

**Drug use and HIV risk among homeless and
potentially homeless youth in the Australian Capital
Territory**

**Beverly Sibthorpe, Ayse Sengoz and
Gabriele Bammer**

**in collaboration with
The Youth Affairs Network of the ACT**

**Feasibility Research into the Controlled Availability of
Opioids Stage 2**

Working Paper Number 3

**National Centre for Epidemiology and Population Health
The Australian National University**

Australian Institute of Criminology

JUNE 1993

ISBN 0 7315 1586 2

ISSN 1039-088X

Drug use and HIV risk among homeless and potentially homeless youth in the Australian Capital Territory
Feasibility Research into the Controlled Availability of Opioids Stage 2
Working Paper Number 3
ISBN 0 7315 1586 2
ISSN 1039-088X

© National Centre for Epidemiology and Population Health

Published by the National Centre for Epidemiology and Population Health
The Australian National University
ACT 0200

June 1993

Cover designed by Fran Smith, ANU Graphic Design, The Australian National University, ACT 0200. Based on an original design for the Feasibility Research Project by Kathie Griffiths.

Publications Officer: Belinda Richardson, NCEPH

CONTENTS

Executive Summary	v
Acknowledgements	vi
Introduction	1
Methods.....	2
Results	2
Sample characteristics.....	2
Drug use	5
HIV risk.....	8
Family history of heavy alcohol and/or other drug use	9
Abuse	9
Attempted suicide	10
Discussion.....	10
Feasibility study	10
Drug use	10
HIV risk.....	12
Family history of heavy alcohol and/or other drug use, abuse and attempted suicide.....	12
Conclusions.....	12
References	14
Appendix A.....	17
Feasibility Research into the Controlled Availability of Opioids.....	39
Publications.....	40

EXECUTIVE SUMMARY

One hundred and fifty-five people aged 12 to 17 years who, because of family problems, were living away from home (“homeless”) or had lived away from home in the last 12 months (“potentially homeless”) were interviewed about drug use, HIV risk behaviours, family drug use, physical and sexual abuse and attempted suicide.

The majority of respondents had used alcohol, tobacco, pain relievers and marijuana at some time in their lives. One third to one half of respondents had used inhalants, hallucinogens, sleeping tablets, amphetamines and ‘Avil’. Much less frequently used were cocaine, heroin and other opioids and barbiturates. The rates of illicit drug use are higher than those reported by schools survey respondents in the ACT, but with the exception of marijuana, reflect an experimental pattern of use which is typical of adolescents.

Only 8 percent of respondents had ever used heroin, the majority only once or twice in their lifetime. None would have been eligible for inclusion in a trial to provide heroin to dependent users in a controlled manner.

Respondents did not seem to be at risk for HIV from needle sharing, but some may have been at risk from their sexual practices. Of the total, 11 percent had ever injected drugs; none reported ever using a needle after someone else had used it. Of the total, 46 percent were sexually active in the last four weeks. Fifty-six percent of these said they always used a condom when they had sex during that period. Twenty-eight percent never used a condom and 14 percent sometimes used one. Almost one quarter said they were drunk or stoned the last time they had sex. Seven percent said they had ever had sex just to get money or drugs.

Three issues of particular concern arose from this study; they were high levels of binge drinking, physical and sexual abuse and attempted suicide.

Of the 153 who had ever drunk alcohol, 66 percent usually had five or more drinks on a day they drank (so-called “binge drinking”).

Of the total, 54 percent said they had been physically abused, and 28 percent (of 148) said they had been sexually abused. Among males, 48 percent reported physical abuse and 10 percent reported sexual abuse. Among females, 61 percent reported physical abuse and 47 percent reported sexual abuse. Those with a family history of heavy alcohol and other drug use were more likely to have been abused than others.

There was a high level of attempted suicide reported. Of 145 for whom data were available, 45 percent reported that they had attempted suicide one or more times by drug overdose or some other means. Females were much more likely to have attempted suicide than males and those who had been abused were more likely to have attempted suicide than those who had not been abused.

These problems need to be urgently addressed by tackling the social conditions of which they are a manifestation.

ACKNOWLEDGEMENTS

The project results from a successful and productive collaboration between the National Centre for Epidemiology and Population Health (NCEPH) and the Youth Affairs Network of the ACT

(YANACT). The two agencies worked together to develop the questionnaire and conduct the survey. They produced two separate but overlapping reports, the first focusing on service provision for alcohol and other drug affected youth and the other (this report) on HIV risk behaviours. The first report “Goonies and Green: A survey of drug and alcohol use among homeless and potentially homeless young people in the ACT” was released in December 1992 and was produced by YANACT in association with NCEPH. This report was produced by the three authors.

From YANACT, Rhonda Fuzzard conceived the original idea for the project and worked on the submission. Karen Gardner shared a primary role in overseeing the project (with Beverly Sibthorpe) and obtaining YANACT’s funding for it. Jane Drinkwater conducted most of the interviews.

From NCEPH, Ann Larson was involved in the questionnaire design in the early stages and Kate Elliott helped establish the collaboration and obtain funding for NCEPH. Meherun Nisa and Belinda Richardson provided support in the production of this report.

Steering committee members were drawn from the following services: ACT Alcohol and Drug Service, Drug Referral and Information Centre, Hawker College, Short Cuts Information and Advocacy Service for Young People, Toora Single Wimmins Shelter and the Youth Accommodation Group. Jillian Fleming, Lesley Fraser, Annie Fulton, Christine Hall–Pascoe, Moira Hannah, Tim McCann, Mike Owner, Jacqui Pearce, Meriel Schultz and Kath Ward served as steering group members.

Thanks to the youth and other community workers who contributed their thoughts and views to the project and referred young people for interview. Thanks also to the school counsellors for their help in interviewing. Special thanks to the young people who shared so much of themselves in the interviews and who form the basis of this report.

The project was made possible by funding from the Innovative Health Services for Homeless Youth Grants Program (to YANACT) and a Youth Organisations Research and Development Grant (to NCEPH), both from the Youth Affairs Unit of the Social Policy Branch of the ACT Chief Minister’s Department. YANACT also received funding from the ACT Alcohol and Drug Service.

INTRODUCTION

The primary aim of this project was to investigate heroin and other opioid use among young people aged less than 18. As part of our general investigations of the feasibility of a trial to provide heroin and other opioids to dependent users in a controlled manner (NCEPH, 1991), we wanted to get an idea of the number of dependent heroin users aged less than 18 and whether or not it would be appropriate to include them in a “heroin trial”. If it was appropriate to include them, we also wanted to determine if special conditions would need to be established in a trial for this age group.

In Stage 1 of the feasibility investigations (Crawford and Bammer, 1991), we surveyed key groups about their attitudes to a trial and one of the questions asked was “If a trial was conducted, do you think it should include heroin/opiates users aged under 18 years?” To our surprise 68 percent of the general community, 49 percent of police, 59 percent of service providers and 53 percent of user/ex-user respondents replied “yes”. The police response was particularly noteworthy as only 31 percent thought a trial should go ahead. We interpreted this finding as an expression of concern about drug use by young people and of the need to try new strategies to address the problem.

Our approach to the project was shaped by two main considerations. First, in our consultations with youth groups about this project we learnt that the Youth Affairs Network of the ACT (YANACT) was about to embark on a similar study, focussing on the need for a “proclaimed place” for alcohol- and other drug-affected young people in the ACT (ie a safe shelter for young people under the influence of drugs who have nowhere else to go). There were clear advantages in a collaborative effort and this has turned out to be a successful and productive undertaking.

The second consideration was that the Drug and Alcohol Service of the ACT Board of Health had conducted a survey of school students’ drug use in 1991. They found that 3 percent of males and 4 percent of females in years 7 through 11 had ever used “opiates” (ACT Government Alcohol and Drug Service, 1991), figures which they reported were comparable to those obtained in New South Wales schools (3 percent for each sex). While we do not know to what extent the “opiates” used were heroin, in the ACT, this level of “opiate” use represents about 80 males and 110 females. In addition, the report warned that “The numbers of students reporting having ever used opiates is small so the estimates of the percentage of students must be treated with caution” (p11). While there were no data reported on frequency of use in this group, it is unlikely to have been high for the majority of students and we felt that there was little to be gained from surveying this whole group again. Instead, we decided to focus on young people who might be at higher risk of opioid use, including those who might not have been captured in the schools’ survey.

