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EXECUTIVE SUMMARY

This report contains the results of a telephone survey, conducted in Western Australia in December 1993, of the knowledge and attitudes of 400 members of the general public regarding the provision of needles and syringes (N&S) to injecting drug users (IDUs) and the possibility of changing the laws relating to cannabis, as strategies to reduce the harm associated with illicit drug use in the community.

The aims of the study were to: assess the knowledge and attitudes of a sample of the Western Australian community regarding the decriminalisation of cannabis and strategies to reduce the risk of transmission of blood-borne viruses, specifically Human Immunodeficiency Virus (HIV), through sharing of injecting equipment by IDUs; determine what effect giving respondents information about the provision of N&S as a harm reduction strategy had on their knowledge and attitudes; identify areas for community education to support N&S provision as a community harm reduction initiative; and contribute to the community debate about the possibility of changing the laws which apply to cannabis.

The sample comprised persons 17 years and over of whom, 244 respondents were from the metropolitan area and 156 from two country locations, Bunbury and Geraldton. Respondents were selected at random within each location. A market research company, Reark Research, conducted the sampling and data collection.

The questionnaire (Appendix 1) contained items covering knowledge and attitudes to drug use, spread of HIV, methods of reducing spread, and questions pertaining to cannabis decriminalisation. Two sets of Likert scale items concerning the provision of N&S to IDUs were also included, one prior to and one after, a three minute standardised audio-taped information module (Appendix 2). Both the questionnaire and audio-taped information module were designed for this study and together took, on average, just under 25 minutes to administer.

The information module, read by a male radio news reader, covered: information on needle sharing and sexual transmission as a major route of potential spread of HIV into the 'wider' non-injecting community; the rates of infection among IDUs in WA compared to other parts of the world; a description of the legal situation (at the time of data collection) with respect to N&S provision; the role of chemists, needle exchanges, and other health workers in the provision of N&S to IDUs; the co-operative position of the police on this issue; a summary of the evidence which shows that provision of N&S leads to safer injecting but not increased injecting; a description of concern about disposal problems and a response to these concerns; and the rationale for harm reduction as it applies to the provision of N&S to IDUs.

The final sample was not significantly different to WA population figures with regards to gender, or right or left wing political affiliation, as measured by voting patterns at the last state election, and although it was significantly different with regards to age, the data were weighted to control for this potentially confounding variable.

Main Findings

The majority of the respondents broadly understood the rationale behind the harm reduction approach, agreed with its principles and were even more supportive when the rationale was explained. The majority of the sample were aware of the potential for spread of blood-borne viruses, notably HIV, through the sharing of injecting equipment and were supportive of providing needles to drug injectors and changing the laws related to cannabis possession and use. This support existed across the political spectrum, and from both metropolitan and country respondents.

HIV and Injecting Drug Users

The vast majority (85.1%) of respondents believed that IDUs were quite a bit more likely than the general community to contract HIV and 60.0% believed it was quite likely that the virus would be further spread if it became widespread among IDUs.

Most respondents (91.6%) believed there were ways in which IDUs could reduce their chances of getting HIV and 87.2% of these stated this could happen if IDUs stopped sharing needles. Sexual transmission was given as a possible route of spread into the wider, non-injecting, community by 91.0% of respondents.

The vast majority (86.6%) of the sample supported health authorities continuing strategies to reduce the spread of HIV among IDUs, even if the number of IDUs currently infected with HIV is small.

After the audio-taped information module, 80.3% of the respondents agreed that there were many young people who injected themselves with illegal drugs on an occasional basis, compared to only 64.0% before. Prior to the information tape, 30.7% of the sample believed that the provision of new needles to IDUs will lead more people to inject drugs. After the tape, only 24.5% believed this.

Even though before the information tape, 84.9% of respondents agreed that the provision of needles to IDUs was important in stopping the spread of HIV in WA, after the tape, this had risen to 93.2%.

After the information tape, 86.9% agreed that users of illegal injectable drugs should be legally able to obtain new needles from authorised sources, compared to 75.5% before. Prior to the information tape, persons who were younger, did not have children under 22 years, or knew a drug injector, were more likely to be in favour of provision. After hearing the information tape, only age predicted responses.

Support for IDUs having access to new N&S was not affected by respondents' political or religious affiliation, residency in the city or country, or a number of other variables.

Prior to the information tape, 75.5% of the sample agreed that politicians who make it legal to provide needles to injecting drug users in this state are making the right decisions for the health of the community. After hearing the rationale on the tape, 85.6% agreed with the statement.

Recommendation:

In order to support current and future legislative changes and other harm reduction initiatives with drug injectors, health authorities should undertake public education to explain the rationale behind such measures as pharmacists and other workers supplying needles to drug injectors. Community education should personalise the benefits of harm reduction with drug injectors for everyone in the general community.

Pharmacists and Needle Provision

A number of items specifically referred to the role of pharmacists in the provision of N&S to IDUs.

At the time of data collection it was not legal in WA for chemists and other health workers to provide needles to drug users, however, 37.5% of respondents believed it was.

After the audio-taped information module, 84.7% of respondents agreed that it should be legal for chemists and other health workers in WA to make needles available to IDUs, compared to 69% before. Responses to this item were not predicted by respondents' age, gender, political or religious affiliation, whether they had children under 22 years, or a range of other variables.

Almost three quarters (73.8%) of respondents believed that if a young member of their family had been injecting illegal drugs with a needle bought from their local chemist they would not hold that chemist even partly responsible for any negative consequences, and 82.0% stated that they would be thankful that at least the young person had access to clean needles.

After hearing the rationale on the tape, the vast majority (88.8%) of the sample agreed that chemists and other health workers who make needles available to injecting drug users are providing an important community health service. This compared to 75.5% before the tape was played.

Recommendation:

Relevant bodies should give consideration to offering pharmacists and their staff training which allows discussion of the rationale and evidence for needle provision as a harm reduction strategy and includes practical skills training in responding to possible customer complaints about pharmacists' role in needle provision.

Needle Disposal

Overall, 41.4% of respondents had, at some time, seen a needle dropped in a public place. There were no significant differences between the proportion of respondents in the metropolitan and country samples who reported ever having seen a dropped needle. Prior to the audio-taped information module 49.9% of respondents believed that in WA it is quite likely that a person pricked by a needle dropped in a public place will catch HIV. Having heard the information tape, only 34.4% believed it was quite likely.

Recommendations:

A high level of community anxiety about risk of contracting HIV and other viruses through accidents with needles dropped in public places has the potential to erode support for needle provision and therefore be a threat to community health. Strategies which remind users it is in their interest to safely dispose of used N&S, and not undermine community support, should be continued. Further legislative change which protects users returning used equipment to exchanges, or storing safely until it can be disposed of, should be made a government priority. Accurate reporting by the media about the very low risks of contracting HIV through accidents with discarded needles needs to be encouraged.

Police, Politicians and N&S Legislation

Although prior to the audio-taped information module only 58.8% of the sample agreed that police are acting responsibly if they exercise their discretion and don't "stake out" locations

where drug users obtain new needles, once they had heard the information tape, 81.7% agreed with such action by police.

Recommendation:

That police are informed that once the community understands the reasons why, the vast majority support policing being undertaken in such a way as not to undermine the effectiveness of needle exchange and distribution points.

Cannabis Decriminalisation

Over a third (36.7%) of respondents believed cannabis should be made as legal as alcohol, while 53.2% believed it should not.

When possible penalties associated with decriminalisation of possession and use of small amounts of cannabis for personal use were not described, 64.0% of respondents were in favour of decriminalisation, however, when penalties were described, support for decriminalisation increased to 71.5%.

Attitudes to cannabis decriminalisation were not affected by right or left wing political affiliation. Majority support for cannabis decriminalisation existed across the political spectrum.

Just under two thirds (63.0%) of respondents believed that many people in our community use cannabis without experiencing serious problems due to its use, and a similar proportion (63.3%) believed that the court system is overburdened by minor cannabis offences. Forty four percent of the sample believed it would be a bad thing for our community if people were legally able to grow small amounts of cannabis for their personal use, while 50.7% did not.

Recommendation:

Researchers should contribute to the current community debate by conducting and publicising evaluations of the effects of relaxation of laws relating to cannabis in jurisdictions where this has already taken place and by documenting the level of community support for such legislative change.

1.0 INTRODUCTION

1.1 HIV AND INJECTING DRUG USE

In Australia, as in other western countries, one of the main routes of transmission of blood-borne infections such as HIV and Hepatitis is the sharing of needles and syringes (N&S) and other injecting equipment by injecting drug users (IDUs). Research has shown that many drug injectors have non-injecting sexual partners (Donoghoe, 1992). Transmission of HIV from drug injectors through sexual contact, or from mother to child, is one of the main routes for spread of the infection into the wider, non-injecting community.

In most western countries where the spread of the HIV through IDUs has emerged as an actual or potential problem, the primary public health prevention strategy has been to make new N&S readily available to drug injectors (Des Jarlais and Freidman, 1992).

1.2 HIV IN WESTERN AUSTRALIA

Largely as a result of the provision of N&S to IDUs, Western Australia is thought to have one of the lowest rates of HIV infection among IDUs in the western world with only about 1% of users infected (personal communication, Health Department of Western Australia, 1993), compared to 50 to 60% in some parts of the USA and Europe (Des Jarlais and Freidman, 1993). However, it is of concern that Saker (1993) reported that in WA 92% of clients on the State's methadone program were positive for Hepatitis C Virus (HCV) antibody. Whilst a large number of these infections may have occurred prior to strategies to reduce the spread of blood-borne diseases being implemented, the data presented by Crofts, Hopper, Bowden et al, (1993) indicate needle sharing and viral transmission occur at a high enough rate that if HIV was to reach higher levels of prevalence it could rapidly spread among injectors, and potentially to the wider community.

1.3 STRATEGIES TO REDUCE THE SPREAD OF BLOOD-BORNE INFECTIONS IN WESTERN AUSTRALIA

Since July 1987 the Health Department of WA has administered a program of providing new N&S to IDUs through the WA AIDS Council's needle and syringe exchange program, through drug treatment agencies, and primarily, through retail pharmacies (Swensen, Westlund and Baker, 1992). N&S exchanges are services specifically established to provide IDUs with injecting equipment, information and often other services and incorporate a facility for users to return used equipment for disposal in exchange for new equipment. The so called, "Fitpack" Program which operates through retail pharmacies in WA does not incorporate a exchange component, but rather the emphasis is on providing N&S with a 'safe'

disposal container. Five N&S are sold in each "Fitpack" which are hard plastic containers that incorporate features which are designed to enable used syringes to be "locked-in" for disposal so they cannot be removed for re-use or cause injury to children. During 1992 almost 1 million N&S were provided to IDUs in WA, the majority being in the Perth metropolitan area. Approximately 60% of these N&S were sold to IDUs through retail pharmacies. (Health Department of WA, 1993).

At the time of collecting the data for this study the provision of injecting equipment to drug users was still illegal. Pharmacists and other health workers could theoretically be charged for engaging in such activity under the Aiding and Abetting provisions [Sections 7-9, 44(1) and 44(4)] of the WA Criminal Code. Schwartzkoff and Watchirs (1991) noted that these provisions held that:

A person is deemed to have taken part in the committing an offence, and conviction will have the same consequences as committing that offence, in this case 'self administration of a drug of addiction' (Section 36 of the Poisons Act), where that person does, or omits to do, any act for the purpose of enabling or aiding another person to commit the offence, aids another person in committing the offence, or counsels or procures any other person to commit the offence (Sections 7-9 of the WA Criminal Code).

In June 1990, a Select Committee Appointed to Inquire into the National HIV/AIDS Strategy White Paper tabled a report in the WA Legislative Assembly which included recommendations that appropriate measures be introduced to protect workers and users in this regard (Schwartzkoff and Watchirs, 1991).

Draft legislation to make the provision of N&S to drug users no longer illegal was presented to the Western Australian Parliament in October 1991, but was not enacted by the previous Labor administration nor the current Liberal Government until legislation was finally passed by both houses of the Western Australian State Parliament as The Poisons Act Amendments on April 7 1994. At the time of finalising this report, this legislation, which does not protect IDUs from prosecution if found in possession of used equipment, had not yet been proclaimed.

Recent media reports and communication with pharmacists suggested that a number of pharmacists participating in the needle provision scheme were unaware that technically they had been breaking the law. As the legislative process has unfolded, community interest in the issues has increased and the provision of N&S has gained a higher public profile (McNamara,

1993). Many pharmacists are concerned about how their involvement in the provision of N&S to IDUs is perceived by the community as a whole. Some pharmacists expressed the view that there was little public acknowledgment of the work pharmacists have undertaken, largely out of good will, in minimising the impact of HIV and other blood-borne diseases on the community through participation in the scheme to provide N&S to IDUs. (Jacobs and Patterson, personal communication, October 1993).

1.4 PREVIOUS COMMUNITY SURVEYS ON HARM REDUCTION

Research on community attitudes to N&S provision as a harm reduction strategy with IDUs has previously been conducted in both New South Wales (Schwartzkoff, Nicolas, Spooner, Vidic, and Wolk, 1989) and in WA (Leivers and Medica, 1989). Both studies found general community support for such initiatives. However, the former study emphasised evaluation of N&S exchanges, whereas, in Perth the majority of N&S are provided through retail pharmacies without an exchange component as described above. In WA Leivers and Medica (1989) found that 25% of respondents thought that people who inject illegal drugs should not be able to easily obtain new N&S, and 63% said it was 'quite' or 'very' likely that a person pricked by a discarded needle would catch the AIDS virus. Neither study attempted to measure the impact of providing information to respondents about the rationale for the provision of N&S to injecting drug users.

1.5 CANNABIS DECRIMINALISATION

The issue of cannabis decriminalisation is related to the prevention of harm associated with blood-borne viruses as there is some indication of a relationship between the prevalence of cannabis use and use of injectable drugs. Loxley (1993) has suggested that the effective proscription of cannabis may be partly responsible for an apparent vacuum in the illicit drug market which has increasingly been filled by the supply of injectable psychostimulants, particularly amphetamines. Information collected from users and dealers in qualitative studies undertaken in WA suggests that law enforcement has reduced the supply and increased the price of cannabis, which can be more easily tracked, found and seized than powders such as amphetamine and heroin. She argues that the group that experiments with cannabis - predominantly the young - are very vulnerable, when the supply of cannabis is low, to encouragement to try an injectable drug, which, hit for hit, is not much more expensive. If this is the case then the decriminalisation of cannabis at least have an indirect harm reduction effect on the prevention of blood-borne viruses. Data from the Health Department of WA (HDWA) (Swensen, 1991, 1993) shows that as the amount of cannabis seized per annum has decreased, the amount of injectable drugs seized, notably amphetamine, has increased.

The possession and use of small amounts of cannabis in private was 'decriminalised' in South Australia in 1987 through the so called Cannabis Expiation Notice System (Morgan, Riley and Chesher, 1993) and in the ACT in 1992. Similar measures have recently been considered in Queensland (Advisory Committee on Illicit Drugs, 1993) and are being discussed in the media with respect to other state and federal jurisdictions. In 1993, the Ministerial Council on Drug Strategy established a National Task Force on Cannabis under the auspices of the Commonwealth Department of Health, Housing and Community Services to report to state and federal ministers on a number of aspects of the cannabis decriminalisation debate.

Conceptually there are a number of ways of dealing with cannabis within the legal system. Six possibilities have been described (Alcohol and Other Drugs Council of Australia, 1993), however, for the purposes of this study, the three most discussed ways of dealing with possession and use of small amounts of cannabis within the legal system were addressed.

The first of these is for the possession and use of small amounts of cannabis in private to be a 'criminal offence', as it is currently in all states and territories of Australia except South Australia and the ACT. If an act (such as possession and use of small amounts of cannabis) is a criminal offence, conviction can result in penalties including a criminal record and a jail sentence. The second possibility is for cannabis to be 'decriminalised'. Morgan, Riley and Chesher (1992) point out that although there is no consensus on the meaning of 'decriminalisation' the term usually refers to a reduction of penalties for possession of small amounts of cannabis to penalties other than imprisonment' (p.219). Offences which are not criminal are still unlawful but convictions do not result in a criminal record and typically only result in a fine, with jail not a penalty unless, for example, fines are not paid. Speeding in a motor vehicle is an example of such an offence. Possession and use of small amounts of cannabis can be decriminalised, while the possession of large amounts, use in a public place, selling and supplying of the drug remain a criminal offence. The third possibility is for cannabis to be 'legalised'. If the possession and use of cannabis was legalised, it would not result in any legal sanctions, although other specific acts in relation to cannabis may be deemed unlawful by legislation. For example in Western Australia, as in other jurisdictions, the possession and use of alcohol and cigarettes is lawful, although the sale of cigarettes or alcohol to minors is not, nor is the promotion of such substances through certain forms of media.

Given that the distinctions between these conceptually different possibilities are complex and difficult to clarify, even for those who work in the area, it is to be expected that the general public also have difficulty. However, it is important in surveying community attitudes that attempts are made to clarify the different positions. It is the view of this author that many people believe that the alternative to criminalisation is legalisation, and that people require an

understanding of all three concepts if they are to meaningfully reflect on their attitudes to the possibilities of changing the laws relating to cannabis.

As a result the items referring to cannabis legislation in the questionnaire used in this survey were designed in such a way as to distinguish the terms by defining them and using analogies that most respondents would be familiar with and readily understand with little explanation. In addition, these items which both explained the terms and asked respondents their views on these three issues were ordered in such a way as to assess attitudes towards (and define), legalisation first, indicating the status quo (keeping cannabis possession and use criminal), and finally decriminalisation. It was hypothesised that responses to these items would be different and that more persons would be in favour of decriminalisation when they understood all three terms rather than just one or two.

2.0 AIMS

The main aims of the current study were to:

- (1) assess the knowledge and attitudes of a sample of the Western Australian community regarding the:
 - principles of the harm reduction approach,
 - potential for the transmission of blood-borne viruses, specifically HIV, through sharing injecting equipment
 - provision of N&S to IDUs
 - decriminalisation of cannabis;
- (2) determine what effect, if any, even a small amount of information about the provision of needles and syringes as a harm reduction initiative has on the self reported knowledge and attitudes of respondents;
- (3) identify areas for community education to support needle and syringe provision as a community harm reduction initiative;
- (4) contribute to community debate about the possibility of changing the laws relating to cannabis.

3.0 RESEARCH METHOD

3.1 SAMPLING

A total of 400 telephone interviews were conducted with members of the general public 17 years and over; 244 respondents were from the metropolitan area and 156 were from two country locations, Bunbury and Geraldton. These two regional centres had been used in earlier research on N&S provision as a harm reduction strategy with IDUs (Leivers and Medica, 1989). The sampling and data collection was conducted by the marketing and social research company Reark Research Pty. Ltd. The breakdown of the number of interviews obtained from residents residing in each of the areas is given in Table 1. Interviewing was conducted between the 26th of November and the 5th of December 1993.

TABLE 1: NUMBER OF INTERVIEWS BY GEOGRAPHIC AREA

Area	Number of interviews obtained
Perth	244
Bunbury	109
Geraldton	47
TOTAL	400

Survey respondents were selected at random using CD Rom "Australia on Disk" to select the household. Within households, the person aged 17 years or above whose birthday was closest to the date of the telephone call was selected as the respondent. If the person selected by this method was not available at the time of calling, up to three call backs were made to contact them. No substitution within households was allowed. Most telephone calls were made after 5pm on weekdays and during the day on weekends so as not to bias the sample against working persons. Towards the end of the data collection, telephone interviewers asked to speak to the man in the household whose birthday was closest to the date of call, to ensure approximately equal numbers of males and females in the final sample. Reasons for non-response are given in Table 2. Response rates were calculated using a denominator which was the sum of those contacts with eligible respondents that did not result in a complete interview (that is 'stopped/ incomplete interview', 'refused to participate', 'too busy', 'no knowledge') and those who had a complete interview. The response rate for the city sample was 37.9% and for the country was 38.6%.

TABLE 2: REASONS FOR NON-RESPONSE

Reason	City sample		Country sample	
	f	%	f	%
Stopped / incomplete interview	0	0.0	4	0.9
Refused to participate	303	31.9	203	43.8
Foreign / language difficulty	24	2.5	10	2.2
Unreliable	3	0.3	0	0
Away	2	0.2	5	1.1
Temporarily absent	98	10.3	25	5.4
Too busy	96	10.1	41	8.8
No answer	245	25.8	99	21.4
Engaged	28	2.9	3	0.6
No eligible respondent	20	2.1	6	1.2
No knowledge	0	0	0	0
Duplicate number	0	0	1	0.2
Not eligible number (eg. a business)	18	1.9	13	2.8
Disconnected number	103	10.8	44	9.5
Fax number	10	1.0	9	1.9
TOTAL	950	100	463	100

3.2 PROCEDURE

The questionnaire (Appendix 1) designed for this study took, on average, just under 25 minutes to administer by phone (range 13 to 55 minutes). It included both closed and open ended items covering knowledge and attitudes to drug use, spread of HIV, methods of reducing spread, and questions pertaining to cannabis decriminalisation. Two sets of Likert scale items pertaining to issues concerning the provision of N&S to IDUs were also included, one prior to and one after, the standardised audio taped information module, the script for which is presented in Appendix 2. In an attempt to minimise socially desirable responses both administrations of the Likert items were prefaced by the statements: "Please answer as honestly as you can, rather than on how you think the researchers would want you to respond. We want to know what you believe". Following the second set of Likert scale items, which were presented in a different order to the first, respondents were asked for demographic information including about their political and religious affiliation. Finally they were asked if they had anything else they would like to add.

Originally questionnaire items were included related to the transmission of Hepatitis C, however, during the pilot phase it became apparent that respondents became confused about the two viruses and it was not possible to adequately deal with this confusion in the time available for interview. As a result, the questions pertaining to Hepatitis C were omitted from the final version of the questionnaire.

The audio taped information module was read by a male radio news reader and took three minutes. It covered:

- information on needle sharing as a transmission route and sexual transmission as a major route of potential spread of HIV into the 'wider' non-injecting community
- the rates of HIV infection among IDUs in WA compared to other parts of the world
- a description of the current legal situation with respect to N&S provision
- the role of chemists, needle exchanges, and other health workers in the provision of N&S to IDUs
- the co-operative position of the police on this issue
- a summary of the evidence which fails to show that provision of N&S leads to increased injecting, but that it does show it leads to safer injecting
- a description of concern about disposal problems and a response to these concerns
- the rationale for harm reduction as it applies to the provision of N&S to IDUs.

3.3 STATISTICAL ANALYSIS

As the majority of variables used in the study were categorical, cross-tabulation was used for descriptive purposes for two-way comparisons. Association between variables in the study was tested using the Pearson Chi square test, unless otherwise stated. Comparisons between results of this study and those from other sources (eg. population statistics) were conducted using the non parametric Chi square one sample test which allows specification of expected frequencies or proportions (SPSS Inc., 1990). The degree of significance of the pre to post differences on Likert scale items was determined using the Test for Symmetry (Everitt, 1977). Two way comparisons for dichotomous variables were conducted using the McNemar Test (SPSS Inc., 1990). Neither of these non parametric tests are violated by cells of small, or zero frequency.

Logistic regression analyses were carried out using the LOGISTIC REGRESSION command through SPSS (Release 4) (SPSS Inc., 1990) to determine which of a number of other variables of interest predicted those scores on particular Likert scale items. Un-weighted data were used for these analyses as the program itself takes into account relationships between variables in the model. Logistic regression requires a dichotomous dependent variable. To look at predictors of particular Likert scale items they were transformed into dichotomous variables such that scores of "strongly agree" or "somewhat agree" were collapsed into "agree" (value = 1) and "strongly disagree" and "somewhat disagree" were collapsed into "disagree" (value = 0). When interpreting logistic regression output where there were independent variables with more than two values (eg. the variable age in the current study), the significance of the relationship of the independent variable to the dependent variable was indicated by the overall p value. Only if this value was significant was it legitimate to consider the magnitude, relative to the reference value (in this case age 60 or over), of each of the independent variable categories to the dependent variable. Odds ratios were employed for this purpose.

Correlation matrices for each of the logistic regressions are located in the appendices. Note that the sub samples included in each regression analysis are different as cases with "unsure" or "don't know" responses were omitted from the analyses in order to dichotomise the data. Therefore, depending on the variables included in each regression analysis, the correlation matrices are different as they are not all based on the same cases. The moderate to high correlations between age value scores are expected and of no consequence. Other correlations between variables are small in magnitude and indicate that the analyses have not been compromised.

All hypothesis testing was conducted at the 5% significance level.

4.0 RESULTS

4.1 SAMPLE CHARACTERISTICS

Age and Gender

Age and gender characteristics for the sample are given in Table 3. There were no significant differences between the metropolitan and the country samples with respect to gender (Chi Square = 0.1072, df = 1, N.S.) or age (Chi Square = 7.877, df = 6, N.S.).

TABLE 3: AGE AND GENDER CHARACTERISTICS OF SAMPLE

	% RESPONDENTS		
	Metropolitan (N = 244)	Country (N = 156)	Total (N = 400)
GENDER			
Male	45.9	44.2	45.3
Female	54.1	55.8	54.8
Total	100.0	100.0	100.0
AGE			
17 to 19	7.4	3.2	5.8
20 to 29	18.9	19.9	19.3
30 to 39	29.9	26.3	28.5
40 to 49	16.8	25.0	20.0
50 to 59	11.5	11.5	11.5
60 or over	14.8	14.1	14.5
Refused	0.8	0.0	0.5
Total	100.0	100.0	100.0

Comparison of age and gender data for the sample as a whole with estimates of population gender and age for 30 June 1991 (Australian Bureau of Statistics, 1993a) indicated the sample did not differ significantly from the population with respect to gender (Chi Square = 3.460, df = 1, N.S.), but did differ with respect to age (Chi Square = 12.002, df = 5, $p < .05$). It can be seen from Figure 1 that persons in the 30 to 39 age group were over represented in the sample (Chi Square = 8.258, df = 1, $p < .005$), whilst those over 60 years of age were

under represented (Chi Square = 3.901, df = 1, p < .05). There were no other significant differences between the sample or population statistics for any of the other age groups.

