



Nimbin Community Drug Action Team

Auspiced by Nimbin Neighbourhood and Information Centre

Survey of People Who Use Drugs in Nimbin

REPORT

APPENDICES

(Tables and charts)

NIMBIN CDAT DRUG & ALCOHOL USE SURVEY

This survey is **CONFIDENTIAL** and **ANONYMOUS** and will only be used to inform harm minimisation strategies of the Nimbin Community Drug Action Team.

1. **Have you done this survey before? Yes / No (please only do this survey once)**

2. **Do you live within a 30km radius of Nimbin? Yes / No**

3. **Are you:** Male / Female / Transgender

4. **How old are you? (please circle whichever applies)**
 Under 15 years 15-20 years 21-28 years 29-35 years
 36-45 years Over 45 years

5. **Do you use alcohol or any of the drugs listed below in Q6? Yes / No (If your answer is **NO** please go to Q.14)**

6. **What drugs do you use and how often? (Tick the boxes that apply and then tick how often)**

Drugs You Use?	Tick here if you use this drug.	How often?				
		Tick here how often you use this drug.				
		Daily	Few times a week	Weekly	Monthly	Occasionally
Alcohol						
Tobacco						
Cannabis						
Ecstasy (MDA, MDMA)						
Hallucinogens (eg ACID, mushrooms, cactus, DMT, peyote)						
Cocaine (coke)						
Methamphetamine (Ice, Meth)						
Amphetamines (speed, goey, dexys, Ritilin)						

Drugs You Use?	Tick here if you use this drug.	How often? Tick here how often you use this drug.				
		Daily	Few times a week	Weekly	Monthly	Occasionally
Inhalants (petrol, glue, aerosols)						
Opiates (heroin, smack, H, hammer, morphine)						
Synthetic narcotics (e.g. Endone, Oxycodine, Panadine Forte, Methadone)						
Steroids (roids)						
Synthetic drugs – meow meow, Crank						
Benzos (eg Valium, Xanax)						
Ketamine						
Antidepressants (eg. Prozac)						
Other						

7. Why do you use alcohol or drugs? (eg: fun, relaxation, pain relief, boredom, curiosity, addiction, prescribed by GP/Dr, because my friends do etc)

8. How do you take your drugs? (please circle whichever apply)

Swallow Smoke Snort Inject Shaft Other _____

9. If you inject your drugs, do you use new/sterile equipment? (N/A – go to Q 11) / Yes / No

10. If you inject your drugs where do you get your equipment from? (please circle whichever apply)

Friends Partner Pharmacy Needle Syringe Program Vending machine Other _____

11. Is your drug use a problem for you? Yes / No (If No go to Q 14)

12. If YES to Q11, in what way/s is it a problem for you?

13. What do you think could help you with that?

14. If you or someone you know needed help do you know where to get it? Yes / No

15. Do you think drug use is a problem in Nimbin? Yes / No

16. If YES, what do you think is/are the problem/s?

17. Do you have any suggestions as to what can be done about the problem/s?

18. Do you have any other ideas/thoughts/ comments around this issue?

Thank you for participating in this survey – your time and thoughts are appreciated.

(If you could ASK at least one friend to do this survey too, that would be great!)

You can drop surveys into the sealed survey boxes located at:

- Nimbin Neighbourhood and Info Centre (NNIC) 71 Cullen Street, Nimbin
- NSP at the Nimbin Hospital
- Nimbin Hemp
- Nimbin Pharmacy
- Reka Café OR you can post them to us: Nimbin CDAT c/- NNIC PO Box 20168, Nimbin 2480

SURVEY CLOSES: Friday 4th September 2015

NIMBIN CDAT DRUG & ALCOHOL USE SURVEY

Raw Data - Non text

OFFLINE
TOTALS ONLINE
TOTALS GRAND
TOTALS

2 Do you live within a 30kms radius of Nimbin?

Yes	109	44	153
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3 Are you:

Male	57	18	75
Female	49	26	75
Transgender	0	0	0
	106	44	150

4 How old are you?

Under 15 years	0	0	0
15 - 20 years	1	2	3
21 - 28 years	8	3	11
29 - 35 years	7	4	11
36 - 45 years	17	10	27
Over 45 years	71	25	96
	104	44	148

5 Do you use any of the drugs listed in Q6?

Yes	94	36	130
No	3	8	11
	97	44	141

6 What drugs do you use and how often?

Alcohol

Daily	25	6	31
Few times a week	18	8	26
Weekly	13	1	14
Monthly	4	2	6
Occasionally	17	13	30
	77	30	107

Tobacco

Daily	49	7	56
Few times a week	2	1	3
Weekly	0	1	1
Monthly	0	0	0
Occasionally	10	4	14

61 13 74

Cannabis

Daily	58	13	71
Few times a week	12	5	17
Weekly	3	1	4
Monthly	2	1	3
Occasionally	13	7	20
	88	27	115

Ecstasy (MDA, MDMA)

Daily	0	0	0
Few times a week	1	0	1
Weekly	0	0	0
Monthly	6	0	6
Occasionally	29	9	38
	36	9	45

Hallucinogens (eg acid, mushrooms, cactus, DMT, peyote)

Daily	0	0	0
Few times a week	1	0	1
Weekly	0	0	0
Monthly	4	0	4
Occasionally	29	10	39
	34	10	44

Cocaine (coke)

Daily	0	0	0
Few times a week	3	0	3
Weekly	1	0	1
Monthly	1	0	1
Occasionally	26	4	30
	31	4	35

Methamphetamine (ice, meth)

Daily	1	0	1
Few times a week	1	0	1
Weekly	0	0	0
Monthly	3	0	3
Occasionally	13	0	13
	18	0	18

Amphetamines (speed, goey, dexys, ritilin)

Daily	0	0	0
Few times a week	1	0	1
Weekly	0	0	0
Monthly	1	0	1
Occasionally	14	4	18
	16	4	20

Inhalants (petrol, glue, aerosols)

Daily	0	0	0
Few times a week	0	0	0
Weekly	0	0	0
Monthly	0	0	0
Occasionally	3	0	3
	3	0	3

Opiates (heroin, smack, H, hammer, morphine)

Daily	6	0	6
Few times a week	3	0	3
Weekly	0	0	0
Monthly	1	0	1
Occasionally	13	1	14
	23	1	24

Synthetic narcotics (eg. Endone, oxycodone, Panadeine Forte, Methadone)

Daily	8	2	10
Few times a week	1	0	1
Weekly	1	0	1
Monthly	2	1	3
Occasionally	22	2	24
	34	5	39

Steroids (roids)

Daily	0	0	0
Few times a week	0	0	0
Weekly	0	0	0
Monthly	0	0	0
Occasionally	2	0	2
	2	0	2

Synthetic drugs (meow meow, crank)

Daily	0	0	0
Few times a week	0	0	0
Weekly	0	0	0
Monthly	0	0	0
Occasionally	3	0	3
	3	0	3

Benzos (valium, xanax)

Daily	2	0	2
Few times a week	1	0	1
Weekly	2	1	3
Monthly	3	0	3
Occasionally	19	5	24
	27	6	33

Ketamine

Daily	0	1	1
Few times a week	0	0	0
Weekly	0	0	0
Monthly	0	0	0
Occasionally	10	1	11
	10	2	12

Antidepressants (eg. Prozac)

Daily	5	3	8
Few times a week	1	0	1
Weekly	0	0	0
Monthly	0	0	0
Occasionally	3	2	5
	9	5	14

8 How do you take your drugs?

Swallow	61	25	86
Smoke	81	24	105
Snort	27	3	30
Inject	17	0	17
Shaft	6	0	6
	192	52	244

9 If you inject your drugs, where do you use new/sterile equipment?

Yes	21	0	21
No	3	0	3
	24	0	24

10 If you inject your drugs, where do you get your equipment from?

Friends	4	0	4
Partner	0	0	0
Pharmacy	6	1	7
Needle Syringe Program	13	0	13
Vending machine	4	0	4
	27	1	28