There is some evidence of a higher prevalence of licit and illicit drug use, including opioid use, among homeless youth compared to other teenagers (for example, Porritt, 1991). It was therefore likely that the need for services for alcohol and other drug affected youth might best be determined by surveying this population. It was agreed that the study would focus on young people aged 11 to 17 years who were “homeless” or “potentially homeless”. Following Burdekin and colleagues (1989), homelessness was conceived of as process and an experience of insecurity and mobility rather than just lack of shelter.

The areas covered in the survey were: alcohol and other drug use; handling intoxication; knowledge of and conduct of behaviours risky for HIV transmission; criminal behaviour; indicators of health and social functioning, including abuse, living stability and dealings with the police; and demographic variables. In this paper we report on alcohol and other drug use, behaviours risky for HIV

transmission and some indicators of social functioning. The remaining results are reported in YANACT and NCEPH (1992).

METHODS

Interviews were conducted with young people aged 12–17 years who, because of problems in the home environment, were currently living away from home (“homeless”), or had experienced a period away from home in the past 12 months (“potentially homeless”). Recruitment was through a range of youth-serving agencies throughout the ACT, including public and private high schools and colleges, crisis and other short term as well as longer term accommodation, drop-in centres, youth service referral agencies and government housing.

Interviews lasted approximately 20 minutes and respondents were paid \$5. Information was collected using a structured protocol with a small number of open-ended questions (see Appendix A). Chi-square tests were used in the analysis to determine the significance of observed differences.

RESULTS

Sample Characteristics

Between June and September 1992, 155 young people were interviewed. As is true of all studies of such populations, we do not know how representative our sample was. However, by the end of the study the main interviewer was seeing familiar faces at the various youth ‘haunts’ and, although two squats were not visited, the young people living there may have been accessed through other sites. We estimate that a sizeable proportion of the homeless young people were interviewed, but are less confident that this is the case for the potentially homeless group. We were unable to interview 11-year-olds as planned, as agency staff were protective of this age group and did not refer them to us.

Recruitment sites are shown in Table 1. One third were recruited in schools, and almost one quarter in various forms of short-term and longer-term accommodation (including refuges and shelters). Just over one fifth were located at youth centres.

Recruitment Site	Number	Percent
Schools	51	33
Various forms of accommodation	36	23
Youth Centres	32	21
Corrections	14	9
Other programs	13	8
Government housing	5	3
Leisure sites	4	3
Total	155	100

Table 1. Recruitment sites for homeless and potentially homeless youth, Canberra, 1992.

Sample characteristics are shown in Table 2. Of the total, 54 percent were male and 93 percent were Australian born. Of the latter, 10 (7 percent) were Aborigines or Torres Strait Islanders. The median age was 16.

Thirty-three percent were currently homeless. There was no significant association between homelessness and age – those in the 12–15 age group were just as likely to be homeless as 16 and 17 year olds. There was also no significant association between homelessness and sex. The median number of times respondents had left home was 4, with no significant difference between males and females. Overall, the median time since respondents had first left home was 92 weeks, with 104 weeks for males (range 0.3 to 624) and 70 weeks for females (range 2 to 364). This difference was not statistically significant. Forty-eight percent of respondents expected to stay in their current accommodation for less than six more months.

There was no significant difference between the homeless and potentially homeless by either number of times left home or the time since first left home. Thus these categories, developed for the purposes of sampling, were not meaningful in terms of respondents' experience of homelessness, which is typically a dynamic state characterised by periods in and out of home.

Of the total, 55 percent were currently enrolled in high school, college or TAFE. There was no significant difference between males and females in rate of school enrolment. Although there was a trend in the expected direction, there was also no significant difference in level of school enrolment by age: those in the 12–15 age group were just as likely to be out of school as those who were 16 or 17 (39 percent versus 51 percent; $p=.17$). However, those who were homeless were less likely to be enrolled in school than those who were potentially homeless (32 percent versus 65 percent; $p=.0002$). For a little over one half of respondents the place they usually “hung out” was Civic, reflecting the relatively high level of youth activity in the city centre. The remainder were fairly evenly distributed throughout the satellite town centres.

Characteristic		Number	Percent
Sex:	male	83	54
	female	72	47
Place of birth (n=154):	Australia	143	93
	Asia	5	3
	New Zealand	2	1
	Other	4	3
Age:	12	3	2
	13	6	4
	14	21	14
	15	43	28
	16	48	31
	17	34	22
Enrolled at school (n=154):	Yes	84	55
	No	70	45
Homelessness:			
	“homeless”	51	33
	“potentially homeless”	104	67
Number of times left home (n=154):			
	1	20	13
	2	25	16
	3	25	16
	4	13	8
	5–9	35	23
	10 or more	34	22
	Don't know	2	1
Time since first left home:			
	2 days – 6 months	24	15
	7 months – 1 year	37	24
	>1 – 2 years	33	21
	>2 – 4 years	40	26
	>4 years	18	12
	Don't know	3	2
Usual “hang out” ¹ (n=154):			
	Civic	82	53
	Woden	41	27
	Belconnen	30	19
	Tuggeranong	29	19
	Other	12	8
	Don't hang out	5	3
	Don't know	3	2

¹ Multiple answers possible.

Table 2. Characteristics of young people who were homeless or potentially homeless, ACT 1992 (n=155, unless otherwise stated).

Income is shown in Table 3. The median amount earned in the previous fortnight was \$60. Respondents receiving Austudy (a government allowance paid to students) or Jobsearch Allowance (a government allowance paid to unemployed job seekers), both \$212 per fortnight, accounted for the majority of those in the \$201–\$300 category. Of the total, 39 percent received income from government sources, over one quarter received income from parents and 17 percent derived some income from a job.

Income (\$)	Number	Percent
0	13	8
1–50	63	40
51–100	14	9
101–200	21	14
201–300	37	24
300 +	7	5
Total	155	100
Sources of Income¹ (n=142)		
Parents	39	27
Jobsearch Allowance	29	20
Job	24	17
Austudy	23	16
Allowance paid by a refuge, shelter or welfare agency	22	15
Friends	8	6
Other family	7	5
Special benefit or Abstudy ²	4	3
Illegal sources and begging	4	3
Other	1	<1
<small>1 Multiple answers possible. 2 Abstudy is a government allowance paid to Aboriginal students</small>		

Table 3. Income and income sources of young people who were homeless or potentially homeless, ACT 1992.

Drug use

Drugs ever used are shown in Table 4. They can be divided into three broad groups. The majority of respondents had used alcohol, tobacco, pain relievers and marijuana. The second group of drugs had been used by approximately one third to one half of respondents. This group included inhalants, hallucinogens, sleeping tablets, amphetamines and 'Avil'. Much less frequently used were cocaine, opioids other than heroin, heroin, and barbiturates. A small proportion reported ever using a range of other drugs and chemicals including methylated spirits, steroids and petrol.

Drug (Group)	Never Used		Used	
	n	(%)	n	(%)
Alcohol	2	(1)	153	(99)
Cigarettes	8	(5)	147	(95)
Pain relievers	14	(9)	141	(91)
Marijuana	21	(14)	134	(87)
Inhalants	75	(48)	80	(52)
Hallucinogens	85	(55)	70	(45)
Sleeping tablets (n=153)	96	(63)	57	(37)
Amphetamines	104	(67)	51	(33)
Avil	114	(74)	41	(27)
Cocaine	135	(87)	20	(13)
Opioids other than heroin (n=154)	136	(88)	18	(12)
Heroin	143	(92)	12	(8)
Barbiturates (n=154)	146	(95)	8	(5)
Other substances	141	(91)	14	(9)

Table 4. Drug use by homeless and potentially homeless youth, Canberra, 1992 (n=155, unless otherwise stated).