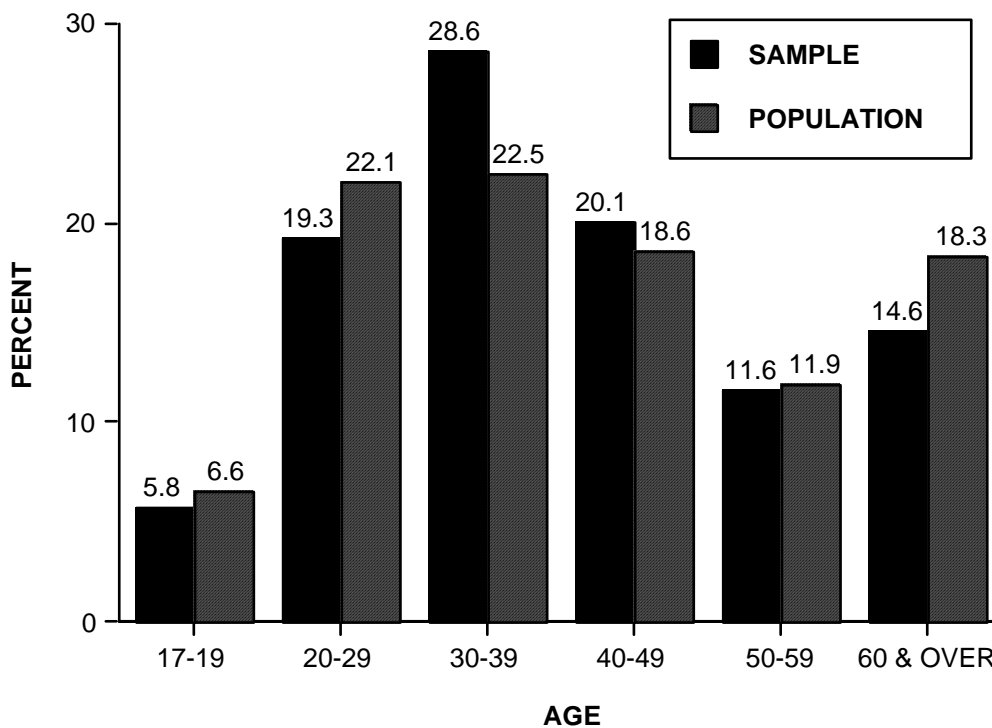


FIGURE 1: AGE BREAKDOWN OF SAMPLE COMPARED TO POPULATION

Preliminary analysis indicated age was likely to have a significant impact on responses. In order to control for the age bias in the sample, data from section 4.2 onwards, unless otherwise stated, have been weighted. The weights used are given in Table 4. They were calculated by dividing the proportion of each age range in the population by the proportion of each age range in the sample.

TABLE 4: WEIGHTS USED TO CONTROL FOR AGE

AGE	WEIGHT
17 TO 19	1.137
20 TO 29	1.143
30 to 39	0.785
40 to 49	0.926
50 to 59	1.029
60 & over	1.257

The sampling procedure used in this study over-sampled from the country locations to allow cells of adequate size to compare respondents from the metropolitan and country areas. Two fifths (39%) of the sample resided outside the Perth Metropolitan area, compared to 1991 population figures of 27.4% (Australian Bureau of Statistics, 1993b). As preliminary analysis indicated no significant differences in responses from these two areas, the data was not weighted by this variable.

Usual Occupation

Data on the occupations of respondents are presented in Table 5. If respondents stated they were unemployed they were asked for their usual occupation. Persons working in the medical or allied health areas were scored separately as it was hypothesised that these persons may have had more exposure to issues concerning HIV/AIDS, virus transmission and injecting drug use.

TABLE 5: RESPONDENT'S USUAL OCCUPATION

USUAL OCCUPATION	% RESPONDENTS (n = 400)
Medical or Allied Health*	4.3
Other Professional	5.0
Teacher	6.0
Management	6.0
Technical	1.8
Clerical	6.8
Sales	5.0
Skilled Tradespeople	9.5
Semi Skilled or Unskilled	8.8
Service Worker	5.5
Police/Armed Forces	0.5
Home Duties	20.3
Student	6.0
Retired / Aged pensioner	11.3
Other	3.5
Total	100.0

* Includes Medical Doctor, Dentist, Dental Assistant, Nurse, Nursing Aid, Pharmacist.

Household Composition and Children

Data on the composition of respondents' households, whether they had children, and if so, their ages, are given in Table 6. Over half of the respondents (54.3%) were living in a household which consisted of a couple with children. The vast majority of respondents (71.0%) had children, about one in three (29.5%) of all respondents had children 22 years or over, and about one in five had children 6 years or under. Overall, 50.7% of respondents had children under the age of 22 years. This author believes having children of up to age 21 is most worrying for parents in terms of their offsprings' future or current substance use, and concern about needle-stick injury from needles dropped in public places.

TABLE 6: HOUSEHOLD COMPOSITION AND CHILDREN

	% RESPONDENTS (n = 400)
HOUSEHOLD COMPOSITION	
Couple with children*	54.3
Single parent with children*	8.0
Unrelated adults with children*	1.5
Couple with no children*	17.8
Single person living alone	13.5
Unrelated adults sharing	4.5
Other	0.5
Total	100.0
WHETHER RESPONDENTS HAVE CHILDREN	
Yes	71.0
No	29.0
Total	100.0
AGE OF RESPONDENTS CHILDREN**	
6 or under	21.0
7 to 9	13.5
10 to 12	13.2
13 to 15	8.2
16 to 18	12.5
19 to 21	11.0
22 and over	29.5

* *Includes adult children.*

** *Multiple Response item*

Religious Affiliation

Responses to the question: 'Would you mind telling me your religion?' are given in Table 7.

Almost one third of respondents stated that they were 'Anglican'. A similar proportion stated that they had 'no religion'. Only 2 respondents (0.5%) refused to answer this question. Respondents who stated they had a religion were also asked: 'How important is religion to your everyday life?' Responses to this item are presented in Figure 2.

TABLE 7: RESPONDENT'S RELIGION

RELIGION	% RESPONDENTS (n = 400)
No Religion	28.0
Christian (Unspecified)	7.2
Anglican	29.8
Catholic	19.8
Church of Christ	1.0
Jehovah's Witness	1.0
Lutheran	1.0
Pentecostal	0.5
Presbyterian	1.8
Salvation Army	0.3
Uniting Church	4.0
Other Christian	3.3
Buddhist	0.5
Judaism	0.3
Other Non-Christian	1.3
Refusal	0.5
Total	100.0

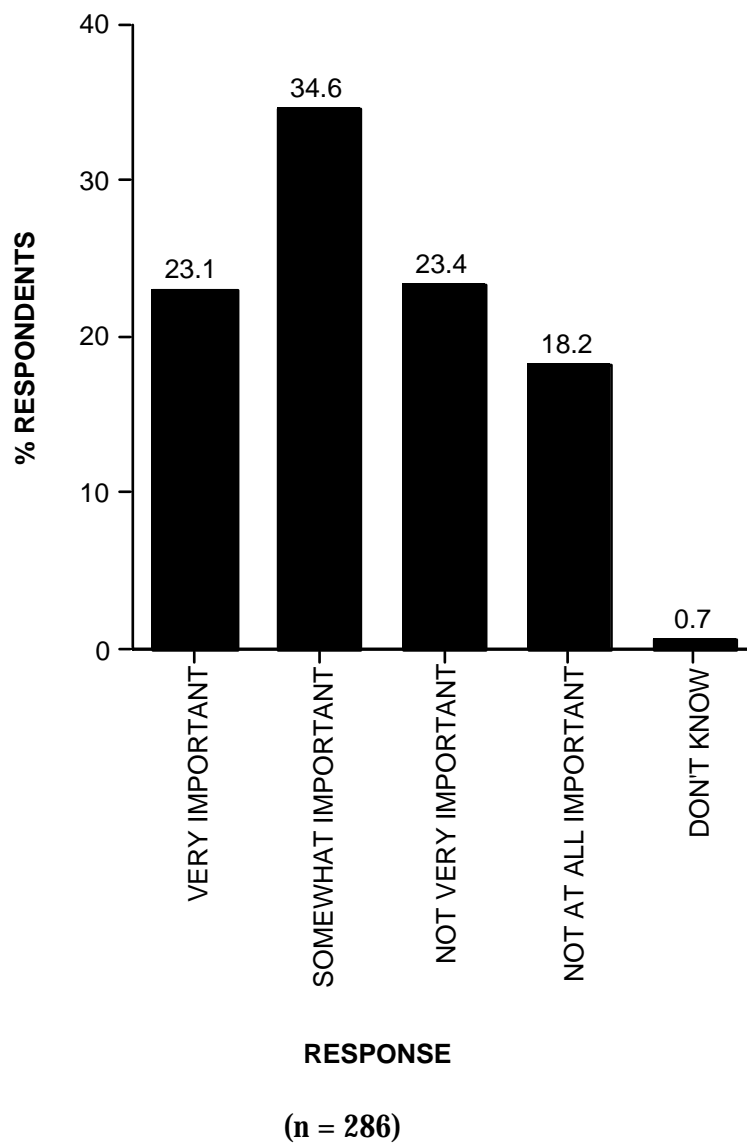


FIGURE 2.: IMPORTANCE OF RELIGION

Just under one in four (23.1%) of respondents described their religion as 'very important', just over one third (34.6%) as 'somewhat important' whilst just over two fifths (41.6%) of the sample described their religion as 'not very' or 'not at all' important.

Political Affiliation

Respondents were asked whether they voted in the last Western Australian state election (held on 6 February 1993). The vast majority (88.5%) of respondents stated they had. These respondents were then asked whether they "would mind telling [the interviewer] which party [they] voted for in the lower house?" Responses to this question are presented in Table 8. A comparison of these frequencies with first preference figures supplied by the Western Australian Electoral Commission, showed a significant difference (Chi Square = 39.050, df = 5, $p < .001$).

TABLE 8: POLITICAL PARTY VOTED FOR IN LOWER HOUSE AT FEBRUARY 6 1993 WA STATE ELECTION

PARTY	% RESPONDENTS (n = 354)
Liberal Party Inc. *	44.1
Australian Labour Party **	38.4
National Party *	0.6
Australian Democrats **	0.8
The Greens **	3.4
Call To Australia *	0.3
Independents	0.3
Can't Remember	7.3
Refused	4.8
Total	100.0

* Recoded as "Right Wing"

** Recoded as "Left Wing"

This difference was due to over-sampling persons who voted for the two major parties. This was not surprising given the small size of the sample compared to the population and the small numbers voting for minor parties and independents. However, as a crude analysis of political affiliation was sought, rather than comparing persons who voted for each political party, responses to this question were recoded into "Right Wing" or "Left Wing" where possible, as indicated in Table 8. A comparison of these figures with those provided by the Western Australian Electoral Commission which were similarly recoded, revealed no significant differences (Chi Square = 0.399, df = 1, N.S.). Therefore, no weighting of the data on this variable was undertaken.

4.2 KNOWLEDGE OF INJECTING DRUG USE, HIV AND RISK REDUCTION DRUGS INJECTED FOR EFFECT

Respondents were asked: "What drugs are you aware of that people inject for their effect rather than for the treatment of a medical condition?" There were no prompts given for this question. The coded responses are given in Table 9. Approximately three quarters (76.2%) of respondents mentioned heroin, over a third (37.9%) mentioned amphetamines, and approximately a third (30.2%) mentioned cocaine. Of note is that one in ten (9.7%) of respondents stated they did not know any, and a similar number (8.8%) stated that marijuana could be injected.

TABLE 9: DRUGS BELIEVED TO BE INJECTED FOR EFFECT RATHER THAN FOR TREATMENT OF A MEDICAL CONDITION

RESPONSE	% RESPONSES*	% RESPONDENTS (n = 400)
HEROIN	38.2	76.2
AMPHETAMINES (eg "Speed", "Go-ee", "Ice")	19.0	37.9
COCAINE (eg "Coke", "Crack", "Crank")	15.1	30.2
MORPHINE	5.3	10.5
DON'T KNOW / UNSURE	4.9	9.7
MARIJUANA	4.4	8.8
HALLUCINOGENS (eg LSD, "Trips")	3.7	7.4
OTHER OPIOIDS(eg Pethidine, Palfium, Prolodone Temgesic)	2.0	4.0
DESIGNER DRUGS (Ecstasy, XTC, MDA, MDMA).	1.7	3.3
MINOR TRANQUILLISERS (eg Valium, Rohypnol, Serepax)	1.0	2.1
METHADONE (Include Physeptone)	0.8	1.5
OTHER ANALGESICS (eg Codeine)	0.7	1.3
EVERYTHING / ANYTHING	0.6	1.2
BARBITURATES	0.5	0.9
ANYTHING THAT CAN BE PUT INTO SOLUTION	0.1	0.3
HOMEBAKE	0.1	0.2
STEROIDS	0.1	0.2
OTHER	1.9	3.9

**Total number multiple responses = 798.*

Relative Likelihood of IDUs Contracting the AIDS Virus

Respondents were asked: "In your opinion are people who use needles to inject themselves with illegal drugs more or less likely to contract the AIDS virus than the general public who do not inject?" Responses are given in Table 10. The great majority (85.1%) of respondents believed that injectors were "quite a bit more likely" than the general community to contract the virus. There were no significant differences between the answers of the metropolitan and the country respondents to this question (Chi Square = 1.278, df = 2, N.S.).

TABLE 10: PERCEIVED LIKELIHOOD OF DRUG INJECTORS CONTRACTING THE AIDS VIRUS COMPARED TO THE GENERAL POPULATION

RESPONSE	% RESPONDENTS (n = 400)
QUITE A BIT MORE LIKELY	85.1
SLIGHTLY MORE LIKELY	10.9
SAME/NO DIFFERENCE	2.8
SLIGHTLY LESS LIKELY	0.0
QUITE A BIT LESS LIKELY	0.5
DON'T KNOW	0.7
TOTAL	100.0

Likelihood of AIDS Virus Spread

Respondents were asked: "If the AIDS virus becomes widespread amongst people who inject themselves with drugs, how likely do you think it is that it will be spread to the wider community?" These results are presented in Table 11. A majority (60.0%) believed it was "very likely" that the virus would be further spread if it became widespread among drug injectors, while just under a third (28.9%) thought this was 'somewhat likely'. The majority of respondents were aware of the threat posed to the general community by a high rate of infection among drug injectors.

A higher proportion of country respondents (94.8%), compared to metropolitan respondents (87.9%), believed it was "somewhat" or "very likely" that the virus would be further spread if it became widespread among drug injectors (Chi Square = 4.274, df = 1, p < .05).

TABLE 11: PERCEIVED LIKELIHOOD OF THE AIDS VIRUS BEING SPREAD TO THE GENERAL POPULATION IF IT BECOMES WIDESPREAD AMONG DRUG INJECTORS

RESPONSE	% RESPONDENTS (n = 400)
VERY LIKELY	60.0
SOMEWHAT LIKELY	28.9
NOT VERY LIKELY	8.4
NOT AT ALL LIKELY	0.9
DON'T KNOW	1.8
TOTAL	100.0

Routes of AIDS Virus Spread

Respondents were asked: "How do you think the AIDS virus could be spread from drug injectors to the general community?" Responses are given in Table 12.

Responses which involved sexual transmission were given by a total of 91.0% of respondents. Almost two thirds (64.5%) of all respondents thought the virus would be spread to the non-injecting community through sex but did not elaborate any further, while 17.7% specified unsafe or unprotected sex. One third (33.7%) responded that it would be spread through sharing needles, although it is unclear how this could happen if the 'general community' were by inference non-injectors. About one in six respondents identified each of three other transmission routes, namely blood transfusion (17.5%), other contact with blood (such as accidents, cuts etc.) (15.7%) and accidents with discarded needles (14.4%).

TABLE 12: PERCEIVED METHOD OF SPREAD OF THE AIDS VIRUS FROM DRUG INJECTORS TO THE GENERAL POPULATION

RESPONSE	% RESPONSES*	% RESPONDENTS (n = 384)
SEX		
SEX (unspecified)	31.2	64.5
UNPROTECTED OR UNSAFE SEX	8.1	16.7
MALE TO MALE SEX	2.5	5.2
PROMISCUITY	2.3	4.7
PROSTITUTION	0.4	0.9
ANAL SEX	0.4	0.9
ORAL SEX	0.3	0.7
OTHER SEX (eg rape)	0.2	0.4
DRUGS		
SHARING NEEDLES & OTHER INJECTING EQUIPMENT	16.3	33.7
DRUG USE	2.1	4.4
OTHER ROUTES		
BLOOD TRANSFUSION	8.5	17.5
OTHER CONTACT WITH BLOOD(cuts, car accidents etc)	7.6	15.7
ACCIDENTS WITH DISCARDED NEEDLES	7.0	14.4
ATTACK WITH NEEDLE	2.6	5.4
MEDICAL CARE /PROCEDURES(eg needle stick, dentist)	2.3	4.8
CHILDBIRTH / CONGENITALLY	0.6	1.2
TATTOOING	0.1	0.3
BREAST FEEDING	0.0	0.0
ERRORS		
OTHER BODY FLUID CONTACT	3.2	6.5
CONTACT WITH HIV INFECTED PERSON(unspecified)	1.3	2.8
INSECTS	0.8	1.5
EATING & DRINKING UTENSILS (eg cups)	0.4	0.8

TOILET SEATS	0.2	0.5
DON'T KNOW	1.0	2.1
OTHER	0.4	0.8

** Total number multiple responses = 792.*

Ways Injectors Can Reduce Risk of AIDS Virus Transmission

Respondents were asked: "In your opinion are there ways in which people who use injectable drugs can reduce their chances of getting the AIDS virus?" The vast majority of respondents (91.6%) said that there were, 3.5% said there were not, and 4.9% did not know. There were no significant differences between responses of the metropolitan and country sample on this variable (Chi Square = 2.705, df = 2, N.S.). The 366 respondents who said there were ways IDUs could reduce their chances were asked: "What are the ways you are aware of?" Responses are given in Table 13. The vast majority (87.2%) gave as their response 'stop sharing needles'. Approximately one in six said by sterilising or cleaning equipment (16.1%) or by adopting safer sex practices (15.4%). Only about one in ten respondents stated IDUs could reduce their chance of contracting the AIDS virus by stopping taking drugs (11.5%).

TABLE 13: PERCEIVED WAYS IDUs CAN REDUCE THEIR CHANCES OF CATCHING THE AIDS VIRUS

RESPONSE	% RESPONSES*	% RESPONDENTS (n = 366)
STOP SHARING NEEDLES	55.1	87.2
STERILISE/CLEAN INJECTING EQUIPMENT	10.2	16.1
ADOPT SAFER SEX PRACTICES	9.7	15.4
STOP TAKING DRUGS	7.3	11.5
STOP INJECTING DRUGS	5.6	8.9
STOP SHARING OTHER INJECTING EQUIPMENT	5.3	8.4
ADOPT SAFER DISPOSAL STRATEGIES **	2.9	4.7
OTHER	3.7	5.8

* Total number multiple responses = 580.

** This coded response was included after examination of "other" responses specified. It does not appear on the questionnaire.

Media Regarding Needle Provision

About one third (33.2%) of respondents stated they had heard or seen something in the media recently regarding the provision of needles to injecting drug users, whilst just under two thirds (63.4%) said they had not. A small number (3.4%) said they were unsure or did not know. Of those who stated they had heard or seen something, the vast majority (93.2%) were able to recall at least some detail about the content of the media item. There were no significant differences between responses of the metropolitan and country sample on this variable (Chi Square = 0.287, df = 2, N.S.).

Legality of Needle Provision

Respondents were asked: "As far as you know, is it legal for chemists and other health workers to provide needles to drug users in WA?" Over one third (37.3%) of respondents stated they were unsure or did not know. A similar proportion (37.5%) believed it was legal, whilst just over one in five (23.5%) believed it was not. There were no significant differences between responses of the metropolitan and country sample on this variable (Chi Square = 0.320, df = 2, N.S.).

Ever Seen a Dropped Needle

A substantial minority (41.4%) of respondents had, at some time, seen a needle dropped in the street, in a park or another public place, whilst the majority (58.6%) stated they had not. There were no significant differences between the proportion of respondents from the metropolitan or country sample who reported ever seeing a dropped needle (Chi Square = 2.206, df = 1, N.S.).

Know an Illegal Drug Injector

About one third (32.0%) of respondents said that they knew someone who injects or who has ever injected illegal drugs. About two thirds (67.3%) said they did not, whilst a negligible proportion (0.7%) said they were unsure or did not know. There were no significant differences between responses of the metropolitan and country sample on this variable (Chi Square = 1.655, df = 1, N.S.).

4.3 KNOWLEDGE, ATTITUDES AND BELIEFS RELATED TO NEEDLE AND SYRINGE PROVISION

Attitudes regarding injecting drug use and the provision of N&S to injecting drug users were measured on Likert scale items both prior to and after the provision of the audio-taped information module.

For ease of reading, results are presented so that items covering similar issues are grouped together, rather than in the order they appeared in the questionnaire.

Injecting Drug Users

Figure 3 shows that prior to receiving the audio-taped information module, just under two thirds (63.4%) of respondents disagreed either 'strongly' or 'somewhat' with the statement: 'It is easy to pick people who inject themselves with illegal drugs'. Just under one in four (23.0%) respondents agreed either 'strongly' or 'somewhat' with this statement. Over one in ten (13.1%) of respondents stated they 'did not know'.

After the presentation of the information module, over two thirds (70.9%) of respondents disagreed either 'strongly' or 'somewhat' and just under one in five (18.0%) agreed either 'strongly' or 'somewhat' with the statement. About one in ten (10.7%) of respondents stated they 'did not know'. The pre-post differences were not significant (Chi Square_{Symmetry} = 24.69, df = 15, N.S.).

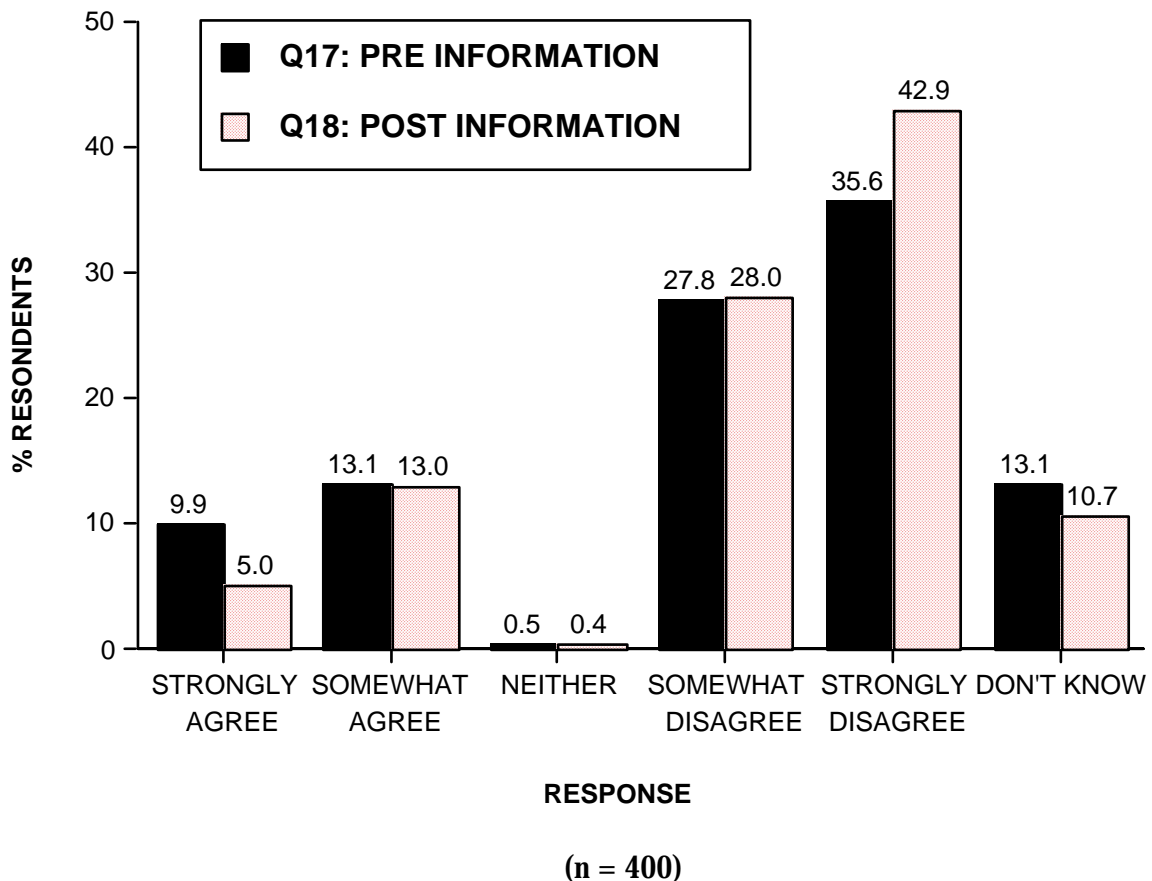


FIGURE 3: RESPONSES TO ITEM 17f & 18f:

"It is easy to pick people who inject themselves with illegal drugs"

Figure 4 shows that prior to receiving the audio-taped information module, two thirds (66.7%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Most injecting drug users are addicts". Only about one in five (21.5%) respondents disagreed, either 'strongly' or 'somewhat' with the statement, prior to hearing the tape, and about one in ten (11.2%) 'did not know'.

