

**SUBMISSION FOR HOUSE OF REPRESENTATIVES STANDING
COMMITTEE: SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES
BRISBANE YOUTH SERVICE**

Introduction

Brisbane Youth Service (BYS) consists of a multi-disciplinary team providing health and welfare services to homeless and "at-risk" young people, age 12 - 25 in the inner city area of Brisbane.

BYS currently employs two specialist drug treatment workers as well as a full-time HIV support worker and part-time HIV community artist and a full-time Hepatitis C support worker. We operate a needle exchange program, conduct regular peer support programs, regarding drug use, Hepatitis C, HIV and sexual health and currently employ eight young people via a Brisbane City Council initiative to conduct regular needle sweeps of our local area. Additionally, the medical clinic within BYS, which employs a full-time nurse and two sessional doctors expends much of its resources on health resources on drug related health issues.

Despite all of these specialist drug related services, the impact of drug and alcohol use within the target group who utilise BYS is so substantial that all workers are required to respond to this issue within much of their daily interaction with the young people they work with. Generalist youth workers, family workers, the housing worker, activity workers and other health workers are regularly required to respond to issues regarding; overdose and overuse, managing intoxication within the agency, drug induced mental health concerns including psychosis, withdrawal, occupational health and safety regarding unsafe disposal of drug paraphernalia, as well as many other social, occupational, legal and financial impacts of drug use.

In order to maintain appropriate information regarding our client groups drug use, the drug treatment workers at BYS conduct a bi-annual survey of a sample of young people who access the service. In response to the call for submissions it was decided that the results of the last of these surveys would be the most appropriate document to submit. The following report was compiled from data collected in October 1999, with reference to past results and we believe it suggests the extent and severity of this issue within the young people we work with.

We believe that whilst there are many services that are currently working extremely hard to respond to this issue within our community there continues to be many gaps in the availability of appropriate and accessible options largely due to a lack of adequate funding of services. We believe that there needs to be a stronger commitment, across all sectors of the community, especially the three levels of government, to ensuring that a larger variety of flexible, realistic and socially just, options exist if we are ever to respond to this issue adequately.

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Demographic Information

Total Sample: 51

(Note: The following data is presented in frequencies)

Gender;

| | |
|--------------|----|
| Female: | 25 |
| Male: | 24 |
| Transgender: | 1 |
| Missing: | 1 |

Age;

| | |
|--------------|----|
| 12-15 years: | 5 |
| 16-20 years: | 30 |
| 20-25 years: | 14 |
| Missing: | 2 |

Sexual Preference;

| | |
|-----------------|----|
| Gay or Lesbian: | 1 |
| Straight: | 42 |
| Bi-Sexual: | 7 |
| Missing: | 1 |

Income;

| | |
|-------------------------|----|
| Centrelink Unemployed: | 17 |
| Centrelink Study: | 7 |
| Centrelink Homeless: | 8 |
| Centrelink Disability: | 5 |
| Centrelink Sole Parent: | 5 |
| Employed P/T: | 2 |
| No Income: | 3 |
| Centrelink & P/T: | 3 |
| Missing: | 1 |

Accommodation

| | |
|-------------|----|
| Streets: | 12 |
| Squat: | 2 |
| Friends: | 9 |
| B/House: | 2 |
| Private: | 24 |
| Youth Shel: | 2 |

Children

| | |
|--------------------|----|
| No. with Children: | 12 |
| No Children: | 38 |
| Missing: | 1 |

Parents/Growing Up

Parental Drug Use:

Yes: 28
No: 22
Missing: 1

Living With Parents:

Yes: 31
No: 6
Missing: 14

What drugs did parents use?

Of the 28 young people who reported their parents using substances while they were growing up, 24 further reported which drugs were used. Ten reported that their parents used marijuana, 3 used heroin, 3 used speed, 2 pills, 1 cocaine, 1 acid and 2 responded that their parents used a "variety" of drugs. Additionally, 10 indicated that their parents drank alcohol, however this was not specified regarding level of consumption.

Comments about family and/or growing up?

