

APPENDIX A

**INFORMATION PAMPHLET ON HEROIN AND OTHER
NARCOTIC ANALGESICS**

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APPENDIX A

Heroin and other narcotic analgesics.

General facts.

NARCOTIC ANALGESICS. These include the naturally occurring drugs extracted from the Asian poppy plant, opium, and its constituents codeine and morphine, the semi-synthetic derivations of morphine such as heroin; and wholly synthetic drugs such as pethidine, methadone, and pentazocine (Fortral*).

OPIOIDS. Opioid is a term covering all narcotics including natural opium derivatives, semi-synthetic and synthetic narcotics. Opioids can be found in the juice extracted from the seed pod of the Asian poppy *Papaversomniferum*. The drugs derived from this extract include opium and its constituents, codeine and morphine, as well as their derivatives, such as heroin. Natural derivatives of opium are known as OPIATES.

The opioids have been used both medically and recreationally for centuries. A tincture of opium called laudanum has been widely used since the 16th century as a remedy for 'nerves' or to depress coughing or stop diarrhoea. By the early 19th century, morphine had been extracted in a pure form suitable for solutions, and with the introduction of the hypodermic needle in the mid-19th century, injection of the solution became the common method of administration.

Heroin (diacetylmorphine) was first marketed in 1898 for general medical use and was heralded firstly as a cough suppressant, then in 1900 as a remedy for morphine addiction.

Of the 20 alkaloids contained in opium, only codeine and morphine are still in widespread clinical use today. In this century, many synthetic drugs have been developed which have essentially the same effects as the natural opium alkaloids.

The opioid-related synthetic drugs, such as pethidine and methadone, were developed to provide an analgesic without dependence-producing properties. Unfortunately, however, all the opioids and their synthetic derivatives which are effective as analgesics are also dependence producing.

Modern research has led to the development of another family of drugs called narcotic antagonists (eg naloxone hydrochloride). These drugs are not used as painkillers, but to reverse the effects of opioid overdose. Since administration can also initiate immediate withdrawal they are often used to gauge the level of physical dependence in clients requesting treatment.

Effects.

As with any drug, the effects of narcotic analgesics depend on the AMOUNT taken at one time; the MANNER in which it is taken (duration, frequency, route of administration, use of other drugs); the INDIVIDUAL (age, sex, health, body weight, mood, tolerance, past experience and activities of the user); and the CIRCUMSTANCES in which the drug is taken (the place, the presence of other people).

Immediate effects.

THE PHARMACOLOGICAL ACTIVITIES OF THE NARCOTICS ARE:

Analgesia (relief of pain).

Euphoria (a feeling of well-being) - this effect may be directly associated with the analgesic effect.

Production of nausea and vomiting.

Depression of respiration - the cause of death from overdose.

Reduction of movements of the bowel (intensive constipation).

Miosis (constriction of the pupils of the eyes).

The main therapeutic application of the narcotics is for the relief of severe pain. The drug effect is not on the perception of pain but rather upon its interpretation by the brain. Typically, the patient is aware that the pain is still present, but it is no longer interpreted as being painful or disturbing. The euphoric and dependence-producing capacity of these drugs is probably directly associated with this action.

Other therapeutic applications are for cough suppression and treatment of diarrhoea. Synthetic and semi-synthetic derivatives have been made and selected for their specificity for these actions with a minimum of dependence-producing capability.

Narcotics briefly stimulate the higher centres of the brain, then depress the activity of the central nervous system. Immediately after injection the user feels a surge of pleasure ('a rush') which gives way to a state of gratification into which hunger, pain and sexual urges usually do not intrude. The dose required to produce this effect may initially cause restlessness, nausea and vomiting. The effects of a usual dose in a therapeutic setting lasts approximately 3 to 4 hours.

With moderately high doses the body feels warm, the extremities heavy and the mouth dry. The user goes 'on the nod', an alternately wakeful and drowsy state during which the world is forgotten. As the dose is increased, breathing becomes progressively more depressed. With very large doses the person cannot be roused, the pupils are contracted to pinpoints, the skin is cold, moist and bluish, and profound respiratory depression resulting in death may occur.

Effects of short-term use.

The main problems of short-term use are associated with the manner of administration. The illicit use of narcotics presents many dangers. As supply is illegal, composition is unknown. The concentration of heroin (or other narcotics) varies considerably as each drug dealer further dilutes (cuts) the sample with other substances.

A fatal overdose may arise from the use of a sample which contains more narcotic than those samples previously purchased. Furthermore, the materials used for 'cutting' may be active drugs, such as strychnine, barbiturates, amphetamines and caffeine, or inactive substances like talcum powder or even household cleaners.

Large insoluble particles constitute a danger when injected intravenously - they may obstruct small blood vessels, in the eye or the brain for example.

The intravenous use of any drug carries with it a danger of infection. The incidence of serious infection, such as serum hepatitis, is extremely high among intravenous users of drugs, due to the use of unsterilised, and often shared, needles.

This group of drug users also runs the risk of being exposed to the Acquired Immune Deficiency Syndrome (AIDS) virus.

Effects of prolonged use.

The narcotic analgesics, in pure form and administered cleanly, are non-toxic to body tissue. If not administered cleanly in pure form, chronic opioid users may develop endocarditis, an infection of the heart lining and valves by organisms introduced into the body during injection of the drug.

Abscesses, cellulitis, liver disease, and possibly brain damage may also result from infections associated with unsterile injection techniques. Tetanus is common among users with a long history of subcutaneous injection.

Pulmonary complications, including various types of pneumonia, may also occur due to lifestyle and the effects of narcotics on respiration.

The main problem associated with the prolonged usage of narcotics is the development of tolerance and a withdrawal syndrome. In the therapeutic situation, these problems can be avoided or minimised by carefully regulating the interval between doses.

Tolerance and dependence.

TOLERANCE exists when increased doses of the drug are needed to produce the same effects as initially achieved

at lower doses.

DEPENDENCE exists when a drug is so central to a person's thoughts, emotions and activities that it is very difficult to stop using it, or to maintain very reduced consumption. Some indicators of dependence are compulsion or craving to use, increased tolerance and sometimes withdrawal symptoms. Regular use of opioids produces tolerance. Regular users may also become dependent on opioids.

WITHDRAWAL from opioids, which may occur as early as a few hours after the last administration, produces uneasiness, yawning, tears, diarrhoea, abdominal cramps, goosebumps and a runny nose. These symptoms are accompanied by a craving for the drug.

The most marked withdrawal indicators peak between 48 to 72 hours after the last dose and subside over a week. Some bodily functions do not return to normal levels for as long as six months.

Sudden withdrawal by heavily DEPENDENT users who are in poor health has occasionally been fatal. However, opioid WITHDRAWAL is much less dangerous to life than the alcohol or barbiturate withdrawal syndromes.

Opioids and pregnancy.

Most drugs have some effect on the unborn child. Therefore, pregnant women or women considering having a child need to consult their doctor about their current or potential drug use.

Research has shown that approximately half of all opioid-dependent women experience complications during pregnancy and childbirth. Anaemia, cardiac disease, diabetes mellitus, pneumonia and hepatitis are among the most common medical problems.

These women also demonstrate an abnormally high rate of spontaneous abortion, breech delivery, Caesarean section, and premature birth.

Opioid withdrawal has also been linked to a high incidence of stillbirths. Infants born to opioid-dependent mothers are smaller than average and frequently show evidence of acute infection. The majority exhibit withdrawal symptoms of varying degrees and duration.

The mortality rate among these babies is also higher than normal levels.

Who uses opioids?

A small proportion of those for whom opioids have been prescribed in medical treatment become dependent. Even codeine use continued inappropriately may get out of control. In such cases, medical advice should be sought, since withdrawal symptoms may result from abrupt cessation after high tolerance has been established.

The largest proportion of inappropriate opioid use falls, however, into the street-use category.

During the past few years, synthetic narcotics such as hydrocodone, hydromorphone, oxycodone, and pethidine have gained prominence as drugs of dependence. Physicians are sometimes pressured to provide prescriptions for these medications.

They are also stolen from pharmacies, sold on the street, and used illegally. Today inappropriate use of other narcotic-based medicines such as Percodan*, Dilaudid*, Palfium* and Physeptone* is common.

THERAPEUTIC USES. Opioids which are legally and pharmacologically classed as narcotics are used in modern medicine to relieve the acute pain suffered as a result of disease, surgery or injury, in the later stages of such terminal illnesses as cancer, in the treatment of some forms of acute heart failure, and in the control of moderate to severe cough and diarrhoea.

Provided by the New South Wales Centre for Education and Information on Drugs and Alcohol.

* *Registered Trade Name*

APPENDIX B:

MODELS AND EXPLANATIONS OF DRUG USE

Adele Stevens

Introduction

This working paper reviews the explanations and models that have been used to explain why people use psychotropic drugs in both a problematic and non-problematic manner. The aim of this paper is not to comprehensively review and analyse the models and explanations of drug use but to review some competing theories which may be helpful in understanding present discourses in drug use and treatment. The implications of these models for conducting a trial of controlled availability of opioids will be discussed.

As this paper contains a review of past theories of drug use and drug dependence, I have chosen to remain with the terminology of the period where appropriate. Therefore, at times I use the terms 'addict' and 'addiction' (rather than the presently accepted terms of dependency).

Theories of Drug Use

Theories of addiction and drug use are a relatively recent development coming into prominence mainly in the 20th century.

1. The disease model of addiction

The disease model of addiction was developed, especially in relation to alcohol use, in the 1930s and 1940s and was part of the rise of medicalisation in a variety of health and social welfare fields (Edwards 1988:160-169). Prior to this, alcoholism was regarded as immoral, and the alcoholic or drug user as a reprobate. This view was reflected in the Temperance Movement where alcohol generally was seen as evil, and among some groups people were encouraged to take the 'pledge' - to abstain from alcohol.

According to the disease model of addiction, addicts are sick; mentally, physically, or both (Riley and Marden 1946). Thus they deserve help, not condemnation for their addiction. Jellinek (1946) is widely credited with developing the disease concept of alcoholism. He described various phases in the drinking history of the alcoholic, two of which he labelled as a disease (Jellinek 1960). Although Jellinek clearly developed a scientific analysis to explain alcoholism, thus giving credence to the disease model, the concept of alcoholism as a disease began much earlier (McAllister, Moore and Makkai 1991 forthcoming:2). In 1890, for example, William Booth; founder of the Salvation Army, supported the concept of the 'disease' of drunkenness and affirmed the need 'to bear upon it every agency, hygienic or otherwise, calculated to effect a cure' (Booth quoted in Drew 1986).

Levine argues that the notion that 'alcoholism is a progressive disease whose only remedy is abstinence is about 175 or 200 years old, but no older' (1978:143). In the 17th century and for most of the 18th century, 'habitual drunkenness was regarded as natural and normal - as a choice made for pleasure'. Liquor was a normal part of living; a food, medicine and social lubricant. According to the writings of the 17th century, people drank and got drunk because they wanted to and because they loved to drink, not because they 'had' to or could not help it. By the 19th century, Levine argues, the notion of drunkenness as due to an overwhelming and irresistible desire for liquor was beginning to develop and was a 'major strand of 19th century thought - the ideology of the Temperance Movement' (1978:144). The Temperance Movement located the source of the addiction in the drug (alcohol) whereas in the post-Prohibition era the source of the addiction was located in the individual body - the 'new disease concept'. This represented a development in thought about addiction but, Levine argues, it was 'still well within the paradigm first established by the Temperance Movement'.

Citing various authors Drew, then Senior Medical Adviser for the Drugs of Dependence Branch of the Commonwealth Department of Health, summarised the factors he saw as associated with the development of the disease model in this century:

"The disease concept, as it applied to a self-destructive drinking pattern, was introduced as a reaction to overt moral condemnation or sheer neglect and indifference (Watts 1981), to inspire the hope of effective treatment (Marwick 1984), to avoid guilt, shame and stigmatization (Tournier 1985) and to justify attempts at constructive intervention. It authenticated drug use as a medical problem, and stimulated scientific enquiry into the etiology and treatment methods (including their evaluation)."(1986:264)

The concept of addiction as a disease proved useful for two groups. For those with a drug problem, labelling addiction and alcoholism as a disease removed much of the responsibility and moral condemnation for their drug problem. For the clinical staff, it created a branch of medicine with a scientific base thus producing a recognised medical speciality. The disease model, however, has some negative trade-offs for the person with a drug problem. By accepting the sick role entailed in the disease model, the individuals hand over some control and responsibility for their lives to clinical staff. 'Sick' people can no longer be blamed for their drug problem but the responsibility is shifted to the health professional. The addict has the responsibility to seek and cooperate in treatment but 'he or she does not have to get well' (Krivanek 1988:204 - emphasis in the original).

The concept of the 'sick role' was formulated by Parsons in the 1950s. Segall (1976), in a review of Parson's theory, states that the sick role entails a loss of social control in that individuals who accept the sick role receive dispensation from ordinary social responsibilities, conditional upon them conforming to a set of appropriate norms of behaviour including co-operation and seeking professional help. For many drug users, there are inherent problems in accepting the sick role. The vacillation between co-operation and aggression which is seen in some methadone clinic patients may be a demonstration of this conflict.

Amongst the treatment and research fraternity, the problems inherent in the disease model have increasingly been recognised over the last twenty years. The disease concept has been criticised and there have been a number of attempts at modifying or overthrowing it (Drew 1986). The principal change has been the development of the view that 'the abnormality involves both a biological component and aberrant learning' (Edwards and Gross 1976), which has led to a psychosocial approach (Saleeby 1985) for treatment. Alexander (1987) suggests replacing the disease model with an adaptive model which conceptualises addiction as a way of coping. According to the adaptive model, addiction results from adaptation to a faulty environment; either faulty upbringing, environmental inadequacy, and/or genetic unfitness. Although Alexander alters the analysis of the disease model to include social factors, he still conceptualises the drug user as a person with a problem, at odds with society.

The problems associated with the disease model have been a source of debate among the drug experts at the World Health Organisation for the last two decades (Whitelock 1980; Drew 1986). In 1980, the World Health Organisation officially recommended abandoning the term 'addiction' (Drew 1986; Edwards, Arif and Hodgson 1982), and replacing it with the concept of 'drug dependence'.

Despite all these difficulties, the disease model persists and still holds an important place in underpinning the treatment practices of many alcohol and drug treatment services (O'Malley and Mugford forthcoming; Krivanek 1988). Overtones of moralism remain. For example, a survey of drug and alcohol program professionals in the 1980s in the US found that 'most alcohol and drug program workers still believe that alcoholics are in some fashion responsible for their plight and (inferentially) can somehow will themselves to recovery' (Tournier 1985:45). The predominant view is, however, that people with a drug problem are sick in some way, either physically (such as the Alcoholics Anonymous view of alcoholism as a disease) or psychologically due to either 'faulty' upbringing or 'faulty' adaptation to their environment.

This latter theorising is somewhat in accord with behavioural models for treating drug problems. Behavioural approaches to treatment incorporate social and cognitive learning. This approach is moving away from the disease model which sees excessive drug-taking and drinking as largely uncontrolled (and therefore requiring abstinence as part of the cure) to an approach which recognises the influence of cognitive and social learning factors in changing behaviour (Heather, Batey, Saunders and Wodak 1989). This approach, nevertheless, remains within the pathology paradigm, being concerned with people who have a problem with their drug use and providing treatment within a clinical setting.

2. The moral model

Krivanek (1988) uses a moral model to explain a number of other approaches to illegal drug use. Moral positions on addictions have been around for a long time and Krivanek argues that the classical notion of

'man, knowing good and evil, must be held responsible (and must be punished, whether by God or the community) for acts performed with a guilty state of mind has persisted in the criminal laws governing major offences' (206-207).

These concepts of moral responsibility form the basis for moral models such as the enforcement model and the preventative model.

2.1 The enforcement model

The enforcement model assumes the moral weakness of human beings. The law acts as a deterrent against those using illegal drugs, not only against addicts but also those who might become addicts. Those who 'are found guilty of violating the drug laws' are justly punished. The assumption is that addicts will know they have done the wrong thing and refrain in future, if the punishment is severe enough (Krivanek 1988:209). Because humans are weak and can not resist the temptation to do wrong, that is use and supply illegal drugs, the police and the legal system are charged with the responsibility for removing the drug problem (McAllister, Moore and Makkai 1991). This model has been the predominant means of controlling illegal drug use in the United States since the Harrison Act of 1914.

2.2 The preventive model

The preventive model is also based on a moral philosophy (Krivanek 1988). In this model, 'drug addiction represents faulty moral education. Young people experiment with drugs because they have not been properly informed about the evils of drugs, or instructed in the seriousness and immorality of drug taking'(1988:209). Thus the solution to problematic drug use is in the community - with families, schools and other education sources.

2.3 An internal values model of addiction

Peele (1988) presents a different analysis of the place of moral values in controlling addiction. He sees people's personal values as holding an important place in explaining why some people control a tendency to addiction (both to drugs and to food) and why others do not. However, he tends to locate the source of control more to internal moral values than to an external force. He recognises the place of social forces for individuals in creating their moral values such as occurs in certain societies such as Jewish or Chinese communities. He argues that the disease model has been counter-productive in helping problem users because it negates the role of the individual's moral values in taking control of their addiction. This approach rejects the biological determinant explanation of addiction and uses a moral analysis to explain why many people give up problematic drug use without the use of treatment services.

3. The pleasure model

A quite different model explaining drug use is presented by O'Malley and Mugford (forthcoming). This model recognises that the use of psychotropic drugs for non-medical purposes has been known since human societies were formed (Plant 1981; Siegel 1989). Furthermore, the majority of drug users, of both alcohol and illegal drugs, use their drug of choice without developing problems (Plant 1981:157; Hartnoll et al. 1985; Kosel and Adams 1986; Mugford 1991b).

It has been argued, first by Plant (1981) and later by Mugford that models of drug use such as have been described in the previous sections were developed by researchers and health professionals working with people who experienced problematic drug use. These models, which Mugford refers to as deficit models, have been developed by explaining drug use among a minority of the drug using population, that is those with problems with their drug use who come to official attention, either through the health or law enforcement system. The majority of drug users, those who exhibit no pathology associated with their drug use, are ignored by the deficit models (Mugford 1991b).

Although psychotropic drug use for recreational and religious purposes has been present for many centuries, there has been an increase in the level of drug use in the twentieth century. A variety of explanations have been presented for this change. Merton (1963) argues that people have felt the need to retreat from the complexities of modern society through the use of drugs.

Mugford, however, argues that the increase in drug use is related to the increase in leisure time in modern capitalist society. With the development of a capitalist mode of production, time has come to be distinctly divided between paid work and leisure whereas there was not this clear distinction in the pre-industrial agricultural system (Mugford and Cohen 1988). Hence, modern society has come to contain

'a complex and possibly contradictory relationship between the production centred ethic which constructs the self through discipline, control, work, 'clock time', deferred gratification and calculative rationality, and a consumption ethic that encourages self expression, leisure, consumer goods and pleasure.'"(Mugford and Cohen 1988)

Increased leisure time has resulted in an increase in the use of pleasurable commodities. Drugs, linked to this trend, need to be thought of as one such commodity. The discourse of pleasure in relation to drugs is common among users.

