

# Research briefing



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## Key Findings from the Cannabis Module of the 2005 Illicit Drug Monitoring System (IDMS)

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### Introduction

This research briefing presents findings on recent trends in cannabis and other illicit drug use in New Zealand from the 2005 Illicit Drug Monitoring System (IDMS). The principal aim of the IDMS is to provide timely information on trends in illicit drug use and drug related harm in New Zealand. This is the first year that the IDMS has been conducted, with future waves planned annually from this point on. The findings presented in this report are from the Cannabis Module of the IDMS, which interviews frequent cannabis users and addresses recent trends in cannabis and other illicit drugs in New Zealand. Two other modules are produced from the IDMS: the Methamphetamine Module, which interviews frequent methamphetamine users; and the Hallucinogen Module, which interviews frequent users of ecstasy and LSD. The findings from these two modules are presented in separate reports.

Frequent drug users are considered a sentinel group who can provide accurate information on patterns of drug use and trends in illicit drug markets. The validity of the IDMS comes from the 'expert' status of the people interviewed, and hence the high quality of information they can provide, rather than from the statistical rigour of the sampling methodology. The survey of frequent drug users is not intended to be statistically representative of drug use in the general population.

### Method

A total of 69 frequent cannabis users were interviewed in five sites nationwide for the study. Interviewing took place from April to August 2005. The five interview sites were Whangarei, Auckland, Hamilton, Wellington and Christchurch. Participants were recruited through purposive sampling and 'snowballing'. To be eligible to be interviewed, a participant had to have used cannabis weekly or more often in the last six months, be 16 years or older, and to have resided in the site location for the past 12 months. Six key experts (KE) who had regular contact with frequent cannabis users through their work were interviewed to place the information provided by the frequent cannabis users in greater context. The KE interviewed for the Cannabis Module included alcohol and drug treatment workers, youth alcohol and drug treatment workers, a Maori alcohol and drug treatment worker, a City Mission worker and a youth health worker. Finally, secondary data sources on

## Key Points

Cannabis was considered 'easy' or 'very easy' to obtain but the number of users and prices were reported to be stable

The frequent cannabis users used fewer other drug types than the frequent methamphetamine and frequent hallucinogen users interviewed

The frequent cannabis users had lower levels of binge drug use than the frequent methamphetamine and frequent hallucinogen users

One in 10 of the frequent cannabis users interviewed had used opiates and one in 25 had injected opiates in the previous six months

The frequent cannabis users had high levels of use of legal dance party pills and nitrous oxide

The frequent cannabis users self-reported a range of psychological problems related to their cannabis use including 'strange thoughts', 'anxiety', 'short temper', 'paranoia', and 'depression'

Six out of 10 of the frequent cannabis users described the current availability of methamphetamine to be 'very easy'

LSD was reported to be in decline with six out of 10 frequent cannabis users describing it as 'difficult' to obtain and three out of 10 saying it had become 'more difficult' to obtain in the previous six months

drug use were collated from a range of government and non government sources including national household drug survey data, arrest and seizure data, hospital admissions data, drug treatment statistics and calls to the alcohol and drug help-line. The information provided by the frequent drug users, KE and secondary data sources was triangulated to identify valid trends in drug use in New Zealand.

## Demographic characteristics of the frequent cannabis users

Seven out of 10 (69%) of the sample of frequent cannabis users were male with a median age of 25 years old (range 17-56 years). Eight out of 10 (79%) of the frequent cannabis users were European and one in six (16%) were Maori. Half (48%) of the sample were in paid employment, three out of 10 (27%) were students and one in six (17%) were recipients of government income support. One in 14 (7%) of the frequent cannabis users interviewed were currently in some kind of drug treatment. One in six (16%) of the frequent cannabis users had been arrested in the last 12 months. Four out of 10 (39%) of the frequent cannabis users interviewed lived in Auckland, one in five (19%) lived in Wellington, one in six (17%) lived in Christchurch, one in six (17%) lived in Hamilton and one in 14 (7%) lived in Whangarei.