When asked about how they think their family & growing up experiences affected their current use of drugs, lots of the young people did not answer. Of those who did, the vast majority gave negative responses or examples, these included themes of;

REBELLING

"Being different" (20-25 female)

"My family were so straight it was the easiest way to rebel"

(16-20 female)

FAMILY DRUG USE/ADDICTION

"My mothers side are all alcoholics" (16-20 female)

"Family used pot and hammer" (20-25, male)

"My dad's alcoholism and my mothers gambling" (16-20 female)

"I hate drinking" (20-25 male)

NEGLECT/ABUSE

"They didn't give a fuck about me" (16-20 female)

"Dickhead step-father" (20-25 male)

"Ruined your life and fucked-up your brain" (16-20 female)

"I use drugs to forget what my parents did to me" (16-20 female)

"Broken home and put-downs" (16-20 female)

"Sexual abuse" (12-15 female)

It is important to note that whilst most of the answers indicate some degree of trauma, this is often not the all encompassing reason for young people's drug use. We could surmise that many of those who chose not to answer did not find this question relevant as they do not link their current drug use to past family experiences;

"Nothing to do with my family" (16-20 female)

Peer Perception of Change in Young People Using Drugs

The young people in this survey were asked to report their perception regarding changes they have noticed in the last twelve months among young people and drug use. Consistent with the results of the previous two surveys, their answers revolved around the decreasing age of drug users;

"they go heavier, faster" (female, 16-20);

"younger kids using needles" (male, 16-20)

"more smack addicts and younger" (female 16-20)

"younger intravenous use" (male 20-25)

the increased intensity of young peoples drug use;

"they take them far too seriously" (male, 16-20)

"its gone from pot smokers to hard core users" (female 16-20)

that the attitude/emotional state of many users was increasingly negative.

"everyone seems unhappier and more shit seems to be going down" (female 16-20)

"moods and health get hell bad" (female 12-15)

"laziness, dumb and stupidity" (male 16-20)

*"don't care about themselves emotionally and are putting themselves in dangerous situations
(female 16-20)*

and that physical problems were evident;

"that everyone is dying" (male 16-20)

"overdosing" (female, 16-20)

"more people I know dying on a regular basis from OD" (male, ?)

Several also commented on the increased availability of many drugs and the decreasing quality.

"drugs aren't as clean, heaps of shit street gear" (female 16-20)

"more hammer and whizz going around" (male, 20-25)

Use of Drugs

(Note: The following data, unless otherwise specified is presented in percentages of the sample)

Drugs Ever Used

| Drug Category | Percentage Oct 1999 | March 1999 | August 1998 | 1994 |
|------------------------|---------------------|------------|-------------|------|
| Tobacco | 90.2 | 98 | 98 | N/A |
| Alcohol | 88.2 | 96 | 94 | 94 |
| Pot/Hash | 86.3 | 96 | 98 | 88 |
| Pills - prescribed | 66.7 | 72 | 74 | 44 |
| Pills - not prescribed | 37.3 | 50 | 56 | N/A |
| Base Speed | 56.9 | 82 | 82 | 62 |
| Other Speed | 58.8 | | | |
| Heroin | 56.9 | 60 | 62 | 40 |
| Trips/Acid/Mushies | 66.7 | 74 | 80 | 56 |
| Ecstasy | 27.5 | 40 | 36 | 32 |
| Paint | 33.3 | 38 | 40 | 28 |
| Other Inhalants | 37.3 | | | |
| Cocktails | 25.5 | 34 | 40 | 36 |
| Methadone | 19.6 | 28 | 34 | N/A |
| Crack-Cocaine | 13.7 | 6 | N/A | N/A |

The current survey indicates that no major changes have occur regarding types of drugs ever used, if anything, the results for many categories appear to have decreased slightly. It is difficult to compare rates of both speed use and inhalant use as the current survey chose to separate these categories to make the instrument more sensitive to current reports of increasing availability of "base" speed and the use of "paint" as opposed to other inhalants by many of the young people accessing BYS.

