



What's the Deal?

THE COST OF HEROIN USE IN VICTORIA

Summary Report



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MARCH 2003

Foreword

We all know that harmful drug use costs our community an enormous amount, but what we haven't known is just how much. This valuable research study provides us with important information on the total economic cost of heroin use in Victoria, including a consideration of costs related to health care and social services; social security; prison; lost tax revenue; and crime.

Apart from knowing that cost, the Premier's Drug Prevention Council was also interested in the human face of the heroin problem. As part of the research, 12 case studies on people who had a history of regular heroin use have been included. These case studies provide the reader with unique insights into the life of someone with a heroin dependence.

The total cost of heroin use in Victoria has been conservatively estimated at \$845 million per annum. While this study has concentrated on the impact of heroin use, it is vital that attention be directed towards what can be done to prevent the uptake of drug use.

The Premier's Drug Prevention Council is committed to ensuring there is a long-term vision for prevention. This report poignantly highlights what happens when there is not such a focus – both in economic costs and human costs.

This ground breaking study is an important benchmark in measuring the cost of heroin use in Victoria. Over time, it will also be useful to consider the cost of all illegal drug use in this state, including marijuana, amphetamines and ecstasy. Such information is necessary to help understand and reduce the impact of the problem, and also inform policy development.

While no two people using heroin are the same, having different backgrounds, different reasons for using and different ways of living, they all have one similarity – that prevention efforts have failed them. It behoves our community to direct its attention much more to preventing the harmful use of drugs, supported by a long term vision and appropriate funding. If we ever need reminding why, we need do no more than read this report.



Dr Rob Moodie
Chairperson, Premier's Drug Prevention Council

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PART ONE

Background

Heroin and other illegal drugs have a big impact on our community. The past decade has seen the use of illegal drugs including heroin reach unprecedented proportions. The human cost of this epidemic cannot be measured, but it is possible to estimate the economic cost for society.

This document is a summary of the report “Estimating the Cost of Heroin Use in Victoria”. This study conservatively estimates that the cost of dependent heroin use in Victoria is \$845 million each year. We can use this figure to make more informed decisions about the resources we invest in prevention strategies in order to reduce this cost to our community.

This cost estimate is based on the experiences of a group of heroin users in Victoria involved in studies of different treatments. They were all heavy regular heroin users at some stage, but most had been using other illegal drugs as well. The study provides a snapshot of the community resources used by these people before, during and after treatment for heroin dependence.

Estimating the extent of illegal drug use in Victoria

It is difficult to know exactly how many Victorians are using illegal drugs. This is partly because it is illegal so people are less likely to

report it, and partly because those people more likely to use illegal drugs are often not those who are surveyed (for example if the survey is by telephone, it rules out anyone without a ‘phone). One way to arrive at an estimate is to survey large numbers of the population. According to the most recent National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002), 38% of people in Australia over the age of 14 have used illegal drugs at some time in their lives, and 15% have used illegal drugs in the past 12 months (cannabis 13%, amphetamines 3%, ecstasy 3% and heroin < 1%) (see Appendix 1).

In this study, we concentrated only on people with a heroin dependence, not people using other illegal drugs. Out of all illegal drugs, heroin is responsible for the greatest cost burden in Victoria today. Those who become dependent on heroin require it every day in greater amounts. It becomes increasingly expensive and difficult to control. Heroin, more than other illegal drugs is given as the main reason for arrests, hospitalisations, fatal car accidents, overdose and poor health. Basing the estimate of the cost of illegal drug use on heroin alone will underestimate the financial burden to some extent, but it is likely to capture the bulk of the costs.

SOCIAL SECURITY BENEFIT AND LOST TAX REVENUE – \$404 MILLION

“I had a private job and that... well I had to give it in. I wasn’t doing the right thing and they were other people’s children. I couldn’t do that.

(Natalie)

WHAT COSTS ARE INCLUDED?	COSTS NOT INCLUDED ARE:
<ul style="list-style-type: none"> public funded drug treatment costs public funded health care costs other government agency costs (for example, social security staff cost) social security payments to drug users (such as disability support, housing) loss of income tax revenue costs associated with drug-related crime (including policing, law enforcement, the court system, the prison system, community correctional services and the private cost to the victims of crime) 	<ul style="list-style-type: none"> cost of research into illegal drug use needle and syringe program property damage or third party health care costs of road accidents intangible costs such as pain and suffering lost profits

Categories of heroin users

The lives of people with a drug dependency have many similarities but the pattern of their lives can be very different. People with heroin dependence can have various life experiences and impose different types of cost on the rest of the community. To capture a range of situations we defined six categories of drug users:

1. those not in treatment
2. those in outpatient opiate substitution treatment (such as methadone maintenance)
3. those undergoing detoxification and counselling
4. those in a residential therapeutic community
5. those in prison
6. those who have recently ceased using illegal drugs.

The number of heroin dependent people in Victoria in each of these categories was taken from a variety of recent studies, with a total of approximately 27,000 being estimated.

While this gives an idea of the financial burden on the community, it does not give

EXAMPLE OF CASE STUDY

HEALTH
<ul style="list-style-type: none"> • GP 4 x per month @ \$29 • Housing worker 8x per month @\$25 • Social security 2 x per month @\$25 • Appointment for treatment assessment: \$35 • Medications: Valiums, antidepressant, cold and flu tablets \$36.25
CRIME
<ul style="list-style-type: none"> • Robbery: daily @\$100 • Social security fraud (rent assistance): every fortnight @\$200
SOCIAL SECURITY
<ul style="list-style-type: none"> • Disability Payment: \$520 per fortnight • Rent Assistance: \$90 per fortnight
TAX LOSS
<ul style="list-style-type: none"> • \$440 per month
TOTAL COST: \$5497.25 per month

much detail on the lives that lay behind those costs. In the second part of the study we interviewed 12 people with a range of experiences, who use heroin. Each of these individuals has struggled with their use of heroin and other drugs. These individuals tell us their life stories in their own words, from childhood and first experiences of drug use through to struggles with drug dependence.

Estimating the cost of heroin use

In this study, a social cost (or cost to society) approach has been adopted. This includes only the value of resources that are used by heroin users and so are no longer available to the rest of society. It does not include costs that may be borne by the user, such as purchasing heroin.

From this perspective, the social cost of heroin use is the value of net resources that are unavailable to the rest of the community for consumption or investment purposes as a result of heroin use. Less heroin use means less costs imposed on others in terms of health care, law enforcement, criminal damage, income maintenance, and lost tax revenue and profits (Manning et al, 1989).

The cost of heroin use to the community

To get the best estimate of cost, we took into account the different types of heroin users which were costed separately. In total, 282 heroin dependent people were selected from recently conducted treatment studies in Victoria. In these studies, the use of health care services, crime and social security costs had already been measured. This sample formed the basis of the cost estimates for all groups except prisoners (see Appendix 2). For prisoners, less detailed information is available. Instead we estimated the total cost of those in prison by taking the number of people in prison as a result of their heroin use and multiplied this by the average annual cost of imprisonment in Victoria (see Appendix 3).

TABLE 1. ESTIMATES OF THE SOCIAL COST OF HEROIN DEPENDENCE FROM CLINICAL TRIAL PARTICIPANTS (N=282)

	Estimate (p.a.)	Sample size	Estimated number in Victoria in each category	Total
Active drug use without treatment	\$29,808	106	10592	\$315,726,000
Methadone substitution therapy	\$24,255	46	4986	\$120,781,000
Buprenorphine substitution therapy	\$28,303	68	2218	\$62,776,000
Drug withdrawal and outpatient counselling	\$39,084	32	7343	\$286,993,000
Recovering drug user	\$20,776	14	1291	\$26,823,000
Therapeutic community (TC)	\$44,552	16	174	\$7,752,000
Prison	\$46,400	Literature based	515	\$23,900,000
TOTAL		282	27,119	\$844,751,000

Multiplying each cost estimate by the estimated number of people in each category in Victoria gives a total cost of \$845 million a year.

The costs per heroin dependent individual (see Table 1) range from \$20,776 to \$46,400 per annum. The most expensive category is prison; the least expensive is the 'recovering' drug user who has recently ceased using heroin. A more detailed description of these cost estimates is contained in Appendix 4.

We have not gone beyond estimating an annual cost of heroin use. For example, we have not counted the long-term health costs due to hepatitis and HIV, or long-term productivity losses due to premature death. In some studies, lost productivity due to those early deaths is a major component.

We can divide the total cost of \$845 million into the types of costs: crime; health care & social services; prisons; social security; and lost tax revenue (See Figure 3). Crime costs (\$312 million) are the single largest group, followed by social security benefits (\$244 million), lost tax revenue (\$160 million), health care and social services (\$105 million), and prison costs (\$24 million).

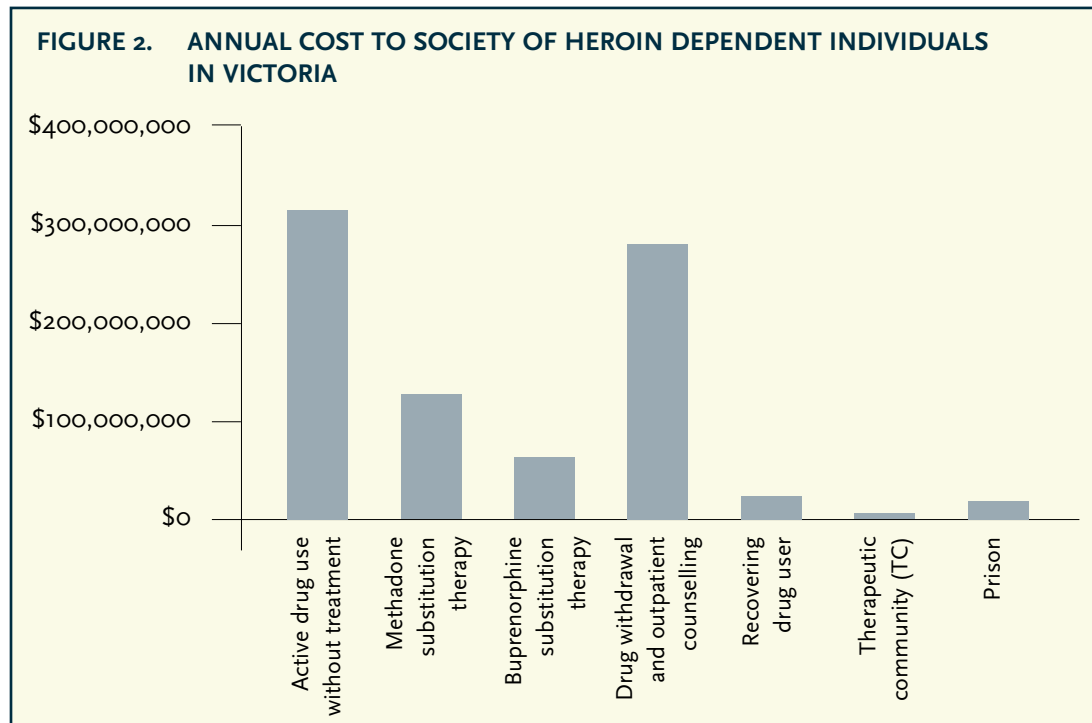
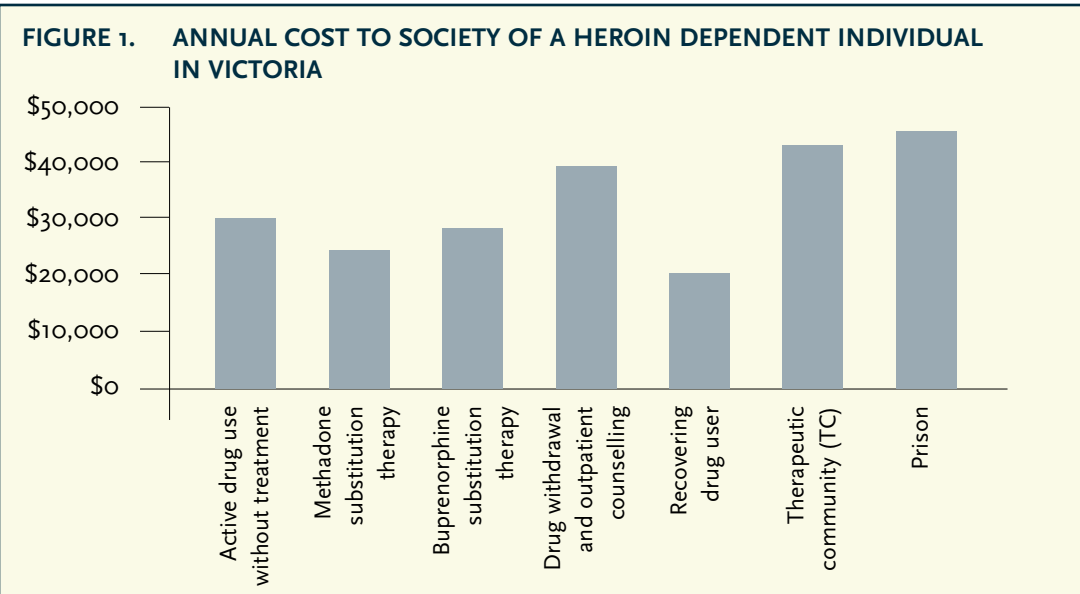
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"I shot up [sleeping tablets] and my arm got infected... I ended up in hospital with a drip in my hand to flush all the germs out. In about a week it came good." (Jake)

.....