But it has been 'systematically silenced by the pathology discourse, which ignores the idea of pleasure and, or treats it as part of the problem (only weak people seek such pleasures)' (O'Malley and Mugford forthcoming). The pleasure model provides an explanation for a great deal of the recreational drug use, both legal and illegal which occurs at parties and other pleasure related activities. Drugs, including alcohol and coffee, provide rapid transitions in mood states that parallel and 'symbolise the rapid transitions between work and leisure, production and commodities' (O'Malley and Mugford forthcoming).

This model, however, does not deny the reality of dependent use. Rather, it recognises that treatment samples of users constitute the minority of users and it sets out to develop a model of drug use for the majority.

Clearly, many models may be needed to reflect the differences in populations (McAllister, Moore and Makkai 1991:3).

Conclusion

Where do these models lead us? Clearly the disease model, even in its adapted forms, is concerned with approaches to treatment. Drug use is seen within a pathology paradigm requiring care and direction to cure problematic drug use. At least to some degree, responsibility for getting well is transferred to others: to clinicians or, for Alcoholics Anonymous or Narcotics Anonymous members, to a higher power. For some people, this loss of control may be self-defeating in that it may negate their responsibility for their drug problem (Krivanek 1988; Peele 1988).

The enforcement model assumes that the law is needed to act as a deterrent (external control) to discourage and prevent dangerous drug use. External controls are necessary because of human weakness and immorality.

Peele, on the other hand, draws attention to the role of internal moral values in controlling problematic drug use. In this model, moral values are internalised and are not imposed as in the enforcement model. They are shaped by the social milieu - culture, class and family. Individuals influenced by these moral values decide at certain periods of their lives, to control their drug use, thus explaining the large numbers of people who give up or control their drug use without using a treatment service.

Peele's moral model has much in common with behaviourist models of cognitive social learning. In both cases, some control is vested with the drug user and cognition and social learning are important factors in changing behaviour patterns. Both models deal with problematic drug use.

The pleasure model, however, is concerned with explaining non-problematic drug use. Most people use both illegal and legal drugs without getting into trouble and this model implies that treatment and enforcement are not necessary for this group. People use drugs as part of their leisure activities for fun and pleasure and this activity does not impinge on the other parts of their life, particularly if they have a meaningful work and social life. This model has not been well developed because, those who support it argue, clinicians and researchers deal almost exclusively with people with problematic drug use. For this reason the pathology models dominate in the drug field. They only deal, however, with a minority of the drug using population. The pleasure model attempts to explain drug use among the majority, those with non-problematic patterns of drug use. It does not deny the realities of drug dependence and problematic use but it does argue that we need more than the pathology models to explain the diversity of drug use in the community.

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APPENDIX C:

QUESTIONNAIRE ON POSSIBLE OPTIONS FOR A TRIAL

Questionnaire for Reference Group on Possible Options for a Trial

Preamble:

You will be aware that the Legislative Assembly of the ACT has set up a Select Committee on HIV, illegal Drugs and Prostitution, chaired by Michael Moore. Among other things, this committee is considering ways to minimise harm arising from illegal drug use. One possibility is to do something about the availability of illegal drugs. It has been proposed that there should be a trial in the ACT where opiates* are made available to users through other than illegal channels. We are currently investigating whether or not such a trial would be feasible and we are looking particularly at:

- what such a trial should look like,
- what the legal and ethical issues are,
- what community and key stakeholder attitudes are, and
- how we could determine if such a trial in fact reduced harm.

We are currently obtaining comments by interview or questionnaire from a range of key informants about the first of these, namely what a trial should look like.

If opiates were to be made available to illicit drug users in a trial program in Canberra, how would you like to see such a program run? It would also be useful if you would comment on ways you think the program should not be run.

Please comment specifically on the following issues and, if possible, give reasons for your comments:

1. Which opiates (heroin, morphine, methadone) should be made available and which routes of administration (injectable, oral, smokeable, snortable) should be made possible?
2. What should be the characteristics of the users who participate in the trial (e.g. dependent users only, people who use heroin as their primary drug only, people not currently in a treatment program)?
3. What should the distribution point(s) be (e.g. health care centre, mobile bus)?
4. Where should the distribution point(s) be (considering particularly accessibility and driving under the influence)?
5. When should the distribution points be open?
6. Who should staff the distribution points?

*The term 'opiates' is incorrectly used throughout. The correct term is 'opioids' (see Appendix A). However the subtleties of the difference are unlikely to have misled the respondents.

7. If the drug has to be administered at the distribution site, how can this be made a pleasant/acceptable experience for both users and staff?
8. If the drug is allowed to be taken away, what insurance could there be that it is not diverted or used in a way which is harmful to community interests?
9. Should the drug be free or should the users pay? If you think users should pay, how much or how should the price be determined?
10. What should be the criteria for screening people who want to come onto the trial?
11. What should be the process for screening people who want to come onto the trial?
12. What are the advantages and disadvantages of setting up a register of dependent people or of users generally?
13. How can people's dependency status be measured?
14. Should participants be restricted to those living in the ACT? Should people living in Queanbeyan be included? How could we enforce residency criteria?
15. Should pregnant women be allowed onto the program?
16. Are there particular issues around the inclusion of people who are HIV positive or who have hepatitis B or C?
17. Should people on the trial be allowed to continue to use other illegal drugs?
18. Should there be behavioural standards people on the trial should be expected to meet in conducting their daily lives?
19. Should people on the trial be required to undertake counselling?
20. To examine whether or not the trial has been successful in reducing harm related behaviours, the people on the trial will be required to provide information about themselves. This will include answering questionnaires about drug-taking, criminal and other behaviours, urine tests, HIV tests and possibly other medical and behavioural tests. Do you have any comments about this?
21. What sort of legal protection should be offered to people taking part in the trial?
22. What should happen to people on the trial when the trial ends?
23. Any other comments?

PREAMBLE FOR INTERVIEWS

Interview Schedule for Key Informants on Possible Options for a Trial

Preamble:

You may be aware that the Legislative Assembly of the ACT has set up a Select Committee on HIV, Illegal Drugs and Prostitution, chaired by Michael Moore. Among other things, this committee is considering ways to minimise harm arising from illegal drug use. One possibility is to do something about the availability of illegal drugs. It has been proposed that there should be a trial in the ACT where opiates are made available to users through other than illegal channels. We are currently investigating whether or not such a trial would be feasible and we are looking particularly at:

- what such a trial should look like,
- what the legal and ethical issues are,
- what community and key stakeholder attitudes are, and
- how we could determine if such a trial in fact reduced harm.

What I would like to talk to you about is the first of these, i.e. what such a trial should look like. This interview will take about 1 hour. I would like to record your comments and include them in a report. You will not be identified in the report and while I will ask you for some information about yourself, this will not be used in a way in which you can be identified and I do not want your name or address. You can, of course, choose not to answer any of the questions.

If opiates were to be made available to illicit drug users in a trial program in Canberra, how would you like to see such a program run? I would also find it useful if you would comment on ways you think the program should not be run. While I would like you to be imaginative, I would also like you to be realistic.

I would like you to comment specifically on the following issues and, if possible, give reasons for your comments:

Questions as for Reference Group with three additions:

Q2a. How should people be recruited?

Q19a. What treatment options should be made available?

Q19b. Should they be compulsory?

APPENDIX D:**COMMUNITY ATTITUDES QUESTIONNAIRE**

Good evening/afternoon. My name is _____ and I'm calling on behalf of the Australian National University.

We are doing a survey in Canberra about the community's views of illegal drugs.

Your number has been randomly selected from the phone book and we do not record your name or address. Your answers will be totally confidential and will be added to others collected from Canberra to give us an overall picture. We will be asking questions about your attitudes to illegal drugs and a few questions about how drugs may have affected your life. Your answers to all of the questions are very important but, you are, of course, under no obligation to answer them.

If you are over 18 and have been a resident of Canberra for more than the last month would you answer some questions for me?

Q. 1 We often hear the phrase 'a drug problem'. When people talk about a drug problem, which drugs do you think of?

**** DO NOT PROMPT WITH SPECIFIC NAMES, BUT RECORD ANSWERS USING THIS LIST****

alcohol
 amphetamines/speed/uppers
 barbiturates/reds/purple hearts/downers
 cocaine/crack
 crank
 ecstasy/designer drugs
 hallucinogens/trips/LSD/angel dust/magic mushrooms
 heroin/opiates* /morphine
 inhalants/glue/petrol/solvents/rush
 marijuana/hash/cannabis
 pain killers/analgesics
 steroids /body-building drugs
 tobacco/cigarettes
 tranquilizers/valium/serapax/sleeping pills
 other (specify).....
 none

Probe: (Any others?)

*The term 'opiates' is incorrectly used throughout. The correct term is 'opioids' (see Appendix A). However the subtleties of the difference are unlikely to have misled the respondents.

Q. 2 I'm going to read out a list of activities that some people say are serious problems affecting the general community. I'd like to know how strongly you agree or disagree that each one is a serious problem for the community.

I'll ask you whether you strongly agree, agree, are neutral, disagree or strongly disagree.

Tobacco smoking is a serious problem for the community?

Do you strongly agree, agree, are you neutral, do you disagree or strongly disagree that tobacco smoking is a serious problem for the community?

What about:

Use of amphetamines or speed. Do you strongly agree, agree, are you neutral, do you disagree or strongly disagree that use of amphetamines or speed is a serious problem for the community?

What about:

Marijuana/hash use is a serious problem for the community?

Heroin use is a serious problem for the community?

Using hallucinogens like LSD is a serious problem for the community?

Cocaine/crack use is a serious problem for the community?

Excessive drinking of alcohol is a serious problem for the community?

Q. 3 How much do you agree or disagree with each of the following descriptions of heroin taking?

I'll ask you whether you strongly agree, agree, are you neutral, disagree or strongly disagree.

Taking heroin is a way of dealing with life's problems.

Taking heroin is basically wrong.

Taking heroin is really no different from getting drunk.

Taking heroin is a type of illness.

Taking heroin is a way of having a pleasant experience.

Now I would like to talk about a very specific issue.

You might have heard through the media that there has been a proposal to run a 'heroin trial' in the ACT. That is, a pilot program where existing heroin users are provided with heroin under controlled conditions. It is thought that a trial program might give Governments an idea of what might and might not work.

Q. 4 Had you heard of this proposal before I mentioned it?

(Yes, No, Don't know/not sure)

Some people think there are so many problems caused by illegal drug use that something new urgently needs to be tried. They would say that a proposed trial should go ahead.

Other people think setting up a trial is just too risky because it might make the problems even worse. They would argue that it should not go ahead.

Q. 5 Do you think a trial should go ahead or that a trial should not go ahead?

(Trial should go ahead, trial should not go ahead, don't know)

Q. 6 There are likely to be a number of potential benefits and potential problems with a trial to provide heroin under controlled conditions. I'm going to read you a list of some of them. How much do you agree or disagree with each of them?

I'll ask you whether you strongly agree, agree, are neutral, disagree or strongly disagree.

Providing users with heroin in a controlled trial will simply increase the number of people taking heroin.

Providing users with heroin in a controlled trial will improve their overall health.

Since Governments are worried about the consumption of drugs like alcohol and tobacco, it seems illogical to provide heroin to users.

Providing users with heroin in a controlled trial will help reduce the spread of AIDS in the community.

There will always be some people who take heroin so it is important to provide them with it in the safest way.

Providing users with heroin in a controlled trial sets a bad example for young people.

Providing users with heroin in a controlled trial means there will be no incentives for them to give up or cut back their use.

Providing users with heroin in a controlled trial means they will not have to mix with criminal elements or steal to pay for their drugs.

Providing users with heroin in a controlled trial will be bad for road safety because more drug-affected people will be driving.

Providing users with heroin in a controlled trial will reduce the amount of corruption in our community.

There has been no decision taken yet as to whether the trial will or will not go ahead.

It is not clear yet how a trial to provide users with heroin under controlled conditions would be conducted.

There are some important issues that we would like to get your views on. Regardless of whether or not you are in favour of the proposed trial, I would still like you to consider the following issues.

Q. 7 If a trial to provide users with heroin was conducted, do you think that it should only include people who are addicted to the drug or should people who occasionally use heroin also be included?

(Addicted users only, both, don't know, totally against trial)

if answer to Q 7 is addicted users only:

Q.8a If users were to be provided with heroin as a trial in the ACT, do you think all addicted users or only a limited number should be included?

(All addicted users, only limited number, don't know, totally against trial)

OR

if answer to Q 7 is both or don't know or totally against trial:

Q. 8b If users were to be provided with heroin as a trial in the ACT, do you think all users or only a limited number should be included?

(All users, only limited number, don't know, totally against trial)

Q. 9 If a trial was conducted, do you think that it should include heroin users aged under 18 years?

(Yes, no, don't know, totally against trial)

Q. 10 If a trial was conducted, should users be allowed to take their drugs home or should they be required to use them at the distribution point?

(Take home, use at distribution point, don't know, totally against trial)

Q. 11 Since most heroin users also take a range of other illegal drugs, should the proposed trial provide only heroin or should marijuana also be provided?

(Heroin only, marijuana also, don't know, totally against trial)

Q. 12 As I have just said, most heroin users also take a range of other illegal drugs. Should the proposed trial provide only heroin or should other illegal drugs like amphetamines, cocaine and hallucinogens also be provided to those who generally use them?

(Heroin only, other drugs also, don't know, totally against trial)

Q.13 If a trial was conducted how worried would you be that heroin users would be attracted to the ACT from elsewhere in Australia?
Would you be very worried, somewhat worried, or not worried?

(very worried, somewhat worried not worried, don't know, totally against trial)

Q. 14 If a trial was conducted, do you think users should have to pay for the heroin?

(yes, no, don't know)

Q. 15 Now that you have heard about some of the potential benefits and potential problems of a trial, is your overall reaction to the proposed trial favourable or unfavourable?

(Favourable, unfavourable, neutral)

Now I would like to ask you a few general questions about yourself:

Q. 15 Are you:
Male
Female

Q. 16 In what year were you born? -----

Q. 17 How old were you when you left school? -----

Q. 18 Since leaving school have you obtained a trade qualification, certificate, diploma, degree or any other qualification?

Yes
No

Which of the following best describes your highest qualification?

Bachelor degree or higher degree
Trade or apprenticeship
Certificate or diploma
Other: -----

Q. 19 Do you have any children under the age of 25 years?

Yes
No

Q. 20 Do you currently practice a religion?

Yes
No

Illegal drug use is very common in the community and its effects are widely felt.

Q. 21 Have you or has someone close to you been affected by a crime that you think was committed by illegal drug users?

Yes/No/Don't know

Q. 22 Does anyone close to you currently use illegal drugs?

Yes/No/Don't know/Has in past

Q. 23 Has anyone close to you ever suffered from health or other problems resulting from illegal drug use?

Yes/No/Don't know

Many people have tried illegal drugs at some stage in their lives.

Q. 24 Have you ever tried an illegal drug?

Yes
No

if yes to Q 24:

Q. 25 Which illegal drugs, if any, have you used in the past 12 months?

** DO NOT PROMPT WITH SPECIFIC NAMES, BUT RECORD ANSWERS USING THIS LIST**

amphetamines/speed/uppers
 barbiturates/reds/purple hearts/downers
 cocaine/crack
 crank
 ecstasy/designer drugs
 hallucinogens/trips/LSD/angel dust/magic mushrooms
 heroin/opiates/morphine
 inhalants/glue/petrol/solvents/rush
 marijuana/hash/cannabis
 pain killers/analgesics
 steroids/body building drugs
 tranquilizers/valium/serapax/sleeping pills
 other (specify).....
 none

Probe: (Any others)

if yes to Q. 24:

Q. 26 Have you ever suffered from health or other problems because of illegal drug use?

Yes/No/Don't know

Thankyou very much for your time. You have been very helpful.
 Goodbye.

APPENDIX E:**INVITED RESPONSES FROM COMMUNITY GROUPS AND INDIVIDUALS**

Views were invited by letter from, the following organizations:

Aboriginal and Torres Strait Islander Commission	Lifeline Canberra Inc
Aboriginal Health clinic and Health Services	Lions Club
ACT Bar Association	Mancare Community Services
ACT Council of Parents and Citizens Associations Inc.	Migrant Resource Centre
ACT Council of Social Services	Motor Trades Association
ACT Legal Aid Commission	National Aboriginal Islander Legal Services
ACT Life Education Centre	National Roads and Motorists Association
ACT Scouts Association	Northside Community Service Inc.
ACT Workers with Youth Network	Open Family Foundation
AIDS Action Council of the ACT	Pharmaceutical Society of Australia
Alcohol and Drug Foundation, ACT	Pharmacy Guide of Australia, ACT Branch
Alcoholics Anonymous	Rape Crisis Centre
Anglican Church of Australia, Canberra & Goulburn Diocese	Rotary Clubs Australia
Apex Club	Royal Australasian College of Physicians
Apostolic Church of Australia	Royal Australian & New Zealand College of Psychiatrists
Australian Chamber of Commerce	Royal Australian Nurses Federation
Australian Council of Alcohol and Other Drugs Assoc.	Seventh Day Adventist Church
Australian Hotels Association	Seventh Day Adventist Community Service
Australian Medical Association, ACT Branch	Smith Family
Australian National University Counselling Centre	Society of Hospital Pharmacists, ACT Branch
Australian Red Cross Society, ACT Division	Society of St Vincent de Paul
Australian Small Business Association	Southside Community Service Inc.
Belconnen Community Service Inc.	Trades and Labour Council ACT
Beryl Women's Refuge	Tuggeranong Community Service
Canberra Youth Refuge	Uniting Church Presbytery of Canberra
CARE Credit and Debt Counseling Services	Victims of Crime Assistance League (ACT) Inc
Caroline Chisholm Women's Refuge	Vietnamese Buddhist Association
Catholic Archbishop of Canberra and Goulburn	Workers In Sex Employment
Consumers' Health Forum of Australia Inc.	Woden Community Service
Counselling Centre, University of Canberra	Women's Electoral Lobby
Domestic violence Crisis Service	Women's Information and Referral Centre
Doris Refuge	Young Men's Christian Association
Federation of Ethnic Communities Council of Australia, ACT Branch	Young Women's Christian Association
Insurance Council of Australia Ltd.	Youthline Canberra

An advertisement was placed in *The Canberra Times* on 1 June 1991, and three responses were received.

Advertisement calling for community comment
The Canberra Times 1 June 1991



THE AUSTRALIAN NATIONAL UNIVERSITY

Feasibility Research into the Controlled

Availability of Opiates

The National Centre for Epidemiology and Population Health (NCEPH) at the Australian National University has been asked to explore the feasibility of a Canberra based trial to make opiate drugs such as heroin available to users in a legal and carefully controlled manner.

