



Nimbin Community Drug Action Team

Auspiced by Nimbin Neighbourhood and Information Centre

Survey of People Who Use Drugs in Nimbin

REPORT

INTRODUCTION

The Nimbin Community Drug Action Team ('CDAT') is comprised of interested community members and service representatives and auspiced by the Nimbin Neighbourhood and Information Centre (NNIC). Nimbin CDAT has a harm-minimisation focus, according to the Terms of Reference developed by the members.

In August 2015 the Nimbin CDAT conducted a survey of **people who use drugs** in the community to inform its work and priorities. 153 valid responses were returned.

Efforts were made to ensure the diversity of drug using communities was represented.

The results have been analysed by the Nimbin CDAT members in order to prepare this report.

It is acknowledged that this was a voluntary survey where the participants were self-selected and there are limitations to the extent to which conclusions can be drawn across the entire community or across any particular drug using communities.

Further, as this was a survey of drug users and not the general community, the results do NOT indicate, for example, rates of use in the community as a whole, but rather the rates of use of various substances among drug users specifically.

Despite these limitations, the survey results are significant in informing the strategic priorities of the Nimbin CDAT, as are set out below in section 4.

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1. METHODOLOGY

Survey Period: the survey was conducted for a period of one month between 1st August and 4th September 2015.

Return rate: a total of 300 surveys were distributed in paper form. 128 were returned, 19 of those being invalid responses (outside of catchment area). Return rate = 36%

44 responses were received from the on line version of the survey (nil invalids).

Total responses: 153

Where and how distributed: paper copies of the surveys were made available at cafes and businesses on Cullen St, as well as the GP Clinic, NNIC and Nimbin NSP.

Additionally, a number of volunteers from specific drug using communities (alcohol, methamphetamines, injecting drug users, poly drug users, hallucinogens) were recruited to target their communities to ensure we received responses from as diverse a representation of drug using communities as possible.

The survey was promoted via the Nimbin Good Times, NNIC website and local social media including Nimbin Hookups.

Collection:

Paper surveys could be returned anonymously at various collection boxes around the village, namely at:

NNIC

NSP

GP Clinic

Nimbin Pharmacy

Nimbin Hemp Embassy

Oasis Café

Reka Café

The volunteers collected the surveys back from those people to whom they distributed them. Those respondents were provided with envelopes into which they could seal their responses to prevent the volunteer collector from being able to read them. Each volunteer marked the sealed envelopes with their signatures before returning them.

Online Qualtrics:

An online version of the survey was made available via Qualtrics. Because we used the free version we were limited in our ability to break down the consolidated data and

cross-match or compare the on-line results.

Comparison of Results:

Results were compared between genders, age groups, categories of drugs used and reasons for drug use, in order to assess any significant commonalities, differences or trends. As stated above, our capacity to do this with the on-line responses was limited by the software we used.

Multiple opportunities were provided for respondents to enter text answers, which the Nimbin CDAT members grouped into themes in order to analyse and compare them.

In some questions participants have entered more than one response. This was common in the questions inviting text answers.

2. DEMOGRAPHICS

Age

Age groups were split into Under 15, 15-20, 21-28, 29-35, 36-45 and over 45 years. The majority (63%) of respondents fell into the over 45 category. This is not surprising given that the over 45 category covered a large age range. However, even when this is taken into account, there is an under-representation of community members in the younger age groups, with no responses at all from under 15s and only 3 from the 15-20 year old age group.

This is a common issue with surveys in the community and is partly a reflection of its overall age demographic, but also indicates a need to do more to engage younger people in these sorts of conversations.

As a result of the underrepresentation of the younger age groups, it was not feasible to draw any meaningful conclusions about use of drugs by age, such as whether younger people were more or less likely to be using certain drugs than older people, for example. (*See Appendices: Fig.4*).

Gender

The spread between males and females was exactly 50/50.

In general, more men than women used all types of drugs.

The most statistically significant exceptions to this were tobacco and antidepressants; in both cases more women used those substances than men. (*See Appendices: Fig. 5*).