"I was in a car accident. [The driver died], she was drunk and on amphetamines... I was the only one that lived. It took them seven hours to cut me out of the car." (Harry)

.....



Comparison with other studies

In the most comprehensive study to date of the cost of drug abuse in Australia, Collins & Lapsley (2002) estimated that the measurable economic cost of illegal drug use in Australia in 1998-99 was \$5,107 million. By the same measure, alcohol accounted for \$5,541 million and tobacco \$7,587 million. This included the cost of health care, lost production, law enforcement, criminal justice and prison.

Considering that Victoria is one quarter of the population of Australia, and assuming that it accounts for approximately one quarter of the costs

of illicit drug use, we can estimate from the findings of Collins & Lapsley that the costs of illegal drug use in Victoria were approximately \$1277 million.

Our study is more conservative in terms of total cost compared to studies such as that of Collins & Lapsley that include all of current lost production as a social cost. If we were to include an estimate of lost potential production from our sample of individuals (and take out lost taxes and social security) the cost would be closer to the Collins & Lapsley estimate.

Although there have been a large number of international and Australian studies that contain

cost estimates of illegal drug use, most have been small scale evaluations of a particular treatment. For the most part they do not include broader estimates of social costs of drug use such as crime, health care system cost and production losses. Only a few studies have measured costs on an individual basis. Appendix 5 details findings from the key studies that have used this approach for drug treatment and crime costs. Comparison of our results with these studies shows similar estimates of cost, on a per person per year basis.

The figure of \$845 million is likely to be an underestimate of the total costs of illicit drug use in Victoria. For example, it does not include the costs of:

- primary amphetamine and cocaine dependence
- cannabis and other illicit drug use
- long-term complications, such as hepatitis C and HIV
- property damage and third party injury from traffic accidents
- intangible costs, such as pain and suffering, and overdose deaths

How significant a cost?

The total annual cost of \$845 million represents a substantial burden to the community. With such a high cost the potential benefit of even a small

reduction in heroin use is likely to be substantial, as seen from examples in other areas.

Over the last 30 years tobacco consumption has fallen substantially in Australia, at the same time investment in prevention campaigns has been made. “The rate of adult male smokers has fallen from 45% to 27% of the population”. The benefits of health improvements in 1998 alone, due to lower tobacco consumption, is estimated to be \$12.3 billion. The costs associated with achieving this level of economic saving is estimated to be \$176 million (Applied Economics, 2001).

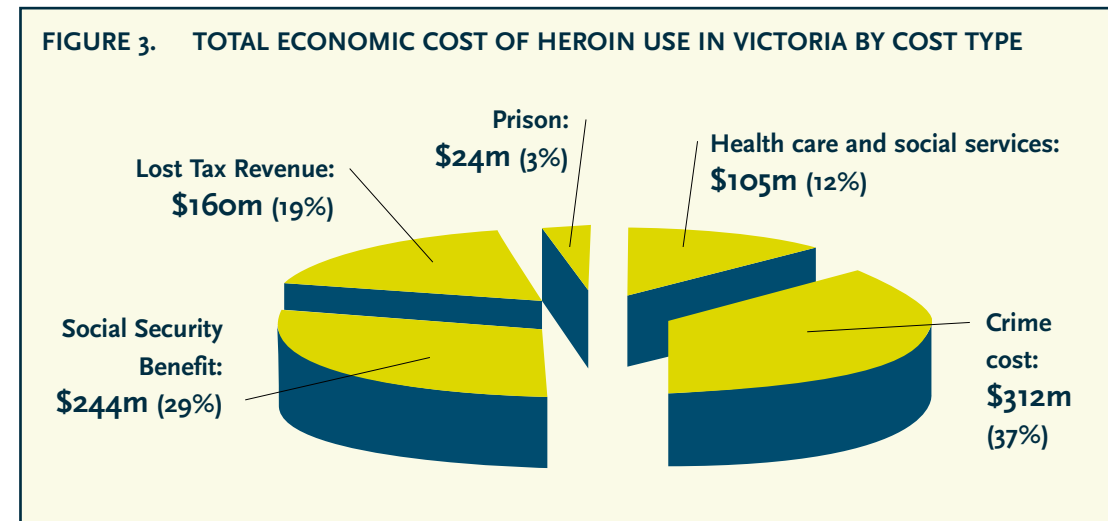
Another example is in the HIV/AIDS area, where Australia invests \$607 million in HIV/AIDS prevention programs. The estimated present value of the benefits derived from these programs is \$3.1 billion (Applied Economics, 2001).

Government investment in prevention has increased from 5% in 1999, to 11.7% of the total drugs budget in 2002, with 25% of the Victorian Government Drug Initiative’s \$77 million budget allocated to prevention. The Premier’s Drug Prevention Council (PDPC) is a major prevention investment of the Victoria Government, with a budget of \$4.8 million over 2 years.

Keeping in mind that current investment in drug prevention is less than 1% of the estimated cost to the community of problematic heroin use, it may be timely to consider increasing our investment in prevention programs that reduce the cost of heroin use.

CRIME – \$336 MILLION

“I started doing house burgers... it’s like a drug doing crime... especially armed robberies. It was just the feeling I had – I wanted to do another one straight away. You feel so invincible... like a drug” (Eddy)



PART TWO

Case studies

Case studies have been collected in order to provide a better picture of the costs of heroin use and dependence. The economic analysis did not include a measure of the individual pain and suffering from problem drug use. Nor did it try to explain the background and life experience that contributed to many people's problem drug use. We have included a number of case studies to highlight these broader aspects of heroin use.

Twelve users of illegal drugs volunteered to be interviewed for this study. The stories are real and told from the perspective of the drug user. They have not been verified from other sources. Their names have been changed and identifying features have been removed from the story. There are many of these stories in Victoria, often with similar features to the ones told here. Six case studies are presented here; the remaining six are in the full report.

Natalie

Natalie is currently using heroin and cannabis daily without treatment.

Natalie remembers a happy childhood although her father had a drinking problem.

I've come from, I guess you could say, a normal background. I have my mum and dad; they have been together for over 30 years. I have an [older] sister but she never grew up with us. She was adopted [to another family]. But she is from my mum and dad – they were just too young. My grandmother wouldn't have it. I have younger brothers... they don't do anything – my baby brother doesn't do anything, he only drinks if he has an occasion at the football club or whatever. I think he has smoked cigarettes. My other brother smokes marijuana but not on the bong or anything. He just rolls a few joints at night...my dad used to be a bad alcoholic on the Bundaberg Rum.he was always aggro, always ranting and raving and swearing and giving us

kids a hard time but not my baby brother – he always seemed to get out of it. It was always at the point where my mum would come home from work and hear it and she'd put us in the car and we'd leave or I'd jump out my bedroom window and leave or we'd go to our rooms. He used to carry on like a dickhead. The only thing that really saved it all was he had to have a heart bypass and ever since he was always warned before he had the operation that he'd never be able to drink like he used to. So in a way we were all happy about that. I can remember through my primary school years... it went on and on and on and on. I think in high school as well. That was years ago... Now he only drinks his 6 beers of a night.

Natalie effectively left home and dropped out of school in Year 10, to be with her boyfriend. She found part-time work in child care and kept contact with school for the social aspects.

I got a year 9 pass – that was my highest pass. They wanted to keep me down but I wouldn't have it...I didn't do much of Year 10 and if I did I wouldn't have passed it and I didn't do any of Year 11. Then I went out and worked in a child care centre. [I left home because of] bad influence from an older boyfriend – he wasn't the full quid. Now when you get older and you think about it – it was him pressurising me. My parents aren't strict – they are cool but they have got their limits. It was just me being the rebellious stupid girl.

At 18 Natalie began smoking cannabis regularly.

Everyone we knew in our group was going to smoke. One of our friend's parents knew and let us smoke at their home – they were glad they knew and we weren't

out on the streets. She used to just let it go on – she didn't like it though... It's funny sometimes I say it doesn't do nothing but it relaxes me and I enjoy a smoke with my friends just like [people] enjoy a drink... Then I know a few people that have knocked themselves that have gone a bit dippy and ended up in the psych wards and ended up in the hospitals for a week...I used to grow my own anyway for my own personal use so no I don't think it has done any [harm]...it would have to be the one drug that really hasn't [caused me any problems].

At 20 Natalie began using speed. Her boyfriend was a speed dealer at the time. Initially Natalie found it gave her more energy but then things got out of control.

I'd always heard about it [speed] and I thought I'd give it a go. If others do I will – sort of thing. I was sceptical about using the needle so I used to just snort it first. I used to think 'Oh OK' and carry on and clean the house and everything sparkled. So I sort of had this thought 'I'll have some speed and I'll get all the washing done and the lawns mowed' but then it got to the point I thought I was going a bit dippy and I'd be standing there at all hours of the night cleaning all around the door and architraves – no one does that.

...It sounds silly but honestly...I was shy... They used to call me the albino because my hair was so white. I swear I ended up bright red and I wouldn't say anything. As soon as I tried speed all this confidence came from god knows where. I'd go to the shops on my own whereas I would never before. I would talk to people, I wouldn't sit there like a little mouse. To be honest it really opened me up.

[A bit later] I found myself hallucinating and going paranoid. I looked very skinny,

didn't really eat and my husband being a crook – he was a criminal, he was a drug dealer too – we were on it 24/7. The only time we'd sleep was if we just dropped. We'd be awake for weeks, months. I don't know how we did it, when I think back now. The police were following us so we were running through shopping centres and hiding up on the top car park roof. Really got me a bit worried there for a while...I had a job and when I lost it and my boyfriend got locked up I lost the plot and used that much speed it was just like cold turkey with the heroin. I felt shocking – like I was dying. I couldn't get out of bed for weeks. I started popping pills and I nearly lost the plot again...we were using far too much – 3 or 4 grams mixed together and we both had the fat 2.5 plunger with the orange tips and I didn't even know what a 1ml syringe was then – I thought this was normal. So that's overdoing it I think. We never slept. All we ate was stuff like takeaway. Neglected my dog – he turned so skinny. We were just scattered epileptic jellyfish – no food – it was just eat on the road while he was going around doing all his deals

During this time Natalie was working part-time in child care. As her speed use increased it impacted more and more on her ability to work and she stopped work.

I had to give it in. I wasn't doing the right thing and they were other people's children. I couldn't do that. I couldn't trust myself to look after myself let alone [the children] – so I threw it in. I'd sleep in or... I'd think it was the wrong day so I just said I have to give it in and was back on the dole.

