

# Drug use, hepatitis C and exposure to injecting among young people in Queensland: The Big Day Out Survey 2009

**Author:**

Bryant, Joanne; Wilson, Hannah; Hull, Peter; Treloar, Carla

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Joanne Bryant  
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Joanne Bryant  
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National Centre in HIV Social Research

National Centre in HIV Social Research  
Faculty of Arts and Social Sciences  
The University of New South Wales



Copies of this monograph or any other publications from this project may be obtained by contacting:

## National Centre in HIV Social Research

Level 2, Robert Webster Building  
University of New South Wales  
Sydney NSW 2052 Australia

Telephone: +61 2 9385 6776  
Fax: +61 2 9385 6455  
Email: [nchsr@unsw.edu.au](mailto:nchsr@unsw.edu.au)  
Website: <http://nchsr.arts.unsw.edu.au>

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# Key findings

- Illicit drug use was common among attendees of the Big Day Out who resided in Queensland, with 61.5% reporting that they had used at least one illicit drug in the previous 12 months.
- The most commonly used drugs were cannabis (by 49.6%), ecstasy (by 43.5%) and amphetamine (by 28.1%).
- Most drugs were used infrequently and in small quantities. About half of those who had used ecstasy (50.4%) and amphetamines (42.3%) in the previous 12 months had done so infrequently (every few months or less often) and had used small quantities ( $\leq 2$  tablets of ecstasy;  $\leq 1$  g of amphetamine per occasion).
- Injecting drug use was rare, with 2.8% of respondents reporting that they had injected a drug in the previous 12 months.
- Exposure to injecting was considerable, with 25.2% of respondents reporting that in the previous 12 months they had had a friend or boyfriend/girlfriend who injected, or that they had been offered drugs to inject.
- Although most respondents (88.5%) reported that they had heard of hepatitis C, knowledge about its transmission and available health services was generally poor. For example, fewer than half knew that a person could not get hepatitis C from kissing (48.9%), sharing toilets (47.1%) or sharing food, cups or cutlery (37.1%).
- While knowledge about hepatitis C transmission was poor among young people generally, it was only slightly better among those who reported having been exposed to injecting. For example, only a third (31.4%) of respondents who had been exposed to injecting could correctly identify a place where they could get sterile needles and syringes.



# Introduction

National and state strategies identify the need for interventions to minimise harm associated with drug use among youth, including programs aimed at delaying or preventing initiation into drug use or injecting drug use. However, in terms of contributing to the goals of national and state strategies, the existing surveillance data on drug use among Australian youth has limitations. At present, a number of surveillance projects monitor drug use at the population level, but the design of these studies tends to exclude youth generally, or at least particular groups

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... there is no Australian data that monitors the drug-use practices and knowledge of young people who are exposed to injecting.

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of young people. The survey Australian Secondary Students' Use of Over-the-Counter and Illicit Substances (White & Hayman, 2006) is conducted periodically and includes students aged 12 to 17 years, but it excludes young people who are not at school and those who have completed school. Similarly, the National

Drug Strategy (NDS) Household Survey (Australian Institute of Health and Welfare [AIHW], 2008), which collects ongoing population data using random-digit telephone dialling or door-knocking, is biased against young people who tend not to have land-based telephone lines, to be in more transient accommodation and who decline to participate for fear of disclosing their drug use to parents.

In addition to the tendency to exclude particular groups of young people, the existing surveillance systems do not identify young people who are exposed to injecting and who are thereby at risk of being initiated into injecting drug use and acquiring hepatitis C. This means that, despite the identified need to develop education and/or intervention programs aimed at delaying or preventing initiation into injecting drug use, there is no Australian data that monitors the drug-use practices and knowledge of young people who are exposed to injecting. By recruiting people who attend youth-oriented music festivals, specifically the Big Day Out, the current survey provides a source of information about young people in general and those who have been exposed to injecting.

# Method and sample

This study used a cross-sectional design to survey people who attended the Big Day Out music festival at the Gold Coast, Queensland, in 2008 and 2009. The Big Day Out is a one-day festival attended by an estimated 30,000 people. The National Centre in HIV Social Research (NCHSR) hired a stall and recruited participants from this stall. Festival patrons 16 years of age and older either were approached by researchers or volunteered to participate. Once recruited, participants completed a 10- to 15-minute survey at the stall. The survey collected data about recent licit and illicit drug use, drug injecting and injecting practices, knowledge of hepatitis C and attitudes towards people who inject drugs and people with hepatitis C.