However, subsequent to the information module, only about half (51.0%) of respondents agreed either 'strongly' or 'somewhat' with the statement, and about two fifths (41.8%) disagreed either 'strongly' or 'somewhat' with the statement. Fewer (6.9%) responded that they 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 95.43, df = 15, p < .001).

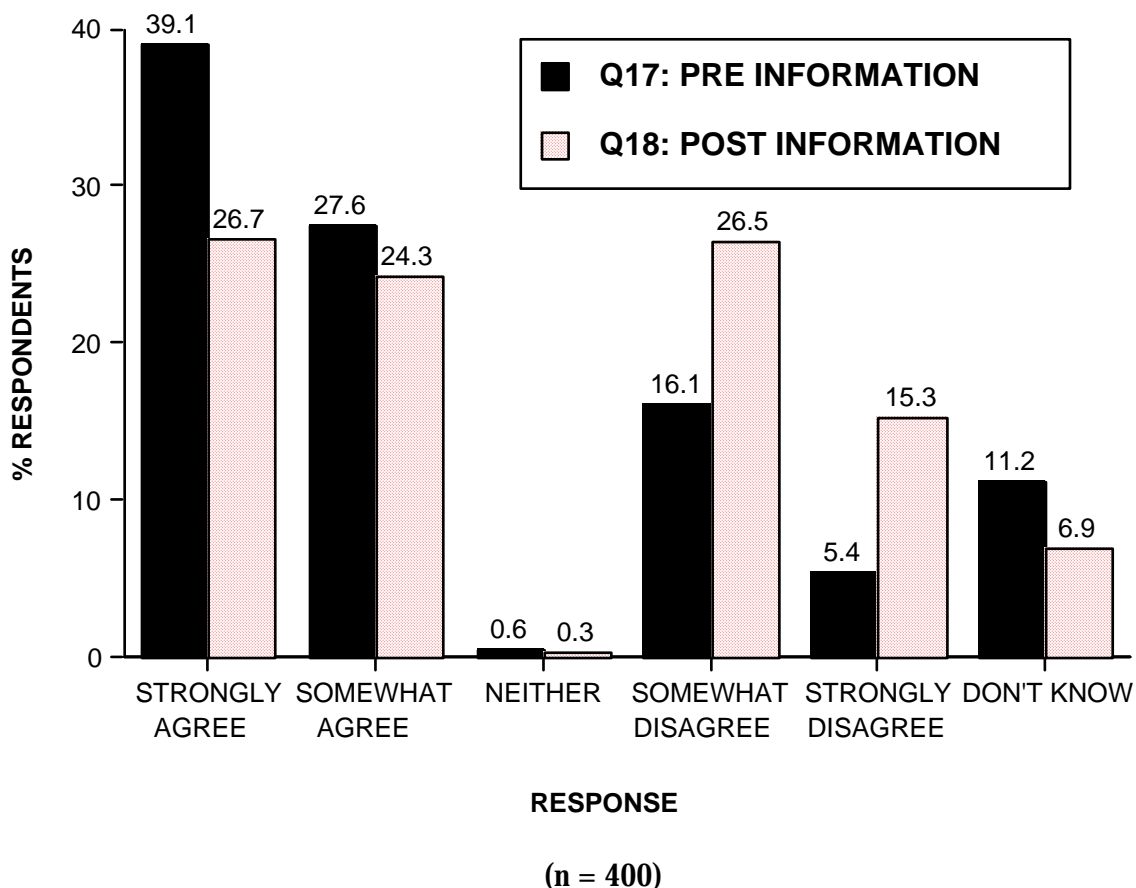


FIGURE 4: RESPONSES TO ITEM 17k & 18k:

"Most injecting drug users are addicts"

It can be seen in Figure 5 that prior to receiving the audio-taped information module about half (51.3%) the respondents disagreed either 'strongly' or 'somewhat' with the statement: "Most people who inject illegal drugs are capable of acting responsibly to lessen the risk of the AIDS virus spreading". Only about one third (35.4%) of respondents agreed, either 'strongly' or 'somewhat' with the statement, prior to hearing the tape, and about one in ten (10.6%) 'did not know'.

However, subsequent to the information module, just over one third (37.4%) disagreed either 'strongly' or 'somewhat' with the statement, while about half (52.9%) of respondents agreed either 'strongly' or 'somewhat' with the statement, Fewer (7.2%) responded that they 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 85.71, df = 15, p < .001).

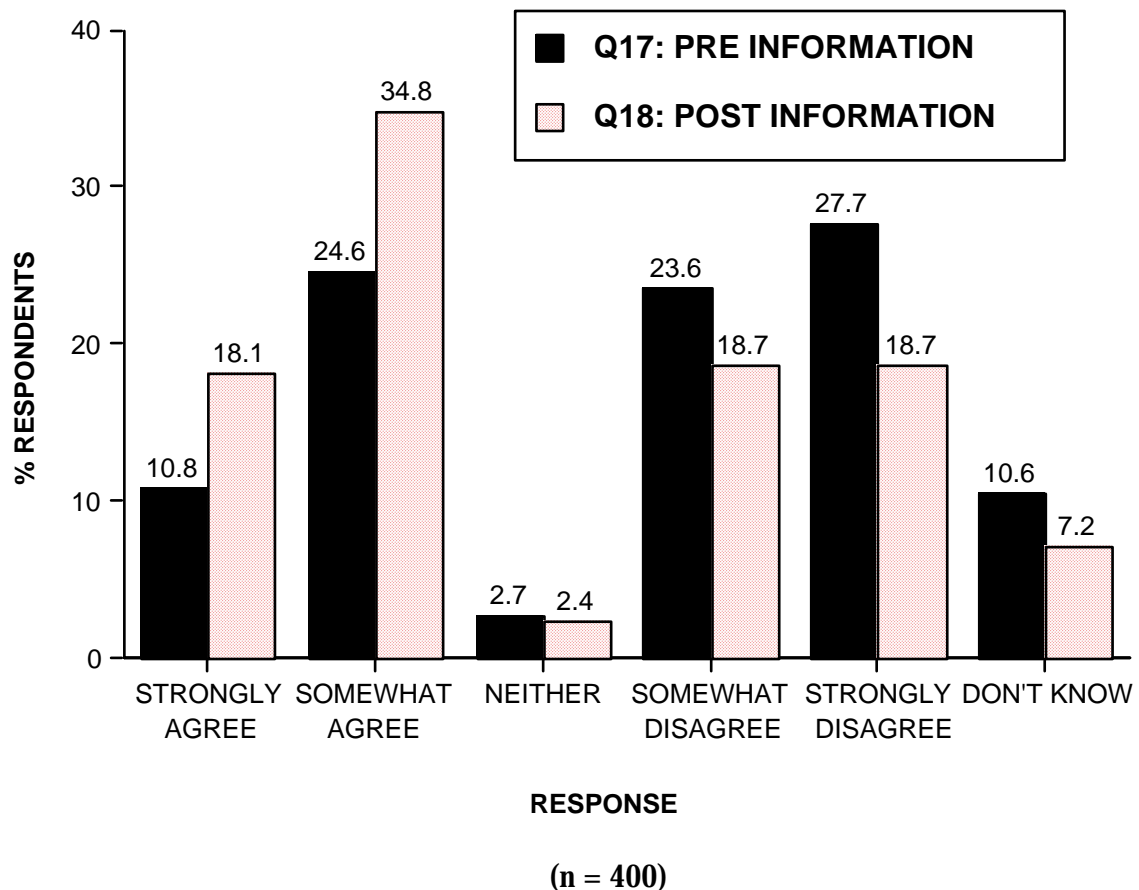


FIGURE 5: RESPONSES TO ITEM 17m & 18m:

"Most people who inject illegal drugs are capable of acting responsibly to lessen the risk of the AIDS virus spreading"

Figure 6 shows that prior to receiving the audio-taped information module about four in five (79.1%) respondents 'strongly agreed', with the statement: "People who inject themselves with illegal drugs come from all sections of the community". About one in six (16.5%) respondents agreed 'somewhat' with the statement. Prior to hearing the tape, other responses accounted for only 4.3% of respondents.

Not surprisingly, given the pre-tape responses, it can be seen from Figure 16 that the responses given after the information tape were almost identical. The pre-post differences were not significant (Chi Square_{Symmetry} = 8.42, df = 15, N.S.).

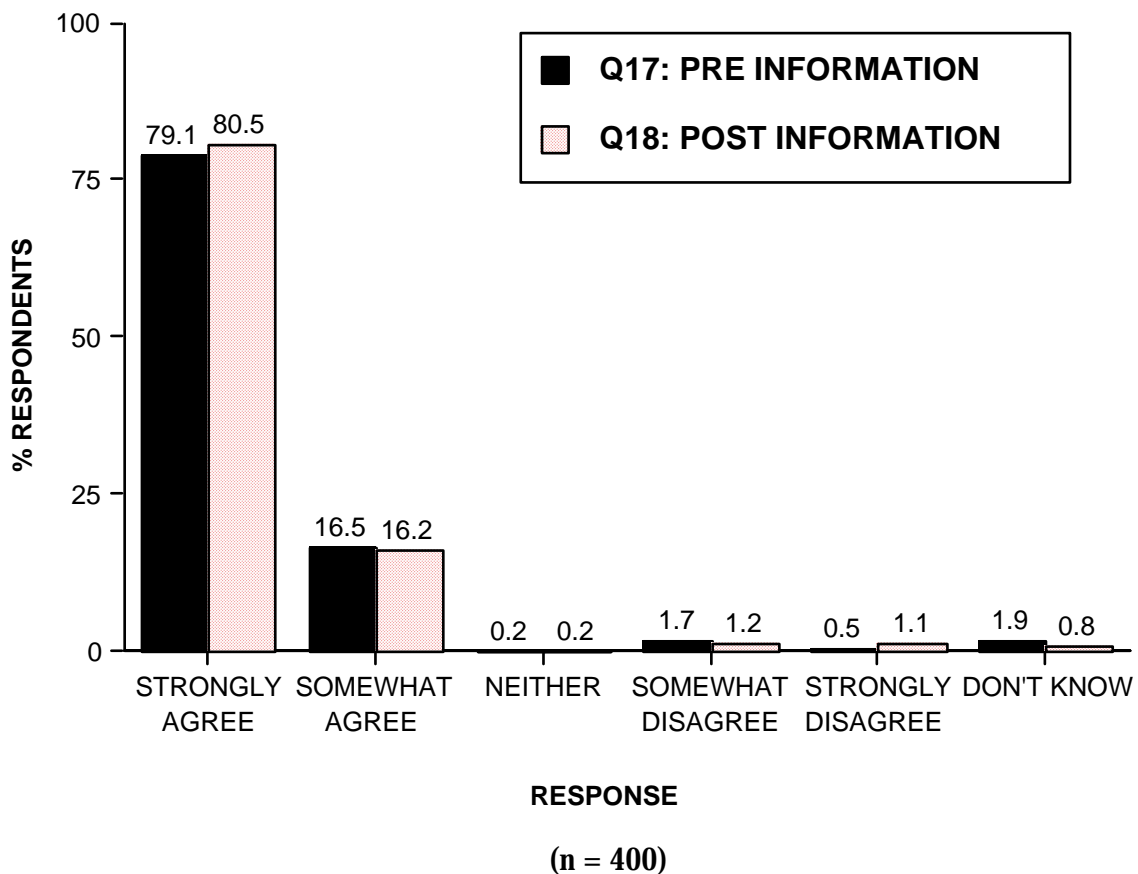


FIGURE 6: RESPONSES TO ITEM 17o& 18o:

"People who inject themselves with illegal drugs come from all sections of the community"

It can be seen from Figure 7 that prior to receiving the audio-taped information module just under two thirds (64.0%) of the respondents agreed either 'strongly' or 'somewhat' with the statement: "There are many young people who inject themselves with illegal drugs on an occasional basis". Only 13.6% of respondents disagreed, either 'strongly' or 'somewhat' with the statement, and about one in five (21.8%) 'did not know'.

However, subsequent to the information module, four fifths (80.3%) of respondents agreed either 'strongly' or 'somewhat' with the statement, while less than one in ten (9.0%) respondents disagreed either 'strongly' or 'somewhat' with the statement. After hearing the information tape, fewer respondents (9.3%) answered that they 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} 59.59, df = 15, p < .001).

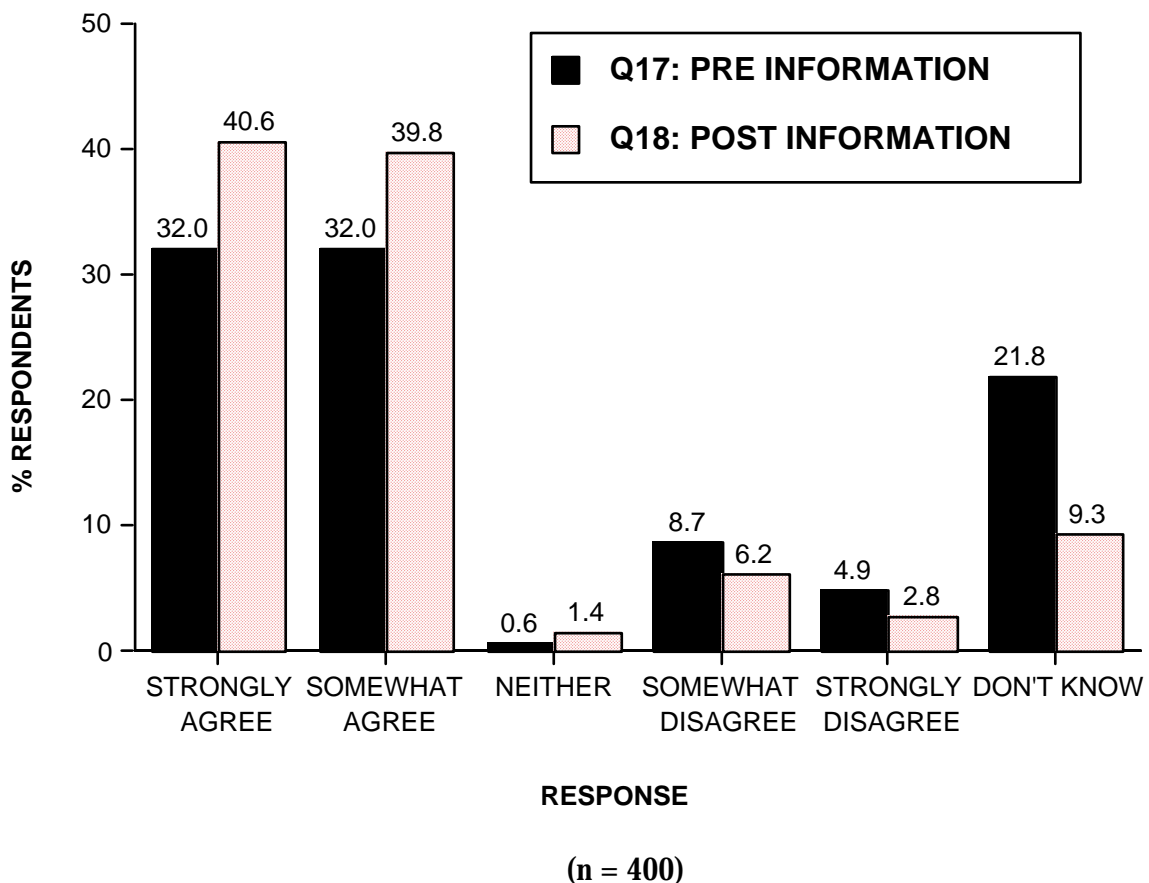


FIGURE 7: RESPONSES TO ITEM 17s & 18s:

"There are many young people who inject themselves with illegal drugs on an occasional basis"

Provision of Needles and Syringes

Figure 8 shows that prior to presentation of the audio-taped information module three quarters (75.5%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Users of illegal injectable drugs should be legally able to obtain new needles from authorised sources". One in five (20.1%) respondents disagreed either 'strongly' or 'somewhat' with the statement. A very small number (2.3%) stated they 'did not know'.

After hearing the information module, an even larger majority (86.9%) agreed either 'strongly' or 'somewhat' with the statement, while just over one in ten (11.9%) of respondents disagreed either 'strongly' or 'somewhat' with the statement. After the information module a negligible proportion (0.6%) stated they 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 50.86, df = 15, p < .001).

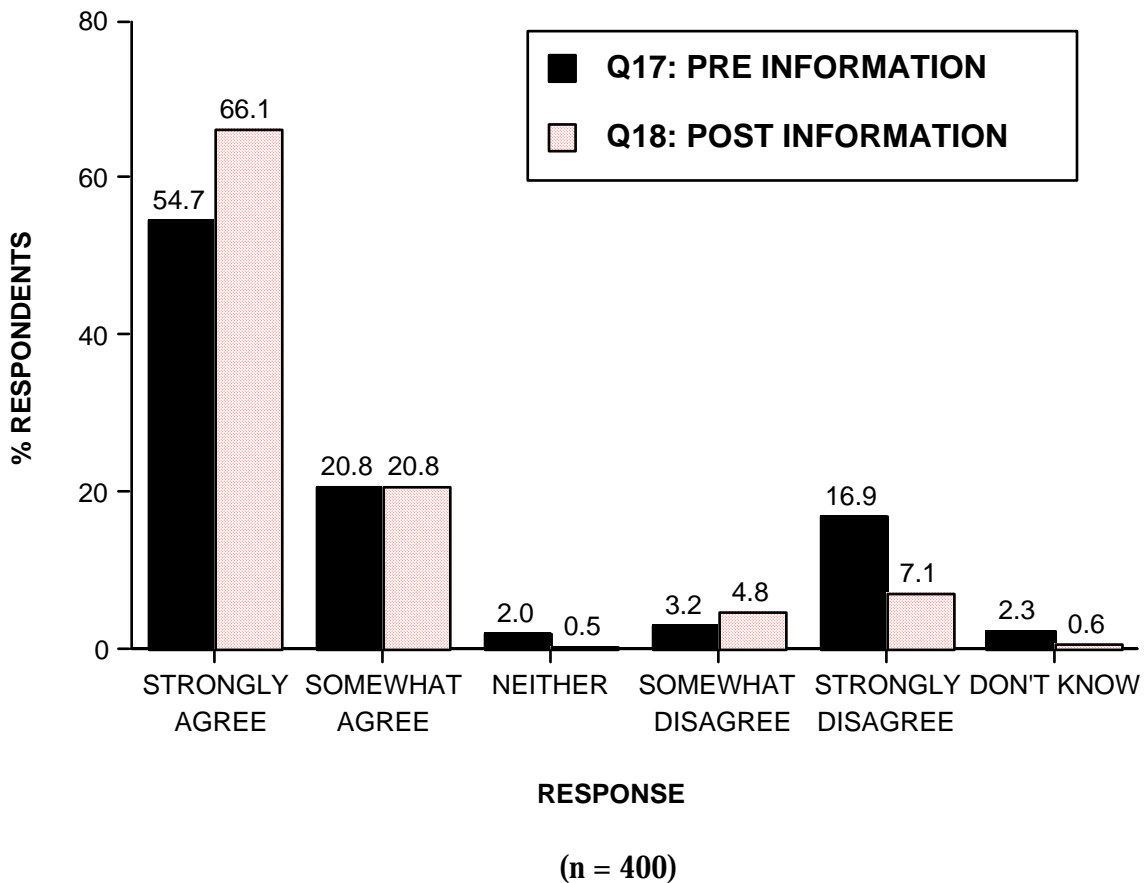


FIGURE 8: RESPONSES TO ITEM 17g & 18g:

"Users of illegal injectable drugs should be legally able to obtain new needles from authorised sources"

Figure 9 shows that prior to presentation of the audio-taped information module just under two thirds (62.8%) of respondents disagreed either 'strongly' or 'somewhat' with the statement: "The provision of new needles to injecting drug users will lead more people to inject drugs". Just under one in three (30.7%) respondents agreed either 'strongly' or 'somewhat' with the statement and one in twenty (5.6%) stated they 'did not know'.

After hearing the information module, an even larger majority (71.1%) disagreed either 'strongly' or 'somewhat' with the statement, while one in four (24.5%) of respondents agreed either 'strongly' or 'somewhat' and only 3.3% stated they 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 59.07, df = 15, p < .001).

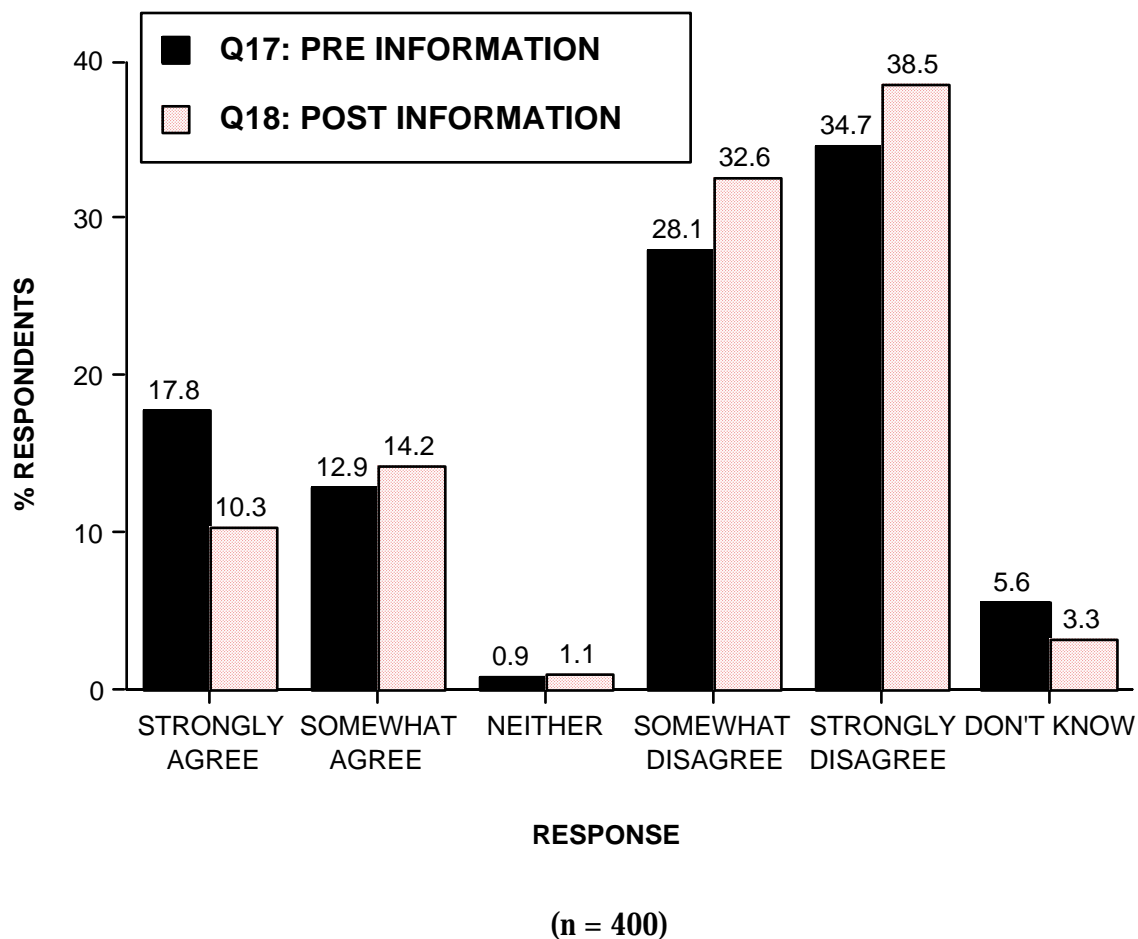


FIGURE 9: RESPONSES TO ITEM 17h & 18h:

"The provision of new needles to injecting drug users will lead more people to inject drugs"

Figure 10 shows that prior to presentation of the audio-taped information module the vast majority (84.9%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "The provision of needles to injecting drug users is important in stopping the spread of the AIDS virus in WA". Only about one in ten (10.9%) respondents disagreed either 'strongly' or 'somewhat' with the statement. A very small proportion 'did not know'.

After hearing the information module, an even larger majority (93.2%) agreed either 'strongly' or 'somewhat' with the statement, while just over one in twenty (5.5%) of respondents disagreed either 'strongly' or 'somewhat' with the statement. Only a negligible proportion (0.9%) 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 55.41, df = 15, p < .001).

