health issues resulting from illicit drug use are available from established national collections of data regarding deaths and hospital admissions, conducted by ABS and AIHW, although these data are dominated by injecting drug use. This information has been supplemented in recent years by data from a survey of general practitioners conducted by the General Practice Statistics and Classifications Unit at the University of Sydney. Further information on injecting drug use is available from treatment programs, needle and syringe programs, and public health records. The association between mental health conditions and the use of illicit drugs was explored in a 1997 National Survey of Mental Health and Wellbeing of Adults which was conducted by the ABS with funding from DHAC, as part of the first National Mental Health Strategy. Less severe health effects associated with the use of illicit drugs may not be recorded in these datasets, but the AIHW National Drug Strategy Household Survey has attempted to fill this gap by asking questions on ill-health and lifestyle.

Little objective information is available about the effects of a person's use of illicit drugs on family and community. However, the AIHW National Drug Strategy Household Survey has asked some questions on this issue, as have ad hoc national telephone surveys. Organisations providing counselling and welfare services to the population have the potential to provide further information regarding illicit drug use.

The Australian Bureau of Criminal Intelligence collects and disseminates data on illicit drug use from the many agencies involved in law and order issues. Additionally, there are relevant administrative data available from collections which concentrate on homicides and gaol sentences. Until recently, national data concerning the association between illicit drug use and other crime came primarily from surveys of injecting drug users by the National Centre in HIV Epidemiology and Clinical Research and NDARC. Further evidence is becoming available about prisoners and people detained by police from surveys recently implemented by the Australian Institute of Criminology.

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Data are not readily available on the costs to governments of all issues related to illicit drug use. Work is being done to produce up-to-date estimates of the social costs resulting from illicit drug use, but the availability of input data restricts the currency of such estimates.

The tension between different policies and programs (such as harm minimisation and reducing drug-related crime) will continue to create both differing demands for data and a variety of sources of drug-related data. It is very important that work on improving the consistency and comparability of data continues. All data collectors and custodians need to fully document the procedures and protocols they have applied to their collections. It is also important that researchers and analysts make informed decisions about the appropriate use of the available data.

APPENDIX 1

SOURCES OF DATA ON ILLICIT DRUG USE

INTRODUCTION

This appendix is an alphabetic directory of the major sources of Australian data regarding the use of illicit drugs, covering both administrative collections and surveys, as well as major reports and publications. It includes the responsible organisation and their contact details; the purpose of the collection or report; a description of the source and the data items held; the years for which data are available; and an indication of how data can be accessed.

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A1.1

Data source	Australian Illicit Drug Report (AIDR)
Organisation	Australian Bureau of Criminal Intelligence
Contact	Mark Geddes Australian Bureau of Criminal Intelligence GPO Box 1936 CANBERRA ACT 2601 Telephone: 02 6243 5666 Facsimile: 02 6247 5380 Email: mark.geddes@abci.gov.au
Purpose	To provide an overview of the illicit drug market in Australia, intended principally to inform police and law enforcement policy makers.
Description	Data are collected from police, customs, correctional services and forensic science laboratories, Directors of Public Prosecutions, drug and alcohol research institutes, and drug and alcohol treatment agencies at State and Territory level. Data are collated to give national information on trends in illicit drug use in Australia.
Data items held	Arrests by consumer/provider, sex, type of drug, age, seizures by number and quantity, customs detections, trends in trafficking methods, developments in countries where illicit drugs are cultivated and produced, detections of use and trafficking in prisons, purity and prices by State/Territory.
Geographic coverage	Australia.
Frequency	Annual.
Year(s) of reference	1991–92 to 1999–2000.
Selected outputs	Australian Bureau of Criminal Intelligence 2001, <i>Australian Illicit Drug Report 1999–2000</i> , ABCI, Canberra.

A1.2

Data source	Australian Needle and Syringe Program (NSP) Survey
Organisation	National Centre in HIV Epidemiology and Clinical Research; Collaboration of Australian Needle and Syringe Programs; St Vincent's Alcohol and Drug Services, Sydney; National Drug and Alcohol Research Centre; Macfarlane Burnet Centre for Medical Research
Contact	Margaret MacDonald National Centre in HIV Epidemiology and Clinical Research 376 Victoria St DARLINGHURST NSW 2010 Telephone: 02 9332 4648 Facsimile: 02 9332 1837 Email: recept@nchecr.unsw.edu.au Internet: www.med.unsw.edu.au/nchecr
Purpose	To monitor HIV and HCV infection and related risk behaviours among people who inject drugs. To inform relevant policies and services.
Description	During a designated week each year, all clients at selected needle and syringe programs, representing all jurisdictions, are asked to complete a brief self-administered questionnaire and provide a finger-prick blood sample for HIV and HCV testing.
Data items held	Demographic items: gender, sexuality, age, language spoken at home by parents, country of birth, Aboriginal and Torres Strait Islander identification. Injecting practices: Type of drug last injected; frequency of injecting in the past month and where this took place; needle sharing behaviour in the last month; treatment history; recent imprisonment; sexual activity in the past month; needle and syringe purchasing behaviour; hepatitis B, hepatitis C and HIV status; tattoo and body piercing activities.
Geographic coverage	Australia.
Frequency	Annual.
Year(s) of reference	1995, 1996, 1997, 1998, 1999, 2000.
Selected outputs	1. MacDonald, M. A., Wodak, A. D., Dolan, K. A., van Beek, I., Cunningham P. H. & Kaldor, J. M. 2000, 'Hepatitis C virus antibody prevalence among injecting drug users at selected needle and syringe programs in Australia, 1995–1997', in <i>Medical Journal of Australia</i> , 2000, Vol. 172, pp. 57–61. 2. National Centre in HIV Epidemiology and Clinical Research (Ed.) 2001, <i>HIV/AIDS, viral hepatitis & sexually transmissible infections in Australia Annual Surveillance Report 2001</i> , NCHECR, University of New South Wales, Sydney. Available on the Internet < www.med.unsw.edu.au/nchecr/surv_anrep.html > 3. MacDonald, M., Wodak, A. D., Ali, R., Crofts, N., Cunningham, P. H., Dolan, K. A., Kelaher, M., Loxley, W. M., van Beek, I. & Kaldor, J. M., on behalf of the Collaboration of Australian Needle Exchanges 1997 'HIV prevalence and risk behaviour in needle exchange attenders: a national study', in <i>Medical Journal of Australia</i> , 1997, Vol. 166, pp. 237–240.

A1.3

Data source	Australian School Students Alcohol and Drugs Survey
Organisation	Anti-Cancer Council of Victoria (The surveys are a collaboration between State cancer councils, State health departments and the Commonwealth Department of Health and Aged Care.)
Contact	David Hill Centre for Behavioural Research in Cancer Anti-Cancer Council of Victoria 1 Rathdowne St CARLTON VIC 3053 Telephone: 03 9635 5180 Facsimile: 03 9635 5380 Email: david.hill@accv.org.au
Purpose	Health policy development and monitoring. Note: the major focus of this survey has been smoking and alcohol use among secondary school students, and it is only since 1996 that questions about illicit drug use have also been included.
Description	Random selection of secondary schools, stratified by State and type of school; self-completion questionnaire answered anonymously by a randomly selected sample of students. There were 31,000 respondents aged 12–17 years in the 1996 survey.
Data items held	Drug-related behaviours, language spoken at home, sex, age, year/level and spending money. Individual States may ask questions on drug-related knowledge and attitudes.
Geographic coverage	Australia.
Frequency	Triennial.
Year(s) of reference	1996, 1999 (Although conducted every three years since 1984, it is only since 1996 that questions about illicit drug use have also been included.)
Selected outputs	Letcher, T. & White, V. 1999, <i>Australian secondary students' use of over-the-counter and illicit substances in 1996</i> , National Drug Strategy Monograph Series No. 33, Commonwealth Department of Health and Aged Care, Canberra. Available on the Internet < www.health.gov.au/pubhlth/publicat/drugs.htm >