Drugs Used Now

| Drug Category | Percentage Oct 1999 | March 1999 | August 1998 | Ever Used Oct 99 |
|---------------------------|------------------------|---------------|-------------|---------------------|
| Tobacco | 90 | 98 | 92 | 90.2 |
| Alcohol | 64 | 78 | 70 | 88.2 |
| Pot/Hash | 66 | 76 | 78 | 86.3 |
| Pills - prescribed | 30 | 36 | 40 | 66.7 |
| Pills - not prescribed | 10 | 16 | 22 | 37.3 |
| Base Speed | 44 | 46 | 56 | 56.9 |
| Other Speed | 28 | | | 58.8 |
| Heroin | 32 | 36 | 46 | 56.9 |
| Trips/Acid/Mushie s | 30 | 36 | 54 | 66.7 |
| Ecstasy | 12 | 18 | 22 | 27.5 |
| Paint | 6 | 18 | 12 | 33.3 |
| Other Inhalants | 6 | | | 37.3 |
| Cocktails | 12 | 16 | 18 | 25.5 |
| Methadone | 12 | 14 | 20 | 19.6 |
| Crack-Cocaine | 2 | N/A | N/A | 13.7 |

These results suggest a small, general decrease in the use of all categories of drugs in the sample of young people who completed the survey. As with the previous table, it is difficult to compare both speed and inhalant use, in regard to the previous surveys. However it would appear that speed is the one drug within which use has remained constant, if not increased.

Despite the apparent decrease, it is important to note that alcohol is the only category within which the decrease is over 10% (14%) and accordingly, the significance of these changes may be transitory and of little significance.

Finally, as noted in the two previous reports, "ever used" and "current use" are very separate results in this survey, indicating the importance of requesting young people separate these two issues.

Frequency of Current Drug Use

Note: Empty table cells denote no subjects reporting in this category.

Due to difficulties in quantifying some of the young peoples description of frequency, general categories have been used and some assumptions were made in summarising the responses given.

“Very often” = at least once per day
 “Often” = at least once per week
 “Sometimes” = at least once every three months
 “Rarely” = at least once per year

| Drug Category | Frequency of Use | | | | Comments |
|------------------------|------------------|-------|-----------|--------|---|
| | V. Often | Often | Sometimes | Rarely | |
| Tobacco | 83.7 | 4.1 | 2 | | |
| Alcohol | 15.7 | 19.6 | 19.6 | 3.9 | |
| Pot/Hash | 36.7 | 18.4 | 4.1 | 6.1 | Highest % for illicit daily users. |
| Pills - prescribed | 6.1 | 6.1 | 6.1 | 10.2 | |
| Pills - not prescribed | 2 | | 2 | 4.1 | Quite low 2% = 1 y.p. |
| Base Speed | 14.6 | 16.7 | 6.3 | 4.3 | Quite high daily use. Signif of separating types/dual reporting? |
| Other Speed | 12.5 | 4.2 | 8.3 | | |
| Heroin | 8.2 | 12.2 | 8.2 | 2 | These results would suggest a low rate of dependence |
| Trips/Acid/Mushies | | 4.1 | 10.2 | 16.3 | Homeless v other samples of y.p. I.E. these are often classified as Y.P. drugs. |
| Ecstasy | | 4.1 | 2 | 6.1 | |
| Paint | 2 | 2 | | | Short-term “fad” drug? Signif of separating types? |
| Other Inhalants | | 2 | | 2 | |
| Cocktails | 2 | 2 | 2 | 4.1 | |
| Methadone | 8.2 | | | 2 | Either program or v. min. access/use? |

Drugs of Choice

The young people were asked to report their favorite drugs in order of preference, 41 provided responses and the following table presents the frequency of responses for each of the drugs included in the first three drugs of choice;

| <u>Drug Type</u> | <u>Favorite</u> (n=41) | <u>2nd Favorite</u> (n=20) | <u>3rd Favorite</u> (n=13) |
|------------------|---------------------------|---------------------------------------|--|
| Heroin | 12 | 4 | 0 |
| Speed | 5 | 7 | 3 |
| Marijuana | 15 | 2 | 1 |
| Pills | 0 | 2 | 4 |
| Alcohol | 2 | 2 | 2 |
| Tobacco | 5 | 2 | 3 |
| Cocaine | 2 | 1 | 0 |

These are interesting results when compared with the drugs currently used and frequency tables. Of particular significance is the high preference rating for heroin, yet high use of speed. This may indicate some comment on the availability of drug types in regard to price and access as well as the high opportunistic drug use for this target group.

