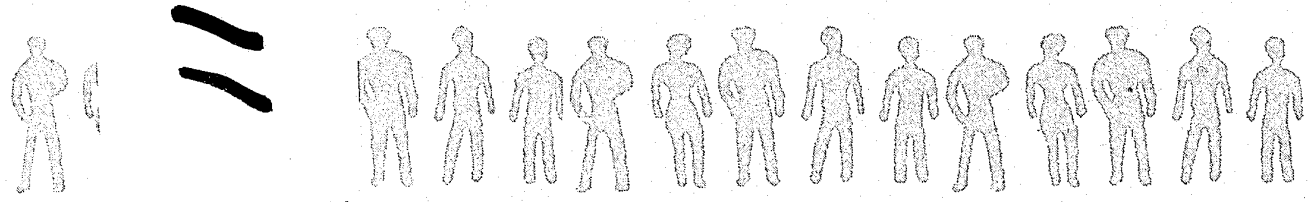
DRUGS AND CRIME

PHASE TWO

A STUDY OF INDIVIDUALS SEEKING DRUG TREATMENT



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DRUGS AND CRIME – PHASE II

A STUDY OF INDIVIDUALS SEEKING DRUG TREATMENT

by

Ian Dobinson

Patricia Ward

New South Wales Bureau of Crime Statistics and Research
Attorney Generals Department

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PREFACE

The existence of a strong relationship between drug use and a number of forms of crime is now well established. In January, 1985, the Bureau report "Drugs and Crime" showed that nearly forty per cent of property offenders in New South Wales prisons were heroin dependent on admission and that this was the main reason for their crimes. It is evident that the public continues to perceive heroin abuse as a serious social problem (in fact heroin trafficking was second only to murder by stabbing, in terms of seriousness, in a recent Public Opinion Survey).

This report is second in a series and concerns the drug and crime habits of a sample of individuals attending drug treatment centres. This research is intended to provide information which will allow for informed public debate about drug abuse and implementation of effective policy aimed at regulating the use of drugs such as heroin.

Acknowledgements

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Dr. A. J. Sutton
Director

SUMMARY OF RESULTS

Between June and August 1985 134 individuals were interviewed at eight drug treatment agencies, mainly in the Sydney Metropolitan Area.

Each agency provided at least one of the following services:

(a) Inpatient detoxification;
(b) Methadone treatment;
(c) Therapeutic (residential) community;
(d) Outpatient counselling.

Heroin was the drug most used by respondents (94.8%) and/or the drug for which they were seeking treatment. As heroin users accounted for such a large percentage of the sample, the bulk of the report relates to them. The main results were as follows:

(1) A typical respondent was likely to be male, single and aged in his 20s. He had left school at either 15 or 16. He was very likely to be unemployed or on a pension (usually sickness) but when employed it was often as an unskilled labourer or tradesman.

(2) The mean ages of first and regular heroin use were 18.7 and 20.1 years respectively. Curiosity, boredom and "kicks" were the most common reasons given for first heroin use. A common reason given for progressing to regular (three or more days per week) use was a simple "like" for the drug-induced euphoria (32.5%) followed by a need to escape pressure or emotional problems (25.4%) and the influence of others (18.2%).

(3) When describing the first time they used heroin, it was most commonly reported to have occurred in a house or flat with friends, many of whom had used it before. The majority of respondents injected the heroin.

(4) The last time heroin was obtained, it had usually been purchased (79.6%). Where respondents were able to estimate the amount obtained, it was often between one half and one "street" weight gram (31.5%) or less than one half (22.0%). The median amount spent was approximately $150. Respondents also reported that this purchase was very similar to their usual daily consumption rate at this time.

(5) They had obtained this last amount of heroin in the streets (47.8%) or a house or flat (39.1%) most often in the area described as Central Sydney (58.3%). They described the supplier as usually an acquaintance who was a full-time dealer.

(6) Respondents reported that the cash used to purchase their last "fix" mainly came from social security (22.4%), property crime (21.5%) or employment (18.7%). When asked to specify all their usual sources of income for drugs, however, there was a noticeable change, with drug selling being the most mentioned source (33.1%), followed by social security (28.3%), job (27.6%) and property crime (25.2%).

(7) The most common property crimes reported during the period prior to treatment were larceny and break, enter and steal.

(8) Nearly half (48.0%) of respondents were involved in the sale of drugs (mainly heroin) in the pre-treatment period. Most (59.0%) described themselves as part-time dealers although 64.0% stated that they sold drugs either daily or regularly. Quantity rather than frequency was the rationale they gave for differentiating between full-time and part-time dealing.

(9) As with the location of the last heroin purchase, these dealers reported that they most commonly conducted drug sales in a house or flat (34.4%) or on the street (27.9%). This street location was often prearranged with the buyer.

(10) In order to minimise detection, nearly all sellers (91.5%) said that they dealt only with people they knew or who were referred by those people. Another common precaution (42.5%) was never carrying drugs on their person and "stashing" them in a safe place.

(11) When asked about their historical involvement in crime (see Table 32), respondents reported being mostly involved in drug selling (69.3%), break, enter and steal (30.7%) and fraud (22.8%).

(12) More respondents had sold drugs on at least one occasion, shoplifted or stolen a car, before or simultaneously with their first use of heroin than after (see Table 33). For all other crime categories, the first offence was more likely to have occurred after first heroin use.

(13) Where there was regular involvement in property crime (only 52.0% of the sample) it occurred, in most instances, after the onset of regular heroin use (see Tables 34 and 35). This pattern of response, however, was not the same for drug selling. Thirty-nine per cent of those who reported that they had regularly sold drugs said that they had done so before the onset of regular heroin use. It was reported that the drug most often sold at this time was cannabis.

(14) Surprisingly, however, 46.4% of all respondents stated that they considered all their crimes to be heroin-related.

(15) Nearly half (48.4%) of the respondents had been regular heroin users for more than four years. During their use careers the majority of respondents had both abstained from use as well as sought treatment on numerous occasions. They most often abstained because they were "fed up" or "sick of the lifestyle" (35.7%) with the longest period of abstinence usually being between one and six months (33.1%).

(16) The most common reasons given for re-use after their longest period of abstinence were "getting back into the scene" (20.4%), emotional pressures (20.4%), or that they never really intended to stop (20.4%).

(17) For 32 individuals this was their first treatment experience. The remainder (95) reported 418 previous treatment episodes, the most common being inpatient detoxification (181) and therapeutic communities (169).

(18) As to the effect of treatment on heroin use, 37.9% reported that it had had a "nil" effect while 34.7% said that it had affected their attitude to use but not their consumption.

(19) The most commonly mentioned reason for re-use after their last treatment episode was a simple desire just to use again (25.3%).

(20) Most respondents (61.1%) were seeking treatment at this time voluntarily, i.e. their decision was not influenced by any current legal considerations. As with the reasons for abstinence, being "fed up" or "sick of the lifestyle" were the most common reasons (36.2%) for the current treatment episode. For 22.8%, treatment was a condition of bail, a bond or parole.

INTRODUCTION

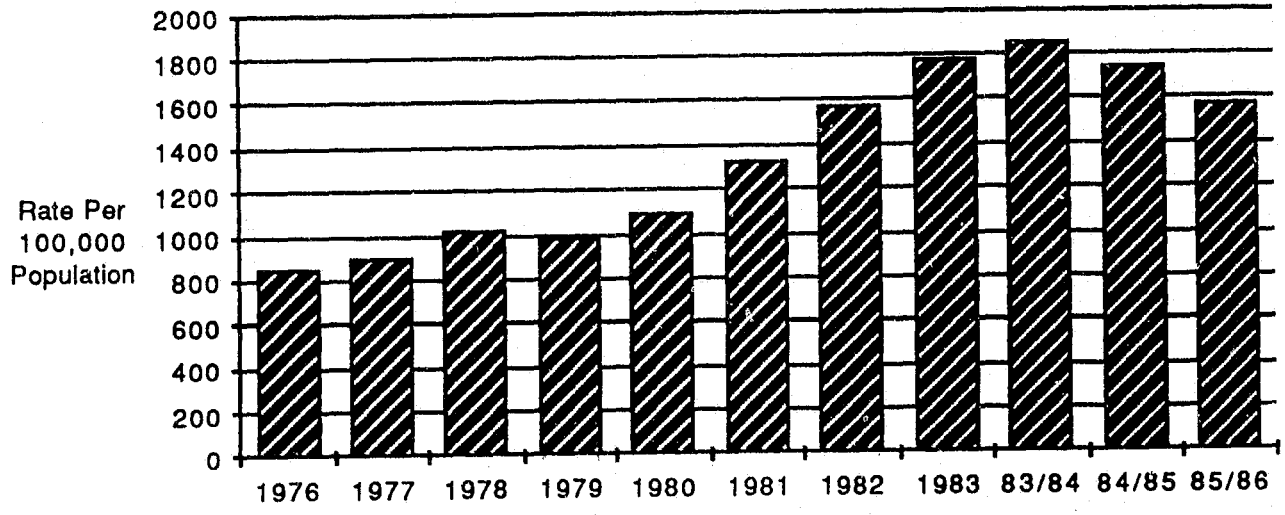
In 1983 the New South Wales Bureau of Crime Statistics and Research commenced a study of the relationship between drug use (primarily heroin) and the commission of property crime. The study was initiated in direct response to wide community concern about this problem in New South Wales, particularly in the Sydney Metropolitan Area. It was also the beginning of a major commitment by the Bureau to study and provide information on narcotic abuse and associated behaviour in this State. The first report (Dobinson and Ward, 1985) was released in January 1985.

Concern about this problem continued to increase and, in April 1985, culminated in the National Drugs Summit attended by heads of both State and Federal Governments. The major outcome of the Summit was to provide funds to combat and understand the drug problem in Australia. Although this and the previous study are concerned only with the relationship between drug use and crime, this is arguably one of the most serious aspects of drug abuse.

Rates of property crime, especially break, enter and steal, have risen alarmingly over the last decade, with indications that a major portion of such crimes are being committed by individuals seeking to support their drug dependencies (Dobinson and Ward, 1985). From 1976-1985/86 the rate (per 100,000 of population) of all reported burglary offences (both domestic and other) rose from 849.19 to 1,576.17 (New South Wales Police Department). This is depicted in Figure 1.

FIGURE 1

Break Enter & Steal 1976 - 1986



Although increases in the reporting of heroin offences (both use and supply) are not necessarily indicative of increased drug use (because they may be more a reflection of increased police activity), the rate of such offences has grown markedly since 1974 from 8.72 to 78.11 in 1985 (New South Wales Police Department, 1985). The amount of heroin seized by federal agencies has also increased dramatically from 11.7 kilograms in 1977 to 101.5 kilograms in 1984 (Australian Federal Police, 1985). Figures 2 and 3 show the increases in recorded heroin offences and seizures (there appears to be no explanation for the increase in heroin offences recorded in 1978). It is impossible, however, to estimate the contribution of increased drug-law enforcement to this increase. It is therefore difficult to determine to what extent heroin usage is increasing in the community. Rates of overdose from opiates (a faulty, but nevertheless more reliable index of usage) show an increase in New South Wales from 51 in 1981 to 122 in 1985 (New South Wales Drug and Alcohol Authority Annual Report, 1986).

The most direct evidence about the growth in heroin usage derives from estimates made over time of the size of the heroin-user population. The New South Wales Drug and Alcohol Authority (Sandiland,1986) noted a threefold increase between 1979 and 1985 in the estimated number of regular heroin users. Whether the method of estimation (based on heroin arrest and re-arrest data) systematically underestimates or overestimates the size of the user population or not, the growth estimate is probably reliable, since there is no reason to suspect major changes in the error of the estimate. What is not clear from this data is whether the threefold increase represents the outcome of a continuous increase in usage or simply marked variations in usage from year to year.

Of overriding concern, however, is the fact that there exists very little reliable information on the behaviour of regular heroin users. The objectives of the 1985 Bureau study were:

1. To determine the extent to which those who commit property crimes use particular addictive drugs, especially heroin; and

2. Having identified those who are regular users, to then explore the relationship between such use and the commission of property crime.