In 2009, 348 surveys were collected at the Gold Coast Big Day Out. The data presented in this report are based on the 79.9% ( $n = 278$ ) of respondents who reported residing in Queensland (see Table 1). The median age of respondents was 23 years; half reported that they were aged between 19 and 28 years. Most respondents (89.6%) reported that they were heterosexual and a small proportion (5.8%) identified as Aboriginal or Torres Strait Islander. Almost half the respondents (45.3%) said they were students and an overwhelming majority (93.9%) reported working full or part time (see Table 2).

**Table 1: Proportion of attendees of the Gold Coast Big Day Out who were Queensland residents, 2008–09**

	2008	2009
Number of valid surveys collected	448	348
Number of Queensland residents	352	278
Percentage who were Queensland residents	78.6%	79.9%

**Table 2: Demographic profile of Big Day Out attendees who were Queensland residents, 2009 ( $n = 278$ )**

	<i>n</i>	%
Female	137	49.3
Age	Median 23 (IQR 19–28)	–
Heterosexual	249	89.6
Aboriginal or Torres Strait Islander	16	5.8
Education:		
up to but not including Year 12	36	12.9
completed Year 12	83	29.9
started or completed degree or diploma	159	57.2
Currently a student	126	45.3
Currently employed full or part time	261	93.9
Currently living:		
alone	18	6.5
with partner (including children)	106	38.1
with parents/relatives	89	32.0
with flatmates/friends	63	22.7

# Findings

## Licit drug use: alcohol and tobacco

Alcohol use was almost universal among attendees of the Big Day Out residing in Queensland, with 97.8% reporting that they had drunk alcohol at least once in the previous year (see Table 3). This is consistent with the similar-aged cohort in the NDS Household Survey in which 97% of people aged 20 to 29 years reported recent alcohol use (AIHW, 2008). However, attendees of the Big Day Out reported higher risk drinking behaviours, with 42.2% reporting that they drank at levels considered 'risky' or 'high risk' (see Table 4) compared with 20% of respondents in the NDS Household Survey (AIHW, 2008). This comparison, however, is not age-adjusted. As found in other research about drinking (AIHW, 2008), men were more likely to report high-risk drinking than women (23.4% versus 12.6%) (see Table 4). About a third of respondents (34.9%) reported having smoked tobacco in the previous year (see Table 3) which again is consistent with the similar-aged cohort in the NDS Household Survey. Generally speaking, attendees of the Big Day Out appear to engage in similar rates of alcohol and tobacco use to their similar-aged peers in other surveys.

## Illicit drug use: cannabis, ecstasy, amphetamine and other drugs

Illicit drug use was common among attendees of the Big Day Out who were Queensland residents. Almost two-thirds of respondents (61.5%) reported having used at least one illicit drug in the previous 12 months (see Table 5), which is twice the proportion who reported equivalent drug use in the similar-aged cohort in the NDS Household Survey (AIHW, 2008). The most commonly used drugs were cannabis (by 49.6%), ecstasy (by 43.5%) and amphetamine (by 28.1%) (see Table 5). The proportion who used each of these particular drugs was much higher among Big Day Out attendees than among their similar-aged cohort in the NDS Household Survey, in which 22% of people aged 20 to 29 years reported having used cannabis, 11% ecstasy and 7% amphetamine (AIHW, 2008). Overall, attendees of the Big Day Out reported using illicit drugs at a rate two to three times that of their similar-aged population cohort. Indeed, almost half (45%) of Big Day Out respondents who lived in Queensland reported having used more than one drug in the previous 12 months or having used two or more

**Table 3: Trends in alcohol and tobacco use in the previous 12 months, 2008–09**

	2008 (n = 352)		2009 (n = 278)	
	n	%	n	%
Alcohol	341	96.9	272	97.8
Tobacco	110	31.3	97	34.9

