

A close-up photograph of a person's legs and hands. They are wearing a plaid jacket with yellow, red, and blue patterns over a light-colored long-sleeved shirt. They are also wearing yellow ribbed socks and dark brown boots. The person is using a syringe to inject a substance into their lower leg. The background is a blurred outdoor setting with warm, golden light, suggesting a sunset or sunrise.

# Needs & Impact

The Injecting Drug Use Needs and Impact Study 1999

**VLEDF**

VICTORIAN LAW ENFORCEMENT  
DRUG FUND



# Acknowledgments

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MELBOURNE

The City of Melbourne commissioned the University of Melbourne, Department of Criminology, to undertake the Injecting Drug Use Needs and Impact Study. The project was funded by the Department of Justice through the Victorian Drug Law Enforcement Fund.



# Contents

Introduction	5
Background to the Study	5
Aim of the Study	6
The Project Reports	7
The Research Approach	8
<b>The Researchers' Concept of Health</b>	<b>8</b>
Information Sources	9
The Community Report	9
Profile of the Injecting Drug Using Population	10
<b>A Model to Monitor Changes in Injecting Drug Use</b>	<b>10</b>
<b>Profile of People who Inject Drugs</b>	<b>12</b>
<b>Service Usage</b>	<b>12</b>
<b>Population Estimates of Injecting Drug Use in the CBD</b>	<b>13</b>
The Impact of Injecting Drug Use	14
<b>A Model to Measure the Economic Impact of Injecting Drug Use on the CBD</b>	<b>14</b>
<b>Impact on Business in the CBD</b>	<b>15</b>
<b>Visible Impact of Injecting Drug Use</b>	<b>16</b>
<b>A New Framework to Measure the Social Impact of Injecting Drug Use</b>	<b>18</b>
Health and Support Needs of People who Inject Drugs	20
<b>Macro Health Concerns</b>	<b>20</b>
<b>Intermediate Health Concerns</b>	<b>21</b>
<b>Micro Health Concerns</b>	<b>21</b>
Glossary	22
Lee	23
Options for Service Responses	28
<b>Recommendations</b>	<b>29</b>

# Figures

Figure 1: A Changing Profile of Foot Patrol Contacts, 1997 to 1998	11
Figure 2: Increase in Utilisation of the Foot Patrol, 1997 to 1998	11
Figure 3: Resource Allocation in Melbourne CBD	15
Figure 4: Syringe Distribution and Pick Ups in the CBD, Aug 1997 to Aug 1998	16
Figure 5: Increase in Client Contacts with CBD Foot Patrol, Jan to Oct 1998	17
Figure 6: Non-fatal Overdoses in the CBD, Nov 1997 to Nov 1998	17
Figure 7: Flows of Capital	19
Figure 8: Framework for Service Responses for People who Inject Drugs in Melbourne's CBD	28

# Tables

Table 1: Service Utilization over Three Months, August to October 1998	12
Table 2: Profile of 94 People Contacting the Foot Patrol in October 1998	13
Table 3: Annual Costs of Injecting Drug Use in the Melbourne CBD	14
Table 4: Impact on Annual Turnover of Business in the CBD	15

# Introduction

In November 1997, the City of Melbourne received funding from the Victorian State Government Department of Justice's Victorian Law Enforcement Drug Fund (VLEDF) to undertake a project to determine the needs and impact of young injecting drug users in the Melbourne Central Business District (CBD).

The project was undertaken within the context of the Council's *Drug Action Plan*. The concept of harm reduction underpins the plan. The essence of harm reduction is looking at ways in which the actual harms of any particular drug use can be reduced for drug users themselves and the community. The aim of the Drugs Action Plan is to lead coordinated and effective action to reduce the health, economic and social harm associated with illegal drug use in the City of Melbourne. The plan is integrated with other planning processes of Council which implement the City of Melbourne's strategic *City Plan*. These include the *Strategy for a Safe City*, *A City for Young People*, and the *Social Housing Strategy*. Intrinsic to the plan are partnerships with key stakeholders including the police, other municipalities, state and federal governments and community organisations.

In September 1998 the City of Melbourne commissioned Dr John Fitzgerald, Department of Criminology, University of Melbourne to undertake the study. The study is a major step by the City of Melbourne to further understand the impact of illegal drug use on the city and its people.

This Community Report is a summary of the important work undertaken by Dr John Fitzgerald.

## Background to the Study

It is important to get the drug problem in perspective. Most Australians use drugs and *legal* drugs continue to be the main choice of drug for the majority of Australians. In 1988, some 65% of people participating in a national household survey indicated that they used tobacco at some time, with 90% having used alcohol, and only 2% stating that they had ever used heroin. However, heroin is a major issue affecting our communities and in September 1997, in response to growing concern in the community, the City of Melbourne developed a Drugs Action Plan.

The plan outlines a range of activities at a local level including research into illegal drug use in the municipality. The Injecting Drug Use Needs and Impact Study was commissioned recognising the need to acquire appropriate tools to measure and to understand the illegal drug use issue through informed data collection.

# Aim of the Study

The aim of the project was to develop a model to determine the scope, and the social and economic impact of the young injecting drug using population on the Melbourne CBD, and to recommend a service delivery framework that will reduce its impact.

More specifically, the objectives of the project are to:

- Develop a tool to measure the young injecting drug using population in a defined geographic area, which is replicable in other areas.
- Develop a tool to measure the social and economic impact of the young injecting drug using population on the CBD, which is replicable in other areas.
- Detail the nature of specific support processes required for injecting drug users with emphasis on health management, access to information, and withdrawal services.

# The Project Reports

The study is presented in five parts with this report forming the summary. It is intended that the Community Report will be available for widespread distribution, while the detailed reports will be of particular interest to local and state government, alcohol and drug agencies and Needle Syringe Programs.

The following provides a brief overview of each of the reports:

## Report 1

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The Size and Dynamics of the Injecting Drug Using Population:

Contains an analysis of Needle Syringe Program data and a survey of people who inject drugs.

## Report 2A

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The Social and Economic Impact of Injecting Drug Use:

Details annual costs of injecting drug use in the Melbourne CBD including education, treatment, research, care services, crime and waste management costs. Survey undertaken of 82 businesses in the Melbourne CBD.

## Report 2B

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Regulating Capital: A New Framework to Measure Drug Harm:

Considers the application of standard methods used to measure the impact of Injecting Drug Use.

## Report 3

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Health and Support Service Requirements of the Injecting Drug Using Population:

Focuses on health as being broader than the absence or presence of disease and considers health and support service requirements for people who inject drugs. The report includes narrative stories from people who inject drugs. Report 3 identifies macro, intermediate and micro health concerns.

## Report 4

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Options for Service Responses to Address the Needs of the Injecting Drug Using Population:

Locates City of Melbourne responsibilities within the drug field. The report considers partnerships between City of Melbourne and State Government through advisory structures in the Victorian Drug Strategy. Recommendations are made to address concerns.

# The Research Approach

The research work was undertaken by Dr John Fitzgerald, Department of Criminology, University of Melbourne and several colleagues. The research team had extensive experience with the subject matter and had previously been engaged in looking at drug use in public locations.

The researchers methodology was shaped by three principles:

- Recognition that the drug issue is not static; the drug-using population is constantly moving and there is a consequent ebb and flow in the responses (service delivery, police activity, political action, social concern) that surround the visible injecting drug using population.
- A need to understand the full impact of injecting drug use on the city – not just in terms of the economy or levels of harmful disease, but in terms of the political, economic, social and cultural life of our community.
- A need to balance the dual task of seeing injecting drug use in the CBD as part of a wider reality, while still appreciating the special character of injecting drug use in the CBD.

The study was also seen by the researchers as embodying the commitment of the Council to the four principles in its Drug Action Plan for Melbourne: identifying service gaps and issues, advocating for effective approaches, facilitating change, and the co-ordination and planning of services.

## The Researchers' Concept of Health

To fully appreciate the research methodology and findings, it is necessary to note the concept of health as it is held by the research team. A social model of health is adopted which views health as being about more than just disease which have causes and require remedies. This way of thinking about health is still not a mainstream view and it poses challenges (and provides opportunities) for a local government authority striving to meet the health needs visible in its zone of responsibility.

*Health is not just about the absence or presence of disease. Health is about well-being in the fullest of senses (Dixon, J., 1999, "A national R&D collaboration on health and socioeconomic status for Australia", National Centre for Epidemiology and Population Health, Canberra). Health is sustained not just through avoidance of disease, but through participation in social life, having meaningful relationships, access to income, employment and being part of a community. This way of thinking about health is often called the social model of health. It is not fanciful thinking, it underpins Victoria's public health partnership (Department of Human Services, Public Health and Development Division, 1999).*

*The social model of health requires us to think about health in a complex manner. We should think not just about particular disease states and their causal factors, but also turn attention to the deeper factors that contribute to the conditions that make good health possible.*

(Fitzgerald et al 1999, Report Three, p. 39)

# Information Sources

A range of information sources was used to compile the data in the reports. These included:

- Analysis of relevant national and international literature
- Interviews with key stakeholders
- Data from the Needle Syringe Programs, particularly the Foot Patrol which services the Melbourne Central Business District.
- Survey of people who inject drugs to identify patterns of service utilization in the CBD (n=99)
- Survey of business in the CBD (n=89)
- Analysis of unit costings for each drug-related resource in the CBD
- Calculations of the demand for primary health services in the City of Melbourne
- Individual narratives of people who inject drugs (n=7)

# The Community Report

This report is presented in four parts:

- The profile of people who inject drugs in the CBD
- The impact of injecting drug use in the CBD
- The health and support needs of people who inject drugs
- Options for service responses including recommendations

# Profile of the Injecting Drug Using Population

Included in this section of the report is a model to monitor changes in injecting drug use, service usage by people who inject drugs and population estimates of the number of people who inject drugs in the CBD.