A1.4

Data source	Bettering the Evaluation and Care for Health (BEACH)
Organisation	The General Practice Statistics and Classifications Unit, a collaborating unit of The University of Sydney and the Australian Institute of Health and Welfare
Contact	Helena Britt or Stephanie Knox, General Practice Statistics and Classification Unit (GPSCU) University of Sydney Acacia House Westmead Hospital WESTMEAD NSW 2145 Telephone: 02 9845 8151 Facsimile: 02 9845 8155 Email: gpscuc@fmrc.org.au Internet: www.fmrc.org.au
Purpose	To describe aspects of general practice.
Description	Detailed information about 100 consecutive patients of a rolling sample of 1,000 general practitioners each year. Partly funded by pharmaceutical companies and by DHAC.
Data items held	Characteristics of the doctor, type of medical services provided, characteristics of the patient, reasons for their attendance, problems managed at these consultations, management techniques adopted by the doctor.
Geographic coverage	Australia.
Frequency	Data collected continuously.
Year(s) of reference	1998, 1999, 2000.
Selected output	1. Britt, H., Miller, G. C., Charles, J., Knox, S., Sayer, G. P., Valenti, L., Henderson, J. & Kelly, Z. 2000, <i>General practice activity in Australia 1999–2000</i> , AIHW Cat. no. GEP 5, Australian Institute of Health and Welfare, Canberra. Available on the AIHW website: < www.aihw.gov.au/publications/health.html > 2. Data are available as a consultancy.

A1.5

Data source	Causes of Death collection (COD)
Organisation	Australian Bureau of Statistics
Contact	Peter Burke Health and Vitals Section Australian Bureau of Statistics GPO Box 9817 BRISBANE QLD 4001 Telephone: 07 3222 6069 Facsimile: 07 3222 6038 Email: client.services@abs.gov.au Internet: www.abs.gov.au
Purpose	Monitor the cause of all deaths in Australia.
Description	Death certificates and coroner's reports are used to code the cause of all deaths registered within each State and Territory.
Data items held	Date of death, cause of death (ICD), certification, post-mortem flag, sex, age, State of registration, usual State and SLA of residence, year of registration, occupation, birthplace, duration of Australian residence, marital status, date of marriage, age at marriage, duration of marriage, number of children. An Indigenous identifier has been progressively introduced since 1980.
Geographic coverage	Australia. Data are available for individual States and Territories, and smaller area data may be available.
Frequency	Data released annually.
Year(s) of reference	1964–1999.
Selected outputs	1. Australian Bureau of Statistics 2000, <i>Deaths 1999</i> , Cat. no. 3302.0, ABS, Canberra. 2. Data are available as a consultancy.
Note	Causes of death are classified according to ICD–9 (International Classification of Diseases, 9th revision) from 1979 to 1998; ICD–10 (10th revision) was introduced for deaths registered from 1999. To provide comparability, 1997 and 1998 were coded in both ICD–9 and ICD–10. With the introduction of the Automated Coding System, from the calendar year 1997, not only is the underlying cause of death coded but also any contributory causes which are mentioned on the death certificate and coroners' reports.

A1.6

Data source	Clients of Treatment Service Agencies (COTSA)
Organisation	National Drug and Alcohol Research Centre
Contact	Fiona Shand National Drug and Alcohol Research Centre University of New South Wales SYDNEY NSW 2052 Telephone: 02 9385 0333 Facsimile: 02 9385 0222 Email: fionas@unsw.edu.au Internet: www.med.unsw.edu.au/ndarc
Purpose	Monitor the changes of characteristics of people using drug and alcohol treatment services.
Description	One-day census of clients (both users and friends/relatives of users) of all drug and alcohol treatment agencies across Australia. Agencies were asked to complete a survey form giving some details about each client seen that day. Data are not collected on methadone dosing. The 1995 dataset comprises data for 5,212 clients from 458 agencies.
Data items held	Service provided, principal drug problem, drugs injected during the past 12 months, age, sex, country of birth, language spoken at home, employment status, usual residential postcode.
Geographic coverage	Australia.
Frequency	Irregular.
Year(s) of reference	1990, 1992, 1995, 2001.
Selected outputs	1. Torres, M.I., Mattick, R. P., Chen, R. & Baillie, A. 1995, <i>Clients of Treatment Service Agencies: March 1995 Census Findings</i> . Commonwealth Department of Human Services and Health, Canberra. 2. Records from the surveys are available by application to the Social Science Data Archives at the Australian National University

A1.7

Data source	Developmental Research for the National Illicit Drugs Campaign
Organisation	Commonwealth Department of Health and Aged Care
Contact	Department of Health and Aged Care GPO Box 9848 SYDNEY NSW 2001 Telephone: 02 9263 3548 Email: sue.bertram@health.gov.au Internet: www.drugs.health.gov.au
Purpose	To inform the development of a community education and information campaign on illicit drugs.
Description	The first, qualitative stage of this study involved 15 focus groups with parents and 65 in-depth interviews with parents and other members of the community. The second, quantitative stage of the research involved a national telephone survey of 1,004 parents of children aged 12–17 years. It aimed to determine the extent to which the emerging key issues and relevant knowledge, attitudes and behaviours identified in the qualitative phase were representative of a wider population.
Data items held	Demographics of the household members; whether parent smokes, drinks or has tried marijuana; whether respondents considered illegal drug taking to be a problem; the degree to which each drug (including alcohol and tobacco) was considered dangerous; their attitude to their teenage child using drugs; whether they thought it likely their child would be offered specific drugs and whether their child would accept the drug; whether it is the parent's responsibility to inform themselves about illegal drugs; who should take primary responsibility for providing children with information and advice on illegal drugs; if they are confident of their ability to prevent their child from experiencing harm from using illegal drugs; reasons which prevent parents from discussing drugs with children; what would be useful to assist parents.
Geographic coverage	The qualitative phase was conducted mainly in Sydney, Adelaide, Melbourne, Dubbo (NSW) and Renmark (SA). The quantitative interviews were conducted nationally.
Frequency	Once only.
Year(s) of reference	1998.
Selected outputs	Commonwealth Department of Health and Aged Care 1999, <i>Research Report on Developmental Research for a Community Education and Information Campaign on Illicit Drugs</i> , DHAC, Population Health Division, Research and Marketing Group, Canberra.
Note	Funded by the National Illicit Drug Strategy.

A1.8

Data source	Drug Use Careers of Offenders (DUCO)
Organisation	Australian Institute of Criminology
Contact	Ms Ibolya Losoncz Project Officer Australian Institute of Criminology GPO Box 2944 CANBERRA ACT 2601 Telephone: 02 6260 9281 Facsimile: 02 6260 9201 Email: Ibolya.Losoncz@aic.gov.au Internet: www.aic.gov.au
Purpose	To provide data on drug use among offenders, criminal activities of offenders, access to treatment of offenders and the illicit drugs market.
Description	The project will target three populations over three years: adult male inmates in the first year, adult female inmates in the second year and juvenile inmates in the final year. Data will be collected from correctional administrative records, cross-validated with face-to-face interviews with persons who have been incarcerated.
Data items held	Self-reported illicit drug use, self-reported data on offending patterns, information on illicit drug markets and costs associated with drug-related criminal behaviour.
Geographic coverage	In each year, the aim is to obtain random samples from prisons in each State and Territory. In 2001, samples of male prisoners were obtained from prisons in Queensland, Northern Territory, Western Australia and Tasmania.
Frequency	Each of the three different populations are to be surveyed once only.
Year(s) of reference	2001, 2002, 2003.
Selected outputs	Commencing in late 2001, monographs, annual reports and journal articles. Forthcoming papers from the study will be made available on the AIC website < www.aic.gov.au/research/drugs/research/duco.html >
Note	Funded by the National Illicit Drug Strategy.