**Table 4: Alcohol use in the previous 12 months, 2009 (n = 278)**

	Total		Male		Female	
	n	%	n	%	n	%
No alcohol	5	1.8	2	1.4	3	2.2
Low risk	148	55.2	56	48.9	83	61.5
Risky	65	24.3	34	25.8	31	23.0
High risk	48	17.9	31	23.3	17	12.6

Note: The risk level was calculated using NHMRC (2001) *Australian alcohol guidelines: health risks and benefits*. Short-term risk of harm such as injury or death associated with given levels of drinking on a single day: for males up to 6 standard drinks on a single day is considered 'low risk', 7–10 per day 'risky', ≥ 11 per day 'high risk'; for females up to 4 standard drinks on a single day is considered 'low risk', 5–6 per day is considered 'risky', and ≥ 7 per day is 'high risk'.

drugs (not necessarily on the same occasion) (see Table 5). The drugs most commonly used by this group were cannabis, ecstasy and amphetamine/speed (see Table 6).

**Table 5: Trends in illicit drug use in the previous 12 months, 2008–09**

	2008 ( <i>n</i> = 352)		2009 ( <i>n</i> = 278)	
	<i>n</i>	%	<i>n</i>	%
Cannabis	162	46.0	138	49.6
Amphetamine/Speed	111	31.5	78	28.1
Ecstasy	129	36.6	121	43.5
Cocaine	14	4.0	41	14.7
Heroin	4	1.1	2	0.7
LSD	9	2.6	55	19.8
Ketamine	7	2.0	10	3.6
Benzodiazepine	1	0.3	5	1.8
Used at least one drug	203	57.7	171	61.5
Used more than one drug	134	38.1	125	45.0

**Table 6: Drugs used by respondents who reported using more than one drug in the previous 12 months, 2009 (*n* = 278)**

	<i>n</i>	%
Ecstasy and cannabis	94	33.8
Ecstasy and speed	72	25.9
Ecstasy and cocaine	38	13.7
Ecstasy and LSD	48	17.3
Cannabis and speed	59	21.2
Cannabis and LSD	46	16.5
Cannabis and cocaine	33	11.9
Speed and LSD	29	10.4
Speed and cocaine	31	11.2
LSD and cocaine	22	7.9

There was a marked increase from 2008 to 2009 in the use of both cocaine and hallucinogens (LSD) among attendees of the Big Day Out resident in Queensland (see Table 5). In 2009 almost 20% of respondents reported having used hallucinogens in the previous 12 months and 14.7% had used cocaine, compared with only 2.6% and 4% (respectively) in 2008 (see Table 5). The NDS Household Survey reported that 5% of people aged 20 to 29 years had used cocaine in the 12 months prior to the survey and 2.1% had used hallucinogens—smaller proportions than among attendees of the Big Day Out—but there are no trend data available for this period in the NDS Household Survey. The Illicit Drug Reporting System (IDRS)

(Stafford, Sindicich & Burns, 2008) provides trend information about drug use but did not report an increase in the use of cocaine or hallucinogens from 2008 to 2009; however, the IDRS is not a comparable source of information to the Big Day Out Survey since it is based on data collected from injecting drug users. The sharp increase in cocaine use among attendees of the Big Day Out has potential implications for the transmission of hepatitis C because a common method of taking cocaine is to breathe it in through the nostrils (known as ‘intranasal administration’). Research suggests that sharing straws or currency notes for intranasal administration may be implicated in the transmission of hepatitis C (Aaron et al., 2008; Conry-Cantilena et al., 1996). Thus young people may be at risk of acquiring hepatitis C infection from cocaine use.