Non-users

11 (7%) of the respondents said they did not use any drugs at all. The survey targeted drug users specifically, so this figure cannot be taken to be representative of the percentage of drug users vs non drug users in the community.

People who answered No to Q5 in the survey (*Do you use any of the drugs listed below?*) contributed responses to Q14 and 15 at the end of the survey, only.

3. KEY FINDINGS

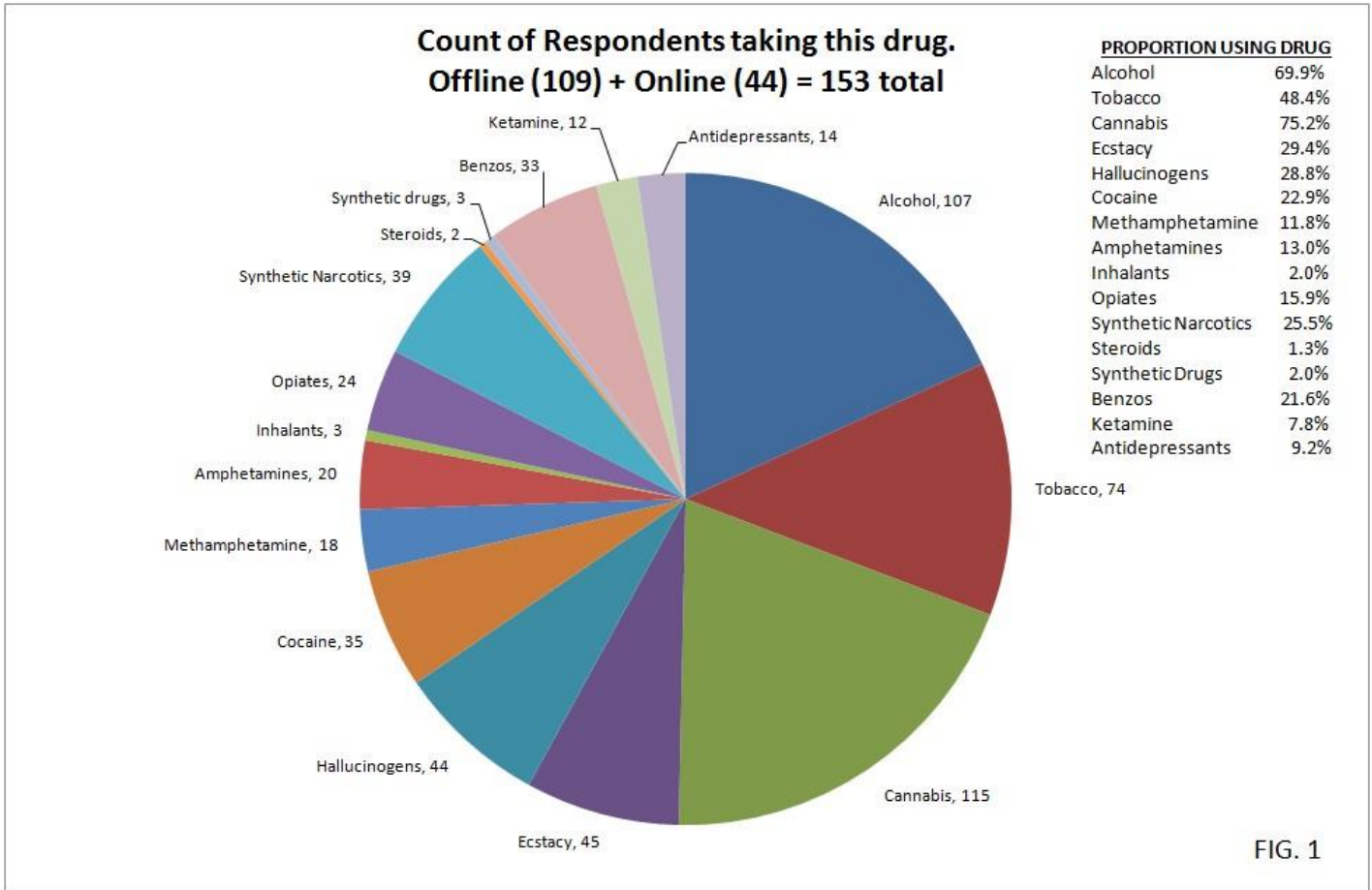
3.1 What drugs and how often?