Significantly, more females than males reported using pain relievers (99 percent versus 84 percent; $p=.005$) and sleeping tablets (53 percent versus 23 percent; $p<.0003$). Compared to respondents who were not in school, significantly larger proportions of those in school reported ever using pain relievers (84 percent versus 96 percent; $p=.02$). On the other hand, those who were not in school were more likely to have ever used Avil (39 percent versus 17 percent; $p=.004$), as well as marijuana (93 percent versus 81 percent; $p=.06$) and heroin (13 percent versus 4 percent; $p=.07$), though the last two did not reach statistical significance. The only association between ever use of any drug and homelessness was for amphetamines – those who were homeless were less likely to have used amphetamines than those who were potentially homeless (22 percent versus 39 percent; $p=.05$). There were no other significant differences for ever use by sex, school attendance or homelessness.

Cigarettes

Of the total, 128 (83 percent) had smoked in the last seven days, and 102 (66 percent) had smoked 40 or more cigarettes during that period. There was no association between the number of cigarettes smoked and sex, homelessness or school attendance. Those who were older (16 and 17 years) were more likely to have smoked 40 or more cigarettes than those who were younger (85 percent versus 67 percent; $p=.02$).

Alcohol

Of the total, 74 (48 percent) had had an alcoholic drink in the last seven days, 20 percent on one day, 11 percent on two days and the remainder (17 percent) on three or more days. Of those who had ever drunk (n=153), 101 (66 percent) usually had five or more drinks on a day they drank alcohol (so-called “binge drinking”). There was no difference in usual “binge drinking” by sex, age or homelessness.

However, those who were not enrolled at school were more likely to usually “binge drink” than those who were enrolled (83 percent versus 63 percent; $p=.02$).

Illicit Drugs

Lifetime frequency of use for illicit drugs is shown in Table 5. As can be seen, for most of the respondents only marijuana was used with any great frequency. The use of the remaining drugs reflects an experimental pattern of use which is typical of adolescents. However, almost one third had used inhalants and almost one fifth had used hallucinogens more than ten times in their lives. Among users of marijuana, inhalants, hallucinogens, amphetamines and ‘Avil’, there were few associations between lifetime use more than ten times compared to use less often and sex, school attendance or homelessness. Compared to those who were enrolled at school, those who were not enrolled were more likely to be heavier users of inhalants (73 percent versus 39 percent; $p=.005$) and amphetamines (44 percent versus 17 percent; $p=.07$), though the latter did not reach statistical significance.

Drug (Group)	Lifetime Frequency of Use				
	None n (%)	1-2 n (%)	3-9 n (%)	10+ n (%)	DK/Refused n (%)
Marijuana (n=154)	21 (14)	11 (7)	5 (3)	115 (74)	2 (2)
Inhalants	75 (48)	18 (12)	17 (11)	44 (28)	1 (<1)
Hallucinogens	85 (55)	23 (15)	21 (14)	26 (17)	-
Amphetamines	104 (67)	25 (16)	10 (7)	16 (10)	-
Avil	114 (74)	13 (8)	12 (8)	15 (10)	1 (<1)
Cocaine (n=154)	135 (88)	11 (7)	6 (4)	2 (1)	-
Opioids other than heroin (n=153)	136 (89)	12 (8)	3 (2)	1 (<1)	1 (<1)
Heroin	143 (92)	8 (5)	2 (1)	2 (1)	-
Barbiturates (n=154)	146 (95)	2 (1)	4 (3)	2 (1)	-
Other substances	141 (91)	7 (5)	1 (<1)	6 (4)	-

Table 5. Lifetime frequency of use of illicit drugs by homeless and potentially homeless youth, Canberra 1992 (n=155, unless otherwise stated).

Use in the last four weeks of the five most commonly used illicit drugs is shown in Table 6. Marijuana was used ten or more times by over one quarter of respondents, but the remaining drugs were used at relatively low frequency or not at all by the majority of respondents.

Drug	Never Used n (%)	None n (%)	1-2 Times n (%)	3-9 Times n (%)	10+ Times n (%)	DK/ Refused n (%)
Marijuana (n=154)	21 (14)	31 (20)	33 (21)	26 (17)	43 (28)	—
Inhalants	75 (48)	52 (34)	12 (8)	11 (7)	4 (3)	1 (<1)
Hallucinogens	85 (55)	55 (36)	9 (6)	4 (3)	2 (1)	—
Amphetamines	104 (67)	37 (24)	11 (7)	3 (2)	—	—
Avil	114 (74)	34 (22)	5 (3)	2 (1)	—	—

Table 6. Frequency of use in last four weeks of selected illicit drugs by homeless and potentially homeless youth, Canberra 1992 (n=155, unless otherwise stated).

For the purposes of further analysis, a “user” was conservatively defined as someone who used any one or more of these five drugs more than once or twice in the last four weeks. Using this definition, 76 were “users” and 77 were “non-users” (two had missing values). There was no association between level of use and sex, age, homelessness or school enrolment.

Only 12 (8 percent) of respondents had ever used heroin, the majority (8) only once or twice in their lifetime.

HIV risk

Of the total, 150 (97 percent) had heard about HIV. Those who said they had heard about the virus were asked to respond to six true/false questions about HIV transmission. The great majority knew that infection could result from sex with either men or women and needle sharing. Incorrect or uncertain responses were given to sharing eating utensils (10 percent), vertical transmission from mother to foetus (17 percent) and blood donation (41 percent).

Thirty-nine of those who had heard about HIV (26 percent) had been tested for HIV. Those who were homeless were more likely to have been tested than those who were potentially homeless (38 percent versus 21 percent; $p=.05$); those not enrolled in school were much more likely to be tested than those enrolled (42 percent versus 13 percent; $p=.0002$); and those who were sexually active were more likely to have been tested than those who were not (35 percent versus 19 percent; $p=.04$).

Needle risk

Of the total, 17 (11 percent) had ever injected drugs. There was no association between injection and age or homelessness. Males were more likely to inject than females (18 percent versus 3 percent; $p=.005$) and those who were not enrolled at school were more likely to inject than those who were enrolled (19 percent versus 5 percent; $p=.01$). Of those who reported injecting drugs, none reported ever using a needle after someone else had used it.

Sexual practices

Of the total, 120 (77 percent) reported that they had ever had sex. One female reported having sex with both males and females but the remainder were heterosexual. Among those who had ever had sex and for whom data were available (n=114), the median number of sex partners in the last six months was 1 (range 0–50). There was no difference in the number of sex partners in the last six months by sex, age, homelessness or school enrolment. Only 2 (2 percent) had ever had a sexually transmitted disease.

Of the total, 71 (46 percent) were sexually active in the last four weeks. Forty of these (56 percent) said they always used a condom when they had sex during that period. Twenty (28 percent) never used a condom and 10 (14 percent) sometimes used one. Almost one quarter (24 percent) said they were drunk or stoned the last time they had sex. Five (7 percent) said they had ever had sex just to get money or drugs.

Family history of heavy alcohol and/or other drug use

Of 153 for whom data were available, 110 (72 percent) had a family history of heavy alcohol and/or other drug use. There was no association between family history and sex, age, homelessness or school enrolment or being a “user” in the last four weeks. However, those who had a family history of heavy alcohol and/or other drug use were more likely to be binge drinkers (77 percent versus 51 percent; $p=.004$).

Abuse

Of the total, 84 (54 percent) said they had been physically abused, and 42/148 (28 percent) said they had been sexually abused, but there was a difference by sex. Among males, 40 (48 percent) reported physical abuse and 8 (10 percent) reported sexual abuse. Among females, 44 (61 percent) reported physical abuse and 34 (47 percent) reported sexual abuse. Compared to males who had been physically abused, females who had been physically abused were more likely to have also been sexually abused (18 percent versus 55 percent; $p=.001$).

There was no association between any abuse (physical and/or sexual) and age, homelessness, school enrolment, binge drinking or being a “user” in the last four weeks. Females were much more likely to have had any abuse than males (79 percent versus 49 percent; $p=.0003$) and those with a family history of heavy alcohol and other drug use were more likely to have been abused than others (69 percent versus 48 percent; $p=.02$).