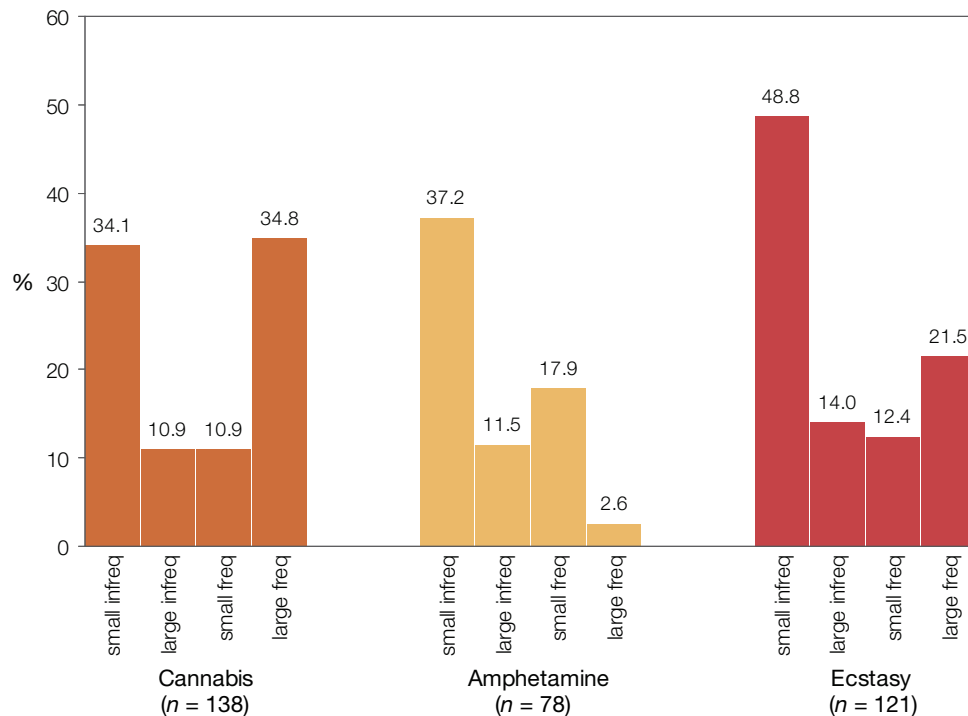
A large proportion of respondents reported that they considered drugs easy to obtain. Notably, 80.6% of all respondents perceived that cannabis was easy to obtain and almost two-thirds (63.7%) perceived that ecstasy was easy to obtain (see Table 7).

**Table 7: Proportion of respondents reporting easy access to various drugs, 2009 (*n* = 278)**

	<i>n</i>	%
Cannabis	224	80.6
Meth/amphetamine	124	44.6
Ecstasy	177	63.7
Cocaine	82	29.5
Heroin	33	11.9
LSD	90	32.4

While illicit drug use was common, respondents reported that for the most part they used drugs infrequently and in small quantities (see Figure 1). About half of those who had used ecstasy (48.8%) and amphetamines (37.2%) in the previous 12 months had done so infrequently (every few months or less often) and had used small quantities ( $\leq 2$  tablets of ecstasy per occasion;  $\leq 1$  g of amphetamine per occasion). However, this was not true of cannabis use; over a third of respondents (34.8%) reported frequent use (‘once per month’ to ‘every day’) of large quantities ( $\geq 3$  cones, bongs or joints per occasion) (see Figure 1).

To gauge the degree to which respondents were connected or attached to drug-using networks, they were asked how many of their friends used drugs and how much of their time was spent with people who used drugs. The majority of respondents (63.7%) reported that they had only a few or no friends who used drugs and that a little or none of



**Figure 1: Frequency of use of selected drugs and quantity used by respondents in the previous 12 months, 2009**

Note: Percentages do not total 100% due to missing data

'Small quantity': cannabis < 3 joints, bongs, cones; amphetamine ≤ 1 gram; ecstasy ≤ 2 tablets

'Large quantity': cannabis ≥ 3 joints, cones, bongs; amphetamine > 1 gram; ecstasy > 2 tablets

'Infrequently': every few months or less

'Frequently': once per month to daily

their time was spent with people who used drugs (defined as 'low attachment', see Table 8). Those who reported low attachment did not have a different demographic profile from those who reported medium or high attachment; however, they were less likely to have reported having used at least one drug (49.7%) and having used more than one drug (29.9%) (see Table 9).