## Patterns of drug use

Many of the frequent cannabis users interviewed had used drugs other than cannabis. The frequent cannabis users had used an average of five drug types in the previous six months (range 1-13). The drug types most often used in the last six months were alcohol (86%), tobacco (64%), legal dance party pills (62%), nitrous oxide (36%), ecstasy (33%), LSD (28%), amphetamine (20%) and methamphetamine (14%). One in 10 (10%) of the frequent cannabis users had used opiates in the previous six months, and one in 25 (4%) had injected opiates in the previous six months. A quarter (25%) of the frequent cannabis users had binged on a drug in the last six months, defined as using a drug for more than 48 hours continuously without sleep.

## Prices of different drug types

### Current prices

Table 1 presents the prices paid for all the drug types the frequent cannabis users had used in the last six months. There were several drug types which only a very few frequent cannabis users could comment on, but given the universal nature of prices their information was considered worth including. The low numbers available suggest caution in these instances. Only one participant had used ketamine in the last six months so this drug type was excluded. A 'foil' (1.5 grams) of cannabis was reported to commonly cost \$20. A 'foil' or 'tinny' of cannabis contains sufficient cannabis for about three joints and is often wrapped in tin foil. The median price reported for an ounce (28 grams) of cannabis was reported to commonly be \$300 (range \$150-\$450).

Table 1: Price paid for different drug types by frequent cannabis users

	<b>Cannabis</b>	<b>Ecstasy (MDMA)</b>	<b>Meth amphet amine</b>	<b>Crystal Meth amphet amine</b>	<b>LSD</b>	<b>Cocaine</b>	<b>GHB</b>
No. who commented	n=56	n=21	n=16	n=8	n=21	n=6	n=4
Median price (\$)	\$20 foil	\$60 pill	\$100 point	\$100 point	\$40 tab	\$300 gram	\$6.5 millilitre

### Change in prices in last six months

Table 2 presents the frequent cannabis users' perceptions of how the price of the four drug types they knew most about had changed in the preceding six months. Only fairly modest proportions of frequent cannabis users reported increases in prices for any of the drug types. The drug type for which the greatest proportion of frequent cannabis users indicated a 'decrease' in price was ecstasy (41%). Many participants thought that prices had been 'stable' and this was most clearly the case for LSD (74%) and cannabis (70%).

Table 2: Change in prices paid for different drug types in the last six months

	<b>Cannabis</b>	<b>Ecstasy (MDMA)</b>	<b>Meth amphet amine</b>	<b>LSD</b>
No. who commented	n=63	n=22	n=18	n=27
Increase (%)	6	14	17	15
Stable (%)	70	32	50	74
Decrease (%)	13	41	17	7
Fluctuates (%)	11	14	17	4

## Availability of different drug types

### Current availability

The drug types which the largest proportion of frequent cannabis users considered to be 'very easy' to obtain at the moment were cannabis (60%) and methamphetamine (56%) (Table 3). Just over half (52%) of the frequent cannabis users said ecstasy was 'easy' to get at present. The drug type which the largest proportion of participants considered to be 'difficult' to obtain at the moment was LSD (64%). Three out of 10 (30%) participants described ecstasy as 'difficult' to get at the moment.

Table 3: Current availability of different drug types

	<b>Cannabis</b>	<b>Ecstasy (MDMA)</b>	<b>Meth amphet amine</b>	<b>LSD</b>
No. who commented	n=67	n=23	n=18	n=28
Very easy (%)	60	17	56	4
Easy (%)	37	52	28	29
Difficult (%)	3	30	11	64
Very difficult (%)	0	0	6	4

### Change in availability in the last six months

The drug types which the greatest proportion of frequent cannabis users indicated had become 'easier' to obtain in the last six months were methamphetamine (41%) and ecstasy (31%) (Table 4). The drug type for which the greatest proportion of participants indicated that availability had become 'more difficult' in the last six months was LSD (30%). Fairly sizable proportions of frequent cannabis users said the availability of cannabis (22%) and LSD (26%) had 'fluctuated' in the preceding six months.