11 Is your drug use a problem for you?

Yes	23	2	25
No	74	31	105
	97	33	130

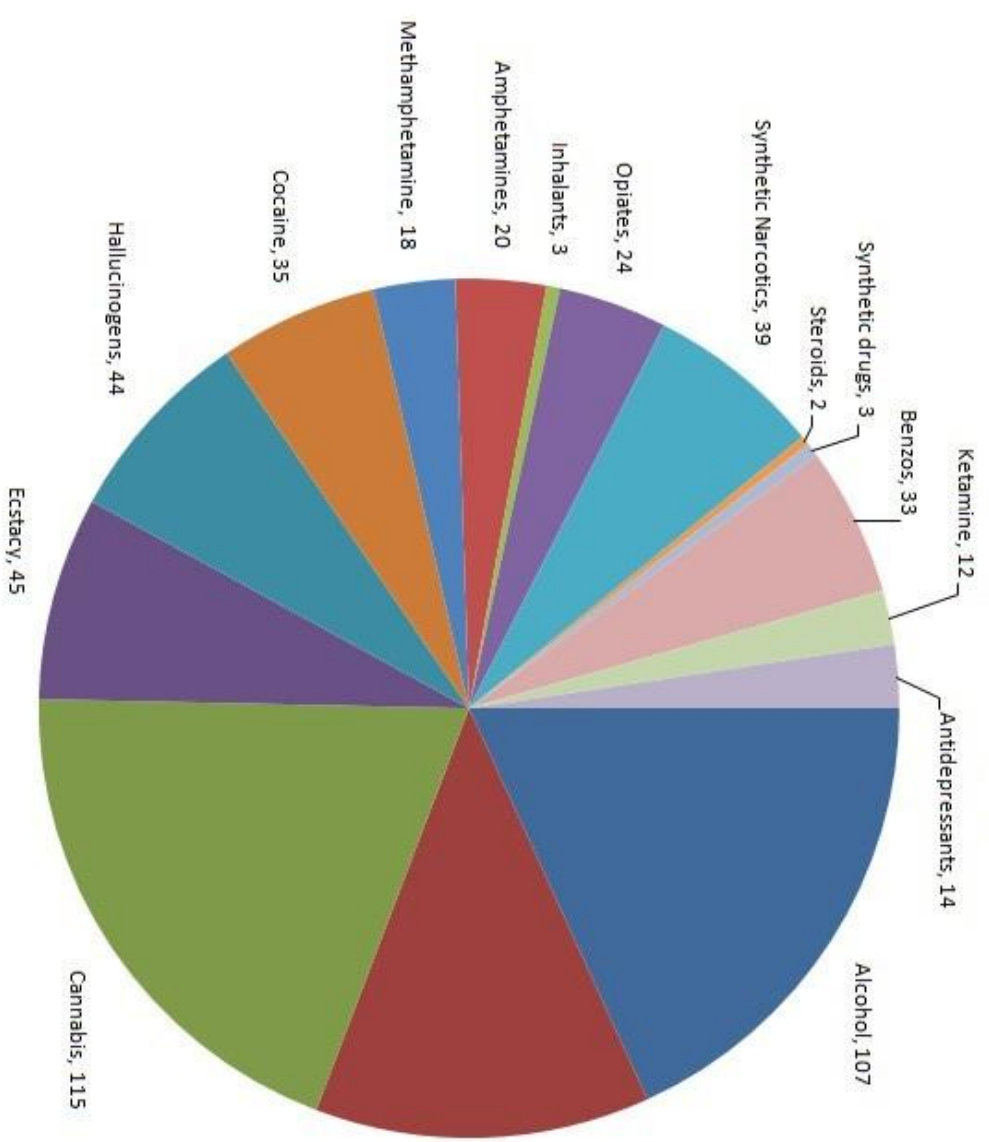
14 If you or someone you know needed help do you know where to get it?