Throughout this time Natalie's parents were supportive and kept their house open although they did not approve of her drug use.

...it was my ex-boyfriend that rang my parents up and told them what was going on – that I was using speed. I can't remember if I denied it but they were a bit naïve. They understand what you look for and how you can help. They have always been there for me. Me and my hubby lived there. They have always been there for me even though they don't like what I choose... Dad just didn't talk to me for a little while...

Natalie eventually stopped using speed when she became pregnant. She was concerned about the effects speed would have on her baby, and instead used 'snow cones' (cannabis laced with heroin) as she perceived this to be less harmful to her baby. Gradually, however, she became more and more dependent on the snow cones.

I fell pregnant with my daughter and there was no way I was going to use speed while my daughter was inside me. I know of people whose kids have come out funny – I'll say funny because some are missing limbs. It was very hard for me to stop because it was such a daily routine for so many years... I found it hard to be around that circle... here at our friends' place 'cause everyone either drunk it or snorted it or banged it. Then there was little ol' me and I had to think of my daughter so I said to my husband this had to stop while I'm pregnant – it's only 9 months or a bit longer 'cause I had to breast feed. I want a normal healthy baby... I had a very hard time and I stopped.

I don't know how it happened but I think my husband said to me... he'd give me a snow cone... you put your marijuana on a cone and sprinkle the dust of the heroin on top... I'd shut up. I was thinking I'm calm now and I couldn't care that they were running around like idiots. I got to bed and slept and I think that's how it started. I ended up wanting another

snowy and another snowy and he would break his balls all day long because I was like a kid. Then he stopped the speed... and started on the snowies as well.

With her second pregnancy, Natalie was using so much heroin on the snow cones that she started methadone.

He dragged me to the doctor and got me on the methadone with [the baby] in my stomach. I didn't want to go on it. I call it the liquid hand cuffs. I hate going in to pick it up. I don't like how the chemist people treat you and push all the 'done' people aside and serve everybody else and out in the open so everyone can see what you are being given and the looks you get. I hated it but they said it was the best thing for him, being the baby. I was always on a low dose...always trying to get down and down.

After the second child, Natalie's partner committed suicide.

He [had] just got pinched with 14 grams of heroin, a gram of speed and a pound of smoke in the car. We were probably under surveillance. He'd been out of trouble for 7 years 'cause we had the kids and I begged him to just lay out of it. Then silly him and me because I had just told him a couple of days or a week – stop picking it up from the airport, it's too risky I have a funny feeling. We fell asleep and I wake up to the jacks banging on the door at 3 o'clock... It got to him that bad that he was so depressed after that happened that he knew he'd be facing five years or more because he was well known and hated by the police – not all of them. He wouldn't get out of his dressing gown, he wouldn't get off the couch. Always had everything closed up and would say to me 'I feel like dying in the corner' and I'd say 'don't be silly'. He'd say, 'Oh, what good am I to

bring up the children' or 'what have I ever done that has been legal and the right thing'... It was ... holidays and we couldn't get on to any organisation. Bang he went so weird one day. It was the same day we took the kids to get their photos taken and I've never seen him look so freaked out. As soon as we got to the shops he freaked out and said get me home. He was literally sweating and shaking. Got him home – he went into the garage to always look after his plants. I asked him to mind the kids so I could finish the shopping and there he was dead. I blame myself too because I didn't mind him having one or two of his guns there because he would clean them and I would watch that... He made a silencer by himself and I did question it once and I did say why didn't I take it away.

After the death of her partner, Natalie resumed heroin use to help deal with her grief. Feeling that methadone was not helping the situation, she cut down her dose, switched to buprenorphine and stopped using heroin altogether. Moving away to be with her mother, Natalie was also able to stop buprenorphine without returning to heroin use.

I just thought it was pointless. I was smoking the snow cones and I couldn't afford both. You have to pay for [methadone] and go every three days or you get cut off. I'd always be scared that if I couldn't get on I'd fall back on to the methadone. It was just a drag I hated it. It's done nothing but rot my teeth anyway as well as everything else. The methadone really kicked in on the teeth. I didn't like it. I got myself way down to 10 or 5mg and tried the bupe [buprenorphine] which was so much better ... the whole effect – it holds you. I didn't use when I was on the 'bupe' – on the methadone yeh but not on the 'bupe'. You have 5 days. I don't like to be weak – I'd go through the five days and pick it up on the fifth day to try and get the body

used to not having it. It just flushes the heroin out. It just held you so much better with no real bad sweating...I just wanted to be clean because I'd been on [antidepressants]... and all these pills. Since my husband died this doctor is saying this and that I just got sick of it....[When I stopped buprenorphine] I had two days of just a tingle and a little bit cold and hot, but fine. I went practically straight up to my mother in law ...

Soon however, Natalie commenced heroin use again, although infrequently. However, moving back from her mother in law's to a new house, heroin quickly became a daily thing.

I got someone to send me \$50 first when I was up there just to see what it would do. That was alright. It got to a point where I could take it or leave it. I just didn't want a rabbit jumping behind me again. It got to the point that I was only doing it once a week. Then I came back [from Interstate] and got thrown out to [an outer suburb] in a ministry house and started all over again because I'm not in my support area. There is just so many issues with the grief of my husband that I didn't like being so far away. The kids were settled in the school... so I'd get bored and not real happy. If I was unhappy the kids were unhappy. At least if I was up and away and getting on, I was doing something and I was with people... as soon as the school holidays hit – these last school holidays – bang it's been everyday – 2, 3, 4 times a day.... I haven't pulled my head in yet. Like every week I say I'm only going to have a taste on Thursday that's my enjoyment for the week. But I seem to always do it. Now that I just got back on my tablets which I ... need to withdraw at home cold turkey which I have done before. So now we have a little book me and me mate – things to achieve, goals to go for and hopefully we are going to stop this using.

Natalie supports her habit with money from social security, occasional shoplifting and support from her family. She has sold all her jewellery collection. Often she manages to use heroin that other people are paying for.

Natalie has not had any overdoses from her heroin use but has had problems with dirty hits and thinks she has probably got hepatitis. Her biggest health problems have been anxiety and depression.

I get bad anxiety...I just have real bad worry, phobia, anxiety real bad. I can get on edge... I suffer from depression a real lot actually. It's something that we are all working through now to figure it out. I might need to do an anger management course 'cause I can go right off.

Currently, Natalie is using \$50 worth of heroin and half a gram of cannabis every day. She also takes a number of prescription drugs from time to time including analgaesics, sedatives and antidepressants, which are prescribed by one doctor who has known her for a long time. She sometimes attempts to detoxify but usually resumes heroin use within days.

I seem to go back to it [heroin] for one – boredom, and to catch up with friends and people you see in the street. I enjoy the rush. In my head I think life is normal and going great. Then I will stay at home and try for a week and only usually use once on a Thursday.

Natalie is receiving the single mother's pension and is currently looking for work.

I haven't worked for 10 years now. I've got a year 9 pass in high school and my only jobs that I have ever had is to do with child care in a child care centre and in three private homes as a nanny. Then I... just fell in love with the wrong kind of

man and experimented in everything and wasn't interested or thought about work. I had my own children and now I want to get back out and do anything – I look through the local papers, CES, word of mouth, friends. I am currently looking for something – part-time while the kids are at school.

A typical day for Natalie at the moment involves taking the children off to school and kindergarten (depending on the day of the week). If Natalie has money she will go halves in \$100 worth of heroin with her heroin using mate who is staying at her place at the moment. If she has no money she shoplifts, sells her jewellery or furniture, or borrows money from her family. If she can't buy heroin, Natalie might take some medication and go without or somebody might include her on some heroin they have bought. Her mother helps her out by driving her and the children around to and from school and medical appointments, counselling appointments and so on. The Department of Human Services also has regular contact to ensure the safety of the children. It is, in fact, for the sake of the children that Natalie wants to give up heroin use.

They miss out on stuff...like if I get on they don't get their pocket money that week and I have to make it up. I've hocked the lounge room telly. Like we all have a telly and video in our room. I've hocked my telly and one of the kids tellys and videos. I don't know – they just miss out. If it wasn't for my Mum and Dad to back me – it's cruel, it's not their fault. Dragging them out and around, you know, strange people, not a good environment... [I'm] hoping to get transferred closer to my mum, get a job, get off the gear and do normal stuff whatever normal is. Take the kids out more and hopefully be able to live our lives once again in peace.

Harry

Harry is in treatment with buprenorphine (a new alternative to methadone) for his heroin dependence.

Although Harry remembers his family as being a happy one, his father would often drink and become violent. After witnessing this violence at aged eight, Harry started drinking heavily and smoking.

I'm one of seven children, right in the middle. So I had to fight for attention. I had to fight for clothes, food, everything. My mum... [goes] to church everyday and basically prays for me. I think that's the only reason I'm still alive. ... The old man used to drink excessively and then belt the old lady...there was no rationale...I'd see it 'cause I don't tend to sleep. They'd drink and all have a good time but then when the other friends went home and they would still drink then bang he would just snap and start an argument and then you knew that in about an hour he was going to start belting her. I used to try and get her out of there. I have one vivid memory of him belting her and I tried to break it up and get into him. I don't even know why it is so vivid but I just jumped on his back and gouged his eyes – he ended up having a black eye from a f—in eight year old kid. Then me and me mum slept out in the shed all night. Mum went on in the morning like it didn't happen – I couldn't work that out. Every time they'd get up like it just didn't happen...

I only ever drank to get smashed – still do if I have a drink. Then I started smoking cannabis a bit after on the entry to secondary school...I used to smoke pot all the time back in them days – it was only \$20 an ounce...it made me very popular...you just had a smoke with them. But I ended up selling it...so I was a pretty wealthy teenager...I used to do quite a lot of things – buy clothes mainly, clothes for all my brothers. It was a lot of money. One time the old lady, a few years later, she found [thousands of

dollars] in my pillow and she spun out... she wouldn't touch it – 'I don't want nothin' to do with your dirty money'.

The cannabis trade introduced Harry to heroin when he was 12 years old.

A brother of a friend, where I used to get my pot, I used to see them f—in' smokin' it [heroin]. One time he hit up in front of us but normally he'd smoke and say 'have a smoke of this' – chase the dragon with them and it was a cool stoned. It was completely different to marijuana. It was a good sex drug... On my 13th birthday, he told me to go out into the caravan because there is a present out there for you. So I went out there and there were two working girls, two prostitutes and that was my present. He hit me up and that was it. I used everyday after that for seven years.

I thought it was super cool. I thought that the people who were dropping off from me and I wasn't seeing weren't f—in' good anyway. It sounds arrogant to say it but at the time you're just a 13 year old kid, come from a big family, poverty stricken. So to be walking around with tailor-made shoes and cardigans that were made to your designs, that was f—in [great]...especially to come from...out in the burbs and be f—in walking around with all this 'sharpie' gear and I could make out my folks were paying for it like all these other guys.

At 14, Harry was expelled from school.

I got kicked out of school. They just wrote away to the Department...I was only 14. My art teacher ripped me – I sold him some smoko and he wouldn't pay for it and he said I'll tell the principal, so I punched him out and I got kicked out...for \$30 worth of marijuana – it wasn't that – it was the principle of it, how dare he rip me off?

Leaving school, Harry got factory work and then started an apprenticeship in the building trade.

At 17, Harry got into a fight and was put in the police cells overnight. This was his first experience of withdrawal symptoms.

I rang my mum and told her to ring this other guy and he would know what to do. So she did, she went and picked it up...that's when I told her because she came and saw how sick I was...I had to promise her that I would get off it.

At 19, Harry started using and selling speed.

I used to go and get [my clients] their speed and swap it for all the marijuana they could get. Then on the weekends I do the run back down to town and get rid of all the f—in pot...I always wanted it [speed] – but the beauty was you could just use heroin to kick that habit on the head. Then you'd have a heroin habit – then you'd use speed to get rid of heroin, then you'd have a speed and alcohol problem. So then you'd use alcohol and have an alcohol problem.