The sample studied comprised individuals serving prison sentences in 1983 for one or more selected property offences. A major finding of the study was that there was a strong economic link between the commission of income-generating property crimes and the use of drugs, mainly heroin.

It was also found that, where the commission of property crimes was compared for a group of comparable users and non-users, users committed proportionately more crimes than non-users. Such data tend to support the contention that much property crime, especially break, enter and steal, and armed robbery, is being committed by individuals seeking to support their drug dependencies.

FIGURE 2

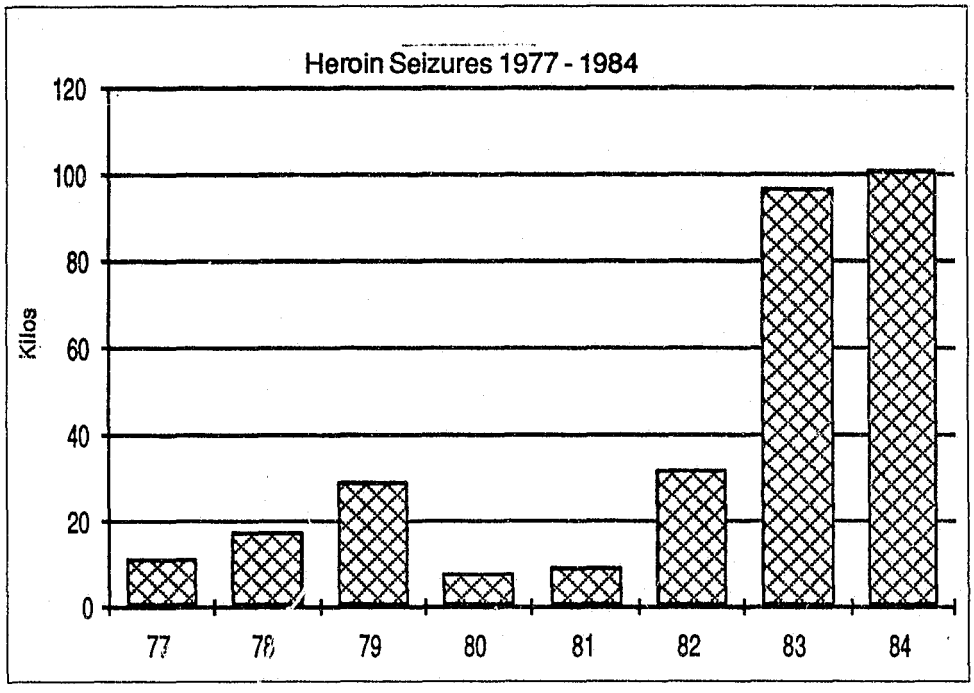
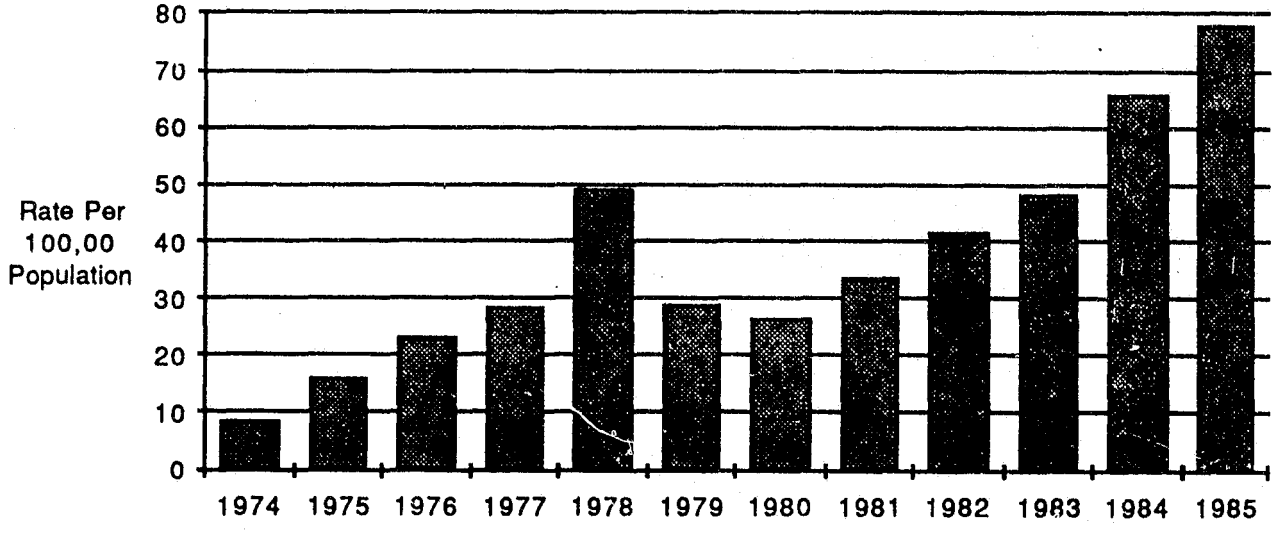


FIGURE 3

Heroin Offences 1974 - 1985



It would seem, therefore, that a solution to heroin abuse could result in a large reduction in the levels of property crime. Our understanding of the relationship between drug abuse and crime, however, would indicate that such a conclusion is an oversimplification. It was found, for example (Dobinson and Ward, 1985: p.48), that nearly 72% of users reported having committed at least one property crime prior to their first use of heroin. Wardlaw (1978) also found that, for approximately 50% of his sample, there was a conviction for a property crime prior to the first conviction for a drug offence. He concluded that, where such a pattern of criminality existed, individuals might well continue to commit particular crimes regardless of the onset of heroin dependency. Dobinson and Ward (1985), however, found that the onset of regular heroin use did produce an escalation in the seriousness and rate of crimes being committed.

What remains to be seen is the extent to which this result holds true for the general heroin-using population. Incarcerated samples are subject to a number of biases. In particular, individuals who become caught up in the workings of the criminal justice system are liable to be those who operate in such a way as to run a high risk of detection by authorities. This may be due either to their involvement in excessive amounts of crime, their lack of skill when carrying out these crimes, and/or their simple exposure as a result of previous encounters with authorities. Datesman and Inciardi (1979) have emphasised that captive samples are dependent on, and hence biased by, the relative efficacy of police agencies and the exercise of discretion by police officers. Thus the finding that those who commit crime use drugs does not vouchsafe the conclusion that heroin use invariably leads to the commission of crime. A proper assessment of this requires a broader study of heroin users. The present study constitutes a step towards this end. It examined the extent to which the regular use of addictive drugs is associated with the commission of crime by surveying a group of individuals seeking treatment for drug dependency.

CHAPTER I

METHODOLOGY

Drug treatment in New South Wales can be grouped under four general categories. These are:

(a) Inpatient detoxification;
(b) Methadone programmes;
(c) Therapeutic (residential) communities;
(d) Outpatient counselling services.

There are approximately 25-30 agencies providing specialist drug treatment in New South Wales (CEIDA; 1985). There are also local area hospitals and community health centres which provide an overall health package with some drug treatment, although not specialist in nature. Additionally, there are those private doctors and clinics providing methadone treatment.

Given that there were only two researchers involved, it was impossible to visit all those agencies listed by CEIDA. In the period May to August 1985, interviews were undertaken at Bourke Street Drug Referral Centre, Langton Clinic (inpatient detoxification), Odyssey House Motivation Unit (residential therapeutic community) WHOS (We Help OurSelves) Intake and Detoxification Centre, WHOS Main House (residential therapeutic community), Ward 4 Mosman Hospital (inpatient detoxification), Chatswood Drug and Alcohol Centre, and Rankin Court Methadone Clinic. These agencies were selected on the basis that they serviced the majority of heroin users seeking treatment in 1984. The three months designated for interviewing were divided proportionally amongst the agencies according to the size of their clientele. Each of the four treatment categories were represented. In total, 134 individuals were interviewed between the beginning of June and the end of August 1985.

The sample consisted of those drug users who;

(a) Were new receptions at the treatment agency - this included clients previously unknown to the agency as well as those old clients returning for a new treatment episode; and

(b) Had been in treatment for 30 days or less. This limit was set to facilitate recall for those interviewed when recounting the events leading up to the current treatment episode.

Although an attempt was made to reach all those individuals who satisfied the selection criteria and were willing to undergo the interview, some were not able to be interviewed. Only eight individuals refused an interview outright but various other difficulties were encountered. These were;

(1) At some centres clients willing to participate were lost because the two interviewers were otherwise engaged;

(2) Some counsellors failed to refer clients to the interviewers; and

(3) Where pre-arranged appointments had been organised, some individuals failed to attend. This was not seen as a refusal, but rather was characteristic of the unreliable nature of the client.

Because no accurate numbers of missed interviews were reported to the researchers by the counsellors (for the reasons (1) and (2) above) it was impossible to determine what proportion of the total sample was missed. Six respondents are known to have failed to attend pre-arranged appointments.

All individuals who were interviewed were paid $10 for their time and for any expenses incurred in attending the interview. Since drug-users interviewed were not randomly drawn from the treatment seeking population at large, no inferential statistics could validly be carried out. Accordingly, the analysis of the study group provides a purely descriptive account of a particular subset of individuals seeking treatment. Nevertheless it is assumed that the study group is generally representative of the treatment population as a whole.

The Interview Schedule

As with the previous study, a structured questionnaire was used as the basis for the interview. Four main areas of concern were canvassed in the questionnaire. These were;

1. Drug and alcohol use in the six-month period prior to treatment.

2. Criminal activity during the six-month period prior to treatment.

3. Overall drug and alcohol use history.

4. Overall criminal history.

There were, however, some significant changes made to this questionnaire. In the first study respondents were asked to provide averages for income, drug usage and expenditure on drugs in the period prior to arrest. The previous study showed that such figures were not particularly reliable and, where used as annual multipliers, were extremely misleading (Dobinson and Ward, 1985: p.66). To use, for example, a stated weekly expenditure on heroin to calculate an annual amount spent would, it is believed, greatly overestimate such expenditure. Where such figures are subsequently applied to an estimated heroin user-population, figures become even more inaccurate. To overcome the inaccuracies in averaging, it was decided to collect information on income, usage and expenditure with reference to the last time the main drug was obtained. The aim here was to provide more reliable information on usage. It is not possible to say whether between-user variations in amounts consumed reflect within-user variations over time.

Respondents were also asked to provide information about the supplier of those drugs and the place (e.g. hotel, street etc.) and the suburb where they were obtained. More detail was also sought in relation to each individual's own role in the supply of drugs. In the previous study, data were only collected on the ages of first and regular drug selling, pre-arrest selling activities and the type of drug sold. The current study sought to provide additional information on drug-cutting activities, the user's perception of his or her own role (e.g. part-time or full-time dealer), the place of dealing and the precautions taken to minimise or avoid detection.

There were other significant additions to the questionnaire. Details were collected about the reasons for and circumstances of the first time individuals used their main drug and the reasons for re-use after either a treatment or abstinence episode. Questions on these matters were included as it was felt that they would provide valuable information of relevance to drug-treatment initiatives. A copy of the questionnaire itself is contained in Appendix A.

CHAPTER II

RESULTS

The results are presented in four sections. The first section provides some basic demographic data. Section 2 deals with the sample's overall history of drug use, together with drug usage in the pre-treatment period. Likewise, Section 3 deals with overall criminal history as well as looking at the sample's current and/or recent involvement in drug distribution and property crime. Section 4 investigates the sample's involvement with the variety of treatment options available and the possible effects of such treatment on usage and subsequent behaviour. Similar information was also obtained on abstinence from drug use and its effects.

SECTION 1. DEMOGRAPHIC BACKGROUND

Males outnumbered females in the group by nearly 3 to 1 (74.6% male and 25.4% female) The following results are not sex differentiated because the number of females was not sufficient to warrant separate analysis.

TABLE 1
Age of respondents

Age(a)	No.	%
Less than 20	6	4.5
20 - 24	46	34.3
25 - 29	39	29.1
30 - 34	30	22.4
35 - 39	12	9.0
40+	1	0.7
TOTAL	134	100.0

(a) Calculated as at 1/1/85.

