

## COCAINE USE AND ASSOCIATED HARMS IN AUSTRALIA

Cocaine is a stimulant which is usually a white powder with a bitter, numbing taste. It is among the most widely used illicit drugs in the USA and Western Europe but has not achieved the same level of use in Australia. In Australia, cocaine is mostly snorted or injected – the smoked ‘crack’ form of cocaine is rarely seen.

The 2001 National Drug Household Survey estimated that 700,000 Australians had used cocaine at some time in their life (4.4% of the population) with about 207,000 (or 1.3%) having used in the past 12 months. The average age of first use was 23 years which is later than other drugs.

Between 1999 and 2002 more cocaine was seized at the Australian border than any other drug due mainly to hundreds of kilos found in small craft like yachts and shipping containers. Yet cocaine related arrests, hospital admissions and seizures on Australian streets were significantly lower than for any other illegal drug. Assuming only a proportion of cocaine gets through, where it ends up and who uses this quantity of cocaine remains largely a mystery.

The effects of cocaine, including intense pleasure, alertness, confidence and sexual arousal, are very short lived (less than 30 minutes). It is used both as a party drug and also to assist work performance in professions with demanding long hours. In some social groups it can be viewed as a status drug. Cocaine injectors also seek the confidence boosting and arousing effects of cocaine. Some injecting users seek to balance the agitating effects of cocaine and the sedating effects of heroin by mixing the use of these drugs. A recent heroin shortage in Australia saw a largely unexpected shift among heroin users in Sydney to cocaine.

Two main types of cocaine user have been identified. Higher socio-economic status (SES) individuals employed in a range of professions, white collar workers and creative occupations mainly snort cocaine powder. They have above average income, education and live in affluent areas of Melbourne and Sydney. This type of user has little or no contact with either law enforcement or public health.

The second main group of users typically inject cocaine, are among lower socio-economic status individuals in Sydney, are generally unemployed, have below average levels of education and are younger than the higher SES group. This group also has higher levels of sex work, heroin and other drug use and criminal behaviour.

The problems caused by cocaine include: cardiovascular problems (heart attacks); overdose (strokes, seizures); infection risk and vein damage increased by multiple injections; perforation of nasal passages; psychiatric problems (psychosis); social and financial problems and cocaine addiction. Cocaine use in injecting drug users undermines the effectiveness of harm reduction programs such as needle programs and drug treatment. Recent NDARC research based on autopsies of cocaine-related deaths in NSW found disturbingly high levels of cardiac problems in males including weakened and blocked vessels in the heart and brain and enlarged hearts.