Attempted suicide

There was a high level of attempted suicide reported. Of 145 for whom data were available, 65 (45 percent) reported that they had attempted suicide one or more times by drug overdose or some other means. There was no association between suicide attempts and age, homelessness, school enrolment or family history of heavy alcohol and/or other drug use. Females were much more likely to have attempted suicide than males (66 percent versus 27 percent; $p<.00001$) and those who had been abused were more likely to have attempted suicide than those who had not been abused (54 percent versus 30 percent; $p=.008$). There was an interaction between abuse and suicide. Females who had not been abused were no more likely to have attempted suicide than males who had not been abused, but females who had been abused were 2.7 times more likely to have attempted suicide than males who had been abused (72 percent versus 27 percent; $p<.00005$).

DISCUSSION

Feasibility study

The main finding of this study from the perspective of the feasibility research was that relatively few homeless and potentially homeless youth had ever tried heroin (8 percent), and those who had tried it used it very infrequently. We had planned a follow-up interview of participants who had used more than eight times in the previous year, which was designed to capture those who may have had a period of frequent use, who may have been beginning to use frequently, or who may have recently had a “binge”. However, none of the participants met this criterion. This suggests that there would be few people aged 12 to 17 in the ACT who would be eligible for a trial of controlled availability of opioids. Thus it is unlikely the trial design would need to consider the particular needs of this age group.

Interestingly, since the completion of this study we have met a small number of under-18s who are dependent users. None were dependent users at the time of this study.

Drug use

It is difficult to compare drug use in this study with the results of other studies because the age groups and the distribution of the sample across age groups are rarely exactly the same. Young people's behaviour can change quite radically in the space of a year or two. In particular, Spooner and colleagues (1992) in a street-intercept study of 16 to 21 year olds, found that heroin use increased significantly with age. Apart from the schools surveys, there seem to have been few other studies that concentrated on under 18s.

Additional problems for comparability are the different methods of recruitment and regional variations in the characteristics of the young homeless population. Thus, young people recruited on the streets in Sydney may have quite different characteristics from young people recruited on the streets in Canberra. A street intercept study will recruit different people from a study that is school or agency based.

In this study, ever use of heroin and other opioids combined (20 percent) was considerably higher than the 3 percent reported in the ACT Schools Survey (ACT Government Alcohol and Drug Service, 1991; while the age range is similar, the distribution across ages is not). Heroin use in this study was much lower than the 45 percent reported in a study of 14–19 year old "street kids" in Sydney (Porritt 1991; but the age ranges are not comparable) and the 20 percent reported in a study of homeless young people in Melbourne (cited in Waters et al., 1991; 50 percent of this group were older than 18).

Ever use of illicit drugs including cocaine and barbiturates among our study population was also limited, though cocaine use (13 percent) was again higher than that reported for the schools survey students (3 percent). Appreciable numbers of the study population had also tried inhalants, hallucinogens, "Avil" and amphetamines, but while the proportions who had tried these drugs were higher than among the ACT schools survey students (with the exception of "Avil", which was not recorded in the schools survey), their frequency of use by the homeless young people was typically low.

While the rates of illicit drug use are higher than those reported by schools survey respondents in the ACT (ACT Government Alcohol and Drug Service, 1991), NSW (cited in ACT Government Alcohol and Drug Service, 1991) and South Australia (Mawby et al, 1991), they are not as high as those documented in studies of slightly older "street kids" in Sydney (Porritt, 1991). Overall, the pattern of illicit drug use by the young people in our study can be best described as reflecting an experimental pattern of use that is typical of adolescents. It seems that over 18s are more likely to develop problems related to illicit drug use. This raises the possibility that some under 18s could benefit from well-targeted early interventions.

Use of tobacco, alcohol and marijuana in the study population was widespread and considerably more common than among schools survey respondents. Ever use of alcohol was 99 percent compared to 64 percent among schools survey respondents, of cigarettes 95 percent compared to 63 percent, and of marijuana 87 percent compared to 25 percent. Ninety percent of respondents had smoked more than 10 cigarettes, compared to 31 percent of those in the schools survey. Of particular concern are the rates of heavy alcohol consumption reported and the pattern of "binge drinking" which was common in this population. Of the two thirds of schools survey respondents who had ever tried alcohol, a little

over one quarter usually drank five or more drinks on a day they drank alcohol, compared to 66 percent of the homeless/potentially homeless drinkers. The rate of usual binge drinking reported by the latter is virtually the same as that reported by Spooner et al (1992) for young people in Sydney interviewed using a street intercept technique.

The data on alcohol and some other drugs suggest that there may be an association between non-attendance at school and use (see also Blaze-Temple et al, 1990). This may be because the same factors that cause young people to drop out of school predispose them to high levels of alcohol and other drug use.

HIV risk

Injected drug use was not common and, of those who had injected drugs, none reported ever sharing a needle, suggesting that the risk of needle transmission of HIV in this population is very low. The ready availability of clean injection equipment through the needle exchange program in the ACT may be an important factor in the low rate of needle sharing reported.

On the other hand, almost one half had been sexually active in the previous four weeks and of these almost one half did not routinely wear a condom, indicating the potential for sexual spread of HIV and other sexually transmitted diseases.

Family history of heavy alcohol and/or other drug use, abuse and attempted suicide

The high rates of physical and sexual abuse, the possible link between abuse and family history of heavy alcohol and/or other drug use and the high rate of attempted suicide reported are significant. Other studies have reported high rates of abuse among homeless youth (for example, data cited in Waters et al, 1991). Although there was no clear link in this study, there is other empirical evidence that parental substance use is related to use in adolescent offspring, though the mechanism underlying this relationship is unclear (see review in Peat Marwick Hungerford Management Consultants, 1988). Issues relating to modelling of substance use as coping behaviour, the quality of parent-child relationships, the "scapegoating" of a family member in response to family dysfunction and the personality traits of using parents have all been explored. These suggest the need for both home-based and school-based prevention and early intervention programs among at risk children. Family support is also an area recommended for attention in the ACT Alliance Government's response to the Burdekin Report (1990).

Significant proportions of the study population had attempted suicide (see also data cited in Waters et al., 1991). This indicates a high level of social distress in this population, though the relationship between suicide and other factors including alcohol and other drug use, abuse, homelessness and parental substance use is far from clear. According to Hassan (1991), alcohol and other drug use are major correlates of youth suicide. Clearly, there may be common factors that predispose some young people to both heavy drug use and suicide. The high levels of abuse and family history of heavy alcohol and/or other drug use reported suggest that such antecedents may be important factors in both.

CONCLUSIONS

Those considering data on the levels of social distress and alcohol and other drug use found in studies of homeless youth frequently stress the need for services to address them. Improving access to services is the key to the Street Children Project being established by the World Health Organisation's Program on Substance Abuse (unpublished). Schorr (1988) has documented successful examples of services targeting "high risk" children and families. She argues that there is a need for

"intensive, comprehensive, individualised services with aggressive attention to outreach and to maintaining relationships over time – perhaps frills for more fortunate families, but rock-bottom essentials for high-risk populations, whose level of energy and tolerance for frustration may be low, who are likely to have more than one problem at a time, and whose experiences in searching for help are likely to leave them profoundly discouraged and unable to use services as customarily offered" (p 285–286).

Nevertheless, despite the successes of services, they can only ever be a band-aid solution for problems whose origins are deeply rooted in the social conditions of contemporary life. In the Australian context, Brownell and Allison are critical of the Burdekin report for what they see as its failure to pay sufficient attention to the structural causes of homelessness. They argue that:

It is obvious that there is a very direct link between the economic circumstances of particular family units and the incidence of homelessness among children .. [and] .. the collapse of the youth labour market ... has reinforced the link between youth unemployment and homelessness (Brownell and Allison 1989:12).

White (1990) is also a powerful exponent of the need for more radical change:

"Ultimately the problems associated with the 'broken transitions of youth' cannot be reduced to a lack of discipline or skill, or the impact of technology: they stem from and are a reflection of social structures that privilege the powerful while consigning the less powerful to poverty, alienation and the ignominious drudgery of hand-to-mouth existence" (p 213).

This study has shown that sexual and physical abuse, attempted suicide and binge drinking are three particular areas of concern among homeless and potentially homeless young people in the ACT. While we would, of course, support the establishment of new and improved services aimed at these problems, we would argue that more can be achieved by tackling the social conditions of which these problems are a manifestation.