Tables 1 and 2 describe the age and marital status of the group. Respondents were most likely to be less than 30 and single.

TABLE 2
Marital status

Marital status	No.	%
Single	81	60.4
Married	9	6.7
De facto	30	22.4
Separated	5	3.7
Divorced	9	6.7
TOTAL	134	100.0

Respondents were also asked to specify their current place of residence or where they were living immediately prior to their entering the treatment program. Forty-four per cent resided in what may be called Central Sydney. This area included Kings Cross, Darlinghurst, the Eastern Suburbs and what respondents referred to as the Inner City. Another significant proportion, 21.6%, had residences in Southern Sydney. Table 3 sets out all the results. Those individuals in the "Other" category specified an interstate address or had no fixed abode.

TABLE 3
Place of residence

Area	No.	%
Sydney suburban(a)		
- Central	59	44.0
- Inner West	14	10.4
- South	30	22.4
- South West	3	2.2
- West	6	4.5
- North	12	9.0
N.S.W. - Country(b)	4	3.0
- Other	6	4.5
TOTAL	134	100.0

(a) A breakdown of these groupings by way of postcodes is contained in Appendix B.

(b) Three respondents specified their addresses as on the Central Coast and one as Lismore.

Data were also collected on the age at which respondents left secondary school and their highest level of educational achievement. The majority (65.6%) left school at 15 or 16 years of age (see Table 4) on obtaining their intermediate/school certificate (41.8%) or before (38.1%)(see Table 5).

TABLE 4
Age of leaving school

Age	No.	%
12	1	0.7
13	4	3.0
14	14	10.4
15	44	32.8
16	44	32.8
17	13	9.7
18	10	7.5
19	2	1.5
Not specified	2	1.5
TOTAL	134	100.0

TABLE 5
Highest educational achievement

Education	No.	%
Primary	2	1.5
Secondary	49	36.6
Intermediate/school certificate	56	41.8
Higher school certificate	9	6.7
Uncompleted tertiary	9	6.7
Technical college	6	4.5
University/CAE	1	0.7
Special school(a)	2	1.5
TOTAL	134	100.0

(a) This included schooling at juvenile institutions, remedial classes and/or any other instances where grading was not applicable.

Tables 6, 7 and 8 display the employment profile of respondents. Half (50%) of the sample were unemployed, and another 23.7% were on a pension (see Table 6). Of those unemployed, 47.5% had been without work for more than two years or had never had any significant employment since leaving school (see Table 7).

TABLE 6
Employment status

Status	No.	%
Employed	35	26.1
Unemployed	67	50.0
Pension	32	23.9
TOTAL	134	100.0

TABLE 7
Length of unemployment

Period of unemployment	No.	%
1 - 6 months	21	21.2
7 - 12 months	16	16.2
13 - 24 months	14	14.1
25 - 36 months	16	16.2
Over 36 months	25	25.2
Never worked	6	6.1
Not specified	1	1.0
TOTAL	99(a)	100.0

(a) This includes those on a pension.

When asked to specify their usual occupation, 28.1% stated that they were labourers while 21.1% said they worked at a trade (see Table 8). Six (6) individuals who said that they had never really worked were excluded.

TABLE 8
Usual occupation

Occupation	No.	%
Labourer	36	28.1
Tradesman	27	21.1
Driver	7	5.5
Caterer	10	7.8
Artist	9	7.0
Clerical	14	10.9
Sales person	5	3.9
Civil servant	4	3.1
Various odd jobs(a)	13	10.2
Other(b)	3	2.3
TOTAL	128	100.0

(a) These individuals stated that they did not have a usual occupation and had worked in a variety of jobs.

(b) One person specified his usual occupation was a fisherman, another a business manager and another a prostitute.

In summary it was most likely that an individual presenting for treatment was a single male aged in his 20s who had left school at 15 or 16 years of age with a school certificate as his highest level of academic achievement. He was very likely to be unemployed or on a pension (usually sickness benefit) but when employed it was usually as an unskilled labourer or tradesman.

SECTION 2. DRUG USE

The frequency with which particular drugs were specified as the main drug or the drug for which treatment was being sought are set out in Table 9. As expected, the vast majority (94.8%) of respondents were seeking treatment in relation to heroin abuse.

Consequently the following data relate to those 127 individuals who were heroin users. The other seven drug users are dealt with separately at the conclusion of each section and any differences are noted.

TABLE 9
Main drug/drug of treatment

Drug	No.	%
Heroin	127	94.8
Cocaine	3	2.2
Barbiturates	2	1.5
Other opiates	2	1.5
TOTAL	134	100.0

History of drug use

Respondents were asked to specify the ages at which they first tried alcohol and other drugs and, if applicable, the age at which they began to use these substances on a regular basis. "Regular" in this regard did not refer to the quantity consumed but rather the number of days on which a particular drug was used at least once. Using drugs on three or more days per week was deemed to be regular. Table 10 sets out these results.

TABLE 10
Ages of first and regular use of drugs

	First use			Regular use		
Drug	No.	M(a)	SD(b)	No.	M(a)	SD(b)
Alcohol	126	14.3	2.0	100	16.4	2.9
Cannabis	126	15.3	2.6	118	15.9	3.0
LSD/psychedelics	118	16.4	2.5	53	17.0	2.2
Amphetamines	111	18.4	3.3	45	18.9	3.9
Barbiturates	92	18.3	3.9	35	19.9	3.9
Cocaine	98	20.3	4.1	19	20.6	3.8
Heroin	127	18.7	4.2	126(c)	20.1	4.5
Other opiates	88	20.4	3.9	24	19.4	3.9

(a) Mean.
(b) Standard deviation.
(c) One individual had never been a regular heroin user.

The mean ages of first and regular heroin use were 18.7 and 20.1 years respectively. The majority of respondents had tried all drugs on at least one occasion. Most, also, had been or were still regular users of alchohol and cannabis.

Respondents were asked to provide a reason why they first used heroin (Table 11) and why they subsequently began to use it on a regular basis (Table 13). In addition, they were asked to provide details of the circumstances under which the initial episode occurred (Table 12). This included information as to location, means of ingestion, whether they used it in company and, if so, with whom and also the use experience of those present. A large majority (66.1%) stated that they initially used heroin out of curiosity, boredom or simply for "kicks". Although only 13.4% reported that they used it in response to peer influence, it is notable that only three individuals claimed to have been alone when they first used heroin. All others (with the exception of six unknown cases) first used heroin in the presence of others generally well known to them. Where the use experience of these other persons was known, 46.4% were reported to have used heroin at least once before. Table 12 also shows that 65.3% first used heroin intravenously. For example, John, a 28-year-old, reported that he first used heroin at a friend's house with two or three "mates", all of whom had used it before.

TABLE 11
Reasons for first heroin use

Reason	No.	%
Influence of peer group (friends)	17	13.4
Escape pressure/emotional upset	6	4.7
Curiosity/"kicks"/boredom	85	66.9
Drug availability	4	3.1
Did not know it was heroin	3	2.4
Influence and curiosity	6	4.7
Other combinations	6	4.7
TOTAL	127	100.0

The reasons for regular use (Table 13) were much more varied than for first use. As in the previous study, however, a substantial number, 32.5% specified a simple "liking" for the drug-induced euphoria. Others commonly reported that they continued to use heroin because it helped them to cope or escape daily pressures (25.4%) or as a response to the influence of peers (18.2%). Twenty-one individuals

(16.7%) also stated that it was because heroin became available (i.e. they had become involved in a relationship where there was a ready supply, or they could afford to use it regularly because of a boost to their incomes. It is unclear what increased their buying power in the latter cases).

TABLE 12
Circumstances of first heroin use

Circumstances	No.	%
A. Where		
Own residence	17	13.4
Friend/relatives residence	28	22.0
Party (residence unknown)	5	3.9
Car	4	3.1
Other(a)	2	1.6
Not known(b)	71	55.9
Total	127	100.0
B. With whom		
Friend(s) (used heroin before)	59	46.4
Friend(s)/relatives (heroin use unknown)	28	22.0
Boyfriend/husband (heroin use unknown)	15	11.8
Girlfriend (heroin use unknown)	6	4.7
Stranger (heroin use unknown)	5	3.9
Alone	3	2.4
Work-mate(s) (heroin use unknown)	5	3.9
Not known	6	4.7
Total	127	100.0
C. How used		
Injected	83	65.3
Snorted	18	14.2
Smoked	8	6.3
Orally	1	0.8
Not known	17	13.4
Total	127	100.0

(a) This included a hotel and a school.
(b) Many individuals could not remember the location.

TABLE 13
Reasons for regular heroin use

Reasons	No.	%
Influence of peers	23	18.2
Escape pressure/emotional problems/to cope	32	25.4
Boredom/"kicks"	1	0.8
Drug/money available	21	16.7
"Liked it"	41	32.5
Involved through selling heroin	4	3.2
Other(a)	3	2.4
Don't know	1	0.8
TOTAL	126(b)	100.0

(a) The other reasons were: for the relief of pain (2); it was forced upon me (1).
(b) One individual had never used heroin regularly and was excluded.

Length of regular use

Respondents were asked to specify how long they had been using heroin regularly. They were requested to deduct lengthy periods of treatment and/or abstinence, thus providing a net period of regular use. Table 14 displays the responses to this question.

TABLE 14
Period of time as a regular user of heroin

Time (months)	No.	%
1 - 24	26	20.6
25 - 48	39	31.0
49 - 72	25	19.8
73 - 96	17	13.5
97 - 120	8	6.3
121 - 144	7	5.6
145 +	4	3.2
TOTAL	126(a)	100.0

(a) One individual had never used heroin regularly and is excluded.

As indicated previously, the treatment group reported beginning to use heroin at a fairly early age (mean 18.7 years). They further reported substantial periods of regular heroin usage, with approximately half (48.4%) having done so for more than four years.

Drug use prior to treatment

Respondents were asked to rank the frequency of use (1 being the most commonly used) of each of the drugs listed in the six-month period prior to treatment. In this period no individual reported consuming more than five drugs contemporaneously.

Nevertheless, the use of a variety of drugs was prevalent, with 55.9% of respondents having used at least three drugs and 21.6% at least four drugs in the six months prior to treatment. As set out in Table 15, heroin was not always the most frequently used drug. Eleven respondents who had specified heroin as their main drug or that for which they were seeking treatment, reported that they had used other substances (the most common being cannabis) more frequently than heroin. Apart from cannabis, the other drugs commonly used by all respondents were alcohol and barbiturates.

TABLE 15
Drug usage in period prior to treatment

	Rating					
Drug	1	2	3	4	5	Never
Alcohol	3	16	31	3	1	73
Cannabis	5	60	15	7	0	40
L.S.D.	0	0	0	1	0	126
Amphetamines	0	3	4	5	0	115
Barbiturates	3	15	10	7	1	91
Cocaine	0	2	4	3	1	117
Heroin	116	9	2	0	0	0
Other opiates	0	4	5	1	1	116

When asked to specify what drugs they would use when they could not get heroin, some respondents reported using substitutes - mainly barbiturates and other opiates. In the majority of cases (55.1%), however, heroin was always available. Table 16 sets out this data.

TABLE 16
Used substitute drugs

Drug	No.	%
Alcohol	1	0.8
Cannabis	2	1.6
Amphetamines	1	0.8
Barbiturates	16	12.6
Other opiates	11	8.7
Combinations	6	4.7
Heroin always available	70	55.1
Went without(a)	12	9.4
Trying to "dry out"(b)	8	6.3
TOTAL	127	100.0

(a) One individual in this category was the non-regular heroin user.

(b) These individuals were reducing their heroin use in preparation for treatment admission.

Last time heroin obtained

As indicated in Chapter II (p.14), it was felt that the most reliable information on patterns of use and cost could be obtained by asking about the last time heroin was obtained. This avoided some of the more serious problems associated with dependence on respondents' memories of past drug taking. A number of specific details were sought; cost of heroin, how it was paid for (if purchased), how it was used, the usual level of consumption at this time and the usual source(s) of income for drugs. Table 17 sets out the means by which heroin was last obtained.