## A Model to Monitor Changes in Injecting Drug Use

An important aspect of the research was to develop a tool that would enable the City of Melbourne to monitor injecting drug use activity and the changes that might be occurring. A descriptive model was developed which utilised monthly data collated by the Foot Patrol Needle Syringe Program (NSP) which services the CBD. This information was regarded by the researchers to be the most readily available and a sensitive measure of changing patterns of injecting drug use. As individuals using NSPs are not identified for legal and ethical reasons, the basic unit described in the model is the number of contacts rather than the number of people accessing NSPs.

The model was designed as a quick and easy method for service providers to judge whether the changes experienced are within normal expectations of variability or whether any changes are outside the **variation factored into the model for each key indicator** and therefore require special attention and response.

Critical thresholds for the variability of key indicators were established by observing fluctuations in the indicators over a period of one year. Assuming the data collection strategies and the service provision levels have remained the same, any variation outside the expected "bandwidth" would signal a real change and, presumably, demand a response in terms of service adjustment. The variability levels can also be adjusted.

The model was designed to monitor changes in the following population indicators:

- syringe returns by clients;
- percentage female client contacts;
- percentage of clients in age groups under 18 years, 18-20 years, 21-25 years, 26-30 years, and over 30 years;
- percentage of new client contacts, casual client contacts, regular client contacts;
- the ratio of regular: new client contacts;
- the ratio of the number of syringes out : in; and
- the number of syringes distributed per client contact.

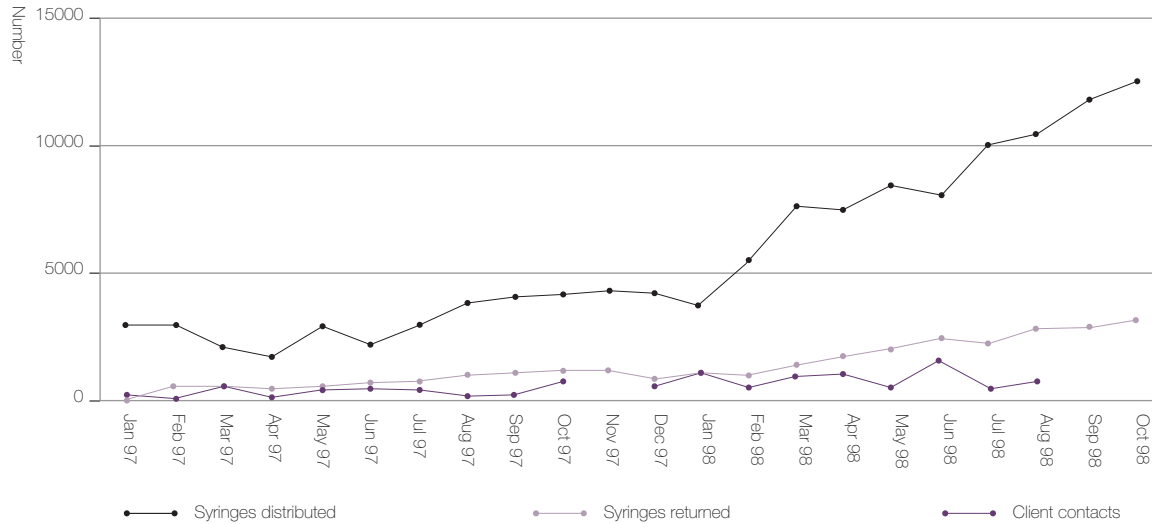
A value of this model is that it can be replicated in other areas where comparable data is collected by NSPs. This will be a significant benefit as local governments strive to monitor the injecting drug use patterns in their municipalities.

In applying the model to the CBD the following findings were highlighted in relation to population trends and profile of people who inject drugs.

## Population Trends

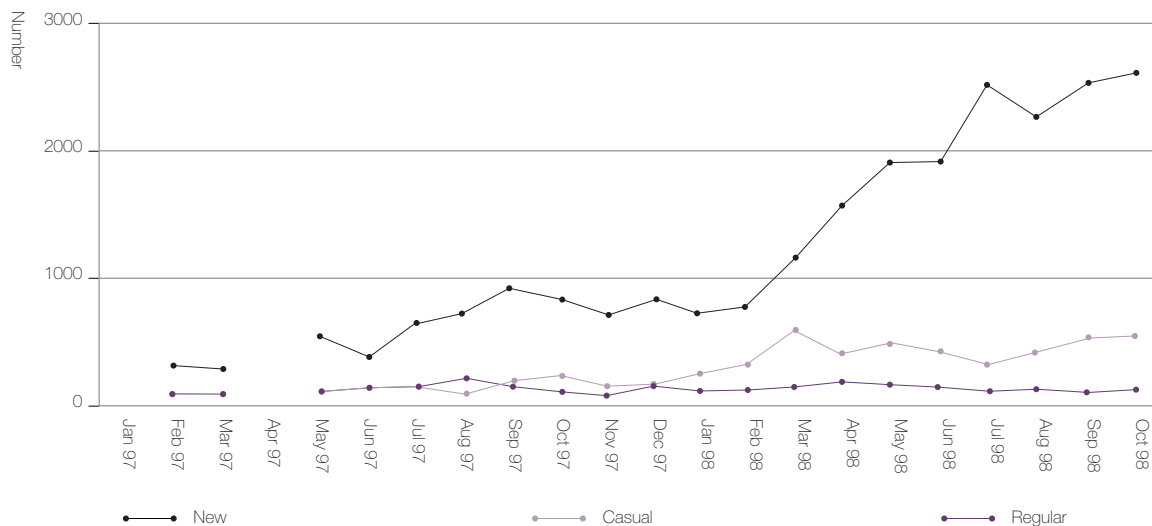
It was found that the number of contacts and syringes distributed by the Foot Patrol has increased 60% each year since the service commenced. For example, in January 1997 the Foot Patrol distributed 2,944 syringes and this had increased to 12,795 syringes by September 1998. (see Figure 1)

**Figure 1: A Changing Profile for Needle Syringe Program, 1997 to 1998**



As reflected in Figure 2, the large increase in client contacts was predominately due to regular clients contacting the services more frequently, and not an epidemic of new clients. The number of new clients contacting the Foot Patrol ranged between 66 and 142 per month during 1998.

**Figure 2: Increase in Utilisation of the Foot Patrol, 1997 to 1998**



Other key findings include:

- The CBD Foot Patrol sees on average two to five new clients a day.
- On average, an individual contacts the Foot Patrol about 25 times per month.

## Profile of People who Inject Drugs

In relation to the profile of people who inject drugs it was found that:

- About one-half of people contacting the CBD Foot Patrol contacts are 20 years of age or less, which is higher than other areas. This reflects a dramatic increase since the start of 1998.
- The proportion of females contacting the CBD Foot Patrol is increasing.
- People who inject in the CBD most frequently obtain syringes from the Foot Patrol (57% of occasions), friends, (14%), fixed exchanges (12%), chemists (9%), and mobile outreach (6%).

When further work was done on the data it was found that about 60% of the people who inject in the CBD reside in the outer Melbourne suburbs and that movement of people into the CBD was observed during a Victorian Police operation in a neighbouring municipality.

## Service Usage

To gain an understanding of the service usage patterns of people who inject drugs, a survey of 99 people was undertaken in the CBD. The people surveyed were predominantly male, aged 18 to 25, Anglo-Saxon origin, living in the outer suburbs with family or friends, unemployed with several years' history of injecting drug use and currently injecting more than 20 times a week.

Participants cited more than 50 agencies in response to questions on service utilization. Services that were most frequently contacted for food, accommodation, health, advice or drug treatment are shown below.

**Table 1: Service Utilization over Three Months, August to October 1998**

Service	People seeking service (%)	Services per person <sup>a</sup>		Times per person <sup>a</sup>		Services in city (%)	Services most frequently accessed <sup>b,c</sup> (%)	Not satisfied <sup>d</sup> (%)
		Median	Max.	Median	Max.			
<b>Free food</b>	63	2	9	12.5	192	82	Baptist Church (45) Soup van (17) Open Family Bus (7)	n/ag
<b>Accommodation</b>	47	2	6	6	450	69	Frontyard (28) Other (28) Hanover Southbank (11) Hotham Hotel (10)	48
<b>Help in a crisis</b>	47	1	3	2	48	68	YSAS (57) Ambulance (16) Legal aid (10) Hospital casualty (9) <sup>d</sup>	20
<b>Health assistance</b>	70	2	4	6	102	33	Chemist (35) Doctor (29) YPHS (12) <sup>e</sup> VAHS (8) <sup>f</sup>	6
<b>Advice or counseling</b>	49	2	8	12.5	117	45	Other (24) Centrelink (20) Frontyard (17) Foot Patrol (16) VAHS (8) <sup>f</sup>	15
<b>Detox/withdrawal or drug treatment</b>	58	2	8	5	304	12	Methadone (31) Doctor (11) Home detox (11) Western General Hospital (11) Other (9) Windana (6)	40

a Of people who sought the particular service.

b Based on number of times this service was accessed/total no. times services were accessed for this purpose.

c The location and service focus of agencies are described in the Turning Point Alcohol and Drug Centre Trace Directory (1998).

d Hospital casualty for reasons other than overdose.

e Young People's Health Service (Frontyard).

f Victorian Aboriginal Health Service.

g A question about client satisfaction was not applicable for this service.

Key findings include that:

- Over a period of three months, about half of the people who inject in the city sought assistance or advice on health issues, food, accommodation, or drug treatment and detoxification.
- The services most frequently sought in the city were free food (at a median rate of four times a month), accommodation (twice a month), and help in a crisis (once every two months).
- Advice on health, counselling and treatment were predominately sought from service providers not located in the city.