Meanwhile, Harry had been involved in a number of armed hold-ups with his heroin dealers and their mates. He got caught and was facing a seven-year jail term.

I used to drive, they used to tell me to just be there and make sure the car is good. They wouldn't tell me they had come from a bank and made a f—in' large withdrawal without having an account there. Yeah, that was when I was about 15 or 16.

I got pinched and there was \$10,000 bail to go to [rehab.]. I thought f—in it don't worry about it I'll just go and do the jail and me old lady rocked up the next day with \$10,000 in cash... it was \$10,000 she had put away from my board that I was paying.

Harry then entered the therapeutic community and stayed for 18 months.

It helped me like a great deal. At the time no one could talk to me 'cause I would just punch them out. It made me realise there were other people in the world apart from me. There is me thinking I used to help people and yeah sure I did but I was very selective with it. It helped me talk to people. I never used to talk. Because I got kicked out of school at an early age, my vocabulary was zilch and I've had my youngest daughter educating me.

Harry did a number of detoxification programs to get into the therapeutic community.

[I'd go into detox] to dry out 'cause I used to use heaps so I used be sick sick sick...[I'd stay] for as long as I could...when I came out I'd have a f—in' needle in my arm an hour afterwards...plus it's a very deceitful drug. You think that you can have one and then you'll be alright - anyone [who] can do a week of [detox] deserves a f—in' taste.

Most of Harry's twenties and thirties were spent in and out of prison for drug related crime. At 31 he started methadone for the first time to try and control his drug use.

I never really agreed with taking a substance to stop taking a substance but I went on methadone to show the mother of my kids that you can get off it 'cause I had never had it before but I knew heaps about it. I went on it and got up to 140ml and I did that for about three or four months with her and then bang we both jumped off it...it worked for what I wanted it to – it used to keep my using in some kind of control.

At 39 Harry finished the last of his prison terms and started buprenorphine. He found that he preferred the effect to methadone because he used less heroin.

I see a counsellor... it's on more of a casual basis because I've been doing it for a so long. Roughly I see him every week, but sometimes more often.

Harry's life recently has been dominated by a custody dispute over his two youngest children with his ex-partner. Before the case, Harry stopped using heroin and was submitting frequent urine tests. Losing the case, he returned to heavy heroin use for a period of time.

Once the court case was over and he gave the decision I sort of fell straight back in to it... the only way they got it was because they used my past and believed someone else rather than me... it helps me not cause problems.

Currently Harry's drug use has stabilised and he uses heroin occasionally and cannabis about once a week...

I just use cannabis to chill out when I'm stressed or angry. I take five and blow a joint and it gives me control of my emotions... it's the only drug I do use [which] doesn't use me

... and occasionally has a beer.

it's just like a social pressure. Heroin users are very anti-social so rather than sit there and have all heads looking at you 'cause you are drinking water you may as well just buy a beer – so yeah it just helps you fit in socially.

Harry's daily routine with the kids was centred around their activities. Now it centres around treatment, boredom or drug use.

I get up and have a coffee and a cigarette and do a few stretches. Most of the time I go for a run and a have a stretch. I have another coffee and a cigarette and wait for the clock to reach 9 o'clock 'cause that's when everything is open. Then I go about my business... it used to involve, before this final decision in the court, coming to [my treatment centre] and checking in with my case worker, doing a urine and sometimes having a session with him. At night I'd go over to and hook up with [the treatment centre] and do the same thing there. On the way back I'd check in with my solicitors 'cause I've got about four different ones. Then go and have tea and come back and basically do nothing, watch TV. The next step in this recovery trail is to get a life. You've got to understand that up until September last year I was totally entrenched in child care and bringing up kids. Then one day they got taken off me so then bang I was in a flat whereas before I always had little kids running around. Always had to make sure their routines were sweet. I wasn't aware of it at the time but I was totally caught up in it and when they went, there I was on my own and I didn't have a clue what to f--- in' do. Then bang I had to sort all this shit out for court. So I've been running around like a chook. One day I'm happily f---in' married, not married, but a family man and then leading up to this, then bang I was like a single parent with kids full-time then bang I was solo on my own fighting in the court doing all that flat out. Then bang I had the kids back and I was a single parent. Then the court said we'd both have to have them and bang I was a happily married family man again. Then bang I was totally single again and no kids. So my life has been all over the place in the last 12 months and I have no control at all over it.

They are grouse little kids but you've got to keep them going and keep them active.

I'd wear them out so when it came to the big sleep – sometimes I'd have trouble keeping them awake so they don't go to sleep too early 'cause then they want to get up too early. So normally we had a bath and then we'd read a few books and play around and then I'd have to carry them and put them to bed 'cause they were already asleep. During the night Lisa would probably wake at about 12 or 1 o'clock and I'd get her up and change her and give her another bottle and then you wouldn't hear from her until 5.30 or 6 in the morning.

Sometimes, only when the mother was there [I would use heroin] after the bath... I'd leave them with their mum for a bit to go and get the heroin but not for long, probably 15 or 20 minutes at the most. Normally I just have them before tea in the afternoons and I knew it was going to happen and so I'd have the stuff prepped up and I'd go and get the hammer and bang I'd go and get the stuff and come back and finish the cooking and bath them and then I'd go and have a taste while they were laying in bed waiting for their books and then I'd go into their room and read their books and put them to bed. Then I'd go and catch a few hours myself then I'd probably get up and have another taste late at night so I wouldn't need anything in the morning... in them days their mother used to support the heroin habit. It was only in the years when she was there, otherwise I wouldn't bother.

After losing the custody of his children, Harry had a period of heavy heroin use, up to \$200 per day. He funded this by dealing—purchasing heroin for people on request.

I'd have it in the morning but not as soon as I wake up – I do my stretches, have a run, come back, have a tub and have a taste and then go about my daily business. If I had it I'd have another

taste... Most of the time I don't have to pay for [heroin]. There are other people that do that – there are other people that need me to [purchase it for them] – it's too hard to explain to someone who doesn't know. Just the covert nature of the operation, people trust me whereas they don't like using people they don't trust. I'm saying that as in – go and see Harry, you know Harry, Harry will know where the best is and Harry will do the best deal for you. Normally depending on what they are after they will lay some on me. So therefore I don't have to pay for it...it's not like they buy me heroin it's just I do all the f---in dirty work and go and get it – I risk getting caught, I risk the whole operation – they know I won't tell, if I get pinched with it, well I get pinched with it. I'm not going to say I got it off so and so at flat such and such – they just know – the term for it is 'staunch – he won't roll over on you'.

If I wasn't using I'd get up in the morning and do a bit of clean up and then I'd go and pick up my buprenorphine.

Harry has had many friends die from heroin use and has had a number of overdoses himself. He also has hepatitis. He was in a coma for three months as a result of a car accident in which the driver was drunk and using amphetamines.

I used to have a lot of friends. I only had those friends because I had good pot. That's probably not true, a lot of them were good friends – none of them are left now – they are all dead... OD'd, stacked their cars when they were stoned or something like that. They have all had tragic f---in' endings... in terms of close friends probably at least 100 in the course of 30 years [have died]...80% of it would be suicide... Two people have dropped dead in my house in my kitchen – that was six years ago... they left me a note saying sorry they had to do it there but

they had nowhere else to do it.... Both of them were basically alcoholics and they just used heroin to fit in to be my friends. They were in a rehab. as alcoholics. In the course of their recovery or rehabilitation in a therapeutic community they get to meet all these f—in' people that use heroin so when they left the community they end up like sharing their lives with f—in' heroin users. All these heroin users would just use them so they could use their money to get their heroin. They'd just give them a fraction of what they were supposed to be getting. Stupid f—in' Harry helped them out 'cause I gave

them the key to my place so if they didn't have anywhere to stay they could just crash there. That's what they did they f—in' – we all had a taste together and by the time I went to bed about four hours later – my youngest daughter was living with me – she come and woke me out and said 'Fred and Sarah are in the kitchen on the floor – come and help them dad'. I went in there and they were stone cold dead, couldn't do nothing. So I just took my daughter out to the neighbours and rang the f—in' ambulance – that's it.

Jake

Jake is dependent on heroin and also uses cannabis daily, and amphetamines most days. He is currently trying to withdraw from heroin use.

Jake left school before completing primary school as he was too difficult for his teachers to handle. Jake has attended some TAFE courses since but is not able to read or write more than a few words.

I was a violent boy when I was young 'cause I was into drugs and all that. I'd hang out during the day for a cone and take it out on the teachers and kids – I would punch them. Every school I went to I got expelled.

Jake began using cannabis when he was 10. His family were all using cannabis and injecting drugs.

We were a happy family, we always are... all [my family were] druggies. My mum used drugs. She is on the 'bupe' now. My [other relatives], one is on methadone and one uses... .

[Cannabis] was all around me when I was young. My uncles used to grow it and sell it and choof. In a way I used to pinch buds off him and choof myself and that's how I got addicted to choof... [I have it] everyday – sometimes in the morning, anytime. When I get it I smoke it straight away. I love my choof, since I was a kid... Since then I had choof, from choof I had speed, from speed I had heroin. Wanted heavier and heavier drugs. From heroin I had pills...

At 12 Jake began using amphetamines and pills. At 14 Jake used heroin for the first time.

I was using choof, I was using speed, everyone else was using gear in front of me and I didn't know why they were stoned and I'm not 'cause I was choofing. I was on speed too... but I found it was heroin so I tried it and I liked it.

Jake had heroin intravenously the first time he used it.

My first taste [a relative] gave to me and that's why I got addicted... I got told [injecting] it was the best way to do it... I had a missus, she left me, she went to Tassie on me when I was locked up... she left and I got hooked on it harder and harder. I just miss her, I was depressed for half a year...

I'm hooked on it and it's all around and I don't want my sisters to see me on it and them start using. [They will say] 'My brother's using so why can't I'. That's why I don't want to use it.

One drug leads to another, plus if you smoke choof, after choof you use speed, after speed you want something heavier so you go on to heroin and from heroin you use pills and you just get addicted to it. So my advice is just don't touch no drugs 'cause you don't know what it is these days. Cannabis is OK... it's a harmless drug. Speed is not, it's a gutter drug, heroin is a gutter drug, everything else – cocaine is shit, ice is shit.

Since Jake was 15, he has not been for more than a few days without heroin, except when in detoxification or jail. Even while in detention, Jake manages to use heroin on average once per week.

Jake has had several jail terms in youth detention centres, for a total of several years. They have all been for combinations of theft and/or violence.

Jake has had many attempts at detoxification over the last two years, on average one attempt per month when he is not in jail. He has a counsellor who calls him regularly and encourages him to go into residential detoxification. During detoxification, Jake takes medication to control the symptoms of opiate withdrawal.

Heroin is a killer – you get cramps in your legs, gut ache, sweat, vomiting, it's bad. You get the runs...All the counsellors say is why are you using? I thought you wanted to get off it... [but] it slows me down for using.

In detox, there are activities to do and outings to take his mind off the withdrawal symptoms and cravings. The medications help but do not completely relieve the symptoms. Jake usually stays for a few days and then leaves prematurely following disputes with staff.

I wanted to get off the gear. The reason why I leave detox is because they shit me most of the time and I get angry and they kick me out and I don't want to go back... In a way they help you. They give you medication to come down off the stuff for cramps and vomiting and they look after you... It helps in little ways but when they get me niggly I say 'stuff you'...

Leaving the detoxification programs, Jake generally returns to dependent heroin use within a few days.

If I get out of a detox and I haven't been using for a week I'll try not to use. But if I have people around me that use I would use. It's hard for me to say no. 'Cause I've been through it I know what it does. I like it. It's too hard for me.

To support his habit, Jake gets up early most mornings and commits a house burglary, uses the money to buy heroin, and then spends most of the remainder of the day intoxicated. Jake usually injects on the street, a short distance away from where he purchases the heroin. In the evening he uses cannabis or maybe speed.