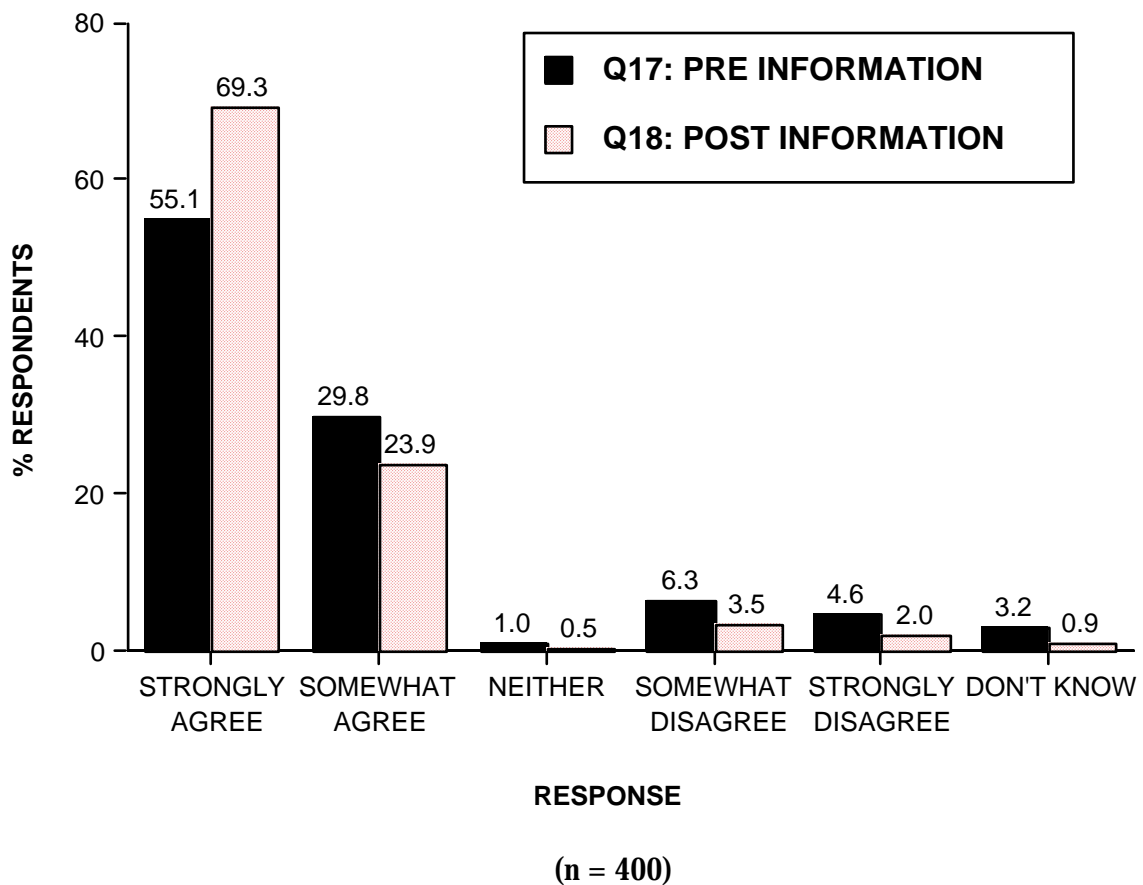


FIGURE 10: RESPONSES TO ITEM 17u& 18u:

"The provision of needles to injecting drug users is important in stopping the spread of the AIDS virus in WA"

Figure 11 shows there was virtually total support for the statement that: "Even if the number of injecting drug users infected with the AIDS virus is small the health authorities should continue strategies to reduce the further spread of the virus". Prior to presentation of the audio-taped information module the vast majority of respondents (86.6%) 'strongly' agreed with the statement and all but two (11.3%) of the remainder agreed 'somewhat'.

Subsequent to the information module an even larger majority (90.3%) agreed 'strongly' with the statement and most of the remainder (9.3%) agreed 'somewhat'. The pre-post differences were not significant ($\text{Chi Square}_{\text{Symmetry}} = 9.37, \text{df} = 15, \text{N.S.}$).

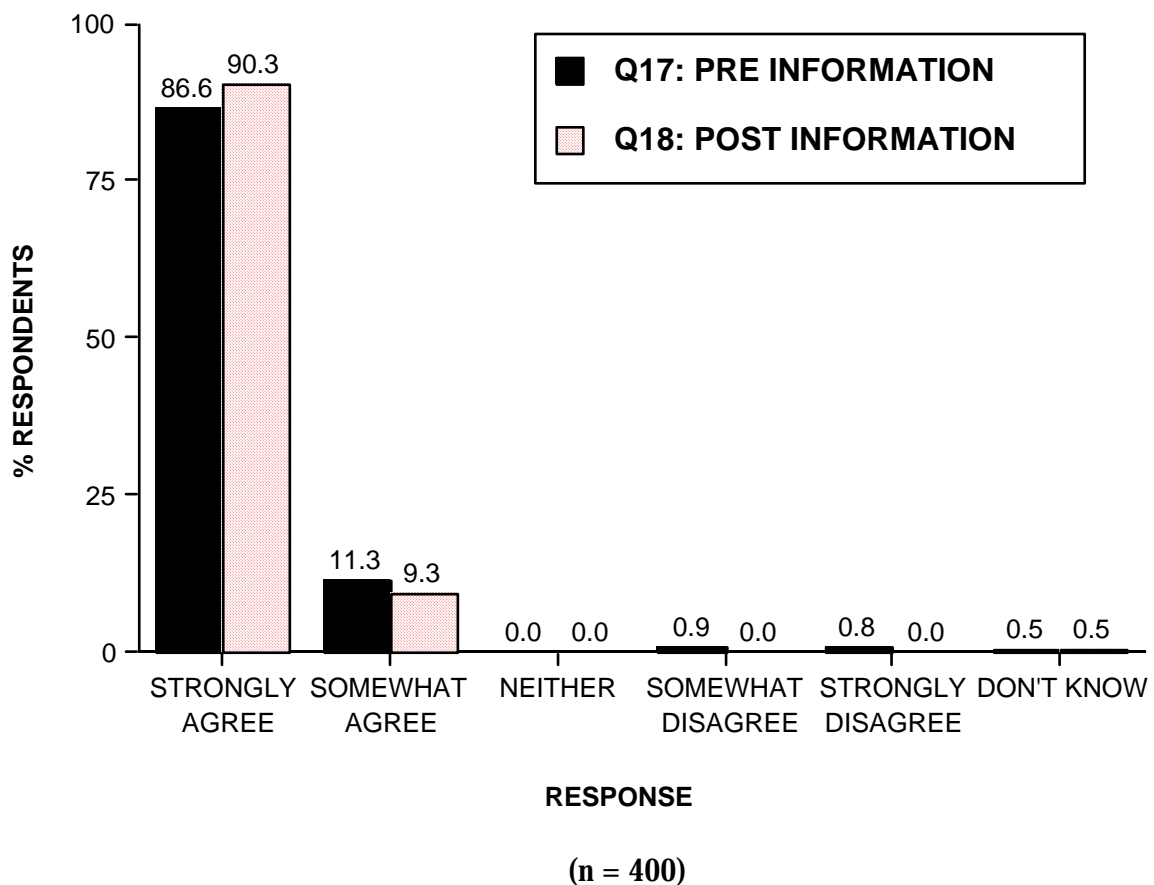


FIGURE 11: RESPONSES TO ITEM 17v& 18v

"Even if the number of injecting drug users infected with the AIDS virus is small the health authorities should continue strategies to reduce the further spread of the virus"

Figure 12. shows that prior to presentation of the audio-taped information module just under two thirds (61.1%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "The only way to reduce the spread of the AIDS virus, among injecting drug users is to get them to stop taking drugs". Only about one in three (34.6%) respondents disagreed either 'strongly' or 'somewhat' with the statement. A very small proportion (2.5%) of respondents stated they 'did not know'.

After hearing the information module, just under two thirds of respondents (63.9%) agreed either 'strongly' or 'somewhat' with the statement, while one in three (33.9%) respondents disagreed either 'strongly' or 'somewhat' with the statement, and a negligible proportion (0.8%) 'did not know'. The pre-post differences were not significant (Chi Square_{Symmetry} = 19.43, df = 15, N.S.).

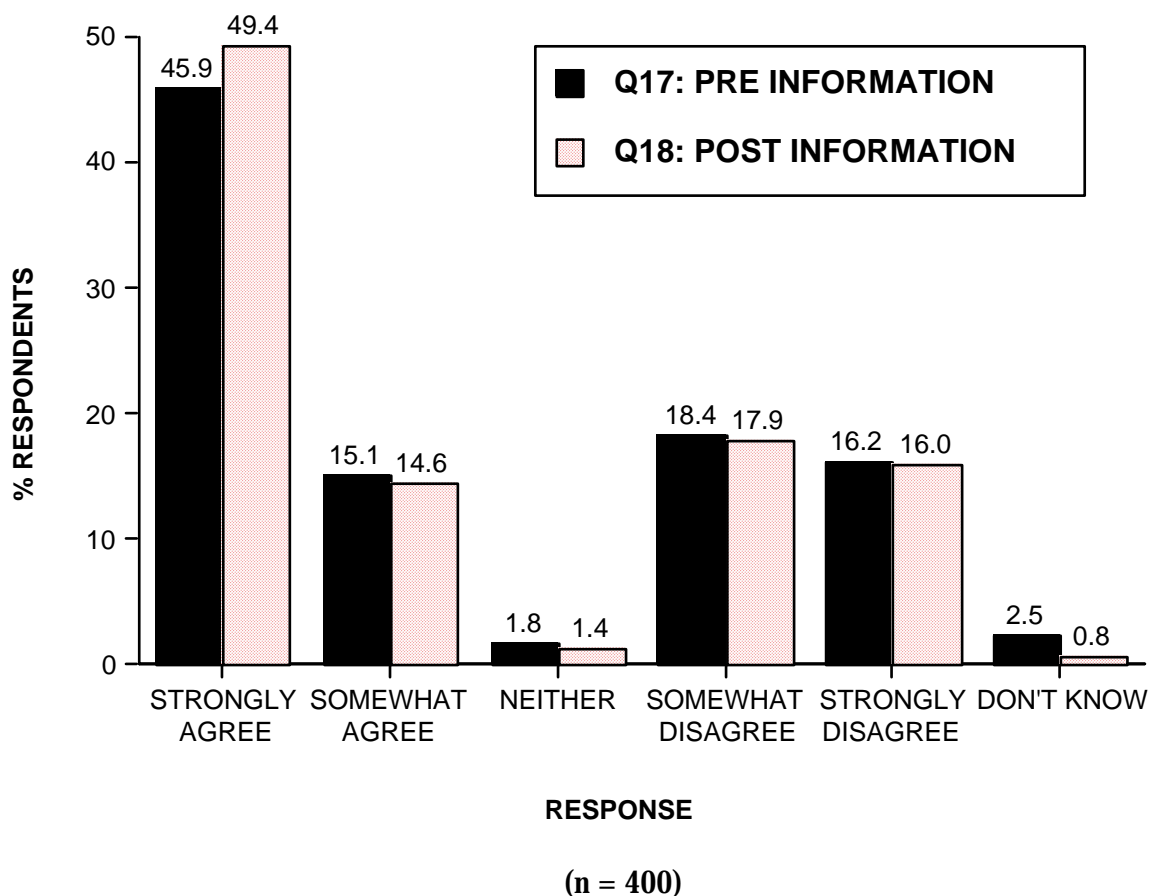


FIGURE 12: RESPONSES TO ITEM 17x& 18x:

"The only way to reduce the spread of the AIDS virus, among injecting drug users is to get them to stop taking drugs"

Predictors of attitudes to IDUs having access to needles

Logistic Regression analyses were carried out to determine which factors predicted those persons who were in favour of IDUs having access to new needles, versus those who were not. Given the findings shown in Figure 8 two analyses were conducted. The first looked at predictors of attitudes to IDUs having access to needles prior to the information module (Item 17g), the second looked at the same predictors after the presentation of the information module (Item 18g).

The predictor (independent) variables entered into the regression equation for both analyses were: age, gender, political affiliation, religious affiliation, whether respondents worked in the medical or allied health area, whether respondents were from the city or the country, whether they had seen anything in the media regarding provision of N&S to IDUs, and whether they had children under the age of 22.

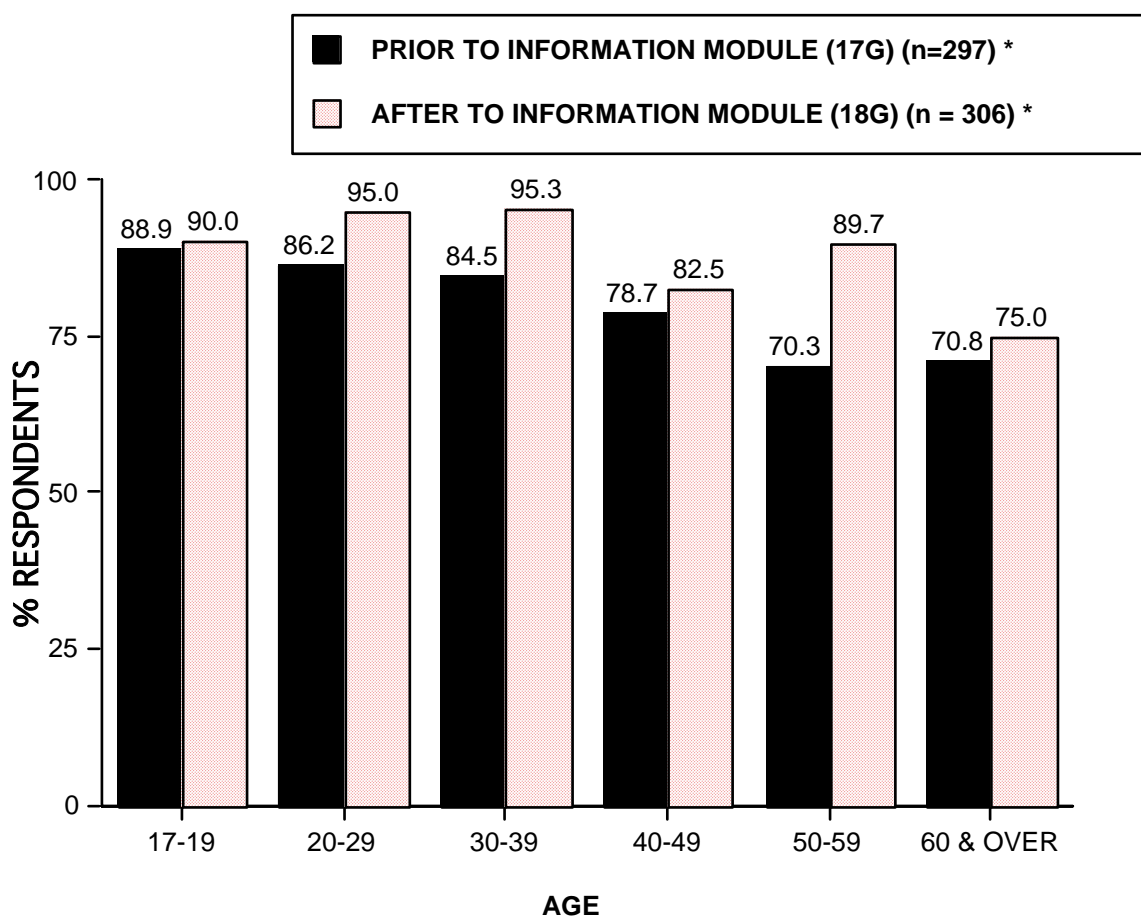
Table 14 and 15 show the outcomes of the two regression analyses. Prior to the information module being presented, respondents' age and whether or not they had children under the age of 22 years predicted whether or not they believed IDUs should have access to new needles. Odds ratios in the various age groups were varied and, because of the small numbers of respondents in some age groups (see Figure 1), need to be interpreted with some caution. However, the association with age does appear to be the result of high odds ratios in the 20 to 49 year old groups. People in these age groups being 1.5 to 2 times more likely to be in favour of access than those in the 60 or over group. The odds ratio for the smaller 50 to 59 year old group suggest these respondents were twice as likely as the 60 or over group to be against it, however, this result is likely attributable to random error due to the small numbers in this group. Respondents who did not have children under the age of 22 years were 1.6 times more likely to be in favour of access than those who did have children under 22 years of age.

Insert Table 14 and 15 here

Prior to the presentation of the information module attitudes towards whether or not IDUs should have access to new needles were not affected by subjects' gender, political affiliation, religious affiliation, whether they worked in a medically related field or not, whether they were from the city or country, or whether they had seen anything in the media regarding needle and syringe provision.

After the presentation of the information module, only age continued to predict whether or not respondents believed IDUs should have access to new needles. Persons in the 20 to 39 year old age groups were approximately twice as likely, as those in the 60 or over group to be in favour of access. The odds ratio for the smaller 50 to 59 year old group suggests these respondents were about 1.5 times more likely than the 60 or over group to be against it. Again, however, this is likely to be a spurious result due to the very small numbers in this group. Whether or not respondents had children under the age of 22 failed to predict attitudes to needle access after the information module as did all the other predictor variables.

The correlation matrices for these two analyses are given in Table 16 (Appendix 3).

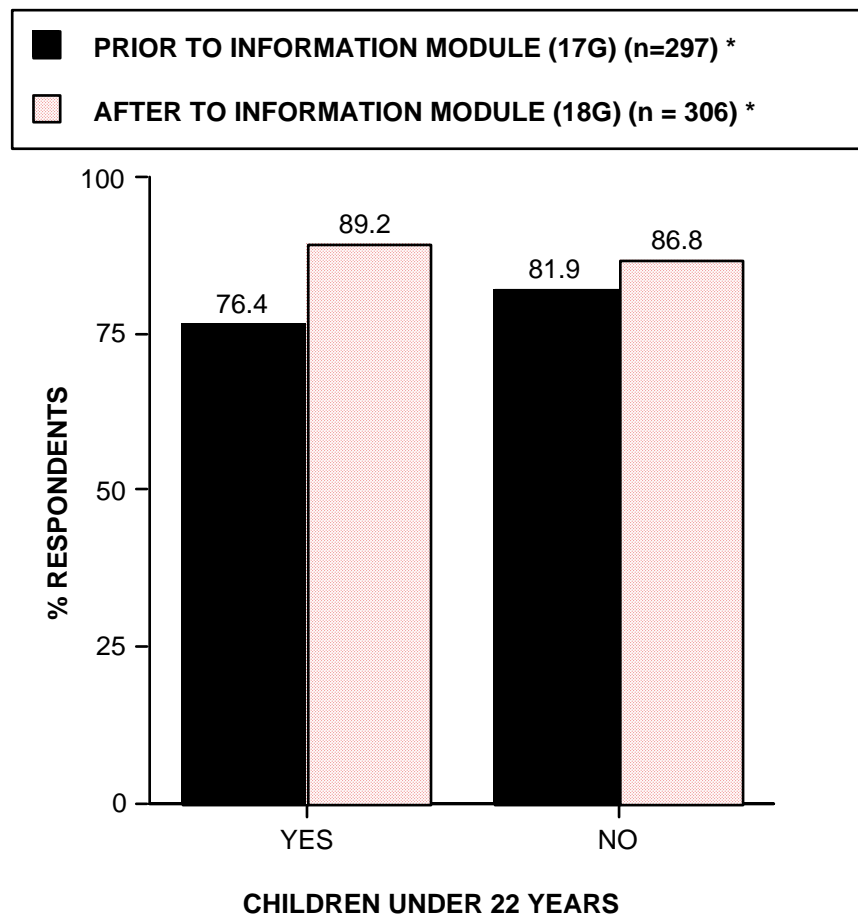


* Includes only those cases entered into the regression analysis

FIGURE 13: PERCENT RESPONDENTS IN FAVOUR OF IDUs HAVING ACCESS TO NEW NEEDLES AND SYRINGES BY AGE AND WHETHER INFORMATION MODULE PRESENTED

Figure 13 shows support for IDUs having access to needles both prior to and after the information module by respondents' age. Figure 14 shows support for IDUs having access to needles both prior to and after the information module by whether respondents had children under 22 years. Univariate analyses failed to reach significance for both the age (Chi Square = 0.165, df = 5, N.S.) and Children under 22 years (Chi Square = 1.364, df = 1, N.S.) comparisons prior to the information module being presented. However, after the module was presented, the age comparison was significant (Chi Square = 17.950, df = 5, $p < .005$). Univariate comparisons between proportions in favour of access prior versus after the information module, for each of the age groups, indicated significant differences for 20 - 29 year olds (Chi Square_{McNemar} = 5.00, df = 1, $p < .05$), 30 - 39 year olds (Chi Square_{McNemar} = 7.00, df = 1, $p < .001$), and 50 - 59 year olds (Chi Square_{McNemar} = 7.00, df = 1, $p < .001$).

Persons who had children under 22 years of age were significantly more in favour of IDUs having access to needles after the presentation of the information module than they were before (Chi Square_{McNemar} = 17.64, df = 1, p < .0001) whilst there was no such difference for those who did not have children of that age (Chi Square_{McNemar} = 3.76, df = 1, N.S.).



* Includes only those cases entered into the regression analysis

FIGURE 14: PERCENT RESPONDENTS IN FAVOUR OF IDUs HAVING ACCESS TO NEW NEEDLES AND SYRINGES BY WHETHER THEY HAVE CHILDREN UNDER 22 YEARS OF AGE AND WHETHER INFORMATION MODULE PRESENTED

Respondents were asked whether they knew someone who injects, or has injected, an illegal drug. When this variable was added into the logistic regression models as an independent variable the outcome was effected for the prior to information module regression, but not for the after information regression. Thus it can be seen from Table 17 that prior to the information module, when this variable is added, age, and whether respondents have children

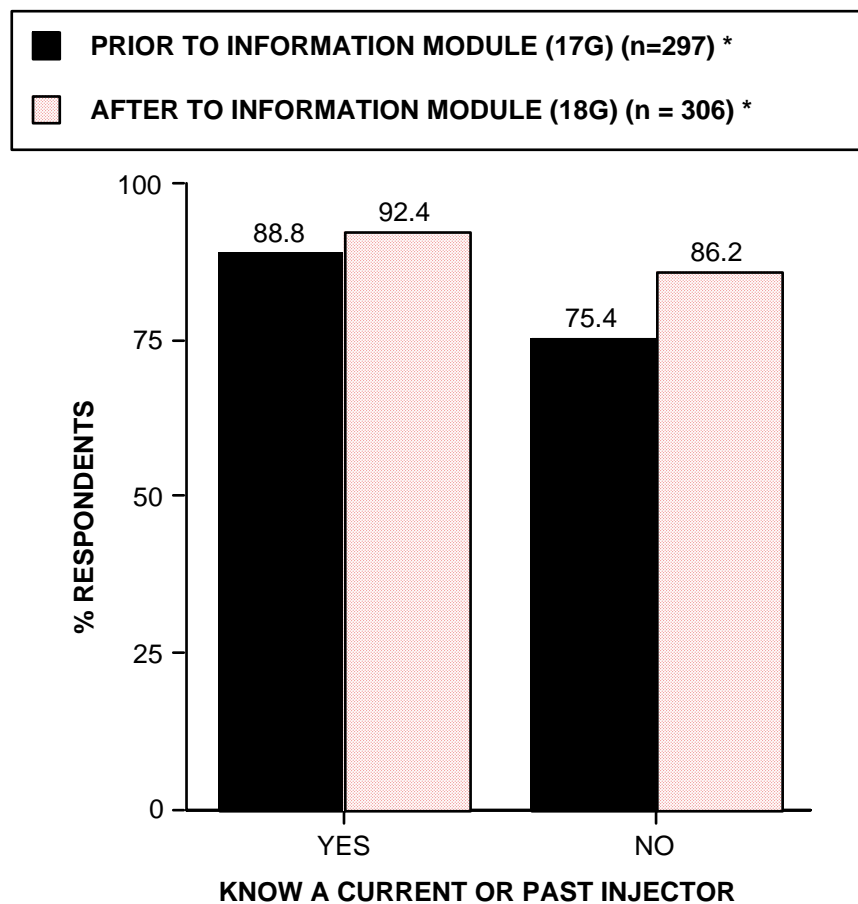
under 22, ceased to be predictors of attitudes to needle access for IDUs. However, those who knew someone who had injected an illegal drug were 1.6 times more likely than those who did not to be in favour of provision. After the information module, age continued to predict favourability toward needle access, even when the additional independent predictor variable (knowing a drug injector) was included (Table 18).

This suggests that in the absence of provision of a rationale for harm reduction measures such as needle and syringe provision, respondents' attitudes towards injectors having access to N&S were predicted by age and whether they had children under 22 years, and that these factors were significant because of the responses of people in each of these two groups who knew someone who had injected an illegal drug.

The correlation matrices for these two analyses are given in Table 19 (Appendix 3).

Insert Table 17 and 18 here

Univariate analyses indicated that persons who knew an injector were no more likely to be in favour of needle access after, compared to prior to, the information module (Chi Square_{McNemar} = 1.286, df = 1, N.S.). However, those who did not know an injector were more likely to be in favour of access after the information module, compared to prior to the presentation (Chi Square_{McNemar} = 15.696, df = 1, p < .0001). These results are presented in Figure 15.



* Includes only those cases entered into the regression analysis

FIGURE 15: PERCENT RESPONDENTS IN FAVOUR OF IDUs HAVING ACCESS TO NEW NEEDLES AND SYRINGES BY WHETHER THEY KNOW A CURRENT OR PAST IDU AND WHETHER INFORMATION MODULE PRESENTED

Pharmacists and Needle Provision

A number of items specifically referred to the role of pharmacists in the provision of needles to IDUs. Figure 16 shows that prior to presentation of the audio-taped information module about three quarters (73.8%) of respondents disagreed either 'strongly' or 'somewhat' with the statement: "If a young member of my family had been injecting illegal drugs with a needle bought from my local chemist I would hold that chemist partly responsible for any negative consequences". Just under one in four (23.9%) respondents agreed either 'strongly' or 'somewhat' with the statement and a negligible proportion 'did not know'. After hearing the information module, about three quarters (76.7%) of respondents disagreed either 'strongly' or 'somewhat' with the statement, while one in five (19.6%) respondents agreed either 'strongly' or 'somewhat' with the statement and a very small proportion 'did not know'. The pre-post differences were not significant (Chi Square_{Symmetry} = 18.12, df = 15, N.S.).