## Population Estimates of Injecting Drug Use in the CBD

Part of the research also involved the estimation of the number of people who inject drugs in the CBD. To determine this number, clients who utilised the Foot Patrol in a one month period (October 1998) was used as a basis. Ninety-four of the 99 people who inject drugs surveyed for the purposes of this research had contacted the Foot Patrol during that month at an average of 25 times.

**Table 2: Profile of 94 People Contacting the Foot Patrol in October 1998**

Age	Percentage of contacts	Males			Females		
		No. people	No. contacts	Average contact per person	No. people	No. contacts	Average contact per person
Under 18	4	5	55	11.0	5	49	9.8
18 to 20	35	19	611	32.2	8	199	24.9
21 to 25	21	22	437	19.9	6	70	11.7
26 to 30	18	10	376	37.6	5	43	8.6
Over 30	22	13	507	39.0	1	2	2.0
Total	100	69	1986	28.8	25	363	14.5

Assuming that the sample represents the usual Foot Patrol clientele, it was estimated that the 3,186 contacts made with the Foot Patrol in October derived from approximately 140 people.

It should be noted, however, that the value of this estimate depended on how it was calculated due to differences in the contact rates between males and females and between different age groups. For example, the estimate was:

- 127 based on an average rate of 25 contacts per person (where  $3,186/25 = 127$ ).
- 145 based on the contact rates for each age category in the month of October. The number of persons in each age strata was estimated from the number of contacts in the age group (e.g.  $3,186 \times 27\%$  for the 18 to 20 year olds) divided by the contact rate for the age group (e.g. 30 contacts per person for 18 to 20 year olds).
- 143 based on the contact rate for males and females in the month of October. The number of persons of each sex was estimated from the number of contacts who were male or female (e.g.  $3,186 \times 30\%$  for females) divided by the contact rate for males or females (e.g. 14.5 average contacts per female).

It is notable that the average contact rate of males was double that of females. This difference was due to the frequency of contact made by men in the older age groups (26 years or more).

# The Impact of Injecting Drug Use

In fully understanding the injecting drug issue in the CBD it is necessary to consider the various impacts. Within this section the economic impact, the impact on business, the visible impact, and the development of a new framework to assess the social impact of injecting drug use in the CBD are discussed.

## A Model to Measure the Economic Impact of Injecting Drug Use on the CBD

A model was developed to calculate the investment of resources for the governance of injecting drug use in the CBD. Using standard methods, the researchers applied a unit cost to the provision of relevant services that could be classified as “drug-related resources”. These services included:

- Accommodation
- Hospital casualty
- Counselling
- Non-fatal overdose
- Drug education
- Research
- Governance
- Health assistance
- Correctional services
- Legal aid
- Deaths
- Property crime
- Free food
- Syringe distribution
- Coronial investigations
- Law enforcement
- Courts
- Notifiable disease
- Drug treatment
- Syringe collection

A unit cost was determined, based on the estimates from service agencies. Using outcomes from their earlier work in this study on the estimated number of people who inject drugs in the CBD annual costs were calculated as a product of the unit cost and annual throughput.

When all services were costed in this way, it was estimated that a total in excess of \$5 million was spent responding to injecting drug use in the city in 1997-98.

**Table 3: Annual Costs of Injecting Drug Use in the Melbourne CBD**

Resource	Unit cost(\$)	Throughput <sup>b</sup>	Annual cost(\$)	Source of funding <sup>c</sup>
Accommodation	10-80 per overnight stay	2,556	38,340	Majority (State govt)
Coronial investigations	2,700 per investigation	168	453,600	100% (State govt)
Correctional services	45,000 per person per year	20	900,000	100% (State govt)
Counselling	60-200 per hour of contact	2,316	185,280	Majority (State govt)
Courts	500 per court appearance	53	26,500	100% (State govt)
Deaths	Not costed	176	Not costed	Not applicable.
Drug education	1,192 per secondary school	6	7,150	100% (State govt) <sup>d</sup>
Drug treatment	1,641 per person per year	98	160,779	100% (State govt) <sup>d</sup>
Free food	6-10 per meal	19,143	114,858	Minority (Charity)
Governance	85,970 per FTE	2	171,940	100% (Local govt)
Health assistance	21 per consultation	2,640	55,440	100% (Cth govt)
Hospital casualty	1,375 per admission	149	204,875	100% (State govt)
Law enforcement	70,935 per FTE	20	1,390,326	100% (State govt)
Legal aid	1,500 per case	124	185,700	74% (Cth/State govt)
Non-fatal overdose	650 per MAS attendance	211	137,280	Majority (State govt)
Notifiable disease	300 per HCV case per year	434	130,230	
Property crime	210 per person per week	2,069	434,398	Minority
Research	82,500 per project	2	165,000	Majority (State govt)
Syringe collection	0.60-2.50 per syringe in	55,480	62,518	Majority (State govt)
Syringe distribution	1.28 per syringe out	142,000	181,760	Majority (State govt)
		Total	5,005,975	

a. Assumptions used to derive estimates are explained in the full Report.

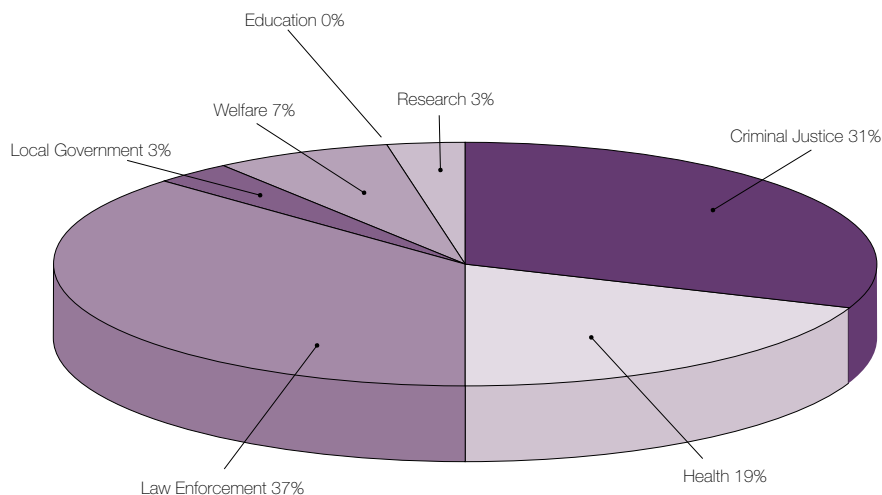
b. Number of units relating to services or activities in the Municipality.

c. Where possible percentage estimates have been made for the level of support from specific funding sources. Where this has not been possible a descriptor has been used (majority/minority).

d. Includes funds from the Community Support Fund Victoria (Revenue from the proceeds of gambling).

The major areas of economic costs are borne by law enforcement (36%), criminal justice (31%), and health (19%) as reflected in the following table.

**Figure 3: Resource Allocation in Melbourne CBD**



While there are considerable amounts spent each year on the provision of services, there are further costs carried by the businesses trading in the CBD.

### Impact on Business in the CBD

In the CBD business survey (n=89), 60% of businesses that were surveyed provided information on the estimated annual cost of the illegal drug market on business in dollar terms and 70% in percentage terms.

Respondents were asked to include in their estimation actual costs (such as increased security costs) as well as the cost of lost business (such as decreased trading) which they attributed as directly related to the illegal drug trade.

**Table 4: Impact on Annual Turnover of Business in the CBD**

Turnover category (\$*100,000)	Annual cost of drug market		Cost per business
	Estimated Cost <sup>a</sup> (%)	Number of businesses in category	Median cost(\$)
0-1	0	7	0
1-2	2	11	3,000
2-3	0.53	4	1,313
3-4	0.5	3	1,750
4-5	10	1	45,000
5-6	0	0	0
6-7	0.3	1	4,950
7-8	1	1	7,500
8-9	0.04	4	298
9-10	0	8	0
10-15	1.75	4	21,875
16-20	1.5	1	27,000
21-25	15	1	345,000
26-30	10	2	280,000
>100	0	1	0
		49	Median=1,750

Cost per business = overall cost(%)  
\* mid-range of cost category(\$).

Based on the business survey, it was estimated that affected businesses lost a median amount of \$1750 each year. This median estimate of annual cost to business equates to \$145 per month for the median business in the CBD in close proximity to a syringe bin. (Interestingly, the researchers noted the

cost to business appears to be lower in the CBD when compared with earlier findings from a survey of business in Smith Street, Collingwood).

Some larger businesses reported being significantly affected by the heroin market. For example, the four businesses in the \$1–\$1.5 million annual turnover category reported a median percentage cost of 1.75%. This equates to a \$1823 per month median economic cost to business in this category of business.

Interestingly, one-third of respondents said that the drug market did not have an economic impact on their business even though the survey targeted the businesses in closest proximity to syringe units distributed in the most heavily used locations of the city grid. It is anticipated that for businesses of greater distance away from syringe units that the impact would be even less. It is also significant that only ground floor business were surveyed, effectively over-sampling those businesses likely to have problems with the street level drug trade. This enabled the researchers to conclude that at least 30% of business are unaffected by the drug trade.