I used to go out and do houses... go in and help myself... just about [everyday], to support my habit... takes about five or ten minutes, go right through in and

out... [then I] go get on... use straight away and if I had money left over I go use again...

One or two times a week, Jake will go to a doctor and get some benzodiazepines to use if he has been unable to get enough heroin. If Jake is going out in the evening, he may use some speed, but won't drink any alcohol. Unable to successfully withdraw from heroin, at one stage Jake started methadone. Jake found this helped him reduce his heroin use, but it was stopped while he was in jail.

As a result of injecting gelatinous benzodiazepines capsules, Jake has suffered problems of infection and abscess formation around injection sites. Once the infection spread to a joint, requiring a week in hospital. Jake has had a number of serious overdoses. The most recent required five vials of naloxone and has made him scared about further overdoses. Driving while intoxicated, Jake has had a head-on collision requiring four days hospitalisation. Jumping out of a first storey window while sniffing lighter fluid, Jake broke several bones and required surgery.

Jake does not feel he suffers from depression or anxiety, in fact Jake feels like drugs make him less anxious and less depressed.

Jake currently uses heroin costing \$150 per day, half a gram of cannabis every day, amphetamines every few days when going out and prescribed benzodiazepine tablets when unable to get heroin. Jake also injects buprenorphine that he buys on the street. Jake is dependent on heroin; when he doesn't use it he gets severe withdrawal symptoms. Jake has been unable to stop his heroin use despite continued harms to himself and repeated attempts to cut down. Jake wishes he wasn't using heroin any more. Jake is ambivalent about his amphetamine use; he finds that he enjoys the experience of being intoxicated but doesn't like the feeling the next day. Jake doesn't see his cannabis use as a problem although he gets edgy if he doesn't have it every day.

In a way it [heroin] put me in jail and wrecked my life cause I got addicted to it and I wish I didn't. I don't want to go on it no more. I want to jump on methadone ... and go good. I don't want

to do no crime no more. I want to start a new life, want to get a kid, a missus, get a new house. I want a job. I want to start a new life. Cause while I'm on the drugs I cant get none of that.

Alison

Alison grew up with her mother and her sister. At 12, Alison started smoking cannabis.

It was just social – my first boyfriend and a group of boys and girls we used to smoke and drink together once a week or once a fortnight and have a few cones. It just became a habitual thing... it's not an addictive drug – stress was a problem for me and I used to use cannabis as a release type thing. The only time was when I was 15 or 16 I started smoking every day. But when I was that age it was just an experimental thing I suppose.

When her sister moved out of home Alison started experiencing problems.

My parents divorced when I was 18 months old... I grew up with my Mum and my sister until she was 14. That was when I started to go off the rails. My sister and I were very close ... we were almost like twins growing up, so it really affected me when she moved away and I was very bored as a kid and I used to turn to doing things – going out, going to school or smoking a bong – just doing things to occupy myself with not having my sister around. I was 14 when it all started happening. That was the first time I ever used speed. Nothing ever got heavy until I was actually 15.

Alison began using heroin midway through her final year of school after fighting with her parents.

I was always in the party scene... My girlfriend, my very best friend... she was into it [heroin], not heavily... Due to this emotional whatever [with my parents] I was kicked out of home and stayed at her house and while I was there she was friends with this girl ... and she was a dealer. I didn't know her, I had just met her that night. I was sitting in her room in

a little dog box, a side of life that I would call almost poverty that I have never seen before. My parents have always been very wealthy, I've always been very comfortable and always worked a legitimate job after school. During school I wasn't going that crazy I was still having fun. It was a side of life that I had never seen before, prostitution. She used to sell to all these prostitutes – they were her regular customers – so yeah the world of junkies. So that's how I came across it...

I was 17 and half probably I was doing Yr 12 ... I had a physical fight with my parents and I actually broke my coccyx bone and I was in a lot of pain emotionally and physically and I started burning it [heroin] on the foil just... [for] the pain. It was just an experimentation... I absolutely despised needles. I just burnt it on a foil – it wasn't that much but it relieved the pain I was in.

Alison describes her use of heroin at the time as recreational. She finished school and started full-time employment, continuing to use a variety of drugs like speed, ecstasy and ketamine when going out at night. Over the next two years, Alison's heroin use became more frequent, to the point that she was using it every day in increasing amounts. It was when she started injecting that it really began to concern her.

I told [my mother] when I started using needles because it freaked me out because I never in my wildest dreams – I grew up as a private school girl... it was just a side of life that was foreign to me. I didn't understand it and I was crying out for help. I didn't understand why I was using needles. Whether or not it was just a fashionable thing to me at the time or something new that I hadn't done... the only reason [for injecting] and this is no lie is due to a tolerance level. Because everyone knows that the more you use you develop a tolerance and we were

spending a lot of money on heroin and getting no effects out of it by burning it on the foil. You put one tenth of the amount of that into a needle and you get ten times more affected than burning it on a foil.

With needles it's very powerful – you don't have a choice when you use needles. You can feel that within yourself and your own body... you lose control when you know you can't sleep the next day without having it – you've lost control when you start showing all the defects visually and your insides of course – when you are ready to put everything in jeopardy for just a needle...you hear of people on it for five years and they get in a rut and let everything go and they have no morals with what they create with themselves... I've never let myself go that far. I've always kept my morals about me – I've never gone to any prostitution. If you don't have money I'd rather go without.

[My mother] was very worried, she didn't judge me. She just wanted to know why and how it came about. Her main concern was had she done anything wrong in my life for me to feel subjected to other means of escapism. Using drugs was a fun thing for me it was only something I did with my friends when I went out. I had to tell her that I was very depressed because I had let myself go to the extreme of using a needle. I was having a lot of emotional problems with my relationship. So, yeah, different depressive ways of how I use heroin to cover the pain up.

I got kicked out of home a couple of times. That was when my mum didn't know what to do with me. She tried to help me which ever way she could but when it came to myself I had to make a decision. A decision I wasn't able to make. Because of my emotional disturbances I wasn't ready to get on with my life. I was

dealing with what was in my life – everyone deals with things in their own way. I had to be very truthful with my mum for her to help me. She never judged me. She always thought she did something wrong and she had to get to the bottom of that by helping, by knowing that she didn't do anything wrong.

One night Alison had a severe overdose resulting in brain damage.

It took two years to [recover] – I almost died 'cause I was on a few other things too...I should have had rehabilitation but my mum was there for me and she would go through things with me...

At the time Alison was working as a manager. After some time off she was able to return to work in a lesser position while she was recovering from the overdose. Alison resumed heroin use, turning to methadone as a means of managing her heroin use.

I was on methadone for almost 12 months 'cause I was working – I was assistant manager. I had to be on methadone to be able to keep working and not shut down by half way through the day.

Six months ago Alison split up with her boyfriend and returned to live with her mother. She stopped taking her methadone and heroin altogether.

I split up with my boyfriend and moved back home to my mum's house. I have been off it for about six months. I have been pretty straight for most of it. I... take speed and party drugs but yeah, I am starting to develop my social life again. I had a lot of friendship and relationship problems. So I just decided to fix it all and move back to mum's. There was a big rift between my mum and me because she never liked my boyfriend at

all and she always blamed my use on our relationship. So I decided to fix it up and go back home.

I was on 35-40 milligrams of methadone and jumped off cold turkey... I didn't know enough about methadone to realise what sort of pain it gave to you. I have never felt like that in my life... I felt like I was dying. My mum was really good, she used to sit with me half way through the night when I was not sleeping. I classify methadone to be 50 times worse in withdrawal than heroin – I'd rather jump off heroin and detox for five to seven days than go on methadone again. I did it though...I had enough hatred inside of me for what I had done to myself and done to my family and my relationship to actually want it out of my life.

Alison has not used heroin for the last six months. She continues to use cannabis.

I think I am actually getting used to the feeling of being normal.... You get out of the frame of mind of an addicted person and you think you are normal.

Alison still has some mild neurological impairment as a result of the overdose, and she

says she has not recovered 100% of her mental function. Apart from this, Alison has suffered few health problems from her drug use.

Alison has never committed crime to support her drug use. She has earned the money herself or received drugs or money from friends.

I had a friend that got into it through orientation of us and he got a [six figure] payout for something that happened to him when he was a child and he spent all of his money in one year on whatever he could spend it on, whether it was drugs, clothes, food, cars anything – A lot of it he spent on heroin, so he used to just buy it and give it to me.

Alison works full time. She is living with her mother.

I get up at seven and have a shower and get my uniform on and do my hair and makeup and get what I need for the day – my diary etc. I'd either walk to the station or mum would drive me and I'd catch the train to work and open the shops. I'd work until 5.30 or 9.30pm depending on what day it was with late night shopping. Then I'd go home and have a bong – it is something I switch off with.

Gerri

Gerri remembers growing up in a loving, wealthy home environment although her mother smoked cannabis and drank to excess and her father was often away from home through work.

When she was in primary school, Gerri was sexually abused by a family friend and this has affected her deeply.

When I was a bit younger...I got sexually abused, it only happened once, but it affected me a lot. My mum was an alcoholic when I was a bit younger. So that was pretty full on...a lot of shit was going on that I couldn't deal with like my parents arguing and fighting. it was just really hard to deal with.

I just remember not doing what my mum said, throwing things around the house. I wouldn't talk to anyone about it. I hadn't really spoken to anyone about it until two or three years ago. My parents don't know. When I did rehab. a couple of years ago they were talking about this stuff and it hit me because I wasn't using then – so it came up then.

Gerri first started using drugs when she was 10. Her mother was starting to drink more alcohol at this stage and had also started growing cannabis. Gerri started smoking her mother's cannabis.

I think I was a bit curious but I think I was just thinking about the stuff that happened. I was just a bit of a shit head child. Pretty rebellious.[Cannabis didn't do much for me] I can't really remember it. It was just one of those things kids do....[I did it for] about six months

When she was 13 Gerri started using heroin and getting drunk.

How I got on to it was because friends of my family – I used to live in the country in ... – mum's family friends lived in [another small town nearby] and in

Melbourne and when I was 13 their 15 year old daughter was a heroin addict. I used to always see her nodding off and vomiting and talking to me about this drug that was so amazing. So I lied to my mum and told her I was staying at a friend's house and took a train to Melbourne and stayed with her and she injected it into my arm and I was just f—-ed I was really stoned. It was only a little, be about 10 units. I vomited everywhere. I didn't touch it again for about two or three months and then I met someone... that dealt heroin so I started buying it and using it.

For the first two or three weeks it was just a couple of times a week and then I started to get really sick and crave it so I used to leave my last two periods of school catch the bus to... score and then catch the bus home.

I was pretty disruptive. I was like the bad egg, the heroin addict. I had to go from yr seven to yr 11 being a heroin addict in a country town... having that peer pressure....some people knew...[the teachers knew] 'cause I would like walk into class and vomit...everyone thought I was pregnant 24/7...

Gerri maintained a daily heroin habit for three years, using about \$50 a day. Most of the money she stole from her parents. Gerri does not think she has any blood borne viruses but has overdosed a number of times needing naloxone. Although her parents discovered that she was using heroin, they were unable to stop Gerri from using.

My [parents] found out when I was 14 because...Dad came to pick me up from school and there was a brown paper bag in my bag and he opened it and thought it was my lunch and he said 'I just looked in your bag and thought it was your lunch and found this'...he got all serious and his face got this angry look and he

said 'What is it'. I lied and said they were handing them out so I just took them. They were dirty, he was bawling his eyes out and he got really angry. Then I made this bet that if I stop and if I start using again he would tell mum. I started using again.....then [my friend] said well Gerri's using and everybody found out.

Gerri's parents ultimately pressed charges for theft and she was sent to juvenile detention and then referred for mandatory counselling with a youth drug and alcohol worker. She started using heroin again and went into detoxification a number of times. At the last detox, Gerri decided to enter a post-detoxification therapeutic community where she has been for the last six months.