Cannabis was the most used substance, with 71 respondents (46%), followed by 56 people using tobacco (36%) and 31 (20%) using alcohol, on a daily basis.

The next most commonly used substances on a daily basis were synthetic narcotics (10) and antidepressants (8).

A further 26 used alcohol and 17 used cannabis (but only 3 used tobacco) a few times a week.

Similarly, the most used substance across all levels of use (i.e. from daily to occasional use) was cannabis (75.2%), followed by alcohol (69.9%) and tobacco (48.3%). (*Fig. 1 below*)



There is a strong link between tobacco and cannabis use since tobacco is commonly blended with cannabis in order to smoke it. Only 2 respondents identified that they used a vaporizer to consume cannabis. Around 33% of cannabis smokers stated that they do not use tobacco. Only 3 tobacco users indicated they used a few times a week or less.

Given the health risks and addictiveness of tobacco the high rates of tobacco use in the community is of concern.

The top three occasionally used substances were hallucinogens (39), ecstasy (38), and cocaine (30), followed by synthetic narcotics (24), amphetamines (18) and methamphetamines (13). Only 1 respondent used methamphetamines on a daily basis, and 1 respondent used a few times a week.

In summary, cannabis, alcohol and tobacco are the most used substances by a significant margin, compared to all the other substances listed.

3.2 Finding Help

Of those who answered this question (126), 12% of respondents stated they did not know where to get help if they needed it. Although it is pleasing that the other 88% do know where to get help, it is essential that everyone knows where to get help if they need it.

3.3 Injecting Drug Users – sterile equipment

17 people identified that they inject drugs in Q8, but 24 people answered Q9 regarding injecting equipment. It is of concern that, despite the availability of clean injecting equipment on a 24 hour basis at the NSP (vending machine after hours), of the 24 respondents who answered Q9, 3 of them said they do not use new or sterile injecting equipment.

3.4 Why do people take drugs?

Relaxation: 73
Fun/enjoyment: 39
Addiction/habit: 21
Recreation/social: 15
Boredom: 10

Medicinal – pain relief, PTSD, anxiety, stress, terminal illness, migraines, sleep disorder: 70

Other: 'shamanic/spiritual purposes', 'for sanity', 'it is my right'.

3.5 Do you think you have a drug problem?

16% of all respondents stated that their drug use is a problem for them.

Of those people, the problems they identified were as follows:

- Addiction/dependence/overuse 9
- Health issues 8
- Financial/cost 8
- Drug laws/swabs - criminalisation 7
- Social isolation/stigma 7
- Supply/availability 2
- Makes me feel bad about myself 2

It is possible that some users may not recognise they have a substance abuse problem as may be indicated by some of the following results.

3.5.1 Poly drug use

The survey invited respondents to indicate which drugs they used and how often from a long list of substances which included tobacco and alcohol.

Cannabis users were the least prone to poly substance use (averaging 3.95 other types of drugs). Many poly drug users, however, also use cannabis

People using inhalants, steroids, and synthetic drugs were the most prone to poly substance use. However, the number of respondents were low in the case of all three of those user groups (inhalants: 3, steroids: 2 and synthetics 3).

Of those who said they regularly (i.e. at least monthly) used four substances or more (19 people = 12.5% of respondents), only 8 people stated that they may have a drug problem – with one of these stating the problem was lack of availability of drugs.

It is concerning that some regular poly drug users, especially those in the higher ranges, do not necessarily think they have a problem with drugs. This also raises the issue of mixing substances and the effect this may have on the way the substances work compared to if they are taken on their own.

3.5.2 Medicinal use of drugs

70 respondents stated they use drugs for medicinal purposes = 46%

Of these, 13 stated they used drugs prescribed by a GP.

Of the other 57, they said they used drugs for

- Pain relief: 46
- Anxiety/stress/PTSD/depression: 9
- Help with sleep: 2
- Terminal illness: 2
- Migraines: 2

It is noteworthy that the average number of drugs used by the 9 (off-line) respondents who indicated they used antidepressants (most via prescription), was in the higher range at 8.56

Similarly, synthetic narcotic users, some of whom were also accessing via prescription, averaged 6.59 other drugs taken.