The request arises from submissions to the Legislative Assembly of the ACT Select Committee in HIV, Illegal Drugs and Prostitution, chaired by Mr Michael Moore, Independent MLA. Among other things, this committee is considering ways to minimise harm arising from illegal drug use. One possibility is to do something about the availability of illegal drugs. It has been proposed that there should be a trial in the ACT where opiates are made available to users through other than illegal channels.

NCEPH is currently investigating whether or not such a trial would be feasible and we are looking particularly at:

- what such trial could look like,
- what the legal and ethical issues are,
- what community and key stakeholders attitudes are,
- what the political context in which this trial would occur is, and
- how we could determine if such a trial in fact reduce harm.

We are inviting members of the community who may have an interest in this issue to comment on whether or not such a trial should go ahead and what specific aspects of such a trial would be of major concern.

We are working to a very tight timeline, so for comments to be considered as part of our main report they will need to reach us at the address below by Monday June 17, 1991.

Would you please indicate your response whether or not you would be happy for your comments to be published as an appendix to the report to the Select Committee, which will be a public document.

Address for comments:

Feasibility Research into the Controlled Availability of Opiates
National Centre for Epidemiology and Population Health
Australian National University
GPO Box-4
CANBERRA ACT 2601

Community Group Responses

The following community groups responded. Those printed in **bold** had substantive responses and all gave permission for them to be published.

ACT Council of Social Service, Inc.

Alcohol & Drug Foundation of the ACT Inc.

Australian Democrats ACT Division

Australian Medical Association, ACT Branch

Consumers' Health Forum

Drugs in the Family Inc.

Legal Aid Office (ACT)

Open Family Foundation

Pharmaceutical Society of Australia (NSW Branch - ACT Sub Branch)

Pharmacy Guild of Australia ACT Branch

Rotary International District 971 Australia

Society of Hospital Pharmacists of Australia (ACT Branch Committee)

Society of St. Vincent de Paul

Victims of Crime Assistance League (ACT) Inc

Women's Electoral Lobby Australia Inc.

Individual responses

The following individuals have agreed to the publication of their responses. They responded either to the advertisement or to other information in the press or as individuals associated with but not representing a community Organisation.

Dr Anne Byrne

Mr Rohan Jones

Dr Richard Refshauge

Dr John Saboisky

Other

A meeting was held with ACT Adult Corrective Services, Housing and Community Services Bureau, who also provided a written response.

All responses received with permission to publish are included on the following pages.

ACT Council of Social Service, Inc.

Griffin Centre, Bunda Street, Canberra City
PO Box 195, Civic Square, ACT 2608
Phone: (06) 248 7566 Fax: (06) 247 7175

Logo not
copied

ACTCOSS

Patron: Mrs Hazel Hawke

6 June 1991

Dr Gabriele Bammer
Research Fellow and Project Co-ordinator
National Centre for Epidemiology & Population Health
The Australian National University
GPO Box 4
Canberra ACT 2601

Dear Dr Bammer

Thank you for your letter of 31 June 1991. We are delighted that the ACT Government is taking seriously the issue of supply of drugs to registered addicts.

Enclosed is a copy of our budget submission to the ACT Government. You will note that in the section on prisoners pps. 35-36 we deal with the issues you are considering. I want to make it clear that all member of our General Committee have endorsed this position.

We would be happy to have this material reprinted anywhere. I would be happy to further discuss this matter with you.

Yours sincerely,

(Signature)

Dr John Tomlinson
Director

Enc.

Extract from **ACTCOSS News**, April 1991, No. 2. ISSN 08 16-2689, Registered by Australia by Australia Post, Publications No. NAW 5462, p35-36.

Prisoners

It is time that the Government stopped transporting ACT minimum security prisoners to NSW. Maximum-security prisoners, psychiatrically-disturbed, violent prisoners and perhaps a few other prisoners with special needs or difficulties will for the foreseeable future need to be transferred to interstate facilities because it is far too expensive to set up the range of programs needed to cope with the difficulties they present and the needs which they have.

There needs to be created a corrective/rehabilitative/punishment service in the ACT in a way which is compatible with the most advanced thinking of correctional and criminology agencies. At the moment Victoria jails 70 people for every 100,000 citizens, NSW jails 143 and soon, as a result of its policy of "truth in sentencing" will be jailing somewhere between 160 and 170 per 100,000. The ACT has the lowest imprisonment rates in the country but still jails somewhere between 30 and 35 people per 100,000. In Holland, Dutch authorities only jail 8 per 100,000.

Short-term Aims

In the near future all minimum security prisoners should be returned to the ACT. Many of the people for whom the Government now pays \$1300 a week to keep in NSW prisoners are involved in work release programs or spend their time on prison farms where the surveillance regimes are about the equivalent of those that exist in a well-run kindergarten. If medium security prisoners are to be kept in the ACT, then there is a need to arrange a number of facilities which are capable of ensuring that the prisoners do not re-offend.

The Government has already started therapy aggression programs run through Corrective Services, an Attendance Centre run by Corrective Services, and has a well functioning community service order program in operation. This is a good start, but there is a need to develop a range of facilities including a bail hostel, half-way houses in the community, proper drug and alcohol counselling services for people in the corrective process. The Government needs also to develop a facility which is capable of holding prisoners who are not allowed out on work release and prisoners who have failed to observe the conditions of less-restrictive regimes.

Such a facility **must not be a prison**. It must not be surrounded by razor wire and high walls, but should use the latest electronic surveillance in order to keep track of such inmates at all times. The technology now exists with electronic surveillance techniques to incarcerate a person within set geographical limits and to immediately set off a warning should that person go outside of those geographical limits. The reason for opposing the construction of a prison is that once a prison is developed the whole mind-set of employees working in such a system changes, and progressive correctional ideas get submerged under the regulations and practices which are part and parcel of all prisons.

The secure facility should rely on creating an interesting and therapeutic environment rather than the 18th century prison custodial environment which still exists throughout many NSW jails. The ratio of community/staff must be very high, the level of training of those staff must be high and varied. Strenuous efforts must be made to upgrade and hopefully maximise whatever educational attainments the inmate has in order to prepare inmates for future employment. A smooth transition of the inmate through a range of

less-strict regimes and then eventually for release into the community should be the ultimate goal.

Whilst the prisoners are in detention in the ACT every effort must be made to maintain their links with their family, to help them maintain social contact with an increasing number of community people, some of whom may well have committed offences in the past. The overriding philosophy of such a service must be to rehabilitate people who have committed offences against this society, or individuals in the society, to teach them better ways of coping and to make them better citizens and more productive employees in the future.

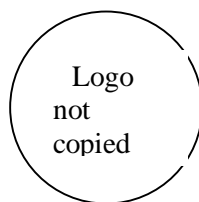
Legislation

A review of all legislation in the ACT which results, or has the potential to result in custodial sentences should be undertaken. There is a need to look at existing legislation to see whether it is really appropriate in the dying days of the 20th century and in the 21st century.

All drug-taking should be decriminalised and a network for the supply of all illegal drugs to registered addicts should be established. This must be done with proper medical and pharmaceutical supervision. Once an individual drug-addict is assessed it would be possible for such an addict to be given a card, not dissimilar to a bankcard, which would allow that addict to receive his or her particular drugs through a machine not dissimilar to a bank vending machine on a 24-hour basis.

Decriminalisation and supply of drugs to registered addicts, if it were unilaterally carried out, may not have a significant advantageous outcome. It is essential that any such legislation only be put in place after adequate funding of community-based alcohol and drug rehabilitation programs, counselling services and self-help groups are in place. Eighty per cent of people in prison have problems with alcohol and/or drugs. Over forty percent of crimes for which they are sentenced are directly related to obtaining alcohol and drugs, or are the result of being affected by alcohol and drugs. If the Government expanded the drug and alcohol rehabilitation programs and supplied, at cost plus administration charge drugs of addiction, then the ACT is likely to cut the number of people going to prison by nearly one half.

GPO Box 1219
Canberra City
ACT 2601



**ALCOHOL & DRUG FOUNDATION of the
AUSTRALIAN CAPITAL TERRITORY Inc.**

Rooms 30-33
Health Promotion Centre
Childers Street
Canberra City

Telephone: (06) 247 4747
Facsimile: (06) 247 2853

20 June 199 1

Ms Gabriele Bammer
Project Co-ordinator
Feasibility Research into Controlled
Availability of Opiates
NCEPH
Australian National University
GPO Box 4
CANBERRA A.C.T. 2601

Dear Gabriele,

I apologise for the delay in providing the attached comments regarding the feasibility study.

Because of time constraints it has been difficult to canvas the views of the entire ADFACT Committee, because of this, the comments made are my own individual views and not necessarily those of the Alcohol and Drug Foundation.

I am happy if you wish to publish these comments as part of an appendix to the Select Committee Report.

Yours sincerely

(Signature)

Charlie Blatch
Service Director

FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILABILITY OF OPIATES

Because of the time constraints the ADFACT Executive Committee has been unable to form a joint opinion regarding the feasibility of a Canberra based trial to make drugs such as heroin available to users in a legal and controlled manner. The following comments are therefore the individual views of the Service Director only.

In the first instance such a project will need considerable organisation, whether or not such an infrastructure exists is uncertain, but will be expensive to set up and maintain. Because of this it is envisaged there may be a good deal of difficulty and some reluctance to dismantle this project at any predetermined time, leading to the conclusion that this proposed 'pilot' project is not really a trial but the 'thin edge of the wedge' and the beginning of a commitment towards legalising the use of opiate drugs. The following comments are made with this in mind.

IMPACT OF CRIME AND ECONOMY

- It is expected that if the 'trial' proceeds, this will attract many drug users from interstate to the ACT which will increase the pool of drug users, increase the risk of associated crime and put a great strain on services and something the ACT cannot afford.
- In considering the factors associated with drug related crime it has been commented that as many as 50% of drug users have criminal records which antedate their use of drug. Therefore by legalising or merely putting dependent drug users on to a regulated supply program, will not necessarily eliminate their criminal propensity.
- Crime is an industry in its own right, for instance the illicit drugs industry provides a massive cash flow, often used for carrying out other illicit activities. If drugs such as (say heroin) became legal, it does not necessarily follow that illicit crime syndicates would collapse and that the crime rate would fall. An alternative result would be that organised criminals would transfer their activities to other areas such as illegal gambling, prostitution, smuggling, illicit arms sales, even developing new drugs, and so on - law enforcement agencies would still be required to battle organised crime and at the same costs.
- The excitement and anti-social behaviour related to seeking drugs is part of the sub-culture and are powerful stimuli, however, even if the crime rate were to be reduced, it is argued on the other hand there would be an increase in health related problems.

HEALTH

- Using the legal drugs of alcohol and tobacco, (as an example), which are known to be responsible for thousands of deaths each year, contribute to one-in-four current hospital admissions, be a major factor concerning divorce and other social dislocations, and the economic, social and health costs are already extremely high. It therefore seems extremely unwise to further risk jeopardising the health and general well-being of our population at the expense of 'legalising' illicit drugs, in the hope that the crime rate will subside.
- It makes little sense for authorities to campaign for more appropriate use of (say) tranquilizers, (such drugs can relieve the traumas of facing lifes' realities), whilst offering heroin, one of the most potent anti-worry chemicals known to man.
- It would be very difficult to provide legal drugs such as heroin, in the same way in which legal methadone is dispensed. There is no set dose for heroin as after a short time adaption sets in and a stronger dose is required to get the same effect - there would have to be a variety of doses available, some of which might be lethal to a non-regular user.
- The issue of tolerance has not been properly considered. There is instead an assumption that people will decrease use through this program when the opposite is more likely ie. As tolerance increases, so too will used illegal use of drugs in order to maintain balance. This will continue black market ort illegal use.
- Heroin has a 'life' of four house compared to methadones 24 hours, so instead of a daily visit for methadone, up to six visits each day would be required for a daily dose of heroin. Alternatively, takeaway doses leaves itself wide open for abuse ie. The possibility of unlimited supply or using six-doses-in-one, or the selling of excess supplies to others.
- Many people may decide to, or continue using illicit drugs, as many decide to use alcohol as part of their daily lives. The intention of alcohol use varies widely, from its contribution to the enjoyment of a meal, to comply with social convention, to induce a relaxed state, to overcome shyness, to cope with emotional problems, to induce euphoria or even suppress withdrawal symptoms. Those working in the field of problem alcohol use are conscious that when alcohol is used predominantly for its euphoriant or intoxicating effects, a serious risk of developing a dependency state, and other alcohol induced problems arise. The use of drugs such as cannabis, amphetamines and narcotics etc., is almost exclusively associated with the desire to produce a major mood altering change, especially a sense of euphoria, so it seems to follow that to risk the increase of availability, is to risk the likelihood of increased health problems.
- The free availability of mood altering drugs, even though governed by some regulation will inevitably create serious problems. An unknown number of people in the community will be under the influence of drugs. As with alcohol, they may be people at all levels of responsibility such as judges, lawyers, doctors, policy makers, business executives, drivers of public and private vehicles, workers on building sites, contractors etc. The use of these drugs will affect cognitive functions, subtle and not so subtle cognitive impairment, which can result in serious errors, affecting the lives and safety of many in the community.

Society is attempting to prevent such problems occurring through alcohol use, by regulation through drink driving laws, and education campaigns concerning health related issues, it would seem a contradiction to risk increasing these problems.

INJECTABLE DRUGS AND AIDS

- The HIV epidemic in particular has provided the opportunity to examine the risks not so much on drug use itself, but on drug laws. The arguments against easing drug policy include increasing the range and toxicity of legal drugs, providing explicit approval of drug-taking, and creating a much larger pool of drug users and health problems.
- When new injecting drug users are recruited, they are likely to be injected by others, at least in the early stages until they gain confidence and some dexterity. It is speculated that new recruits will be added to the IV population and increase the size of the risk taking population. With the powerful educative force of condoning IV drug use, the young are not discouraged in this behaviour - the fact is that the self administration of IV drugs is a hazardous procedure in its own right, and should not be encouraged as a measure to combat AIDS.
- More recently the suggestion to 'legalise' drugs such as heroin, has been promoted as a strategy in combating the transmission of the HIV infection through the sharing of needles by injecting drug users. This is on the basis that a heroin loaded syringe, its contents and needle are completely uncontaminated, will not be used again, and will be disposed of in a completely safe manner.
- The effect of 'legalising' drugs such as heroin cannot be addressed in isolation, since it is the practice of sharing needles which is (one way) responsible for HIV transmission, and not the compound of the drug in the syringe. Many different drugs are used on an injectable basis and society has to somehow decide which drugs are acceptable and which are not. For instance in terms of potential harm and social disruption, to contemplate the legalisation of heroin without also legalising cannabis would be nonsensical. To overcome this situation it appears logical that if currently illicit drugs are to be 'legalised', this must include all currently available drugs and provision made to cover substances yet to be designed.
- This would cover the needs of the so-called recreational or occasional user, after all the spreading of HIV is a bit like getting pregnant - you only need to make one mistake!
- However there are many dangers in the simplistic view of making drugs legally available - for one it creates the message of young people contemplating drug use, that it can be responsibly controlled, and that society is so corrupt that drug usage cannot be curtailed any way. This is a defeatist attitude and since not all community officials are corrupt, it seems to indicate that society is more concerned with saving material possessions than our young people. Furthermore to loosen the controls on currently illicit drugs will be a major move towards social control, where it will be much easier to manage difficult groups in our community. One may contend that using the prison system as an example, if the officers in charge really did not want drugs in prison there wouldn't be any, as it is, it is more convenient to allow drug use in order to 'medicate' people and consequently control them.

CONCLUSION

There are clearly some very strong and persuasive academic arguments in favour of revising current drug laws to allow for currently illicit drugs to become more freely available.

However, many of these arguments are considered to be naive, and are based on the premise that current treatment efforts do not provide a 'total cure'.

Perhaps if treatment efforts were encouraged to be applied more evenly - better co-ordinated with other agencies and disciplines, and were subjected to rigorous quality control or research, agencies would be in a better position to match clients with a more positive treatment intervention.

It does not mean that treatment has failed because the wrong client is subjected to the wrong intervention, and should not lead to the conclusion that treatment has failed and society should give up and resign drug users to a synthetic adaption to life.

(Signature)

Charlie Blatch
Service Director
ADFACT

AUSTRALIAN DEMOCRATS

ACT Division

Fax No.: 273 1251

Phone contact: National Sec: 273 1059

COMMENTS REGARDING THE FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILIBTY OF OPIATES

Contact:

Julie McCarron-Benson
239-6403 (h)

Jim Coates 286-2564 (h)

see attachment 1: - separate comments from a member wishing to remain anonymous (3 pages)

Australian Democrats, P O Box 438, Civic Square ACT 2608

Australian Democrats ACT

The Australian Democrats (ACT) support making opiate drugs available in a legal and controlled manner for a trial period in the ACT.

We recognise that there are two categories of users. Those persons who require opiates for relief or treatment of pain. And those persons who are addicted. The latter group falls into two broad types: the well-off (able to sustain quality but illegal supplies) and the poor (unable to sustain supply - turn to common crime -prostitution, robbery - for supply).

While the needs of the pain-ridden for opiates must be addressed this submission will concentrate on those users addicted to illegal opiates.

We believe the effects of addiction to illegal drugs touches all our lives in a variety of ways. From those of us who have a member of our family caught up in the web of illegal dependency to the ordinary citizen having to pay high insurance premiums because of drug related crimes. We cannot avoid these consequences if we continue to treat the users as criminals. In the same way as our society has come to recognise alcoholism as a disease so also must we regard drug addiction as a disease. We must treat the user as 'a victim of crime. The crime is the deliberate peddling of an illegal addictive substance. The opportunity to trial availability of opiates in a controlled manner gives us the opportunity to take the stigma of crime away from the disease.

We recognise-that there are two most-likely scenarios on which to model the trial.

1. A small select group of referred users in a short time frame with limited use for clinical evaluation, or
2. An openended self-referral scheme, long time frame which would allow many studies to be carried out, such as long term effectiveness of withdrawal programmes, side effects of opiate use.

We believe that the model for a trial such as this must be long term and ensured of proper funding.

We ask that the following comments be noted in the setting up of the trial

- * accompany trial with harsher penalties for the peddling of opiates
- * confidentiality of user identity
- * immunity from prosecution for users
- * continuous intake, envisage scheme would take some time to gain acceptability among users
- * availability of accommodation, income (DSS) occupation (perhaps MANCARE could be used as a

model)

- * counselling for family support and acceptance

- * need to establish some form of monitoring in beginning to ensure against dealing - say administration of prescribed drug on established premises

- * recognise that as trial succeeds users from outside ACT will be attracted to the ACT to take part - however for the purpose of the trial period access to the programme must be limited 'to ACT residents

- * a comprehensive public awareness campaign must accompany the trial. It must inform the community that trial is going to occur and allow frank expression of concerns. The campaign must outline requirements and conditions and must be specific in spelling out the aims and intentions of the trial. Later further information should be given out including news that trial is proceeding with updates on human interest statistics and some success stories,

- * be aware that community fear must be dispelled.