[My counsellor gave me] a lot of information which is really helpful and knowing that if I had this much I could overdose and what to do if I overdose....

[In the therapeutic community] you'd wake up and you'd have programs whether it was therapy group or swimming...you'd wake up and have

breakfast and go to the gym and do a therapy group or do an art group. Go to the movies on Tuesday nights and do relaxation groups and then just go to bed. A lot of therapy stuff and health stuff....[In therapy we would talk about] drug use and what was behind it, what our family was like, did we have contact with our families How our drug use affected our lives now...it made me realise how much of a f—in' dickhead I was to my family. That they are strong for putting up with my shit.

I had thought [heroin] was the best thing that ever happened to me but then I realised it was just a demon that likes to tear everything apart. It hates everything and everyone. It just wants you to have it because.....

[I'm hoping] just to stay clean and get on with my life and not be an active heroin addict... [The rehab.] has taught me a lot, I'm a lot more aware and know my boundaries. I know that if I went out and had a taste now I'd be straight back with a habit. So I don't want to do that.

Ian

Ian grew up in a country town. He recalls it as a happy childhood.

[My family was] pretty stable. Working class. Both parents and an older and a younger sister. I don't actually ever remember my father playing with me once – kicking a footy or cricket. He was always at work – seven days a week. I was always under the impression it was financial reasons. Maybe he didn't know what to do with his spare time so he didn't want any. But mum was the one who would go fishing with us or go swimming.

Ian was 18 when he first started injecting illegal drugs.

I had been smoking cannabis for a couple of years before that. Once I got to 18 I got my licence and car and everything so I had a lot more freedom. The friends that I was knocking around with were smokers as well and they would use anything and everything. Drugs were a whole new world to us. This is the 1970s. So they were out to try anything. They were using heroin probably a couple of times a week when they could afford it. There was not crime or anything or any illegal activities involved in that. They would always offer. I knocked it back for about 12 months before one day I said ok I might try it and see what it's like... I have no idea [why I did], not even to this day. It wasn't peer pressure, because there was no pressure. I used to knock around with them all the time. They'd go down to the only place was Fitzroy St, they go and get three or four caps or whatever they could afford and throw them all in together and split it up. I suppose curiosity was the thing... [it made me feel] euphoric I think would be a pretty accurate description. You don't worry about anything. If you have got problems they sort of melt away. You become very dreamy – sort of state.

He used only on weekends for a few weeks then he injected it.

I asked what it was like, injecting and snorting. They said basically it's like comparing a pop gun to a cannon. Well then give me the f—in cannon. That was it.

It was still only a weekend thing for Ian. He was staying at home and his parents found him using one day but they didn't know what to do about it.

Typical ostrich syndrome. Put their head in the sand and pretend it wasn't happening. They didn't want to know about it.

Ian was doing an apprenticeship and only spent the money he could afford to spend from his wages. He used for a period of nine days and experienced his first withdrawal symptoms afterwards.

At the end of that nine-day period – we didn't know about habits then. We stopped using and gees the first time I withdrew was that period. I just thought I had a cold or a flu. We knew it was addictive but nobody said you would get really sick or describe the symptoms of anything like that. I just [thought] I had the flu coming on. After three or four days I was all right and it was gone. It was probably years after that I realised that was the first time I had an addiction and gone through a withdrawal. Teenagers are a little bit more informed now.

[I used speed] a couple of times when I was about 18 or 19. I didn't care for it really. It was alright while it was picking you up but when you started coming down it wasn't gentle. I was like walking off a f—in cliff. You had to have a few beers or some cannabis to ease you down. So I didn't really care for it that much so I didn't get into it.

Ian finished his apprenticeship and found employment out of Melbourne, still only using heroin on the weekends. He saved some money and went overseas to the USA and there used cocaine for the first time.

Well it was California. Went out to a bar with some of the guys that I stayed with in a youth hostel. Some of them had been there for six months illegally working at the hostel. I got to know them a bit. There were a couple of Aussies in there and few Kiwis and a Canadian. We got together and went out to a bar and it was offered to me when I went to the men's room and I asked the guy to move out of the way I couldn't get in. I banged on the door and this guy opened it a few inches and asked what I wanted. I said I wanted to go to the toilet. He opened the door and asked me where I was from 'cause of the accent. I started talking to him and he said here try some of this. That was it. That was unexpected. It was a good night but...totally different [to heroin]. You are just brimming full of confidence and everything is sort of frozen from your nostrils right down your throat and half way down your chest. I sort of feels like it's iced up and frozen. You feel very cold through that area. You feel quite energetic.

Despite enjoying his first experience of cocaine, Ian only used it a few times and it never became a problem for him. Travelling in America, he met someone and was married shortly after. He came back to Australia and didn't use any drugs for 10 years.

Probably for seven or eight years that I didn't use. I didn't crave for it. I was smoking cannabis. I was also selling cannabis. No problems at all. Working a full-time job then. There were a few years where I ended up crossing \$50,000 for the year. Money wasn't a problem.

It was problems with his relationship with his wife that led Ian to resume heroin use.

Even when we first came over... she was drinking a bit then and I thought oh it's a change of culture, culture shock and maybe being homesick. Her whole family was over there and the only person that she can know and rely on here is me. She was working but just gradually her drinking got more and more prevalent. She was hiding bottles around the house. Just run up the grocery store and she'd come back with a loaf of bread and in her bag would be a bottle of vodka. I don't know whether it was the hereditary side of things that drove her too it or whether she was homesick and used alcohol to blur the emotions... She had a miscarriage and that was probably the final straw that really drove her over the edge....she wasn't desperate to have children but when things did go wrong she couldn't have them anymore. It wasn't so much that she wanted them but just the fact that she couldn't have them...

There was a history of alcoholism in her father's side of the family.... When we lost the baby her alcohol consumption went through the roof...then she started with valiums as well. There were some pretty explosive arguments. She would get very physical. I ended up trying to restrain her or walking out of the house. There would be objects flying past me as I'm walking around the house – sort of ducking and weaving. Not very long after that that I started using again for the last six months we were together. I still kept it under control.

We split up in 1992 I think it was. I'd been using occasionally for that last six months of our marriage – she didn't know. It got to a point where she was just crazy. She would have a cask of wine and half a bottle of vodka a day and then she was going out and getting prescriptions for valium and dropping them. I came home

one day and she was half comatose on the floor and I ended up calling an ambulance for her and she went to hospital for a few days. We discussed what we were going to do – this can't go on.

Ian separated from his wife and began using heroin daily. This time Ian was unable to control his heroin use.

It became a daily affair... when that had been going for probably three weeks to a month and I didn't have a lot of finances left, then I started to traffic [heroin]. I did that for not a long period of time. I ended up getting busted and that's when I was using 4 or 5 grams a day. That was probably for a period of that sort of usage for about two or three months... They conveniently pinched me on a Friday. The bail justice refused bail. I went through withdrawals in the cells over the Friday afternoon and evening, Saturday, Sunday. Monday they rolled me up to court and I was sort of getting over the worst stage by then. I was given bail and then got out and went – I was over most of it but I still had the mental craving for it. So I started using again pretty well immediately. Then a month later they came through and busted me again. So I had two lots of trafficking charges and the one court appearance so I was put on a Section 28 [compulsory treatment]– it was counselling, urines and that was it.

At that stage I was still using probably twice a week but I had to coincide that with the urines. I got pretty good at knowing how much I could use and when I had to stop to be clean for the urine in two days time. So eventually it got to the point where I felt greedy and instead of stopping two days before it was a day and half and then only a day and then you'd have to flush out with a heap of water. In the finish I did breach the section through using.

While I was waiting for the court case I started using daily. I thought well I've blown it now. I started doing crime to support it. I didn't traffic any more after they got me the first two times. I started doing – obtaining money by deception – going shoplifting something and taking it back for the refund. So that's how it started crime-wise. Then I ended up – the cases were adjourned - I ended up adjourning as much as I could. During that time I ran into other people that were doing crime. Then I started doing a few burglaries with a guy and we ended up getting arrested... we were coming out the front door and they were coming in. So that was the end of that.

I was in [prison] for three years. Then I got out and I had 15 months parole and I started using the day I got out. By the end of the week I had another habit. Just back on the merry-go-round, bought myself another ticket...I was doing urines with parole. I managed to get a job that was very good financially... The first week of that job was hell because I went up there with a habit and 45 degrees in the shade and hanging out. They don't combine too well. After that first rough week I kept that job until I finished my parole and was working up there. I found that I could come back to Melbourne and use one or two days while I was back here and then go back and work again. That was probably the first stage where I started or got away from the full time habit and started to try and control things a bit. That was pretty successful... I was up there for about 16 or 18 months so during that time it was periodical use.

[When the job finished] I had a holiday for a while. Didn't bother looking for a job or anything. I had plenty of money in the bank and started using again and that escalated into another habit. The money ran out and then I started doing burglaries again. There were some minor charges – I

can't remember what for – I was put on a ICO [Intensive Corrections Order] for them and when I started doing the burglaries and getting arrested again – that breached the ICO so bang - back in the cells drying out again. Great detox system that one too I can tell you... I was sentenced to two years straight, no parole.

Despite his heroin problems, Ian never did more than the counselling required by the court. He has no personal experience with methadone, but was not impressed with its effect on people around him.

When I was dealing, trafficking heroin – I had a lot of customers that were on methadone. The general idea is that you take methadone as a substitute. Most people and you'd probably find 80% of your methadone program now would consist of people on 40ml [meaning 40 milligrams] of 'done [methadone] each day. Cheque day comes and they will go and get their 'done and then they'll go and get a \$100 rock or half a gram or whatever they can afford – they use for two or three days. They have to use a large quantity to overcome the effects of the 'done. After two or three days the money has run out, the habit has gone up and they find that the 40ml is not holding them any more so off they run to the doctors to get their 'done put up. I've seen people go from 40ml to 100-120ml in the space of a month. That associated with the fact that when you did eventually come off it or come down to 10 or 20 ml and then people would jump off, your withdrawals say for me after day three I am pretty right, a lot of people it's four or five days – for me it's two or three days. Whereas methadone when you stop, whether you have tapered off or jumped off, there is the insomnia and erratic sleep patterns for three to six months for people depending on what sort of dosage and how long they've been on it. So just that

and the general health of people on it - I decided it's not for me. As rough as it is, I'd rather do two or three days cold turkey or go to a doctor and get some sort of medication to help – the standard thing back then was [anti-inflammatories] and [sleeping tablets].

No withdrawal, however, was ever successful for Ian.

I had full intentions of drying out and keeping away from it. But the lure of the drug and the physical pain that you have suffered for a couple of days – you just want it to end in the finish. You can't sleep either so it's not like you are awake for 16 hours and have a snooze for eight hours and get rid of that time – you are up 24 hours a day for a couple of days, maybe three days, depending on how long it takes to dry out. You just want it to finish. You can't rest; your legs are all twitching when your nervous system starts to kick in. Your brain hasn't had to control it for a while. Leg spasms and all that – you just want it to finish. You have money in the bank you know how to finish it real quick so you go out score and bang you are as good as gold five minutes later. But you are back on the merry-go-round.

Although Ian has never overdosed, he has had some health problems related to his heroin use, including hepatitis and car accidents.

The copper who found the car in the storage place where they took the vehicle said there was no way I should have walked out of that. It took me three months to summon up the courage to go to a chiropractor because I knew it was going to hurt. He took x-rays – it was out [broken] in two or three places – I couldn't lift myself up on my arm because there was a shooting pain between my shoulder blades. The spinal cord was being pinched up in my neck and also

two other spots to the point where I shouldn't be walking – I should be in a wheelchair. The chiropractor said I don't know how you walked in here. I had sort of done my own chiropractics for about 10 years. I think it was only the amount of flexibility in my joints that saved me.

Looking back, Ian thinks that an awareness of the availability of treatment and support centres may have made a difference to the way things worked out.