A1.9

Data source	Drug Use Monitoring in Australia (DUMA)
Organisation	Australian Institute of Criminology
Contact	Dr Toni Makkai Australian Institute of Criminology GPO Box 2944 CANBERRA ACT 2601 Telephone: 02 6260 9231 Facsimile: 02 6260 9201 Email: DUMA@aic.gov.au Internet: www.aic.gov.au
Purpose	To measure recent drug use among those people detained by police.
Description	Police detainees at four designated sites in three jurisdictions (Southport, Qld; East Perth, WA; Bankstown and Parramatta, NSW) are recruited to answer questionnaires and give urine samples, aimed at gathering information on drug use and crime. In 2000 there were 2,121 detainees interviewed.
Data items held	Offender characteristics: sex and age of detainees, previous arrest/prison history, education status, type of housing, source of income, mental illness and gambling behaviour. Drug use: positive urine test results (amphetamines, benzodiazepines, cannabis, cocaine, opiates, multiple drugs, and any drug other than cannabis), previous drug use history, age at first use, treatment history. Offence information: type of offence (violent, property, drugs, traffic, disorder, warrants, other).
Geographic coverage	Southport, Qld; East Perth, WA; Bankstown and Parramatta, NSW.
Frequency	Quarterly.
Year(s) of reference	1999–2003.
Selected outputs	1. Makkai, T. & McGregor, K. 2001, <i>Drug Use Monitoring in Australia (DUMA): 2000 Annual Report on Drug Use Among Police Detainees</i> , Research and Public Policy Series No. 37, Australian Institute of Criminology, Canberra. 2. Other publications are available on the Internet < www.aic.gov.au/research/duma.html >
Note	Funded by the National Illicit Drug Strategy, with 2002–03 extension funding from the Commonwealth Attorney General's Department. Affiliated with the International Arrestee Drug Abuse Monitoring Program, DUMA is designed to ensure comparability of methodology and data across countries.

A1.10

Data source	Illicit Drug Reporting System (IDRS)
Organisation	Coordinated by National Drug and Alcohol Research Centre, research conducted by a variety of centres.
Contact	Dr Libby Topp National Drug and Alcohol Research Centre University of New South Wales SYDNEY NSW 2052 Telephone: 02 9385 0333 Facsimile: 02 9385 0222 Email: l.topp@unsw.edu.au Internet: www.med.unsw.edu.au/ndarc/idrs
Purpose	Monitor emergent trends in drug use and markets.
Description	There are three components to the IDRS, used for supplementary data and convergent validation: <ul style="list-style-type: none"> ■ personal interviews with injecting drug users and party drug users (910 respondents in 2000); ■ telephone interviews with key informants (29–60 respondents from each capital city in 2000); and ■ analysis of existing drug-related indicator data (all States).
Data items held	<ul style="list-style-type: none"> ■ User survey: demographics; drug use patterns; price, purity and availability of drugs; criminal activity; risk-taking behaviour; general health status. ■ Informant survey: drug use patterns; drug availability; criminal behaviour; and health issues. ■ Other data sources include telephone advisory services; drug price, purity and availability data from the ABCI; household surveys (1997 National Survey of Mental Health and Well-Being of Adults and the 1998 National Drug Strategy Household Survey); Australian Needle and Syringe Program Surveys; National Hospital Morbidity Database; and National Mortality Database.
Geographic coverage	1996: Sydney. 1997, 1998: Sydney, Melbourne, Adelaide. 1999, 2000: Data on all capital cities, although injecting drug user survey only in Sydney, Melbourne, Adelaide. 2001: All capital cities except Darwin.
Frequency	Annual.
Year(s) of reference	1996–2001.
Selected outputs	<p>1. An annual national report is published. Topp, L., Darke, S., Bruno, R., Fry, C., Hargreaves, K., Humeniuk, R., McAllister, R., O'Reilly, B., Williams, P. 2001, <i>Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS)</i>, NDARC Monograph No. 47, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.</p> <p>A summary of information in the report is available on the Internet <www.med.unsw.edu.au/ndarc/publications/monograph47.htm></p> <p>2. Annual reports for each State and Territory are available, giving detailed information on drug trends in the capital city.</p> <p>3. A short hardcopy <i>Drug Trends Bulletin</i> is sent quarterly to those on a mailing list.</p>

A1.11

Data source	Inquiry into Substance Abuse in Australian Communities
Organisation	House of Representatives Standing Committee on Family and Community Affairs
Contact	Committee Secretary Standing Committee on Family and Community Affairs House of Representatives Parliament House CANBERRA ACT 2600 Telephone: 02 6277 4566 Facsimile: 02 6277 4844 Email: fca.reps@aph.gov.au Internet: www.aph.gov.au/house/committee/fca
Purpose	To investigate how much of an impact both legal and illegal drugs have on our society and what the social and economic costs are to the community. The inquiry will focus on how drug abuse affects: <ul style="list-style-type: none"> ■ family relationships; ■ crime, violence (including domestic violence), and law enforcement; ■ road trauma; ■ workplace safety and productivity; and ■ health care costs.
Description	The committee has invited anyone who has been affected by legal or illegal drug abuse to contact them. It has provided for written submissions to be made and has received oral evidence from hearings held throughout Australia during 2000 and 2001.
Data items held	Submissions to this enquiry have been received from individuals and organisations. Although confidentiality may be requested, if the committee accepts the submission, it may authorise its publication.
Geographic coverage	Australia.
Frequency	Once only.
Selected outputs	1. Many of the submissions received are available on the website www.aph.gov.au/house/committee/fca , or as bound hardcopies. 2. An interim report was tabled with parliament in October 2001.

A1.12

Data source	Kids Help Line statistics
Contact	<p>Ian Thomas Information and Publications Officer Kids Help Line PO Box 376 RED HILL QLD 4059</p> <p>Telephone: 07 3369 1588 Facsimile: 07 3367 1266 Email: admin@kidshelp.com.au Internet: www.kidshelp.com.au</p>
Purpose	Kids Help Line provides a confidential counselling service to young people. Data are made available to assist with research into youth problems and needs throughout Australia.
Description	Counselling services are provided by telephone, email and the web (live-on-line private chat).
Data items held	State of residence, sex, age, drug type if caller ventures the information, severity of calls (inquiry, extent of use such as frequent/habitual drug use, experimental/occasional drug use, urgent intervention required or concern about friend or family member), outcome of call (whether crisis response, counsellor referred caller to appropriate services and if referral was accepted or refused, no referral required or no appropriate service available).
Geographic coverage	Australia.
Frequency	Annual.
Year(s) of reference	National data available from 1994.
Selected outputs	<ol style="list-style-type: none"> 1. A report on drug use is available on the Internet <www.kidshelp.com.au/INFO13/DrugUse.htm> 2. Data are available as a consultancy.

A1.13

Data source	Methadone client statistics
Organisation	Commonwealth Department of Health and Aged Care
Contact	Policy Officer, Illicit Drugs Section – MDP 27 Department of Health and Aged Care GPO Box 9848 CANBERRA ACT 2601 Telephone: 02 6289 1555 Facsimile: 02 6281 6946 Email: phd.frontdesk@health.gov.au Internet: www.health.gov.au
Purpose	For general monitoring purposes.
Description	The States and Territories provide their local data to DHAC in October each year. It is collated and provided back to the members of the Methadone and Other Treatment Subcommittee in November.
Data items held	Number of clients registered with public and private prescribers and correctional institutions in each State or Territory; number of clients collecting doses at pharmacies, public clinics, private clinics, correctional facilities or other facilities in each State or Territory. Prior to 1999, only client numbers in public clinics and private clinics in each State or Territory.
Geographic coverage	Australia.
Frequency	Annual.
Year(s) of reference	Numbers of methadone clients have been collected since 1986. The type of data collected has varied in detail over this period of time. The latest data available are for the financial year 1999–2000.