- * maintain methadone and other drug programmes

- * recognise that minors need special consideration

INDICATIONS OF SUCCESS:

- * assume programme runs for sufficient time should see lowering of crime -theft, burglary, robbery in ACT and surrounding districts

- * drop in numbers of sex workers especially underage

- * drop in domestic violence

- * case histories cataloguing success, removal of stress of being found out and resultant shame for self and family, lowering of business pilfering and white collar crime once used to pay for supplies

- * development of self esteem and successful withdrawal from addiction

- * acceptance of the community that opiate drug addiction is a disease and the subsequent support by the community for on-going and proper funding for the project to continue

- * easing on medical facilities of problems caused by irregular and differing standards of drug supply and additives

Attachment 1. Australian Democrats Anonymous

SUBMISSION:

National Centre for Epidemiology and Population Health.

Proposed Canberra based trial for opiates administration to users in a legal and controlled manner :
'minimising harm, arising from illegal drug use'

Questions asked:

1. what a trial could look like
2. legal and ethical issues

3. community and key stakeholders attitudes
4. political context of any such trial
5. indices of successful prevention of harm
6. areas of such a trial likely to be of concern

The questions asked seem incomplete, since a narrow focus may lead to misleading interpretations if the trial is implemented in a city undergoing major social and political change. .

A trial that acknowledges the broader fundamental trends that are reforming the whole area of illicit drugs and political/legal interference in optimum preventive community health care is require.

SOCIAL AND COMMUNITY REFORM HEEDS FROM SUCH A TRIAL:

#. Opiates (eg heroin) for clinical use, in a manner and administration as prescribed by reasonable medical opinion. Implicit with this is a need to remove all barriers to optimum therapeutic choices (eg. heroin to dying cancer patients) currently in existence.

1. We need a reversal of our long term social neurosis about opiates and 'drugs' that has transformed illegal drugs into an illegal money economy thus fuelling the health and social costs we now face.
2. Can we convert our drug addiction problem into a group expertise and success that can act as a model for others?

ADDICTS NEEDS FROM THE TRIAL

3. A general recognition of the right of patients for access to optimum therapy prescribed by their doctors, so long as this does not interfere with the rights of others. This includes access to opiate maintenance therapy consistent with prescribed patient needs
4. Diverse community therapeutic styles and locations within the community, appropriate to patient needs : eg improved access to half-way houses/ therapy centres and new social networks outside their drug-dependancy culture.
5. The removal of community fear and ignorance that victimises some recreational drug abusers , by addressing the underlying causes of addiction within the community .
6. Restore mutual respect and co-operative partnership between patient and health providers, with the patient retaining maximal responsibly for their own health, restoration of self-esteem, independence and self-responsibility.
7. The decriminalization Of personal use, growth and possession of other drugs (eg marijuana) is implicit in the focus of these questions.

GOVERNMENT NEEDS TO BE ADRESSED BY A TRIAL:

8. The maintenance of goodwill and co-operation between addicts, self-help groups, health professionals and government.
9. Long term cost savings as identified by true cost assessment, not superficial monetary analyses that ignore social and health costs arising from traditional failed approaches.

FUNDING OF TRIAL:

10. Transfer of funds from failed current suppressive attempts to fund other strategies in a budget-neutral fashion could occur, provided realistic assessment of the true hidden community costs is the starting point. (eg decreased policing/court/jail costs by policies other than criminal suppression).

11. Such a trial could be tied to the levelling of fees on destructive behaviours that reflects the true cost to community, together with transfer of such funds to reward constructive behaviours and the research needed in preventive/therapeutic care.

HEALTH PROFESSIONAL NEEDS WITH RESPECT TO A TRIAL:

12. Remove oppressive political laws that interfere with the optimum treatment of patients by health professionals according to the patient's needs.

13. A full range of therapeutic management choices consistent with reasonable medical opinion should be available.

14. Advertising and encouragement of inappropriate drug use in all forms should be prevented. This should apply to manipulative or emotive advertising techniques, but not suppress sources of honest information and education.

RESEARCH NEEDS OF THE TRIAL:

15. To identify direct indices of the overall community costs of drug abuse now, and monitor these during the period of trial. Such indices need to reflect change of social behaviours in society, addicts, health professionals towards protective behaviours,

16. The true community costs of current social and legal policies must be exposed at the commencement of any trial.

17. A narrow focus on heroin may be misleading in that other reforms with respect to all drug abuse will have major effects on community behaviours.

POSSIBLE INDICES OF PROGRESS:

18. drug conviction and jailings: estimated total community cost per case or trial: including investigation/prosecution and jail

19. Differential age and length of addiction profiles of maintenance opiate addicts within the trial.

DESIGN OF TRIAL: PARTICIPANTS TO ANSWER THE ABOVE NEEDS:

20. Youth drug dependencies seem to be more in stimulant abuse than opiates and these people may represent the group most in need of specific preventive care. Targeting opiates without including other abuses seems an inadequate focus.

21. Self-help groups, particularly ex-addicts may be a necessary component of such a trial, (ex-addicts who are firmly in touch with the subterfuges employed to by addicts to manipulate events and people).

22. Practical access to distribution needs to adapt to the dose-schedulings needed for the trial. Such a trial could be combined with 24-hour drop-in centres at ACT major town centres (or mobile buses?):

aiming to improve the transitional support networks outside the drug dependence sub-cultures .

23. Mode of administration: prolonged action, controlled, high safety margin, manageable half-life (bd or daily), are all key questions

24. Education of health professionals in monitoring and care would need to be part of the trial design' this is an ideal role for networks of excellence involving self-help groups (informal peer education)

25. The model of nicotine gum replacement therapy, for tobacco addiction, to separate the physical addiction from ritual or emotional behaviour is an appropriate therapeutic choice to be applied to opiates and other illicit drugs.

POLITICAL REALITY:

26. Australian political and legal systems have no place in the direct limitation of therapeutic treatments available to patients as prescribed by registered medical practitioners acting on their reasonable opinion. A Change of political perceptions is one potential outcome of such a properly designed trial.

27. The Community may feel threatened by change and this prevents progress. (e.g. we could naturally attract addicts from elsewhere?)

As from ACT Branch AMA
PO Box 14
GARRAN ACT 2605

Dr Gabriele Bammer
Feasibility of research into the controlled availability of opiates
National Centre for Epidemiology and Population Health
Australian National University
GPO Box 4
Canberra ACT 2601

Dear Dr Bammer

Thank you for your letter of 31 May 1991 addressed to Mrs Christine Brill at the ACT branch of the AMA. Your letter was discussed briefly at the last meeting of the Council of the Branch, and I was asked to reply after whatever consultation with other members was practicable.

I think I should note that meeting your requested deadline has proved to be impossible for us, and I have no doubt that many other organisations dependent on voluntary labour will have had the same difficulty. I do suggest you and the Committee allow realistic time limits for reply. On issues which can have such an impact on the community, it is important that the consultation process be genuine.

In the event the only other member of the branch to whom I have been able to speak concerning your proposal is Dr Keith Powell, who tells me that he is associated with it. The comments that follow therefore are largely my own personal views, although I do believe they would be supported by many of my professional colleagues.

I have not had the opportunity to read any report from the Select Committee on this subject and do not even know if there is one. However the past performance of ACT Select Committees does leave us wondering about the quality of the professional advice they have received. Examples of this are the proposal for fluoridation at a level which lacked any scientific basis (I am aware that NCEPH was associated with this proposal) and a report on HIV which gave a seriously flawed account of the natural history of HIV infection. While I am not asserting that there has been any poor quality advice in this case, you will understand that this possibility colours our approach.

The major point I would make to you therefore is that the investigation of feasibility must be conducted to the highest scientific standards. This would require assessment at least by Australians with International reputations, and possibly by international experts. Certainly any proposal should have the support of both the NH&MRC and of NCADA, and be regarded as a national priority by both bodies. Without such endorsement, the medical profession would find it difficult to support the proposed research.

I am also very conscious that controlled availability of opiates was first implemented perhaps as long as 20 years ago in London, yet it has not been taken up in many other places. You must tell us why. If your argument is that the HIV epidemic has changed the balance in favour of controlled availability, the opportunity for reducing the spread of HIV infection must be documented - I am aware of the statistical

capability of NCEPH in this regard.

While I do not pretend to speak for the ACT community, I have no doubt it would be very concerned if the effect of your proposal were to attract existing drug addicts to the ACT. Trials which might do this should be avoided at all costs.

I would be happy for these comments to be published as you suggest.

Yours sincerely

(Signature)

JW Donovan
Immediate Past President
18 June 1991

DRUGS in the FAMILY Inc.

Logo not
copied

73 National Circuit,
Deakin A.C.T. 2600
June 9, 1991

Ms Gabriele Bammer
N.C.E.P.H.
A.N.U.
G.P.O. Box 4,
Canberra City 2601

Dear Ms. Bammer,

FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILABILITY
OF OPIATES

In response to your letter of May 31, 1991 a special meeting of interested members of Drugs in the Family was held to consider what contribution we could make to your study, and in particular to the third and fifth items mentioned in your letter. All those present have adult children in the final stages of recovery from serious and lengthy addiction to heroin, most of whom have found methadone an important element in their recovery, though none are still using it.

I need to say at the outset that we were considerably hampered by lack of detailed information about the nature of the trial proposed (e.g. its length, selection of participants, use of a control group, rationale for adding this to the existing methadone programme, whether the heroin would be free, or involve a small or large cost to participants). At a late stage we were fortunate enough to obtain a copy of your questionnaire intended for present or past opiate users, which at least gave us some idea of the alternatives being considered. Your office was unable to give us any of this information when it was requested.

We approach the question in a dual-role: as citizens and as parents. As citizens we are concerned by the spread of AIDS related to needle use, and by the high level of corruption and crime associated with drug abuse in the ACT. For the trial to demonstrate that it had reduced harm in these areas there would need to be evidence of positive improvements on both counts. Whether the 6-12 month trial (apparently) envisaged would be sufficient to produce reliable data we are uncertain. In our view a considerably longer period, and very careful collection of data would be involved.

As parents, our primary interests have been, and are, in the recovery of our children from drug abuse, and in the return of our family lives to stability. Harm reduction is the primary purpose of our group; it exists precisely to reduce the "infection", by drug abuse in one of its members, of the physical and emotional health of the others, parents and siblings

The forms of harm with which we are familiar would be reduced if:

- heroin abusers showed clear signs of getting off the drug (for us the signs would include that the addicted persons themselves said that they were recovering, and as well as becoming self-supporting reduced intake and did not transfer to other drugs)
- if deaths from overdose on street heroin were reduced,
- if our own encounters with the law in the form of police, lawyers, courts and gaols diminished and did not recur, and if our children no longer developed criminal records,
- if our homes were no longer at the mercy of drug-abusing visitors and potential burglars,
- if the mental and psychological results of addiction (unreliability, unpredictability, deception, theft from family members as well as the wider community) were gradually replaced by honesty and responsibility,
- if the associated medical and emotional problems of family members diminished and disappeared.

In our particular families these processes have now begun, and are mostly well-established. They have accompanied the cessation of heroin use. Parents' and siblings' visits to doctors, psychiatrists, hypnotists and counsellors for addiction-promoted disorders have diminished. We have begun to resume what feels like a normal lifestyle. (Other, newer, members of our group, however, are still confronting unsolved problems every day).

We wish to emphasise, however, that this has taken, in every case, several years. Progress has been slow, with many setbacks. We do not believe, from our own experience, that a 6-12 month trial period would be likely to give reliable results in the areas specified above. For the mental and emotional recovery of addicts, for an almost complete change in friendship networks, for a wholehearted commitment to a drug-free lifestyle to develop, for self-support to begin, it seems that a longer time is necessary.

We are also aware that serious trouble of various kinds has been one of the incentives for our children to make new decisions about their lives; we are not sure whether the attractions of heroin itself can be easily overcome unless there are strong, and often unpleasant, incentives to do so.

If the trial does, in fact, eventuate, we would suggest:

- a) that a longer trial period be contemplated
- b) that if some users are selected to receive heroin and some not (even if these receive methadone) protection may be necessary for heroin recipients, and different outlets provided for heroin and methadone.
- c) that voluntariness of participation be ensured (i.e. not on court referral) and motivation ultimately to give up drug abuse be present.
- d) that users of any age be included.
- e) that there be close monitoring of heroin recipients' use of i) further heroin, ii) other drugs.
- f) that the practical details of the programme (e.g. selection of participants, cost of heroin, safety of participants, levels of dosage, comparison with methadone, purposes of programme itself) be made available to the general public.
- g) that evidence of rehabilitation be seriously considered as a criterion for continuation on the programme.

Opinion was divided within our group as to whether a trial should be attempted. The majority, however, favored a trial carefully conducted within the parameters suggested. We are unanimous in wishing full information to be available to the public.

We would be very glad to make further and more precisely targeted comments if we receive more details of any trial proposed.

We are willing for this reply to be included as an appendix to the report of the Standing Committee.

Your sincerely

The Committee
DRUGS IN THE FAMILY

LEGAL AID OFFICE (A.C.T.)

Canberra ACT 2601 Telephone: (06) 243 3411 DX5638 Facsimile: (06) 247 5446

Our Ref: CJS:dvb

12 June 1991

Ms Gabriele Bammer PhD
 Research Fellow & Project Co-ordinator
 National Centre for Epidemiology and Population Health
 C/- The Australian National University
 GPO Box 4
 CANBERRA CITY ACT 2601

Dear Ms Bammer

RE: CONTROLLED AVAILABILITY OF OPIATES

Thank you for your letter of 31 May 1991.

This Office supports the proposed trial to make opiate drugs available to users in a legal and carefully controlled manner in so far as the trial offers another, innovative, method of coming to terms with a community-wide problem which is costly to our community both in financial and human terms.

Our support is based on the assumption that all those participating in the trial, especially users, will receive the-protection of authorisations issued under Part IV Drugs of Dependence Act 1989.

If we can be of any further assistance please contact us.

We have no objection to these comments being published in an appendix to the report of the Select Committee but we must indicate that the views are of this Office and not of the Commission which has not had the opportunity to consider the matter.

Yours sincerely,
 (Signature)

Chris Staniforth
 Chief Executive Officer

Address all mail to: CHIEF EXECUTIVE OFFICER GPO BOX 512 CANBERRA ACT 2601

Chief Executive Officer
 C.J. Staniforth
 B.A. (Hons), LLB

Assistant Executive Officer
 J. F. Harrison
 B.A., LLB

Assistant Executive Officer
 K.M. Fryar
 B.A. (A.S.) (Hons), LLB

OPEN FAMILY FOUNDATION

BOX 7171 CANBERRA MAIL CENTRE ACT 2610
PH (06) 239 6226. FAX (06) 295 6688

Feasibility Research into the Controlled Availability of Opiates
National Centre for Epidemiology and Population Health
Australian National University
GPO Box 4

Canberra 2601

att. Gabriele Bammer PhD

Dear Dr Bammer

With reference to your letter of 31 May concerning FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILABILITY OF OPIATES I attach the following relevant questions and observations which the Foundation would make.

Due to the tight deadline that you have presented - through no fault of your own we suppose - we are unable to make a more comprehensive submission at this point in time.

We are happy to have these questions and observations published as the sort of issues which the Open Family Foundation consider need addressing prior to the implementation of any trial as proposed.

Please contact me if you need any clarifications.

We welcome the opportunity to contribute and appreciate being kept informed.

Yours sincerely

(Signature)

Nathan Stirling

NATIONAL DIRECTOR

15 June 1991

copy: Michael Moore, MLA

WORKING WITH YOUTH AT RISK

Youth refuge ● street work ● fostering ● bus, mobile drop in centre ● independent living programme ● farm ● emphasis on volunteer involvement

OPEN FAMILY FOUNDATION

PO BOX 1170 CITY ROAD, SOUTH MELBOURNE, VIC. 3205 PHONE: (03) 696 3393 699 1417, FAX (03) 696 3326

CANBERRA OFFICE: PO BOX 7171, CANBERRA MAIL EXCHANGE, ACT 2610 PHONE: (06) 239 6226, FAX (06) 295 6688

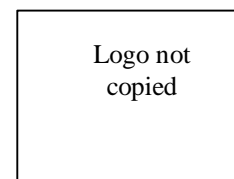
SOME RELEVANT QUESTIONS

- Would doctors prescribe heroin etc. on scripts lasting for an extended period of time ?
- Would pharmacists have to dispense the opiates every four hours or give to each patient a day's supply at a time ?
- What dosage would patients be on and how would this be determined ?
- Would there be strict guidelines for people on the program, e.g. urinalysis, doctor's appointments?
- Where is the demand for such a program coming from ?
- Would there be a full medical and psychological assessment of each patient ?
- Would there be a maximum dosage per day allowable ?
- Would there be a need to prove opiate dependency before going on the program ?
- Would needle exchange be compulsory ?
- Would the trial be carried out in an institution or in private settings, e.g. GP's expert in handling drug addicts ?

OTHER OBSERVATIONS

- Possible complications: overdosage; interaction with prescribed medication;
interaction with non-prescribed medication; selling to other addicts.
- Today's users are poly users who use not only one opiate but varying drugs, e.g. amphetamines, ice, cocaine, benzodiazepines, crack, etc.
- Making only opiates available would not satisfy the poly user.
- Drug dealers would not be happy to lose lucrative markets and could seek to get people addicted to new substances released via the black market to combat the loss of the opiate market, e.g. crack.
- Danger to persons handling opiates from patients who become too demanding and abusive. Will there be penalties for this eventuality ?
- Storage of opiates and associated security.

**Pharmaceutical
Society of
Australia**



(New South Wales Branch) Ltd.
A.C.T. Sub Branch
Patron: The Governor-General of Australia

PO Box 162
St Leonards
NSW 2065

82 Christie Street
St Leonards
Telephone (02) 438 1833
Fax (02) 436 2139

24 June 1991

Dr Gabriele Bammer
National Centre for Epidemiology & Population Health
The Australian National University
GPO Box 4
CANBERRA ACT 2601

Dear Gabriele

My letter is to follow our phone conversation last week regarding the feasibility of a Canberra trial for the controlled availability of opiate drugs.

I apologise for the late reply but, as discussed, the letter was forwarded from Dr Stock and we haven't had much time to consider it. Also a constructive response on this issue is not easy.

However at the recent meeting of the ACT Sub-Branch of PSA, members offered some thoughts on the proposal so I am able to pass those on to you for consideration.

The following points are not meant to express a particular order of importance or priority.

1. Pharmacists are the primary custodians of scheduled drugs for supply to the public and should be considered in any scheme which requires professional involvement in therapeutic substance distribution.
2. Pharmacists have a concern for public health in terms of the appropriate and safe use of all medicines and for the harm done by abuse and misuse of both legal and illegal drugs.
3. We believe there is some sympathy for the notion that controlled distribution of opiates may assist in overcoming some of the serious community problems associated with illicit supply, possession and use. Is there any evidence from anywhere else in the world that this is the case?
4. For pharmacist involvement either hospital or community, the question of security is of paramount concern.
5. How would persons be selected for the program? What special precautions and considerations would be needed? Who would pay?
6. How many 'clients' would constitute the trial group? Would there be a control group? How would the doses be administered?

