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MEDIA RELEASE

Drug law enforcement: Its effect on treatment experience & injection practices

Street-level drug law enforcement encourages heroin users to enter treatment but also encourages unsafe injection practices among some heroin users, according to a report released today by the NSW Bureau of Crime Statistics and Research.

The report examines the contact heroin users have with treatment services and the criminal justice system and is based on interviews with over 500 heroin users in Redfern, Marrickville and Cabramatta.

The heroin users interviewed by the Bureau had very high levels of contact with police and the criminal justice system.

Nearly 40 per cent had been interrupted by police while using heroin, nearly 70 per cent had been arrested for a drug-related offence, nearly two-thirds of those aged 40 and over (and more than half of all Aboriginal and Asian respondents) had been imprisoned for a drug-related offence.

Twenty-five per cent of all respondents had a drug-related court case pending at the time of the interview.

More than 60 per cent of respondents who were in methadone treatment at the time of the interview rated avoiding more trouble with police/courts as an important or very important reason for entering treatment.

For Caucasian respondents, having been arrested or imprisoned for a drug-related offence made them more likely to have tried methadone treatment. For Aboriginal respondents, having had a friend or family member arrested or imprisoned for a drug-related offence made them more likely to have tried methadone treatment.

Asian respondents, however, were more likely than respondents from other ethnic groups to have been arrested or imprisoned for a drug-related offence but *less likely* to have tried methadone treatment.

Amongst those not in methadone treatment, expenditure on heroin was highest for Aboriginal respondents, lowest for Middle Eastern respondents and in between these groups for Asian and Caucasian respondents. Reliance on crime as a means of funding heroin purchases was generally higher amongst Asian and Aboriginal respondents than among Caucasian and Middle Eastern respondents.

For the vast majority of heroin users, entry into methadone treatment resulted in a reduction in expenditure on heroin.

The average reduction in expenditure on illegal drugs before and after entry to methadone treatment was \$137.00 per day. In 14 per cent of cases, however, entry onto methadone reduced expenditure on illegal drugs by more than \$400.00 per day.

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Nearly 40 per cent of those not in methadone treatment said that they would start the treatment 'tomorrow' if they could. Most respondents who said this also said the 'waiting list' was stopping them.

The majority of heroin users regarded scoring heroin as fairly or very risky but most (85%) said they usually injected it in a place where they felt safe from police.

Needle sharing and rapid disposal of injection equipment were more common strategies for avoiding police detection amongst those who usually inject heroin where they do not feel safe from police than amongst those who usually inject heroin where they do feel safe.

Commenting on the findings, the Director of the Bureau, Dr Don Weatherburn, said that they highlighted the naivete of those who think harm minimisation is a simple alternative to prohibition.

'Here we see drug law enforcement reducing the harm associated with heroin by encouraging heroin users into treatment but also increasing it because some heroin users respond to the threat of detection by sharing and rapidly discarding needles.'

'The challenge for police is to capitalise on the effect drug law enforcement has on entry into treatment while avoiding aggressive enforcement practices which increase needle-sharing and thereby pose a threat to public health.'

'Viewing drug law enforcement as alternative and contradictory ways of dealing with the heroin problem is simply unproductive'.

'The benefits of treatment, in reducing heroin expenditure and heroin-related crime, depend on drug law enforcement. Conversely, the benefits of drug law enforcement, in encouraging heroin users out of the heroin market, depend on treatment.'

'Viewed in this light, the recently announced expansion of the methadone program in response to the Drug Summit is good news for crime control. The next step is to find ways of making treatment more attractive to those who do not currently use it, particularly Asian and Aboriginal heroin users.'

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