Reasons for Drug Use

| <u>Reason</u> | <u>Percent.</u> <u>Yes</u> |
|----------------|-------------------------------|
| Fun | 54.9 |
| Relaxation | 62.7 |
| Stress relief | 54.9 |
| To be sociable | 25.4 |
| To cope | 31.3 |
| Boredom | 29.4 |

| <u>Reason</u> | <u>Percent.</u> <u>Yes</u> |
|-----------------------|-------------------------------|
| To escape from pain | 35.2 |
| Habit | 41.1 |
| It feels good | 43 |
| Because everyone does | 3.9 |
| To feel normal | 25.4 |
| To be more confident | 19.6 |

Other qualitative responses included were:

“To block out this fucked-up world”

“Cope with moods”

“Increase libido”

“Can’t say no”

“To be content”

Its important to note that whilst “escaping from pain” and “habit” were both high scoring reasons, the singular highest reason was “relaxation” with “fun” also scoring very high. Additionally, very few young people responded yes to the category most directly related to peer-pressure; “because everyone does”.

Route of Use

| Route/Meth od | Percentage |
|------------------|------------|
| Smoke | 89.6 |
| Snort | 20.8 |
| Swallow | 50 |
| Inject | 53.1 |
| Shaft/Stuff | 6.3 |

These percentages would indicate that many of the young people involved in this survey, representing the target group of young homeless people, are frequently either being initiated to drug use via injecting methods or making the transition to injecting from other methods of use very quickly.

Injecting

| Age (yrs) When First Injected | Percentag e |
|----------------------------------|----------------|
| Under 8 | 2 |
| 8-11 | 5.9 |
| 12-15 | 39.2 |

| Source of Initiation | Percentag e |
|-----------------------------|----------------|
| Friend (include partner) | 41.2 |
| Parent | 3.9 |
| Self | 7.8 |
| Sibling | 3.9 |

Types of Drugs Injected and Number of Y.I
Heroin 18, Speed 17; Pills/Tamazepam 2, Co

Sharing

| Question Asked | Percentage | March 99 |
|------------------------------------|--------------------|----------|
| Have Shared Needles/Syringes | 39.2 | 28 |
| Have shared other Injecting Equip. | 27.5 | 20 |
| Went first when shared | 10 | N/A |
| Went second when shared | 16 | N/A |
| Have shared first & second | 18 | N/A |
| Would share in Future | 6.4 "Maybe" 2.1 | N/A |

Only three of the young people surveyed gave an answer regarding why or why not they would share injecting equipment in the future;

"I don't want to but I know it will happen when there is only one needle"
(male 12-15)

"Cause sometimes you need it and you can't get a kit" (female 12-15)

"unsafe, I have Hep. C" (female 16-20)

Physical Health

Hepatitis C:

Percentage Tested; 83%

Diagnosed Positive; 26.7%

HIV:

Percentage Tested; 77.8%

Diagnosed Positive; 0%

As 53% of young people surveyed reported ever injecting; approximately 50% of IDU reported positive Hep C diagnosis which is a very high percentage.

The high percentage of those having ever been tested is very positive however, it is important to note that this does not incorporate any information about how recently they have been tested and therefore, how current their diagnosis information is.

Physical Problems from Injecting; 44.9% (yes response)

Some young people further specified the "types" of problems experienced:

| | | |
|--------------|----------------------|---------------------|
| Bruising: 16 | Blood Clots: 4 | Lumps under skin: 3 |
| Sores: 7 | Rashes: 5 | Collapsed Veins: 7 |
| Overdose: 9 | Loss of Sensation: 1 | |

As 53% of the young people surveyed reported ever injecting, approximately 85% of IDU have had physical problems as result of injecting. This is a very high rate and

definitely indicates that information regarding safer using/injecting continues to be in demand.