A1.14

Data source	National AIDS Registry
Organisation	National Centre in HIV Epidemiology and Clinical Research
Contact	Head of Epidemiology National Centre in HIV Epidemiology and Clinical Research 376 Victoria St DARLINGHURST NSW 2010 Telephone: 02 9332 4648 Facsimile: 02 9332 1837 Email: recept@nchecr.unsw.edu.au Internet: www.med.unsw.edu.au/nchecr
Purpose	Describe the pattern of advanced HIV infection in Australia.
Description	AIDS is a notifiable condition in all health jurisdictions in Australia. AIDS cases are notified by the diagnosing doctor through State/Territory health authorities to the national HIV surveillance centre.
Data items held	State/Territory of AIDS diagnosis, sex, date of birth, country of birth, Indigenous status, date of AIDS diagnosis, AIDS defining illness, CD4+ cell count at AIDS diagnosis, date of first HIV diagnosis and source of exposure to HIV.
Geographic coverage	Australia.
Frequency	Continuous.
Year(s) of reference	1982 onwards.
Selected outputs	1. National Centre in HIV Epidemiology and Clinical Research, <i>HIV/AIDS, viral hepatitis & sexually transmissible infections in Australia Annual Surveillance Report</i> . (Issued annually by the National Centre of HIV in Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW.) Available on the Internet < www.med.unsw.edu.au/nchecr/surv_anrep.html > 2. National Centre in HIV Epidemiology and Clinical Research, <i>Australian HIV Surveillance Report</i> . (Issued quarterly by the National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW.) Available on the Internet < www.med.unsw.edu.au/nchecr/surv_quartrep.html >

A1.15

Data source	National Coroners Information System (NCIS)
Organisation	Monash University National Centre for Coronial Information
Contact	Project Manager Victorian Institute of Forensic Medicine 57–83 Kavanagh St SOUTHBANK VIC 3006 Telephone: 03 9684 4414 Facsimile: 03 9682 7353 Email: ncis@vifp.monash.edu.au Internet: www.vifp.monash.edu.au/ncis
Purpose	Tool for coroners and researchers in the public health and safety area, to be used in the investigation of unusual or premature deaths and to provide information on deaths and injury prevention.
Description	A central collection of coronial records from all States and Territories with the exception of Queensland. Any coronial record in which drugs are mentioned will become a part of the drugs module.
Data items held	Toxicology reports, autopsy reports, coroner's findings and a narrative of events obtained from police reports to coroners.
Geographic coverage	All States and Territories with the exception of Queensland.
Frequency	Daily updates.
Year(s) of reference	Commenced 1 July 2000.
Note	Access is restricted to coronial death investigation users and researchers approved by the MUNCCI Research Committee (MRC) and the Standing Committee on Ethics in Research Involving Humans (SCERH) — Monash University. State coronial ethics committees may also be involved in applications for access.

A1.16

Data source	National Drug Strategy Household Survey (NDSHS) (Previously known as the National Campaign Against Drug Abuse Social Issues Survey)
Organisation	Australian Institute of Health and Welfare (1998 and 2001), Commonwealth Department of Health and Aged Care (all previous surveys)
Contact	Mark Cooper-Stanbury Data and Information Services Unit Australian Institute of Health and Welfare GPO Box 570 CANBERRA ACT 2601 Telephone: 02 6289 7027 Facsimile: 02 6889 8483 Email: mark.cooper-stanbury@aihw.gov.au Internet: www.aihw.gov.au
Purpose	Monitoring the public's experience of and attitude toward drug use.
Description	Personal interview and self-completed questionnaire of random and targeted (youngest) persons aged 14 or more in a random sample of households, nation-wide. In 1999 there were over 10,000 respondents. It is anticipated there will be approximately 20,000 respondents in the 2001 survey. A supplementary sample of urban Aboriginal and Torres Strait Islander Peoples was also included in 1994.
Data items held	Sociodemographic items include sex, age, marital status, education, country of birth, languages spoken, income, employment status. Many data items regarding alcohol and other drug-related attitudes, awareness, knowledge and behaviours have been collected. For each drug, respondents are asked about their age of first use, place of use, where the drug was obtained, prevalence of use among friends, days lost from work or education because of drug use and health problems experienced. Questions have enquired about people's perceptions of problems associated with drug use, and their attitudes towards changes to regulations related to the use of drugs and treatments available.
Geographic coverage	Australia.
Frequency	Triennial (approximately).
Year(s) of reference	1985, 1988, 1991, 1993, 1995, 1998, 2001
Selected outputs	1. Adhikari, P. and Summerill, A. 2000, <i>1998 National Drug Strategy Household Survey: Detailed findings</i> , AIHW Cat. no. PHE 27 (Drug Statistics Series No. 6), Australian Institute of Health and Welfare, Canberra. Fitzsimmons, G. & Cooper-Stanbury, M. 2000, <i>1998 National Drug Strategy Household Survey: State and Territory results</i> , AIHW Cat. no. PHE 26 (Drug Statistics Series No. 5), Australian Institute of Health and Welfare, Canberra. These publications, plus others giving detailed information on drug trends in specific States and Territories, are available on the AIHW website < www.aihw.gov.au/publications/health.html > 2. Commonwealth Department of Human Services and Health 1994, <i>National Drug Strategy Household Survey: Urban Aboriginal and Torres Strait Islander Peoples Supplement, 1994</i> , Looking Glass Press, Canberra. Available on the Internet < www.health.gov.au/pubhlth > 3. Records from the surveys are available by application to the Social Science Data Archives at the Australian National University.

A1.17

Data source	National HIV Database
Organisation	National Centre in HIV Epidemiology and Clinical Research
Contact	Head of Epidemiology National Centre in HIV Epidemiology and Clinical Research 376 Victoria St DARLINGHURST NSW 2010 Telephone: 02 9332 4648 Facsimile: 02 9332 1837 Email: recept@nchecr.unsw.edu.au Internet: www.med.unsw.edu.au/nchecr
Purpose	Describe the pattern of newly diagnosed HIV infection in Australia.
Description	HIV is a notifiable condition in all health jurisdictions in Australia. New diagnoses of HIV infection are notified by the diagnosing doctor or laboratory through State/Territory health authorities to the national HIV surveillance centre.
Data items held	State/Territory of HIV diagnosis, sex, date of birth, Indigenous status, country of birth, date of HIV diagnosis, CD4+ cell count and source of exposure to HIV.
Geographic coverage	Australia.
Frequency	Continuous.
Year(s) of reference	1985 onwards.
Selected outputs	1. National Centre in HIV Epidemiology and Clinical Research, <i>HIV/AIDS, viral hepatitis & sexually transmissible infections in Australia Annual Surveillance Report</i> . (issued annually by the National Centre of HIV in Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW.) Available on the Internet < www.med.unsw.edu.au/nchecr/surv_anrep.html > 2. National Centre in HIV Epidemiology and Clinical Research, <i>Australian HIV Surveillance Report</i> . (issued quarterly by the National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW.) Available on the Internet < www.med.unsw.edu.au/nchecr/surv_quartrep.html >

A1.18

Data source	National Homicide Monitoring Program
Organisation	Australian Institute of Criminology
Contact	Jenny Mouzos Research Analyst — Manager National Homicide Monitoring program Australian Institute of Criminology GPO Box 2944 CANBERRA ACT 2601 Telephone: 02 6260 9250 Facsimile: 02 6260 9201 Email: Jenny.Mouzos@aic.gov.au Internet: www.aic.gov.au
Purpose	Monitoring of trends and patterns in the incidence of homicide across all Australian jurisdictions.
Description	Data are collected primarily from police records and coronial files, supplemented by information from individual investigating officers. Information from police records is available to determine whether the offender had consumed alcohol or used illicit/prescription drugs at the time of the homicide incident. Coronial toxicology reports have been used since 1996–97 to identify whether the victim had consumed alcohol or used illicit/prescription drugs at the time of the homicide incident.
Data items held	Type of drug used by the offender, offender demographics (from police records). Type of drug used by the victim, victim demographics (from coronial records). Many additional data items are also held regarding the circumstances of the incident, such as alleged motive (including drug dealing), location of incident, the status of the investigation, primary weapon used (including injection of a drug) and victim-offender relationship.
Geographic coverage	All Australian States and Territories.
Frequency	Annual.
Year(s) of reference	1989–90 to 1999–2000.
Selected outputs	Mouzos, J. 2000, <i>Homicidal Encounters: A study of Homicide in Australia 1989–1999</i> , Australian Institute of Criminology, Canberra. Mouzos, J. 2001, 'Homicide in Australia 1999–2000', in <i>Trends and issues in crime and criminal justice No. 187</i> , Australian Institute of Criminology, Canberra. These publications are available on the AIC website < www.aic.gov.au/research/hmonitor/index.html >