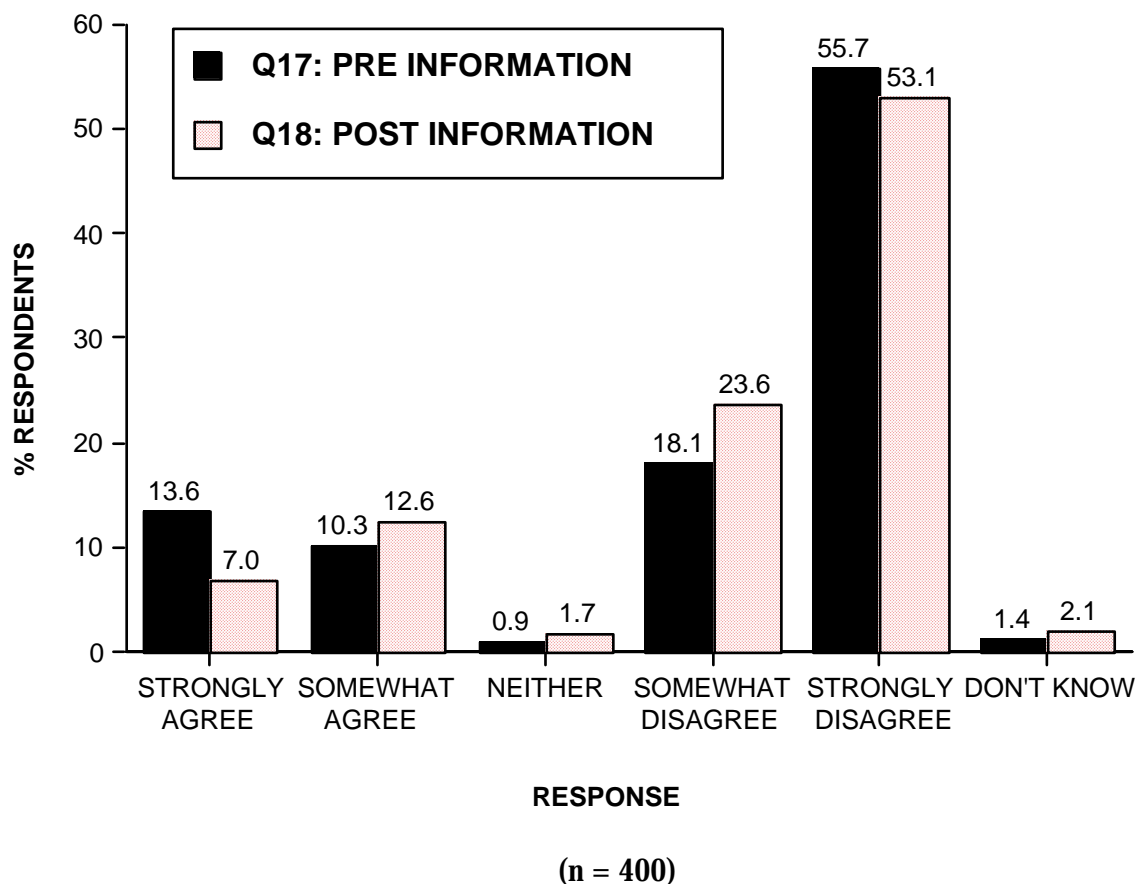


FIGURE 16: RESPONSES TO ITEM 17i & 18i:

"If a young member of my family had been injecting illegal drugs with a needle bought from my local chemist I would hold that

chemist partly responsible for any negative consequences"

Figure 17 shows that prior to presentation of the audio-taped information module the vast majority (89.1%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "I can understand why some chemists and other health workers may have some worries about providing needles to injecting drug users". Less than one in ten (8.4%) respondents disagreed either 'strongly' or 'somewhat' with the statement. A very small proportion (2.0%) stated they 'did not know'.

After hearing the information module, the vast majority (93.7%) of respondents agreed either 'strongly' or 'somewhat' with the statement, while one in twenty (5.4%) respondents disagreed either 'strongly' or 'somewhat' with the statement, and a negligible proportion 'did not know'. The pre-post differences were not significant (Chi Square_{Symmetry} = 22.84, df = 15, N.S.).

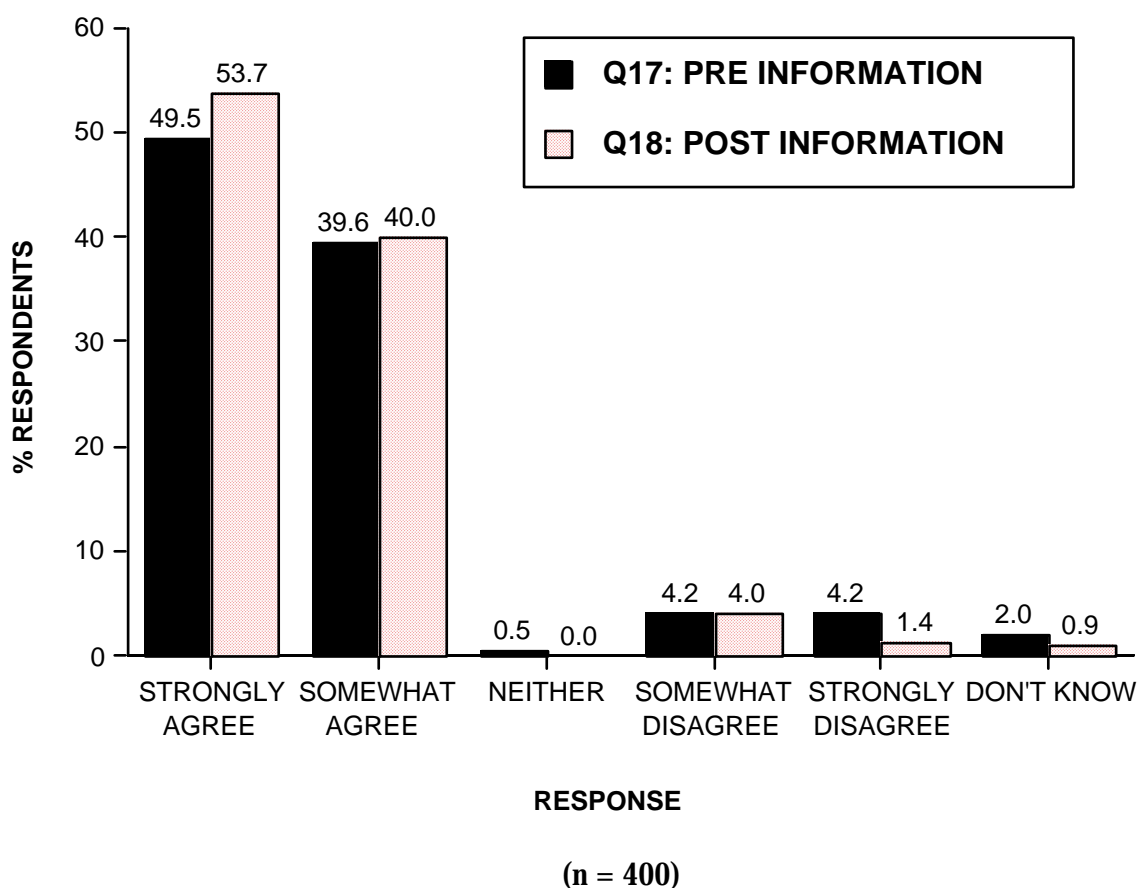


FIGURE 17: RESPONSES TO ITEM 17j & 18j:

"I can understand why some chemists and other health workers may have some worries about providing needles to injecting drug users"

Figure 18 shows that prior to presentation of the audio-taped information module over two thirds (69.0%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "It should be legal for chemists and other health workers in WA to make needles available to injecting drug users". Just over one quarter (26.3%) of respondents disagreed either 'strongly' or 'somewhat' with the statement and a small proportion (3.0%) 'did not know'.

After hearing the information module, the vast majority (84.7%) of respondents agreed either 'strongly' or 'somewhat' with the statement, while just over one in ten (13.7%) of respondents disagreed either 'strongly' or 'somewhat' with the statement, and a negligible proportion (0.8%) 'did not know'.

The pre-post differences were significant ($\chi^2_{\text{Symmetry}} = 99.65, df = 15, p < .001$).

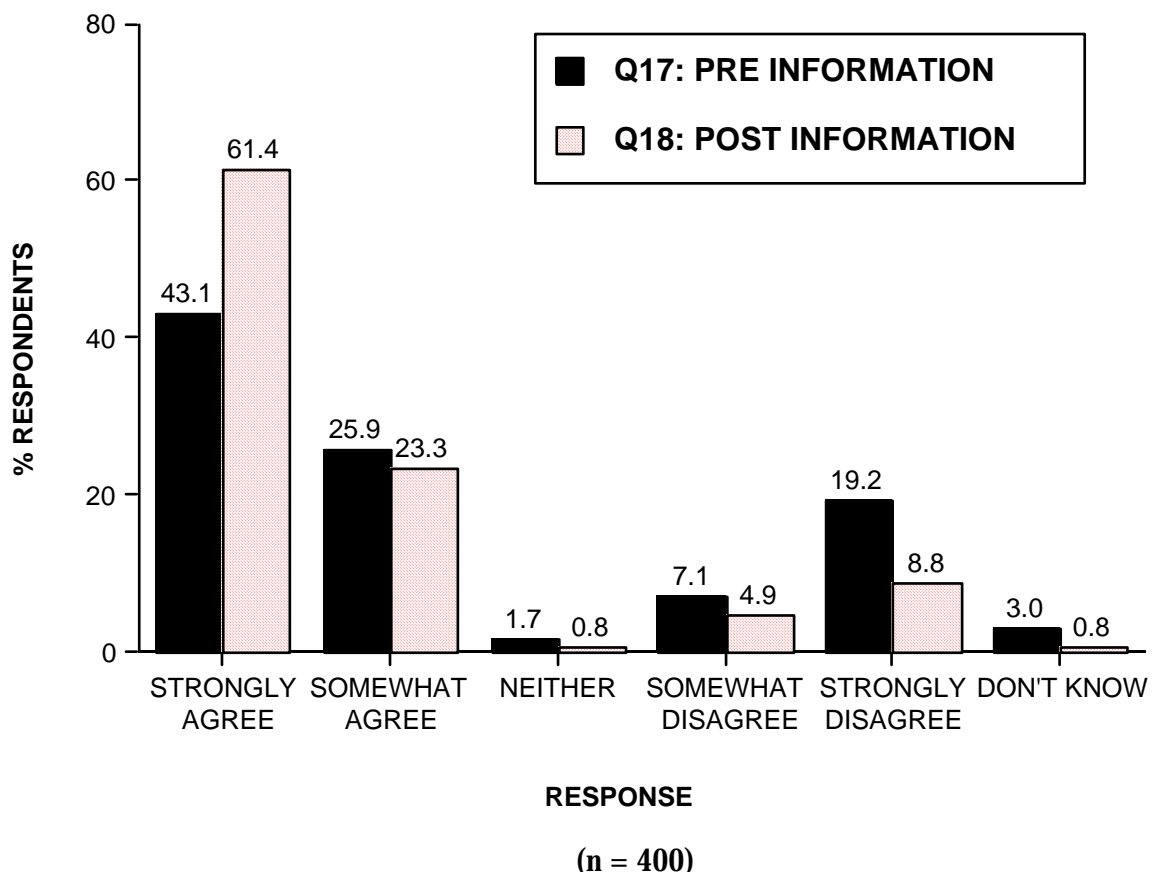
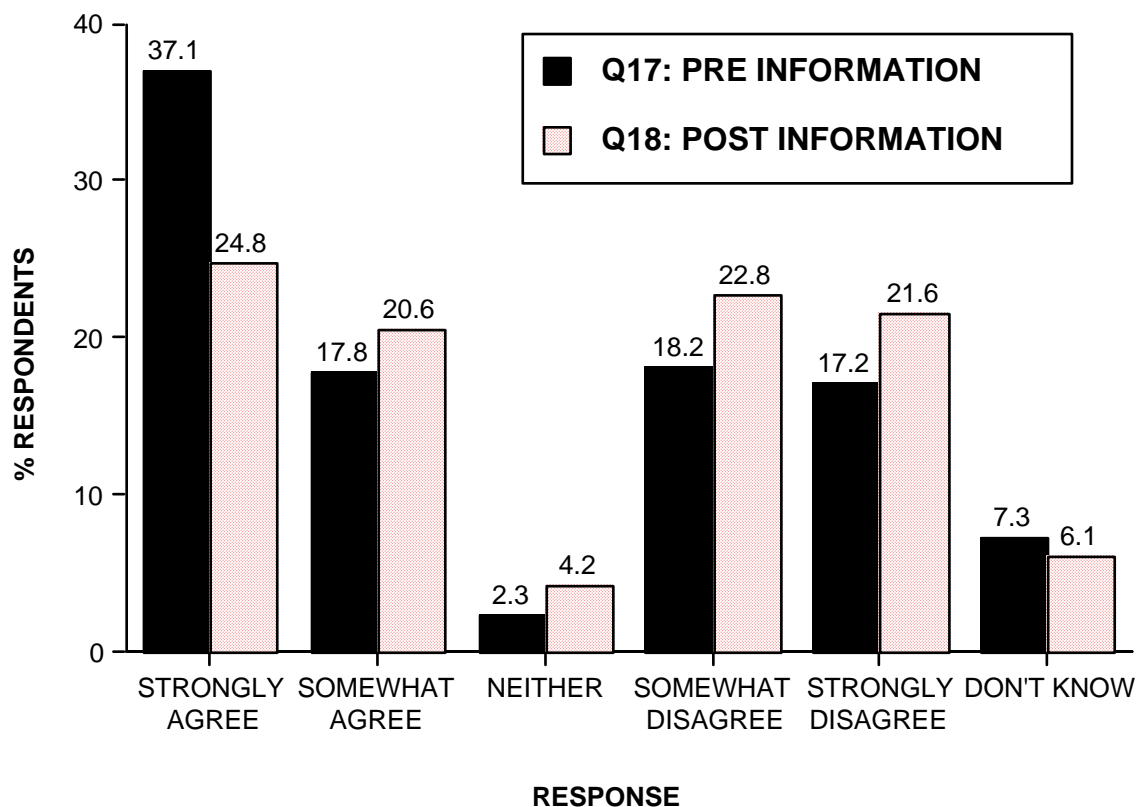


FIGURE 18: RESPONSES TO ITEM 17n& 18n:

"It should be legal for chemists and other health workers in WA to make needles available to injecting drug users"

Figure 19 shows that prior to presentation of the audio-taped information module just over half (54.9%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "If children are trying to purchase needles from chemists they should not be sold them, even if they risk catching the AIDS virus by sharing needles". Just over one in three (35.4%) respondents disagreed either 'strongly' or 'somewhat' with the statement and just under one in ten (7.3%) 'did not know'.

After hearing the information module, just under half (45.4%) the respondents agreed either 'strongly' or 'somewhat' with the statement, while a similar proportion (44.4%) of respondents disagreed either 'strongly' or 'somewhat' with the statement and a smaller proportion (6.1%) 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 43.78, df = 15, $p < .001$).



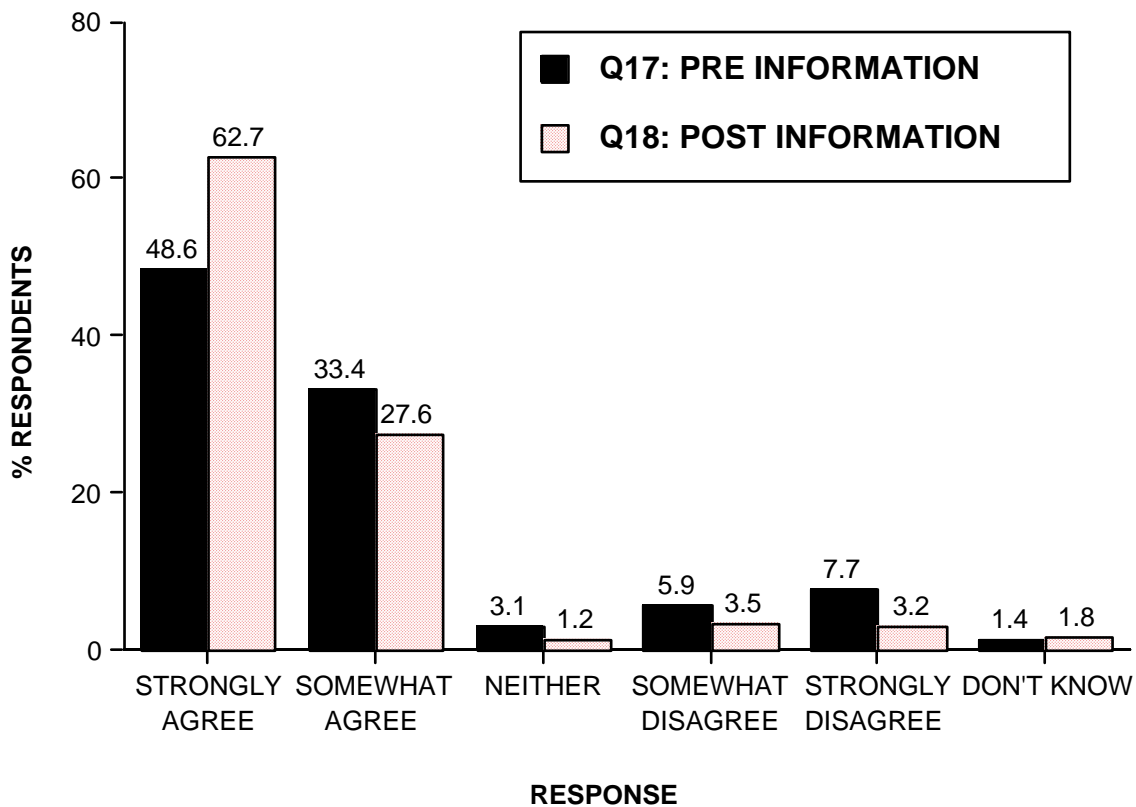
(n = 400)

FIGURE 19: RESPONSES TO ITEM 17p & 18p:

"If children are trying to purchase needles from chemists they should not be sold them, even if they risk catching the AIDS virus by sharing needles"

Figure 20 shows that prior to presentation of the audio-taped information module over four in five (82.0%) respondents agreed either 'strongly' or 'somewhat' with the statement: "If a young member of my family had been injecting illegal drugs with a needle bought from my local chemist I would be thankful that at least they had access to clean needles." Just over one in ten (13.6%) respondents disagreed either 'strongly' or 'somewhat' with the statement, and a negligible proportion (1.4%) 'did not know'.

After hearing the information module, an even larger majority (90.2%) of respondents agreed either 'strongly' or 'somewhat' with the statement, while less than one in ten (6.7%) of respondents disagreed either 'strongly' or 'somewhat' with the statement and a negligible proportion (1.8%) 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 61.36, df = 15, p < .001).



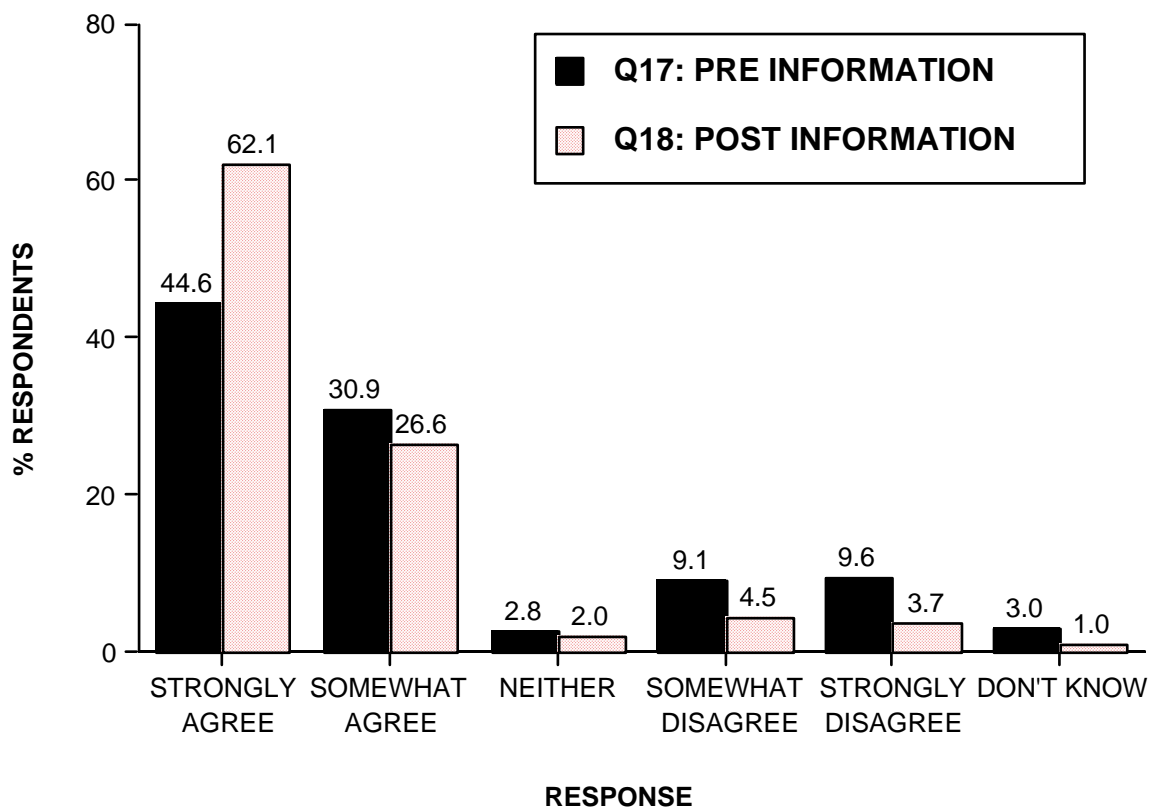
(n = 400)

FIGURE 20: RESPONSES TO ITEM 17q& 18q:

"If a young member of my family had been injecting illegal drugs with a needle bought from my local chemist I would be thankful that at least they had access to clean needles"

Figure 21 shows that prior to presentation of the audio-taped information module three quarters (75.5%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Chemists and other health workers who make needles available to injecting drug users are providing an important community health service". One in ten (10.6%) respondents disagreed either 'strongly' or 'somewhat' with the statement and a small proportion (3.0%) 'did not know'.

After hearing the information module, an even larger majority (88.8%) of respondents agreed either 'strongly' or 'somewhat' with the statement, while less than one in ten (8.3%) of respondents disagreed either 'strongly' or 'somewhat' with the statement and a negligible proportion (1.0%) 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 91.42, df = 15, p < .001).



(n = 400)

FIGURE 21: RESPONSES TO ITEM 17r& 18r:

"Chemists and other health workers who make needles available to injecting drug users are providing an important community health service"

Predictors of Attitudes to Legal Chemist Provision of Needles to IDUs

Logistic Regression analyses were carried out to determine which factors predicted those persons who agreed it should be legal for chemists and other health professionals to provide needles to IDUs, versus those who disagreed. Given the findings shown in Figure 18, two analyses were conducted. The first looked at predictors of attitudes to chemists and other health professionals providing needles to IDUs prior to the information module (Item 17n), the second looked at the same predictors after the presentation of the information module (Item 18n).

The predictor (independent) variables entered into the regression equation for both analyses were: age, gender, political affiliation, religious affiliation, whether respondents worked in the medical or allied health area, whether respondents were from the city or the country, whether they had seen anything in the media regarding provision of N&S to IDUs, and whether they had children under the age of 22.

Attitudes to whether or not it should be legal for chemists and other health professionals to provide needles to IDUs were not predicted by respondents' age, gender, political affiliation, religious affiliation, whether they worked in the medical or allied health area, whether they were from the city or the country, whether they had seen anything in the media regarding provision of N&S to IDUs, or whether they had children under the age of 22. This was true both before and after the presentation of the information module.

Table 20 and 21 show the outcomes of the two regression analyses. None of the independent variables significantly predicted scores on the dependent variables. The correlation matrices for these two analyses are given in Table 22 (Appendix 3).

Insert Table 20 and 21

Disposal

Figure 22 shows that prior to presentation of the audio-taped information module half (49.9%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "In WA it is quite likely that a person pricked by a needle dropped in a public place will catch the AIDS virus". Just under two in five (38.5%) respondents disagreed either 'strongly' or 'somewhat' with the statement and just under one in ten (9.2%) 'did not know'.

After hearing the information module, only about a third (34.4%) of respondents agreed either 'strongly' or 'somewhat' with the statement, while a large majority (70.2%) of respondents disagreed either 'strongly' or 'somewhat' with the statement, and a smaller proportion (3.6%) 'did not know'. The pre-post differences were significant (Chi Square_{Symmetry} = 103.3, df = 15, p < .001).