In 70.9% of the cases the drugs were obtained for personal consumption, with the remaining 29.1% reporting that the acquisition had been made for a group. It is important to note, however, that in 51.4% of these instances, the term "group" referred to a couple, usually a male who reported having obtained the heroin for himself and a female companion (data are not presented in table form).

TABLE 17
Means by which heroin last obtained

Means	No.	%
Cash	101	79.6
Traded property	4	3.1
Friends	12	9.4
Credit	6	4.7
Services(a)	3	2.4
Not specified	1	0.8
TOTAL	127	100.0

(a) This refers to repayment for middleman services.

Where respondents were able to provide an estimate of the quantity of heroin purchased, the modal amount was between one half weight and one weight gram. An equal number (specified as "quantity unknown"), however, had purchased a "street deal" and had no idea of the amount. Table 18 displays the reported amounts obtained, while Table 19 shows the dollar amounts reportedly paid. It should be emphasised that these are reported rather than actual weights. The accuracy of respondents' judgements is unknown.

TABLE 18
Amount of heroin last obtained

Grams	No.	%
Less than 1/2	28	22.0
1/2 - 1	40	31.5
More than 1	19	15.0
Quantity unknown - "street deal"	40	31.5
TOTAL	127	100.0

Heroin was most often bought in $150 (21.4%), $100 (18.8%) or $50 (18.8%) lots. When individual prices and quantities were compared, it became clear that for any given amount there were a variety of purchase prices. This was often determined by the quality (purity) of the heroin or the relationship with the dealer. For example, although the most common cost of a half weight gram was $150, some respondents had paid only $100 for such an amount. Similarly whereas it was assumed that the most common price paid for one weight gram was $300 (Dobinson and Ward, 1985), individuals in this group who purchased such an amount generally paid $250 with the lowest price being $200. Some individuals also had special arrangements with their dealer and, for distribution-related services, would pay sums far less than the going street price. A comparison of prices and amounts is set out in Appendix C.

TABLE 19
Cost of heroin

Cost ($)	No.	%
Less than 50	13	11.6
50 - 99	31	27.7
100 - 149	25	22.3
150 - 199	26	23.2
200 - 249	3	2.7
250 +	13	11.6
Not known	1	0.9
TOTAL	112(a)	100.0

(a) Fifteen respondents have been excluded, 12 who received their heroin as a gift and three by way of services.

Note: The mean cost was $116.33.

Respondents were also able to provide information about the location at which their heroin was last obtained with regard to both place and suburb (e.g. a flat in Darlinghurst) as well as a general description of the person who supplied the drugs (a friend, aquaintance or stranger). They were also asked to comment on what they considered to be the level of involvement of this person in the sale of drugs (e.g. a full-time or part-time dealer). These results are presented in Tables 20 and 21.

TABLE 20
Location where heroin last obtained

Place	No.(a)	%	Surburb(c)	No.	%
Hotel/pub	6	5.2	Central Sydney	67	58.3
Cafe	3	2.6	Inner West	3	2.6
Street	55	47.8	South	21	18.3
House or flat	45	39.1	South West	1	0.9
Otherb)	4	3.5	West	3	2.6
Did not know	2	1.7	North	4	3.5
			N.S.W. country	5	4.3
			Interstate	2	1.7
			Did not know	2	1.7
			Would not say	7	6.1

(a) No. = 115. Those 12 respondents who had received their heroin as a gift have been excluded.

(b) This category includes the following locations: a park, a brothel, a train station and a university.

(c) These suburban grouping are the same as used for place of residence (Table 3).

TABLE 21
Description of heroin supplier

Description	No.	%
Stranger	12	10.4
Friend	28	24.3
Acquaintance	73	63.5
Not specified	2	1.7
TOTAL	115(a)	100.0

(a) The 12 respondents who received their heroin as a gift are excluded.

As can be seen, heroin was most commonly purchased in the streets (47.8%) or in a house or flat (39.1%) in the Central Sydney area (58.3%). The person supplying the drugs was most often an acquaintance (63.5%) who, according to respondents was usually a full-time dealer. Although not specifically asked, some respondents reported that they attempted to maintain connections with one, two or even three dealers in order to guarantee some degree of consistency in supply and quality.

Daily heroin consumption

In addition to the last time they obtained heroin, respondents were also questioned about their daily or usual heroin usage at or around this time (Table 22). This was done in order to observe any differences between the two amounts. The most common daily amounts reportedly used were between a half and one weight gram (32.3%). This was almost identical to the number who reported such amounts on the last occasion they obtained heroin (Table 18). In fact this was true for most amounts, suggesting that respondents had usually obtained their daily amount on this last occasion.

TABLE 22
Daily heroin consumption

Grams	No.	%
Less than 1/2	26	20.5
1/2 - 1	41	32.3
More than 1	20	15.7
Not using regularly	17	13.4
Quantity unknown	23	18.1
TOTAL	127	100.0

As with the amount of heroin last obtained, some respondents (18.1%) were unable to specify an amount in grams and reported their usage in dollars spent (most commonly $50).

Sources of income

Respondents also provided information on the main source of income for their last amount of heroin. Table 23 sets out these results. Twenty individuals have been excluded as they did not make a cash outlay. Twelve had received the heroin as a gift; three had received it as a result of services (middlemen) and five had obtained their heroin on credit which, at the time of the interview was unpaid. It is of interest to note that most respondents (62.6%) had raised the money for this heroin purchase by licit means (e.g. jobs, savings, and social security) whereas only 29.9% had used illegal means (mainly property crime and drug selling). Seven respondents had used money raised by prostitution (the legality of which was unknown).

TABLE 23
Sources of cash or property for last heroin purchase

Source	No.	%
Legal		
Job/savings	20	18.7
Social security	24	22.4
Family/friends(loans)	9	8.4
Pawned own property	5	4.7
Supported by others	5	4.7
Other(a)	4	3.7
Illegal		
Property crime	23	21.5
Drug sales	8	7.5
"Conning"	1	0.9
Prostitution	7	6.5
Not known	1	0.9
TOTAL	107(b)	100.0

(a) This includes three individuals who specified combinations of the above and one who specified gambling.

(b) Twenty individuals are excluded from the Table - 12 had received heroin as a gift, three by way of services as middlemen and five by yet unpaid credit.

Secondly, respondents were asked to provide details on all usual income sources for heroin. It was notable that, in comparison to the last time heroin was purchased, the incidence of illegal sources rose to 62.2%, with drug sales the most frequently cited. The use of legal channels for revenue remained high at 78.8%, with employment (27.6%) and social security (28.3%) the most commonly reported. The data are set out in Table 24.

TABLE 24
Usual sources of income for heroin

Source	No. of responses	% of respondents
Legal		
Job/savings	35	27.6
Social security	36	28.3
Supported by others	15	11.8
Gambling	1	0.8
Pawning own property	3	2.4
Loans/credit	10	7.9
Illegal		
Property crime	32	25.2
Drug sales	42	33.1
"Conning"	5	3.9
Prostitution	16	12.6
TOTAL	195	

Note: Respondents could nominate more than one source so percentages do not add to 100%.

Other drug users

As set out in Table 9, three respondents specified cocaine, two barbiturates and two other opiates (synthetic narcotics) as their main drugs. Four had also used heroin in the period prior to treatment. Three mentioned boredom as the main reason for first drug use and pressures and drug availability for regular use. They obtained their drugs almost exclusively (six) by cash purchase and this money was raised either through employment or social security payments. As to their usual sources of income for drugs, "selling" was the most frequently (four) mentioned source although jobs and social security were still common.

SECTION 3. CRIMINAL ACTIVITY

The period prior to treatment

As previously mentioned (see Table 23), 29.9% specified that they last obtained their heroin by illegal means such as property crime and drug selling. They were subsequently asked to provide details as to the number of property crimes committed and the particular drug sold. Twenty-four respondents indicated that they had committed at least one property crime in order to buy their last amount of heroin. The most commonly committed crime was simple larceny (10 respondents reported committing 21 larcenies) which often involved stealing from friends or relatives (see Table 25).

TABLE 25
Property crime committed for last heroin purchase

Crime	No. of persons	No. of crimes
Break, enter and steal	8	9
Shoplifting	2	3
Fraud	2	2
Larceny	10	21
Receiving	1	1
"Conning"	1	0(a)
TOTAL	24	36

(a) One person could not say how many times he had "conned" someone.

A further eight individuals reported that they had sold drugs in order to purchase their last deal of heroin; six of these stated that the drug sold was heroin, whilst two stated that they had sold cannabis.

Apart from the number of property crimes committed in order to buy their last heroin deal, respondents were also asked to specify the number of property crimes they had committed in the six-month period prior to treatment. The most common types of property crime which individuals reported were break, enter and steal and simple larceny. It should be noted, however, that when individual offence categories were considered, most individuals were not involved in property crime. For example, only 26% of the study group reported committing break, enter and steal, in the six-month period prior to arrest. Some respondents said that they had never considered such criminal activity as a regular income option. When they had committed such

crimes to obtain money for drugs it had often been a "one off" or on an opportunistic basis.

Table 26 suggests that, where an individual was involved in property crime, he or she tended to commit a substantial number. In the case of break, enter and steal, and simple larceny, 33 and 32 individuals, respectively, were responsible for more than 2,500 crimes. Caution needs to be exercised when interpreting these results, as some individuals were found to be responsible for a disproportionate number of crimes. For example, whereas more than 50% of those individuals who reported committing break, enter and steal had committed less than 10 such crimes in the period prior to treatment, one individual reported committing 250 offences.

Those respondents who reported (see footnotes to Table 26) a seemingly disproportionate involvement in the commission of property crime, when looked at individually, were found to be using above average amounts of heroin and subsequently spending more on their drugs. One respondent who reported spending $300 per day on heroin, also reported that he was committing one break and enter each day in the six months prior to treatment.

TABLE 26
Property crimes in the period prior to treatment

Crime	No. of persons	No. of crimes
Break, enter and steal	33	1,156(a)
Motor vehicle theft	5	266(b)
Shoplifting	25	889(c)
Robbery	8	55(d)
Armed robbery	3	6
Fraud	21	484(e)
Larceny	32	1,504(f)
Receiving	12	415(g)

(a) Four individuals were responsible for 715 break & enters.

(b) One individual was responsible for 182 motor vehicle larcenies.

(c) Four individuals were responsible for 652 shoplifting offences.

(d) One individual was responsible for 26 robberies (unarmed).

(e) Two individuals were responsible for 303 frauds.

(f) One individual was responsible for over 800 larcenies.

(g) One individual was responsible for 150 receiving offences.

Respondents were also questioned about their involvement in the sale of drugs and, whereas most of this treatment group were not committing property crime, nearly half (48.0%) reported being involved in the supply of drugs in the six months prior to treatment. Of these, 86.9% reported being sellers while the others described their role as that of a "middle man".

Respondents were then asked about the number of sales or supply transactions they had made in the pre-treatment period and from this information three classifications relating to level of involvement were derived. An individual was said to be involved on a daily basis if he/she sold on at least six days a week. Likewise, regular involvement entailed three to five days per week while irregular involvement referred to someone who sold on less than two days per week (these are similar classifications to those used by Johnson et al.; 1985). In general, those who described themselves as middlemen were unable to give details as to their level of involvement. Table 27 provides this data while Table 28 gives information as to the drug sold.

TABLE 27
Level of drug selling activity

Level	No.	%
Daily	30	49.2
Regular	9	14.8
Irregular	13	21.3
Middleman	8	13.1
Not known	1	1.6
TOTAL	61	100.0

The most notable feature of Table 27 is that just under two-thirds of those who reported selling drugs were doing so on a daily or regular basis. Table 28 shows that a similar proportion (though not necessarily the same people) were engaged in selling heroin.

TABLE 28
Drug sold

Drug	No.	%
Cannabis	12	19.7
Cocaine	2	3.3
Heroin	41	67.2
Not known	6	9.8
TOTAL	61	100.0

Perhaps surprisingly, Table 29 shows that when asked to describe their own role in the drug distribution network, 59.0% stated that they were only part-time dealers. This may seem inconsistent as 64.0% had previously been classified as selling on a daily or regular basis. When questioned further, it became clear that quantity rather than frequency was the respondent's primary consideration when differentiating between full-time and part-time dealing. Individuals selling less than a gram (probably a cut in their own deal to help cover costs) would classify themselves as only part-time dealers.