A1.19

Data source	National Hospital Morbidity Database
Organisation	Australian Institute of Health and Welfare
Contact	Jenny Hargreaves Australian Institute of Health and Welfare GPO Box 570 CANBERRA ACT 2601 Telephone: 02 6244 1121 Email: jenny.hargreaves@aihw.gov.au Internet: www.aihw.gov.au
Purpose	Health monitoring, health service use analysis.
Description	Data from the separation records of almost all hospitals, both private and public.
Data items held	Establishment data: State or Territory of hospital; sector (public or private); rural, remote and metropolitan area classification and other characteristics of the hospital; accessibility/remoteness index classification of the hospital. Demographic data of patient: sex; date of birth; age; country of birth; indigenous status; state and local area of residence (SLA, Statistical Subdivision, Statistical Division, rural, remote and metropolitan area classification of patient's residence.). Administrative data: accommodation status (the account category of the patient); compensable status (entitlement to claim compensation for the episode of care). Length of stay data: admission and discharge dates; leave dates. Clinical and related data: principal diagnosis; additional diagnoses; procedures; type of episode of care; diagnosis related group; admission weight (neonates); referral source; external cause of injury and poisoning; major diagnostic category; mode of separation.
Geographic coverage	Australia. Data are available for individual States and Territories, and smaller area data may be available.
Frequency	Data are released annually (financial year).
Year(s) of reference	1993–94 to 1999–2000.
Selected outputs	1. Australian Institute of Health and Welfare 2001, <i>Australian Hospital Statistics 1999–2000</i> , AIHW Cat. no. HSE 14, (Health Services Series No. 17), AIHW, Canberra. Available on the AIHW website < www.aihw.gov.au/publications/health.html > 2. Data are available as a consultancy.
Note	Data are available on the number of hospital episodes and the number of hospital bed days related to the principal diagnosis and up to 30 additional diagnoses. Diagnoses are coded according to ICD–9–CM (International Classification of Diseases, 9th Revision, Clinical Modification) used from 1993–94 and ICD–10–AM (ICD 10th Revision, Australian Modified) introduced from 1998–99.

A1.20

Data source	National Minimum Data Set for Alcohol and Other Drug Treatment Services
Organisation	Australian Institute of Health and Welfare
Contact	Dr Bradley Grant Australian Institute of Health and Welfare GPO Box 570 CANBERRA ACT 2601 Telephone: 02 6244 1152 Facsimile: 02 6244 1299 Email: bradley.grant@aihw.gov.au Internet: www.aihw.gov.au
Purpose	To provide nationally consistent data from drug and alcohol treatment service providers.
Description	Client data are collected when they are initially registered with the service provider. Financial year data are annually forwarded to State and Territory health authorities who forward it to AIHW. Client names are not collected, however, each client is assigned a unique person identifier within a treatment agency, allowing non-identifiable unit record data to be collated.
Data items held	Establishment data: geographic location, type of service provider, establishment identifier, person identifier, client type. Patient data: sex, date of birth, country of birth, Indigenous status, preferred language, commencement date, source of referral, principal drug of concern, method of use, other drugs of concern, injecting drug use. Note: Additional data items have been included for 2001–02.
Geographic coverage	Australia.
Frequency	Annual (financial year).
Year(s) of reference	2000–2001 will be the first year.
Selected outputs	1. First data will be published by AIHW late in 2002. 2. Grant, B. & Petrie, M. 2001, <i>Alcohol and other drug treatment services: Development of a National Minimum Data Set</i> , AIHW Cat. no. HSE 12, Australian Institute of Health and Welfare, Canberra. 3. Conroy, A. & Copeland, J. 1998, <i>National Minimum Data Set Project for Alcohol and Other Drug Treatment Services: report on the pilot study and recommended set of data definitions</i> , Technical Report No. 65, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

A1.21

Data source	National Mortality Database
Organisation	Australian Institute of Health and Welfare
Contact	Mr John Harding Australian Institute of Health and Welfare GPO Box 570 CANBERRA ACT 2601 Telephone: 02 6244 1140 Facsimile: 02 6244 1044 Email: john.harding@aihw.gov.au Internet: www.aihw.gov.au
Purpose	Monitor the cause of all deaths in Australia.
Description	A collection of the unit record files from the Causes of Death collection, updated annually. Contains information about the cause of all deaths registered within each State and Territory.
Data items held	Date of death, cause of death (ICD), certification, post-mortem flag, sex, age, State of registration, usual State and SLA of residence, year of registration, occupation, birthplace, duration of Australian residence, marital status, date of marriage, age at marriage, duration of marriage, number of children. From 1980: Indigenous identifier, place of marriage, registration district, registration number.
Geographic coverage	Australia. Data are available for individual States and Territories, and smaller area data may be available.
Frequency	Data are released annually.
Year(s) of reference	1964–1999.
Selected outputs	1. Higgins, K., Cooper-Stanbury, M. & Williams, P. 2000, <i>Statistics on drug use in Australia 1998</i> , AIHW Cat. no. PHE 16, (Drug Statistics Series No. 2), Australian Institute of Health and Welfare, Canberra. 2. Data are available as a consultancy.
Note	Causes of death are classified according to ICD–9 (International Classification of Diseases, 9th revision) up to 1998. ICD–10 has been used from 1999. Commencing from the calendar year 1997, not only is the underlying cause of death coded but also any contributory causes which are mentioned on the death certificates and coroners' reports.

A1.22

Data source	National Police Custody Survey
Organisation	Australian Institute of Criminology (1992 and 1995), Royal Commission into Aboriginal Deaths in Custody (1988)
Contact	<p>Carlos Carcach Australian Institute of Criminology GPO Box 2944 CANBERRA ACT 2601</p> <p>Telephone: 02 6260 9245 Facsimile: 02 6260 9218 Email: Carlos.Carcach@aic.gov.au Internet: www.aic.gov.au</p>
Purpose	To provide information on the extent and nature of police custody in Australia.
Description	A census of all detainees lodged in police cells during August 1995. Statistics are derived from information collected and recorded by police officers at the station level within each State and Territory.
Data items held	Detainee's name, age, gender, Indigenous status; name and postcode of police station or watchhouse; date and time when the person was lodged in cells, reason for being lodged in cells, most serious offence, date and time when the person was released from cells, reason for release from police cells, and whether or not the person was still in police cells at the end of the survey period.
Geographic coverage	Australia.
Year(s) of reference	August 1988, August 1992, August 1995.
Selected outputs	<p>Carcach, C. & McDonald, D. 1997, <i>National Police Custody Survey August 1995</i>, Research and Public Policy Series No. 9, Australian Institute of Criminology, Canberra.</p> <p>Available on the Internet <www.aic.gov.au/publications></p>

A1.23

Data source	National Prisoner Census
Organisation	Australian Bureau of Statistics (1994 to present), Australian Institute of Criminology (1972 to 1993)
Contact	Australian Bureau of Statistics National Centre for Crime and Justice Statistics GPO Box 2796Y MELBOURNE VIC 3001 Telephone: 03 9615 7362 Facsimile: 03 9615 7372 Email: crime.justice@abs.gov.au Internet: www.abs.gov.au
Purpose	To provide information on all adult prisoners who were in custody on 30 June each year.
Description	A census of all prisoners held in all gazetted adult prisons in Australia as at midnight on 30 June each year. Statistics are derived from information collected and recorded by corrective service agencies within each State and Territory.
Data items held	Number of prisoners, most serious offence, age, sex, Indigenous status, expected time to serve, aggregated sentence, country of birth, prison location, marital status, employment status, known prior imprisonment, date received, referral status, level of court, State, security, legal status, type of sentence, earliest release, breach, period at large.
Geographic coverage	Australia.
Frequency	Annual.
Year(s) of reference	1972–2000.
Selected outputs	Australian Bureau of Statistics 2001, <i>Prisoners in Australia, 2000</i> Cat. no. 4517.0, ABS, Canberra.