7. Currently there are no satisfactory arrangements in place in the ACT for pharmacists to be involved in a methadone maintenance program? How could we therefore expect health authorities to approve, establish and monitor a 'heroin supply' program?

I hope these hurried thoughts are useful for the moment. PSA would appreciate being kept informed and would welcome the opportunity to be part of further discussions on this complex issue.

Yours sincerely

(Signature)

Peter Holder
Chairman
ACT Sub Branch

SOCIETY OF HOSPITAL PHARMACISTS OF AUSTRALIA

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copied

(Registered and incorporated in Victoria)
ACT BRANCH COMMITTEE
P.O. BOX 368, WODEN ACT 2606

SA/PH

27th June, 1991

Gabriele Bammer PhD,
Research Fellow & Project Co-ordinator,
National Centre for Epidemiology & Population Health,
The Australian National University,
GPO Box 4
CANBERRA ACT 2601

Dear Dr Bammer,

Feasibility Research into The Controlled
Availability of Opiates.

Thank you for providing the Society of Hospital Pharmacists of Australia with the opportunity to comment on the feasibility of a Canberra based trial to make opiate drugs, such as heroin available to users in a legal and controlled manner.

I apologise for the delay in replying; however, the response time was short and the ACT Branch Committee consulted a number of parties before agreeing to the following response.

SHPA (ACT Branch) does not support making opiate drugs such as heroin available to users and does not believe that a Canberra based trial is feasible. The reasons are summarised below:

The programme would not have any advantages over Methadone programmes and has significant disadvantages:

- Heroin is short acting and requires at least 4 doses to be given per day. Addicts could not be satisfactorily employed in the community if required to present four times a day for a dose
- 'take-away doses" would not be feasible because of the potential for it to be sold on the street
- drug addicts from interstate would be attracted to the programme at the ACT taxpayers' expense
- heroin has to be administered parenterally, there is an increased risk of exposing workers involved in the programme to AIDS and Hepatitis B
- supervised parenteral administration four times a day in a clinic is totally unworkable if the patient is not to be institutionalised

Such a programme would have significant resource implications in terms of:

- security in the workplace
 - how could such a clinic be set up?
 - cost of setting up such a clinic supervision of administration.
- SHPA considers it unethical to make heroin available to addicts when it is not available for pain management ill terminal cancer.
- The controlled supply of heroin would be in contravention of the U.N. agreement signed by Australia in the 1950s, that heroin would not be used in Australia.
- The trials undertaken in the U.K. were not successful. The U.K. experience should be referred to.
- If a trial was to be set up then to be meaningful in minimising harm from illegal drug use, it would have to be comparative trial with Methadone. Patients would then have to be randomised and it is unlikely that patients would willingly participate
- how could it be decided who would be entered into a trial and who wouldn't ?
- there would remain a "black market" of illicit drugs for those to whom the drug was refused
- it is likely that a number of patients would still "top up" with illegal drugs as they do on the Methadone programme, and the objective of the trial would not be met
- it would not be pharmacologically possible to monitor if a patient was still using heroin illicitly, whereas this can be determined with Methadone.
- There would be no way of measuring how the supply of an opiate through a clinic would affect overall total use of the drug in the community.
- SHPA knows of no source of heroin in a suitable injectable form to be used in such a trial.

SHPA (ACT Branch) agrees to the above comments being published as an appendix to the report to the Select Committee.

Yours sincerely,

(Signature)

Susan Alexander (Mrs)
Branch Chairman

SOCIETY OF ST. VINCENT de PAUL**ARCHDIOCESAN COUNCIL OF CANBERRA AND GOULBURN**

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17-19 COLBEE COURT,
PHILLIP, A.C.T.
P.O. BOX 12.
WODEN A.C T. 2606
AUSTRALIA

PHONE: (06) 282 2722
FAX No.: (06) 281 4743

282 / 91/254

14 June 1991

Feasibility Research into the Controlled Availability of Opiates
National Centre for Epidemiology and Population Health
GPO Box 4
CANBERRA ACT 2601

Dear Sir

You are no doubt aware that a Methadone Maintenance and Methadone Reduction Programme is being conducted by the A.C.T. Health Service. This service may need extension, but we cannot see any point in making heroin available instead or in addition, since methadone seems an adequate substitute for heroin and is much cheaper.

Yours faithfully

(Signature)

(R L Wilson)
Chief Admin. Officer

VICTIMS OF CRIME ASSISTANCE LEAGUE (ACT) INC

Assistance to Victims from Victims

PO BOX 21
HUGHES ACT 2606
(06) 2888137 (B/H)
(06) 2812882 (A/H)

Gabriele Brammer PhD
Research Fellow and Project Coordinator
National Centre for Epidemiology and Population Health
Australian National University
GPO Box 4

Canberra ACT 2601

Feasibility Research into the Controlled Availability of Opiates

Dear Ms Bammer

Whilst VOCAL (ACT) Inc is all for reform and rehabilitation, and appreciate that the majority of crimes committed are drug related (not disregarding the effect and repercussions of HIV infection), the implications involved in such a project as yours requires much more information than that conveyed in your invitation dated 31 May and subsequently sent to us 8 July 1991.

We need to draw to your attention that the response date of 17 June is totally inadequate to convene community committees together, thus enabling them to give valid and constructive input. The VOCAL Committee would welcome the opportunity to respond to such a worthwhile and promising project such as yours.

We would appreciate a copy of the Questionnaire that already has been distributed so we may effectively contribute to your program. I may be contacted at work on or after hours 2812882.

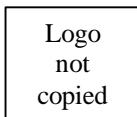
Yours sincerely

(Signature)

Valerie Forsyth
Secretary

15 July 1991

DCUATICNS OF \$2.00 OR MORE TAX DEDUCTABLE



Women's Electoral Lobby Australia Incorporated

3 Lobelia Street, O'Connor, A.C.T 2601. Telephone: (06) 2476679 Fax: (06) 2474669

Feasibility Research into the Controlled Availability of Opiates
 National Centre for Epidemiology and Population Health
 Australian National University
 GPO Box 4
 Canberra ACT 2601

Brief Submission from Women's Electoral Lobby

Women's Electoral Lobby (ACT) supports the making of opiate drugs available in a legal and carefully controlled manner for a trial period in the ACT.

WEL would insist on:

the strictest confidentiality being maintained throughout the life of any trial and beyond so that the names of consenting participants never becomes general knowledge in the community;

all participants in any such trial giving freely of their informed consent;

appropriate support being offered as requested and necessary to the participants, their families and friends; a general recognition of the rights of participants while participating in the trial and no participants to be charged with illegal drug usage; a gender balance of participants - i.e. 50 %, or as near as possible, to be women.

Because of the above WEL would favour a small trial of users who understand what the trial is all about and who are aware of the clinical and any other evaluative procedures.

WEL would assume that the model for the trial will be scientifically thought out, statistically valid, adequately funded and staffed with sufficient, properly qualified people, some of whom will be women

WEL believes that while the trial is going on:

the methadone program should continue;

all other drug advice and referral programs should continue and none should be cut back;

extra funds, not existing funding must be found;

a community education program would necessary for the life of the trial and this should be evaluated too.

WEL believes that while it is very difficult to determine if such a trial reduces harm perhaps the following should be considered: any lowering of crimes involving - theft and burglary in the ACT and neighboring districts;

any perceptible changes in community attitudes;

an increase in users, not on the trial, seeking assistance to give up using or participating in the methadone program;

drop in violence;

drop in homelessness, particularly youth homelessness;

any lessening of the use of medical facilities because of drug-related problems such as drug overdose;

analysis of reports of drug, youth and other relevant community workers; and what actually happened to the participants.

WEL apologies for the lateness and brevity of this submission. However, if you want more from WEL, please contact Ann Wentworth on 247 6679 to arrange this.

(Signature)

Ann Wentworth AM
National Co-ordinator
21 June 1991

16 Fitzherbert Place
Bruce ACT 2617

5 July 1991

Feasibility Research into the Controlled Availability of Opiates
National Centre for Epidemiology and Population Health
Australian National University
GPO Box 4

Canberra ACT 2601

Dear Sir/Madam:

Feasibility Research into the Controlled Availability of Opiates

I am in receipt of your Press Release regarding a proposal to conduct a Canberra based, controlled study on opiate use. As a member of the Management Committee of Assisting Drug Dependents Incorporated, I write to support this feasibility study, and hope that it will provide information which will contribute to our understanding of the health and social consequences of opiate use.

Yours sincerely,

(Signature)

Anne Byrne

4/25 Vincent Street
COFFS HARBOUR NSW 2450
(066) 52 6314
17 June 1991

Feasibility Research into the Controlled Availability of Opiates
National Centre of Epidemiology and Population Health
Australian National University
GPO Box 4
CANBERRA ACT 2601

I wish to submit the following to the abovementioned advertisement placed in the Canberra Times of the 2 June, 1991.

A trial of this kind needs to be based on at least two groups of opiate users. One group being supplied the opiate substances and the utensils for administering the substances. A second group would have to obtain the same substances of similar quality and quantity from their own sources.

The supplied users could be registered in a manner similar to a methadone program. The unsupplied group would have to be given immunity from prosecution for possession during the trial period. This brings us to ask if it is acceptable to break the law or turn a blind eye to illegal practices.

In the case of a limited controlled experiment the possible benefits outweigh the ethical controversy surrounding such a trial. I have interviewed a cross section of the community from different ages and backgrounds with most seeing some possible benefit from a controlled program.

The users of opiates are chemically addicted and it will continue to be supplied whether it be through an illegal or controlled legal program. To remove the monetary incentive from illicit drug suppliers by controlled supply on a large enough scale would remove illicit suppliers altogether. To supply opiates in a controlled manner to addicts not only removes the illicit supplier but also prevents the possibility of the addict committing crime to sustain the addiction. There is also numerous health benefits that can be expected from a controlled supply program. Hepatitis and HIV infected users are not forced to share implements and can be safely monitored to minimise the spread of these life threatening diseases.

The overall price that the community pays because of illicit supply of opiate based drugs through organised crime and public trauma caused by addicts supplying themselves should be compared to the costs of supplying opiates and utensils for administering the drug and the infrastructure to register and supply the drugs to the users. The two separate groups can be evaluated at the end of the trial to ascertain cost comparisons both financially and socially to the community to gauge effectiveness.

Please excuse the brevity of my submission. However, due to the time constraints involved, I didn't have the time to investigate studies and reports made overseas on similar lines of research.

I would be happy for you to use my comments for publishing as an appendix to the report to the select committee as a public document.

Yours faithfully,

(Signature)

Mr Rohan Jones.

3 Elliott Place
CAMPBELL ACT 2601

19 June 1991

Professor Bob Douglas
National Centre for Epidemiology and Public Health
Australian National University

GPO Box 4
CANBERRA ACT 2601

Dear Professor Douglas

I understand that you are investigating a pilot program of legal heroin distribution in the Australian Capital Territory.

As a long-time Canberra resident and as a member of the Council of the Australian National University, I am proud that this intelligent and (for Australia) innovative approach to the difficult problem of dealing with heroin use in our society should be taking place in this Territory and with the assistance of this campus. Hopefully, we can show a positive lead to the rest of Australia in creatively providing yet another strategy to minimise the harm to individuals and the community from the consumption of heroin.

I must also say, however, how fearful I am that the pilot project could prove a disaster if the processes are too compromised by special interests (everyone seems to have a barrow to push on their own pet views to reinforce). An open program stands less chance of being so compromised.

Further, I feel that a highly regulated and primitively directed program, such as occurs in many of the methadone maintenance programs in Australia, would be counter productive. The full integrity of the user must be accommodated, not as a victim, nor as an offender, nor as powerless nor as a "guinea pig", nor as a patient.

I have constantly been pleasantly surprised at the high level of support for progressive approaches to drug issues from a wide range of the community and this includes a quite unexpected support for legislation or de-criminalisation. I sincerely trust that you will be able to provide a pilot program that will be very carefully designed, set conservative goals and be immaculately operated. If so, I am convinced it will show that a wider expansion would be safe and substantially benefit the community.

Yours faithfully,

(signature)

Richard Refshauge

RCR:319.29(jd)

DR JOHN SABOISKY M.B., B.S., F.R.A.N.Z.C.P.

CONSULTANT PSYCHIATRIST

55 TASMANIA CIRCLE
FORREST ACT 2603
P.O. BOX 3839
MANUKA
A.C.T. 2603
PH: (06) 295 8098

13 June 1991

Gabriele Bammer PhD
Research Fellow and Project Co-ordinator
National Centre for Epidemiology and Population Health
GPO Box 4
CANBERRA ACT 2601

Dear Gabriele,

RE: FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILABILITY OF OPIATES

I respond to your letter of 31 May 1991.

Because of your deadline of Monday 17 June, 1991, I am not in a position to canvas opinion throughout the ACT Branch Of the RANZCP. I will raise the matter at our next meeting which will be convened in the next four to six weeks.

An indication of the attitude within psychiatrists in the ACT was obtained when we recently looked at the question of decriminalising marijuana for personal use. There was a definite split in our group regarding this question. The majority feeling that it was virtually decriminalised now anyway had no problem with the concept that there were at least three psychiatrists who had extremely strong views about the topic and really could not be convinced otherwise.

I suspect that this is a reflection of general community attitudes, and the same sort of breakdown would occur I think if the question of making heroin legally available even in a controlled manner were put to our group.

I very much doubt, therefore, that there would be a consensus view on this topic.

My personal view is that the issue is very complex. As there is very little evidence that any other strategy has curtailed either the use or the social consequences of heroin use the idea of having a controlled trial is welcomed.

There should clearly be strict criteria for entry primarily based on severity of addiction, sensible regard to confidentiality, adequate medical monitoring and a properly matched control group. It would seem to me that it would be reasonable to have an evaluation done by people outside of the study to determine what, if any, impact there has been on personal, social, legal and occupational variables. I trust the above is of some assistance to you.

Yours sincerely,

(Signature)

John Saboisky

Australian Capital Territory

A.C.T. Housing and Community Services Bureau

GPO Box 158, Canberra ACT 2601

Telephone: (06) 246 2337

Facsimile: (06) 246 2374

Logo not
copied

Dr Gabriele Bammer
Research Fellow & Project Co-ordinator
National Centre for Epidemiology and Population Health
CPO Box 4
Canberra ACT 2601

Dear Dr Bammer

Re: Feasibility Research into the Controlled Availability of Opiates

I apologise for the delay in sending you a written statement of ACT Adult Corrective Services' views on the proposal to make opiates available by other than illegal means.

Adult Corrective Services (ACS) has been concerned over a long period about the apparently low success rates of existing rehabilitation programs - including methadone programs - for drug users. Given this low success of rehabilitation programs, ACS considers that we need to address the long term realities of drug abuse. Even though there may be benefits from the controlled availability of opiates, the underlying causes of addiction need to be examined for all forms of drug abuse.

Issues of Legal Status

ACS is in favour of trialing the controlled availability of opiates within the Canberra region. In ACS view, the illegal status of opiates adds considerably to the personal and community problems associated with the use of these drugs. ACS also favours the concurrent decriminalisation/legalisation of marijuana use, as personal and community problems associated with the latter, whilst not as serious as those associated with opiate use, are also exacerbated by its present illegal status.

ACS also believes that decriminalising or legalising opiate use would not necessarily result in an expansion in the number of users or the amount used by each user. The fact that illegal opiates are expensive acts to encourage 'pushing' by some users in order to earn enough money to buy their own supply. Much money can also be made from the illegal drug trade by those in the community interested in financial gain.

Health related Issues

Many of our clients are opiate users, and many are addicted to one or more drugs. The commission of property offences by these clients is often a result of their need for money to buy opiates. The health risks associated with the illegal status of opiates are also considerable. Uncertainty about the strength of the drug and the substances with which it has been mixed, and limited access to clean needles all pose serious health risks to the individual user and to the community. All these factors could be eliminated through the controlled availability of opiates.

Another health-related factor which leads ACS to support the controlled availability of heroin is that methadone would appear to be more intrusive on the normal functioning of users than clean heroin. The pharmacological effects of long term methadone use may be more severe than those of long term use of (clean) heroin. Workers at ACS have also observed that the effects of methadone use such as excessive drowsiness have a significant impact on the user's social interactions. On the other hand, some users of heroin are able to hold down responsible jobs.

Links with Large Scale Crime

Another advantageous effect of making opiates and other currently illegal drugs legally available, may be the hampering of some organised crime and large scale corruption.

Practical Issues

The benefits of a trial or ongoing program of controlled opiate use in the ACT would be increased if this change in legal status was made uniform across Australia. In the absence of this, the success; of the change may be confounded by an influx of users from interstate. Procedures would need to be implemented to counter this possibility.

Another practical difficulty with the introduction of controlled heroin use is the frequency of administration. In this respect, methadone would appear to be easier to administer as a daily or less frequent dose is all that is required. In the case of heroin, however, doses may be required up to several times a day.

Summary

In summary, ACS supports the proposal to trial a program of controlled opiate use in the ACT. ACS is also in support of decriminalisation/legalisation of heroin use in the ACT on an on-going basis and would be supportive of moves to implement this.

Thank you for the opportunity to comment on this important issue. Should you require more information, please contact Ronia McDade on 279 3826 or me on 279 3800.

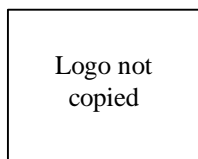
Yours sincerely

(Signature)

Peter Chivers
Director

Adult Corrective Services
22 July 1991

————— **Adult Corrective Services** —————
Acton House - Telephone: 06-2793800 Facsimile: 06-2793850
Belconnen Remard Centre, Telephone: 06-2514933 Facsimile: 06-2511615

APPENDIX F**Australian Federal Police Association***PO Box 130, Curtin ACT 2605***40 Thesiger Court, Deakin ACT 2601****Phone (06) 285 1677 Fax: (06) 282 3490**

25 June 1991

Dear Member,

Attached is a questionnaire from the National Centre for Epidemiology and Population Health (NCEPH), concerning the feasibility of a "pilot program where existing heroin or other opiate users are provided with opiates under controlled conditions".

This questionnaire, whilst prepared by the NCEPH, which is attached to the Australian National University, has been forwarded to you by the Association Office and no personal details have been given out.

The Association, whilst remaining neutral to the survey, does support the opportunity being given to members to have a say in what we consider an important issue. There has also been considerable consultation between the ACT Region and the AFPA. By completing the survey, we will know police attitudes and will be able to act in accordance with your views.

It is not compulsory to complete this questionnaire. However, if you choose to do so, please forward it in the free-post envelope to the National Centre for Epidemiology and Population Health who will collate the information.

If there are any questions, please contact me on the above number.

Yours sincerely,

(Signature)

Jeff Brown
National Secretary



FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILABILITY OF OPIATES QUESTIONNAIRE FOR MEMBERS OF CANBERRA-BASED FEDERAL POLICE

You may have heard that there is a proposal to run a ‘heroin trial’ in the ACT region. This would be a pilot program where existing heroin or other opiate* users are provided with opiates under controlled conditions. The stimulus for this proposal has come from submissions to the ACT Legislative Assembly Select Committee on HIV, Illegal Drugs and Prostitution, chaired by Mr Michael Moore, Independent MLA.