Yes	82	29	111
No	5	10	15
	87	39	126

15 Do you think drug use is a problem in Nimbin?

Yes	54	36	90
No	41	3	44
	95	39	134

**Count of Respondents taking this drug.
Offline (109) + Online (44) = 153 total**

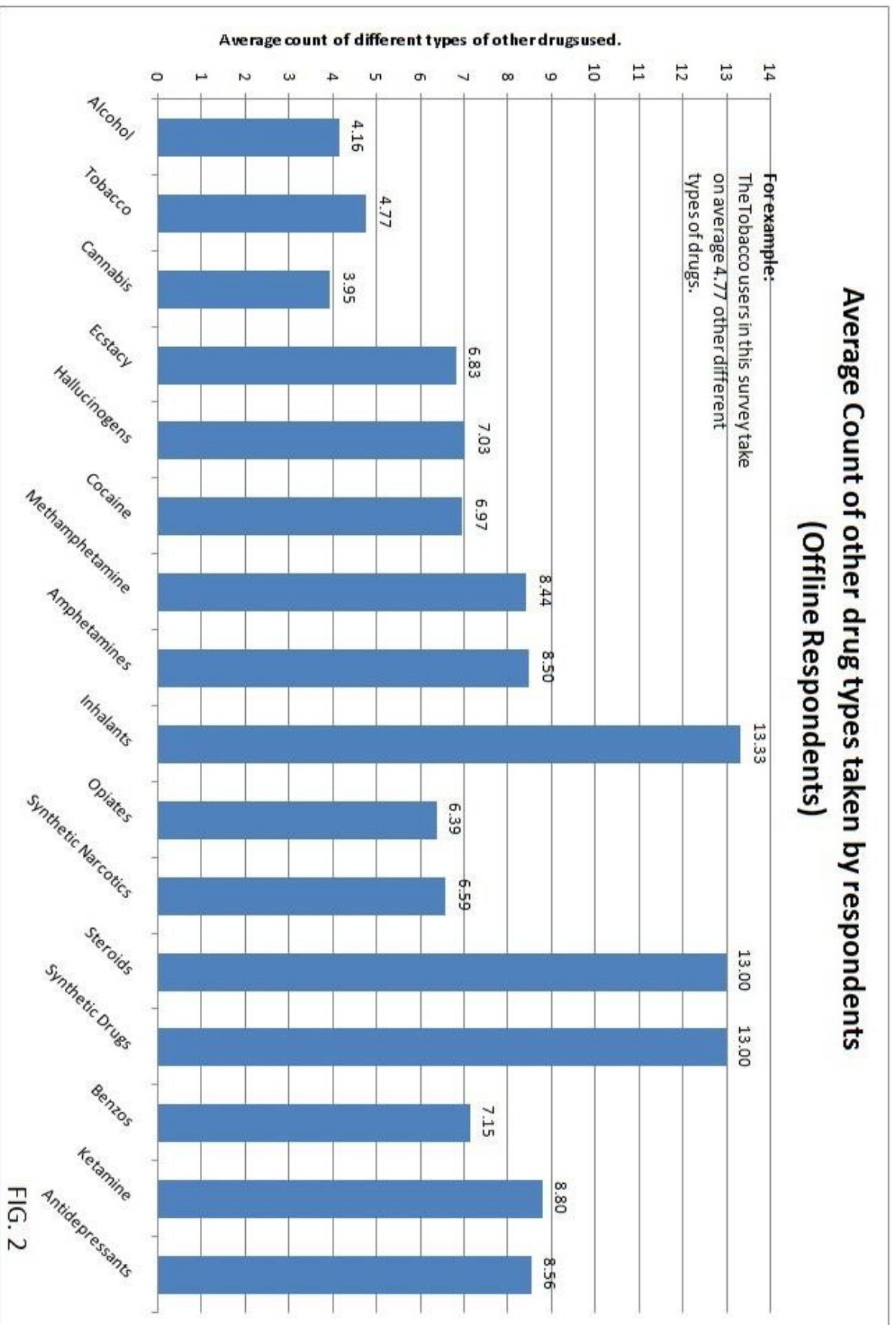


PROPORTION USING DRUG

Alcohol	69.9%
Tobacco	48.4%
Cannabis	75.2%
Ecstasy	29.4%
Hallucinogens	28.8%
Cocaine	22.9%
Methamphetamine	11.8%
Amphetamines	13.0%
Inhalants	2.0%
Opiates	15.9%
Synthetic Narcotics	25.5%
Steroids	1.3%
Synthetic Drugs	2.0%
Benzos	21.6%
Ketamine	7.8%
Antidepressants	9.2%