Drugs & Money

Money Per Week on Drugs (\$)

| | | | | | | | | | | | |
|------|------|-------|-------|--------|---------|---------|-----|---------|-----|---------|-----------------|
| Nil | < 10 | 10-25 | 30-50 | 55-100 | 105-150 | 155-200 | 300 | 350-400 | 500 | >= 1000 | "Lots/Too much" |
| 11.9 | 4.8 | 11.9 | 4.8 | 21.5 | 9.6 | 9.5 | 7.1 | 4.8 | 2.4 | 4.8 | 7.1 |

Non "General Income" Sources of Money for Drugs

| Method | Percentage Yes | Female % | Male% | Trans. % |
|-------------------------------|----------------|----------|-------|----------|
| Dealing | 49 | 28 | 66.6 | 100 |
| Sex Work | 11.8 | 16 | 4.1 | 100 |
| Break & Enter/Property Crimes | 39.6 | 24 | 50 | 0 |
| Stealing | 56.3 | 40 | 66.6 | 0 |
| Fraud | 27.7 | 16 | 33.3 | 100 |
| Swapped Sex for Drugs | 12.2 | 16 | 4.1 | 100 |
| Other | 24.4 | 12 | 33.3 | 0 |

Problematic Drug Use/Treatment

| Drug Use Causing Problems | Have sought Help | Help Useful? |
|---------------------------|------------------|------------------------|
| Yes: 39.6 Maybe: 4.2 | 2.1 | Yes: 6.3 Maybe: 6.3 |

Types of Problems Caused By Drugs

The young people surveyed gave an extremely wide variety of problems caused by their drug use, including at least one comment, if not several, pertaining to negative impacts on; health, relationships, accommodation, finances, employment, motivation, legal status and general mental well-being and ability to cope with life. It is important to note however, that only 19 out of the total sample of 51 responded to this question which indicates that many of the young people *may not* find their drug use creates problems in their life.

Types of Help Sought

Out of the total sample of 51, 10 young people reported the types of help they have sought for their drug use (some multiple responses). In these responses, 4 young people mentioned seeing a doctor, 6 have utilised a detox service of some type, 4 have undertaken counselling, 2 have utilised a rehabilitation facility, one mentions N.A and one reports just going "cold-turkey".

What would help?

The young people were also asked what they thought would help and 15 provided answers.

These included changing geographical locations;

"Commune in Nimbin", "Leave Brisbane & go home";

Getting more support from others;

"More support from D & A counsellor"; "Talking"; "Support";

"Understanding and Compassion"

Personal change;

"A new brain"; "Determination"; "Nothing if not ready to stop";

"I helped myself"; "Stop Using"

Access to or new services;

"Methadone detox"; "Naltrexone"; "No help for pot users"

Police/Jail/Law

| <u>Question</u> | <u>Percentage "Yes" Answers</u> |
|---------------------------------------|---------------------------------|
| Hassled by police for drugs? | 68 |
| Fined or Charged for drug use? | 36 |
| Hassled for carrying needles/syringes | 30 |
| Convicted of drug related crime | 24.5 |
| Spent time in jail | 32 |
| Non-Prescription Drug Use in Jail | 12.2 |
| Shared Needle/Syringe in Jail | 2 |
| Attended Drug Courses in Jail | 10.4 |

In general the young people surveyed revealed that they felt targeted and victimised by the police and hold negative attitudes toward the law and the law enforcement personnel.

Many also indicated that they believed marijuana should be legalised.

Info about Drugs

| <u>Info Source</u> | <u>Percentage</u> |
|--------------------|-------------------|
| Experimenting | 63.8 |
| Friends | 70.2 |
| Family | 23.4 |
| School | 14.9 |
| TV/Media | 8.5 |
| Youth Workers | 14.9 |
| None | 2.1 |

Peer Perspectives on Education/Support Needs for Young People

The young people surveyed had a wide variety of suggestions regarding what young people need in regard to drug and alcohol education and support. The vast majority (76.5%) supported the idea of a peer-based education program and suggested that this should include, resuscitation/first aid, safe injecting information/demonstrations, the physical effects of drugs, safe disposal info, legal info, disease info, treatment options and assertiveness training.

Many also suggested that such a training needed to be harm minimisation focused and utilise those people with personal experience.

Finally, many also indicated that they believe more services, particularly access to counselling/support/some to listen/someone to trust, need to be available to young people.