Table 4: Change in availability of different drug types in the last six months

	Cannabis	Ecstasy (MDMA)	Methamphetamine	LSD
No. who commented	n=67	n=22	n=17	n=27
Easier (%)	24	31	41	15
Stable (%)	40	50	41	30
More difficult (%)	13	14	18	30
Fluctuates (%)	22	5	0	26

### Perceptions of change in the number of people using different drugs

As a group, the frequent cannabis users often did not provide a very definitive picture of changes in the number of the people using different drugs. In many cases there was a polarisation of opinion concerning changes in the number of people using different drugs, with approximately one third saying 'more' people were using a drug and a similar proportion saying either 'less' or 'the same' number of people were using the drug (Table 5). The drug type which the greatest proportion of frequent cannabis users thought 'more' of the people they know were using was methamphetamine (42%). Approximately three out of 10 frequent cannabis users thought that 'more' people were using LSD (31%), ecstasy (29%) and cannabis (27%). Two thirds (64%) of the frequent cannabis users reported that about the 'same' numbers of people they know were using cannabis. Approximately one third of participants said 'less' of the people they know were using methamphetamine (37%), ecstasy (33%) and LSD (27%).

Table 5: Users' perceptions of change in the number of people using different drugs in the last six months

	Cannabis	Ecstasy (MDMA)	Methamphetamine	LSD
No. who commented	n=67	n=22	n=17	n=27
Easier (%)	24	31	41	15
Stable (%)	40	50	41	30
More difficult (%)	13	14	18	30
Fluctuates (%)	22	5	0	26

### Time taken to purchase different illicit drugs

The drug type which the greatest proportion of frequent cannabis users could purchase in 'less than 20 minutes' was cannabis (34%) (Table 6). The drug type which the greatest proportion of frequent cannabis users could only purchase in 'weeks' was LSD (19%). The majority of frequent cannabis users said it would take them 'days' to purchase ecstasy (64%) or LSD (75%).

Table 6: Time taken to purchase different drug types

	<b>Cannabis</b>	<b>Ecstasy (MDMA)</b>	<b>LSD</b>
No. who commented	n=58	n=14	n=16
Weeks (%)	3	7	19
Days (%)	19	64	75
Hours (%)	43	28	0
Less than 20 mins (%)	34	0	6

## New drug trends

### **New drug types**

Several frequent cannabis users reported a new drug which they called 'Tryptomine'. The respondents may have been referring to DMT or Dimethyltryptamine. DMT is a potent hallucinogen which often comes in the form of a pink crystalline powder. The frequent cannabis users described 'Tryptomine' as 'pure MDMA' available in 'capsule form' and as a 'pill'. Another participant reported the availability of a new drug which they called '2CP' and described as a mix between 'LSD and Ecstasy'. The frequent cannabis users also reported increased use of 'P' [methamphetamine], more 'younger people' using drugs and more young people using drugs intravenously.

### **New drug selling methods**

A number of frequent cannabis users noted the selling of more potent strains of cannabis at higher prices than standard cannabis. One participant indicated that methamphetamine was now 'being sold in more affordable amounts'. Several frequent cannabis users observed that there were now more selling places where drugs could be bought including selling on the streets. One frequent cannabis user described how drug dealers now deliver to home addresses.

## Harms from frequent cannabis use

### Physical problems

The physical problems most commonly reported from frequent cannabis use were 'loss of energy' (48%), 'skin problems' (29%), 'poor appetite' (22%), 'muscular aches' (20%) and 'weight loss' (19%).

### Psychological problems

The psychological problems most commonly reported from frequent cannabis use were 'strange thoughts' (59%), 'anxiety' (46%), 'short temper' (43%), 'trouble sleeping' (41%), 'paranoia' (38%) and 'depression' (34%) (Table 7). One in 14 frequent cannabis users experienced 'suicidal thoughts' (7%) and one in 25 (4%) indicated 'suicide attempts' related to their cannabis use.