FIG. 1

Average Count of other drug types taken by respondents (Offline Respondents)



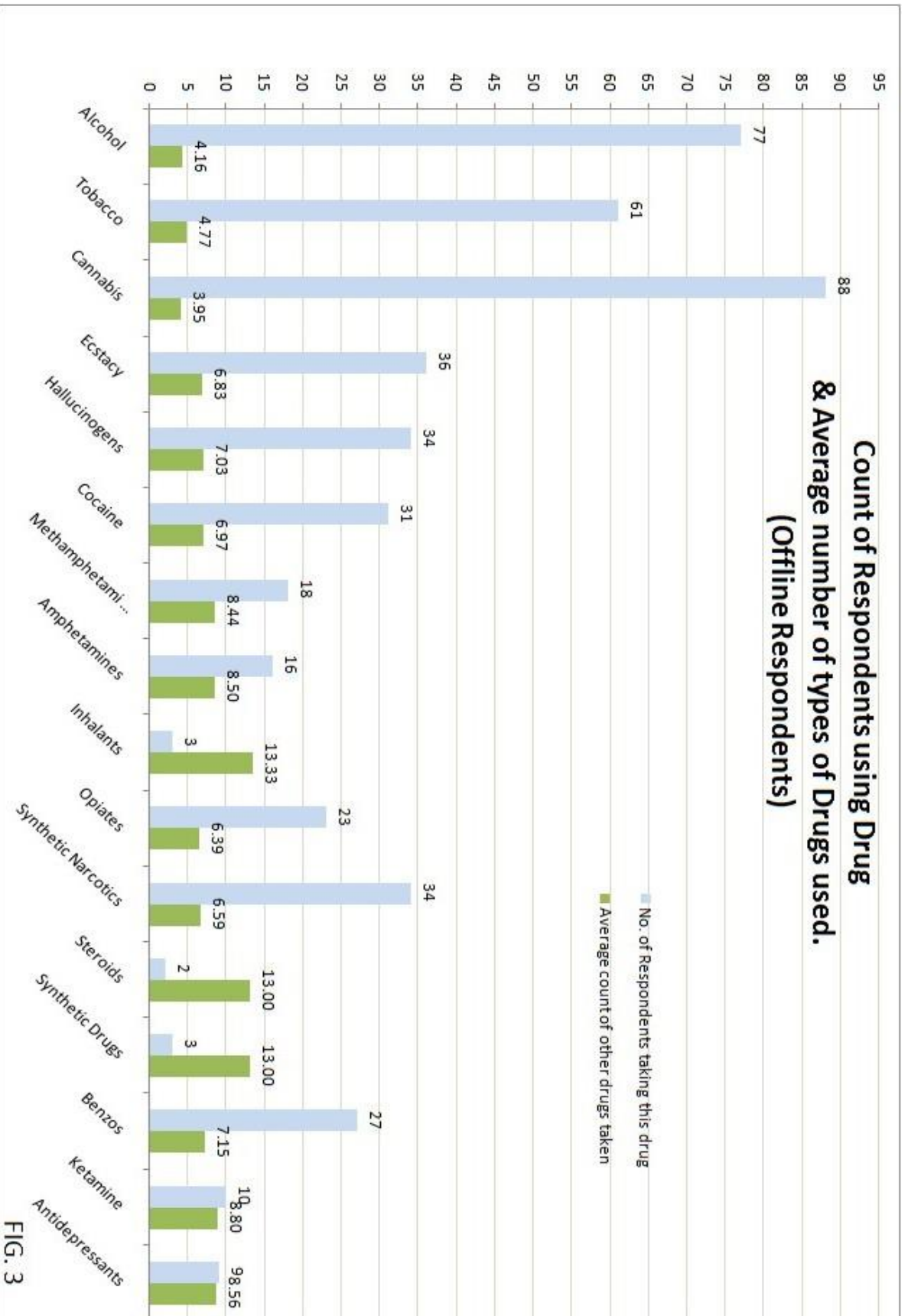


FIG. 3

Profile of Drugs taken by Age (Offline Respondents)