**Table 8: Attachment to drug-using networks, 2009 (n = 278)**

	n	%
Low	177	63.7
Medium	80	28.8
High	16	5.8

**Table 9: Attachment to drug-using networks, by various demographic and drug-use variables, 2009 (n = 278)**

	Low		Medium		High	
	n	%	n	%	n	%
Female	92	52.0	34	42.5	8	50.0
Age (mean, SD)	24 (5.8)		24 (5.8)		24 (8.3)	
Heterosexual	159	89.8	71	88.8	14	87.5
Aboriginal or Torres Strait Islander	12	6.8	1	1.3	2	12.5
Currently a student	86	48.6	34	42.5	5	31.3
Currently employed full or part time	163	92.1	79	98.8	15	93.8
Had used at least one drug	88	49.7	66	82.5	15	93.8
Had used more than one drug	53	29.9	57	71.3	14	87.5

The incidence of injecting drug use was low, with 2.8% of Big Day Out attendees who lived in Queensland reporting that they had injected a drug in the previous 12 months (see Table 10). This was a similar proportion to that reported in 2008 (see Table 10) but was higher than among the similar-aged cohort of the NDS Household Survey, which indicates that 1% of 20 to 29 year olds had injected drugs in the previous 12 months (AIHW, 2008). While the incidence of injecting was low among attendees of the Big Day Out, a considerable proportion (25.2%) of respondents reported that they had been exposed to injecting in the previous 12 months (see Table 19, page 10, and below for further discussion).

**Table 10: Trends in injecting drug use in the previous 12 months, 2008–09**

	2008 ( <i>n</i> = 352)		2009 ( <i>n</i> = 278)	
	<i>n</i>	%	<i>n</i>	%
Meth/amphetamine	6	1.7	6	2.2
Heroin	3	0.9	4	1.4
Other	2	0.6	2	0.7
Injected any drug	8	2.3	8	2.8

## Knowledge of hepatitis C: transmission risk, consequences of infection and available health services

Most respondents (88.5%) said they had heard of hepatitis C, usually at school (65.9%) (see Table 11). This identifies the importance of school-based health education, which has been found in other research to be particularly important for teaching young people about sensitive health issues such as safe sex (Agius, Dyson, Pitts, Mitchell & Smith, 2006; Sales, Milhausen & DiClemente,

2006) because it ensures young people receive accurate information in a largely non-judgmental way. It is a matter of concern that a considerable proportion of respondents (24%) reported learning about hepatitis C from friends or family, since the quality and accuracy of information provided cannot be assured.

**Table 11: Source of information about hepatitis C, 2009 (*n* = 278)**

	<i>n</i>	%
<b>Never heard of hepatitis C</b>	<b>27</b>	<b>9.7</b>
<b>Have heard of hepatitis C</b>	<b>246</b>	<b>88.5</b>
If ever heard of hepatitis C, found out from:		
school	162	65.9
health service	61	24.8
work	28	11.4
friends/family	59	24.0
television	30	12.2
newspaper	31	12.6
poster	10	4.1
pamphlet	18	7.3
website	12	4.9
don't know	24	9.8

While most respondents had heard of hepatitis C, they generally had a poor understanding of how it was transmitted. While it was largely known that a person could get hepatitis C from sharing needles (79.5%) or from unsterile tattooing or body piercing (75.9%), fewer than half the respondents knew that a person could not get hepatitis C from kissing (48.9%), sharing toilets (47.1%) or sharing food, cups or cutlery (37.1%) (see Table 12). The poor level of knowledge of hepatitis C transmission routes was similar in the cases of both younger and older age

**Table 12: Knowledge of transmission routes of hepatitis C, 2009 (*n* = 278)**

	<i>n</i>	%
<b>Respondents who correctly identified that a person could not get hepatitis C from:</b>		
kissing	136	48.9
sharing toilets and showers	131	47.1
sharing food, drinks, cups or cutlery	103	37.1
<b>Respondents who correctly identified that a person could get hepatitis C from:</b>		
injecting with a needle someone else has already used	221	79.5
sharing spoons, water or drug-preparation equipment while injecting drugs	134	48.2
sharing a razor	156	56.1
unsterile tattooing or body piercing	211	75.9



groups and men and women; however, respondents who reported having used more than one drug in the previous 12 months had poorer knowledge of transmission routes than those who did not report the use of more than one drug (see Table 13).