A1.24

Data source	National Survey of Mental Health and Wellbeing of Adults (SMHWB)
Organisation	Australian Bureau of Statistics
Contact	Josie Barac Australian Bureau of Statistics Health Section PO Box 10 BELCONNEN ACT 2616 Telephone: 02 6252 6415 Facsimile: 02 6252 8007 Email: josie.barac@abs.gov.au Internet: www.abs.gov.au
Purpose	Determine the prevalence of common mental disorders in the population.
Description	Personal interview of random persons aged 18+ in households. Approximately 10,600 people participated in the survey.
Data items held	Physical conditions, ICD–10 classification of mental and behavioural disorders, DSM–IV classification of mental disorders, personality disorders screener, psychosis screener, disability scores, health service utilisation, perceived health needs, days out of role; age, sex, country of birth, year of arrival, number of times married, marital status, number of children, age when children born, language usually spoken at home, education, labour force status, occupation, main source of income, dwelling tenure type, household type, part of State, SEIFA index.
Geographic coverage	Australia.
Frequency	Once only.
Year(s) of reference	1997.
Selected outputs	1. Australian Bureau of Statistics 1998, <i>Mental Health and Wellbeing: Profile of Adults, Australia 1997</i> , Cat. no. 4326.0, ABS, Canberra. 2. Data are available from the ABS as a consultancy. 3. Hall, W., Teesson, M., Lynskey, M. & Degenhardt, L. 1998, <i>The Prevalence in the Past Year of Substance Use and ICD–10 Substance Use Disorders in Australian Adults: Findings from the National Survey of Mental Health and Well-being</i> , NDARC Technical Report No. 63, National Drug and Alcohol Research Centre, University of New South Wales, Sydney. 4. The National Drug and Alcohol Research Centre (NDARC) have produced a number of Technical Reports and articles which give relevant information gained from this survey. Details of these publications are available on the NDARC website. < www.med.unsw.edu.au/ndarc >
Note	Respondents who had used any class of drug at least five times in the 12 months before the survey were asked detailed questions about any impact of drug taking on their day-to-day lives. The responses were scored according to both ICD–10 and DSM–IV Diagnoses of Harmful Use or Drug Dependency.

A1.25

Publication	<i>The social costs of drug abuse in Australia in 1988 and 1992</i>
Authors	David Collins and Helen Lapsley
Reference	Collins, D. J. & Lapsley, H. M. 1996, <i>The social costs of drug abuse in Australia in 1988 and 1992</i> , National Drug Strategy Monograph Series No. 30, Commonwealth Department of Human Services and Health, Canberra.
Purpose	To estimate the dollar costs of drug abuse in Australia on individuals, business and government.
Description	<p>The authors estimate the social costs attributable to tobacco, alcohol and illicit drug use, including health costs, loss of production and loss of life.</p> <p>They calculate government budgetary funding impacts and the impact of drug costs on individuals and business. Costs include hospital bed-day costs, resource costs of addictive consumption, education, research and law enforcement. Methodology and data are updated from the earlier paper mentioned below.</p>
Related publications	Collins, D. J. & Lapsley, H. M. 1991, <i>Estimating the economic costs of drug abuse in Australia</i> , National Campaign Against Drug Abuse Monograph Series No. 15, Commonwealth Department of Community Services and Health, Canberra.

APPENDIX 2

FURTHER REFERENCES REGARDING ILLICIT DRUG USE

INTRODUCTION

This appendix contains a selected list of publications, websites and collections which may provide worthwhile information or references for research studies into specific aspects of illicit drug use in Australia. It is not intended to be an exhaustive list of useful sources. A short description of each reference is provided, along with access details.

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A2.1

Australian Drug Information Network (ADIN)

Internet/web address	www.adin.com.au
Organisation	A consortium of organisations, led by the Australian Drug Foundation.
Description	Funded by the National Illicit Drug Strategy, the Australian Drug Information Network site aims to provide and maintain links to a comprehensive range of information on the Internet regarding alcohol and other drugs. Interested organisations and individuals can search, receive and share current relevant information on licit and illicit drug issues.

A2.2

Alcohol and other Drugs Council of Australia (ADCA)

Description	Funded by the National Drug Strategy, ADCA is an independent organisation with the role of representation and advocacy on behalf of the alcohol and drug field. It maintains a comprehensive library on the subject, located in Canberra, which participates in inter-library loan services. Their website has a listing of up-coming conferences and contains links to many other relevant sites, both within Australia and overseas.
Contact	17 Napier Close DEAKIN ACT 2600 P O Box 269 WODEN ACT 2606 Telephone: 02 6281 0686; Facsimile: 02 6281 0995; Email: adca@adca.org.au Internet: www.adca.org.au

A2.3

Website of the National Drug Strategy

Internet/web address	www.nationaldrugstrategy.gov.au or www.health.gov.au/pubhlth/nds
Organisation	Commonwealth Department of Health and Aged Care
Description	Contains information on the Commonwealth Government's National Drug Strategy, including copies of many publications about illicit drugs resulting from the work of the National Drug Strategy. The web page < www.health.gov.au/pubhlth/nds/resources/links.htm > contains links to numerous other sites with information about illicit drug use.
Contact	Population Health Division GPO Box 9848 CANBERRA ACT 2601 Telephone: 02 6289 1555

A2.4

Publication	<i>National Drug Strategic Framework 1998–99 to 2002–03: Building Partnerships, A strategy to reduce the harm caused by drugs in our community.</i>
Reference	Ministerial Council on Drug Strategy 1998, <i>National Drug Strategic Framework 1998–99 to 2002–03: Building Partnerships, A strategy to reduce the harm caused by drugs in our community</i> , AusInfo, Canberra.
Purpose	To present the National Drug Strategy’s plan for minimising the harm caused by drugs in Australia.
Description	This document presents a shared vision, a framework for cooperation and a basis for coordinated action to reduce the harm caused by drugs in Australia.
Access	Available on the Internet < www.health.gov.au/pubhlth/nds/ndsf/index.htm >.

A2.5

Social Science Data Archives (SSDA)

Organisation	Australian National University .
Description	The SSDA collects and preserves computer-readable data resulting from research by academic, government and private organisations and individuals. The Archives maintains this extensive library of data relating to social, political and economic affairs and endeavours to make all datasets available to interested users for further analysis. A comprehensive list of available studies can be accessed from their website. The SSDA will assist inquirers to locate the best available data sources regarding their field of interest.
Contact	Social Science Data Archives Research School of Social Sciences Institute of Advanced Studies The Australian National University CANBERRA ACT 0200 Telephone: 02 6125 4400 Facsimile: 02 6125 4722 Email: ssda@anu.edu.au Internet: www.anu.edu.au (follow the links ‘Discover ANU’ then ‘University Websites’)

A2.6

Publication	<i>Current state of research on illicit drugs in Australia: An information document</i>
Reference	Hando, J., Hall, W., Rutter, S. & Dolan, K. 1999, <i>Current state of research on illicit drugs in Australia: An information document</i> , National Health and Medical Research Council, Canberra.
Purpose	To summarise current research on illicit drug use, as background information to a workshop on funding priorities.
Description	A description of research into illicit drug use in Australia, both national and regional, conducted from 1989 to 1999. Information was collected through questionnaires completed by known researchers and funding bodies in the field.