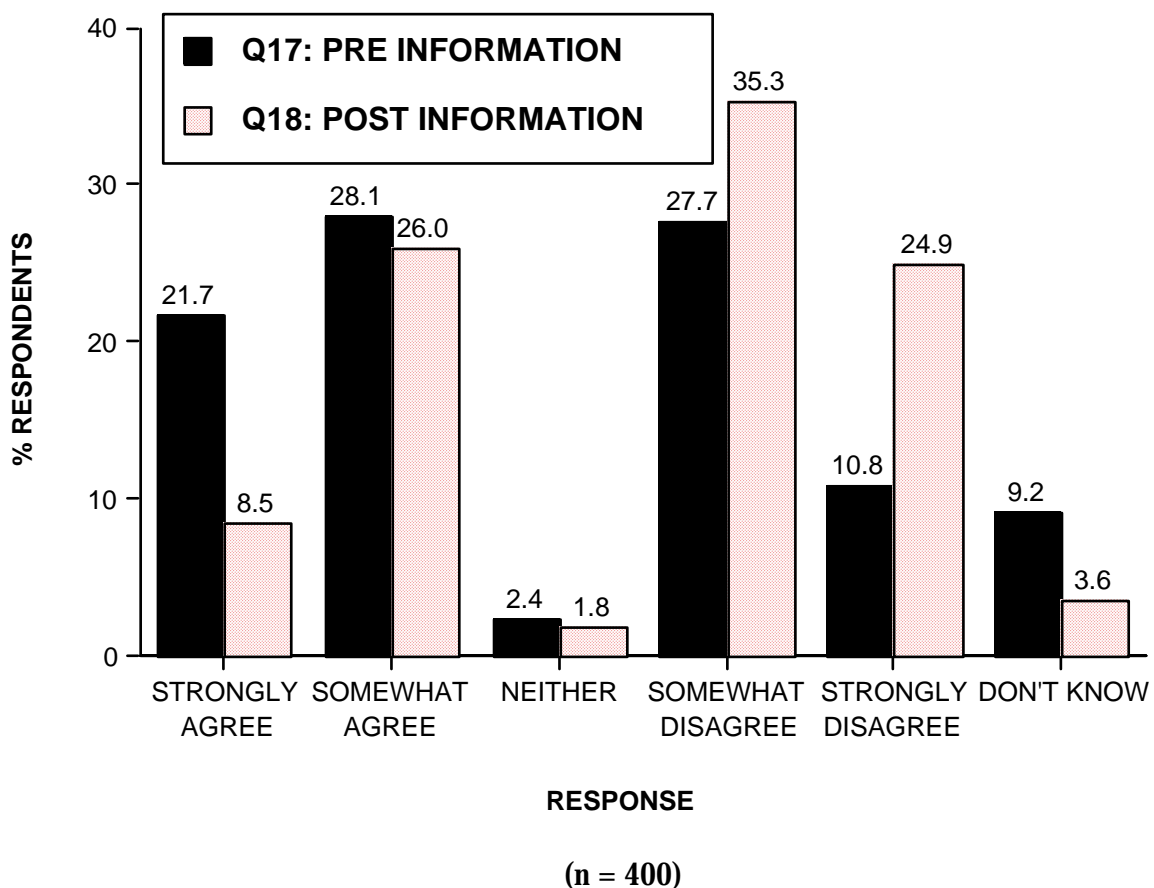


FIGURE 22: RESPONSES TO ITEM 17t & 18t:

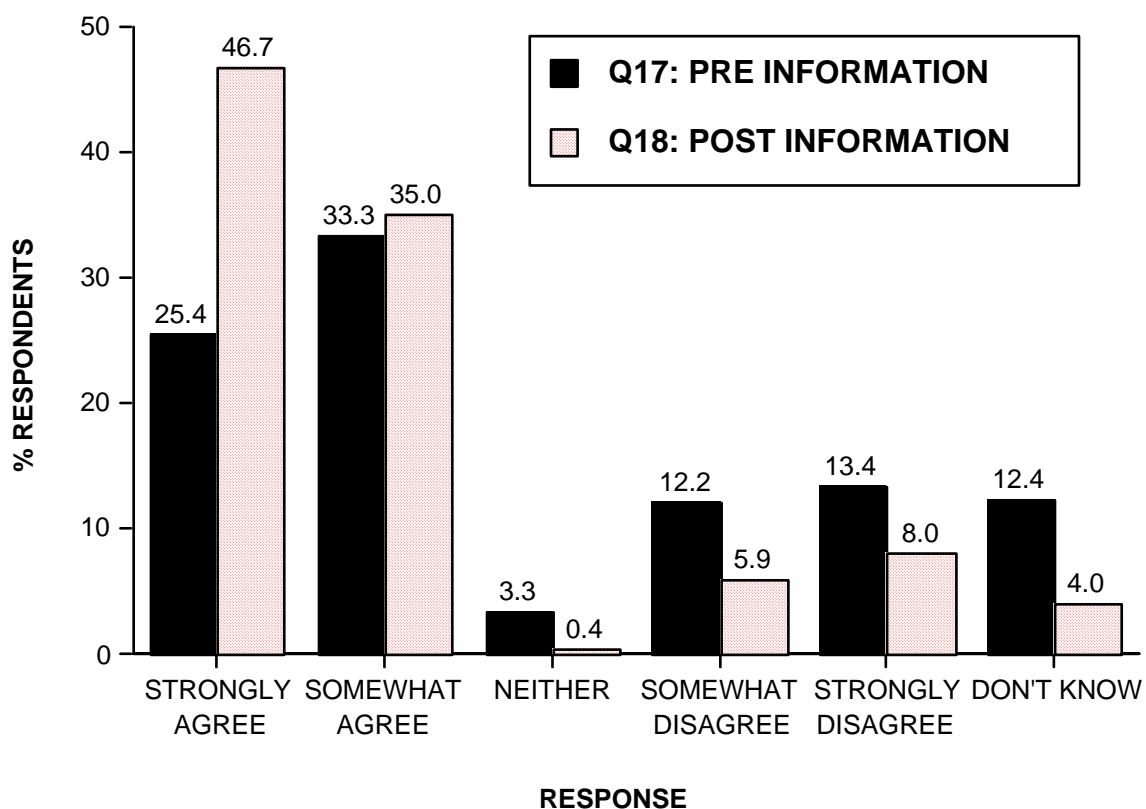
"In WA it is quite likely that a person pricked by a needle dropped in a public place will catch the AIDS virus"

Police, Politicians and Legislation

Figure 23 shows that prior to presentation of the audio-taped information module over half (58.8%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Police are acting responsibly if they exercise their discretion and don't "stake out" locations where drug users obtain new needles". Only about one in four (25.6%) respondents disagreed either 'strongly' or 'somewhat' with the statement, and just over one in ten (12.4%) 'did not know'.

After hearing the information module, an even larger majority (81.7%) agreed either 'strongly' or 'somewhat' with the statement, while just over one in ten (13.9%) of respondents disagreed either 'strongly' or 'somewhat' with the statement and a small proportion (4.0%) 'did not know'.

The pre-post differences were significant (Chi Square_{Symmetry} = 117.76, df = 15, p < .001).



(n = 400)

FIGURE 23: RESPONSES TO ITEM 17I & 18I:

"Police are acting responsibly if they exercise their discretion and don't "stake out" locations where drug users obtain new needles"

Figure 24 shows that prior to presentation of the audio-taped information module three quarters (75.2%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Politicians who make it legal to provide needles to injecting drug users in this state are making the right decisions for the health of the community". Only about one in five (20.1%) respondents disagreed either 'strongly' or 'somewhat' with the statement.

After hearing the information module, an even larger majority (85.6%) agreed either 'strongly' or 'somewhat' with the statement, while just over one in ten (12.0%) of respondents disagreed either 'strongly' or 'somewhat' with the statement. The pre-post differences were significant ($\text{Chi Square}_{\text{Symmetry}} = 52.52, \text{df} = 15, p < .001$).

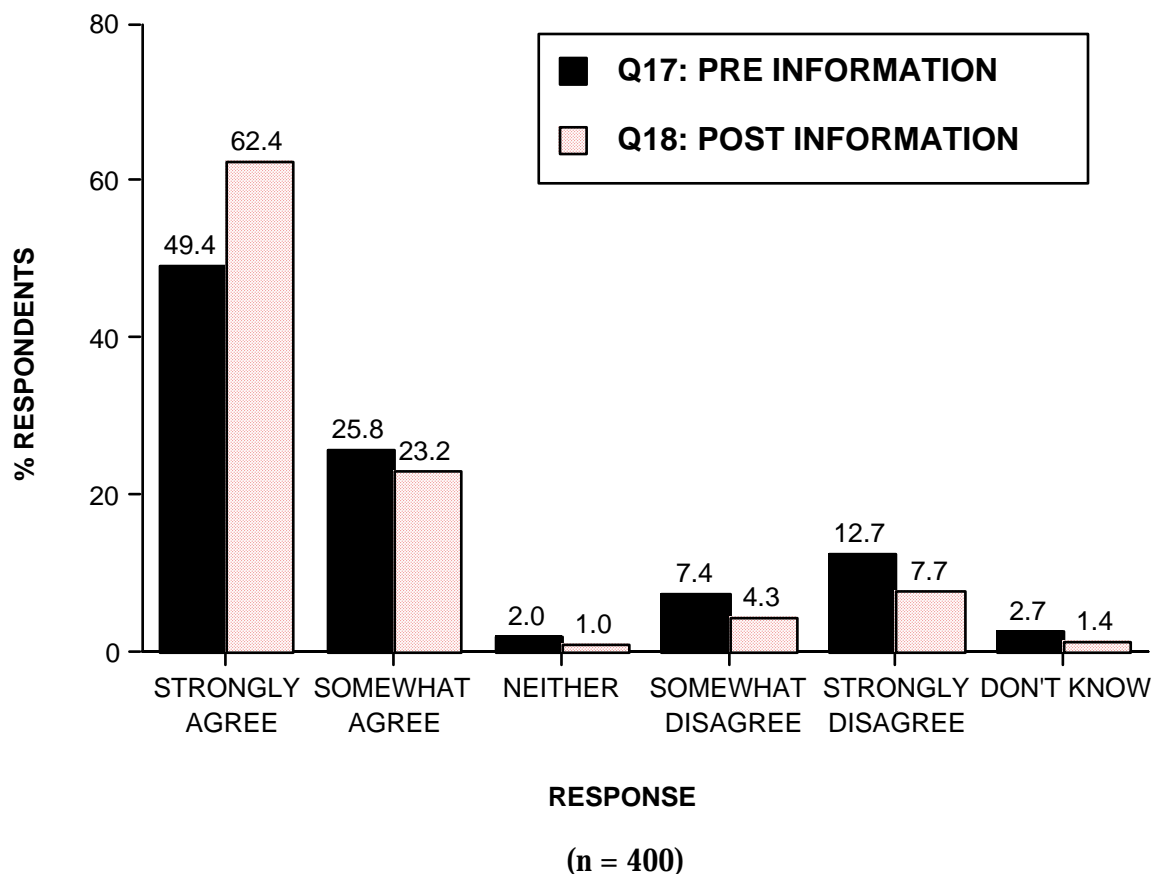


FIGURE 24: RESPONSES TO ITEM 17w & 18w:

"Politicians who make it legal to provide needles to injecting drug users in this state are making the right decisions for the health of the community"

4.4 KNOWLEDGE, ATTITUDES AND BELIEFS REGARDING CANNABIS DECRIMINALISATION AND USE

Media Regarding Cannabis Decriminalisation

Just under two thirds (62.9%) of respondents said they could "remember having heard or seen something in the media recently regarding changing the laws relating to cannabis". About one third (33.8%) of respondents could not remember such a media item, and a small proportion (3.3%) were unsure or did not know. Of those who stated they had heard or seen something, the vast majority (96.1%) were able to recall at least a small amount of detail about the content of the media item. There were no significant differences between responses of the metropolitan and country samples to this question (Chi Square = 5.939, df = 2, N.S.).

Legalisation of Cannabis

Respondents were asked: "Do you think cannabis should be made as legal as alcohol?" Just over one third (36.7%) of respondents believed it should, while just over a half (53.2%) believed it should not. One in ten (10.1%) of respondents were unsure on the issue. These data are presented in Figure 25. There were no significant differences between responses of the metropolitan and country samples to this question (Chi Square = 4.752, df = 2, N.S.).

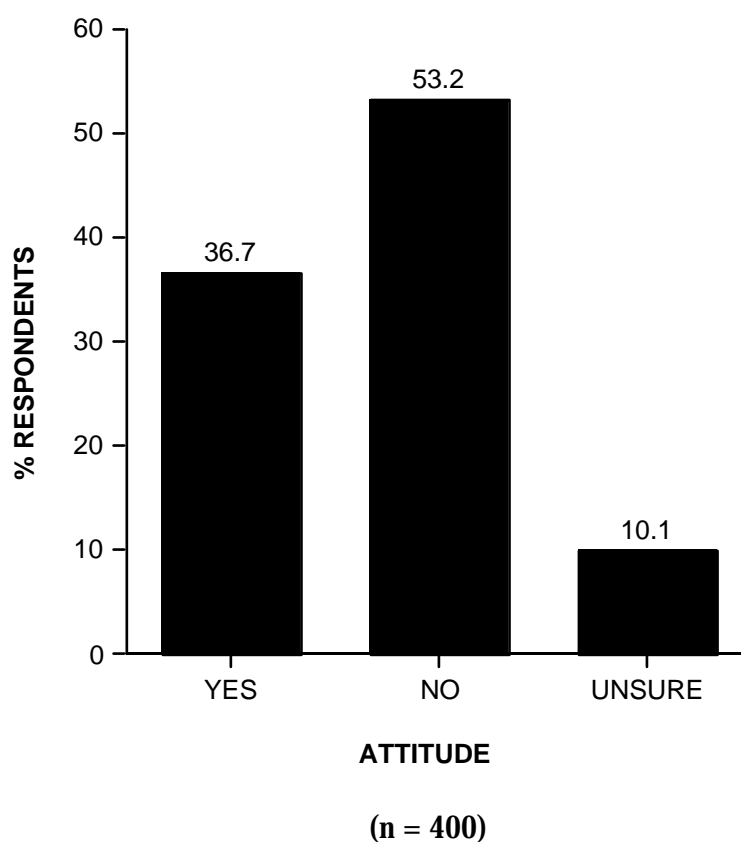


FIGURE 25: RESPONSES TO QUESTION 14:

"Do you think cannabis should be made as legal as alcohol?"

Cannabis Possession and Use as Criminal

Respondents were asked: "Do you believe that the possession of small amounts of cannabis for personal use should remain a criminal offence in WA. That is, result in a criminal record and possibly a jail sentence if convicted?" The majority (64.0%) of respondents believed that such cannabis offences should not be considered criminal, just over one in four (27.4%) said they should remain criminal offences, and just under one in ten (8.6%) said they were unsure or did not know. These results are shown in Figure 26. There were no significant differences between responses of the metropolitan and country samples to this question (Chi Square = 5.212, df = 2, N.S.).

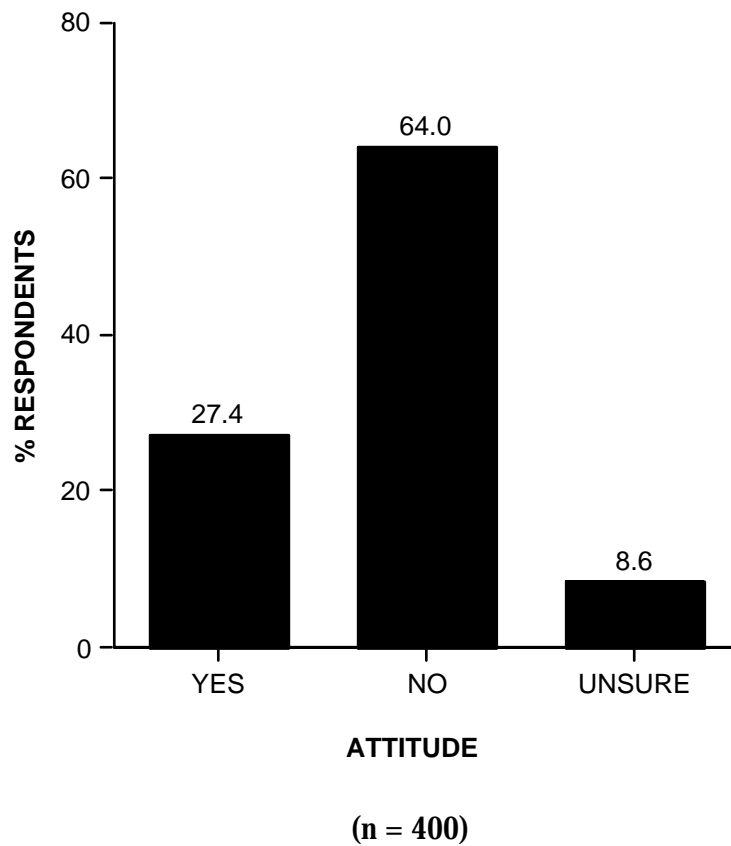


FIGURE 26: RESPONSES TO QUESTION 15:

"Do you believe that the possession of small amounts of cannabis for personal use should remain a criminal offence in WA. That is, result in a criminal record and possibly a jail sentence if convicted?"

Reasons Behind Beliefs Regarding Laws Relating to Cannabis

Those who said that cannabis possession and use should remain a criminal offence were asked for their reasons. These results are presented in Table 23. Just under one quarter (23.4%) of these respondents gave as one of their reasons that 'illegality was a deterrent to use', a similar number believed 'cannabis leads to use of other drugs' (22.4%). Other reasons given were that it 'would lead to more people using and therefore more overall harm' (18.2%), that cannabis 'produced harmful health effects' (17.9%) and that they 'did not want more drugs legal' (16.1%). Over one in ten (12.3%) of the respondents who believed cannabis possession and use should remain a criminal offence did so because they believed 'decriminalisation would encourage or normalise use'.

TABLE 23: REASONS GIVEN FOR KEEPING CANNABIS POSSESSION AND USE A CRIMINAL OFFENCE

RESPONSE	% RESPONSES *	% RESPONDENTS (n = 110)
ILLEGALITY AS A DETERRENT	14.9	23.4
LEADS TO OTHER DRUG USE	14.2	22.4
WILL LEAD TO MORE USE & GREATER OVERALL HARM	11.6	18.2
HARMFUL HEALTH EFFECTS	11.4	17.9
DON'T WANT MORE DRUGS LEGAL	10.3	16.1
WILL ENCOURAGE/NORMALISE USE	8.1	12.8
HARMFUL MENTAL EFFECTS	6.8	10.7
HARMFUL ROAD SAFETY EFFECTS	6.1	9.5
LEADS TO OTHER OFFENCES/PROBLEMS **	3.6	5.7
DON'T KNOW	2.4	3.8
MORALLY/IN PRINCIPLE WRONG **	1.1	1.8
CONCERN RE OWN CHILDREN USING **	1.0	1.6
ILLEGALITY HELPS POLICE DO THEIR JOB	0.5	0.7
OTHER	8.0	12.5

* *Total number multiple responses = 172*

** *This coded response was included after examination of "other" responses specified. It does not appear on the questionnaire.*

Those who said that cannabis possession and use should be decriminalised were asked for their reasons. These results are presented in Table 24. Just under one half (47.5%) of these respondents stated they were in favour of decriminalisation because they believed 'the use of

small amounts in private wouldn't harm others', over one in four (27.5%) because they believed cannabis was 'not a harmful drug', over one in ten (16.8%) because they saw it as 'no worse than alcohol or tobacco' and a similar number (13.3%) believed it should no longer be criminal because 'many people use it'.

TABLE 24: REASONS GIVEN FOR DECRIMINALISING CANNABIS POSSESSION AND USE

RESPONSE	% RESPONSES *	% RESPONDENTS (n = 256)
USE OF SMALL AMOUNTS IN PRIVATE WON'T HARM OTHERS	29.8	47.5
NOT A HARMFUL DRUG	17.2	27.5
NO WORSE THAN ALCOHOL OR TOBACCO **	10.5	16.8
MANY PEOPLE USE IT	8.3	13.3
POLICE CAN FOCUS ON MORE SERIOUS OFFENCES	5.3	8.4
FREE UP THE COURTS	5.2	8.3
REDUCE ORGANISED CRIME INVOLVEMENT	5.2	8.3
CRIMINAL RECORD CAN RUIN FUTURE (eg travel, employment)	3.7	5.9
CIVIL LIBERTIES / FREE WILL / PERSONAL CHOICE **	2.7	4.3
CRIMINAL CHARGE TOO SEVERE **	1.8	2.9
LESS USE TO DEFY AUTHORITY	1.6	2.6
WILL STOP PEOPLE USING HARDER DRUGS **	0.6	1.0
DON'T KNOW / CAN'T SAY	0.5	0.8
OTHER	7.5	11.9

* Total number multiple responses = 408

** This coded response was included after examination of "other" responses specified. It does not appear on the questionnaire.

Responses to Likert Scale Items Regarding Cannabis

Respondents were read six statements about cannabis use and current and potential consequences of this use. They were asked to say whether they agreed or disagreed with the statement and whether they believed this 'strongly' or only 'somewhat.' Results of these items are presented below.

Cannabis as Leading to Other Drug Use

It can be seen from Figure 27 that just under half (46.3%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Most people who use cannabis will go on to use other more dangerous illegal drugs." Approximately the same number (47.7%) disagreed, either 'strongly' or 'somewhat' with the statement. A small proportion (4.8%) 'did not know'.

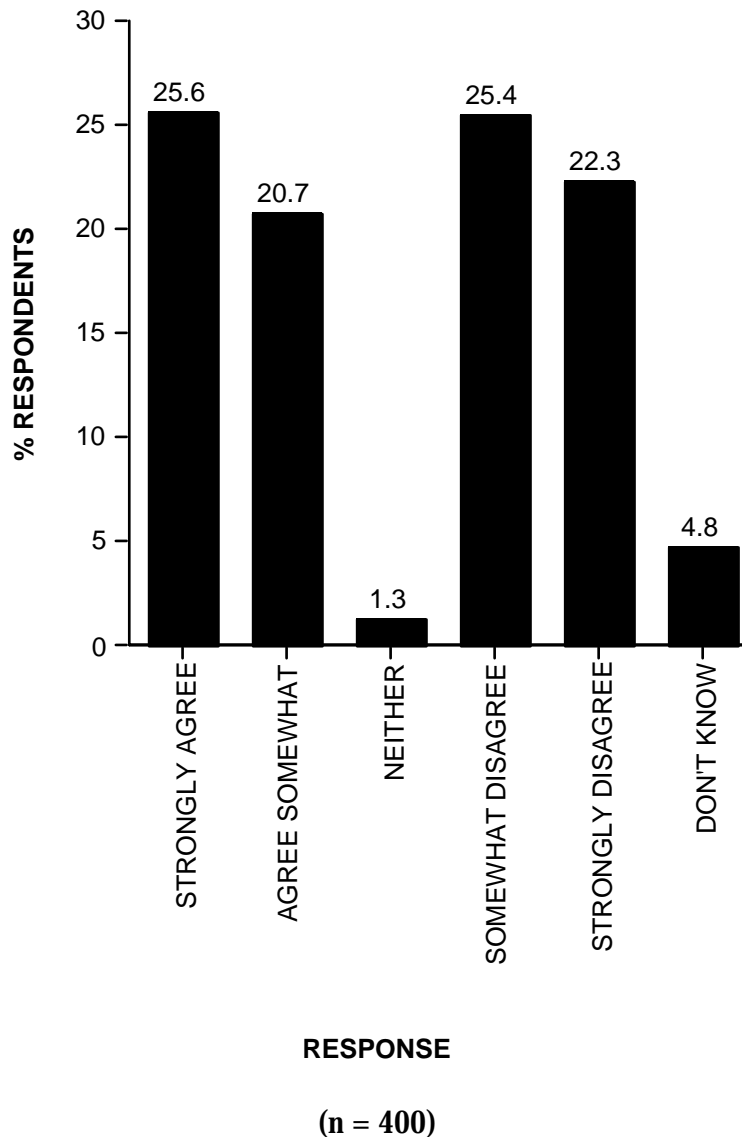


FIGURE 27: RESPONSES TO ITEM 17a:

"Most people who use cannabis will go on to use other more dangerous illegal drugs"

Attitudes to Cannabis Decriminalisation When Possible Penalties Described

As can be seen from Figure 28 just under three quarters (71.5%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Penalties for people charged with possession of small amounts of cannabis for personal use should be like those for speeding in a motor vehicle, they should get a fine but not a criminal record". A much smaller number (26.1%) disagreed, either 'strongly' or somewhat with the statement. A negligible proportion (1.5%) stated that they 'did not know'.