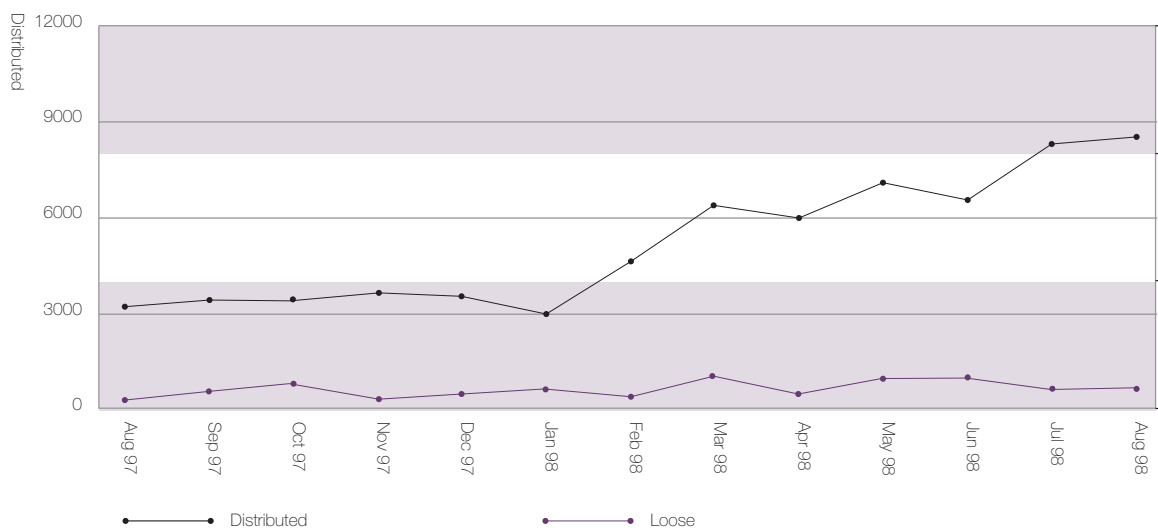
### Visible Impact of Injecting Drug Use

It is not, however, enough to merely measure the impact of injecting drug use through an economic analysis. The impact of visible activity related to injecting drug use is also vitally important. People become aware of injecting drug use by its visible presence, either through direct experience such as seeing syringes on the ground, or by indirect reports from media and local networks. To assess the visible impact some of the key indicators include the loose syringes, syringe units, Needle Syringe Program contacts, overdoses and media coverage.

#### Loose Syringes

There is no uniform relationship between increased syringe distribution and the appearance of loose syringes. While some 10604 syringes were distributed in August 1998, reflecting a dramatic increase over 1998, the number of loose syringes (ie. used syringes on the ground) picked up as part of the Community Syringe Disposal Program remained low and constant over the corresponding period.

**Figure 4: Syringe Distribution and Pick Ups in the CBD, Aug 1997 to Aug 1998**



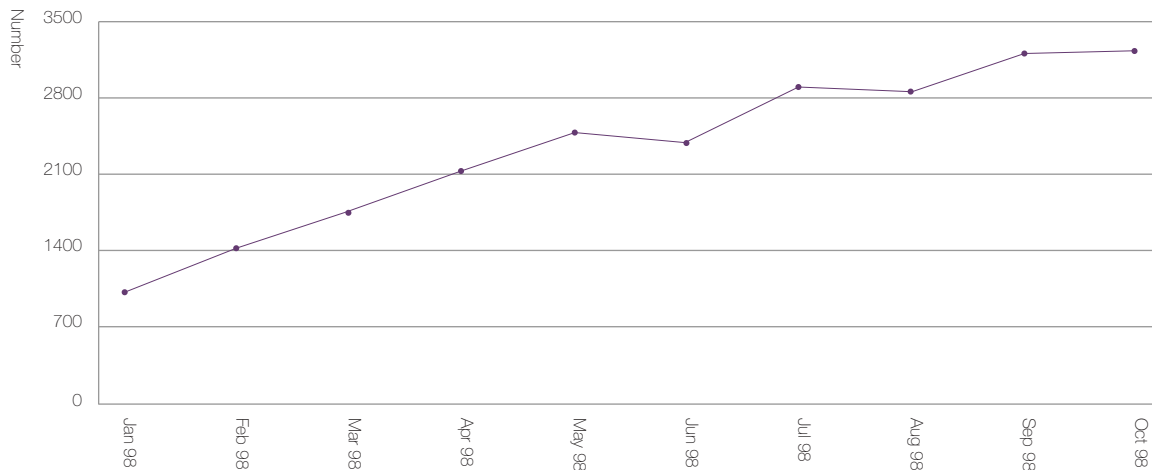
#### Syringe Disposal Units

Although the number of syringe disposal units in public and private spaces in the city has more than (doubled) in the last year, their presence has attracted little attention. In fact, most of the traders surveyed in the CBD were unaware that units were present in the immediate area. The availability of the units has had no notable impact on business in the CBD.

### Needle Syringe Program Contacts

As described earlier in the report, the number of client contacts with the Foot Patrol has increased dramatically over the past 18 months. In January 1998 the Foot Patrol had 1010 client contacts and this had increased to 3186 contacts in October 1998. (see Figure 5) It is likely that the visibility of clients making contact with the Foot Patrol may have increased over the past 12 months.

**Figure 5: Increase in Client Contacts with CBD Foot Patrol, Jan to Oct 1998**

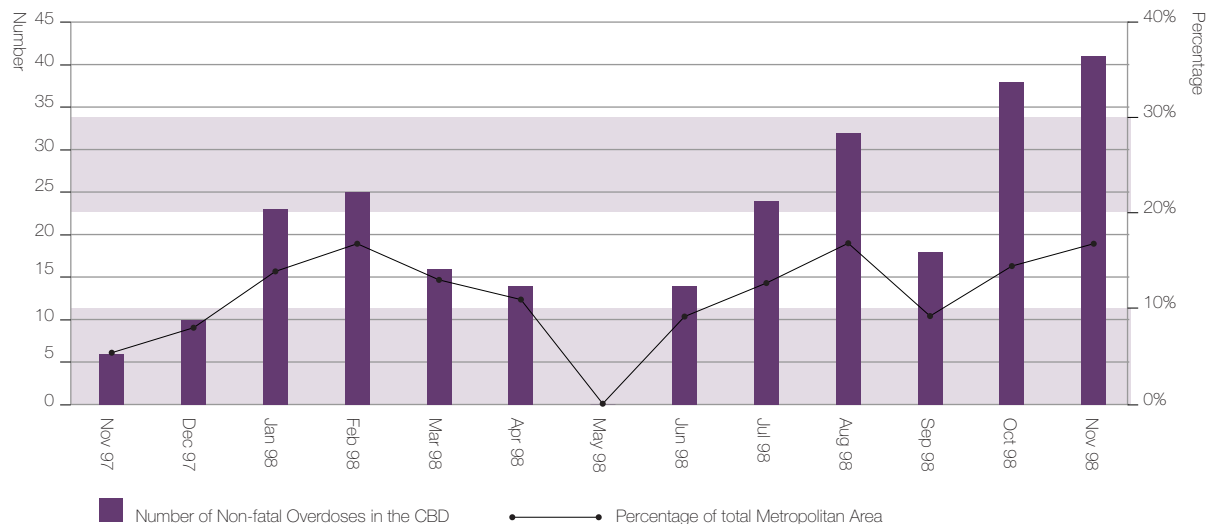


### Overdoses

The monthly total of heroin-related overdoses in the CBD is shown in the following figure with a total of 261 non-fatal overdoses occurring between November 1997-November 1998. These overdoses are likely to be attended by both ambulance officers and police, and are therefore highly visible. The number of overdoses has increased in the CBD with 41 being recorded in November 1998. However, the number of overdoses in the CBD as a proportion of overdoses across the metropolitan area has not risen. Overdoses in the CBD represent approximately 15 percent of overdoses in the metropolitan area.

Traders in areas with an active injecting drug market were most disturbed about the visible presence and felt more insecure than people from other areas in the CBD where the market was less visible.

**Figure 6: Non-fatal Overdoses in the CBD, Nov 1997 to Nov 1998**



## ***Media Coverage***

In the past eight months there have been two major campaigns in the daily newspapers about injecting drug use in the CBD. The essence of these campaigns are captured in their titles, " Reclaiming the City" (The Age, June 1998) and " The Heroin Curse" (Herald-Sun, February 1999). These campaigns have had a significant impact through their exposure of injecting drug use to a wide audience. The main consequence of these campaigns is the increased awareness of signs of injecting drug use in the CBD.

## **A New Framework to Measure the Social Impact of Illegal Drug Use**

While the economic and visible impact of illegal drug use were assessed, the researchers believed that a new conceptual framework was required to improve our understanding of the social impact of injecting drug use on the community. Such an analytical framework could take us beyond economic costings in which many of the social costs are regarded as intangible and therefore excluded from consideration.

The researchers believe there is need to be specific about what expenditure means in terms of how the community values that expenditure. In a sense, there is a need to shift the focus to outcomes rather than inputs. Does the community value police Foot Patrols to the same extent as Needle Syringe Programs? Do equal economic costs from different strategies have comparable social effects? For example, does \$100 spent on Needle Syringe Programs have the same social benefit as \$100 spent on policing? The current analysis cannot answer these questions.

The research team considered that the impact of expenditure may be better described by distinguishing between economic capital and social, political and cultural capital and mapping the shifts between these.

The following summary definitions introduce the terms used in the theoretical basis of the research model:

### Economic capital:

Most commonly thought of in terms of money, assets or levels of credit, economic capital is expressed in \$ terms. For example, the economic capital required to provide drug treatment services to people who use drugs in Victoria in 1995 was \$1.6 million.

### Social capital:

The value emerging from the collective participation of individuals in social life. For example, the full effect of bringing a group of people together to work on a project rather than having individuals working separately.

### Cultural capital:

Knowledge held by individuals or groups about how to get on in their world. For example, the value of employing peer outreach workers on needle syringe programs because they understand the rules of the "the game" and can more easily contact and communicate with people who inject drugs.