TABLE 29
Perceived role in drug distribution

Role	No.	%
Full-time dealer	13	21.3
Part-time dealer	36	59.0
Middleman	8	13.1
Part-time dealer/middleman	1	1.6
Not known	3	4.9
TOTAL	61	100.0

Those identified as sellers and middlemen were also asked to describe the location from which they operated. As with the location from which heroin was last obtained, places of dwelling (houses and/or flats) and the street were the most commonly specified sites. The distribution of locations is shown in Table 30.

TABLE 30
Usual place of operation

Location	No.	%
House/flat	21	34.4
Street	17	27.9
Pubs	4	6.6
Combinations	10	16.4
Everywhere	3	4.9
Other(a)	3	4.9
Not known	3	4.9
TOTAL	61	100.0

(a) This includes a cafe, a brothel and one respondent who used a courier.

Of interest were the precautions taken by these 61 individuals to avoid or minimise the risk of detection and apprehension by drug law-enforcement agencies. Table 31 sets out such data. The precautions taken, if any, have been grouped under general headings. Eleven (18.0%) reported that they took no precautions. The remaining 47 respondents (three did not wish to detail their precautions) specified 90 precautionary measures of which the most common (91.5%) consisted in only dealing with individuals previously known or referred to them. Apart from this, respondents reported that they would never carry drugs on them, preferring to "stash" them in a safe place (42.5%) or would continuously move from place to place (25.5%).

TABLE 31
Precautions taken to avoid detection

Precaution	No.	% of respondents
Dealt only with people known or referred	43	91.5
Never carried drugs on person/"stashed" drugs in safe place	20	42.5
Used middleman	3	6.4
Made special arrangements[a]	8	17.0
Never sold from same place/moved around	12	25.5
Avoided patrolled areas	2	4.3
Other[b]	2	4.3
TOTAL	90(c)	

(a) This most often involved the communication to the buyer of a pre-arranged location where the transaction would take place.

(b) This included one respondent who used protection and one who sold only in a brothel.

(c) Sixty-one individuals reported 90 different precautions.

Historical involvement in crime

Table 32 shows the outcome when respondents were asked to indicate the age at which they first committed particular crimes and then, if applicable, the age at which they became regularly involved in such crime. Interviewees were informed that "regular" was defined as having committed at least one crime per week of a particular type and that they should specify the age at which this first occurred.

Ninety-five per cent of respondents reported committing at least one of the specified crimes in the past. The offences most often reported were drug selling (85.8%), break, enter and steal (67.7.%), shoplifting (59.1%) or fraud (49.6%). More than half (52.0%) also reported that they had been regularly involved in some sort of property crime. This was most likely to be either break, enter and steal, fraud, or shoplifting. This treatment group were most active, however, in the sale of drugs, 69.3% reporting that they had been regularly involved in dealing and distribution.

TABLE 32
Mean ages of first and regular criminal activity

Drug	First			Regular		
	No.	M(a)	SD(b)	No.	M(a)	SD(b)
Break, enter & steal	86	19.0	5.1	39	21.2	4.5
Motor vehicle theft	38	18.0	4.9	6	15.7	6.3
Robbery	25	19.6	4.3	3	16.3	1.5
Shoplifting	75	14.9	4.2	20	19.9	5.1
Armed robbery	15	20.6	3.3	2	19.9	5.1
Fraud	63	21.5	4.5	29	21.1	4.4
Larceny	51	20.5	5.0	13	20.2	4.6
Receiving	54	21.2	3.7	10	21.7	2.4
Drug sales	109	18.7	4.2	88	19.3	4.3

(a) Mean.
(b) Standard deviation.

Note: The mean age of regular crime is sometimes lower than that of first crime. This is because the mean age of regular crime is calculated on a subset of all those who had ever committed the offence, that subset being regular criminals.

The relationship between drugs and crime

For those involved in the study of drug use, one of the most vexing questions has been that of what predisposes an individual to the regular use of particular drugs (notably heroin) and to the commission of crime. An approach commonly used to study this relationship has been the examination of the temporal sequence of first and regular use of heroin as compared to that of first and regular involvement in crime.

Individuals were questioned in relation to whether their initial or regular involvement in crime began before, after, or simultaneously with their first or regular consumption of heroin. The data, however, have been grouped only in "before" and "after" categories. Those stating that their first crime occurred before or simultaneously with first heroin use have been grouped together. This grouping is based on the assumption that first heroin use was unlikely to have had any impact on crime committed at or around the same time. A similar basis lies behind the grouping of those people who reported that they had committed regular crime before or simultaneously with first heroin use.

When considering regular heroin use and crime, those reporting that their first crime occurred after or simultaneously with regular heroin use have been grouped together, as have those who reported that regular crime occurred after or simultaneously with regular heroin use. The basis of this grouping, once again, is the assumption that if heroin use leads to, or increases crime then addiction will occur before or contemporaneously with first or regular crime. Table 33 shows the temporal sequence of first crime and first heroin use. Table 34 provides corresponding data for regular crime and regular heroin use.

TABLE 33
Temporal sequence of first crime and first heroin use

Crime	Before heroin	After heroin	No first crime No.	%
Break, enter & steal	34	52	41	32.3
Motor vehicle theft	20	19	88	69.3
Shoplifting	58	15	54	42.5
Robbery	7	18	102	80.3
Armed robbery	1	14	112	88.2
Fraud	8	55	64	50.4
Larceny	15	36	76	59.8
Receiving(a)	11	42	73	57.5
Drug sales	66	43	18	14.2

(a) One respondent was unable to specify an age for receiving

The property crime most commonly (58 respondents) reported as having been committed before or simultaneous with first heroin use was shoplifting. This was often reported as being of a juvenile and petty nature. Although six out of the eight property offence categories showed evidence of the first offence occurring after first heroin use, the results are not clear-cut. Motor vehicle larceny, shoplifting and drug selling all showed evidence of being more frequent before heroin use than after. In the first two categories it might be argued that, heroin use is unlikely to produce an increase in offending, as offences in these categories (often having been committed at ages of 15 or less) do not readily produce drugs or cash. The category of drug selling is also unusual in certain respects and will be discussed shortly

Overall, Table 33 must be said, on balance, to provide evidence that, for categories of offence other than motor vehicle larceny, shoplifting and drug selling, the first offence was more likely to have occurred after first heroin use than before. Nevertheless, it is apparent that many individuals had committed at least one offence before any use of heroin.

TABLE 34
Temporal sequence of first crime and first heroin use

Crime	Before heroin	After heroin	No regular crime No.	%
Break, enter & steal ...	6	32	89	70.1
Motor vehicle theft	4	2	121	95.3
Shoplifting	4	16	107	84.3
Robbery	2	1	124	97.6
Armed robbery	–	2	125	98.4
Fraud	2	26	99	78.0
Larceny	1	10	116	91.3
Receiving(a)	1	9	117	92.1
Drug sales	35	53	39	30.7

(a) One respondent was unable to specify an age for receiving

Table 34 shows that, where property crimes were committed on a regular basis, they tended to be break, enter and steal (29.9%) and fraud (22.0%). Apart from shoplifting, these were also two of the most commonly reported first crimes. This may suggest that increased heroin use resulted for some in increased rates of crime but not a change to more serious offences, e.g. armed robbery. Table 34 provides strong evidence that, for those regularly involved in property crime, such involvement is likely to occur after or simultaneously with the onset of regular heroin use. Nevertheless it must be remembered that 48.0% reported no regular involvement in property crime of any type.

A different pattern emerges for drug selling, which was committed by 85.8% of the study group at least once and by 69.3% on a regular basis. Of those who had sold drugs at least once, 60.5% reported a first instance of that crime before or simultaneously with first heroin use. In addition, 39.8% of those who reported being regularly involved in drug selling stated that it occurred before the onset of regular heroin use.

Also, whereas most respondents (i.e., 75.8% of those who reported being regularly involved) reported that their involvement in the regular commission of property crime occurred after first heroin use, this was not the case where drug selling was concerned. By collapsing all property crime categories and comparing the temporal sequencing with that of drug selling, this becomes clear. Table 35 compares the temporal sequencing of regular property crime and drug selling with regular heroin use for those respondents who reported being regularly involved in these crimes.

TABLE 35
Temporal sequence of regular crime and regular heroin use

	Before heroin		After heroin	
	No.	%	No.	%
Property	16	24.2	50	75.8
Drug sales	35	39.8	53	60.2

Although these results support the contention that regular heroin use increases the likelihood of regular involvement in property crime for those people who are involved in such crime, the same does not appear to be true, to such a clear extent, for those involved in drug selling. As can be seen, nearly 40% of those regularly involved in drug selling reported that such involvement had occurred before their first use of heroin. Although specific data were not collected, it was generally reported that other drugs, particularly cannabis, were sold prior to first and regular heroin use. Drug selling, after the onset of regular use almost exclusively involved heroin. Such results support the thesis that such pre-heroin involvement in drug selling may be an influential factor in an individual's initial use of this drug. Also, the continuation of heroin usage may be maintained by an individual's regular selling of that drug.

Respondents were next asked how they themselves perceived the relationship between their commission of crime and their use of heroin. Even though many had an instance of crime prior to their first use of heroin, 46.4% reported that their crime, both property and drug selling, was all drug-related. Others (29.9%) stated that although their early juvenile crime was not drug-related, all crime since the onset of heroin use was related to such use. Table 36 sets out these results.

TABLE 36
The relationship between heroin use and crime (the respondents' perceptions)

Relationship	No.	%
All heroin related	59	46.4
All heroin related except juvenile crime	38	29.9
Increased crime	15	11.8
Never committed a crime	11	8.7
No effect	2	1.6
Not using long enough to say	1	0.8
Not known	1	0.8
TOTAL	127	100.0

Other drug users

These seven individuals were far less involved in the commission of crime than were the heroin users. They had neither committed property crime nor sold drugs to procure the money used to obtain their last "deal". The majority had never been involved in the commission of regular property crime of any description. Nevertheless, four of the seven were regularly involved in the sale of drugs in the period prior to the treatment episode.

SECTION 4. TREATMENT AND ABSTINENCE

Although it was impossible in this study to collect all detail as to abstinence and treatment experiences throughout each respondent's use history, it was felt that data regarding patterns of use, abstinence and re-use are of particular importance for the development of future treatment strategies. The reasons for and circumstances surrounding an individual ceasing and then returning to drug use are fundamental to treatment assessment.

The present study sought to address the following:

(a) The reasons for last treatment episode and longest period of abstinence;

(b) The effect of such episodes on drug usage and criminality; and

(c) The reasons for re-use.

Abstinence

This study group generally reported lengthy periods of regular heroin use (see Table 14) punctuated by periods of abstinence.

Table 37, however, shows that 22.8% had either not abstained or had done so for a period of less than one week. Of those who had abstained, it was found that the most common period of abstinence (33.1%) was within the range of one to six months.

TABLE 37
Longest period of abstinence

Weeks	No.	%
Never abstained	29	22.8
1-4	20	15.7
5-26	42	33.1
27-52	18	14.2
More than 52	17	13.4
Not known	1	0.8
TOTAL	127	100.0

Respondents specified many reasons for their longest period of abstinence. These have been grouped under general headings in Table 38. The most common reason was simply being "fed up" with the lifestyle of a regular heroin user. When asked what they meant by this, some respondents commented that they were "fed up" with the regular hassles of "scoring" each day and getting enough money to do so. These hassles were often compounded by either themselves, close friends or their usual supplier being arrested.

Other individuals were more specific and stated that they did not want to jeopardise a particular relationship and/or employment situation. Some individuals stated that they had moved away ("done a geographical") to escape the particular drug scene in which they had become involved. This movement out of the so-called "scene" will become important when the reason for re-use after this abstinence period is considered.