REFERENCES

- ACT Government Alcohol and Drug Service (1991), *ACT Survey. School Students Drug Use 1991. Highlights Report*, ACT Board of Health, Canberra.
- ACT Alliance Government (1990), *Beyond the Burdekin Report. ACT Alliance Government Response to the "Our Homeless Children"*.
- Blaze–Temple D., Lo, S. and C. Binns (1990), *Perth Teenagers: Alcohol and Other Drug Beliefs and Consumption Patterns 1987. A technical report for the Health Department of Western Australia*, National Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology, Perth.
- Brownell, M. and S. Allison (eds) (1989), *Responses to Burdekin – Government and non–Government responses to "Our Homeless Youth"*, The National Clearing House for Youth Studies, Centre for Education, University of Tasmania, Hobart.
- Burdekin, B., Carter, J. and W. Dethlefs (1989), *Our Homeless Children. Report of the National Inquiry into Homeless Children*, Human Rights and Equal Opportunity Commission, Australian Government Publishing Service, Canberra.
- Crawford, D. and G. Bammer (1991), 'Attitudes to a trial', in National Centre for Epidemiology and Population Health, *Feasibility research into the Controlled Availability of Opioids, Volume 2: Background Papers*, NCEPH, Canberra, pp.187–278.
- Hassan, R. (1991), *Lives Unlived – Youth Suicide in Australia*, Youth Affairs in Australia, Autumn 1991, pp.18–20.
- Mawby, L., Neill, M., Christie, P. and S. Cormack (1991), *Survey of Alcohol, Tobacco and other Drug Use by South Australian School Children 1989*, Drug and Alcohol Services Council, Monitoring, Evaluation and Research Unit.
- National Centre for Epidemiology and Population Health (1991), *Feasibility Research into the Controlled Availability of Opioids, Volume 1: Report and Recommendations, Volume 2: Background Papers*, NCEPH, Canberra.
- Peat Marwick Hungerford Management Consultants (1988), *Young Australians and Drugs*, Department of Employment, Education and Training, Canberra.
- Porritt, D. (1991), *Report on a survey among "street kids" in Sydney*, Prepared for Drugs of Dependence Branch, Commonwealth Department of Community Services and Health.
- Schorr, L.B., with D. Schorr (1988), *Within Our Reach. Breaking the Cycle of Disadvantage*, Doubleday Anchor Books, New York.
- Spooner, C., Flaherty, B. and P. Homel (1992), *Results of a street intercept survey of young illicit drug users in Sydney*, Directorate of the Drug Offensive, NSW Department of Health.
- Waters, K., Sheehan, G., Eldridge, D. and Crossroads Staff Team (1991), *Unfinished Business. An update of the Forced Exit Report evaluating twelve months of Government and Community responses to young homeless people in Victoria*, Crossroads Youth Network, Melbourne.
- White, R. (1990), *No Space of their Own. Young People and Social Control in Australia*, Cambridge, New York.

Youth Affairs Network of the ACT (YANACT) in association with the National Centre for Epidemiology and Population Health (NCEPH) (1992), *Goonies and Green: A survey of drug and alcohol use among homeless and potentially homeless young people in the ACT*, YANACT, Canberra.

APPENDIX A.

HOMELESS YOUTH DRUG AND ALCOHOL SURVEY CONSENT FORM

This survey is being carried out by a group called the Youth Affairs Network of the ACT with another organisation called NCEPH. The aim of the research is to find out about the experiences of being homeless or at risk of homelessness, and drug and alcohol use. The purpose of the research is to help policy makers plan for alcohol and other drug services for young people in Canberra, especially the homeless. We need your ideas because we don't know what your experiences and needs are, so this is a chance for you to have your say.

I'll be asking questions about your personal and family background and your general health. I also want to know about your drug use and things that have happened to you when you've been drinking or using drugs. We are also interested to know about your knowledge of AIDS and risk behaviours.

If you want to stop the interview at any time you're free to do so. If there are any questions you don't want to answer you don't have to. Of course the more information you can provide, and the more honest you are means we have a better idea of what services you and others in your situation need.

This interview is strictly between you and me so your answers are confidential and won't be identified in the report. The interview usually takes between 20 to 30 minutes. Do you understand the interview procedure as I've described it to you? Do you have any questions before we start?

INTERVIEWER

I am satisfied that the respondent (number allocated to the respondent) is informed about the interview procedure.

..... (Signature of interviewer)

YOUTH AFFAIRS NETWORK OF THE ACT

IN COLLABORATION WITH

THE NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH

DRUG AND ALCOHOL SURVEY OF YOUNG PEOPLE WHO

ARE HOMELESS OR POTENTIALLY HOMELESS

ELIGIBILITY CRITERIA

HOMELESS: Currently living away from home because of problems in the home environment, including those who are staying with friends, living in squats and in crisis and other short term (i.e less than 3 months) accommodation.

POTENTIALLY HOMELESS: Any period of homelessness (see above) in the last 12 months. Will usually include those living in longer term accommodation who have been there for less than 12 months.

DO NOT DISTRIBUTE, REPRODUCE OR CITE WITHOUT WRITTEN PERMISSION FROM THE NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH

Date: __ __ / __ __ / __ __
 Day Month Year

Consent form signed? ____

Respondent ID: ____ / ____ / ____ / ____

(Day of interview, Month of interview, Respondent's birth month, Respondent's birth year).

Respondent NM: ____

(First letter of first name, First three letters of last name)

Interviewer's Name: _____ (____)

Referred by: _____

Interview Site: _____

Start Time: ____ / ____ AM PM
Hours Mins

Finish Time: ____ / ____ AM PM
Hours Mins

Q1 TARGET GROUP

Homeless	0	
Potentially homeless		1
Other	2	

GIVE REASONS FOR ASSIGNING TARGET GROUP

Q2 INTERVIEWER OBSERVED SEX

Male	1	
Female		2

Q3 How old were you on your last birthday?

Years		—	—
Don't know/unsure		77	
Refused		88	

Q4 Where were you born?

Australia		01	
New Zealand		02	
England/Scotland/Wales/Ireland			03
Other country (SPECIFY):			
_____	(—)
Don't know/unsure		77	
Refused		88	

GO TO Q6

Q5 (IF BORN IN AUSTRALIA) Do you consider yourself to be an Aboriginal or Torres Straits Islander?

No	0
Yes	1
Don't know/unsure	7
Refused	8
NA	9

Q6 What language do you speak most fluently?

English	0
Other (SPECIFY):	
_____	(
	—
)

Q7 How many times have you left home, even for a short time?

— —	(Number of times)
77	Don't know/unsure

Q8 How long is it since you first left home, even for a short time?

— —	(months)
-----	----------

77 Don't know/unsure

Q9 Why (did you)(have you) left home?

Q10 Are you or have you been a ward of the state or under an "in need of care" order?

No	0
Yes	1
Don't know/unsure	7
Refused	8

Q11 What city do you usually live in?

Canberra	0	
Queanbeyan	1	
Sydney		2
Other NSW	3	
Melbourne	4	
Other Victoria		5
Other states		6
Don't know/unsure	7	

Q12 How many different towns or cities have you stayed (LIVED) in the last 12 months?

__ __ (number of towns or cities)

77 Don't know/unsure

Q13 Where do you usually hang out in Canberra? (MULTIPLE ANSWERS POSSIBLE)
(IF MULTIPLE ANSWERS GIVEN) Where do you hang out most?

	(a) USUALLY	(b) MOST
Civic	0	0
Woden	1	1
Belconnen	2	2
Tuggeranong	3	3
Don't know/unsure	7	7

Refused	8	8
NA (one place only)		9

Q14 Where are you staying at the moment? (MULTIPLE ANSWERS POSSIBLE)
(IF MULTIPLE ANSWERS GIVEN) Where are you staying most?

	(a) STAYING	(b) STAYING MOST
Parent's house/flat	01	01
Other relative's house/flat	02	02
Friend's house/flat	03	03
Foster home	04	04
Own place in group house	05	05
Own place by yourself	06	06
Own place with partner	07	07
In refuge/shelter	08	08
On street	09	09
In squat	10	10
Other (SPECIFY):		
_____ (_ _)		55 (_ _)
NA (staying one place only)		99

Q15 How long do you think you will stay there? (IF STAYING MULTIPLE PLACES,
ASK ABOUT PLACE STAYING MOST)

A few more days	0	
A few more weeks	1	
A few more months	2	
More than 6 months		3
A year or more		4
Don't know but probably not very long		5
Don't know but probably quite a while		6
Just don't know/unsure		7

Q16 Is it OK staying at (PLACE STAYING OR STAYING MOST)?