Table 7: Psychological problems from the frequent use of cannabis

Problem	% experienced in last 6 months related to cannabis	% ever experienced before started using cannabis
Strange thoughts	59	38
Short temper	43	26
Visual hallucinations	17	4
Sound hallucinations	23	9
Trouble sleeping	41	19
Violent behaviour	9	1
Anxiety	46	29
Panic attacks	13	6
Paranoia	38	7
Depression	34	19
Suicidal thoughts	7	6
Suicide attempts	4	1

### Drug use and driving

Three out of 10 (29%) of the frequent cannabis users had driven under the influence of alcohol in the last six months. Seven out of 10 (71%) of the frequent cannabis users had driven under the influence of drugs other than alcohol in the previous six months. The drug types which the frequent cannabis users were most commonly under the influence of when driving were cannabis (96%), legal dance party pills (16%), ecstasy (12%), methamphetamine (10%), LSD (8%) and nitrous oxide (8%).

### Access to services

One in 34 (3%) of the frequent cannabis users had accessed Accident and Emergency services in relation to their drug use in the previous six months. One frequent cannabis user (1%) had been admitted into hospital in relation to their drug use in the last six months. One in 14 (7%) frequent cannabis users had accessed a drug and alcohol worker in the preceding six months.

## Criminal history

One in 17 (6%) of the frequent cannabis users interviewed self reported they had committed a property crime in the previous month. One in 33 (3%) frequent cannabis users reported they had committed a fraud in the preceding month. One third (32%) of the frequent cannabis users said they had sold illicit drugs in the previous month. One frequent cannabis user self reported they had committed a violent crime in the last month. One in six (16%) of the frequent cannabis users had been arrested in the last 12 months.

## Perceptions of police activity

Four out of 10 (38%) of the frequent cannabis users had noticed 'more' police activity against drug users in the last six months. One in seven (15%) frequent cannabis users had had 'more' of their friends arrested in the last six months. One in seven (14%) of the frequent cannabis users said that police operations had made it 'more difficult' to obtain drugs in the preceding six months.

## Conclusion

The Cannabis Module interviewed a sizable group of very heavy cannabis users. Approximately one half of the sample had used cannabis daily or more frequently in the previous six months, and one half had purchased cannabis on a weekly or more frequent basis in the previous six months. This group of frequent cannabis users is therefore an appropriate sentinel group to survey in order to track trends in cannabis use and cannabis related harm. It is also an appropriate group to monitor the extent to which primary cannabis users are using other drug types and are exposed to other drug markets, such as those for methamphetamine and opiates.

The validity of the findings obtained from the interview of the frequent cannabis users in the Cannabis Module can be cross checked against the interviews of frequent drug users from the other two modules of the IDMS. Instances where there is corroboration among all three groups of frequent drug users concerning a trend in a drug are strongly indicative that a valid trend has been identified.

An important difference between the frequent cannabis users in the Cannabis Module and the frequent methamphetamine and frequent hallucinogen users from the other two Modules of the 2005 IDMS was the extent and level of other drug use. The frequent cannabis users had used a median of five drug types in the last six months compared with medians of eight drug types used in the last six months by the frequent methamphetamine and frequent hallucinogen users. The frequent cannabis users most commonly used 'other drugs' were legal drugs, that is, alcohol (86%), tobacco (64%), legal dance party pills (62%) and nitrous oxide (36%). The frequent methamphetamine users most commonly used 'other drugs' were cannabis (95%), alcohol (90%), ecstasy (82%), tobacco (82%), amphetamines (82%), crystal methamphetamine (78%) and LSD (77%). The frequent hallucinogen users most commonly used 'other drug' types were alcohol (94%), cannabis (91%), ecstasy (91%), tobacco (74%), legal dance party pills (74%), nitrous oxide (71%) and LSD (62%). Three quarters of the frequent methamphetamine (73%) and half of the frequent hallucinogen users (53%), compared to only a quarter (25%) of frequent cannabis users, had binged on a drug in the last six months (ie. used continuously for 48 hours or more).

One surprising aspect of the 'other drug' use of the frequent cannabis users was their level of opiate use. One in 10 (10%) of the frequent cannabis users had used opiates in the last six months. Half of these opiate using frequent cannabis users had mainly 'smoked' opiates and one in six (16%) had mainly 'swallowed' the opiates they used. These alternative methods of administration to injecting opiates are often used by casual or 'first time' opiate users. There is no Opiate Module of the IDMS so unless opiate users also happen to be frequent methamphetamine or frequent hallucinogen users they will tend to be interviewed as part of the Cannabis Module. Opiate users may use cannabis in conjunction with opiates or to help reduce the effects of opiate withdrawal. As opiate users are often daily or near daily users of opiates, their use of cannabis may also be of the same high frequency.