### Political capital:

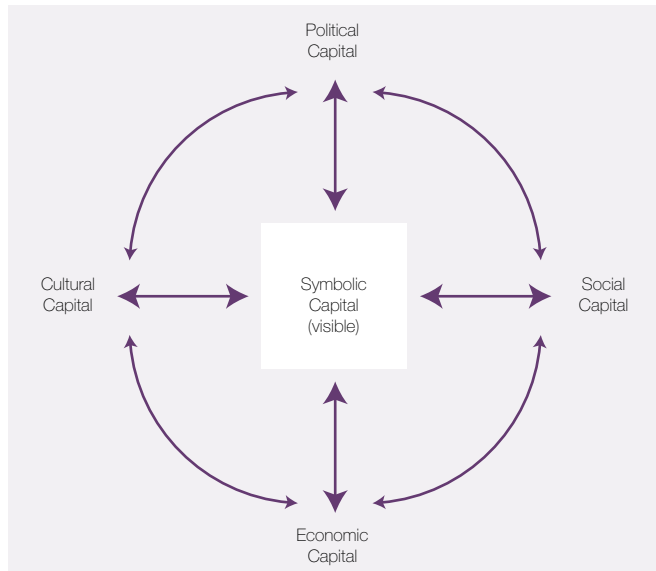
The value derived by individuals, groups or institutions from being able to manipulate political conditions; intimately linked to cultural capital. For example, the benefit gained by a lobbyist or person with the right kind of connections called on to help secure or change a decision.

### Symbolic capital:

A stage through which all other forms of capital are manifest, rather than a separate form of capital. Everything we see, hear or experience has symbolic value but it may mean different things to different people. For example, syringe units in public toilets suggest that drug use occurs there and may mean it is a responsible action by the business to provide the units or that drug use is condoned in that place.

In this model developed to ascertain the full impact of injecting drug use, all these forms of capital are considered to relate to one another and all forms of capital move through symbolic capital.

Figure 7: Flows of Capital



In their report, the researchers talk in detail about regulating shifts in capital. In summary, they believe the City of Melbourne can better describe what is happening, taking into account the different perspectives of the various stakeholder groups, and can then respond by identifying and adopting appropriate strategies to shift what may be a negative as economic capital, for instance, to become a positive as social capital. Their framework has two stages.

The first stage involves describing the incident or problem in terms of the stakeholders and what is at stake. In the second stage, more specific documentation of what capital is at stake in each of the fields and what shifts in capital are resulting from the incident is conducted. Once the incident has been articulated in terms of shifting capital, the response is then articulated in similar terms.

Injecting drug use has complex social, economic, cultural, political and symbolic impacts on the community. The model acknowledges this complexity in social life. It provides a framework of concepts and procedures that could support decision-making processes used in regulation of the impacts of illegal drug use in the community.

# Health and Support Needs of People who Inject Drugs

Health is not just about the absence or presence of disease. Health is sustained through participation in social life, having meaningful relationships, access to income, employment and being part of a community. In estimating the demand for primary health services from people who inject drugs in the CBD, the researchers contextualised the demand for services within the social context of street life in the CBD, and further contextualised it within the broader cultural shift to a takeaway heroin ethic across Melbourne. Using the social model of health outlined earlier, the health and support concerns for people who inject drugs were divided up into macro, intermediate and micro health concerns.

## Macro Health Concerns

Macro health concerns highlighted include:

- Disseminated primary health care services for people who use drugs: There is a perceived fragmentation of primary health care services across Victoria. Any primary health care strategy for people who inject drugs needs to be consistent with the proposed Primary Health and Community Services (PHACS) reforms in statewide services.
- Visible presence of drug market through media: The media contributes to the problem by popularising areas that are good for obtaining drugs and making easy money through street violence.
- Marketing of CBD as a retail centre to drug using demographics: Advertising to promote the attractions of the city also reaches people who use drugs who may interpret the attractions as encouragement for illicit thrills.
- Predominance of individualistic disease/ behaviour-specific interventions: Programs such as the needle syringe program may be successful in reducing the spread of HIV but this does not address the risks attached to the cultural shift that sees heroin as a "street-based takeaway". The tendency to buy and use immediately means a greater proportion of injecting occasions are in public, in more hurried and risky circumstances. This culture consequence is not addressed by the established programs.
- Mixed policy messages for Victoria police: While police may be encouraged to see injecting drugs use as a health issue rather than a criminal one, drug arrests are still used as de facto performance indicators for police.
- Takeaway heroin ethic: Drugs are a pre-packaged, easy to carry consumable and fit into a broader society acceptance of takeaway, fast foods. This means public spaces near the point-of-purchase show evidence of the takeaway heroin ethic, including loose syringes and instances of overdose.
- Low social capital for marginal culturally and linguistically diverse groups: Turbulent refugee experiences, difficulty adjusting to life in Australia, poor access to employment and income opportunities contribute to the negative impact of drug use in culturally and linguistically diverse groups.
- Mechanisms for the governance of public space produce tacit acceptance of areas for unsafe injecting drug use: Without a policy shift to establish safe injecting places, people who inject drugs will continue to inject in unsafe, unclean, risky locations. Improved cleaning of streets and lanes will help, and crackdowns to effectively make certain areas "no-go zones" for people who inject drugs would most likely displace them to another location. However, without off-street supervised alternatives the reality is that certain spaces will be "accepted" as unsafe injecting areas.

## Intermediate Health Concerns

Intermediate health concerns included:

- Limited access and availability of withdrawal and treatment services: the study estimated that there will be a minimum monthly demand for 150 withdrawal or drug treatment services.
- Inappropriate drug treatment services for people of Southeast Asian background who are substance dependant: many young people from Vietnam and Cambodia suffered trauma and arrived in Australia without adult support. Understanding of the importance of family and of the spiritual needs of young people from Southeast Asian cultures is considered necessary if treatments are to be effective.
- Inappropriate services for people of Aboriginal and Torres Strait Islander (ATSI) background who use drugs: the study supports recommendations made in a community report by the Victorian Aboriginal Health Service for culturally specific services for people of Koori background who are substance dependant.
- Limited income opportunities for young people from Southeast Asian background that use drugs: small business schemes are suggested for young Southeast Asian women as a way of overcoming the inequalities and cultural impediments which may make them especially vulnerable in the injecting drug scene.
- Detention in a custodial setting: the study suggests there should be a reduction in drug arrests and more cautioning or arrest referrals for people who use drugs.

## Micro Health Concerns

The micro health concerns identified included:

- Risk of opioid overdose
- Risk of Hepatitis C transmission
- Physical violence from other people who use drugs
- Physical violence from police
- Fluctuating drug quality

The primary health needs of people were further articulated through the individual narratives of seven people who inject drugs who come to the city to score heroin. Although the language may be unfamiliar to those outside the drug scene (the researchers provide definitions to help de-code the narratives), “Lee’s” story gives insights to the impact of injecting drug use on the users and those around them.

# Glossary

<b>Term</b>	<b>Meaning</b>
A deal	A generic quantity of heroin (usually small)
A real sick person	A cool, tough person
Backpackers	NSP Foot Patrol personnel in Springvale
Bong head	Cannabis smoke
Brassy	Short for brass monkey, which is slang for junkie, (derogatory)
Cap	A small quantity of heroin
Did the business	Inject
Do a roll	Rob someone
Dropped	Overdosed
Fits	Syringes
Hammer	Heroin
Hit	To inject
Lines	0.1 ml gradations on a 1 ml syringe
Narccaine	Opioid antagonist naloxone used in overdose incidents to block the effects of heroin
Pinnie place	Pinball amusement centre
Rohies	Rohypnol, a benzodiazepine sedative
Rort	Steal
Scab up	Beg for money
Score	Buy heroin
Sharps	Used syringes
Smack	Heroin
Smoking pipes	Smoking cannabis
Snorted	Nasal administration
The jacks	The police
Trackie daks	Tracksuit pants
Using	Using heroin
Weapon	Syringe
Whack	Inject

The following conventions are used in the interview narratives.

[...] Where meaning in narrative is unclear, clarifications are italicised and placed within square parentheses.

(pause) Important speech acts are noted in curved brackets, for example where the speaker noticeably pauses in their narrative.

## Lee

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*Last time we went and scored, yeah I think it was some time last week, probably, got some money together first, then when we got money, we scored, and then we went down a laneway, um where a lot a users go, and had a whack.*

*I was pretty paranoid, because that's where I got caught [last time] so I was telling my boyfriend, hurry up 'n that. Yeah went there, and we had to share a fit and that because we didn't have enough money to buy like 2 'n that and it was a pretty shit syringe, yeah. [We got it near a large Bourke Street department store], its um, on an alleyway, sort of thing, not an alleyway, but its near [large Bourke Street department store], it's there [convenience store] on the corner you know down I think it's [name omitted] avenue or something.*

### Getting Busted

*I was um, I was with a friend, and we were like, we'd scored and like we'd scored three caps and we had one and it was really shit, and so I wanted to sell the other two to get better gear. We seen [this other girl], and I asked her if she wanted to buy it off us. And she said yes and so we went down to the avenue, and um, right, I showed her the cap, and um, the cops, we were there for a little while and then, like, my friend, he reckons, that he went to come up, to let us know the cops were there, like he did come up, but he didn't tell us, and then like 4 police walked up the alley way, and um, yeah they just searched the girl I was with first, and she dropped the cap that she was looking at, and um, I had, like they were going through her stuff and while they were doing that I had the cap in my hand, and I had a lighter in my hand as well, and I put my stuff on the floor, on the ground, and as I was doing that I was trying to put the cap on the stuff as well, like under it, but like they were watching me so I was pretty paranoid, so I kept it in my hand, hoping they wouldn't see it, and then the female cop goes, like she goes open your hand, and then she goes what's in your hand, and I say just a lighter, and she goes open it, and I say its just a lighter, so I opened it and she saw the cap, and like she said, she told me to throw it on the ground, so I threw it on the ground. And yeah, they were searching this girl for about 10 minutes or so, and then they told us all that crap, all that stuff that you're under arrest and that stuff, and um, like the female police asked another one to pick the cap up because she goes I'm not touching that disgusting thing, and - so, because it was in a balloon, 'n that, and she goes I'm not touching it, its disgusting, um yeah so he picked it up and put it in the bag thing that he had.*