I would love to have stopped when I first got into it and was using constantly. I would love to have stopped then. When I look back now it would have saved me so much drama and grief with courts and cops...if I knew there was so much help and support around at the time I probably would have done something about it.

Apart from sharing a cannabis cigarette in the first week of prison, Ian has not used any drugs while in prison, despite the availability of heroin.

I didn't crave [heroin]...not at all. It's only when I have a habit that I crave it. When I haven't got a habit I can take it or leave it.

Currently in low security prison, Ian describes a typical day.

They give you a budget of [about \$100] a week to buy all your food and everything. I would get up in the morning probably about 7.00. Morning muster is about 7.30, that clears at about 8.00. I'd have breakfast during that time. 8.20 we'd have another work muster, once that cleared you went off to work. Most of [us] worked in gangs outside the jail building fences...I worked there until 3.30... We would have lunch over there as well. Afternoon muster would clear then back to the unit, kick back and have a coffee and put my feet up for a while. Then I would do the cooking in the unit ... steak, beef stir fry, roasts etc.

A lot of guys...do their drug programs in jail. Most of it is so they get the ok for parole. I didn't have parole. They all tell themselves 'I'm not going to use, f--- coming back to jail'. Then you hear a month later they are back in jail. I don't tell myself I'm not going to use because it's pretty unrealistic to go from \$300 a day to getting out of jail and not using.

Appendix 1

Estimating the number of people with heroin dependence in Victoria

The National Drug Household Survey (AIHW,1999) estimated that 37,067 people in Victoria have used heroin in the last 12 months (Table A1-1). Household Survey estimates are thought to underestimate heroin use prevalence because they do not include homeless or institutionalised people. The estimate is also unreliable as less than 100 people were surveyed who had used heroin in the last 12 months.

TABLE A1-1. 1998 NATIONAL HOUSEHOLD SURVEY ESTIMATES OF THE PREVALENCE OF HEROIN USE IN VICTORIA

Definition	Estimate
Lifetime heroin users	81,547
Heroin use in past 12 months	37,067

Other approaches to estimating the number of heroin users are based on complex analyses of at least two data sources such as: heroin overdose deaths; opioid substitution census; ambulance databases; needle and syringe program; and injecting drug user surveys. In a recent estimation using these approaches, Hall et al. (2000) estimated the number of dependent heroin users in Australia to be between 67,000 and 92,000.

Repeating this approach with Victorian data (Table A1-2), Dietze et al. (2002) produced estimates of the number of heroin dependent users ranging from 6,034 to 41,630. Since we know the number in opioid substitution treatment, we have taken the mean of the estimates that exclude those in opioid substitution treatment (18,601) for the purpose of this study.

TABLE A1-2. ESTIMATES OF THE NUMBER OF ILLICIT DRUG USERS (IDU) IN VICTORIA FROM AVAILABLE SOURCES (FROM DIETZE ET AL., 2002)

Data source	Type of estimate	Estimate	Estimate (without opioid substitution treatment)
Hall et al. (2000) – 1999 (extrapolation from national data)	Dependent/ problematic users	19,600	12,900
Multiplier from heroin related deaths (1999)	Problematic heroin users	34,700	28,000
Capture-recapture ambulance/ treatment data	Problematic opioid users	41,630	34,285
Multiplier from IDU survey – ambulance (2000)	Problematic heroin users	9,483	9,483
Multiplier from IDU survey – methadone census (2000)	Dependent opioid users	28,250	20,905
Multiplier from IDU survey – NSP data (1999)	Dependent heroin users	6,034	6,034*
		Mean	18,601

* Assumes methadone patients do not use needle exchanges

From this starting point, it is possible to estimate the number of drug users in each category (Table A1-3). The number of patients in treatment with methadone and buprenorphine is known from a census of methadone and buprenorphine dispensing pharmacies. The number of people in treatment for heroin dependence in Victoria is estimated to be 8,009 (Victorian Department of Human Services, 2001). This includes up to 666 who are in specialist methadone treatment. From this an estimate of the number of heroin dependent people in other forms of treatment can be calculated. The assumption is made that the detoxification group represents all drug users in treatments other than methadone, buprenorphine or therapeutic communities. In calculating the number of people who have recently ceased dependent heroin use, a recovery rate of 5 per cent per annum has been used which has been observed in long-term follow-up studies (Stimson, Oppenheimer & Thorley, 1978; Judson et al., 1980).

TABLE A1-3. NUMBERS OF DEPENDENT HEROIN USERS IN EACH CATEGORY

Category	Numbers	Source
Methadone	4,986	DHS – quarterly report April 2002
Buprenorphine	2,218	DHS – quarterly report April 2002
Therapeutic community (TC)	174	DHS
Other treatment such as counselling and detoxification	8009 – SPS (up to 666) = 7,343*	Victorian drug statistics handbook, 2001, Drugs and Poisons Unit 2000–01 financial year
Not in treatment – opiate	10,592	(18,601-8,009)
Prison	515	See chapter 8
Subtotal	25,828	
Recovering	1298	Based on 5% rate of recovery each year. (0.05 * 25828)
Total	27,119	

* SPS = Specialist Pharmacotherapy Service, deducted to avoid double counting with methadone and buprenorphine groups. Although there are 666 episodes of care each year, the exact number in SPS treatment at any one time is not known.

Appendix 2

Sources of individual data on costs by type of addicted person

The data sources for the clinical trials are outlined in table A2-1. All interviews were conducted between May 1999 and September 2002.

TABLE A2-1. DATA SOURCES FOR CLINICAL TRIAL SAMPLES

Cost scenario	Data source	Inclusion criteria	Number in sample	Reference
Active drug use without treatment	Individuals who had not been in treatment when enrolling in trials	Heroin dependent, currently using heroin, amphetamines or cocaine at least 14 days out of the last 28, not in active treatment during the last 6 months	106	The LAAM Implementation Trial (Clark et al., 2001); Buprenorphine Implementation Trial (Ritter et al., 2001)
Outpatient substitution (methadone) treatment	Individuals involved in trials of substitution treatment at TP	Completing 12 mths of treatment with methadone or buprenorphine	114	The LAAM Implementation Trial (Clark et al., 2001); Buprenorphine Implementation Trial (Ritter et al., 2001)
Drug withdrawal and outpatient counselling	Participants enrolling in a trial of relapse prevention with naltrexone having recently attempted detoxification from heroin	Undertaken detoxification from opiates within 6 weeks prior to the interview and not taking substitution treatment	32	Naltrexone Outcome Study (Tucker 2001)
Recovering drug users	Follow up data on individuals who successfully completed trials and reported that they were no longer using drugs	No reported illicit drug use or treatment in the last 4 weeks and a negative urine drug test	14	LAAM Implementation Trial (Clark et al., 2001); Buprenorphine Implementation Trial (Ritter et al., 2001); Naltrexone Outcome Study (Tucker 2001)
Therapeutic community	Individuals who have completed 3 months in TCs	Staying in a TC for the three months prior to the interview	16	Australian Treatment Outcome Study (ATOS) (National Drug and Alcohol Research Centre, 2003).

Appendix 3

Cost of prisoners

It is not straightforward to calculate the number of people in prison as a result of heroin dependence. Numbers were available only for heroin dependent prisoners convicted of property offences. However, studies indicate that 31 to 49% of property offenders (who make up 20% of all prisoners) were heroin dependent at the time of the offence (Table A3-1). We added to this number all prisoners convicted on drug related charges (9% of all prison population). According to the Department of Justice, there were 3,391 prisoners in June 2001 (<http://www.justice.vic.gov.au> – Corrections statistics). Based on these figures, there were between 515 and 638 prisoners in Victoria in June 2001, who were heroin dependent at the time of their offence. This is a crude estimate as on the one hand not all prisoners convicted for manufacturing, trafficking and possession of illicit drugs were dependent drug users, but on

the other hand there are probably many heroin dependent people imprisoned for reasons other than property or drug related offences.

Recent figures from the Victorian Department of Justice estimate the average cost of keeping one prisoner in Victoria for one day is \$127.62 or \$46,000 per annum. It is likely that those with heroin dependence are more expensive to keep than the average prisoner. It is well known that there is a high prevalence of Hepatitis B, C and HIV in prisoners who have used illicit drugs. This means that health care treatment costs are likely to be significantly higher than average for this group of prisoners. Unfortunately we were unable to adjust the average cost to include the individual health care costs of those who were using illicit drugs and therefore we may have underestimated the cost of illicit drug users in prison.

TABLE A3-1. AUSTRALIAN PRISONERS STUDIES OF ILLICIT DRUGS AND CRIME INCLUDING THE ESTIMATED NUMBER OF PRISONERS WHO WERE (ADDICTED) HEROIN USERS AT THE TIME OF COMMITTING THE OFFENCE RELATED TO IMPRISONMENT

Publication/Agency	Year	Sample Size	Sampling frame	Estimated number of prisoners who were (addicted) heroin users at the time of committing the offence related to imprisonment	Comments
Dobinson, I. & Ward, P. 1985, Drugs and Crime: A Survey of NSW Prison Property Offenders 1984. NSW Bureau of Crime Statistics and Research, Sydney	1984	225	NSW Property offenders	36% (40%*0.9) of property offenders were heavy or regular heroin users at the time of offence	89 (40%) of the surveyed prisoners were identified as heavy or regular illicit drug users at the time of offence, 90% of this number were heavy or regular heroin users (at least 1gm of street heroin on a daily basis)
Indermaur D. 1995, Violent Property Crime, Federation Press, Sydney University of WA	1993	123	WA Violent property crime	31.4% (56%*0.56) were intoxicated with heroin at the time of offence	56% of the surveyed prisoners were intoxicated with illicit drugs at the time of offence. To this figure the proportion of offenders who committed crime under the influence of heroin or heroin in combination with other drugs (Australian Institute of Criminology, 1998. Property offenders and illicit drug use survey, AIC, Canberra) was applied. The study did not classify the heroin users as dependent or occasional users.
Kevin M. 1999, Violent Crime, Alcohol and other Drugs: A Survey of Inmates Imprisoned for Assault in New South Wales, Research publication number 39, New South Wales Department of Corrective Services, Sydney.	1997	215	NSW Assault under influence of drugs and alcohol	N/A	The study focused on violent crime with majority of offenders being under influence of alcohol or alcohol in combination with other drugs.
Australian Institute of Criminology, 1998. Property offenders and illicit drug use survey, Australian Institute of Criminology, Canberra	1998	243	QLD Burglary offenders	49% (93%*0.53) took heroin at the time of offence	93% of the surveyed male adult prisoners had used heroin in the six months before their arrest. 53% of this number were taking heroin at the time of offence. The study did not classify the heroin users as dependent or occasional users.
Stevenson, R.J. & Forsythe, L.M.V. 1998, The Stolen Goods Market in New South Wales: An Interview Study with Imprisoned Burglars, New South Wales Bureau of Crime Statistics and Research, Sydney.	1998	267	NSW Imprisoned Burglars	N/A	Time reference interval for drug use was 6 months before the offence, which may include treatment episodes or drug-free periods.
Kevin M. 2000, Addressing the Use of Drugs in Prison: A Survey of Prisoners in New South Wales, Research publication number 43, New South Wales Department of Corrective Services, Sydney.	1998	235	NSW Pending release	N/A	The study did not report detailed information on the type/frequency of illicit drug use at the time of offence concentrating instead on the use of drugs in prison
Butler T. Preliminary findings from the inmate health survey, 1997, NSW Corrections Health Service	1997	789	Inmate health survey (all categories of crime)	34% were intoxicated with illicit drugs at the time of offence	The study did not classify the heroin users as dependent or occasional users at the time of offence or reported the number of heroin intoxicated offenders by the category of offence

Appendix 4

Details of economic costs of heroin dependent samples

The annual costs for each of the categories are shown in Tables A4-1 to A4-6.