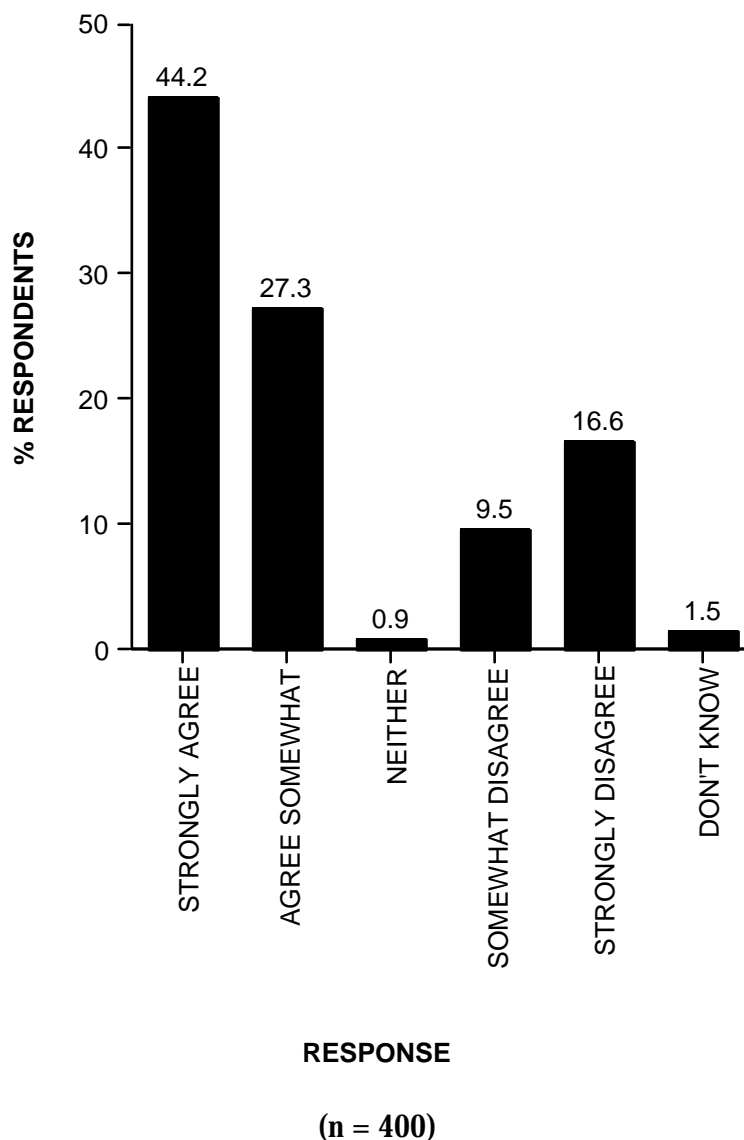
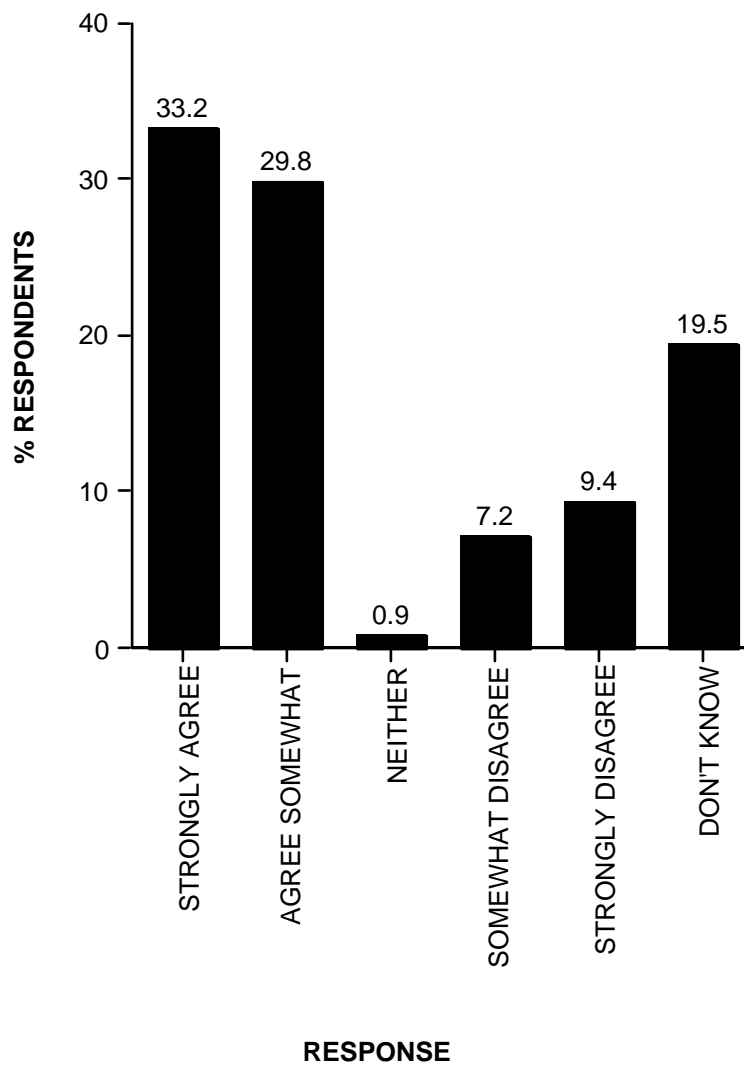


FIGURE 28: RESPONSES TO ITEM 17b:

"Penalties for people charged with possession of small amounts of cannabis for personal use should be like those for speeding in a motor vehicle, they should get a fine but not a criminal record"

Perceptions of the Extent of Non-problematic Cannabis Use

Figure 29 shows the majority (63.0%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Many people in our community use cannabis without experiencing serious problems due to its use". Less than one in five (16.6%) respondents disagreed, either 'strongly' or 'somewhat' with the statement. One in five respondents (19.5%) did not know whether they agreed or disagreed with the statement.



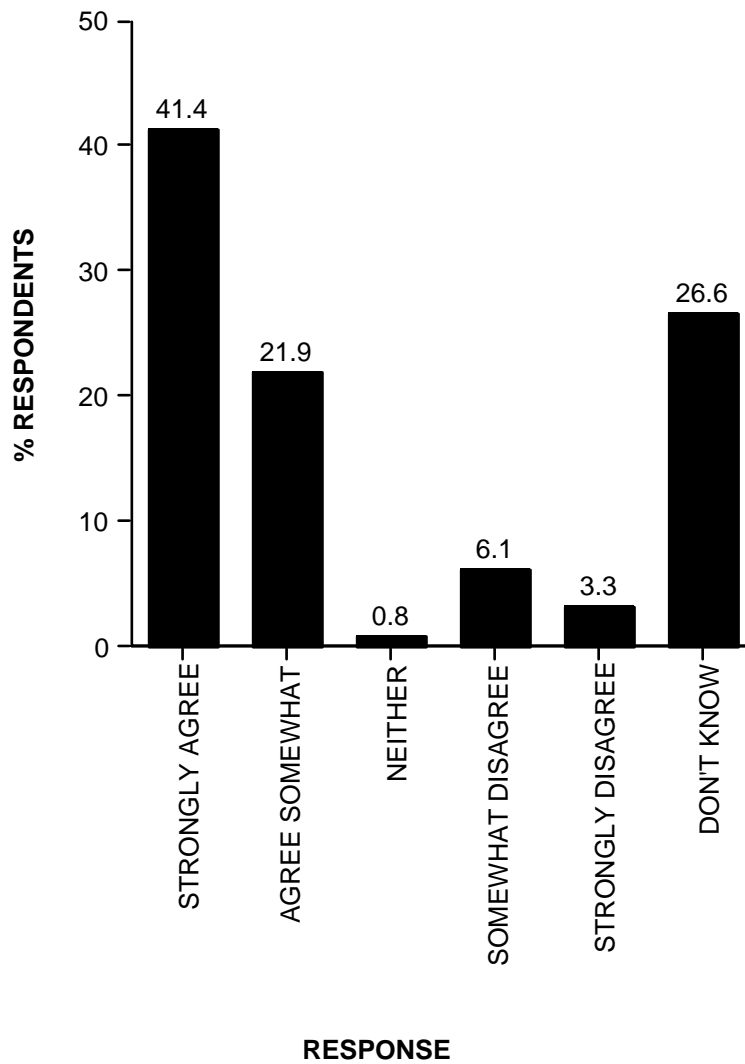
(n = 400)

FIGURE 29: RESPONSES TO ITEM 17C:

"Many people in our community use cannabis without experiencing serious problems due to its use"

Perception of Burden of Cannabis Offences on the Court System

Figure 30 shows the majority (63.3%) of respondents agreed either 'strongly' or 'somewhat' with the statement: "Our court system is overburdened by minor cannabis offences". Only about one in ten (9.4%) respondents disagreed, either 'strongly' or 'somewhat' with the statement. A larger number, approximately one in five (26.6%) respondents did not know whether they agreed or disagreed with the statement.



(n = 400)

FIGURE 30: RESPONSES TO ITEM 17d:

"Our court system is overburdened by minor cannabis offences"

Attitudes Toward Allowing Cultivation for Personal Use

Figure 31 shows that attitudes toward the cultivation of cannabis for personal use were somewhat equivocal. Just under half (44.2%) the respondents agreed either 'strongly' or 'somewhat' with the statement: "It would be a bad thing for our community if people were legally able to grow small amounts of cannabis for their personal use". A slightly larger number (50.7%) disagreed, either 'strongly' or 'somewhat' with the statement.

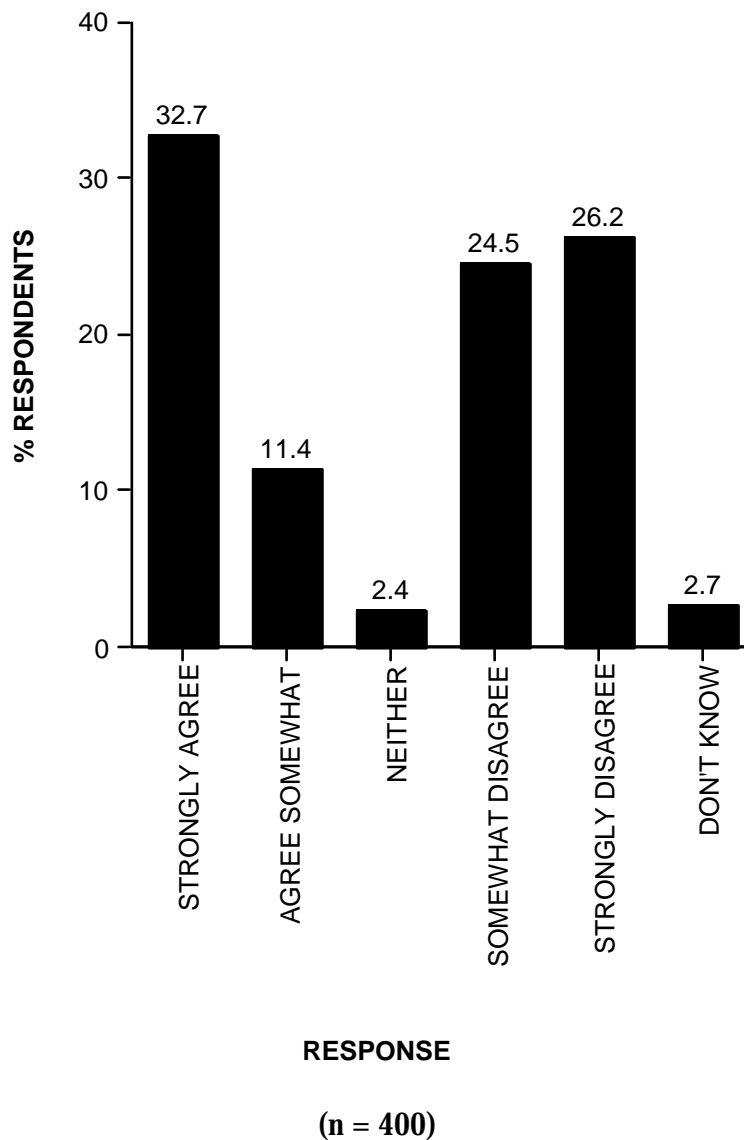


FIGURE 31: RESPONSES TO ITEM 17e:

"It would be a bad thing for our community if people were legally able to grow small amounts of cannabis for their personal use"

Attitudes to Cannabis Decriminalisation when Term Not Explained Compared to when Explained

In Section 1.5 a rationale was given for how respondents in this study were asked about their attitudes to laws regarding cannabis. The questions were asked in different forms such that respondents were sequentially given more information about the term, using readily accessible analogous explanations of possible penalties. It was hypothesised that respondents would be more in favour of cannabis decriminalisation when the penalties were explained.

To test this hypothesis a comparison was made of responses to Question 15 ("Do you believe that the possession of small amounts of cannabis for personal use should remain a criminal offence in WA. That is, result in a criminal record and possibly a jail sentence if convicted?") with those for Item 17b ("Penalties for people charged with possession of small amounts of cannabis for personal use should be like those for speeding in a motor vehicle, they should get a fine but not a criminal record"). In the former question, criminal penalties were described but those associated with decriminalisation were not, whereas in the latter, likely non-criminal penalties were given, which added to those given earlier for criminal penalties. Data for the latter item were transformed so as to collapse the 'strongly' and 'somewhat' in favour categories and 'strongly' and 'somewhat' against categories to produce an 'agree with decriminalisation' category and a 'disagree with decriminalisation' category. Responses in the 'neither' and 'don't know' categories were collapsed into 'unsure/don't know'.

This comparison is shown in Figure 32. There was a significant difference between the proportion of respondents in favour of decriminalisation when the term was explained, compared to when it was not explained. ($\text{Chi Square}_{\text{McNemar}} = 18.933, df = 4, p < .001$). Furthermore, most of this difference was due to 24 (68.8%) of the 34 persons in the 'unsure' or 'don't know' group and 45 (40.9%) of those in the 'not in favour group' in the earlier (keeping cannabis criminal) item moving in favour of decriminalisation when the likely penalties associated with the decriminalisation of cannabis were described. Only 36 (14%) persons who stated they were in favour of decriminalisation in the earlier item stated they were against it in the item where decriminalisation was explained.

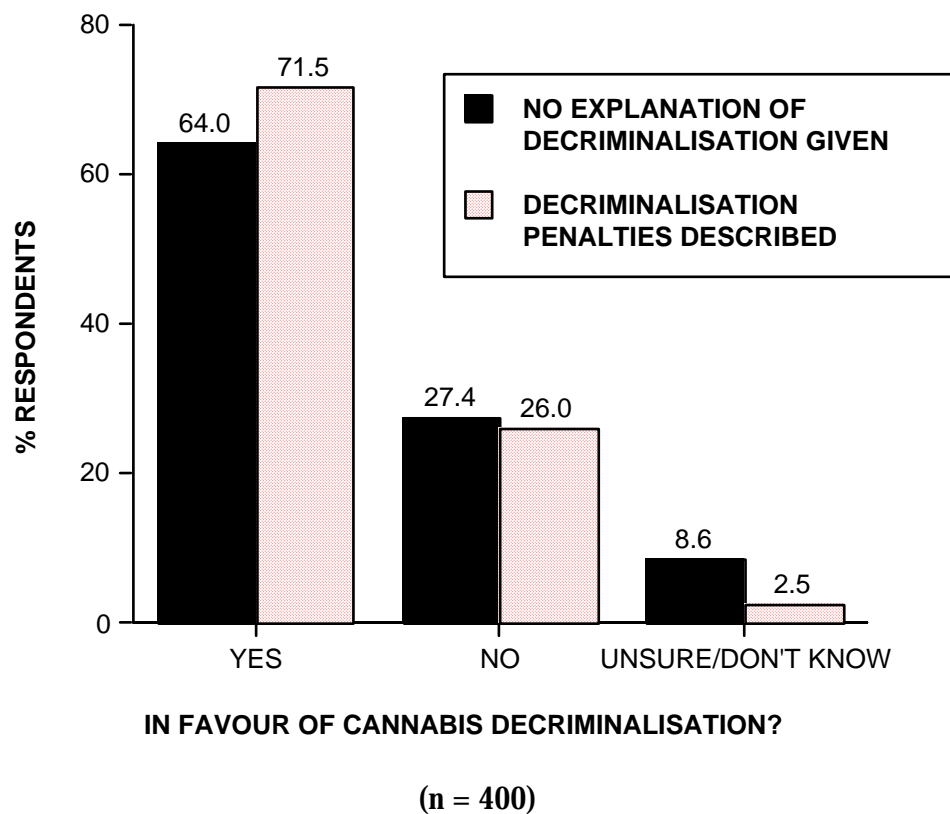


FIGURE 32: ATTITUDES TO CANNABIS DECRIMINALISATION WHERE TERM IS EXPLAINED VS WHERE TERM IS NOT EXPLAINED

There are a number of possible explanations for this result. It may be because the form of the items are different in that the former is a question asking for a yes/no response while the latter is in statement form allowing degrees ('strongly' or 'somewhat') of endorsement or rejection. Whilst this is a possible explanation there are others which are more credible.

The former question reflects the legal situation regarding cannabis in Western Australia and refers to keeping the law relating to cannabis as it is. It is possible that the result may be due to the often talked of reluctance of the Australian population to support changes in laws.

However, examination of the predictors of attitudes to decriminalisation in the two items suggests an explanation more congruent with the hypothesised impact of an explanation about likely penalties on beliefs.

Predictors of Attitudes to Cannabis Decriminalisation

Logistic Regression analyses were carried out to determine which factors predicted those persons who were in favour of cannabis decriminalisation, versus those who were not. Given the finding shown in Figure 32, two analyses were conducted. The first looked at predictors of attitudes to cannabis decriminalisation when the term was not explained, the second looked at predictors of attitudes to cannabis decriminalisation when the term was explained.

To look at predictors of attitudes to cannabis decriminalisation when the term was not explained Question 15 was dichotomised by excluding 'don't know' responses and was recoded such that responses that cannabis should 'remain criminal' were coded as NOEXPDECIM = 0 and responses that it 'should not remain criminal' were coded as NOEXPDECIM = 1.

To look at predictors where cannabis decriminalisation was explained, Item 17B was transformed into a dichotomous variable such that scores of 'strongly' or 'somewhat agree' with decriminalisation were collapsed into 'agree' (EXPDECIM. = 1) and 'strongly' and 'somewhat disagree' were collapsed into 'disagree' (EXPDECIM. = 0).

The predictor (independent) variables entered into the regression equation for both analyses were: age, gender, political affiliation, religious affiliation, whether respondents worked in the medical or allied health area, whether respondents were from the city or the country, whether they had seen anything in the media regarding cannabis, and whether they had children under the age of 22 (thought to be most worrying for parents in terms of future or current substance use).

insert table 25 and 26 from document "Cannabis log reg"

Tables 25 and 26 show the outcome of the two logistic regressions. When decriminalisation was not explained, scores on this variable were predicted by age and religious affiliation. Odds ratios in the various age groups were varied and, because of the small numbers of respondents in some age groups, need to be interpreted with some caution. However, the association with age does appear to be the result of high odds ratios in the 20 to 29 year old group. Specifically, in the absence of explanation of what decriminalisation meant, respondents who were in the 20 to 29 year old group were about three times more likely, than those in the 60 and over age group, to be in favour of changing the present laws relating to cannabis. The odds ratios suggest that those in the 17 to 19 year old group were about three times more likely than those in the 60 and over age group to be in favour of keeping the cannabis laws as they are. However, this finding is likely the result of substantial random error due to the very small number of subjects in the 17 to 19 year old group (see Figure 1). Respondents who described religion as either 'none' or 'not very important' to their every day life, were 1.5 times more likely than those who described their religion as 'important' or 'very important' to be in favour of changing the present laws relating to cannabis.

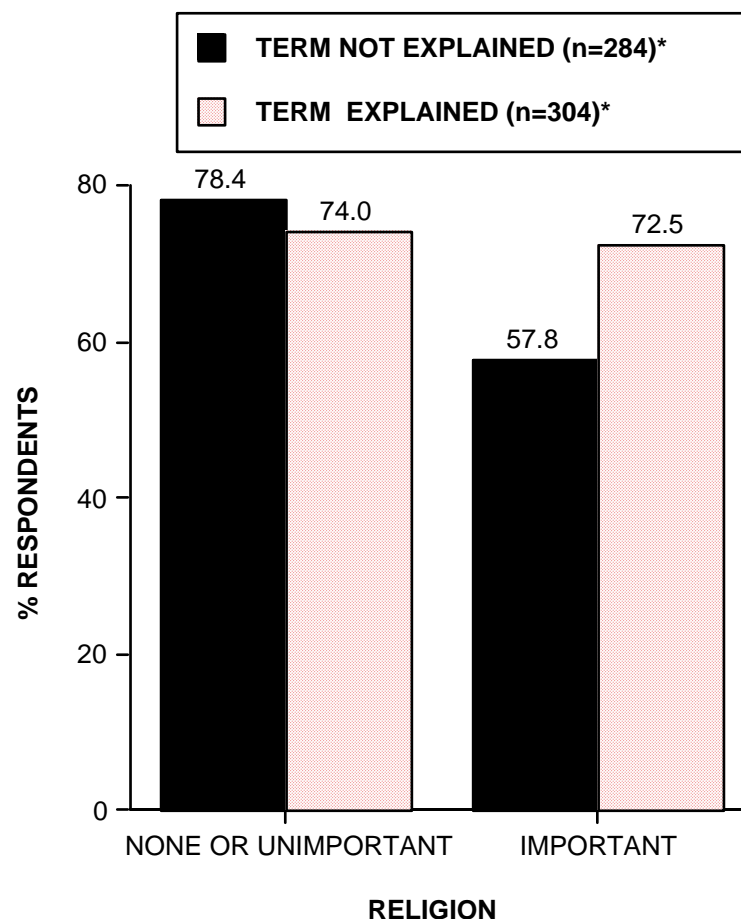
Attitudes towards cannabis decriminalisation when the term was not explained were not effected by subjects' gender, political affiliation, whether they worked in a medically related field or not, whether they were from the city or country, whether they had seen anything in the media regarding cannabis, or whether they had children under 22.

Table 26 shows that when decriminalisation was explained, scores on this variable were predicted by gender alone. That is, women were 1.4 times more likely to be in favour of cannabis decriminalisation than men.

Attitudes towards cannabis decriminalisation when the term was explained were not effected by subjects age, political affiliation, religious affiliation, whether they worked in the medical or allied health area, whether they were from the city or the country, whether they had seen anything in the media regarding cannabis, or whether they had children under the age of 22.

The correlation matrices for these two analyses are given in Table 27 (Appendix 3).

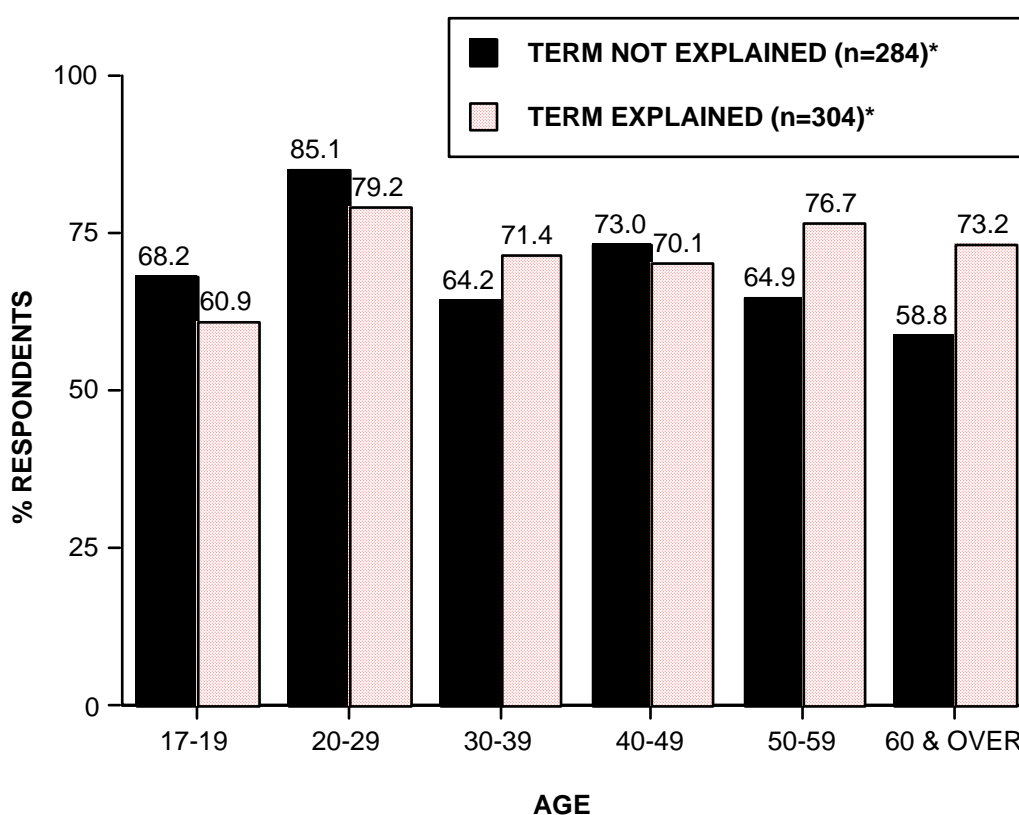
The results of the logistic regressions are supported by univariate cross tabulations which show that when the term was not explained, there was a significant difference (Chi Square = 12.848, df = 1, $p < .001$) between persons who described their religion as 'important' compared to those who described their religion as 'none' or 'not very important'. On attitudes to whether cannabis should remain criminal (dichotomised), when the term was explained there was no such difference (Chi Square = 0.457, df = 1, N.S.). This result is shown in Figure 33. Among respondents who described their religion as 'none or not very important' there was no significant difference between the proportion of persons who were in favour of cannabis decriminalisation whether or not the term was explained (Chi Square_{McNemar} = 1.80, df = 1, N.S.). Among those whose religion was 'important' there were significantly more in favour of decriminalisation when the term was explained compared to when it was not (Chi Square_{McNemar} = 9.76, df = 1, $p < .01$).



* Includes only those cases entered into the regression analysis

FIGURE 33: PERCENT RESPONDENTS IN FAVOUR OF CANNABIS DECRIMINALISATION BY RELIGIOSITY AND WHETHER DECRIMINALISATION EXPLAINED

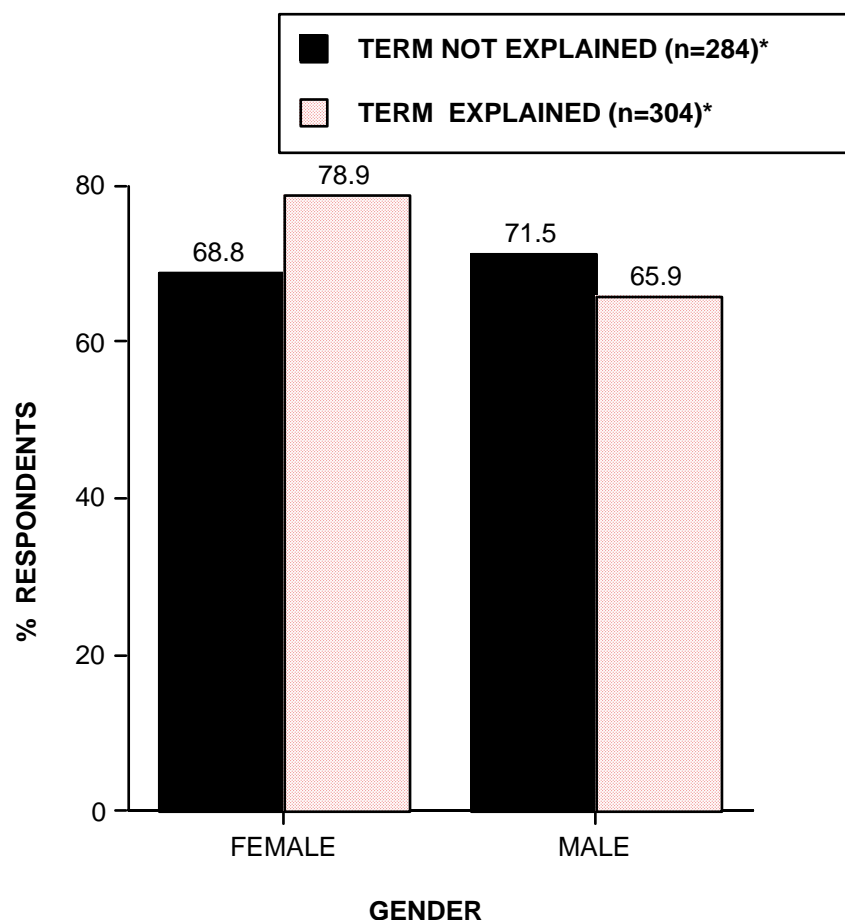
The results of the logistic regressions are supported by univariate cross tabulations which show that while there was a significant difference (Chi Square = 17.960, df = 5, $p < .01$) between respondents in the various age categories on attitudes to whether cannabis should remain criminal (dichotomised) when the term was not explained, when the term was explained, there was no such difference (Chi Square = 10.400, df = 5, N.S.). This result is shown in Figure 34. Univariate comparisons between proportions in favour of decriminalisation when the term was explained, compared to when the term was not explained were significant for the 60 and over group (Chi Square_{McNemar} = 10.52, $p < .05$), but not for any of the other age groups.