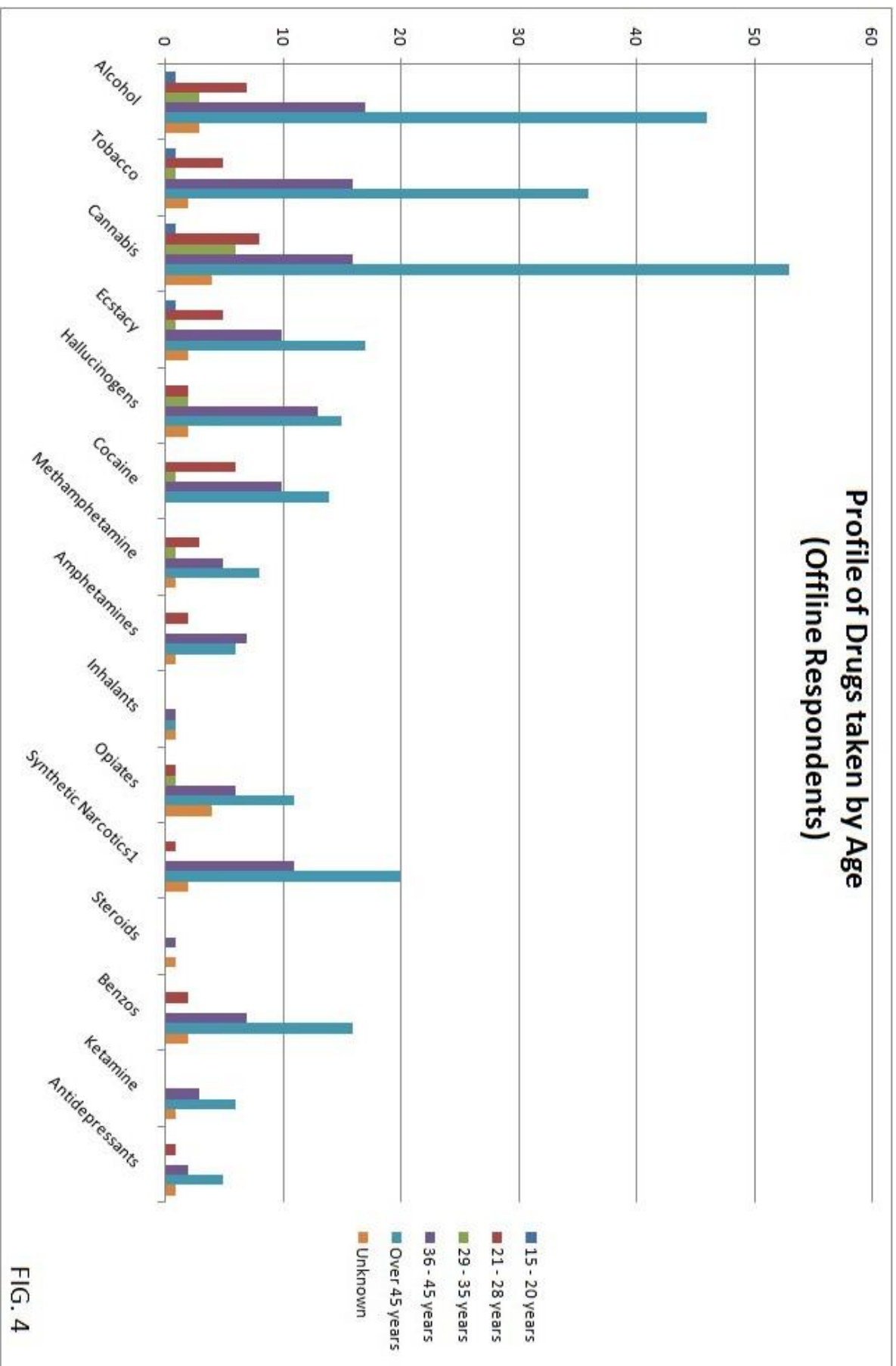