A2.7

Publication	<i>Illicit Drug Use in Australia: Epidemiology, Use Patterns and Associated Harm</i>
Reference	Darke, S., Ross, J., Hando, J., Hall, W. & Degenhardt, L. 2000, <i>Illicit Drug Use in Australia: Epidemiology, Use Patterns and Associated Harm</i> , Commonwealth Department of Health and Aged Care, Canberra.
Purpose	To provide an evidence base for a proposed education and information campaign. Analyse known information about the epidemiology, use patterns and associated harms of specific illicit drugs.
Description	Comprehensive analysis of current Australian data. Lists the mental and physical harms which have been shown to be associated with each type of drug and gives detailed references to the research on which the statements are based.

A2.8

Publication	<i>Statistics on drug use in Australia 2000</i>
Reference	Millar, M. & Draper, G. 2001, <i>Statistics on drug use in Australia 2000</i> , AIHW Cat. no. PHE 30 (Drug Statistics Series No. 8), Australian Institute of Health and Welfare, Canberra.
Purpose	To analyse drug-related data in a manner consistent with the aims and themes of the National Drug Strategy.
Description	A compilation and analysis of data from the 1998 National Drug Strategy Household Survey and other data sources.
Access	Available on the Internet at < www.aihw.gov.au/publications/health.html >.
Related publications	Eight other similar reports have been produced between 1985 and 2000, originally titled <i>Statistics on Drug Abuse in Australia</i> , by the Commonwealth Department of Human Services and Health.

A2.9

Publication	<i>The quantification of drug-caused mortality and morbidity in Australia, 1998</i>
Reference	Ridolfo, B. & Stevenson, C. 2001, <i>The quantification of drug-caused mortality and morbidity in Australia, 1998</i> , Drug Statistics Series No. 7, Australian Institute of Health and Welfare, Canberra.
Purpose	To estimate the number of deaths, person-years of life lost, hospital episodes and bed days caused by alcohol, cigarettes and illicit drugs in Australia during 1998.
Description	<p>This report presents aetiological fraction estimates attributing deaths and hospital separations resulting from a range of specific illnesses and injuries to alcohol, tobacco and illicit drugs. Also presented here are estimates of 1998 mortality and 1997–98 hospital separations attributable to alcohol, tobacco and illicit drugs.</p> <p>The fractions represent a revision of the fractions originally presented by Holman et al. (1990) and later revised by English et al. (1995). The work by English et al. contains an analysis of published literature on the effects of alcohol, cigarettes and illicit drugs on different diseases and injuries, and details the methods used to establish aetiological fractions of deaths and morbid events caused by alcohol, cigarette smoking and illicit drugs in Australia.</p>
Access	Available on the Internet < www.aihw.gov.au/publications/health.html >.
Related publications	<p>English, D. R., Holman, C. D. J., Milne, E., Winter, M.G., Hulse, G. K., Codde, J. P., Bower, C. I., Corti, B., de Klerk, N., Knuiman, M. W., Kurinczuk, J. J., Lewin, G. F. & Ryan, G. A. 1995, <i>The quantification of drug-caused morbidity and mortality in Australia, 1995 edition</i>, Parts 1 and 2, Commonwealth Department of Human Services and Health, Canberra.</p> <p>Holman, C. D. J., Armstrong, B. K., Arias, L. N., Martin, C. A., Hatton, W. M., Hayward, L. D., Salmon, M. A. Shean, R. E. & Waddell, V. P. 1990, <i>The Quantification of Drug-caused Morbidity and Mortality in Australia 1988</i>, Parts 1 and 2, Commonwealth Department of Health, Housing, Local Government and Community Services, Canberra.</p>

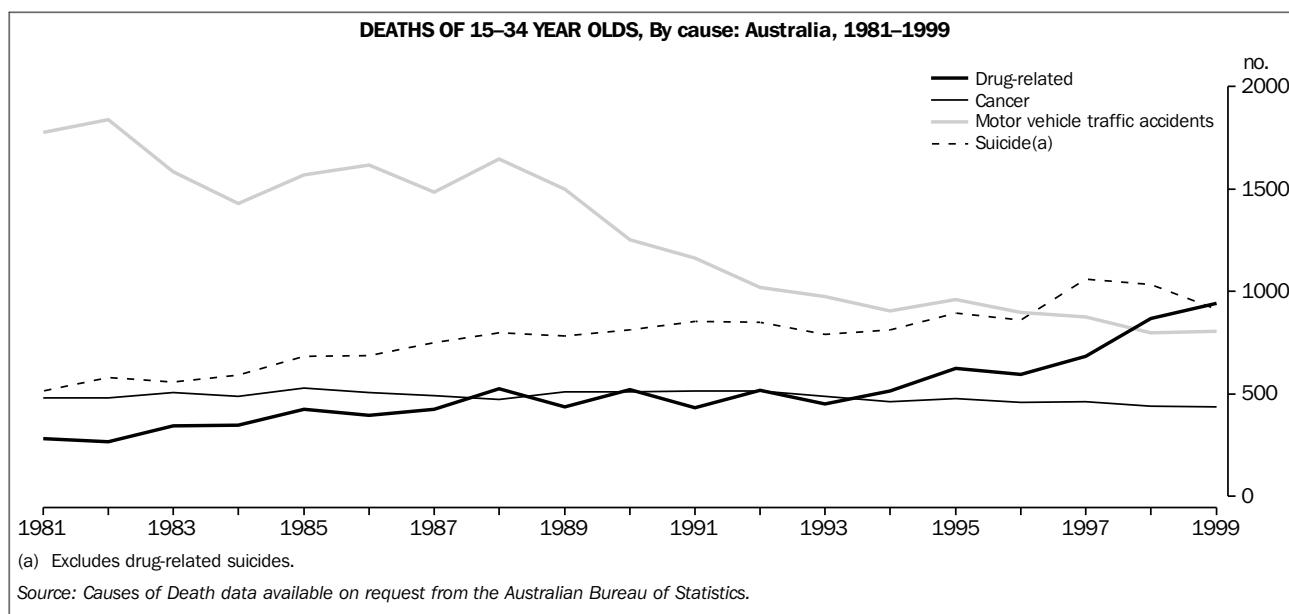
APPENDIX 3

INTERNATIONAL CLASSIFICATION OF DISEASES

INTRODUCTION

The World Health Organization (WHO) International Classification of Diseases (ICD) is used to code illness and death to produce Australia's morbidity and mortality statistics. This appendix provides a guide to the ICD-9 and ICD-10 codes which are of interest to researchers and analysts interested in illnesses and deaths attributed directly to the use of illicit drugs. Tables of relevant ICD codes are provided to illustrate the lack of specificity which restricts the information pertaining to individual illicit drugs.

Example of available data



MORBIDITY

The modified versions of ICD used by hospitals for morbidity coding are known as ICD-9-CM (9th Revision, Clinical Modification) and ICD-10-AM (10th Revision, Australian Modification). The structure of these classifications is very similar to that used for mortality coding, but is not necessarily directly comparable. The broad issues identified below for mortality coding will generally apply to morbidity coding as well.

MORTALITY

All deaths registered from 1979 to 1998 have been coded by the Australian Bureau of Statistics (ABS) to ICD-9, with previous editions being used for deaths prior to 1979. Deaths registered from 1 January 1997 have been coded using the tenth revision, ICD-10. Deaths registered in 1997 and 1998 were dual coded in both ICD-9 and ICD-10 to enable the production of comparability factors between the two series.

MORTALITY *continued*

For drug-related deaths, the ICD does not focus on the identity of the drug(s) involved, but rather on the circumstance of the death. For example, deaths that were determined to be directly caused by drug use could be classified as being due to external causes (e.g. assault, accident, or suicide) or due to mental or behavioural disorders associated with drug use. As a result of this different focus, the codes assigned may not be unique to any specific drug. For example, in ICD-9, all deaths for which the underlying cause was psychosis due to drug use (whether opioids, amphetamines, barbiturates or other drugs) were coded to 292.