While this data suggests that school-based education is an effective way for young people to learn about hepatitis C, it also shows that there are inadequacies in the education process whereby young people's capacity to retain accurate information about hepatitis C is limited and/or the kind of information provided by schools is incomplete. Young people who have left school would benefit from receiving information about hepatitis C, perhaps through health services, workplaces or media; as this data shows, these are important sources of information (see Table 11). Although knowledge of transmission routes was poor, most respondents believed that having hepatitis C had serious consequences. Most believed it was a serious condition (83.1%) that had a major impact on a person's life (78.8%). Few respondents thought that hepatitis C could be cured (7.6%) and many believed that it could be fatal (51.1%) (see Table 14).

**Table 14: Knowledge and beliefs about the consequences of having hepatitis C, 2009 (n = 278)**

	n	%
<b>Respondents who correctly identified that:</b>		
hepatitis C could be cured	21	7.6
a person could die from having hepatitis C	142	51.1
<b>Respondents who agreed that hepatitis C:</b>		
was a serious condition	231	83.1
had a major impact on a person's life	219	78.8

Knowledge of health services available to those who inject drugs was also poor. A third of respondents (32.4%) reported that they knew where to obtain sterile needles and syringes; however, when asked to name specific places where needles and syringes were distributed, only 18.7% could correctly identify such a place (see Table 15). Likewise, about half (47.8%) of the respondents said that they knew where to get a test for hepatitis C but only 41.4% could correctly identify such a place (see Table 15).

**Table 13: Knowledge of transmission routes of hepatitis C, by age, gender and level of drug use, 2009 (n = 278)**

	Total	Age		Gender		Use of more than one drug	
		≤ 25	> 25	Male	Female	Yes	No
Knowledge score (mean)*	4.1	4.1	4.0	4.0	4.2	3.9	4.2

\*Knowledge score is the number of correct answers out of 7.

**Table 15: Knowledge of health services available to those who inject drugs, 2009 (n = 278)**

	n	%
<b>Respondents who reported that they knew where to obtain sterile needles</b>	<b>90</b>	<b>32.4</b>
<b>Respondents who correctly identified that sterile needles could be obtained from a:</b>		
pharmacy	29	10.4
hospital	16	5.8
youth service	1	0.4
needle and syringe program	1	0.4
sexual health service	5	1.8
needle dispensing machine	0	0.0
<b>Total</b>	<b>52</b>	<b>18.8</b>
<b>Respondents who reported that they knew where to be tested for hepatitis C</b>	<b>133</b>	<b>47.8</b>
<b>Respondents who correctly identified that they could be tested for hepatitis C at a:</b>		
doctor's/GP's surgery	97	34.9
hospital	12	4.3
needle and syringe program	0	0.0
Aboriginal medical service	0	0.0
sexual health service	5	1.8
family planning service	1	0.4
<b>Total</b>	<b>115</b>	<b>41.4</b>

## Attitudes towards people who inject drugs and people with hepatitis C

Participants were asked to respond to six statements to ascertain their attitudes towards people who inject drugs and people who have hepatitis C. These were used to calculate an overall score out of 12, where zero represented very liberal views and 12 represented very conservative views. Many respondents (52.9%) agreed with the liberal notion that injecting was a lifestyle choice that people were free to make (see Table 16). However, a considerable proportion (25.9%) agreed with the more conservative view that injecting drugs was immoral (see Table 16). The mean attitude score was 5.7 (see Table 17), which suggests that attendees of the Big Day Out resident in Queensland were neither liberal nor conservative in their attitudes towards injecting and hepatitis C. Older people (aged > 25 years) and those who reported having used more than one drug held more liberal or lenient views than younger people and/or those who did not use (see Table 17).

**Table 16: Attitudes towards people who inject drugs and people with hepatitis C, 2009 (n = 278)**

Respondents who agreed that:	n	%
people who get hepatitis C from using drugs get what they deserve	75	27.0
they wouldn't associate with known injecting drug users if they could help it	137	49.3
injecting drug use is immoral	72	25.9
people who inject drugs should be legally required to be tested	154	55.4
people with hepatitis C should not be looked down on by others	152	54.7
if someone injects drugs, that is merely a different lifestyle, which is their choice	145	52.9

**Table 17: Attitudes towards people who inject drugs and people with hepatitis C, by age, gender and level of drug use, 2009 (n = 278)**

	Total	Age		Gender		Use of more than one drug	
		≤ 25	> 25	Male	Female	Yes	No
Attitude score (mean)	5.7	6.0	5.2	5.7	5.7	5.5	5.9

\*Attitude score, where 0 represents very liberal attitudes and 12 represents very conservative attitudes, is calculated from participants' responses to six statements (see Table 16).