*And um, yeah they pulled the handcuffs out and they grabbed me and like, they handcuffed me, they were pretty rough about it, yeah they put em on, they put em on really tight, like, 'cause I said to them, I said you don't need to handcuff me, like I'll walk with you, I said, you know, I go it's pretty embarrassing walking through the city with handcuffs and everyone looking at ya, 'n that, and they're goin "oh well its your own fault, you shouldn't have done all this stuff, you know you shouldn't've had it" and um, we got to the police station, and then right, yeah they were just interviewing me, and they strip searched me, 'n that, they strip searched me in the police station.*

*And um, yeah they fingerprinted me 'n that, and then the male cop, that was with them, and they come in, and this girl that I was with, she um, she stayed behind and she was talking to 'em. Apparently, like she's a dog in the city, apparently she dogs in all the dealers 'n that, and um, 'cause I told the police that I was, me and her were about to have a taste, but I was really trying to sell it to her and that, and um, yeah they come in, and like, because she was telling them that I was sleeping with [name], an everything like that, and that I was selling to her, and she was trying to get me into trouble, and the cops come in and they go, oh, and they go to me oh, um, you know that girl told us that you were selling to her and I said no we were gonna have a taste, we were just going to have a taste, I said I told you that, and he goes, oh so what's this, oh alright, are you with [name], and I said no, and he goes, oh you're just screwing him aren't ya, and I said no I'm not, you know, that's pretty embarrassing, it was it was really embarrassing, and I was really angry with her, I was gonna kick her head in when I got out of there, dead set, I'm*

still going to if I see her, but yeah she's a, I mean you don't tell the cops that someone's sleeping with [someone else], 'n that, you know, because I thought that she'd lie for me, 'n that and say yeah we were just gonna have a taste, but she didn't. And I was like in there for like 4 hours or something.

Yeah, and they fingerprinted me, and um, they took my photo 'n that, and they told me I was on bail for the night, and I had to go to court the next day, and they put me on bail for the night, and they said, if we see, no they said, if you do any thing wrong, within 24 hours we're gonna lock you up, and that was my first charge, I'd never been charged before, and like usually they give you a fair go.

And so I went to court the next day, like I had a taste 'n that before court, and I went to court, and the judge said something about um, three months good behaviour bond, but I didn't remember that, and because I had to go to court for another thing as well, like I was with this girl, when she was um, she wanted to pinch some ladies purse, and so we got caught for that, a security guard caught us for that, so I had to go to court for that, and um, yeah I went back to court for that.

My lawyer, said to me that um, that I wasn't charged for the possession, I was on a 3 months good behaviour bond, and I didn't know that I thought I was charged, and then with the purse episode, they lost my file, so last week the cops came up to my house with a summons, like they re-charged me for that, and they come to my house with a summons, and um, yeah, so I've got to go to court soon for that, its bullshit, they're just playing games I reckon.

## Compared to Smith Street

The city is different to Smith Street, in Smith Street its very hard to score for 20 dollars, they usually want 25 dollars, and I don't know, like some of the gear I've got on Smith Street's alright. I don't know I think its sort of the same, but I've got certain people I go to in the city, but when I can't be bothered going to the city I go to Smith Street, and I just have to take a chance, who to score off because I don't know em, there's a couple of people I know, but if they're not around I've got to take a chance.

## Rorts and money

I used to sleep in the city sometimes with this homeless guy, so it was pretty much the same thing every day sort of thing, but um, like do you want me to, the last time I went to the city, scored in the city, it was, well it was yesterday, um, well, we got up, woke up, at home um, just trying to think how we got money, ...we scored, like I don't know if my boyfriend got money off his mum that morning or not, but um, my boyfriend went out to do a rort, and he come home with a video player and so he went and sold that, and um, and we got like 80 bucks for it and then after that we went to the city, cause like we usually walk to the city, and so we walk to the city and um, and we probably walked around the block a few times, just to check out who was around and that and yeah like, we seen, eventually we saw like who we wanted to score off, and we were talking to him for a while, and yeah we were probably talking to him for a while and that and then we um scored, we got one cap, cause usually we get one cap and go halvies in it, unless we got more money.

Well my boyfriends mother she's, she's got her own business [laugh] yeah, and um, she charges like \$80 an hour sort of thing and like we get money off her, or if we can't do that, my boyfriend goes out and robs houses or, like the other day he got a purse, yeah, on Wednesday, it was like we got paid, oh well he got paid on Tuesday, and I got paid on Wednesday, and he also got a purse on Wednesday because we wanted to get money, cause it was my 18th birthday and I wanted to go to the casino and that, but we didn't end up doin' that, cause I didn't get my ID, they wouldn't give it to me, so we ended up spending it cos I didn't get my keypass, I didn't have the right ID, so we had an extra 50 bucks left over so we had a lot of money to score with, so I was pretty upset about that. We should've got a 50 but that doesn't matter um, yeah like we don't usually spend the day in the city sort of thing, we usually just go there for like, just to score, and then um, we go home again most of the time we go to my house and do it ...

## The white rash

Some gear is really shit, but you can get other gear, like if it's laced with something, it can be alright, but it makes your skin all, you get this white rash thing around your arm like when you shoot up, like your arm goes all, like your arm goes all itchy, and if like, you just keep scratching it, and eventually it'll, it all bubbles up, it'll turn to white and bubbles up, but it doesn't stay there for long, a few hours and its gone, it gets really really itchy.

## Hepatitis

*When I was in the detox unit, the nurse there took me, like before I went in there, I had blood tests done, and I was too scared to go back and find out about if I had it, and then the nurse in the Resi unit, she took me to the doctors to find out my results and he told me I had B, and um, yeah, near the end of my stay at the Resi unit, I used with this guy and um, he gave me the wrong fit, he gave me his fit and he told me afterwards, so, like I haven't gone for the Hepatitis C test, but I know I've got it, because he's got it so ...yeah, so its pretty, um, like it doesn't bother me, it does bother me a bit but, I've got it so I can't change it, but hopefully there's a cure in the future. [My boyfriend] he usually goes first because I've got hepatitis 'n that so, yeah, we're pretty careful. Does Hep B lead to AIDS, 'cause my boyfriend's mum reckons it does.*

## Getting jumped

*This guy, he shouted me and this other guy like, he shouted us a 100 dollars worth of gear, but we didn't ask him to, but, a few weeks before that. And like when was with me sort of thing, and he was waiting for me as I was doing that, and because he knew how much I made, I had a cap on me, and he asked me to buy him a cap, and I said "no, fuckin' you can just wait you know", I said, I just got this money, I've gotta give my mum, cause I had to give my mum money as well, and um, yeah um, he kept naggin' me and that and saying oh I shouted you and all this, and I said I didn't ask you to shout me you know, and like because he was being such an arsehole, I didn't buy him a cap.*

*I said listen, I've got a cap on me if you give me 10 bucks you can have it, alright and so he went to Wesley Church and he had it, I gave it to him and he had it, and he wouldn't pay me for it and so right, after that he goes what are you doin', and I said I'm gunna score and go home, and so I scored and I thought, because he said he was going, and I thought he was gone, and I started walking home and he was still there, and he goes to me where you goin', and I said I'm goin' home, but um, and he goes, oh I'll walk you home, and I'm like yeah whatever, and you know on the way they've got that park, and its got all the fountain and the water, we got up to that and like I had a strange feeling that something was gonna happen, like I knew something wasn't right, 'cause like, you know how you can go by intuition sometimes, and I know something wasn't right, and he was walkin' in front of me so I took the money out of my purse and put it in my bra and put the cap in my mouth, ...cause I knew something was wrong because of how he was following me and that, and yeah I get to my front door, and I put the key in the lock and he grabbed my bag, like, and it had my purse in it 'n that, but there's nothing in my purse except my ID. And yeah he grabbed my bag, and he goes, oh that's for being a rat, and then ran down the stairs, and I yelled out to my mum 'n that.*

*In my bag I had a fit and it was dirty and it was my only fit, and because I was so pissed off and that I wanted a taste, and then I realised that my fit was in my bag, so I was really pissed off, so I jumped in the cab and went to the city and um, I asked the dealers if they knew where there was any syringes, and they said yeah in the phone box on the corner of [street name] and Russell so I went up there, and I scored another cap as well, and yeah then I went home and had it.*

## Rip and run

*The second time I got jumped I was with this Asian guy, and he had just ripped someone off, so we could get a taste, and there were these girls and a guy, they followed us, and they asked us, they thought that this guy was a dealer but he wasn't, and they were trying to, they asked us if we wanted to swap some clothes or whatever for a cap, and we said, we don't, you know, we don't deal, and like, he just, like he did the rip and he just ran, 'cause he thought that I was running after him, and I did, and I was running up the laneway and these girls and the boy, they were goin', "eh stop", and I turned around and I looked and I stopped and I don't know why I stopped, but I stopped, but my friend had the money, so I only had like 90 cents or something on me, and like yeah they go, "how much money have you got", and I said nothing, and they said "whats that in your pocket", and I said my keys, and I pulled my keys out and showed them and they go "whats in your bag", and I said nothin, just a brush and fuckin', I don't know deodorant or something, yeah so they're goin through my bag 'n that, and I made up some story because my friend come back, and I made up some story saying 'nup, he just ripped me 'n that, thinking that would get me out of it, and he'd get me out of it, but they sort of turned around and they threatened to belt me 'n that, so I put on a, I fake cried, and they felt sorry for me, and then they um, then they said come with, you've got ID, come with us, we want you to sell this for us, and I said I'm not selling nothing that's stolen, and he said either you come with us or we gonna fuckin' smash ya, so I went with them and they stand, I was standing with them 'n that, it was basically, it was like they were holding me hostage sort of thing, I dunno it was really scary, it was like they were holding me hostage or something, and they started to, like they ran across to the tram stop, and were talking to this guy and one of them stayed with me, and they, then this other person went over to, like the person that was with me, went over to em, and he started walking across the road, so once I see them walking across the road I took off. I bolted, I took off, 'cause I had my chance to go so I went, I run to the Wesley Church.*