A study is being conducted by the National Centre for Epidemiology and Population Health at the Australian National University to determine whether or not such a trial is feasible. As part of the study we are interested in the opinions of members of the police force.

This questionnaire is completely anonymous. We do not want to know your name or address. While your answers to all questions would be helpful, you should not feel obliged to answer them. Your responses will influence how the trial will be conducted, if it eventuates.

It is important that the views of police are heard and accurately represented. We are working to a very tight timetable. For your views to be included in the main report you will need to return the completed questionnaire to:

Feasibility Research in the Controlled Availability of Opiates
National Centre for Epidemiology and Population Health
Australian National University
GPO Box 4
Canberra ACT 2601

By **Wednesday 3 July 1991**. A FREEPOST envelope is provided.

This questionnaire has two parts. The questions in the first part are also being asked of the wider community. The second set of questions are more specific and are only being asked of police.

* The term ‘opiates’ is incorrectly used throughout. The correct term is ‘opioids’ (see Appendix A). However the subtleties of the difference are unlikely to have misled the respondents.

PART 1. General Questions

Q.1 Below is a list of activities that some people say are serious problems affecting the general community. Please indicate how strongly you agree or disagree that each one is a serious problem for the community.

(For each statement tick one box)

How strongly would you agree or disagree that:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Tobacco use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use of amphetamines or speed is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Marijuana/hash use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use of hallucinogens or trips like LSD or magic mushrooms is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cocaine/crack use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Excessive drinking of alcohol is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q.2 How much do you agree or disagree with each of the following description of heroin taking?

(For each statement tick one box)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Taking heroin is a way of dealing with life's problems	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is basically wrong	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is really no different from getting drunk	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is a type of illness	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is a pleasant experience	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

You might have heard through the media that there has been a proposal to run a 'heroin trial' in the ACT. That is, a pilot program where existing heroin or other opiate users are provided with opiates under controlled conditions. It is thought that a trial program might give governments an idea of what might and might not work.

Q.3 Have you heard of this proposal before? (Please tick one box)

¹ Yes ² No ³ Don't know/not sure

Some people think there are so many problems caused by illegal drug use that something new urgently needs to be tried. They would say that the proposed trial should go ahead. Other people think setting up a trial is just too risky because it might make the problems even worse. They would argue that it should not go ahead.

Q.4 Do you think a trial should go ahead or that a trial should not go ahead? (Please tick one box)

¹ Should go ahead ² Should not go ahead ³ Don't know

Q.5 There are likely to be a number of potential benefit and potential problems with a trial to provide heroin or other opiates under controlled conditions. Below is a list of some of them. How much do you agree or disagree with each of them?

(For each statement tick one box)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Providing users with heroin/opiates in a controlled trial will simply increase the number of people taking heroin/opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will improve their overall health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Since governments are worried about the consumption of drugs like alcohol and tobacco, it seems illogical to provide heroin/opiates to users	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will help reduce the spread of HIV/AIDS in the community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There will always be some people who take heroin/opiates so it is important to provide them with it in the safest way	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial sets a bad example for young people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial means there will be no incentives for them to give up or cut back on their use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial means they will not have to mix with criminal elements or steal to pay for their drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will be bad for road safety because more drug-affected people will be driving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will reduce the amount of corruption in our community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

There has been no decision taken yet as to whether the trial will or will not go ahead. It is not clear yet how a trial to provide users with heroin or other opiates under controlled conditions would be conducted.

There are some important issues that we would like to get your views on. Regardless of whether or not you are in favour of the proposed trial, we would still like you to consider the following issues.

Q.6 If a trial to provide users with heroin or other opiates was conducted, do you think that it should only include people who are dependent on these drugs or should people who occasionally use heroin/opiates also be included? (Please tick one box)

¹ Dependent users only ² Both ³ Don't know

If your answer to Question 6 is *Dependent users only*:

Q.7a If users were to be provided with heroin as a trial in the ACT, do you think all dependent users or only a limited number should be included? (Please tick one box)

¹ All dependent users ² Only a limited number ³ Don't know

If your answer to Question 6 is *Both or don't know*:

Q.7b If users were to be provided with heroin as a trial in the ACT, do you think all users or only a limited number should be included? (Please tick one box)

¹ All users ² Only a limited number ³ Don't know

Q.8 If a trial was conducted, do you think that it should include heroin/opiates users aged under 18 years? (Please tick one box)

¹ Yes ² No ³ Don't know

Q.9 If a trial was conducted, should users be allowed to take their drugs home or should they be required to use them at the distribution point? (Please tick one box)

¹ Take home ² Take at distribution point ³ Don't know

Q.10 Since most heroin/opiates users also take a range of illegal drugs, should the proposed trial provide only heroin/opiates or should cannabis also be provided? (Please tick one box)

¹ Heroin/opiates only ² Cannabis also ³ Don't know

Q.11 Should the proposed trial provide only heroin/opiates or should other illegal drugs like amphetamines, cocaine and hallucinogens also be provided to those who generally use them? (Please tick one box)

¹ Heroin/opiates only ² Other drugs also ³ Don't know

Q. 12 If a trial was conducted how worried would you be that heroin/opiates users would be attracted to the ACT from elsewhere in Australia? (Please tick one box)

¹ Very worried ² Somewhat worried ³ Not worried ⁴ Don't know

Q. 13 If a trial was conducted, do you think users should have to pay for the heroin/opiates? (Please tick one box)

¹ Yes ² No ³ Don't know

Q. 14 Now that you've heard about some of the potential benefits and potential problems of a trial, is your overall reaction to the proposed trial favourable for unfavourable? (Please tick one box)

¹ Favourable ² Unfavourable ³ Neutral

PART 2. Specific Questions for Police

Q. 15 Are you: (Please tick one box)

¹ Male

² Female

Q. 16 In what year were you born?

19_____

Q. 17 How old were you when you left school?

_____ years

Q. 18 Since leaving school have you obtained a trade qualification, certificate, diploma, degree or any other qualification? (Please tick one box)

¹ Yes

² No

Q. 19 If Yes, which of the following best describe your **highest** qualification? (Please tick one)

¹ Bachelor degree

² Trade or apprenticeship

³ Certificate or diploma

⁴ Other. Please specify:

Q. 20 Do you have any children under the age of 25 years? (Please tick one box)

¹ Yes

² No

Q. 21 Do you currently practice a religion? (Please tick one box)

¹ Yes

² No

Q. 22 How long have you been a member of the police force? (Any police force in Australia)

_____ years _____ months

Q. 23 What is your current employment status? (Please tick one box)

- ¹ Full time
- ² Part time
- ³ Other. Please specify: _____

Q. 24 What area are you **currently** working in ? (Please tick one box)

- ¹ Uniform - operations
- ² Uniform - administration
- ³ Plain clothes - operations
- ⁴ Plain clothes - administration
- ⁵ Training
- ⁶ Other. Please specify: _____

Q. 25 How long have you been in your current section (e.g. accident squad, drug squad)?

_____ years _____ months

Q. 26 What is your current rank? (Please tick one box)

- ¹ Constable
- ² Sergeant
- ³ Superintendent and above

Q. 27 What proportion of your present job involves dealing with illegal drug users or criminal behaviour related to or resulting from illegal drug use? (Please tick one box)

- ¹ None
- ² Very little
- ³ Some
- ⁴ Most
- ⁵ All
- ⁶ Don't know

Q. 28 Think of the area you have **ever** worked in which had the **most** involvement with illegal drug use. What proportion of your time in that job involved dealing with illegal drug users or criminal behaviour related to or resulting from illegal drug use? (Please tick one box)

- 1 None
- 2 Very little
- 3 Some
- 4 Most
- 5 All
- 6 Don't know

Q. 29 Of **all** the drug-related criminal behaviour you currently deal with, which of these illegal drugs is most responsible? (Please tick one box)

- 1 None of my work involves illegal drugs
- 2 Cannabis
- 3 Opiates/heroin
- 4 Other illegal drugs
- 5 Don't know

Q. 30 Of the **serious** the drug-related criminal behaviour you currently deal with, which of these illegal drugs is most responsible? (Please tick one box)

- 1 None of my work involves illegal drugs
- 2 Cannabis
- 3 Opiates/heroin
- 4 Other illegal drugs
- 5 Don't know

Q. 31 How effective do you think current policing in the ACT is with regard to illegal drug? (Please tick one box)

- 1 Very effective
- 2 Effective
- 3 Ineffective
- 4 Very ineffective
- 5 Don't know / No opinion

Q. 32 Do you have any suggestions as to how the ACT police force could deal more effectively with drug offenders, both users and suppliers?

Q. 33 What proportion of the following activities do you think takes place to finance illegal drug use in the ACT?

(For each statement tick one box)

	Don't know	None	A little	Some	Most	All
Shoplifting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Other stealing (including breaking and entering)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Robbery (mugging, hold-ups)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Fraud	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Supplying illegal drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Prostitution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q. 34 How much of a problem do you think the following are in the ACT?

(For each statement tick one box)

	Major problem	Minor problem	Not a problem	Don't know
Driving under the influence of alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Driving under the influence of cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Driving under the influence of heroin/opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Driving under the influence of illegal drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q. 35 How much of a problem do you think the following are in the ACT?

(For each statement tick one box)

	Major problem	Minor problem	Not a problem	Don't know
Violence related to alcohol use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Violence related to cannabis use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Violence related to heroin/opiates use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Violence related to other illegal drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q. 36 What do you think of the current penalties in the ACT for **using** illegal drugs **as provided for in law**?
(Please tick one box)

- 1 Much too harsh
- 2 Too harsh
- 3 Adequate
- 4 Too lenient
- 5 Much too lenient
- 6 Don't know / No opinion

Q. 37 What do you think of the current penalties in the ACT for **using** illegal drugs **as handed out by the judiciary** (eg magistrates, judges)? (Please tick one box)

- 1 Much too harsh
- 2 Too harsh
- 3 Adequate
- 4 Too lenient
- 5 Much too lenient
- 6 Don't know / No opinion

Q. 38 What do you think of the current penalties in the ACT for **supplying** illegal drugs **as provided for in law?** (Please tick one box)

- 1 Much too harsh
- 2 Too harsh
- 3 Adequate
- 4 Too lenient
- 5 Much too lenient
- 6 Don't know / No opinion

Q. 39 What do you think of the current penalties in the ACT for **supplying** illegal drugs **as handed out by the judiciary** (eg magistrates, judges)? (Please tick one box)

- 1 Much too harsh
- 2 Too harsh
- 3 Adequate
- 4 Too lenient
- 5 Much too lenient
- 6 Don't know / No opinion

Q. 40 How much of a problem do you think drug-related corruption is in the ACT police force? (Please tick one box)

- 1 Not a problem at all
- 2 Minor problem
- 3 Moderate problem
- 4 Major problem
- 5 Don't know / No opinion

Q. 41 What effect do you think a proposed heroin/opiates trial would have on corruption, if any, in the ACT police force? (Please tick one box)

- 1 Reduce a lot
- 2 Reduce a little
- 3 No effect
- 4 Increase a little
- 5 Increase a lot
- 6 Corruption is not a problem
- 7 Don't know / No opinion

Q. 42 What effect do you think a proposed heroin/opiates trial would have on police time? (Please tick one box)

- 1 It will create more work for police
- 2 It will make no difference
- 3 It will free up police time
- 4 Don't know / No opinion

Q. 43 What effect do you think a proposed heroin/opiates trial would have on difficulties associated with policing the illegal drug scene? (Please tick one box)

- 1 It will make policing harder
- 2 It will make no difference
- 3 It will make policing easier
- 4 Don't know / No opinion

Q. 44 Do you think a proposed heroin / opiates trial would have any effect on the way police **enforce** the laws relating to illegal drugs? (Please tick one box)

- 1 Yes 2 No 3 Don't know

Please elaborate:

Q. 45 Some people argue that a heroin/opiates trial would tie up scarce resources so funding would not be available for more important police work. Do you agree or disagree? (Please tick one box)

- 1 Strongly agree
- 2 Agree
- 3 Neutral
- 4 Disagree
- 5 Strongly disagree

Q. 46 How desirable or undesirable do you think it is that users on the trial meet the following conditions?

(For each statement tick one box)

	Very desirable	Desirable	Undesirable	Very undesirable	No opinion
Compulsory HIV testing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other routine medical checks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Compulsory provision of urine for drug testing on a regular frequent basis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Compulsory provision of occasional random urine specimens for drug testing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Compulsory provision of information about drug taking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Compulsory provision of information about criminal activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other illegal drug use is forbidden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Disclosure of name and address (given that these are kept confidential)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Requirement to undergo counselling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Requirement to undergo other forms of treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q. 47 How desirable or undesirable do you think it is that the trial meets the following conditions?

(For each statement tick one box)

	Very desirable	Desirable	Undesirable	Very undesirable	No opinion
The trial is run in a similar fashion to the current methadone program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is run with the aim of making participants abstinent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is run with the aim of making participants reduce their use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Only non IV routes of administration are offered	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trial is run by medical or nursing staff only	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trial is run by both medical and non medical staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There is only a guarantee of opiates for the life of the trial, say 6-12 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Education about safe needle use is a part of the trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trial is run with the aim of making participants substitute IV methadone or morphine for IV heroin/opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Education about safe sexual practice is a part of the trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other forms of education, for example on nutrition, are a part of the trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin/opiates is provided in take-away syringes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Oral methadone plus two injections of heroin/opiates per day is the standard option	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Oral methadone is the only option offered at the end of the trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trial is run with the aim of making participants substitute other routes for IV injection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q.48 How many ex-users do you think would start using again to get on the trial? (Please tick one box)

¹ Many ² A few ³ None ⁴ Don't know

Q.49 How many people who have never used heroin/opiates do you think would start using to get on the trial? (Please tick one box)

¹ Many ² A few ³ None ⁴ Don't know

Q.50 How many nondependent heroin/opiate users do you think would increase their use if that was necessary to get on the trial? (Please tick one box)

¹ Many ² A few ³ None ⁴ Don't know

Q.51 How do you think people on the heroin/opiate trial would use the money they saved?

(For each statement tick one box)

Use money saved to:

	Yes	No	Don't know
buy other drugs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
buy drugs for others	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
pay bills	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
purchase other things they want	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
look after themselves better	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
look after others they care about better	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
get better housing	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
other	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Please specify other: _____

Q. 52 What effect do you think being on the trial would have on users' relationships?

(For each statement tick one box)

<u>What effect would it have on relationships with:</u>	Improve	No change	Make worse	Don't know
people close to them (eg family and friends) who don't use opiates?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
people close to them who also use opiates and were also on the trial?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
people close to them who also use opiates and were not accepted on the trial?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
people close to them who also use opiates and didn't want to be on the trial?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q. 53 What effect do you think being on the trial would have on user behaviours?

(For each statement tick one box)

	Don't know	Increase	No effect	Reduce	Stop
Shoplifting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other stealing (including breaking and entering)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Robbery (mugging, hold-ups)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fraud	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Supplying illegal drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Prostitution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Driving under the influence of alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Driving under the influence of cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Driving under the influence of opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Driving under the influence of other drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q.54 How likely do you think it is that people on the trial would be hassled for their heroin/opiates by people not on the trial, **if the heroin/opiates could be taken home?** (Please tick one box)

¹ Very likely ² Likely ³ Unlikely ⁴ Very unlikely ⁵ Don't know

Q.55 How likely do you think it is that people on the trial would be hassled for their heroin/opiates by people not on the trial, **if the heroin/opiates have to be taken at the distribution point?** (Please tick one box)

¹ Very likely ² Likely ³ Unlikely ⁴ Very unlikely ⁵ Don't know

Q. 56 If you think people on the trial might be hassled for their heroin/opiates, who do you think would be likely to hassle them?

(For each statement tick one box)

	Yes	No	Don't know	Don't think users would be hassled
Partner/Spouse	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Friends	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Suppliers/Dealers	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Others	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Please specify *Others*: _____

Q. 57 If you think people on the trial might be hassled for their heroin/opiates, do you think that this will be:

(For each statement tick one box)

	Yes	No	Don't know	Don't think users would be hassled
Verbal	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Physical	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Life-threatening	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q. 58 Do you think being on the trial would increase or decrease the possibility of users being hassled by the police? (Please tick one box)

¹ Increase ² No difference ³ Decrease ⁴ Don't know

Q. 59 If there was a 'heroin/opiates trial' what do you think would happen to the price/availability of street drug?

(For *each* of the statements listed below please tick one box which *best* describes your opinion)

What would happen to	Fall	Stay the same	Rise	Don't know
the price of street heroin/opiates?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
the availability of street heroin/opiates?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
the price of other illegal drugs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
the availability of other drugs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q. 60 Do you think people who apply but don't get on the trial will be adversely affected? (Please tick one box)

1 Yes 2 No 3 Don't know

Please elaborate:

Q. 61 Do you think there are any special issues for people who are HIV positive with regard to the proposed trial? (Please tick one box)

1 Yes 2 No 3 Don't know

Please elaborate:

Q. 62 For a trial to be successful, police support in a number of ways will be essential. What sort of things do you think the police could or should do to assist the trial?

If a proposed heroin/opiates trial was to go ahead, there would need to be changes in current ACT Drug Legislation.

Q. 63 Would you be in favour of trial drugs being made legal for trial participants?

¹ Yes ² No ³ Don't know

Q. 64 Would you be in favour of all opiates (including street opiates) being made legal for trial participants?

¹ Yes ² No ³ Don't know

Q. 65 Would you be in favour of all other illegal drugs being made legal for trial participants?

¹ Yes ² No ³ Don't know

Do you have any other comments? (Feel free to add extra pages)

THANK YOU VERY MUCH

PLEASE MAKE YOUR VIEWS HEARD AND POST THIS BACK TO US AS SOON AS POSSIBLE

APPENDIX G



FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILABILITY OF OPIATES QUESTIONNAIRE FOR SERVICE PROVIDERS

You may have heard that there is a proposal to run a 'heroin trial' in the ACT region. This would be a pilot program where existing heroin or other opiate* users are provided with opiates under controlled conditions. The stimulus for this proposal has come from submissions to the ACT Legislative Assembly Select Committee on HIV, Illegal Drugs and Prostitution, chaired by Mr Michael Moore, Independent MLA.

A study is being conducted by the National Centre for Epidemiology and Population Health at the Australian National University to determine whether or not such a trial is feasible. As part of this study we are interested in the opinions of those people who currently provide services to drug users.

This questionnaire is completely anonymous. We do not want to know your name or address. While your answers to all questions would be helpful, you should not feel obliged to answer them. Your response will influence how the trial will be conducted, if it eventuates.

It is important that the views of service providers are heard and accurately represented. We are working to a very tight timetable. For your views to be included in the main report you will need to return the completed questionnaire to:

Feasibility Research into the Controlled Availability of Opiates
National Centre for Epidemiology and Population Health
Australian National University
GPO Box 4
Canberra ACT 2601

By **Monday 17 June 1991**. A FREEPOST envelope is provided.