One important facet of the relationship between drug use and crime is the effect such abstinence periods have on an individual's criminal activity. Table 39 shows that, of those who had abstained, 54.1% stated that their criminal activity ceased as a result of their refraining from heroin use. Many (37.8%) also stated that prior to their longest period of abstinence they were not committing any crime. Ceasing drug use, therefore, had no effect on their level of offending.

TABLE 38
Reasons for abstinence

Reason	No.	% of Respondents(a)
Pressure from friends	5	5.1
Pressure from authorities	6	6.1
Fed up/sick of lifestyle	35	35.7
Drug and/or money not available	16	16.3
To maintain a relationship	17	17.3
Moved away	15	15.3
Pregnant	3	3.1
After treatment or goal	4	4.1
Self or others in trouble	3	3.1
Don't know why	2	2.0
Not specified	2	2.0
TOTAL	108	

(a) Ninety-eight respondents reported 108 reasons; 29 respondents had never abstained.

TABLE 39
Effects of abstinence on crime

Effect	No.	%
Nil	2	2.0
Decreased	5	5.1
Stopped	53	54.1
Not offending at this time	37	37.8
Don't know	1	1.0
TOTAL	98	100.0

Given that they had abstained from heroin use for in excess of a week and thus had seemingly overcome the worst withdrawal phase, respondents were asked why they began to use again. The pattern of answers is detailed in Table 40. As observed earlier, many individuals had moved away from their particular "drug scene" but on returning (in the majority of cases to Sydney) they once again became

caught up in the drug-taking sub-culture (21.3%). This, along with emotional pressures and/or depression (21.3%), and a simple lack of desire to stop (21.3%) were the most often cited motivations for re-use.

TABLE 40
Reasons for re-use after abstinence

Reason	No.	%
Got back into "scene"	20	21.3
Didn't really want to stop	20	21.3
Emotional pressures/depressed	20	21.3
Influence of others	7	7.4
Money/drug available	9	9.6
Bored	5	5.3
Thought could use casually	6	6.4
Other	5	5.3
Don't know	2	2.1
TOTAL	94(a)	100.0

(a) Four respondents who reported that they were currently abstaining from drug use and that this was their longest period have been excluded.

Treatment

The group had previously sought a multitude of treatment services for their drug dependence. Table 41 sets out the study group's total number of previous treatment episodes and Table 42 the reported effects of these treatments. The 32 (25.2% of the group) individuals who reported the current treatment episode as their first, have been excluded from both tables. Those who had sought treatment prior to the interview averaged four treatment episodes each. The most frequently attended treatment was inpatient detoxification (181) followed by therapeutic communities (169). Such figures do not necessarily reflect the perceived desirability or effectiveness of these programs but more likely their availability.

It should also be noted that a major reason for some individuals attending one particular treatment agency (Bourke Street) was the desire to be put on a methadone program. Interviewing was conducted at this clinic just after the Minister for Health had announced a plan to expand the methadone program in New South Wales.

TABLE 41
Previous treatment experiences

Treatment	No.
Inpatient detoxification	181
Methadone programs	53
Therapeutic communities	169
Outpatient services(a)	15
TOTAL	418

(a) This refers to ongoing counselling programs and not to referrals to other treatment agencies.

Although the length of the treatment session might have provided some indication as to the relative effectiveness of these programs, individuals were only asked to comment generally on the effect of treatment on their drug use. The results set out in Table 42 are suggestive of the relatively poor success of these treatment regimes. Nearly 40% stated that treatment had no effect on their drug use while a further 34.7% believed that, although it had affected their attitude to using heroin, it had not curtailed their consumption.

TABLE 42
Effect of treatment on use

Effect	No.	%
Nil	36	37.9
Reduced	4	4.2
Good whilst there	8	8.4
Only in short term	6	6.3
Only attitude, not use	33	34.7
Not long enough to say	4	4.2
Other(a)	4	4.2
TOTAL	95	100.0

(a) One respondent stated that his/her treatment had had a long term effect while three stated that treatment had caused them to use more because of the guilt felt at starting to use again after leaving treatment.

Table 43 shows the pattern of response when respondents were asked to specify the reasons why they had begun to use heroin again after their last treatment (see Table 43). As with abstinence, the lack of any real desire to stop using heroin was one of the major contributing factors for re-use (25.3%). Many of the other reasons were very individual in nature, but it is of interest to note that 11 respondents stated that they had begun to re-use because they did not like the withdrawal sickness experienced as a result of being on a short-term methadone withdrawal program. At the time of interviewing it was noted that there were a number of short-term (three-week) methadone withdrawal programs being offered by private medical practitioners. The aim of these programs seems to be to "hold" an individual prior to his or her placement in a longer-term methadone program. Because of the long waiting periods which often occurred between the end of a withdrawal program and the start of the long-term methadone program, such individuals often went back to using heroin.

TABLE 43
Reasons for re-use after last treatment

Reason	No.	%
Got back into scene	8	8.4
Just wanted to use again	24	25.3
Influence of others	8	8.4
Emotional pressures	9	9.5
Lonely	5	5.3
Couldn't cope with program	4	4.2
Drug made available	6	6.3
Using throughout program	8	8.4
Program too short to say	2	2.1
Didn't like hanging out (waiting for methadone)	11	11.6
Other(a)	10	10.5
TOTAL	95	100.0

(a) This included bored, no will power, thought could use casually, and pain from physical injury.

As to the current treatment episode, respondents were also asked to specify their reasons for attendance at the particular treatment agencies. Respondents' answers are grouped in Table 44 under general headings of voluntary and involuntary. "Voluntary" in this instance refers to a treatment admission which did not relate in any way to a current or completed criminal charge.

TABLE 44
Reason for seeking treatment

Reason	No.	%
Voluntary		
Fed up/want to stop	46	36.2
Want to re-establish life	15	11.8
Want methadone	18	14.2
Other	6	4.7
Just seeking information	4	3.1
Involuntary		
Bailed/bonded/DACAP(a)	29	22.8
Look good at court	6	4.7
Reason unknown	3	2.4
TOTAL	127	100.0

(a) Drug and Alcohol Court Assessment Program.

Table 44 shows that 70.0% were voluntary while 27.5% were non-voluntary. Among the latter, individuals were either bonded, bailed or present at the drug treatment centre as part of DACAP (Drug and Alcohol Court Assessment Program). Within the voluntary group the major reported reason for seeking treatment was generally being fed up with being involved in the use of heroin and a desire to go "straight". Some respondents commented on the reasons for previous treatment experiences, saying that they sometimes entered treatment when "things were bad" (e.g. their usual source of heroin had dried up or they were using too much and subsequently increasing the risk of arrest). Once "things got better" they said they began using again. As previously reported, the most common reason given for re-use after their last treatment episode was a simple desire to use again (see Table 43).

Other Drug Users

There was nothing that distinguished this group from the heroin users. Three of the seven non-heroin user group had never abstained from their drug use. They had also undergone many previous treatment experiences. These included 19 episodes of inpatient detoxification, eight previous attendances at therapeutic communities, two outpatient

treatments and one previous methadone program. As to the effect of treatment on their drug usage, three stated that it had had no effect while two stated that it had only really affected their attitude to using, not their actual drug consumption. Three individuals returned to drug use after their last treatment because of emotional pressures and/or depression. Four of the seven other users were seeking treatment on a voluntary basis.

CHAPTER III

DISCUSSION

The findings of the prison property offender study (Dobinson and Ward, 1985) clearly established an economic link between the regular use of heroin and the commission of income-generating property crime. Those individuals identified as user/property offenders reported illicit sources as their main income and had committed significantly more property crimes than a comparable non-user group, the main motivation for this being to support their heroin dependency.

At first sight both the treatment and user/prisoner groups appear similar. In terms of average age, property offenders were only slightly older. Both groups were almost identical in terms of education and employment. They also reported very similar mean ages of first and regular drug use as well as first and regular criminal activity. For example, the first and regular ages of the treatment groups for heroin use were 18.7 and 20.1 years respectively, whereas for the user/property offenders it was 18.0 and 19.4 years. The median periods of regular use were also similar (4-5 years). The user/property offender group had, however, tended to use for longer periods, 33.3% having used in excess of eight years compared to 15.1% of the treatment group.

Most differences between the two samples occurred in relation to the level of drug use and to the degree and nature of criminal activity. Overall, the heroin consumption and expenditure rates of the treatment group were far less than those of the user/property offenders. The treatment group generally reported average use and expenditure levels half those of user/property offenders. (It should be noted, however, that a different method of collecting information on pre-interview heroin use was adopted for the present study.) Whereas the average daily heroin consumption and expenditure level of the user/property offender sample was one "street" weight gram and $300, respectively, the treatment group mostly reported using approximately half a gram and spending only $150. Also, 78.2% of user/property offenders (Dobinson and Ward, 1985; p.44) reported that property crime was their main source of income compared to 25.2% of the treatment group. The most common sources of income for the treatment group were drug sales, 33.1%, social security 28.3%, employment/savings 27.6% and property crime 25.2%. It is also important to note (see Table 24) that a substantial percentage (78.7%) in the treatment group utilised at least one licit income source to support their drug usage. This was even more pronounced when the main income source for the last amount of heroin obtained before interview was considered (Table 23). In that instance 62.6% reported a legal source of income as the main source for that drug purchase. It is suggested, however, that this could well have resulted from particular legal considerations prior to treatment

entry. Those respondents in treatment as a condition of bail or a bond risked imprisonment if arrested for an offence prior to entering treatment and may not have been prepared to take this risk.

Nevertheless, it was evident that the treatment group utilised a wide variety of income sources for their drugs, a finding consistent with that of research conducted in the U.S.A. Goldstein (1981), in his study of New York users, portrayed a lifestyle of multiple daily drug purchases and income-producing activities. Johnson and his colleagues (Johnson et al., 1985) in another study of New York users, identified a complex blend of legal and illegal income sources. These were affected by the opportunities which presented themselves to either work, sell or distribute drugs or to commit a property crime. There was little consistency in such opportunities and they varied considerably from day to day.

Comparing reported property crimes in the period prior to treatment and the period prior to arrest (user/property offenders), it was clear that the treatment group was far less criminally active. Even so, a significant number of property crimes were reported in the period prior to treatment (Table 26). For example, four individuals reported committing 715 break and enters, one individual 26 robberies (unarmed) two individuals 303 frauds and one individual 800 larcenies. These respondents, however, when looked at individually, were found to be using above-average amounts of heroin and consequently spending proportionally more than the majority. As such they resembled the user/property offenders. Although 52.0% also reported that they had been regularly involved in some type of property crime in the past, the remainder often stated that stealing was not an option they had ever seriously considered in order to support their drug dependency. Where they had committed such a crime it had often been a "one-off" or on an opportunistic basis.

The treatment group were most active criminally in the supply of drugs. A large majority (85.8%) of the treatment group had sold drugs on at least one occasion, with 69.3% of all respondents having done so on a regular basis in the past. This regular involvement in drug distribution was still in evidence for a significant number in the period prior to treatment. Nearly half (48.0%) were involved in the distribution of drugs during the period prior to treatment, 64.0% of these stating that they sold, mainly heroin, on a daily or regular basis.

Although similar numbers of user/property offenders were involved at some stage in the sale of drugs (Dobinson & Ward 1985, p.46) only 9.0% (p.44) specified drug sales as their main source of income before arrest. This was in comparison with the 33.1% of the treatment group who reported drug sales as one of their main income sources for drugs.

Certain information was also collected in this study which allows for some insight into the so-called network of distribution. This related to where respondents last obtained heroin, the suburb and location, a general description of the person from whom it was bought

and, in the case of drug selling, the suburb and location, a self-perceived description of their own involvement in the network (e.g. full-time or part-time dealer), and a general description of any precautions taken to avoid apprehension. The two sets of results, coming as they did from the buyer's and the seller's position, provided some perspective into how drugs are bought and sold.

Some respondents reported that they would attach themselves to one, two, or even more reasonably well-known suppliers. They did so as a means both of guaranteeing a fairly constant and safe supply, as well as a supply which was known to be of good quality. As with the buyers, sellers also tended to deal only with individuals they knew (regulars) or people referred by these regulars. This was also done in order to allow for the creation of safe supply networks, thus minimising the possibility of arrest (see Table 31).