## Exposure to injecting among attendees of the Big Day Out: young people at risk for hepatitis C

As reported earlier, the incidence of injecting drug use was low, with 2.8% of respondents reporting that they had injected a drug in the previous 12 months (see Tables 10 and 18).

While injecting was relatively rare, a considerable proportion of respondents (25.2%) reported that in the previous 12 months they had had a friend or boyfriend/girlfriend who had injected, or that they themselves had been offered drugs to inject (see Table 19). Being exposed to injecting through relationships with others is identified in the research literature as one of the primary risk factors for initiation to injecting (Bryant & Treloar, 2007;

**Table 18: Risk behaviour for the transmission of hepatitis C in the previous 12 months, 2009 (n = 278)**

	n	%
Injected any drug	8	2.8
Re-used needle and syringe	3	1.1
Shared ancillary equipment	3	1.1

**Table 19: How young people were exposed to injecting in the previous 12 months, 2009 (n = 278)**

	n	%
were offered drugs to inject	42	15.1
had a boyfriend/girlfriend who injected drugs	12	4.3
had friends who injected	47	16.9
experienced at least one of the above	70	25.2

Bryant & Treloar, 2008; Day, Ross, Dietze & Dolan, 2005; Doherty, Garfein, Monterroso, Latkin & Vlahov, 2000; Roy, Haley, Leclerc, Cedras & Boivin, 2002). The Big Day Out respondents who had been exposed to injecting had a similar demographic profile to those who had not been exposed (see Table 20) but more commonly reported that they had used at least one drug (71.4% versus 58.2%) and/or had injected a drug in the previous 12 months (11.4% versus 0%) (see Table 21).

**Table 20: Demographic profile of young people exposed and not exposed to injecting, 2009**

	Exposed (n = 70)		Not exposed (n = 208)	
	n	%	n	%
Female	38	54.3	99	47.6
Heterosexual	60	85.7	189	90.9
Aboriginal or Torres Strait Islander	4	5.7	12	5.8
Age (median, IQR)	22 (19–26)	–	23 (20–28)	–

Because they are exposed to injecting it is important for young people who are at risk for injecting to have a sound knowledge about how hepatitis C is transmitted and where to access health services. In some respects the Big Day Out attendees who reported having been exposed to injecting had a higher level of knowledge than those who had not been exposed. They were more likely to have correctly identified that a person could

**Table 21: Licit and illicit drug use among young people exposed and not exposed to injecting in the previous 12 months, 2009**

	Exposed (n = 70)		Not exposed (n = 208)	
	n	%	n	%
Alcohol	69	98.6	203	97.6
Tobacco	22	31.4	75	36.1
Cannabis	38	54.3	100	48.1
Amphetamine/speed	29	41.1	49	23.9
Ecstasy	33	47.1	88	42.3
Cocaine	15	21.4	26	12.5
Heroin	2	2.9	0	0.0
LSD	17	24.3	38	18.3
Ketamine	4	5.7	6	2.9
Benzodiazepine	3	4.3	2	1.0
Used at least 1 drug*	50	71.4	121	58.2
Used 2 or more drugs	37	52.9	88	42.3
Injected drugs*	8	11.4	0	0.0

\*p < .05

not get hepatitis C from sharing food, drinks, cups or cutlery (42.9% versus 35.1%) and they were more likely to know that a person could get hepatitis C from sharing ancillary injecting equipment (57.1% versus 45.2%) (see Table 22). Reassuringly, respondents who reported having been exposed to injecting were also more likely to have known where to get sterile needles and syringes (31.4%