This questionnaire has two parts. The questions in the first part are also being asked of the wider community. The second set of questions are more specific and are only being asked of people who provide services to users.

* The term 'opiates' is incorrectly used throughout. The correct term is 'opioids' (see Appendix A). However the subtleties of the difference are unlikely to have misled the respondents.

PART 1. General Questions

Q.1 Below is a list of activities that some people say are serious problems affecting the general community. Please indicate how strongly you agree or disagree that each one is a serious problem for the community.

(For each statement tick one box)

How strongly would you agree or disagree that:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Tobacco use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use of amphetamines or speed is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Marijuana/hash use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use of hallucinogens or trips like LSD or magic mushrooms is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cocaine/crack use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Excessive drinking of alcohol is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q.2 How much do you agree or disagree with each of the following description of heroin taking?

(For each statement tick one box)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Taking heroin is a way of dealing with life's problems	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is basically wrong	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is really no different from getting drunk	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is a type of illness	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is a way of having fun and excitement	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

You might have heard through the media that there has been a proposal to run a 'heroin trial' in the ACT. That is, a pilot program where existing heroin or other opiate users are provided with opiates under controlled conditions. It is thought that a trial program might give governments an idea of what might and might not work.

Q.3 Have you heard of this proposal before? (Please tick one box)

¹ Yes ² No ³ Don't know/not sure

Some people think there are so many problems caused by illegal drug use that something new urgently needs to be tried. They would say that the proposed trial should go ahead. Other people think setting up a trial is just too risky because it might make the problems even worse. They would argue that it should not go ahead.

Q.4 Do you think a trial should go ahead or that a trial should not go ahead? (Please tick one box)

¹ Should go ahead ² Should not go ahead ³ Don't know

Q.5 There are likely to be a number of potential benefits and potential problems with a trial to provide heroin or other opiates under controlled conditions. Below is a list of some of them. How much do you agree or disagree with each of them?

(For each statement tick one box)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Providing users with heroin/opiates in a controlled trial will simply increase the number of people taking heroin/opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will improve their overall Health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Since governments are worried about the consumption of drugs like alcohol and tobacco, it seems illogical to provide heroin/opiates to users	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will reduce the spread of HIV/AIDS in the community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There will always be some people who take heroin/opiates so it is important to provide them with it in the safest way	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial sets a bad example for young people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial means there will be no incentives for them to give up or cut back on their use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial means they will not have to mix with criminal elements or steal to pay for their drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will be bad for road safety because more drug-affected people will be driving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will reduce the amount of corruption in our community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

There has been no decision taken yet as to whether the trial will or will not go ahead. It is not clear yet how a trial to provide users with heroin or other opiates under controlled conditions would be conducted.

There are some important issues that we would like to get your views on. Regardless of whether or not you are in favour of the proposed trial, we would still like you to consider the following issues.

Q.6 If a trial to provide users with heroin or other opiates was conducted, do you think that it should only include people who are dependent on these drugs or should people who occasionally use heroin/opiates also be included? (Please tick one box)

¹ Dependent users only ² Both ³ Don't know

If your answer to Question 6 is *Dependent users only*:

Q.7a If users were to be provided with heroin as a trial in the ACT, do you think all dependent users or only a limited number should be included? (Please tick one box)

¹ All dependent users ² Only a limited number ³ Don't know

If your answer to Question 6 is *Both or don't know*:

Q.7b If users were to be provided with heroin as a trial in the ACT, do you think all users or only a limited number should be included? (Please tick one box)

¹ All users ² Only a limited number ³ Don't know

Q.8 If a trial to provide users was conducted, do you think that it should include heroin/opiates users aged under 18 years? (Please tick one box)

¹ Yes ² No ³ Don't know

Q.9 If a trial was conducted, should users be allowed to take their drugs home or should they be required to use them at the distribution point? (Please tick one box)

¹ Take home ² Take at distribution point ³ Don't know

Q. 10 Since most heroin/opiates users also take a range of illegal drugs, should the proposed trial provide only heroin/opiates or should cannabis also be provided? (Please tick one box)

¹ Heroin/opiates only ² Cannabis also ³ Don't know

Q.11 Should the proposed trial provide only heroin/opiates or should other illegal drugs like amphetamines, cocaine and hallucinogens also be provided to those who generally use them? (Please tick one box)

¹ Heroin/opiates only ² Other drugs also ³ Don't know

Q. 12 If a trial was conducted how worried would you be that heroin/opiates users would be attracted to the ACT from elsewhere in Australia? (Please tick one box)

¹ Very worried ² Somewhat worried ³ Not worried ⁴ Don't know

Q. 13 If a trial was conducted, do you think users should have to pay for the heroin/opiates? (Please tick one box)

¹ Yes ² No ³ Don't know

Q. 14 Now that you've heard about some of the potential benefits and potential problems of a trial, is your overall reaction to the proposed trial favourable for unfavourable? (Please tick one box)

¹ Favourable ² Unfavourable ³ Neutral

PART 2. Specific Questions for Service Providers

Q. 15 Are you: (Please tick one box)

¹ Male

² Female

Q. 16 In what year were you born?

19_____

Q. 17 How old were you when you left school?

_____ years

Q. 18 Since leaving school have you obtained a trade qualification, certificate, diploma, degree or any other qualification? (Please tick one box)

¹ Yes

² No

Q. 19 If *Yes*, which of the following best describe your **highest** qualification? (Please tick one box)

¹ Bachelor degree

² Trade or apprenticeship

³ Certificate or diploma

⁴ Other.

Please specify: _____

Q. 20 Do you have any children under the age of 25 years? (Please tick one box)

¹ Yes

² No

Q. 21 Do you currently practice a religion? (Please tick one box)

¹ Yes

² No

Q. 22 What is your current employment status?

- 1 Full time paid
- 2 Part time paid
- 3 Full time volunteer
- 4 Part time volunteer
- 5 Other. Please specify: _____

Q. 23 What is your occupation?

Q. 24 What are the main functions of your treatment service? (You can tick more than one box)

- 1 Detoxification
- 2 Therapeutic community
- 3 Half-way house
- 4 Methadone program
- 5 Advice and education service (eg counselling, group education, drop-in centre, private practice)
- 6 Refuge
- 7 Outreach
- 8 Other. Please specify: _____

Q. 25 What proportion of your clients are under 18 years? (Please tick one box)

- 1 Most
- 2 Some
- 3 Few
- 4 None
- 5 Don't know

Q. 26 Please describe the treatment philosophy of your **organisation/service** (For example: abstinence model, feminist, medical model, consumer oriented.)

Q. 27 Please describe your own treatment philosophy (For example: abstinence model, feminist, medical model, consumer oriented.)

Q. 28 How effective do you think the program you work on is in meeting its goals? (Please tick one box)

1 Very effective

2 Effective

3 Ineffective

4 Very ineffective

5 Don't know/ No opinion

Q. 29 How effective do you think the following programs are in meeting their goals?

(For each statement tick one box)

	Very effective	Effective	Ineffective	Very ineffective	Don't know
Methadone maintainence	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Methadone withdrawl	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Hospital detoxification	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Other detoxification	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Therapeutic community eg Kerralika, Mancare	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Counselling	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
12-step programs eg Narcotics Anon	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Outpatient treatment	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Brief interventions	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Other programs. Please specify:	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

Q. 30 What impact do you think a heroin / opiates trial in the ACT would have on the effectiveness of **your** program? (Please tick one box)

¹ No effect
 ² Improve effectiveness
 ³ Reduce effectiveness
 ⁴ Don't know

Please give your reasons:

Q. 31 What impact do you think a heroin / opiates trial in the ACT would have on the effectiveness of **other** programs? (Please tick one box)

- ¹ No effect ² Improve effectiveness ³ Reduce effectiveness ⁴ Don't know

Please give your reasons:

Q. 32 Some people argue that a heroin/opiates trial would tie up scarce resources so funding would not be available for more important drug-related projects. Do you agree or disagree? (Please tick one box)

- ¹ Strongly agree
 ² Agree
 ³ Neutral
 ⁴ Disagree
 ⁵ Strongly disagree

Q. 33 How supportive would you be of any of your clients who wanted to get on the heroin/opiates trial? (Please tick one box)

- ¹ Very supportive
 ² Supportive
 ³ Neutral
 ⁴ Unsupportive
 ⁵ Very unsupportive
 ⁶ Don't know

Q. 34 How desirable or undesirable do you think it is that users on the trial meet the following conditions?

(For each statement tick one box)

	Very desirable	Desirable	Undesirable	Very undesirable	No opinion
Compulsory HIV testing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other routine medical checks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Compulsory provision of urine for drug testing on a regular frequent basis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Compulsory provision of occasional random urine specimens for drug testing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Compulsory provision of information about drug taking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Compulsory provision of information about criminal activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other illegal drug use is forbidden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Disclosure of name and address (given that these are kept confidential)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Requirement to undergo counselling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Requirement to undergo other forms of treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q. 35 How desirable or undesirable do you think it is that the trial meets the following conditions?

(For each statement tick one box)

	Very desirable	Desirable	Undesirable	Very undesirable	No opinion
The trial is run in a similar fashion to the current methadone program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is run with the aim of making participants abstinent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is run with the aim of making participants reduce their use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Only non IV routes of administration are offered	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trial is run by medical or nursing staff only	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trial is run by both medical and non-medical staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There is only a guarantee of opiates for the life of the trial, say 6-12 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Education about safe needle use is a part of the trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trial is run with the aim of making participants substitute IV methadone or morphine for IV heroin/opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Education about safe sexual practice is a part of the trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other forms of education, for example on nutrition, are a part of the trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin/opiates is provided in take-away syringes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Oral methadone plus two injections of heroin/opiates per day is the standard option	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Oral methadone is the only option offered at the end of the trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The trial is run with the aim of making participants substitute other routes for IV injection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q. 36 How many ex-users do you think would start using again to get on the trial? (Please tick one box)

¹ Many ² A few ³ None ⁴ Don't know

Q. 37 How many people who have never used heroin/opiates do you think would start using to get on the trial? (Please tick one box)

¹ Many ² A few ³ None ⁴ Don't know

Q. 38 How many nondependent heroin/opiate users do you think would increase their use if that was necessary to get on the trial? (Please tick one box)

¹ Many ² A few ³ None ⁴ Don't know

Q. 39 How do you think people on the heroin/opiate trial would use the money they saved?

(For each statement tick one box)

Use money saved to:

	Yes	No	Don't know
buy other drugs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
buy drugs for others	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
pay bills	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
purchase other things they want	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
look after themselves better	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
look after others they care about better	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
get better housing	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
other	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Please specify other: _____

Q. 40 What effect do you think being on the trial would have on users' relationships?

(For each statement tick one box)

<u>What effect would it have on relationships with:</u>	Improve	No change	Make worse	Don't know
people close to them (eg family and friends) who don't use opiates?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
people close to them who also use opiates and were also on the trial?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
people close to them who also use opiates and were not accepted on the trial?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
people close to them who also use opiates and didn't want to be on the trial?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q. 41 What effect do you think being on the trial would have on user behaviours?

(For each statement tick one box)

	Don't know	Increase	No effect	Reduce	Stop
Shoplifting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other stealing (including breaking and entering)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Robbery (mugging, hold-ups)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fraud	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Supplying illegal drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Prostitution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Driving under the influence of alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Driving under the influence of cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Driving under the influence of opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Driving under the influence of other drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q. 42 How likely do you think it is that people on the trial would be hassled for their heroin/opiates by people not on the trial, **if the heroin/opiates could be taken home?** (Please tick one box)

¹ Very likely ² Likely ³ Unlikely ⁴ Very unlikely ⁵ Don't know

Q. 43 How likely do you think it is that people on the trial would be hassled for their heroin/opiates by people not on the trial, **if the heroin/opiates have to be taken at the distribution point?** (Please tick one box)

¹ Very likely ² Likely ³ Unlikely ⁴ Very unlikely ⁵ Don't know

Q. 44 If you think people on the trial might be hassled for their heroin/opiates, who do you think would be likely to hassle them?

(For each statement tick one box)

	Yes	No	Don't know	Don't think users would be hassled
Partner	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Friends	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Suppliers/Dealers	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Others	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Please specify *Others*: _____

Q. 45 If you think people on the trial might be hassled for their heroin/opiates, do you think that this will be:

(For each statement tick one box)

	Yes	No	Don't know	Don't think users would be hassled
Verbal	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Physical	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Life-threatening	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q. 46 Do you think being on the trial would increase or decrease the possibility of users being hassled by the police? (Please tick one box)

¹ Increase ² No difference ³ Decrease ⁴ Don't know

Q. 47 If there was a 'heroin/opiates trial' what do you think would happen to the price/availability of street drug?

(For *each* of the statements listed below please tick one box which *best* describes your opinion)

What would happen to	Fall	Stay the same	Rise	Don't know
the price of street heroin/opiates?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
the availability of street heroin/opiates?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
the price of other illegal drugs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
the availability of other drugs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q. 48 Do you think people who apply but don't get on the trial will be adversely affected? (Please tick one box)

1 Yes 2 No 3 Don't know

Please elaborate:

Q. 49 Do you think there are any special issues for people who are HIV positive with regard to the proposed trial? (Please tick one box)

1 Yes 2 No 3 Don't know

Please elaborate:

Please answer the following questions about your own use of illegal drugs.

Q. 50 Have you **ever** used illegal drugs? (Please tick one box)

¹ Yes ² No

Q. 51 Have you **ever** used illegal heroin/opiates? (Please tick one box)

¹ Yes ² No

Q. 52 Have you **ever** been dependent on illegal heroin/opiates? (Please tick one box)

¹ Yes ² No

Q. 53 Do you **currently** used illegal heroin/opiates? (Please tick one box)

¹ Yes ² No

Q. 54 Are you **currently** dependent on illegal heroin/opiates? (Please tick one box)

¹ Yes ² No

Q. 55 Have you ever been in **methadone treatment** for illegal heroin/opiates? (Please tick one box)

¹ Yes ² No

Q. 56 Have you ever been in **other treatment** for illegal heroin/opiates? (Please tick one box)

¹ Yes ² No

Do you have any other comments? (Feel free to add extra pages)

THANK YOU VERY MUCH

PLEASE MAKE YOUR VIEWS HEARD AND POST THIS BACK TO US AS SOON AS POSSIBLE

APPENDIX H



FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILABILITY OF OPIATES QUESTIONNAIRE FOR PEOPLE WHO USE OR HAVE USED ANY ILLEGAL DRUGS

You may have heard that there is a proposal to run a 'heroin trial' in the ACT region. This would be a pilot program where existing heroin or other opiate* users are provided with opiates under controlled conditions. The stimulus for this proposal has come from submissions to the ACT Legislative Assembly Select Committee on HIV, Illegal Drugs and Prostitution, chaired by Mr Michael Moore, Independent MLA.

A study is being conducted by the National Centre for Epidemiology and Population Health at the Australian National University to determine whether or not such a trial is feasible. As part of this study we are interested in the **opinions of people who used any sort of illegal drugs. Please only complete this questionnaire if:**

- you are 18 or older and**
- a resident of the ACT and**
- not a service provider** (There is a separate questionnaire for service providers).

This questionnaire is completely anonymous. We do not want to know your name or address. While your answers to all questions would be helpful, you should not feel obliged to answer them. Your response will influence how the trial will be conducted, if it eventuates. Your response will have no bearing on whether or not you are eligible for such a trial.

It is important that the views of illegal drug users are heard and accurately represented. We are working to a very tight timetable. For your views to be included in the main report you will need to return the completed questionnaire to:

Feasibility Research into the Controlled Availability of Opiates
National Centre for Epidemiology and Population Health
Australian National University
GPO Box 4
Canberra ACT 2601

By **Monday 17 June 1991**. A FREEPOST envelope is provided.

This questionnaire has two parts. The questions in the first part are also being asked of the wider community. The second set of questions are more specific and are only being asked of people who use or have used illegal drugs.

* The term 'opiates' is incorrectly used throughout. The correct term is 'opioids' (see Appendix A). However the subtleties of the difference are unlikely to have misled the respondents.

PART 1. General Questions

Q.1 Below is a list of activities that some people say are serious problems affecting the general community. Please indicate how strongly you agree or disagree that each one is a serious problem for the community.

(For each statement tick one box)

How strongly would you agree or disagree that:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Tobacco use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use of amphetamines or speed is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Marijuana/hash use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use of hallucinogens or trips like LSD or magic mushrooms is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cocaine/crack use is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Excessive drinking of alcohol is a serious problem for the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q.2 How much do you agree or disagree with each of the following description of heroin taking?

(For each statement tick one box)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Taking heroin is a way of dealing with life's problems	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is basically wrong	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is really no different from getting drunk	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is a type of illness	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Taking heroin is a pleasant experience	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

You might have heard through the media that there has been a proposal to run a 'heroin trial' in the ACT. That is, a pilot program where existing heroin or other opiate users are provided with opiates under controlled conditions. It is thought that a trial program might give governments an idea of what might and might not work.

Q.3 Have you heard of this proposal before? (Please tick one box)

¹ Yes ² No ³ Don't know/not sure

Some people think there are so many problems caused by illegal drug use that something new urgently needs to be tried. They would say that the proposed trial should go ahead. Other people think setting up a trial is just too risky because it might make the problems even worse. They would argue that it should not go ahead.

Q.4 Do you think a trial should go ahead or that a trial should not go ahead? (Please tick one box)

¹ Should go ahead ² Should not go ahead ³ Don't know

Q.5 There are likely to be a number of potential benefits and potential problems with a trial to provide heroin or other opiates under controlled conditions. Below is a list of some of them. How much do you agree or disagree with each of them?

(For each statement tick one box)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Providing users with heroin/opiates in a controlled trial will simply increase the number of people taking heroin/opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will improve their overall health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Since governments are worried about the consumption of drugs like alcohol and tobacco, it seems illogical to provide heroin/opiates to users	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will reduce the spread of HIV/AIDS in the community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There will always be some people who take heroin/opiates so it is important to provide them with it in the safest way	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial sets a bad example for young people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial means there will be no incentives for them to give up or cut back on their use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial means they will not have to mix with criminal elements or steal to pay for their drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will be bad for road safety because more drug-affected people will be driving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing users with heroin/opiates in a controlled trial will reduce the amount of corruption in our community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

There has been no decision taken yet as to whether the trial will or will not go ahead. It is not clear yet how a trial to provide users with heroin or other opiates under controlled conditions would be conducted.

There are some important issues that we would like to get your views on. Regardless of whether or not you are in favour of the proposed trial, we would still like you to consider the following issues.