Both the point of sale and point of purchase were also similar, being either a street or house/flat location. Mention should be made of this so-called street location. Both buyers and sellers mentioned that a street (public place) location was often used on a pre-arranged basis in order to minimise the possibility of detection. This information, therefore, tends to belie the common notion that dealers actively pursue and hustle on the streets for prospective clients, while users wandering the same streets desperately search for their next supply of drugs. This is not to say that this never occurs, more that it is not necessarily the norm.

In simple terms the differences between the two samples could be explained economically. User/property offenders might be said to use more heroin and therefore find it necessary to commit larger amounts of property crime. Such an explanation, though, raises the question of which of the factors, "level of crime" and "level of heroin consumption" plays the dominant role. It is unclear whether the amount of crime is a product of an established consumption level and dependency, or whether income levels are the primary factor in determining how much is used. Johnson et al. (1985) demonstrated that although users will attempt to maintain some sort of consistency in their usage levels, this is very often affected by their generated income (together with credit availability). They found that levels of use will rise and fall in direct response to similar fluctuations in income.

There would appear, therefore, to be two possibilities that explain these differences between the user/property offender and the treatment samples. Firstly, it could be said that the user/property offenders consumed more heroin and therefore "needed" to generate more income and so commit more property crime. On the other hand it might be suggested that the user/property offenders committed more property crime, generated more income and could therefore afford more heroin. Both in fact could be true, though each is very different in how it describes the drugs/crime relationship. There may even be a third explanation. It was noted that the user/property offenders

tended to have used for longer periods than the treatment group. Accordingly, it could be that some of the treatment sample may progressively increase their heroin consumption and so their involvement in property crime.

The Relationship Between Drugs and Crime

One method used to describe the relationship between drugs and crime is the temporal sequencing of the use of drugs (in particular heroin) and the commission of crime. An identical approach as adopted in the first study of comparing the self-reported ages of first and regular use with ages of first and regular criminal activity was adopted here. In the present study, the most common crimes committed before the age of first heroin use, in descending order, were drug selling, shoplifting, and break, enter and steal. For the crimes of break, enter and steal, fraud, larceny, and receiving, the greatest proportion of those who had committed an offence in these categories did so after their first use of heroin (the numbers involved in robbery are too small to comment upon). In the case of shoplifting, most had committed the offence prior to their first heroin use (see Table 33).

Although a larger proportion of those who had sold drugs reported doing so before their first heroin use rather than after, the effect of heroin use on drug selling is difficult to estimate since the questions did not differentiate between the selling of heroin and the selling of other drugs.

Of those who reported a regular involvement in property crime (52.0% of the sample) it was quite evident that it had occurred most often after the onset of heroin use (see Tables 34 and 35). This trend, however, was not repeated where selling drugs was concerned. As indicated in relation to Table 35, nearly 40% of those who reported having been regular drug sellers stated that it had occurred before the onset of regular heroin use. It should be noted that although specific data was not collected, respondents often reported the sale of drugs other than heroin before their initial use of that drug, but subsequently changed to selling heroin after this time. As in the previous study, therefore, there appears to be evidence to support the thesis that heroin addiction increases the likelihood of a regular involvement in crime.

A major difference, however, between the two samples appears to be in the degree and type of criminal involvement. Whereas 52.0% of the treatment sample reported being regularly involved in property crime at some stage, this was true for 87.2% of user/property offenders. Although less likely to be involved in property crime, 69.3% of the treatment sample reported a regular involvement in drug selling (61.5% of user/property offenders were similarly involved).

The Reasons for Use

One of the most often asked questions is why individuals initially use heroin and what sustains their use, given the well known consequences of physical dependency. The present study found that the main reasons for first heroin use were quite simply a curiosity about the drug, to alleviate boredem and for "kicks". Although the influence of peers or significant individuals was not viewed as terribly important (only 13.4% – see Table 11), only three individuals reported being alone when they first used heroin. Where the previous heroin use of the other participants in this first episode was known, 46.4% were reported as having used heroin before.

The question of why individuals continue to use and become drug dependent is more complex. It was evident from the interviews that, by the age of regular use, clearly defined patterns of behaviour and lifestyles had been established. Respondents commented that it was the day-to-day routine of "scoring" heroin that governed their lives and had done so since they became dependent. Such lifestyles, it would appear, are often comprised of periods of use punctuated by episodes of abstinence and participation in treatment programs. The reasons for individuals' ceasing or decreasing their drug use are crucial to a consideration of the future impact of subsequent intervention strategies.

It is important to note here that in the first study 32.1% had never abstained and nearly half (47.4%) had never had any prior treatment experiences (Dobinson & Ward, 1985; p.39). Conversely, only 22.8% of the treatment group had never abstained and only 25.2% were experiencing their first treatment episode. In this regard it is worth noting that Johnson and his colleagues found "that subjects who are the most criminal and the heaviest heroin users are the least likely to be in treatment" (Johnson et al., 1985: p.161).

In the current study, the reasons for abstinence (the longest period) were varied and often quite idiosyncratic (see Table 39), but the most common reason given was just being "fed up" or "sick of the lifestyle". This attitude often resulted from major disruptions to respondents' "normal" day to day routines. The arrest of a friend or a regular supplier, for example, could well influence an individual to either abstain or seek treatment. In fact this same general statement was also the most common reason given for their current treatment episode. Having abstained for a week or more (the most common period being between one and six months) or having entered a treatment program and thus having seemingly overcome the worst withdrawal phase, it is important to understand why individuals re-use. The fact that many do use again, sometimes after lengthy involvement in a program is the basis for most of the criticism of drug treatment.

If we look at the reasons given for both re-use after the longest period of abstinence and last treatment experience (Tables 41 and 44) many respondents (20.4% and 25.3% respectively) reported a simple desire to use again, based on their own perception that they never really intended to stop. Respondents did report that they often abstained (or decreased their use) or entered a treatment program to control their "habit". Others were also motivated because of disruption to their normal routine which may have been caused, as stated before, by the arrest of their supplier, a close friend or that they themselves were facing legal proceedings. It may be that once life returned to "normal" - e.g. court matters were finalised or drugs and money became available - individuals might leave treatment and begin to re-use.

Both abstinence and treatment, however, could be described as pressure valves for the user who consciously uses them to control and regulate his or her "habit". Although many respondents (37.9%) reported that their treatment experiences had had a "nil" effect, a similar number (34.7%) stated that while it had not affected their subsequent rate of consumption, it had changed their attitude towards using drugs. By this, respondents often meant that they were now aware of the personal harm heroin use was causing (Table 43). This, together with the use of treatment to keep consumption at manageable levels could well be seen as beneficial.

Conclusion

By comparing the two studies, it is evident that the relationship between heroin use and crime cannot be understood simply by the ecomomic link between use and income-generating crime. Other factors seem to exist that may explain why individuals initially use heroin and what maintains this use and the commission of crime over time.

Both user/property offenders and those seeking treatment had a history of criminal involvement prior to their first use of heroin. In some cases this involvement was on a regular basis. Both groups also reported a substantial use of other drugs before they first used heroin. In the current study many had also regularly sold such drugs at the same time. Programs and policies aimed solely at the treatment of narcotic abuse, therefore, may not necessarily reduce the level of crime.

Burr (1986), in a recent article on the effects of prescribing heroin to addicts, states that:

> The assumption in the 'heroin solution' that prescribing pharmaceutical heroin would do away with addict and organised crime's involvement with heroin use is questionable... for many, delinquent behaviour preceded the onset of their drug use. Providing such people with free drugs is not going to change their outlook on life and stop them committing crimes. More likely, as they do in

> Piccadilly, they will utilize their prescriptions criminally and continue to commit other crime as well. Even those drug users in Piccadilly who took to crime after they began using heroin, if they were involved in the criminal drug subculture for many years, often have become so deviant in outlook that they are no longer able to stop committing crimes either. Thus there is always likely to remain a close involvement between addict crime and heroin use"
>
> (p.94)

It is noted, however, that in both this and the previous study (Dobinson and Ward, 1985) and the well-known study by Ball and his colleagues (1980) respondents reported major decreases in criminal activity when narcotic free. Burr's argument is supported, however, by the fact that users will often return to use after periods of abstinence and treatment (in some cases after one or more years) and thus return to crime. Drug maintenance programmes (e.g. methadone), therefore, may decrease an individual's involvement in crime but may not necessarily stop it (Gould, 1974).

Heroin use would seem to be maintained over time not just by the need to support a drug dependency. As Burr (1986) argues, the continual reinforcement of criminal attitudes and behaviour after lengthy involvement in the drug sub-culture tends both to maintain use as well as inhibit any so-called "heroin solution". In a recent American study (Anglin, Brecht, Woodward and Bonnet, 1986) it was also found that high levels of criminal involvement and drug dealing inhibited the "maturing out" from narcotic use. In the present study, respondents reported lengthy periods of use punctuated by abstinence and treatment experiences followed by a subsequent return to use.

It is possible, also, that in the light of how some individuals use treatment to control and regulate their drug use and the probability of re-use that we may need to redefine what is meant by "success" in terms of treatment outcome. As stated, many individuals entered treatment in order to "see out the bad times" possibly caused by their being arrested or lack of drugs or money. In other cases respondents perceived that their consumption was too high and therefore entered treatment to bring it down to a manageable level. Whereas the current objectives seem to be cessation of drug use and crime and a return to a "normal" lifestyle, consideration should also be given to the function that treatment provides in keeping an individual's usage at a manageable level.

A comparison of the two Bureau studies shows the complex nature of heroin use and crime. Although similar in many respects, the major differences between the two groups of users were the rate of heroin consumption and the degree and type of criminal involvement. It was evident that property crime was not an income option that many of the treatment group were prepared to consider. Nearly half (48.0%)

reported never having been regularly involved in the commission of property crime. Even more reported that they were not involved in such crime in the period prior to treatment. Instead, they generated money for drugs through a combination of legal and illegal means such as the regular sale of small amounts of drugs. Higher consumption rates might explain the differences between the two samples. Even this conclusion, however, is not that straightforward when regard is had to the issue of whether crime is a product of use or use is determined by income from crime.

DRUGS QUESTIONNAIRE

I.D. NUMBER

1. Sex

   1. Male
   2. Female
   3. Transexual

2. Date of Birth _____

3. Marital Status

   1. Single
   2. Married
   3. Defacto
   4. Separated
   5. Divorced
   6. Widowed

4. Place of residence (present or immediately prior) (Post Code)
   _____

5. i) At what age did you leave school?

   _____

   ii) What was your highest level of achievement?

   1. Primary
   2. Secondary (no certificate)
   3. School Certificate
   4. Leaving Certificate
   5. Uncompleted Tertiary
   6. Technical College
   7. University/CAE
   8. Special School
   9. Not Known

6. i) At present or immediately prior to entering treatment were you:

   1. Employed F/T
   2. Employed P/T
   3. Unemployed
   4. Student
   5. Domestic
   6. Pension (e.g. sickness, single mother)

   ii) If unemployed, for how long have you been without work?

   _____weeks

7. i) What is/was your usual occupation?

   _____

Drug usage

Present to the respondent the 12-month calendar. Firstly ask him/her to specify the date he/she first visited the clinic. In some cases this will be the date of interview. Tell the respondent that you will be asking questions about the six-month period prior to this date. Show him/her the months you will be referring to.

Having done this ask the respondent if he/she can remember any periods of 1 week or more in which he/she was not using (abstinence), in gaol or in treatment.