Health care costs included all health care costs and drug treatment costs. For example, costs for methadone/buprenorphine treatment included cost of medical services, that is, regular consultations with community general practitioners and/or medical officers in the drug treatment facility, specialists consultations; cost of medications that are available to clients free of charge, including methadone and buprenorphine, and cost of group or individual counselling provided by drug treatment facilities.

General health care costs, including hospital and emergency department admissions, were also included since it was not always possible to differentiate health problems as related or unrelated to addiction. If reported, the hospital admissions presented the largest cost category in the total health care cost.

Self-reported criminal activity data collected from the study participants provided a basis for crime cost calculations. Four categories of crime were considered relevant to the criminal career of a drug user:

- Property crime (including break and enter, receiving stolen goods, stealing a car, shoplifting, robbery etc)
- Illicit drug dealing
- Fraud (forging cheques, credit cards, prescriptions, social security etc.)
- Crime involving violence.

Costs of crime included health care cost of treating victims of criminal activities, loss of income by victims of crime, and the reduced value of property stolen or obtained fraudulently. Where the participants admitted to the fact that a crime was detected and prosecution took place, the cost of law enforcement procedures and incarceration (if any) were included. Unit costs associated with

each category of crime were obtained from the published sources.

The study did not attempt to take into account the full burden of crime in terms of putting a dollar value on the pain and suffering experienced by the victim of crime, but calculated only the value of physical resources lost to crime, its detection and judicial prosecution.

The data from the clinical trials enabled an estimate of the lost tax revenue that would be available to the society if the drug users were fully participating in the workforce. To account for this part of the total social cost of illicit drug use, we have applied the monetary equivalent of direct and indirect taxes paid by an individual person under age 35 according to their family situation (Government Benefits, Taxes and Household Income, Australia, 1998–1999. Catalogue 6537.0. ABS, 2001).

For example, the dollar equivalent of the net lost tax revenue for an unemployed illicit drug user on a social security allowance was calculated by:

- firstly, assigning the total amount of direct and indirect taxes that would be paid by an employed person according to their family situation.
- secondly, deducting from that amount the indirect taxes paid from both consumption using the social security allowance and cash earned from casual or part time employment.

The fortnightly sickness/unemployment benefit of \$375 for a single person was assigned to all respondents on sickness or unemployment benefits, a disability allowance of \$430 fortnightly was assigned where appropriate. Those residing in rented accommodation incur a rent allowance of \$90 fortnightly (<http://www.centrelink.gov.au/internet/internet.nsf/individuals/index.htm>). These estimates were applied to all study participants who were not in full time employment.

The estimates of lost tax revenue and social security payments are based on the reported level of unemployment and reported categories of payments received. In some cases (for example, recovered drug users) the respondents reported a high level of informal employment along with a high level of social security claims. We did not adjust these

reported levels and as a consequence there is some variation in the average tax losses and social security payments that may be due to variations in the specific sample rather than typical variations across categories of drug users. The average across all categories may be a better estimate of social security payments and lost taxes.

TABLE A4-1. ONE YEAR AVERAGE COST (IN 1999 PRICES) OF HEROIN USERS NOT IN TREATMENT (N=106)

Health care and social services (range)	Crime cost (range)	Social security benefit (range)	Lost tax revenue (range)	Total (range)
\$1,848 (\$0–\$20,736)	\$13,620 (\$0–\$353,448)	\$8,400 (\$0–\$12,480)	\$5,940 (\$0–\$8,160)	\$29,808 (\$0–\$478,824)

NB: The range is in brackets.

TABLE A4-2. ONE YEAR AVERAGE COST (IN 1999 PRICES) OF HEALTH CARE, ADDICTION AND SOCIAL SERVICES, CRIME AND LOSS OF TAX REVENUE FOR ILLICIT DRUG USERS IN METHADONE OUTPATIENT SUBSTITUTION (N=46)

Health and social services (range)	Cost of care methadone (range)	Crime cost (range)	Social security benefit (range)	Loss of tax revenue (range)	Total (range)
\$2,588 (\$71–\$26,664)	\$129 (\$20–\$270)	\$7,050 (\$0–\$197,434)	\$8,724 (\$0–\$13,520)	\$5,763 (\$0–\$8,500)	\$24,255 (\$188–\$213,857)

TABLE A4-3. ONE YEAR AVERAGE COST (IN 1999 PRICES) OF HEALTH CARE, ADDICTION AND SOCIAL SERVICES, CRIME AND LOSS OF TAX REVENUE FOR ILLICIT DRUG USERS IN BUPRENORPHINE OUTPATIENT SUBSTITUTION TREATMENT (N=68)

Health and social services (range)	Cost of Buprenorphine (range)	Crime cost (range)	Social security benefit (range)	Loss of tax revenue (range)	Total (range)
\$2,525 (\$84–\$29,419)	\$2,376 (\$762–\$7,234)	\$9,040 (\$0–\$376,162)	\$8,703 (\$0–\$13,520)	\$5,659 (\$0–\$8,500)	\$28,303 (\$1,974–\$402,884)

TABLE A4-4. ONE YEAR AVERAGE COST (IN 1999 PRICES) OF HEALTH CARE, ADDICTION AND SOCIAL SERVICES, CRIME AND LOSS OF TAX REVENUE FOR ILLICIT DRUG USERS CYCLING BETWEEN WITHDRAWAL AND OUTPATIENT COUNSELLING BEFORE ENROLMENT TO THE NALTREXONE TRIAL (N=32)

Health care and social services (range)	Crime cost (range)	Social security benefit (range)	Loss of tax revenue (range)	Total (range)
\$7,596 (\$48–\$21,156)	\$14,616 (\$0–\$206,844)	\$10,656 (\$0–\$12,480)	\$6,216 (\$0–\$7,992)	\$39,084 (\$48–\$248,472)

TABLE A4-5. AVERAGE COST (IN 2002 PRICES) OF HEALTH CARE, ADDICTION AND SOCIAL SERVICES, CRIME AND LOSS OF TAX REVENUE FOR THERAPEUTIC COMMUNITY (TC) CLIENTS (N=16)

Timeframe	Health care and social services (range)	TC cost (range)	Crime cost (range)	Social security benefit (cost offset) (range)	Loss of tax revenue (range)	Total (range)
12 months estimate (pro rata)	\$3,736 (\$0–\$14,120)	\$32,504 (n/a)	\$0 (n/a)	(\$12,180)* (\$12,088 –\$13,520)	\$8,312 (\$8,320 –\$8,612)	\$44,552 (\$40,824 –\$55,236)

NB. The crime costs for the therapeutic community sample are zero because the patients were not allowed to leave the community for the first three months of treatment. *The social security benefit is passed on to the therapeutic community and is included in the treatment cost.

TABLE A4-6. 12 MONTHS AVERAGE COST (IN 1999 PRICES) OF HEALTH CARE, ADDICTION AND SOCIAL SERVICES, CRIME AND LOSS OF TAX REVENUE FOR FORMER DRUG USERS WHO ARE OUTSIDE TREATMENT AND NOT USING DRUGS (N=14)

Timeframe	Health care and social services (range)	Crime cost (range)	Social security benefit (range)	Loss of tax revenue (range)	Total (range)
12 months pro rata (range)	\$1,012 (\$0–\$3,924)	\$3,936 (\$0–\$10,344)	\$9,052 (\$0–\$12,480)	\$6,776 (\$0–\$8,652)	\$20,776 (\$0–\$35,400)

Appendix 5

Previous studies of the cost of illicit drugs

Studies that have measured the average cost of treating heroin dependence per person per year are listed in Table A5-1. These are compared with our results in Table A5-2. Our results are compared to the main overseas study that has measured annual per person crime costs in Table A5-3.

TABLE A5-1. SUMMARY OF AUSTRALIAN AND OVERSEAS STUDY RESULTS IN ESTIMATING THE COST OF ADDICTION TREATMENT

Study	Year	Country	Estimated cost	Comments
Coyle et al.	1994	UK	£840 per person per year for outpatient care £2,574 per person per year if at least one inpatient episode took place	Drug treatment agency cost. No details were reported on the different types of drug treatment.
Wilson et al.	1994	UK	£2,030 average annual cost per client	Methadone prescribing program
French & Martin	1996	US	\$4,722 average annual cost per client \$6,742 average cost per treatment episode (can be longer than a year)	Methadone maintenance program
French & McGeary	1997	US	\$3,540 average annual cost per client \$7,660 average cost per treatment episode	Methadone maintenance program
French & McGeary	1997	US	\$4,265 average annual cost per client \$1,915 average cost per treatment episode	Outpatient drug free counselling (average for two clinics)
Gerstein et al*	1994	US	\$22,440 average annual cost per client \$4,405 average cost per treatment episode	Residential rehabilitation program (average for 21 clinics)
Gerstein et al*	1994	US	\$2,870 average annual cost per client \$990 average cost per treatment episode	Outpatient drug free counselling (average for 29 clinics)
Gerstein et al*	1994	US	\$2,325 average annual cost per client	Methadone maintenance program (average for 18 clinics)
Capital Consulting Corp and The Lewin Group	1996	US	From \$1,290 to \$3,800	Outpatient substitution therapy (methadone). The cost varies across 5 non-profit and for profit clinics in 5 different States
Capital Consulting Corp and The Lewin Group	1996	US	From \$1,460 to \$3,930	Non-profit clinic outpatient substitution therapy (LAAM) The cost varies across 5 non-profit and for profit clinics in 5 different States
Commonwealth Dept of Human Services and Health	1995	Australia	\$2,250 average annual cost per client	Public funded methadone maintenance program
Brooks et al	1995	Australia	\$4,150 to \$4,999 average annual cost per client	Public funded methadone maintenance program. Lower and upper estimates were calculated for different staff:client ratios

* This study, known as the CALDATA (California Drug and Alcohol Treatment Assessment) research project (Gerstein et al., 1994) is the largest study of a similar design to the present study conducted internationally. In order to evaluate whether treatment was cost-effective, the authors studied the costs of drug abuse and the effects of treatment on clients. The study involved 3,000 Californians receiving treatment for drug problems.

CALDATA estimated the cost of crime by adding up the cost of police investigation, law enforcement, private cost to victims and loss of property using the unit costs reported in the published literature and observational data on the number of arrests, incarceration episodes and reported criminal activities. The only difference in methodology used for the present study and in CALDATA was that CALDATA estimated the value of stolen and damaged property by its replacement cost, while we adjusted the value by 2/3 of the replacement cost. There were significant differences in specific unit costs, most likely due to the differences in wage rates that were reflected in the judicial system costs and private costs to the victims of crime (Table A5-1).

Note: as at March 1994, one Australian dollar was equal to US\$0.71

TABLE A5-2. ADJUSTED COST ESTIMATES BY CATEGORY OF TREATMENT AND COMPARISON WITH THE RANGE OF COST ESTIMATES OBTAINED FROM THE LITERATURE

Type of treatment	Cost per client per year (lower estimate) (A\$)	Cost per client per year (upper estimate) (A\$)	Range of cost reported in the literature
Methadone substitution treatment	\$870	\$1,800	A\$2,250–A\$4,999
Opiate substitution treatment (including buprenorphine)	\$3,050 (US\$2,165)	\$3,900 (US\$2,800)	US\$1,460–US\$3,930
Drug withdrawal and outpatient counselling	\$990 (US\$700)	\$1,840 (US\$1,300)	\$680–\$800 (US\$1,290–US\$4,265)
Inpatient therapeutic community	\$32,372 (US\$22,984)	–	US\$22,440

TABLE A5-3. ESTIMATES OF CRIME COST BY CATEGORY OF TREATMENT

Type of treatment	Crime cost per person per year CALDATA US\$ 1994	Crime cost per person per year (this study) A\$ 1999
Methadone outpatient substitution treatment	\$13,680	\$7,050
Buprenorphine substitution treatment	N/A	\$9,040
Inpatient therapeutic community	\$1,300	\$0
Drug withdrawal and outpatient counselling	\$13,960	\$14,600 (Naltrexone trial sample)

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