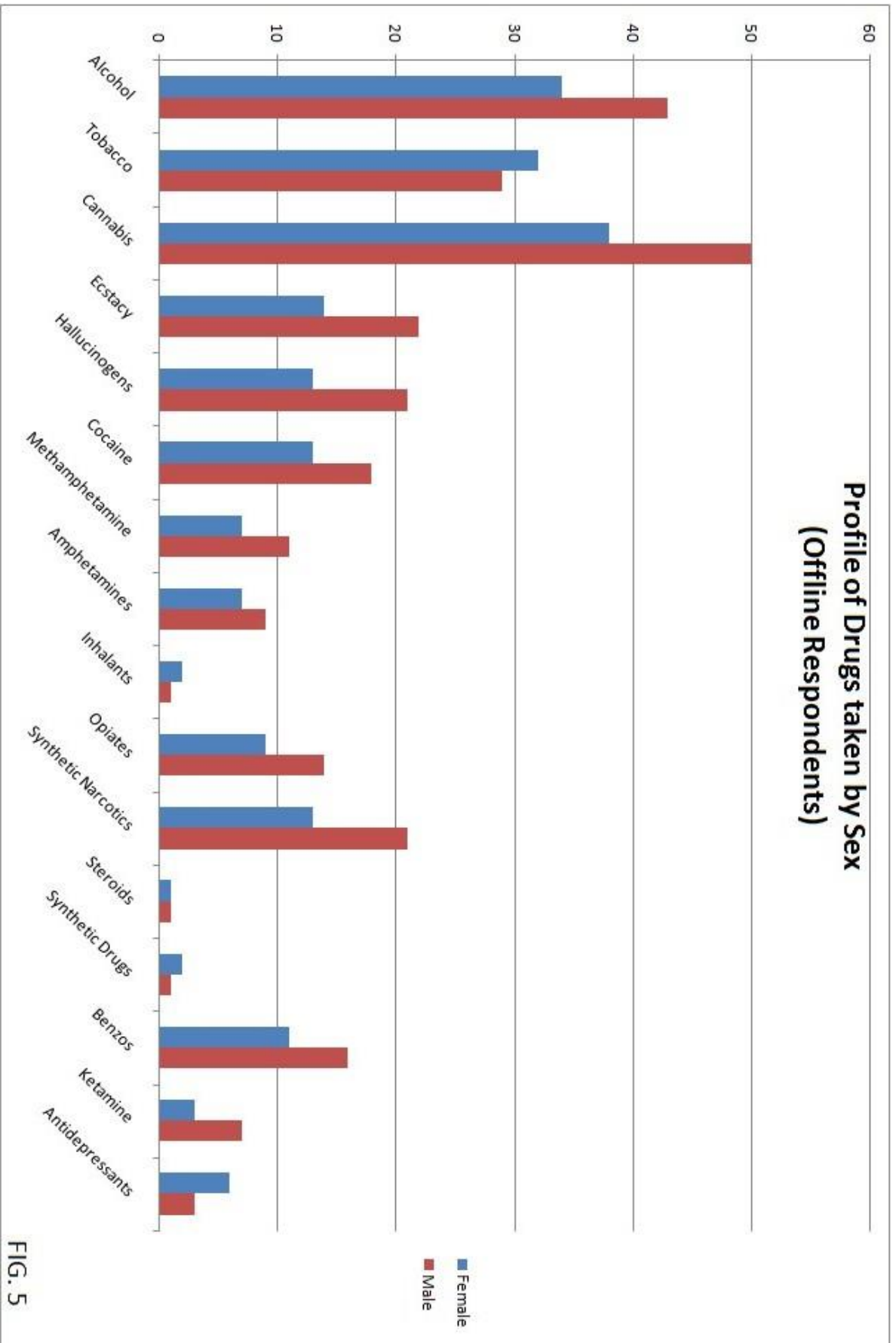