No	0	
Yes	1	
Don't know/unsure	7	GO TO Q18
Refused	8	

Q17 (IF NO) Where do you want to be staying? (RECORD PLACE)

_____ (_)	
Don't know/unsure	7
NA	9

Q18 Including where you are now, how many different places (houses, flats, squats, refuges etc) have you stayed in the last 12 months?

Number

Houses	— —
--------	-----

Flats	— —
Squats	— —
Refuges	— —
Other places (SPECIFY):	
_____	— —
_____	— —
Don't know/unsure	77

Now I want to ask you a few questions about some personal experiences you may have had. Remember you don't have to answer if you don't want to but any information you give me will be very helpful.

IF RESPONDENT HAS IDENTIFIED PHYSICAL ABUSE AS REASON FOR LEAVING HOME, CIRCLE 1 FOR Q19 AND GO TO Q20A. OTHERWISE ASK

Q19 Were you physically abused in your family? (BE GUIDED BY RESPONDENT'S SUBJECTIVE PERCEPTION OF THE MEANING OF ABUSE)

No	0
Yes	1
Don't know/unsure	7
Refused	8

IF RESPONDENT HAS IDENTIFIED SEXUAL ABUSE AS REASON FOR LEAVING, CIRCLE 1 FOR Q20A AND ASK Q20B. OTHERWISE ASK....

Q20A Have you ever been sexually abused?

Yes	1	Q20B Was it by ...	A family member?	1
			Some other person?	2
No	0		Don't know	7
Don't know/unsure	7		Refused	8
Refused	8		NA	9

Now I want to ask you some questions about school and income.

Q21A Are you a student at school, college or TAFE?

No	0	
Yes	1	Q21B What level? _____ GO TO Q23
DK/Unsure	7	(DESCRIBE BELOW)
Refused	8	GO TO Q23

IF UNSURE, (e.g ENROLLED BUT NOT ATTENDING), DESCRIBE:

Q22 (IF NO) What is the highest level of school you have completed?

Year 7	1
Year 8	2
Year 9	3
Year 10	4
Year 11	5
Year 12	6
Refused	8
NA	9

Q23 Have you ever applied for Young Homeless Allowance or other benefit to support yourself?

No	0
Yes	1
Don't know/unsure	7
Refused	8

Q24 How much money did you get last fortnight?

\$ — — —

777	Don't know/unsure
888	Refused

IF NO INCOME, GO TO Q27

Q25A Where did this money come from? (CIRCLE ALL SOURCES).

Parents	01
Other family	02
Friends	03
Job	04
Sickness Benefit	05
Supporting Parent Pension	06
Abstudy	07
Jobsearch Allowance	08
Special Benefit	09
Austudy	10

Q25B Do you get YHA?	No	0
	Yes	1
	DK	7
	Ref	8
	NA	9

Other (SPECIFY):

_____ (_ _)

Don't know/unsure	77	
Refused	88	
NA (no income)		99

Q26 Is that what you get every fortnight?

Yes	1	
No	0	
Don't know/unsure	7	
Refused	8	
NA (no income)		9

Q27 Are there any (things)(other things) you do to help you get somewhere to stay, or get food, clothes, money or drugs? (INCLUDE STAYING WITH FRIENDS, BORROWING, "SCABBING", SHOPLIFTING, STEALING ETC)

Now I want to ask you some questions about use of alcohol and drugs.

Q28 Have you ever smoked cigarettes?

Yes, (fewer than 10 cigarettes)	1	
Yes, (more than 10 cigarettes)	2	
No	0	
Don't know/unsure	7	GO TO Q31
Refused	8	

Q29 Have you smoked in the last 12 months?

Yes	1	
No, not even a few puffs	0	
Don't know/unsure	7	GO TO Q31
Refused	8	
NA	9	

Q30 (IF YES) How many cigarettes did you smoke

	NUMBER OF CIGARETTES									
	0	1-3	4-6	7-9	10-19	20-39	40+	DK	REF	NA
(a) yesterday?	0	1	2	3	4	5	6	7	8	9

(b) in the last seven days?	0	1	2	3	4	5	6	7	8
9									
(c) in the last four weeks?	0	1	2	3	4	5	6	7	8
9									

Q31 Have you ever had one or more alcoholic drinks such as beer, wine, spirits or wine coolers?

Yes	1	
No	0	
Don't know/unsure	7	GO TO Q35
Refused	8	

Q32 On how many days have you had one or more alcoholic drinks in the last

	NUMBER OF DAYS									DK	REF	NA
	0	1	2	3	4-5	6-7	8-12	13+				
(a) seven days?	0	1	2	3	4	5					77	88
99												
(b) four weeks?	0	1	2	3	4	5	6	7			77	88
99												

IF NO ALCOHOLIC DRINKS IN THE LAST 4 WEEKS, GO TO Q34.

Q33 Think back over the last two weeks, including weekends. How many times have you had five or more alcoholic drinks in a row, that is in one drinking session?

							DK	REF	NA
01	02	03	04	05	06	07+	77	88	99

Q34 On a day when you have one or more alcoholic drinks, how many drinks would you usually have?

									DK	REF	NA
01	02	03	04	05	06	07	08	09+	77	88	99

	A. Have you ever used ___?				B. How many times have you used _____ in the last seven days ?					C: How many time have you used _____ in the last four week									
	N	Y	DK	RF	0	1-2	3-5	6-9	10+	DK	RF	NA	0	1-2	3-5	6-9	10+	DK	RF
Q35 Pain relievers	0	1	7	8	0	1	2	3	4	7	8	9	0	1	2	3	4	7	8
Q36 Sleeping tablets sedatives	0	1	7	8	0	1	2	3	4	7	8	9	0	1	2	3	4	7	8
Q37 Inhalants	0	1	7	8									0	1	2	3	4	7	8
Q38 Marijuana	0	1	7	8									0	1	2	3	4	7	8
Q39 Brbiturates	0	1	7	8									0	1	2	3	4	7	8
Q40 Amphetamines	0	1	7	8									0	1	2	3	4	7	8

Q41 Cocaine	0 1 7 8		0 1 2 3 4 7 8
Q42 Heroin	0 1 7 8		0 1 2 3 4 7 8
Q43 Other Opiates	0 1 7 8		0 1 2 3 4 7 8
Q44 Hallucinogens	0 1 7 8		0 1 2 3 4 7 8
Q45 Any other drugs/ substances. (PLEASE LIST):			
	0 1 7 8		0 1 2 3 4 7 8
	0 1 7 8		0 1 2 3 4 7 8
	0 1 7 8		0 1 2 3 4 7 8
	0 1 7 8		0 1 2 3 4 7 8
	0 1 7 8		0 1 2 3 4 7 8

IF NEVER USED DRUGS OR ALCOHOL GO TO Q48A

IF USED DRUGS BUT NEVER INJECTED GO TO Q48A

IF EVER INJECTED ASK

Q46A (IF RESPONDENT HAS EVER INJECTED) Have you ever injected anything else?

Yes	1	Q46B SPECIFY:	
			_____ (_)
			_____ (_)
No	0		
Don't know/unsure	7		_____ (_)
Refused	8		
NA	9		

Q47 How many times, if any, have you used a needle after someone else has already used it?