(See Appendices: Fig.3).

Nimbin CDAT acknowledges that self-medication is not recommended and that people with illnesses and mental health issues in particular need specialist care and support. However, it is clear that, for whatever reasons, many people do choose to self-medicate. If this is to occur then it is important that people have the correct information as to the effects of various substances and any potential medicinal risks associated with their use, to reduce the risk of people exacerbating their condition or avoiding treatments that may in fact be more beneficial to them.

It is also essential that prescribing practitioners are aware of any other substances a patient may be using, to avoid serious contraindications and to provide appropriate medical advice and interventions.

There are significant barriers to poly drug users disclosing this information and this is evidence of the importance of treating drug use primarily as a health issue, to remove the fear of prosecution and/or persecution so that appropriate treatments can be implemented for people seeking help.

3.6 What do people think could help them?

Of the people who stated they have a problem with drugs, the following answers were provided as to what may help them with their problem:

Responses: 41

- Better medical support/therapy 10 (3 people identified the Methadone program as problematic)
- Better drug laws 14
- Retirement/financial security 3
- Reduce consumption/self-discipline 8
- Nothing 3

- More money 4
- Unsure 1

3.7 Do you think Nimbin has a drug problem?

134 people answered this question. Of these, 90 people (67%) stated that they think that Nimbin has a problem with drugs, with another 9% answering 'maybe' to the question and 44 people (33%) answering No to the question. Given that this was a survey of drug users themselves, this would appear to be a significant statistic.

Throughout the survey, several respondents distinguished between substance use and substance abuse. There are many in the community of drug users who believe that just as people in society can use alcohol in moderation without experiencing difficulties, the same can be said for any substance. That it is possible to use alcohol or any other substances without abusing them.

This goes some way towards explaining the difference between the number of respondents (16%) who identified as having a drug problem themselves, compared to the number (67%) who thought there is a drug problem in Nimbin.

Further, of the respondents who think there is a problem, approximately 19% identified the problem as being the drug laws, prohibition, and over-policing of cannabis. The social impacts of swab testing were raised repeatedly. In other words, these respondents did not identify drug use as the problem but rather prohibition, the drug laws and the policing of those laws (over-policing and inappropriate targeting in particular).

15% identified the problem as being overuse, or normalisation, of drugs.

12% identified ice specifically as the problem

12% identified the main street dealing scene as the problem.

10% stated the issue was around quality or availability of certain drugs.

The remaining answers gave a range of community and social issues.

The text answers were themed as follows:

- Drug laws and police activity 22
- Overuse and normalization of drugs 20
- Ice specifically- as the problem 18
- Antisocial/aggressive behavior on the main street/street dealing scene 16
- Quality and availability (lack of) 13
- Drug induced mental health problems 11
- Certain drugs (heroin/ alcohol/tobacco/hallucinogens/"hard drugs"/hydroponic

- cannabis) as the problem: 10
- Exposure of young people to drugs 9
- Social issues - Unemployment, poverty, DV, family breakdown 6
- Drugs too easy to get 5
- Lack of education or services 3
- Ice - as the scapegoat 2

The role of the Nimbin CDAT according to its agreed Terms of Reference is around harm minimisation strategies rather than addressing the law and order issues. Of particular interest to us, therefore, are the following themes:

Antisocial/aggressive behavior on the main street/street dealing scene, overuse and normalization of drugs, drug induced mental health problems, exposure of young people to drugs, social issues - unemployment, poverty, DV, family breakdown, lack of education or services and use vs abuse.

3.8 Ice as the problem

Around 7% of respondents identified certain drugs (alcohol, tobacco, heroin, pharmaceuticals) as the problem, and 12% of respondents specifically stated that the problem is ice.

38 respondents (25%) stated they used methamphetamines or amphetamines. The majority of these were occasional users, however, with only 7 people (4.5% of total responses) stating they used on a monthly basis or more often. Of these, only 5 people said they used meth specifically. Only one respondent used meth on a daily basis.