## Risks when using

*[In the city, the first thing I check for is] ...well, the Aboriginals are usually scary, they usually try and roll ya, so that's one of them, they do, they try and roll you for your money 'n that, I look out for police, and for people like, people, the heroin users, like, see who's around 'n that to make sure they're not following me or anything.*

*I've used in apartment stairwells in the city, and I reckon they'd be the best places to go because, in this apartment, you've gotta get someone to unlock the door, so you can get through, so I used to push the button and say oh I've lost my keys can you open the door, and I used to go up the lift and go into the stairwell, and its like well, as if the cops would be in there, 'cause they're all rich 'n that, so I reckon they're the best places to go, and it really clean, and it's not all with syringes and dirty swabs everywhere. It's really clean and that. So yeah, I'd rather go to places like than public toilets and laneways and stuff.*

## Making money on the street

*The guy that lived on the street, he taught me how to make money by sitting down at the casino with a box saying that your homeless, and one day I was doing that, and I made 120 dollars in less than half an hour yeah, and like this Asian guy gave me 20 dollars and this Asian lady came up and gave me a 100 dollar note, and plus the coins I had as well, so it was probably about 130-140 all up. The day I made 120, I got busted by the jacks too and I told them I was homeless and they wanted to find me some accommodation, and I was oh no what am I gonna say.*

*And like a lot of them do the phones as well - alright, you know how you put money in the phone right, people stick cardboard in the phones right and they get this wire, and as the phones fill up, you put the wire in and you lift the money out of there, and the casino, you do it there, cause they put the 2 dollar coins in and one dollar coins 'n that in the phones, so its pretty good.*

## Overdose

*When I first started using - like 2 years ago, and like my boyfriend he usually watered it down, usually like put an extra 10 lines of water in and like squirted it back in the spoon and gave me half of it, and I had half for later on, but this day he gave me the whole lot, and like I couldn't stand up straight, and because he was so wrecked he didn't know what he was doing, but um I couldn't stand up, I remember I couldn't stand up straight, and I went into the lounge room and I sat on the chair and then the next thing I know, like I woke up and I was lying on the floor and as I was out of it, and I could hear people around me and it was all blurry and I thought it was a really nice feeling and um, yeah 'cause my boyfriend had to give me mouth to mouth 'n that, and I wasn't breathing or nothing and he got me back out. I came around 'n that and he told me I dropped and I started crying and he said the ambulance is on the way, and I said I don't need it, I'm awake now, and he said well you could drop again. And so they came and gave me narcan, and I was pretty crook for the rest of the day and throwing up and really cold, and yeah but like after that I said to him, I'm never gonna use again - yeah right.*

## YSAS

*When I came out of YSAS - oh I felt grouse I did I loved it in there, I had a ball, um just the people, the workers in there, like they don't treat you like they're, like they don't act like workers, they act like your friends more than workers, they're more your friends, and like I dunno it's just good, you know some people got bored, but I never got bored there, I thought of it as a holiday home, I did it was grouse I really enjoyed it there. Sometimes I bump into [YSAS people in the city] yeah I saw [names two workers] last night, they were just, 'cause me and my boyfriend were scoring and [worker] tapped me on the back and said hello [laugh]. I use the Foot Patrol once in a blue moon, if all the chemists are closed, then we ring 'em up. We usually get 'em from the health centre, in Brunswick Street, but occasionally we ring them up, but usually if I see them, even if I've got fits at home, I'll still get more off 'em - I don't really talk to 'em, I don't really know 'em, so I don't talk to 'em, you know "2, 3 whatever, thanks, bye".*

*I'm trying to get back in there [YSAS], 'cause I'm sick of not having no money, I'm sick of using all the time and I wanna change my life. At the moment I'm using about 2 caps a day, but me and my boyfriend go halvies in a cap and try to keep it as low as possible, try and keep our habit as low as we can. I don't know I don't know how long the list is I wouldn't have a clue, probably about 2 weeks 3 weeks, till then, don't know.*

## Detox

*My boyfriend, yeah he got out [earlier this year], but he's starting to do the same things as what he went in for again, to get money for gear so it's pretty annoying. They is trying to get him into the Resi unit, but because he's 22 he's too old to go in there, so they're gonna try and get him in there, its pretty good I reckon. Oh he said he's gonna think about it, but I'm gonna make sure he does, so I know he's not using while I'm in there.*

*I only started scoring in the city, 'cause I've been in the Resi unit in YSAS, and um, yeah I met this guy there and we started using and that, and like ever since then, I think it was last year sometime and after I started goin' to the city, because this guy, he lives on the streets and um, he um, I don't know he just didn't want to score on Smith Street, and like we used to go with him, always score, always score in the city, and like I got to know people 'n that so I just kept on doing it.*

*[Something that would make life easier] is probably having friends that don't use and don't treat you like shit and don't use you, and want to help you in any way they can to get off drugs 'n that, I mean friendship is more important to me than anything, so yeah, I'd say friendship.*

## What I like about the city

*Occasionally I like to go and look in the clothes shops and [large Bourke Street department store], like [small street-wear fashion store], I like going into [small street-wear fashion store], but I also like looking around in [large Bourke Street department store] as well, yeah, sometimes going into [amusement centre] and play games 'n that. Yeah, I just like the shops and yeah, sometimes, you can just sit down and start talking to someone yeah, I like goin' down to the Yarra too - near the [large multifunction entertainment complex].*

Lee is a young woman who has been using for 2 years, and has been scoring in the CBD for less than 6 months. At the moment she is injecting about a cap a day. She would like to get back into the YSAS residential unit.

# Options for Service Responses

A key feature of the service response outlined by the researchers is a commitment to forging partnerships between the City of Melbourne and the State Government through advisory structures in the Victorian Drug Strategy through what have been described as macro strategies.

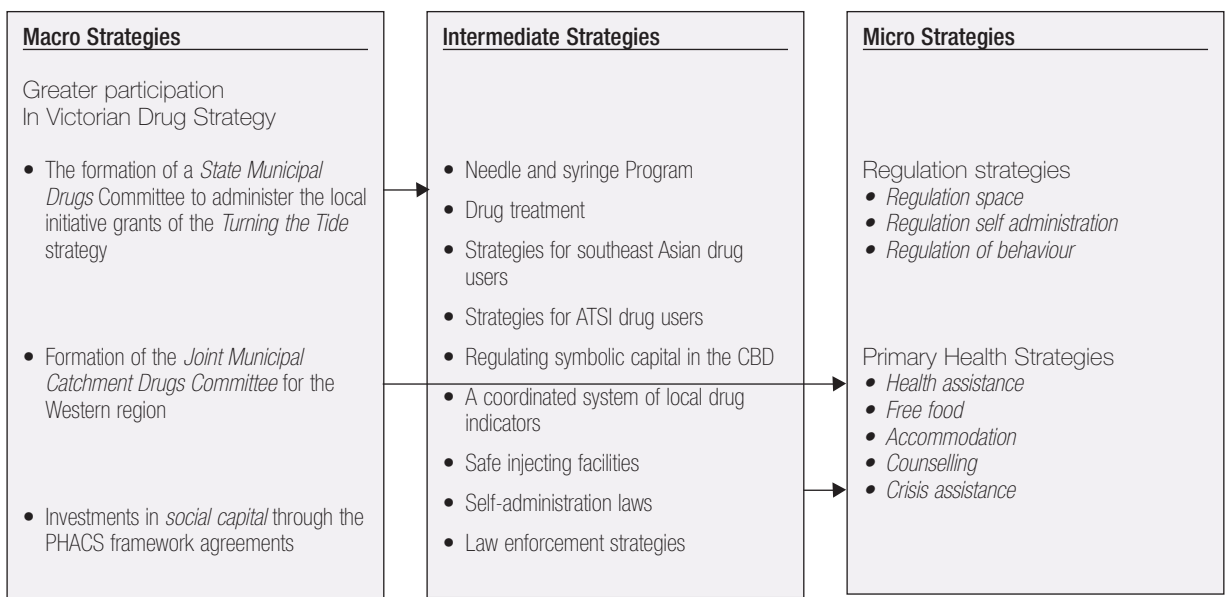
The researchers have articulated a broad vision for response, based on the social model of health and their new conceptual framework. Their approach is to encourage investment in social capital statewide, whilst embedding this investment in the proposed PHACS reforms to ensure equity and uniformity across Victoria.

The intermediate and micro strategies detailed involve some realignment of primary health service provision. The need for extended primary health service provision for young people who inject drugs is an element of this strategy. Priority groups, such as young people who are homeless, people of Southeast Asian, and Aboriginal and Torres Strait Islander background who inject drugs have been identified and specific strategies have been outlined for these groups. An adjustment to the level of drug services for young people in the CBD has also been outlined.

For the City of Melbourne, there are recommendations for changing the way it responds to service provision for people who inject drugs. The research team believes that the City of Melbourne is sophisticated in its current responses to problems associated with injecting drug use, and should be commended for its work to date and encouraged to develop its leadership role. The recommendation for the City of Melbourne to advocate for and convene a key Statewide Municipal Drugs Committee will allow for greater integration of local government into Victoria's Drug Strategy.