Q.6 If a trial to provide users with heroin or other opiates was conducted, do you think that it should only include people who are dependent on these drugs or should people who occasionally use heroin/opiates also be included? (Please tick one box)

¹ Dependent users only ² Both ³ Don't know

If your answer to Question 6 is *Dependent users only*:

Q.7a If users were to be provided with heroin as a trial in the ACT, do you think all dependent users or only a limited number should be included? (Please tick one box)

¹ All dependent users ² Only a limited number ³ Don't know

If your answer to Question 6 is *Both or don't know*:

Q.7b If users were to be provided with heroin as a trial in the ACT, do you think all users or only a limited number should be included? (Please tick one box)

¹ All users ² Only a limited number ³ Don't know

Q.8 If a trial to provide users was conducted, do you think that it should include heroin/opiates users aged under 18 years? (Please tick one box)

¹ Yes ² No ³ Don't know

Q.9 If a trial was conducted, should users be allowed to take their drugs home or should they be required to use them at the distribution point? (Please tick one box)

¹ Take home ² Take at distribution point ³ Don't know

Q. 10 Since most heroin/opiates users also take a range of illegal drugs, should the proposed trial provide only heroin/opiates or should cannabis also be provided? (Please tick one box)

¹ Heroin/opiates only ² Cannabis also ³ Don't know

Q.11 Should the proposed trial provide only heroin/opiates or should other illegal drugs like amphetamines, cocaine and hallucinogens also be provided to those who generally use them? (Please tick one box)

¹ Heroin/opiates only ² Other drugs also ³ Don't know

Q. 12 If a trial was conducted how worried would you be that heroin/opiates users would be attracted to the ACT from elsewhere in Australia? (Please tick one box)

¹ Very worried ² Somewhat worried ³ Not worried ⁴ Don't know

Q. 13 If a trial was conducted, do you think users should have to pay for the heroin/opiates? (Please tick one box)

¹ Yes ² No ³ Don't know

Q. 14 Now that you've heard about some of the potential benefits and potential problems of a trial, is your overall reaction to the proposed trial favourable for unfavourable? (Please tick one box)

¹ Favourable ² Unfavourable ³ Neutral

PART 2. Specific Questions for Users and Ex-Users

Q. 15 Are you: (Please tick one box)

¹ Male

² Female

Q. 16 In what year were you born?

19_____

Q. 17 How old were you when you left school?

_____ years

Q. 18 Since leaving school have you obtained a trade qualification, certificate, diploma, degree or any other qualification? (Please tick one box)

¹ Yes

² No

Q. 19 If *Yes*, which of the following *best* describe your *highest* qualification? (Please tick one box)

¹ Bachelor degree

² Trade or apprenticeship

³ Certificate or diploma

⁴ Other. Please specify:

Q. 20 Do you have any children? (Please tick one box)

¹ Yes

² No

If *Yes*, please give their ages in years

Q. 21 Do you currently practice a religion? (Please tick one box)

¹ Yes

² No

Q. 22 What is your current employment status? (Please tick one box)

- ¹ Full time
- ² Part time
- ³ Student
- ⁴ Home Duties
- ⁵ Unemployed
- ⁶ Other. Please specify: _____

Q. 23 If you are employed what is your occupation?

Q. 24 What is your current living situation? (Please tick one box)

- ¹ With partner only
- ² With partner and children only
- ³ With children only
- ⁴ Alone
- ⁵ In a group house
- ⁶ With parents
- ⁷ Other. Please specify: _____

Q. 25 How many times have you changed your address in the past 12 months?

----- times

Q. 26 Have you lived away from Canberra for any length of time in the past 12 months? (Please tick one box)

- ¹ Yes ² No

Q. 27 How many of the people you live with are dependent heroin/opiates users? (Please tick one box)

- 1 None
 2 One
 3 A few
 4 About half
 5 All or most
 6 Don't know
 7 Not applicable

Q. 28 How many of the people you live with are non-dependent or recreational heroin/opiates users? (Please tick one box)

- 1 None
 2 One
 3 A few
 4 About half
 5 All or most
 6 Don't know
 7 Not applicable

Q. 29 About how many friends (close and casual) do you have? (Please tick one box)

- 1 None
 2 1- 5
 3 6 - 20
 4 More than 20

If you have answered None, go to question 35

Q. 30 About how many of your friends (apart from any you live with) are dependent heroin/opiates users? (Please tick one box)

- 1 None
 2 A few
 3 About half
 4 All or most
 5 Don't know

Q. 31 About how many of your friends (apart from any you live with) are non-dependent or recreational heroin/opiates users? (Please tick one box)

- 1 None
 2 A few
 3 About half
 4 All or most
 5 Don't know

Q. 32 About how many of your friends use cannabis only? (Please tick one box)

- 1 None
 2 A few
 3 About half
 4 All or most
 5 Don't know

Q. 33 About how many of your friends use illegal drugs apart from heroin/opiates and cannabis? (Please tick one box)

- 1 None
 2 A few
 3 About half
 4 All or most
 5 Don't know

Q. 34 About how many of your friends use no illegal drugs at all? (Please tick one box)

- 1 None
 2 A few
 3 About half
 4 All or most
 5 Don't know

Q. 35 How would you describe your own current heroin/opiate use? (Please tick one box)

- 1 Non-use
- 2 Nondependent use
- 3 Binge use
- 4 Dependent use in recovery (Ex-user)
- 5 Dependent use in treatment and still using street opiates
- 6 Dependent use in treatment and not using
- 7 Dependent use, not in treatment
- 8 Other. Please specify: _____

Q. 36 How would you describe your current illegal drug taking other than heroin/opiate use? (Please tick one box)

- 1 Non-use
- 2 Nondependent use of all other illegal drugs
- 3 Binge use of at least one other illegal drug, but not dependent on any
- 4 Dependent use in recovery (Ex-user)
- 5 Dependent use of at least one other illegal drug, in treatment and still using illegal drugs
- 6 Dependent use of at least one other illegal drug, in treatment and not using
- 7 Dependent use of at least one other illegal drug, not in treatment
- 8 Other. Please specify: _____

Q. 37 How would you describe your current use of heroin in relation to other illegal drugs? (Please tick one box)

- 1 I don't use heroin
- 2 I would use heroin only (no cannabis or other illegal drugs) if I could always get it
- 3 I would use heroin and cannabis only (no other illegal drugs) if I could always get them
- 4 I would use heroin and a range of other illegal drugs, if I could always get them

Q. 38 In the past month, which of the following drugs have you used, and how often have you used them?

(For each of the drugs listed below, please tick the one box which best describes how often you have used it in the past month.)

	Not used	More than once a day	Once a day	More than once a week	Once a week	Less than once a week
Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Methadone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Morphine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Opium	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Pethidine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Codeine/homebake	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Palfium	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Dilaudid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Amphetanines (speed)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
LSD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Ecstasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Crank (mixture of cocaine and other drugs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Crack (free based cocaine)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Barbiturates (eg reds, nembies)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Benzodiazepines (eg Serepax, Valium, Mogadon)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Amyl nitrate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Please specify Other: _____

Q. 39 How have you mainly taken the drugs you have used in the past month?

(For each of the drugs listed below, please tick the one box which best describes how you have used *in the past month*.)

	Not used	Shoot	Snort	Smoke	Swallowed
Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Methadone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Morphine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Opium	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pethidine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Codeine/homebake	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Palfium	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dilaudid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Amphetanines (speed)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
LSD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ecstasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Crank (mixture of cocaine and other drugs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Crack (free based cocaine)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Barbiturates (eg reds, nembies)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Benzodiazepines (eg Serepax, Valium, Mogadon)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Amyl nitrate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please specify Other: _____

Fill in Questions 40-42 only if you have injected in the last month.

Q. 40 In the last month what was the *least* number of times you injected heroin/opiates per day?

_____ times per day

Q. 41 In the last month, what was the *most* number of times you injected heroin/opiates per day?

_____ times per day

Q. 42 In the last month, what was the *usual* number of times you injected heroin/opiates per day?

_____ times per day

Q. 43 Have you ever suffered from health or other problems because of illegal drug use?

¹ Yes

² No

³ Don't know

If yes, please specify: _____

Q. 44 Are you currently on a waiting list to go into treatment for heroin/opiates use?

¹ Yes

² No

³ Not applicable

If yes, please specify: _____

Q. 45 Are you currently in any of the following treatments for heroin / opiates use?

	No	Yes			
Methadone maintenance	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	If yes, is it helpful?	<input type="checkbox"/> ³ Yes	<input type="checkbox"/> ⁴ No
Methadone withdrawal	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	If yes, is it helpful?	<input type="checkbox"/> ³ Yes	<input type="checkbox"/> ⁴ No
Detoxification	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	If yes, is it helpful?	<input type="checkbox"/> ³ Yes	<input type="checkbox"/> ⁴ No
Outpatient treatment	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	If yes, is it helpful?	<input type="checkbox"/> ³ Yes	<input type="checkbox"/> ⁴ No
Therapeutic community eg Karralika, Mancare	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	If yes, is it helpful?	<input type="checkbox"/> ³ Yes	<input type="checkbox"/> ⁴ No
Counselling	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	If yes, is it helpful?	<input type="checkbox"/> ³ Yes	<input type="checkbox"/> ⁴ No
A 12-step program, eg Narcotics Anonymous	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	If yes, is it helpful?	<input type="checkbox"/> ³ Yes	<input type="checkbox"/> ⁴ No
Other	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	If yes, is it helpful?	<input type="checkbox"/> ³ Yes	<input type="checkbox"/> ⁴ No

Please specify *Other*: _____

Q. 46 Have you ever been in any of the following treatments for heroin / opiates use?

	Year of last treatment (Write in year)		If yes, was it helpful?	
	No ¹	Yes ²	Yes ⁴	No ⁵
Methadone maintenance	<input type="checkbox"/>	<input type="checkbox"/>	19 ³	<input type="checkbox"/>
Methadone withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	19 ³	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	19 ³	<input type="checkbox"/>
Outpatient treatment	<input type="checkbox"/>	<input type="checkbox"/>	19 ³	<input type="checkbox"/>
Therapeutic community eg Karralika, Mancare	<input type="checkbox"/>	<input type="checkbox"/>	19 ³	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	19 ³	<input type="checkbox"/>
A 12-step program, eg Narcotics Anonymous	<input type="checkbox"/>	<input type="checkbox"/>	19 ³	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	19 ³	<input type="checkbox"/>

Please specify *Other*: _____

Q. 47 If you are currently using, in what ways do you *usually* raise money to pay for your illicit drug use? (Please tick your *main* source/s of income . You can tick **more than one** box)

- ¹ Not currently using drugs
- ² Full-time employment
- ³ Part-time employment
- ⁴ Dole, pension or other benefits
- ⁵ Supplying illegal drugs
- ⁶ Shoplifting
- ⁷ Other stealing (including breaking and entering)
- ⁸ Robbery (eg mugging)
- ⁹ Fraud
- ¹⁰ Prostitution
- ¹¹ Other. Please specify: _____

Q. 48 If you are **not** currently using, in what ways **did** you **usually** raise money to pay for your illicit drug use?
(Please tick the *main* source/s of income . You can tick **more than one** box)

- 1 Full-time employment
- 2 Part-time employment
- 3 Dole, pension or other benefits
- 4 Supplying illegal drugs
- 5 Shoplifting
- 6 Other stealing (including breaking and entering)
- 7 Robbery (eg mugging)
- 8 Fraud
- 9 Prostitution
- 10 Other. Please specify: _____

Q. 49 How frequently, if at all, have you raised money for illegal drugs in the following ways **in the last 12 months?**

(Please tick one box for each)

	Never	Less than 10 times	10 – 100 times	More than 100 times
Shoplifting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other stealing (including breaking and entering)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Robbery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Fraud	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Supplying illegal drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Prostitution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q. 50 How frequently, if at all, have you driven under the influence of these drugs, **in the last 12 months?**

(Please tick one box for each)

	Never	Less than 10 times	10 – 100 times	More than 100 times	I don't drive
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin/opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other illegal drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q. 51 How frequently, if at all, have you been a victim of violence because of these drugs, **in the last 12 months?**

(Please tick one box for each)

	Never	Less than 10 times	10 – 100 times	More than 100 times	Don't know
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin/opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other illegal drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q. 52 How frequently, if at all, have you assaulted another person because of these drugs, **in the last 12 months?**

(Please tick one box for each)

	Never	Less than 10 times	10 – 100 times	More than 100 times
Alcohol	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Cannabis	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Heroin/opiates	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Other illegal drugs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q. 53 If there was 'heroin / opiates trial' what do you think would happen to the price/availability of street drugs?

(For each of the statements listed below please tick the one box which *best* describes your opinion)

What would happen to	Fall	Stay the same	Rise	Don't know
the price of street heroin/opiates?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
the availability of street heroin/opiates?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
the price of other illegal drugs?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
the availability of other illegal drugs?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q. 54 Pure unadulterated heroin/opiates will be given to participants in the trial, making them much more effective when smoked, snorted or swallowed. Given this, do you think people who mainly inject should be encouraged to switch to other routes of administration as part of the trial? (Please tick one box)

¹ Yes ² No ³ Don't know

Q. 55 Do you think a 'heroin/opiates trial' should be used as a way of encouraging dependent heroin/opiates users ... ?

(For each of the statements tick one box)

	Yes	No	Don't know
to cut down	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
to become non-dependent	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
to stop using	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Q. 56 Do you think a trial should be used as a way of encouraging non-dependent heroin/opiates users ... ?

(For each of the statements tick one box)

	Yes	No	Don't know
to cut down	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
to stop using	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Q. 57 How likely do you think it is that people on the trial would be hassled for their heroin/opiates by people not on the trial, **if the heroin/opiates could be taken home**? (Please tick one box)

¹ Very likely ² Likely ³ Unlikely ⁴ Very unlikely ⁵ Don't know

Q. 58 How likely do you think it is that people on the trial would be hassled for their heroin/opiates by people not on the trial, **if the heroin/opiates have to be taken at the distribution point**? (Please tick one box)

¹ Very likely ² Likely ³ Unlikely ⁴ Very unlikely ⁵ Don't know

Q. 59 If you think people on the trial might be hassled for their heroin/opiates, who do you think would be likely to hassle them?

(For each statement tick one box)

	Yes	No	Don't know	Don't think users would be hassled
Partner	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Friends	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Suppliers/Dealers	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Others	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Please specify *Others*:

Q. 60 If you think people on the trial might be hassled for their heroin/opiates, do you think that this will be:

(For each statement tick one box)

	Yes	No	Don't know	Don't think users would be hassled
Verbal	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Physical	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Life-threatening	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q. 61 Do you think being on the trial would increase or decrease the possibility of users being hassled by the police?

(Please tick one box)

¹ Increase ² No difference ³ Decrease ⁴ Don't know

Q. 62 If you are an ex-heroin/opiates user, would you start using again to get on the trial? (Please tick one box)

¹ I'm not an ex-user ² Yes ³ No ⁴ Don't know

Q. 63 If you have **never** used heroin/opiates would you start using to get on the trial? (Please tick one box)

¹ I have used heroin/opiates ² Yes ³ No ⁴ Don't know

Q. 64 If you are a non-dependent heroin/opiate user how much would you increase your use if that was necessary to get on the trial? (Please tick one box)

- I'm not a non-dependent user
- Not at all
- A little
- A lot
- Don't know

This next section is only for people who currently use opiates.

If you don't use currently, go on to question 71.

Q. 65 If you currently use heroin / opiates and if the trial was to go ahead, would you be interested in applying for a place on it ? (Please tick one box)

- Yes
- No
- Don't know
- Not applicable

If you have answered Yes, why? (You may tick more than one box)

- ¹ I want unadulterated heroin/opiates
- ² I want a healthier life
- ³ I want a less chaotic life
- ⁴ It will give me more time
- ⁵ I want a cheaper source of heroin/opiates
- ⁶ It would help me reduce my drug use
- ⁷ It would help me stop my drug use
- ⁸ It would allow me to get a job
- ⁹ It would allow me to get a better job
- ¹⁰ It would give me a chance to increase my use
- ¹¹ Other. Please specify: _____

If you have answered No, why not?

Q. 66 Would you be interested in volunteering for the trial if:

(For each statement tick one box)

	Yes	No	Don't know
HIV testing was compulsory	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
It was necessary to have other routine medical checks	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Providing urine for drug testing on a regular frequent basis was compulsory	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Providing occasional random urine specimens for drug testing was compulsory	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Providing information about your own drug taking was compulsory	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Providing information about your own criminal activity was compulsory	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Other illegal drug use was forbidden	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
The trial was run in a similar fashion to the current Methadone program	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
It was run with the aim of making participants abstinent	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
It was run with the aim of making participants reduce their use	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
It was necessary to disclose your name and address (given that these were kept confidential)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Only non IV routes of administration was offered	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
The trial was run by medical or nursing staff only	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
There was only a guarantee of heroin/opiates for the life of the trial, say 6-12 months	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
You were required to undergo counselling	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
You were required to undergo other forms of treatment	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Education about safe needle use was a part of the trial	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
The trial was run with the aim of making participants substitute IV methadone or morphine for IV heroin	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Education about safe sexual practices was a part of the trial	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Other forms of education, for example on nutrition, were a part of the trial	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Heroin was provided in take-away syringes	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Oral methadone plus two injections of heroin per day was the standard option	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
If oral methadone was the only option offered at the end of the trial	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Q. 67 If you were accepted on the trial, how would you use the money you saved?

(For each statement tick one box)

I would use the money I save to:	Not applicable	Yes	No	Don't know
buy other drugs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
buy drugs for others	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
pay bills	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
purchase other things I want	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
look after myself better	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
look after others I care better	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
getting better housing	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q. 68 If you were accepted on the trial what effect do you think it would have on your relationships with people close to you?

(For each statement tick one box)

What effect would it have on your relationships with:	Improve	No change	Make worse	Not applicable
People close to you (eg family and friends) who don't use heroin/opiates?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
People close to you who were also on the trial?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
People close to you who didn't want to be on the trial?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
People close to you who were not accepted on the trial?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q. 69 If you were accepted on the trial, what effect do you think it would have on the following of your behaviours (if applicable)

(For each statement tick one box)

	Not applicable	Increase	No effect	Reduce	Stop
Shoplifting	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Other stealing (including breaking and entering)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Robbery	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Fraud	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Supplying illegal drugs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Prostitution	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Violence	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Driving under the influence of alcohol	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Driving under the influence of cannabis	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Driving under the influence of heroin/opiates	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
Driving under the influence of other drugs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

Q. 70 If the number of people who can take part in the trial is limited, and you were not accepted, how would you feel?

Q. 71 What illicit drugs, if any, do supply? (Please tick one box)

- ¹ I don't supply drugs
- ² Just marijuana
- ³ Just heroin/opiates
- ⁴ A range of drugs including cannabis and heroin/opiates

Q. 72 Do you:

- ¹ I don't supply drugs
- ² Only supply to friends and do so at cost price
- ³ Only supply enough to cover your own drug use
- ⁴ Get a profit through dealing over and above what you need for your own drug use

Q. 73 What impact do you think such a trial will have on your supplying activities?

Q. 74 What are the special issues regarding this trial which you think are important for people who are HIV positive (Feel free to attach more pages.)

Q. 75 Are you HIV positive?

- ¹ Yes ² No ³ Don't know

Do you have any other comments? (Feel free to attach more pages.)

THANK YOU VERY MUCH

**PLEASE MAKE SURE YOUR VIEWS HEARD AND POST THIS BACK TO US AS
SOON AS POSSIBLE**