Based on NNIC and NSP's knowledge of Ice users in our community this would seem to be a reasonably fair representation of the number of regular ice users compared to other drugs.

Given the relatively low level of ice use (compared with other substances), Nimbin CDAT can only speculate as to why so many respondents identify ice specifically as the problem.

These reasons may include:

- The impact of ice use upon the community is greater and more visible than other substances;
- The risk of harm and long-term damage to the health of users is very significant;
- There is a heightened awareness and fear about the drug, enhanced by strong media and policy focus;
- Association of behaviours – a tendency to associate various antisocial behaviours and incidents with the presence of ice when this may not always be the case.

The users themselves say...

Of the 38 respondents who said they use either ice or amphetamines, 8 (21%) identified that they may have a problem. Of those, 3 identified that their problem is addiction, 2 identified financial stress caused by their use, 3 identified stigma and potential criminalization, 2 identified health issues and quality of life and 1 indicated availability (lack of) as the issue.

Suggestions from those users as to what could be done for them included legalization, help to quit or cut down, legal access to appropriate drugs, 'community support and not judgment', recognition that they have a health issue and be treated as such rather than be branded as a 'user-loser'.

Some of the suggestions from non-amphetamine users as to what should be done about ice users were disturbing to Nimbin CDAT members. The response from both the users and non-users indicate to us that there is a significant risk that ice users will be stigmatized and driven further underground and less likely to seek help.

There is also a concern that anti-social behaviours acted out in the community may be unduly attributed to ice use, thereby failing to address their true root causes.

3.9 What do People think could help with the drug problem in Nimbin?

105 people responded = 68%

Excluding the responses relating to drug law reform, which is outside of our scope, the remaining answers provide some useful insights and were themed as follows:

- Education 28
- Remove certain drugs tobacco/alcohol/ice/heroin 18
- Get the dealers off the streets/dealers less pushy/dealers not dealing to young people or when children are present 16
- Community and agencies need to work together 14
- Better services/support rather than criminalization 12
- Policing reform – more community style policing, police focus on 'hard drugs' 12
- Need for an honest dialogue about the impact of drugs on our community 8
- Need for consistent messaging around drugs for young people 3
- Employment/activities for young people 3
- Change profile of Nimbin as 'drug capital' 3
- Distinguish Use from Abuse 3

Additional comments provided in the final question included:

- Drug abuse as a health issue not a law enforcement issue
- Good parenting/mentoring

- Compassion is needed
- Drug education at school
- Give people something positive to do
- Unemployment is depressing
- Understand/promote positive drug use vs drug abuse
- Heroin program instead of a methadone program
- Call a community meeting
- Cannabis improves quality of life for people like me with cancer
- More police/improve police effectiveness
- Jungle Patrol/Newcastle Angels
Change the profile of Nimbin – attracts problem drug users
- Swab tests should be about impairment not mere presence of cannabis

4. RECOMMENDED STRATEGIES FOR NIMBIN CDAT

4.1 Conduct Education/Myth-busting Campaigns – in relation to:

- How To Tell if You Have a Problem with Drugs - Use vs Abuse - What can I do to get control over my drug problem?
- Where to get help.
- Support and education for ice users, their friends and family members.
- What can I do to get some control over my drug problem?
- Medicinal uses of drugs –especially contraindications – i.e. if you have XX condition then you should avoid taking XX substance/s. Talking to your GP.
- Importance of using clean injecting equipment and where to get it.
- Tobacco substitutes for cannabis smokers.
- Poly drug use –risks of mixing substances – ‘the sum of the parts is more toxic than the whole’.

4.2 Conduct Community Conversations – in relation to:

- Use vs Abuse.
- Normalisation of drug abuse.
- Street dealing scene and impact on children and young people.
- Profile of Nimbin.
- Engaging young people in the conversation.

4.2 Develop and work in partnerships with other agencies – in relation to:

- Engaging young people – e.g. as peer mentors.
- Education and employment opportunities for young people.
- Homelessness.
- Mental Health.
- Substance abuse as a health issue.
- Improving/enhancing community supports and engagement in services.

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