The frequent cannabis users considered cannabis to be widely available with fairly stable prices. Nearly all the frequent cannabis users considered cannabis to be either 'very easy' (60%) or 'easy' (37%) to obtain. Overall, the cannabis market was considered to be fairly stable. One in five (19%) of the frequent cannabis users typically purchased their cannabis from public 'tinny' houses. A previous secondary analysis of New Zealand national household drug survey findings found that adolescents aged 15-17 years old were more likely to purchase their cannabis from 'tinny' houses than older groups (Wilkins et al., 2005). The frequent cannabis users self-reported a range of psychological problems related to their cannabis use including 'strange thoughts', 'anxiety', 'short temper', 'paranoia', and 'depression'. The proportion of frequent cannabis users reporting these psychological problems from cannabis were often very similar to the proportion of frequent methamphetamine users and frequent hallucinogen users reporting the same psychological problems from methamphetamine and hallucinogen use.

In the other two modules of the 2005 IDMS it was suggested that ecstasy may be the drug type most 'on the move'. Four out of 10 (42%) of the frequent methamphetamine users, and a similar proportion (40%) of frequent hallucinogen users, said the price of ecstasy had fallen in the last six months. The frequent cannabis users were of a similar view, with four out of 10 (41%) also reporting that the price of ecstasy had 'decreased' in the preceding six months. A similar proportion of frequent methamphetamine users (45%), frequent hallucinogen users (55%) and frequent cannabis users (52%) described the current availability of ecstasy as 'easy'. Similar proportions of frequent methamphetamine users (23%), frequent hallucinogen users (26%) and frequent cannabis users (31%) described the availability of ecstasy as becoming 'easier' in the preceding six months.

There appeared to be agreement among all three groups of frequent drug users that LSD had recently declined in New Zealand. High proportions of frequent methamphetamine users (57%), frequent hallucinogen users (67%) and frequent cannabis users (68%) described the current availability of LSD to be either 'difficult' or 'very difficult'. Over half of all three samples of frequent drug users said that the availability of LSD had 'fluctuated' or become 'more difficult' in the last six months. Large proportions of the frequent methamphetamine users (77%), frequent hallucinogen users (72%) and frequent cannabis users (94%) reported it would take them 'days' or 'weeks' to purchase LSD. As noted in the other Modules of the 2005 IDMS, the popularity of LSD may have suffered from the recent emergence of ecstasy and methamphetamine.

The frequent cannabis users further confirmed that methamphetamine is well established in the New Zealand drug market place with high levels of availability. Six out of 10 (60%) of the frequent cannabis users described the current availability of methamphetamine as 'very easy'. Similarly, over half of the frequent methamphetamine users (52%) and four out of 10 (40%) frequent hallucinogen users also described the current availability of methamphetamine as 'very easy'. Four out of 10 (41%) of the frequent cannabis users reported that the availability of methamphetamine had become 'easier' in the preceding six months. The frequent cannabis users, like the frequent methamphetamine users and frequent hallucinogen users, alluded to marketing strategies designed to promote the wider use of methamphetamine, such as selling in smaller quantities at lower prices.

One of the important reasons to monitor primary cannabis using populations is that cannabis is often the first drug young people experiment with, and some of these cannabis users then go on to use other 'hard' drug types, such as methamphetamine and opiates. The role that so called 'soft' drugs may play in the progression to the use of 'hard' drugs is also an important issue in regard to the recently emerged legal intoxicants, such as dance party pills (ie. Benzylpiperazine and Trifluoromethyl-phenylpiperazine) and nitrous oxide. The frequent cannabis users reported high levels of recent use of legal dance party pills (62%) and nitrous oxide (36%), as did the frequent drug users in the other modules of the 2005 IDMS. The level of use of these new legal intoxicants among the frequent drug users interviewed for the 2005 IDMS indicates that this issue requires investigation and clarification to inform the ongoing policy response.

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- Odyssey House, Auckland

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