Never	0
One time	1
Two times	2
3-5 times	3
6-10 times	4
More than 10 times	5
Don't know/unsure	7
Refused	8
NA	9

Q48A Is or was anyone in your immediate family a heavy drinker? (INCLUDE THOSE WHOSE DRINKING DIRECTLY AFFECTED RESPONDENT, AT Q48B CIRCLE ALL THAT APPLY)

Yes	1	Q48B Was it	Mother?	0
			Father?	1
			Stepmother?	2
			Stepfather?	3
			Sibling?	4
No	0		Other (SPECIFY):	
DK/unsure	7			
Refused	8		_____ (_)	
			_____ (_)	

Q49A Does or did anyone in your immediate family use/abuse drugs? (INCLUDE THOSE WHOSE USE/ABUSE DIRECTLY AFFECTED RESPONDENT, AT Q49B CIRCLE ALL THAT APPLY)

Yes	1	Q49B Was it	Mother?	0
			Father?	1
			Stepmother?	2
			Stepfather?	3
			Sibling?	4
No	0		Other (SPECIFY):	
DK/unsure	7		_____	(_)
Refused	8		_____	(_)

Q50 Have you ever been drunk or stoned? (CIRCLE ALL THAT APPLY)

Yes, drunk only	1	
Yes, stoned only	2	
Yes, both together	3	
No	0	
Don't know/unsure	7	GO TO Q60
Refused	8	

Q51 I want to ask you about what happened the last time you were drunk and/or stoned? What time of day was it when you started (drinking/getting stoned)?

Morning	0
Afternoon	1
Night	2
Don't know/unsure	7
Refused	8
NA	9

Q52 Did you get drunk or stoned alone or with other people who were getting drunk or stoned?

Alone	0
With others	1
Don't know/unsure	7
Refused	8
NA	9

Q53 Where were you the last time you got drunk or stoned?

School		01
Work	02	
Home (with adults)		03
Home (without adults)		04
Friend's home (with adults)		05
Friend's home (without adults)		06
Party	07	
Pub/disco	08	
Restaurant	09	
In a car		10
On the street or in a park/carpark		11
Public toilet		12

Other (SPECIFY): _____ (_ _)

Don't know/unsure 77
 Refused 88
 NA 99

Q54 What time of day was it when you crashed (slept)?

Morning 0
 Afternoon 1
 Night 2
 Don't know/unsure 7
 Refused 8
 NA 9

Q55 Where did you end up crashing (sleeping), the last time you got drunk or stoned?

Parent's house/flat 01
 Other relative's house/flat 02
 Friend's house/flat 03
 Foster home 04
 Own place 05
 In refuge/shelter 06
 Outdoors 07
 In a squat 08
 In a car 09

Other (SPECIFY): _____ (_ _)

)

Didn't sleep 66
 Don't know/ unsure 77
 Refused 88
 NA (never drunk/stoned) 99

Q56 Have you ever had dealings with the police when you have been drunk and/or stoned?

Yes 1
 No 0
 Don't know/unsure 7 GO TO Q60
 Refused 8
 NA 9

Q57 (IF YES) Were you(READ FROM THE LIST, WHERE APPROPRIATE ASK) How many times?

	NUMBER OF TIMES						
	1	2-4	5+	DK	Ref	NA	
(a) given a warning?	0	1	2	7	8	9	
(b) taken to the station and cautioned?		0	1	2	7	8	9
(c) taken to the station and charged?		0	1	2	7	8	9
(d) taken by the police to hospital?		0	1	2	7	8	9
(e) taken by the police to detox?		0	1	2	7	8	9

IF NEVER TAKEN TO THE STATION GO TO Q60

Q58 The last time you were taken to the station and cautioned or charged, how long did the police keep you for questioning?

___ ___ Hours (IF LESS THAN 1 HOUR, RECORD MINUTES AND CIRCLE M)

77 Don't know/unsure
88 Refused
99 NA

Q59 The last time you were cautioned or charged, who did the police release you to?

Self 0
Parent(s) 1
Other relative 2
Friend 3

Other (SPECIFY): _____

(__)

Don't know/unsure 7
Refused 8
NA 9

Q60 Have you ever had any other dealings with the police for underage drinking or possession of drugs? (IF YES) How many times?

		NUMBER OF TIMES	DK	REF	NA	
88	99	Yes, underage drinking	1	___	___	77
88	99	Yes, possession of alcohol	2	___	___	77
88	99	Yes, possession of drugs	3	___	___	77
		No	0			
		Don't know/unsure	7			
		Refused	8			
		NA	9			

Q61 (Apart from those times the police took you) Has your use of drugs or alcohol ever made you go ...

		NO	YES	DK	REF	NA
(a)	to detox	0	1	7	8	9
(b)	to the hospital	0	1	7	8	9

IF BEEN TO THE HOSPITAL FOR ALCOHOL OR DRUG RELATED PROBLEM ASK Q62
OTHERWISE GO TO Q63A

Q62 (IF WENT TO THE HOSPITAL) What happened that made you finish up at the hospital? (CODE RESPONES, RECORD NUMBER OF TIMES FOR EACH TYPE OF INCIDENT)

		NUMBER OF TIMES	
(a) Accidental overdose	0	—	—
(b) Intentional overdose	1	—	—
(c) Physical problems	2	—	—
(d) Psychological problems	3	—	—
(e) Other (SPECIFY): _____		(— —)	— —
(f) Other (SPECIFY): _____		(— —)	— —

Q63A Have you ever tried to kill yourself (IF ALREADY MENTIONED INTENTIONAL OVERDOSE ASK....) in any other way?

Yes	1	Q63B How many times?	— —
No	0	DK	77
Don't know/unsure	7	Ref	88
Refused	8	NA	99

IF USED DRUGS OR ALCOHOL AND "YES" TO Q63A ASK Q64

IF NEVER USED DRUGS OR ALCOHOL GO TO Q66

OTHERWISE GO TO Q65

Q64 Were you drunk or stoned at the (these) time(s)?

Yes, every/only time	1
Yes, sometimes	2
No	0
Don't know/unsure	7
Refused	8

Q65 Have you ever done any of the following things in order to get money for drugs?

	No	Only once	More than once	DK	REF	NA
Shop-lifting 9	0	1	2		7	8
Housebreaking 9	0	1	2		7	8
Stealing from a car 9	0	1	2		7	8
Other stealing 9	0	1	2		7	8

Robbery (mugging, hold-ups) 9	0	1	2	7	8
Receiving stolen goods 9	0	1	2	7	8
Fraud (credit card, cheque etc) 9		0	1	2	7 8
Selling drugs 9	0	1	2	7	8
Begging (from strangers, not "scabbing") 9	0	1	2	7	8

Now I want to ask you a few questions about your sexual behavior. Once again you don't have to answer if you don't want to but any information you can give me will be very helpful. By sex, I mean oral, vaginal or anal sex.

Q66 Have you ever had sex?

Yes	1	
No	0	
Don't know/unsure	7	GO TO Q74
Refused	8	

Q67 When you have had sex was it with.....(READ FIRST THREE OPTIONS)

males only?	1	
females only?		2
both sexes?	3	
Don't know/unsure	7	
Refused	8	
NA	9	

Q68 How many different people have you had sex with in the last six months?

__ __ Number of people.

77	Don't know/unsure
88	Refused
99	NA

IF NO SEX IN THE LAST SIX MONTHS GO TO Q71

Q69 How many times have you had sex in the last four weeks?

__ __ Number or times

77	Don't know/unsure
88	Refused
99	NA

IF NO SEX IN THE LAST FOUR WEEKS GO TO Q71

Q70 When you have had sex in the last four weeks how often did you or your partner(s) use a condom or dental dam?

Every time	1	
Often	2	
Sometimes	3	
Rarely	4	4
Never	5	
Don't know/unsure	7	
Refused	8	
NA(no sex)	9	

Q71 The last time you had sex, were you drunk or stoned?

No	0
Yes	1
Don't know/unsure	7
Refused	8
NA(no sex)	9

Q72 Have you ever had sex just to get money or drugs?

No	0
Yes	1
Don't know/unsure	7
Refused	8
NA	9

Q73 Have you ever had a sexually transmitted disease?

No	0
Yes	1
Don't know/unsure	7
Refused	8
NA	9

Q74 Have you heard about HIV, the virus that causes AIDS?

Yes	1	
No	0	
Don't know/unsure	7	GO TO "END OF INTERVIEW" AFTER Q75
Refused	8	

Q75 Please tell me if in your opinion the following statements are true or false.