* Includes only those cases entered into the regression analysis

FIGURE 34: PERCENT RESPONDENTS IN FAVOUR OF CANNABIS DECRIMINALISATION BY AGE AND WHETHER DECRIMINALISATION EXPLAINED

The results of the logistic regression are supported by univariate cross tabulations which show that while there was no significant difference (Chi Square = 0.246 df = 1, N.S.) between the sexes on attitudes to whether cannabis should remain criminal (dichotomised) when the term was not explained, when the term was explained, there was a gender difference (Chi Square = 6.439, df = 1, $p < .05$). This result is shown in Figure 35. For males there was no difference in attitudes to decriminalisation whether the term was explained or not (Chi Square_{McNemar} = 1.78, df = 1, N.S.) whilst females were significantly more in favour of it (Chi Square_{McNemar} = 6.15, df = 1, $p < 05$) when it was explained.



* Includes only those cases entered into the regression analysis

FIGURE 35: PERCENT RESPONDENTS IN FAVOUR OF CANNABIS DECRIMINALISATION BY GENDER AND WHETHER DECRIMINALISATION EXPLAINED

5.0 DISCUSSION

5.1 SAMPLE CHARACTERISTICS

The overall response rate for the study of roughly 38% is rather low, but is not surprising given the length of the interview, which was stipulated at the point of seeking the person's involvement in the study. Whilst this may be considered a limitation of the study, given the nature of the material covered in the interview, and in particular the inclusion of the information module, it was decided that the interview could not be shortened substantially without compromising the aims of the study. If the length of the interview did result in a lower response rate it is not apparent that this has systematically biased the sample. The sample was not significantly different to population figures with regards to gender, or right or left wing political affiliation, and although it was significantly different with regards to age, the data were weighted to control for this potentially confounding variable.

5.2 IDU, HIV AND HARM REDUCTION

Knowledge Regarding IDU, HIV and Harm Reduction

The results of the study suggest that the majority of the community have a limited knowledge of what drugs are injected for effect. Beyond heroin, only about a third of respondents could name other substances, and given that just under one in ten thought marijuana could be injected, perhaps some more basic widespread education is required if community debate on potential changes to cannabis law is to be well informed. However, it is interesting that amphetamines were after heroin the most frequently given response. This would have been unlikely, perhaps five years ago and probably reflects that more of the general community are aware, possibly because of the increased media exposure, of the increased prevalence of amphetamine use in Western Australia (Lenton, 1993) and elsewhere (Commonwealth Department of Health, Housing and Community Services, 1993).

Most people were aware that IDUs were more at risk of contracting HIV than the general, non-injecting, population. Comparison of this result with that from Leivers and Medica (1989) indicates that more respondents tend to see IDUs as being at greater risk than they did in the earlier study (Chi Square = 10.089, df = 4, $p < .05$). Although the majority of respondents thought it was likely, or very likely, that if HIV became widespread among IDUs it would spread to non-IDUs, respondents were no more likely to say this than they were in 1989 (Leivers and Medica, 1989) (Chi Square = 0.570, df = 4, N.S.). There is some concern among some workers and others in the IDU area that discussion of the potential spread of HIV to the wider community runs the risk of further stigmatising and blaming IDUs and eroding their dignity and human rights, by in some way implying that stopping the spread

among IDUs themselves is not a justifiable goal. However, whilst there may be a risk of such stigmatisation, the results of the present study do not indicate that the community believes that the risk posed by HIV infected IDUs is any greater than it was five years ago. Additionally, community support for changes to reduce the harm associated with IDU will be more robust if it is supported by the general community's self interest, rather than its altruism. This view is not incompatible with promoting, supporting and engaging in steps to minimise stigmatisation and prejudice toward IDUs and other marginalised groups.

Responses to the item regarding the perceived method of spread of HIV from injectors to the general community were somewhat different to those of Leivers and Medica (1989), although it was not possible to statistically compare the two studies on these multiple response items. More of the current respondents gave reasons which involved sex (91.0%) compared to the earlier study (78.3%). Leivers and Medica (1989) did not report "unprotected or unsafe sex" as a response category so it is not possible to compare the two studies here. The percentage of respondents giving various reasons in the current study compared to those from the earlier study, shown in parentheses are: Male to male sex 5.2% (1.5%), prostitution 0.9% (1.8%), sharing needles 33.7% (32.2%), drug use 4.4% (5.3%), accidents with discarded needles 14.4% (5.3%), medical care procedures 4.8% (1.6%), blood transfusion 17.5% (20.7%), other contact with blood 15.7% (6.0%), other body fluid contact 6.5% (2.8%), other contact with HIV infected person 2.8% (1.8%), don't know 2.1% (6.0%). Respondents in the current study tended to give more responses and there was a trend for male to male sex, accidents with discarded needles, medical care procedures, other contact with blood and other body fluids, to be mentioned more often. There were fewer respondents in the current study who stated they 'did not know', and fewer who mentioned blood transfusion.

In the current study, compared to the earlier study (in parentheses) more respondents stated IDUs could reduce their chances of contracting HIV by stopping sharing needles 87.2% (66.0%), by sterilising or cleaning injection equipment 16.1% (10.4%), by adopting safer sex practices 15.4% (7.7%) and by stopping injecting drugs 8.9% (1.5%). In the current study fewer respondents stated 'stop taking drugs' 11.5% (18.5%). These data suggest that in 1993 more of the general community are informed about the range of ways IDUs can reduce their chances of contracting HIV than was the case in 1989.

Clearly only a minority of respondents in the current study were aware it was not legal for pharmacists and other health care workers to provide N&S to IDUs at the time of the data collection, and a larger minority were unsure. This is not surprising as to a large extent, the provision of N&S and other harm reduction strategies targeted at drug injectors has been undertaken in this state in a discreet way and largely out of the public eye.

More people in the current study (41.4%) reported they had seen a needle dropped in a public place compared to 16.3% in the earlier survey by Leivers and Medica (1989), and unlike the earlier study there was no difference between the proportion of respondents having seen a dropped needle from the metropolitan versus the country sample. It is to be expected that as time goes on more people will have (ever) seen a needle dropped in a public place, and it is of interest that respondents from both these areas now report similar rates of seeing dropped needles. It could be that there are more injectors in the country than previously, people are more aware of dropped needles, or the profile of users in the country has changed, for example, to more street use where users may want to quickly dispose of used equipment to avoid detection. More research is needed to explore these possible explanations.

Provision of Needles and Syringes

Scores on six of the ten Likert scale items which focussed on injecting drug users and needle and syringe provision were affected by the information module presented. Furthermore, most of the items where there was change were directly addressed by the information tape. After the module was presented respondents were less likely to agree that "most IDUs were addicts", more likely to agree that "many young people inject themselves with illegal drugs on an occasional basis", and that most IDUs can act "responsibly to lessen the risk of the AIDS virus spreading" although this item was not directly addressed in the tape. Whilst, prior to the information module, items measuring support for needle provision all showed the majority of respondents were in favour, this was further supported afterwards, with most in favour of legal access to needles, fewer thinking it would lead more people to inject drugs, and recognition that needle provision was an important strategy in stopping the spread of HIV in the State.

The information module failed to have an impact on responses to only four of the ten Likert scale items which focussed on injecting drug users and needle and syringe provision. For most of these items the greater majority of respondents were already at the 'harm reduction' end of the spectrum. Two of these items were also included in Leivers and Medica's (1989) study. In the current study, prior to the information module fewer people (9.9%) strongly agreed with the statement that it was "easy to pick people who inject themselves with illegal drugs", than those in the earlier study (13.2%) but fewer people (35.4%) also strongly disagreed with the statement than in the earlier study (49.97%). The differences between responses to this question in the two studies are significant (Chi Square = 52.780, df = 4, $p < .001$). Approximately 95% of respondents agreed either strongly or somewhat with the statement that "IDUs come from all sections of the community" prior to the information module in the current study, and in the earlier study. However, there were more people who

strongly agreed (86.5%) in the earlier study. The differences between responses to this item in the current study and the earlier one are significant (Chi Square = 27.789, df = 4, $p < .001$). Respondents in the current study also believed that "even if the number of IDUs infected is quite small, health measures to reduce the further spread of HIV should continue", suggesting the community does not believe complacency in HIV prevention is warranted. One finding which is logically incongruent with other results in this study is that the majority of respondents believe that "the only way to reduce the spread of the virus among IDUs is to get them to stop taking drugs". This could be due to a fundamental belief that abstinence is the only way or the notion that, as risk reduction strategies aren't one hundred percent effective, the only way *to be sure* is to refrain from drug use entirely. The data do not permit these questions to be answered definitively.

The results of the logistic regressions on the needle access item are interesting in that prior to the information module responses were as expected, yet responses after the information module were novel, yet consistent with the impact of the information given to respondents. Prior to the module, younger people were more in favour, and those with children who are at an age for current or future risk of drug injecting were more against, injectors being legally able to obtain new needles from authorised sources. Furthermore, these results could be accounted for by whether or not respondents knew an injector. Those under 39 years of age who knew a drug injector, apparently had some empathy with the issues, and recognised that needle provision makes good sense, whilst respondents having children under 22 who knew a drug injector, were less supportive of needle provision. Having heard the information tape, parents of children in these "at risk" ages presumably saw that needle access is something that may protect their offspring from risk, rather than expose them to greater risk, and hence they were more supportive of it.

The finding that the extent to which respondents were supportive of drug injectors having access to needles was not affected by the respondents' politics, religion, gender, or whether they come from the city or the country was surprising. It suggests that the community may be ahead of the political process on the question of drug injectors having legal access to needles, and see it as a public health rather than a moral issue.

Pharmacists and Needle Provision

Responses to the six Likert scale items concerning the role of pharmacists in the provision of needles to IDUs were all favourable towards the pharmacists. Responses to four of the six items were effected by the information module in the direction of harm reduction.

After the information module was presented there was a significant increase in support for the provision of N&S by pharmacists and other health workers to IDUs being made legal, and in the recognition that chemists and other health workers were providing an important community health service by providing needles to drug users. Whilst the majority of respondents were initially in favour on both these items, support was far greater when the rationale and evidence for the scheme were described in the information module. Even on the more contentious issue of the provision of needles to children, after the information module, roughly equal numbers were in favour as against the proposition. This is perhaps the most difficult issue faced by all those involved in harm reduction among IDUs including pharmacists, drug outreach workers and policy makers. There are, as yet no research findings on the effect of provision of needles to children which might clarify the matter. After the information module, the level of uncertainty in the study sample is probably close to that found among those who work in the HIV and injecting drug use area.

The finding that three quarters of respondents disagreed either somewhat or strongly that "if a young member of [their] family had been injecting illegal drugs with a needle bought from [their] local chemist [they] would hold the chemist even partly responsible for any adverse consequences", will probably be seen by some pharmacists as reassuring, and by others as alarming. Although the majority of respondents strongly disagreed with the statement, the finding that one in four to five respondents *would* hold the pharmacist at least partly responsible will be of concern to some pharmacists, who often live and work in the same community and may sell needles to the children of some of their other customers. Needles sold to IDUs through pharmacies in WA are currently packaged with a "disclaimer from the pharmacist". Anecdotally, many pharmacists report feeling uneasy about the prospect of perhaps losing trade or, more alarmingly, being confronted by a parent in such situations, and indeed this research suggests that one in four in the community could hold such attitudes. The finding that the information module did not significantly effect responses to this item, although movements were in the desired direction, does not mean that a targeted public education campaign would not be effective.

The fact that after the information module an even greater proportion of respondents agreed that "if a young member of [their] family had injected illegal drugs with a needle bought from [their] local chemist they would be thankful that at least [they] had access to clean needles" suggests that there is a recognition by the public that pharmacists and others in providing N&S are helping to protect family members who may, at some time, inject drugs. It is not uncommon for parents and other family members to feel a mixture of intense emotions when they discover that a child has been injecting drugs. Faced with worry, panic, anger, guilt, shame, love and disgust, it is not surprising that people may in the moment look for someone to blame. The pharmacist may be an easily accessible target in this regard. However, this data

suggests that at some point, explaining the rationale for needle provision may enable parents and others to get to the point where they at least feel thankful that their young family member has had the opportunity to protect themselves from the HIV and Hepatitis viruses through the pharmacist's action in providing clean needles. Pharmacists may benefit from practical skills training in dealing with such situations.

Respondents demonstrated a great deal of empathy, both prior to and after the information module, for the difficult position that chemists and other health workers may have in providing needles to IDUs, demonstrating some awareness of the complexity of the issues involved.

The finding that support for pharmacists and other health workers providing needles to IDUs was independent of political and religious affiliation, whether respondents lived in the city or country and other demographic variables, should be of interest to pharmacists, politicians and policy makers alike as it suggests that taking steps to further support this harm reduction measure is going to be supported by the majority across the socio-political spectrum.

Disposal

It is of interest that prior to the information module, almost half the respondents believed that getting a needle stick injury from a needle dropped in a public place would quite likely result in the person being infected with HIV. This suggests that the public remains somewhat uninformed and that concern about such accidents is understandably still very high. Such concern is frequently fuelled by high profile media coverage of such accidents and in turn, poses difficulties for providers of needles. That after the information module, significantly fewer respondents agreed with the item, indicates that there may be further benefit in continuing to inform the public about the likely risk of infection that such accidents pose. Inclusion of research findings which demonstrate effectiveness of strategies to facilitate safe disposal of needles and the responsible disposal practices of the majority of drug injectors (eg. Marsh and Loxley, 1992) should also be considered.

Police, Politicians and Legislation

The information module resulted in a considerable increase in support for police exercising discretion and not staking out locations where IDUs obtain new needles. Once again, when the rationale is explained, there appears to be strong community support for this pragmatic harm reduction strategy, in the absence of legislative back-up. The public seem to understand that, in this case, the public health and the public good were best served by the police not implementing the letter of the law.

Clearly the result on the item regarding support for politicians making it legal for needles to be provided to drug injectors was high before the information tape, and higher after. Politicians who make the changes can be assured that the majority of the community is supportive, and that they will be more supportive if an explanation of such policies is provided.

5.3 CANNABIS

The high level of recall of media concerning changing laws relating to cannabis suggests that it is an issue that many in the community take an interest in. Although just over half the respondents were against making cannabis as legal as alcohol, a large minority were in favour of it. This finding is similar to that reported in the NCADA Social Issues Survey 1991, reported in *Cannabis and the Law in Queensland* (Advisory Committee on Illicit Drugs, 1993).

Clearly, in the present study there was a great deal of support for decriminalising the possession and use of small amounts of cannabis, and this was even stronger, when the likely penalties were described in the latter item. This finding appears to support the hypothesis expressed earlier, that people would be more supportive of decriminalisation when they were told what it meant, in this case an idea of what the penalties might be. On the other hand it may be suggested that the earlier finding is somewhat biased as although the item which described criminal penalties (a criminal record and *possibly* a jail sentence) associated with possession and use of small amounts of cannabis, the majority of convictions under the current system while resulting in a criminal record, rarely result in custodial sentences. However, the item does reflect the current statutory position in jurisdictions where such offences are criminal. Furthermore, although this possible explanation addresses the proportion of respondents expressing support for cannabis decriminalisation in the former item, it says nothing about the even greater proportion of respondents supporting cannabis decriminalisation in the latter item where possible non-criminal penalties were likened to a speeding ticket in that they would result in a fine but no criminal record.

Support for cannabis decriminalisation in the current study was significantly higher than that reported in the NCADA Social Issues Survey 1987 (cited in *Cannabis and the Law in Queensland*, Advisory Committee on Illicit Drugs, 1993) where 47% of respondents were in favour of keeping cannabis criminal and a slightly smaller proportion were against it. Whether this reflects an underlying increase in support for decriminalisation over time, or some effect of the questions asked, is difficult to say on the basis of the current study alone.

The finding that a majority of respondents believe many people in the community use the drug without experiencing serious problems due to its use, probably reflects the experience of

many who know people who use, or use themselves. The recognition by the majority of respondents that the current legal situation with regard to cannabis puts a burden on the courts shows an awareness of one of the social costs of the current legal situation which was the major focus of the first evaluation of cannabis expiation in South Australia (Sarre, Sutton and Pulsford, 1989).

The finding that, when the term was not explained, attitudes to decriminalisation of cannabis were predicted by age was not surprising, what was interesting was that when the term was explained, age ceased to predict attitudes. When non-criminal penalties are explained, whether respondents are older or younger becomes irrelevant to their attitudes, they make judgements based on the information presented.

It is perhaps to be expected that when the question does not include an explanation of decriminalisation, peoples' responses are affected by whether or not they hold strong religious convictions. In the absence of information about the meaning of such a term as 'decriminalisation' people may make judgements on more broader constructs which may include, or be closely related to, such things as religious affiliations. However, when the term is explained, whether they have strong religious convictions or not becomes redundant, they make judgements based on the existing information provided rather than such broader constructs.

The finding that women were more supportive of the decriminalisation of cannabis when the term was explained, was not expected, particularly given that much earlier research (eg McAllister, Makkai and Jones, 1986) women tend to be less in favour of relaxing laws relating to cannabis. Further investigation is required to explain this finding.

It should be of interest to legislators that whether respondents were right or left wing in their political orientation did not predict their attitudes to changing the laws relating to cannabis, even when the term was not explained. Support for changing the laws was found across the political spectrum.

CONCLUDING COMMENTS

In as much as the sample is representative of the community of Western Australia, the data suggest that a majority of the community broadly understand the rationale behind the harm reduction approach, agree with its principles and are more supportive when the rationale is explained. The majority of the community is aware of the potential for spread of blood-borne viruses, notably HIV, through the sharing of injecting equipment and is supportive of providing needles to drug injectors and changing the laws related to cannabis possession and use.

A great deal has been done to pragmatically reduce the threat posed to the Western Australian community by the spread of HIV and other blood-borne viruses through sharing of contaminated needles. For five years this has been done without seeking community endorsement, and without legislative support. If the risk posed by HIV and other blood-borne diseases, is to be further reduced, more creative strategies, perhaps with an outreach focus, will have to be implemented. Such initiatives will need to be carried out in the community and will be most effective with community and legislative support. The role of police, pharmacists, other health workers and drug users themselves in harm reduction in the illicit drug area ought to be subject of informed and open community discussion covering what is being done, and why.

The impact of the taped information module suggests that members of the community are able to assimilate information about harm reduction in the illicit drug area. Providing a data based rationale resulted, on a majority of measures, in even greater support for needle and syringe provision as a community health strategy in minimising the spread of HIV. It is not possible in this study to comment on the durability of this level of support over time, however, if a community-wide, harm reduction education campaign was initiated, this could be evaluated.

Many in the community have an "us and them" view of drug users. The rationale for needle and syringe provision presented in the current study aimed to undermine the "us and them" dichotomy from within, by pointing out that many young people inject and many parents would not be aware if their children injected or had sex with an injector. Thus, the rationale for harm reduction was couched in terms of reducing the harm to "us", that is, the individual recipient of the information, their children and their families, rather than as an appeal to altruism towards the "them", those drug users out there. A similar approach may be useful in conducting community education to support future harm reduction initiatives with drug injectors.

Community debate around the possibility of changing the laws relating to cannabis will be enhanced by conveying to the community research findings on such issues as the harmfulness of cannabis, the numbers using, and whether cannabis use is a gateway leading to other drug use. The minority of the community who oppose changes in laws relating to cannabis believe its illegality is a deterrent to use, that it leads to other drug use, and thus more overall harm. Conducting and publicising evaluations of the effects of relaxation of laws relating to cannabis, in jurisdictions where this has already taken place, would be a useful contribution to this community debate.

6.0 REFERENCES

- ALCOHOL AND OTHER DRUGS COUNCIL OF AUSTRALIA (1993) *Cannabis Discussion Paper 1993: An Analysis Of Responses*, Alcohol and Other Drugs Council of Australia.
- AUSTRALIAN BUREAU OF STATISTICS (1993a) *June 1987 to June 1992 Estimated Resident Population By Sex and Age States and Territories of Australia*, Commonwealth of Australia.
- AUSTRALIAN BUREAU OF STATISTICS (1993b) *Estimated Resident Population By Age and Sex in Statistical Local Areas 30 June 1991* Commonwealth of Australia.
- ADVISORY COMMITTEE ON ILLICIT DRUGS (1993) *Cannabis and the law in Queensland*. A discussion paper prepared for the Queensland Criminal Justice Commission.
- AUSTRALIAN GASTROENTEROLOGY INSTITUTE (1991). *What do I need to know about Hepatitis C? An information brochure for health care providers*. Australian Gastroenterology Institute, Sydney.
- BELL, J., BATEY, R., FARRELL, G., CREWE, E., CUNNINGHAM, A. & BLYTHE, K. (1990) Hepatitis C Virus in injecting drug users. *Medical Journal of Australia*, 153, 274-276.
- COMMONWEALTH DEPARTMENT OF HEALTH, HOUSING & COMMUNITY SERVICES, (1993) *Amphetamines Campaign Benchmark Report*, The Drug Offensive, Canberra.
- CROFTS, N. HOPPER, J. L., BOWDEN, D. S., BRESCHKIN, A. M., MILNER, R. & LOCARNINI, S. A. (1993) Hepatitis C virus infection among a cohort of Victorian injecting drug users. *Medical Journal of Australia*, 159, 327-241.
- DES JARLAIS, D. C. & FREIDMAN, S. R. (1992) AIDS and access to sterile drug injecting equipment. *The Annals of the American Academy of Political & Social Science*, 521, 42-65.
- DES JARLAIS, D. C. & FREIDMAN, S. R. (1993) AIDS, injecting drug use and harm reduction. In Heather, N., Wodak, A. Nadelmann, E and O'Hare, P. (Eds.) *Psychoactive drugs and harm reduction from faith to science*, (pp. 297-309). Whurr, London.

- DONOGHOE, M (1992) Sex, HIV and the drug user. *British Journal of Addiction*, 87, 405-416.
- EVERRIT, B. S. (1977) *The Analysis of Contingency Tables*, Chapman and Hall, London.
- HEALTH DEPARTMENT OF WA (1993) Unpublished data.
- HEALTH DEPARTMENT OF WA (1993) Personal communication, 26 October 1993
- JACOBS, S. & PATTERSON, E. (1993) Personal communication, October, 1993.
- LEIVERS, S. & MEDICA, S. (1989) *Community Attitudes and Knowledge about Needle Exchange Programs and the Safe Disposal of Needles*, Donovan Research, Perth.
- LENTON, S. (1993) *WA Amphetamine Prevalence Indices*, National Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology, Perth
- LIN, R. & FARRELL, G. C. (1991) Hepatitis C : a challenge for the 90's. *What's new in Gastroenterology*, 37, 1-4.
- LOXLEY, W (1993) *Cannabis, amphetamines and the risk of blood-borne disease among young injecting drug users in Perth*. Paper presented at Australian Medical and Professional Society on Alcohol and other Drugs Conference held in Sydney, Australia, 5-7 October 1993.
- MARSH, A. & LOXLEY, W. (1992) *The Australian national AIDS and injecting drug use study, Perth: Differences between 1989 and 1990*, National Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology, Perth.
- MCALLISTER, I., MAKKAI, T & JONES, R (1986) *Attitudes Towards Drugs and Drug Use in Australia*, NCADA, Commonwealth Department of Health, Canberra.
- MC NAMARA, G (1993) Needles' move in HIV fight. *The West Australian*, 30 November.
- MORGAN, J. P., RILEY, D. & CHESHER, G. B. (1993) Cannabis: legal reform, medicinal use and harm reduction. In: HEATHER, N., WODAK, A., NADELMANN, E & O'HARE, P. (Eds.) *Psychoactive drugs and harm reduction from faith to science*, Whurr: London, 211-229.
- SAKER, R. (1993) HCV Medical update. Personal Communication, 8 March 1993.

- SARRE, R., SUTTON, A. & PULSFORD, T. (1989) *Cannabis - The Expiation Notice Approach* (Report Series C, No. 4, June). Adelaide: South Australian Attorney General's Department.
- SCHWARTZKOFF, J. , NICOLAS, T. , SPOONER, S., VIDIC, D. & WOLK, J. (1989) *Evaluation of the New South Wales Needle and Syringe Exchange Program*, New South Wales Department of Health, Sydney.
- SCHWARTZKOFF, J. & WATCHIRS, H. (1991) *Legal Issues Relating to AIDS and Intravenous Drug Users*, Report prepared for the Inter Governmental Committee on AIDS Legal Working Party, Department of Community Services and Health, Canberra.
- SPSS INC. (1990) *SPSS (Release 4) Reference Guide*, SPSS Inc., Chicago.
- SWENSEN, G. (1991) *Indicators of illicit drug use in Western Australia 1981 -1991*, Health Department Of Western Australia, Perth.
- SWENSEN, G. (1993) *Indicators of drug abuse in Western Australia*, Health Department Of Western Australia, Perth.
- SWENSEN, G., WESTLUND, G. & BAKER, M (1992) *Sales of Needles and Syringes in WA - The SS5 Pack Project*, Health Department Of Western Australia, Perth.