FIG. 4



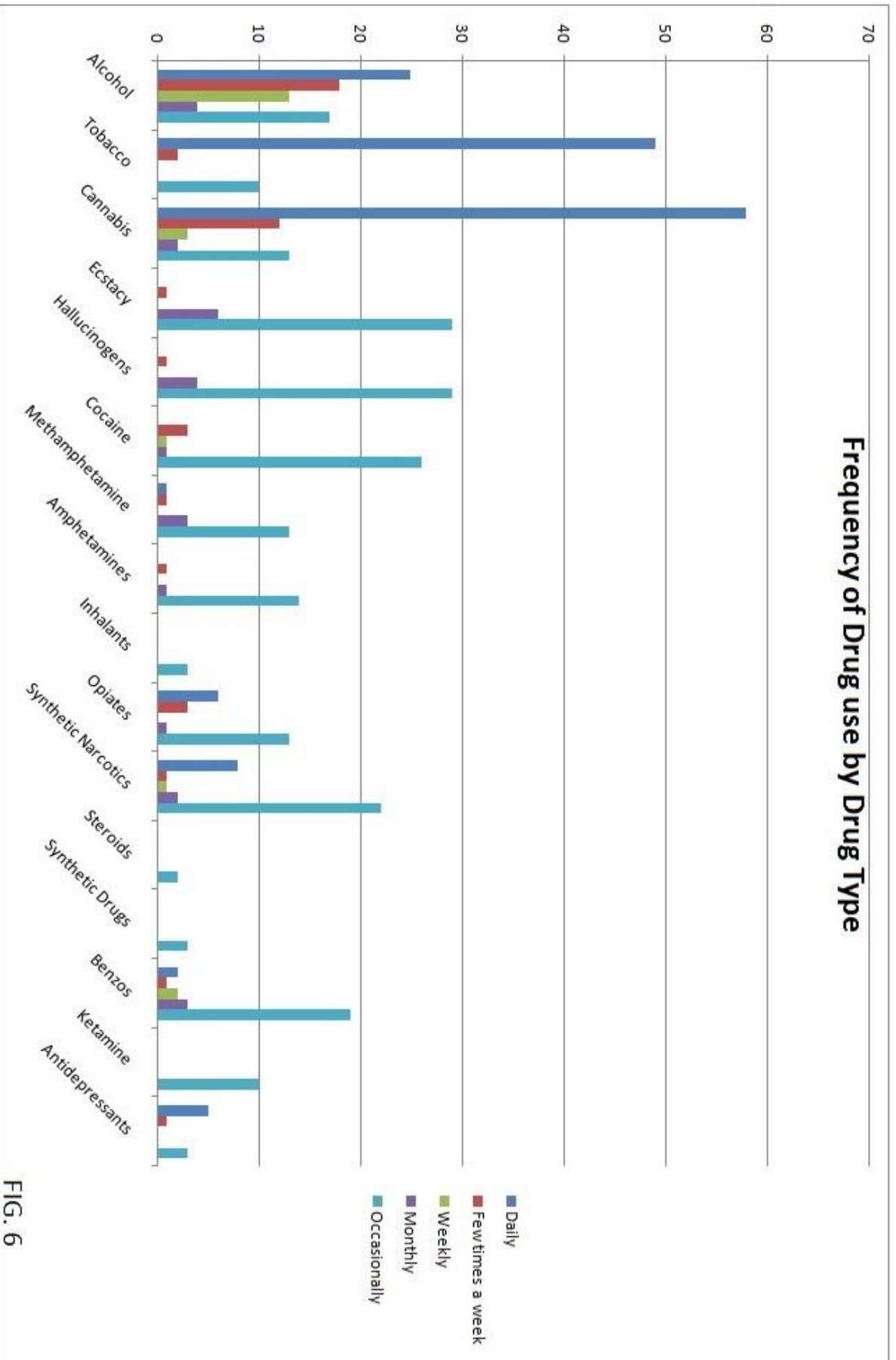


FIG. 6