The City of Melbourne is well positioned to develop a high-resolution system of local indicators of drug use. The recommendations for the City of Melbourne to regularly monitor this system and to disseminate this information will be a concrete way for it to control the visible domain – the symbolic representations of drug issues – and for the public to have informed discussion based on empirical findings rather than media portrayals.

**Figure 8: Framework for Service Responses for Injecting Drug Users in Melbourne's CBD**



In summary, the service response for people who inject drugs in Melbourne's CBD needs to be assessed in terms of whether it makes an investment in the social fabric. From addressing the micro, disease-specific causes of ill-health, to affecting the determinants of health, this service response outlines a vision for intervention. It is the role of government in partnership with the community to respond to the needs of young injecting drug users in Melbourne's CBD. The changing landscape for service provision across Victoria's PHACS sector provides an excellent opportunity to coordinate responses to drug issues in the CBD.

## Recommendations

The following recommendations have been put forward for the consideration of the City of Melbourne.

### ***Macro Recommendations***

#### Recommendation 1.1

A State Municipal Drugs Committee should be established and convened by the City of Melbourne. The Committee should be composed of appointed officers from Victorian Municipalities. The Committee should have reporting requirements to the Victorian Drug Strategy. The chair of the Committee should be able to advise the Senior Officers Co-ordinating Committee. The local grants initiatives of Turning the Tide should be administered by a State Municipal Drugs Committee convened by the City of Melbourne.

#### Recommendation 1.2

A Joint Municipal Catchment Drugs Committee should be formed to advocate for the constituencies of catchment areas within purchaser-provider framework agreements. The committee should be composed of appointed officers from each municipality within catchment areas, the lead provider agency and the service purchaser (Department of Human Services).

#### Recommendation 1.3

There should be significant investment in social capital through the PHACS sector framework agreements, specifically labelled as injecting drug use strategies. These should include:

- Co-ordination of primary health facilities for people who inject drugs such as food, accommodation, material aid, and emergency assistance should be clearly established in each framework agreement.
- Funding of staff at secondary exchanges in community health centres should be taken up through the framework agreements. Specific NSP-trained staff for NSP in current secondary exchanges should be identified within framework agreements.
- The establishment of safe injecting facilities for people who inject drugs in community health settings, commensurate with the needs of the population in each catchment. Safe injecting facilities should be seen as part of the community health setting, rather than isolated from mainstream service provision.
- Diversion schemes for drug offenders to operate in each catchment area.
- Job training for people who inject drugs as peer educators in Hepatitis C, and overdose prevention.
- Microcredit small business schemes for young females of Southeast Asian and ATSI background who use drugs.
- Two significant national events held in each catchment area annually to enhance the symbolic life of the catchment.
- Adequate resources for job training in NSP and allied health industries for 1 % of NSP client population.
- A requirement for specific positions for ATSI and Southeast Asian workers in Needle Syringe Programs and primary health services of direct relevance to the injecting drug user population, commensurate with the population in each catchment.
- Specific cross-cultural training for workers in NSP and primary health services of direct relevance to the injecting drug using population, commensurate with the population in each catchment.

## ***Intermediate Recommendations***

### Recommendation 2.1 – Needle Syringe Program

Consideration should be given to strategies that will improve the coverage and effectiveness of the NSP in the CBD, with an emphasis on reducing the level of visible loose syringes, coordination with business and maintaining uniform access to clean syringes.

### Recommendation 2.2 – Drug Treatment

Drug Treatment Services, Head Office, Department of Human Services, provide significant funding for alcohol and drug services in the CBD for young people. It is recommended that the level of funding in the CBD for young people who use drugs is increased from 15% to 30% to reflect the increases in the young drug using population. Recent increases to youth drug treatment resources should be noted. Expansion of the resources for residential services in the Youth Substance Abuse Service (YSAS) should be considered. Continued support for advocacy services in the methadone program should be resourced through support for peer groups such as the Victorian Intravenous Drug Users Group (VIVAIDS).

### Recommendation 2.3 – Strategies for People of South East Asian Background who Use Drugs

Consideration should be given to provision of resources for specific positions for Southeast Asian workers in primary health services in the PHACS service system for services in direct contact with injecting drug users. It is recommended that a feasibility study of small business microcredit schemes for young southeast Asian women be implemented to break structural inequalities and cultural impediments for young female injecting drug users from of this ethnic minority.

### Recommendation 2.4 – Strategies for People of ATSI Background who Use Drugs

It is recommended that primary health and NSP services in the CBD employ at least one Aboriginal worker and to provide cross-cultural training for non-Aboriginal workers when providing services to people of Aboriginal background who use drugs.

### Recommendation 2.5 – Regulating Symbolic Capital in the CBD

It is recommended the City of Melbourne continue with its commitment to public leadership in debate over drug strategy through supporting a position within the City of Melbourne to oversee the regulation of symbolic capital related to drug strategy. This role will also be used to resource the State Municipal Drug Committee. Consideration should be given to survey work that regularly monitors public opinion in the City of Melbourne on matters relating to drug strategy. Particular focus should be on the opinions of particular social fields involved in the governance of drug use in the Municipality.

### Recommendation 2.6 – A Coordinated System of Local Drug Use Indicators

It is recommended that the City of Melbourne establish an integrated monitoring system of local drug indicators, regularly monitor the indicators and publish a quarterly report on drug indicators. Through the coordinating functions of the State Municipal Drugs Committee, data collection strategies of local indicators should be made uniform across municipalities.

### Recommendation 2.7 – Safe Injecting Facilities attached to Community Health Services in each PHACS Catchment Area

As part of a broader strategy to regulate the street heroin markets across Melbourne, the introduction of safe injecting facilities across Victoria should be considered. Any development of a safe injecting facility in the CBD should be matched with developments in other PHACS service catchment areas.

### Recommendation 2.8 – Self-Administration Law

This report recommends the cessation of prosecution of people who inject drugs under the laws of self-administration

### Recommendation 2.9 – Law Enforcement Responses

Consideration should be given to expanding the current heroin cautioning program statewide. An emphasis on more community-oriented street level policing should be adopted with an emphasis on regulating the behaviour of people who inject drugs rather than arresting these participants in the street level drug market. A 20% reduction in the number of drug arrests for the police division and an increase in the proportion of those arrested who opt for cautioning or arrest referral schemes are outcomes that would indicate substantial changes to street level anti-drug law enforcement strategies in the CBD.

### **Micro Recommendations**

### Recommendation 3.1 – Regulation Responses

The following set of regulation responses regulate the space in which drug use occurs, the behaviour of people who use drugs and how drugs are injected.

- ***Regulating the spaces in which drug use occurs***

Consideration should be given to the development of a secure space in the CBD in which drugs can be administered with reduced risk of overdose and reduced risk of blood-borne virus transmission. These developments should be undertaken in collaboration with developments in other PHACS service system catchment areas.

- ***Regulation of how drugs are self-administered***

Consideration should be given to the development of a pilot trial to not enforce self administration laws.

- ***Regulation of the behaviour of drug users***

Consideration should be given to the funding of VIVAIDS to develop flexible day outreach programs to service networks of people who use drugs in the CBD and other street marketplaces that aims to reduce inappropriate and anti-social behaviour in public locations. Drug user advocacy groups such as VIVAIDS occupy a unique role in the HIV/AIDS and blood borne virus prevention field that warrants consideration of direct government support for their activities.

Needle Syringe Programs that utilise community development and peer-based outreach strategies should be supported to focus energies on providing support to drug users in street locations.

YSAS provides outreach services in the CBD four nights a week. Consideration should be given to increasing funding to extend outreach coverage to 7 nights a week. YSAS provides the most comprehensive outreach service combined with a continuity of care that is highly valued. This service model should be commended and more fully resourced.

### Recommendation 3.2 – Primary Health

The following specific primary health needs were identified. Immediate action should be taken to provide the following:

- Shower facilities for young people who are homeless
- Twenty-four hour crisis support facilities providing material aid for young people who are homeless in the CBD.
- Spoons and water for injection are in constant demand and resources for water in particular are low with some NSP facilities funding water through external sources.
- Naloxone by injection should be made available over the counter at pharmacies. It has been suggested that a proportion of overdose deaths may be avoided by making naloxone available over the counter at pharmacies.

## ***Estimates of Micro Responses***

### 3.2.1 Health Assistance

The methods used in this study to estimate demand for health assistance from the injecting drug using population in Melbourne's CBD should be implemented in future estimates. A minimum monthly requirement of 217 episodes should be assumed in forecasts for April 1999.

### 3.2.2 Free Food

The methods used in this study to estimate demand for free food from the injecting drug using population in Melbourne's CBD should be implemented in future estimates. A minimum monthly requirement of 408 episodes should be assumed in forecasts for April 1999.

### 3.2.3 Withdrawal/Drug Treatment

The methods used in this study to estimate demand for withdrawal/drug treatment from the injecting drug using population in Melbourne's CBD should be implemented in future estimates. A minimum monthly requirement of 408 episodes should be assumed in forecasts for April 1999.

### 3.2.4 Accommodation

The methods used in this study to estimate demand for accommodation from the injecting drug using population in Melbourne's CBD should be implemented in future estimates. A minimum monthly requirement of 150 episodes should be assumed in forecasts for April 1999.

### 3.2.5 Counselling

The methods used in this study to estimate demand for counselling from the injecting drug using population in Melbourne's CBD should be implemented in future estimates. A minimum monthly requirement of 317 episodes should be assumed in forecasts for April 1999.

### 3.2.6 Crisis Assistance

The methods used in this study to estimate demand for crisis assistance from the injecting drug using population in Melbourne's CBD should be implemented in future estimates. A minimum monthly requirement of 49 episodes should be assumed in forecasts for April 1999.



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