CALENDAR

MONTH	WEEK 1	WEEK 2	WEEK 3	WEEK 4
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

A = Abstinence
G = Gaol (including remand)
TI = Inpatient Treatment
TO = Outpatient Treatment
EP = Entry into present treatment
X = Last time obtained main drug (see later note)

8. What is the drug for which you are seeking/in treatment?

1. Heroin
2. Cocaine
3. Barbiturates

4-7 Other opiates/ narcotics

Specify _____

9. I would like you to rank the following drugs according to how frequently you used them in that 6 months.

Alcohol

Cannabis

LSD/other psychedelics

Amphetamines

Barbs./Hypnotics

Cocaine

Heroin

Other Opiates

10. If you couldn't get _____ (main drug) what did you use?

1. Alcohol
2. Cannabis
3. LSD/Psychedelics
4. Amphetamines
5. Barbs./Hypnotics
6. Cocaine
7. Heroin
8. Other Opiates

77. Always available

99. Don't know

11. At what age did you first try:

Alcohol _____ N/A 88

Cannabis _____ DK 99

LSD/Psychedelics _____

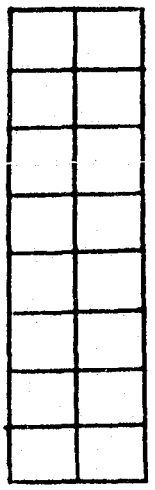
Amphetamines _____

Barbs./Hypnotics _____

Cocaine _____

Heroin _____

Other Opiates _____



12. Can you describe the first time you used your main drug (i.e. where, with whom, how consumed etc.)

_____

_____

_____

_____

_____

_____

13. Why did you first try _____ (main drug)?

1. Influence of peer group/friends
2. To escape pressure/emotional upset
3. Boredom
4. Curiosity/kicks
5. Drug availability
6. 'Don't know'
7-99 Other...Specify _____

_____

_____

14. At what age did you begin to use the following drugs on a weekly basis:

Alcohol _____ years N/A 88

Cannabis _____ years DK 99

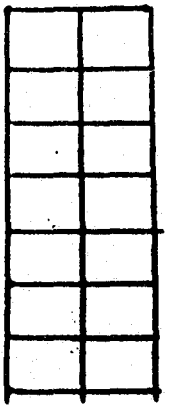
LSD/Psychedelics _____ years

Amphetamines _____ years

Barbs./Hypnotics _____ years

Cocaine _____ years

Heroin _____ years



15. Why did you begin to use your main drug on a weekly basis?

1. Influence of peer group/friends
2. To escape pressure/emotional upset
3. Boredom/kicks
4. Drug availability
5. Like it
6. 'Don't know'
7-99 Other...Specify _____

_____

_____

Last Time You Obtained Your Main Drug

I would now like to refer back to the calendar. Can you tell me the week in which you last obtained _____ (main drug).

16. With regard to the last time you obtained your drugs, how did you get them?

1. Cash
2. Traded property
3. Friends
4. Stole drugs
5. Rolled dealer
6. Credit
7. Someone else obtained drugs
8. Services...Specify _____

_____

_____

17. Were the drugs obtained for:

1. Yourself
2. Group Specify No. _____

18. i) What was the total amount of main drug obtained?

_____ weight gms

ii) If heroin what type?

1. White
2. Grey
3. Pink
4. Brown

19. i) If the drugs were purchased, or obtained by trading property what was the cost or value (in terms of drugs obtained) of the property? (if credit still note $ cost)

$_____

ii) If obtained for a group, how much did you put in?

$_____

20. Did you cut this amount (re Q18)?

1. Yes - personal
2. Yes - group
3. No

If 'yes', what was the new amount?

_____ weight gms

21. Were any of the drugs (Q18 or Q21) sold? If so,

i) How much _____ weight gms
ii) for how much $ _____

22. What was your share of the remaining drugs? _____

23. Was this all for your personal use?

1. Yes
2. No (note selling details)

24. How long did this last you?

_____ days

25. At this time how much were you using daily?

_____ mls
weight gms
pills

N.B. If there is a discrepency between 24 and 25 seek reasons.

26. i) How was the drug consumed?

1. Intravenously
2. Snorted
3. Smoked

ii) If intravenously, how many "tastes" did you have per day?

27. i) You indicated that last time you purchased, or traded property for your drugs- how was the cash raised or property obtained?

1. Job
2. Social security
3. Property crime
4. Drug sales
5. Prostitution
6. Family friends

7-99 Other...Specify _____

_____ ☐☐

N.B. If credit not repayed at this stage code 88.

ii) If combination, what was the main way?

_____ ☐

iii) Is this your usual source of income for drugs? If not, what is?

_____ ☐

iv) What was your main* source of weekly income in the 6 months? _____ ☐

If the respondent made money from drug sales ask Q28.

If the respondent made money from property crime ask Q29.

28. You indicated that you acquired money for this purchase from drug sales- what drugs did you sell?

1. Cannabis
2. LSD/Pschedelics
3. Amphetamines
4. Barbs./Hypnotics
5. Cocaine
6. Heroin
7. Other Opiates

☐/☐/☐

N.B. If more than 3 drugs were sold ask the respondent to select the 3 main drugs sold.

* This relates to greatest $ amount.

29. You indicated that you acquired money for this purchase through property crime- how many of the following crimes did you have to commit?

Break, enter and steal _____
Motor vehicle larceny _____

Shoplifting _____

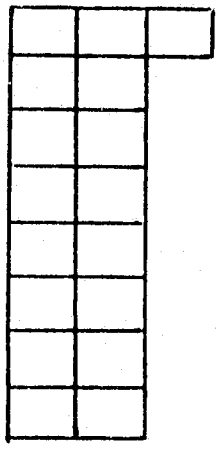
Robbery _____

Armed robbery _____

Forge, use stolen credit card, etc _____

Other larceny _____

Receiving _____

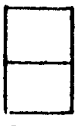


30. Over what period of time did you commit these crimes?

_____ days

31. Is this usually how you obtain your drugs?

Yes
No



If not, what is?

32. In the specified 6 months period, were you involved on a weekly basis in the selling of drugs? If so what was the main drug you sold?

1. Cannabis
2. LSD/Psychedelics
3. Amphetamines
4. Barbs./Hypnotics
5. Cocaine
6. Heroin
7. Other Opiates

☐

33. In the 6 months how often did you sell drugs? _____ ☐☐

34. Similarly, in the 6 month period were you regularly involved in the supply network? If so, how would you describe your usual role?

1. F/T dealer NA 8
2. P/T dealer
3. Middleman*
4. Courier

5,6,7. Other...Specify _____

_____

☐

* These are people who buy drugs for other people, or alternatively, take them to sources from whom they can buy their drugs.

35. You said that you were a dealer, where did you operate from?

1-20. Retail or shop outlets...Specify NA 88 DK 99

_____

_____ ☐☐

21. The street
22. Houses or flats

23-98 Other...Specify _____

_____

Note: Questions 28 and 32 Main drugs relate to those from which the most money was obtained.

36. i) Similarly, the last time you obtained your drugs where did you get them?

1-20. Retail or shop outlets...Specify DK 99

_____ ☐☐

_____

21. The street
22. Houses or flats
23-98 Other...Specify _____ _ ___

_____

ii) On the last occassion, in what suburb did you obtain your drugs? (Post Code)

_____ ☐☐☐☐

37. In general terms how would you describe the person and his/her role from whom you obtained your drugs?

1. Stranger
2. Friend
3. Acquaintance
4. Family
5. Police
6-8 Other...Specify_____

_____

1. F/T dealer
2. P/T dealer
3. Middleman
4-8 Other...Specify

_____ ☐☐

9 DK

38. What precautions do you take to avoid apprehension for using (e.g. using in private, buying from different dealers)?

_____

_____ ☐☐

39. What precautions do you take to avoid apprehension for selling (e.g. not selling from one location)?

_____

_____ ☐☐

CRIMINAL HISTORY

I would now like to ask you some general questions about your involvement, if any, in the commission of property crime.

40. At what age did you first:

Break into somewhere to steal _____

Steal a motor vehicle _____

Rob someone/no weapon _____

Shoplift _____

Rob someone/weapon used _____

Forge something/other frauds _____

Other larceny _____

Receive _____

Drug traffick/push _____

41. At what age did you commit the following at least once a week:

Break into somewhere to steal _____

Steal a motor vehicle _____

Rob someone/no weapon _____

Shoplift _____

Rob someone/weapon used _____

Forge something/other frauds _____

Other larceny _____

Receive _____

Drug traffick/push _____

42. In the 6 month period specified how many times did you:

Break, enter and steal _____

Steal a motor vehicle _____

Rob someone (no weapon) _____

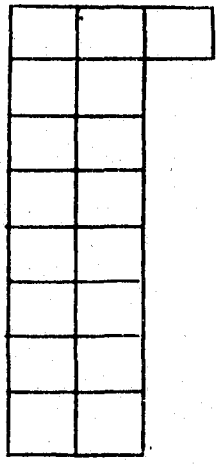
Rob someone (weapon) _____

Shoplift _____

Forge something/other frauds _____

Other larceny _____

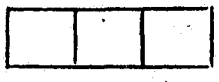
Receive _____



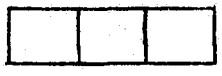
TREATMENT AND ABSTINENCE

43. You said that you began to use regularly at _____ years. Would you say that you have been a regular user since that time? If not, how long have you been a regular user?

_____ months



44. Other than treatment periods and/or periods in custody, have you ever stopped using? If so, what was the longest period that you stopped for? _____ weeks



45. i) What was the main reason for you stopping?

1. Pressure from friends/family
2. Pressure from authorities/police/arrested
3. Fed up or sick of lifestyle
4. Drug not readily available
5. Unable to afford it anymore
6. Didn't want to jeopardise my relationship /job
7. Moved away to escape situation
8. Pregnant
9. Don't know why

10-99 Other...Specify _____

_____

ii) Why did you start using again?_____

_____ ☐☐

_____

_____

46. How did your criminal activity vary during this time?

1. Increased...Specify _____

_____

2. Remained same

3. Decreased...Specify _____ ☐

_____

4. Stopped

5. Not offending at this stage

47. Have you had treatment previously? If so.....

TREATMENT	NO OF TIMES	NO FINISHED	OPINION OF TREATMENT*
Formal Detoxification[a)]			
Methadone Programs			
Therapeutic Communities			
Out-patient services			

a) This is detox. as a treatment on its own, not as part of an overall program.

* The interviewer is to probe the respondent and try to get specific negative and positive attitudes about treatment, not simply replies such as:

"I couldn't handle it."

48. What effect do you think treatment has had on your drug use?

_____ ☐

_____

49. What effect do you think treatment has had on your criminal activity?

_____ ☐

_____

50. After your last treatment why did you begin to again?

_____ ☐☐

_____

CURRENT TREATMENT

51. Name of treatment agency

_____ ☐☐

52. Why did you (1) or are you (2/3)* seeking this treatment?

_____ ☐☐☐

2 = 1st interview 3 = second interview.

GENERAL

53. What has been the effect of your drug use on your criminal activities (property crime and selling)?

_____ ☐☐

_____

54. What do you see as the most effective form of treatment?

_____ ☐☐

_____

55 What do you see as the answer(s) to the drug problem?

_____ ☐☐

_____

SYDNEY SUBURBAN BREAKDOWN

By postcode

CENTRAL	2000 - 2001
	2006 - 2017
	2021 - 2044
	2048 - 2050
	2203 - 2204
	2890
INNER WEST	2045 - 2047
	2129 - 2140
SOUTH	2018 - 2020
	2143, 2162, 2163
	2190 - 2200
	2205 - 2214
	2216 - 2234
	2507
SOUTH WEST	2167 - 2168
	2170 - 2174
	2558 - 2560
	2564 - 2574
	2752
WEST	2115 - 2118
	2141 - 2142
	2144 - 2154
	2158
	2160 - 2161
	2164 - 2166
	2176 - 2177
	2255
	2753 - 2767
	2770
	2773 - 2786
NORTH	2060 - 2082
	2084 - 2108
	2110 - 2114
	2119 - 2122
	2157 - 2159
	2252 - 2253

AMOUNT OF HEROIN BY PRICE PAID

Set out below are the prices (and frequency) paid for a quarter, half and one weight gram.

Quarter	$130 (1)	$100 (3)	$ 80 (1)	$ 75 (2)	$ 70 (2)
	$ 60 (1)	$ 40 (1)	$ 30 (1)		
Half	$160 (1)	$150(18)	$140 (1)	$125 (1)	$100 (7)
One	$300 (2)	$280 (1)	$250 (7)	$220 (1)	$200 (2)

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