**Table 22: Knowledge about hepatitis C transmission among young people exposed and not exposed to injecting, 2009**

	Exposed (n = 70)		Not exposed (n = 208)	
	n	%	n	%
<b>Respondents who correctly identified that a person could not get hepatitis C from:</b>				
kissing	33	47.1	103	49.5
sharing toilets and showers	36	51.4	95	45.7
sharing food, drinks, cups or cutlery**	30	42.9	73	35.1
<b>Respondents who correctly identified that a person could get hepatitis C from:</b>				
injecting with a needle someone else has already used	57	81.4	164	78.8
sharing spoons, water or other drug-preparation equipment while injecting drugs**	40	57.1	94	45.2
sharing a razor	45	64.3	111	53.4
unsterile tattooing or body piercing	54	77.1	157	75.5

\*\*approached significance at p < 1.0

versus 14.4%) (see Table 23). Overall, however, those who reported having been exposed to injecting did not have what might be considered adequate levels of knowledge to prevent or reduce harm associated with injecting illicit drugs. For example, less than half (47.1%) knew that a person could not get hepatitis C from kissing and, while 81.4% knew that a person could get hepatitis C from sharing an unsterile needle, the remaining one in five did not know this (see Table 22). Only a third (31.4%) of respondents who had been exposed to injecting could

correctly identify where to get sterile needles and syringes if they needed them (see Table 23). Moreover, those who did know where to go usually identified pharmacies (21.4%) but nobody identified a needle and syringe program (NSP) (see Table 23). Ideally it would be better for young people who are exposed to injecting to go to an NSP rather than a pharmacy to obtain injecting equipment because at an NSP they could simultaneously receive advice and information about safe injecting.

**Table 23: Knowledge about health services for those who inject drugs among young people exposed and not exposed to injecting, 2009**

	<b>Exposed (n = 70)</b>		<b>Not exposed (n = 208)</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
<b>Respondents who reported that they knew where to obtain sterile needles*</b>	<b>32</b>	<b>45.7</b>	<b>58</b>	<b>27.9</b>
<b>Respondents who correctly identified that sterile needles could be obtained from a:</b>				
pharmacy	15	21.4	14	6.7
hospital	6	8.6	10	4.8
youth service	0	0.0	1	0.5
needle and syringe program	0	0.0	1	0.5
sexual health service	1	1.4	4	1.9
needle dispensing machine	0	0.0	0	0.0
<b>Total</b>	<b>22</b>	<b>31.4</b>	<b>30</b>	<b>14.4</b>
<b>Respondents who reported that they knew where to be tested for hepatitis C</b>	<b>35</b>	<b>50.0</b>	<b>98</b>	<b>47.1</b>
<b>Respondents who correctly identified that they could be tested for hepatitis C at a:</b>				
doctor's/GP's surgery	24	34.3	73	35.1
hospital	3	4.3	9	4.3
needle and syringe program	0	0.0	0	0.0
Aboriginal medical service	0	0.0	0	0.0
sexual health service	2	2.9	3	1.4
family planning service	0	0.0	1	0.5
<b>Total</b>	<b>29</b>	<b>41.4</b>	<b>86</b>	<b>41.3</b>

\*p < .05

# Conclusion

While illicit drug use was common among attendees of the Big Day Out who were Queensland residents, drugs were used infrequently and in small quantities. Cannabis, methamphetamine and ecstasy were the most commonly used drugs. Between 2008 and 2009 there was a sharp increase in the use of cocaine and hallucinogens. The increase in the use of cocaine and the poor level of knowledge of hepatitis C transmission routes suggests that young people who use cocaine may be unaware of the increased risk of hepatitis C infection from intranasal administration of cocaine.

While injecting drug use was rare, a considerable proportion of young people reported having been exposed to injecting through friends, boyfriends or girlfriends. Knowledge about the transmission risks of hepatitis C was generally poor, although most people reported that they had heard of hepatitis C. School was the most commonly reported source of information

about hepatitis C, which suggests that the best way to improve young people's knowledge might be through school-based education. However, a considerable proportion reported that workplaces and the media were sources of information about hepatitis C, suggesting that these could be used as a means to improve knowledge among young people who have left school. While the level of knowledge was poor among young people generally, it was only slightly better among those who reported having been exposed to injecting. It is especially important for young people who have been exposed to injecting to have sufficient knowledge to prevent or reduce the harm associated with injecting. Improving their knowledge about hepatitis C might involve education not only at school but also in the workplace or via the media, education that included, among other things, information about the variety of places where sterile needles and syringes could be obtained.

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