T F DK Ref NA

- (a) You can get infected with the AIDS virus by having sex with an infected

	man.	1	0	7	8	9
(b)	You can get infected with the AIDS virus by donating blood.			1	0	7 8
9						
(c)	You can get infected with the AIDS virus by having sex with an infected woman.		1	0	7	8 9
(d)	An infected woman can pass the AIDS virus on to her unborn child.		1	0	7	8 9
(e)	You can get infected with the AIDS virus by sharing eating utensils with an infected person.		1	0	7	8 9
(f)	You can get infected with the AIDS virus by sharing needles with an infected person.		1	0	7	8 9

Q75 Have you ever been tested for the AIDS virus?

No	0
Yes	1
Don't know/unsure	7
Refused	8

END OF INTERVIEW: That's the last of the standard questions.

As I told you at the beginning, this survey is to help policy makers plan services for youth in the ACT.

One of the services that is being considered is a safe place where young people can go to sober up.

Q76 Would you use a place like that?

No	0
Yes	1
Don't know/unsure	7

Reasons:

IF RESPONDENT WAS EVER CHARGED OR CAUTIONED FOR DRUG/ALCOHOL RELATED OFFENSES ASK:

Q77A Have you ever been put in the cells (lockup) to sober up?

Yes	1	Q77B How many times?	__ __
			DK 77
			NA 99
No	0		
Don't know/unsure	7		
Refused	8		

Q78 Do you have any children of your own who are living with you?

No	0
Yes	1
Refused	8

Thanks for your time.

Do you have anything you would like to add?

Do you have any questions you would like to ask me?

GIVE RESPONDENT AIDS QUIZ ANSWER SHEET

Given	Refused
-------	---------

IF RESPONDENT HAS USED HEROIN IN THE LAST 12 MONTHS, INVITE THEM TO TAKE PART IN A FOLLOW-UP INTERVIEW.

EXPLAIN WHAT THE STUDY IS ABOUT, USING THE ATTACHED INFORMATION SHEET.

IF RESPONDENT AGREES TO PARTICIPATE GIVE THEM THE CARD WITH CONTACT DETAILS.

Heroin use last 12 months:	Yes	No	
Agrees to second interview:	Yes	No	NA
Given referral card:	Yes		NA

DO YOU THINK THE INTERVIEW WAS RELIABLE?

Yes No Not sure

WAS THE RESPONDENT DRUG OR ALCOHOL AFFECTED DURING THE INTERVIEW?

Yes No Not sure

ANY ADDITIONAL INFORMATION YOU THINK PERTINENT

HOW DID YOU DO ON THE HIV/AIDS TRUE–FALSE QUIZ?

- (a) **You can get infected with the AIDS virus by having sex with an infected man.**

TRUE: HIV is present in the semen of infected men. You can protect yourself:

- by not having sex
- by having sex only with someone you know is not infected with HIV
- by using a condom or dental dam for all oral, anal and vaginal sex.

- (b) **You can get infected with the AIDS virus by donating blood.**

FALSE: Donating blood does NOT put you at risk of being infected with HIV.

- (c) **You can get infected with the AIDS virus by having sex with an infected woman.**

TRUE: HIV is present in the vaginal secretions of infected women. You can protect yourself:

- by not having sex
- by having sex only with someone you know is not infected with HIV
- by using a condom or dental dam for all oral, anal and vaginal sex.

- (d) **An infected woman can pass the AIDS virus on to her unborn child.**

TRUE: HIV can pass through the placenta of an infected woman to her unborn child. HIV can also be transmitted in breast milk.

- (e) **You can get infected with the AIDS virus by sharing eating utensils with an infected person.**

FALSE: There is no documented case of HIV being transmitted through shared eating utensils.

- (f) **You can get infected with the AIDS virus by sharing needles with an infected person.**

TRUE: HIV can be transmitted through shared fits. You can protect yourself:

- by never sharing injection equipment OR
- always cleaning equipment with bleach and clean water (2 x 2 x 2).

P.S. What is a dental dam? It's a latex square, used by dentists, which can also be used to create a protective barrier for oral sex with a female.

PROMPT SHEET

Pain relievers

Aspro, Panadol, Disprin, Bex or Vincent's powders...

Sleeping tablets or sedatives

Mogadon, Valium, Serepax, Rohypnol...

Inhalants

glue, petrol, thinners, aerosols, laughing gas, amyl nitrite/rush...

Marijuana

grass, hash, dope, pot, ganja

Barbiturates

Nembutal, Seconal...

Amphetamines

speed, uppers, ecstasy...

Cocaine

crack, coke, snow...

Heroin

smack, hammer, horse, scag...

Other opiates

methadone, morphine, pethidine, codeine, homebake...

Hallucinogens

acid, LSD, magic mushrooms, 'trips'...

Any other drugs/substances

alcohol, semen, Vegemite...

FEASIBILITY RESEARCH INTO THE CONTROLLED AVAILABILITY OF OPIOIDS

The Feasibility Research into the Controlled Availability of Opioids arose from a request to the National Centre for Epidemiology and Population Health (NCEPH) from the Select Committee on HIV, Illegal Drugs and Prostitution established by the Australian Capital Territory (ACT) Legislative Assembly.

A first stage of research, conducted in collaboration with the Australian Institute of Criminology (AIC), found that a trial to provide opioids, including heroin, to dependent users was feasible in principle. It was recommended that a second stage of feasibility investigations to examine logistic issues be conducted.

The first stage investigations examined illegal drug use in the ACT, the arguments for and against the controlled availability of opioids as reviewed in the literature, the current Australian political context for a trial, the role of interest groups in social controversies, legal issues, possible options for a trial, ethical issues, attitudes to a trial in the general community and among key interest groups (police, service providers, and illegal drug users and ex-users), and evaluation by a randomised controlled trial.

In addition, a proposal for a trial was developed as the starting point for the Stage 2 investigations.

The research which needs to be conducted to determine Stage 2 logistic feasibility can be divided into five areas:

- core information (for example: estimating numbers of users; determining relevant characteristics of ACT-based users; documenting the known information about the psychopharmacological and toxicological effects of opioids);
- information relevant to trial design and evaluation;
- information relevant to service provision;
- information about relevant legal, law enforcement and criminological matters; and
- community and key stakeholder acceptability of a specific trial proposal.

The Stage 2 research is also governed by the following principles:

- the research should have intrinsic value so that, regardless of whether or not a trial goes ahead, the research should be of value to treatment services or to drug policy generally;
- research should be conducted in all relevant disciplines and the disciplinary findings should be integrated to address the central problem; and
- the process should involve to the greatest extent possible the key interest groups – illicit drug users; ex-users; service providers; police; policy makers; and the community.

Stage 2 of the feasibility research into the controlled availability of opioids has many components. As significant advances are made in each particular substudy, we publish the results as a working paper, so that the information is available for discussion in the public arena.

PUBLICATIONS

Reports

- * National Centre for Epidemiology and Population Health (1991), *Feasibility Research into the Controlled Availability of Opioids. Volumes 1 and 2*. NCEPH, The Australian National University, Canberra.
- * Bammer, G. and Gerrard, G. (eds) (1992), *Heroin Treatment – New Alternatives*, Proceedings of a one-day seminar, Becker House, Canberra, November 1991.

Working papers

- * Larson, A (1992), *Estimating the numbers of heroin users in the ACT*, Feasibility Research into the Controlled Availability of Opioids Stage 2, Working Paper Number 1.
- * Bammer, G. (ed) (1993), *Australian drug markets research: What are we doing? Where are we going? What are the gaps? Proceedings of a one-day workshop held at the Scarth Room, University House, The Australian National University, Monday 22 February 1993*, Feasibility Research into the Controlled Availability of Opioids Stage 2, Working Paper Number 2.

Published papers

- # Hartland, N; McDonald, D; Dance, P. and Bammer, B. (1992), 'Australian reports into drug use and the possibility of heroin maintenance', *Drug and Alcohol Review*, 11, pp.175–182.
- # Bammer, G. (1993), 'Should the controlled provision of heroin be a treatment option? Australian feasibility considerations', *Addiction*, 88, pp.467–475.

Newsletters

- # Newsletters reporting project results are also published from time to time.

* These publications are for sale through:
Bibliotech
 The Australian National University
 ACT 0200

These publications are available free from:
Dr Gabriele Bammer
 Feasibility Study Co-ordinator
 National Centre for Epidemiology &
 Population Health
 The Australian National University
 ACT 0200
 Phone: (06) 2490716
 Fax: (06) 2490740