The following tables illustrate the lack of specificity in the ICD codes. In particular, they illustrate the extent to which specific ICD codes can be used to identify individual drugs. This will vary depending on the nature of the death. The tables do not include all the codes, either in ICD-9 or ICD-10, required to identify all drug-related deaths (e.g. in the graph above). Rather they highlight the types of drugs which are relevant to this publication.

Researchers and analysts wishing to obtain data on drug-related deaths from the Causes of Death collection or the National Mortality Database may be guided by the tables. However, to identify the full set of codes most relevant to their requirements, researchers should consult the ICD manuals and/or the experts at ABS or AIHW.

GUIDE TO ICD CODES
APPLICABLE TO DEATHS
FROM ILLICIT DRUGS

Table A3.1 presents the ICD-9 codes used to classify deaths in Australia which are directly caused by selected groups of drugs including illicit drugs. If evidence of more than one drug was found in the body, the combination codes would be used rather than the more specific codes.

Table A3.2 presents the equivalent codes for ICD-10. Further detail is provided on mental and behavioural disorders by a fourth character which indicates the type of substance use, such as dependence, harmful use, psychosis or withdrawal for those deaths.

The table also presents a list of poison codes which are used to provide further detail on the drug-related deaths coded to an external cause. If more than one drug is found in the body, more than one poison code is assigned. Although ICD-10 does not have a unique poison code for all drugs, many drugs of interest can be identified by cross-tabulating the data using the appropriate external cause code and the poison code. For example, if a coroner determined a death to be an accidental heroin overdose, the death would be assigned ICD codes: X42 (accidental poisoning) and T40.1 (poisoning by heroin). In ICD-10, codes for external causes are presented in Chapter XX while poison codes are in Chapter XIX.

Table A3.3 provides a code descriptor for each of the ICD-10 codes mentioned in Table A3.2, to clarify the classification. Further details of the ICD-10 codes are available from the three volumes of the publication *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*, published in 1992, 1993 and 1994 by WHO.

A3.1 ICD-9 CODES FOR DEATHS CAUSED BY SELECTED DRUGS

Drug type	Example/common name	Dependence	Mental and behavioural disorders	
			Non-dependent abuse	Psychoses
Multiple drug use	—	3047, 3048	3059	292
Cannabis	Grass, Hashish, Pot	3043	3052	292
Cocaine	Coke, Crack, White lady	3042	3056	292
Hallucinogens	LSD, Mescaline, Psilocybin	3045	3053	292
Opioids	Heroin, Morphine, Codeine	3040, 3047	3055	292
Psychostimulants	Amphetamine, Ecstasy	3044	3057	292
Barbiturates	Barbs, Phenobarbitone	3041	3054	292
Tranquillisers/sedatives	Benzodiazepine, Valium, Serepax	3041	3054	292

A3.1 ICD-9 CODES FOR DEATHS CAUSED BY SELECTED DRUGS *continued*

Drug type	Example/common name	External causes (poisoning)			
		Assault	Accident	Suicide	Undetermined intent
Multiple drug use	—	E9620	E8588 (a)	E9504 (a)	E9804 (a)
Cannabis	Grass, Hashish, Pot	E9620	E8541	E9503	E9803
Cocaine	Coke, Crack, White lady	E9620	E8552 (b)	E9504 (c)	E9804 (c)
Hallucinogens	LSD, Mescaline, Psilocybin	E9620	E8541	E9503	E9803
Opioids	Heroin, Morphine, Codeine	E9620	E8500	E9500 (d)	E9800 (d)
Psychostimulants	Amphetamine, Ecstasy	E9620	E8542	E9503	E9803
Barbiturates	Barbs, Phenobarbitone	E9620	E8519	E9501	E9801
Tranquillisers/sedatives	Benzodiazepine, Valium, Serepax	E9620	E852, E853	E9502, E9503	E9802, E9803

(a) From 1997, deaths from multiple drug use were coded to E8588 (accident), E9504 (suicide), or E9804 (undetermined). Prior to this, only the first mentioned drug on the medical certificate was coded.

(b) Included with local anaesthetics.

(c) Included with other specified drugs and medicaments.

(d) Included with analgesics, antipyretics and antirheumatics.

A3.2 ICD-10 CODES FOR DEATHS CAUSED BY SELECTED DRUGS

Drug type	Example/common name	Mental and behavioural disorders(a)	External causes (poisoning)				Poison codes
			Assault	Accident	Suicide	Undetermined intent	
Multiple drug use(b)	—	F19	X85	X44	X64	Y14	—
Cannabis	Grass, Hashish, Pot	F12, F19	X85	X42, X44	X62, X64	Y12, Y14	T40.7
Cocaine	Coke, Crack, White lady	F14, F19	X85	X42, X44	X62, X64	Y12, Y14	T40.5
Hallucinogens	LSD, Mescaline, Psilocybin	F16, F19	X85	X42, X44	X62, X64	Y12, Y14	T40.8, T40.9
Opioids	Heroin, Morphine, Codeine	F11, F19	X85	X42, X44	X62, X64	Y12, Y14	T40.0-T40.4, T40.6
Psychostimulants	Amphetamine, Ecstasy	F15, F19	X85	X41, X44	X61, X64	Y11, Y14	T43.6, T43.8, T43.9
Barbiturates	Barbs, Phenobarbitone	F13, F19	X85	X41, X44	X61, X64	Y11, Y14	T42.3
Tranquillisers/sedatives	Benzodiazepines, Valium, Serepax	F13, F19	X85	X41, X44	X61, X64	Y11, Y14	T42.4, T42.6, T42.7, T43.3, T43.5

(a) A fourth character will give the type of substance use e.g. dependence, harmful use, psychoses.

(b) Includes deaths from multiple drug use involving a combination of drugs from different categories e.g. opiate and tranquilliser.

A3.3 ICD-10 CODE DESCRIPTORS

<i>Cause of death</i>	<i>ICD-10 code</i>
MEDICAL CONDITIONS	
Mental and behavioural disorders due to use of	
Opioids	F11
Cannabinoids	F12
Sedatives or hypnotics	F13
Cocaine	F14
Other stimulants including caffeine(a)	F15
Hallucinogens	F16
Multiple drug use and use of other psychoactive substances	F19
EXTERNAL CAUSES	
Accidental poisoning by and exposure to	
Antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs n.e.c.	X41
Narcotics and psychodysleptics (hallucinogens) n.e.c.	X42
Other and unspecified drugs, medicaments and biological substances	X44
Intentional self-poisoning by and exposure to	
Antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs n.e.c.	X61
Narcotics and psychodysleptics (hallucinogens) n.e.c.	X62
Other and unspecified drugs, medicaments and biological substances	X64
Assault by drugs, medicaments and biological substances	X85
Event of undetermined intent by poisoning and exposure to	
Antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs n.e.c.	Y11
Narcotics and psychodysleptics (hallucinogens) n.e.c.	Y12
Other and unspecified drugs, medicaments and biological substances	Y14
POISONS	
Poisoning by narcotics and psychodysleptics (hallucinogens)	
Opium	T40.0
Heroin	T40.1
Other opioids	T40.2
Methadone	T40.3
Other synthetic narcotics	T40.4
Cocaine	T40.5
Other and unspecified narcotics	T40.6
Cannabis (derivatives)	T40.7
Lysergide (LSD)	T40.8
Other and unspecified psychodysleptics (hallucinogens)	T40.9
Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs	
Barbiturates	T42.3
Benzodiazepines	T42.4
Other antiepileptic and sedative-hypnotic drugs	T42.6
Antiepileptic and sedative-hypnotic drugs, unspecified	T42.7
Poisoning by psychotropic drugs, n.e.c.	
Phenothiazine antipsychotics and neuroleptics	T43.3
Other and unspecified antipsychotics and neuroleptics	T43.5
Psychostimulants with abuse potential (a)	T43.6
Other psychotropic drugs, n.e.c.	T43.8
Psychotropic drug, unspecified	T43.9

(a) Includes amphetamines and ecstasy.

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