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DRUG TRENDS
1998



**Findings from the
Illicit Drug Reporting System (IDRS)**

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EXECUTIVE SUMMARY

This report presents the results of the second year of the Illicit Drug Reporting System (IDRS), a national drug trends information system coordinated by the National Drug and Alcohol Research Centre (NDARC) and funded by the Commonwealth Department of Health and Aged Care. In 1998 the IDRS was conducted in three Australian states - New South Wales, Victoria and South Australia. The report includes indicators of patterns and trends in illicit drug use in Adelaide from three sources:

- a survey of injecting drug users
- a qualitative study of key informants who work in the drug field (eg. health, law enforcement, outreach, dealers and research professionals); and
- an examination of existing drug indicators (eg. survey data, health and police data).

Survey of injecting drug users (IDU)

IDU tend to use most illicit drugs, and their patterns of use are sensitive to changes in those factors which affect drug use like price, purity and availability. As such, IDU can serve as a sentinel group for monitoring trends in illicit drug use. One hundred and forty IDU from the Adelaide metropolitan area were interviewed between July and September 1998. Participants were recruited through peer interviewers using needle exchange and user networks to recruit subjects. All IDU interviewed had injected a drug at least once a month in the previous six months and were sixteen years of age and older. Interviews took between 30 and 45 minutes to administer and were conducted in locations convenient to the users. The median age of the sample was 28 years, 57% were male, 45% were unemployed, the median number of school years completed was 11, 56% had some form of tertiary education, 24% had a prison history and 42% were currently in treatment.

The survey of injecting drug users suggested several issues and trends:

- polydrug use amongst IDU in Adelaide was the norm
- heroin was the main drug of choice for the majority of IDU, although amphetamine is the most commonly injected first drug amongst IDU
- a new cohort of IDU in Adelaide has been recruited to injecting through amphetamine use
- the transition from amphetamine injecting to heroin injecting, which was a feature of the 1997 survey, was also evident in 1998
- there were less heroin injectors and more amphetamine injectors in 1998, which was unrelated to demographic changes in the 1998 sample
- there were greater proportions using other opiates in 1998, which was unrelated to demographic changes in the 1998 sample
- there appears to be increased use of amphetamine, especially among a more diverse group of young people
- a quarter of IDU report risky needle use
- IDU reported that there were no significant changes in heroin overdoses in 1998, compared to 1997
- there were improved police practices regarding heroin overdoses and harm minimisation in general
- heroin could be purchased for \$50/cap and \$400/gram, purity was medium to high and it was easy to obtain. Price and availability had not changed over the previous six months,

while purity was thought to be fluctuating to stable. More users obtained heroin from street dealers and less from friends than in 1997

- amphetamine could be purchased for \$50/gram and \$800-\$1000/ounce, purity was variable and it was easy to obtain. Price and availability of amphetamine was stable, whilst purity was reported to be stable to fluctuating over the previous six months
- cocaine could be purchased for \$50/cap and \$250/gram, purity was high to medium and it was difficult to obtain. Price, purity and availability of cocaine had not changed over the previous six months
- cannabis could be purchased for \$25/bag and \$200-\$250/ounce, purity was high and it was easy to obtain. Price and availability had not changed in the previous six months and purity was stable to increasing.

Comparison with the 1997 IDU sample

The 1998 IDU sample differed demographically in a number of ways from the 1997 sample. A lower proportion of the 1998 group had a tertiary background, more were unemployed, and more were from an indigenous background. However, like the 1997 sample they were a heterogeneous group, with substantial proportions engaging in functional lifestyles despite significant substance use.

Significant differences were found in the drug use history of the 1997 IDU sample and the 1998 sample, particularly the increased proportions of amphetamine users and users of other opiates. These differences may, in part, be related to other factors such as:

- demographic differences between the samples
- the greater recruitment of current amphetamine injectors in the 1998 sample, which reflects the recruitment strategy used for selecting peer interviewers.

However, analyses of the 1997 and 1998 datasets show that neither demographic differences nor the recruitment strategy alone could fully account for the higher proportion of amphetamine users observed in the 1998 sample. The result may therefore partially represent a 'true' population increase in amphetamine use, particularly for the increased proportion of recent amphetamine injectors *per se*.

Similarly, the increases in the proportion of IDU using other opiates in 1998 compared to 1997 was not related to, nor accounted for, by demographic differences between the samples.

Key informant study

In order to provide an overview of key issues in illicit drug use, 31 key informants were interviewed between July and September 1998. These included workers in drug treatment agencies, other health services, community service organisations, drug user groups, South Australia Police, needle exchanges, research organisations and also illicit drug dealers. All had at least weekly contact with illicit drug users in the previous six months and/or contact with 10 or more illicit drug users in the previous six months. The following major trends emerged from the key informant interviews.

Heroin and other opiates

- heroin was easy to obtain in Adelaide
- the prevalence of heroin use has increased, especially in the number and diversity of young heroin users
- injection remains the preferred form of administering heroin
- heroin is mostly obtained in powder form, but there is a significant amount obtained in rock form
- key informants from indigenous and Vietnamese communities reported increased use of heroin
- the purity and availability of heroin is increasing
- the price of heroin is stable
- more users were obtaining heroin from street dealers and fewer from friends compared to 1997
- an observation that heroin-related overdoses have increased over the previous twelve months
- greater awareness and practice of harm minimisation principles by police, especially surrounding overdose situations

Amphetamines

- the quantity and frequency of amphetamine use varies, between heavy dependant users and semi-regular recreational users
- amphetamine users engage in significant polydrug use, involving alcohol, cannabis and amphetamines
- injecting amphetamine is the common user norm, and remains the preferred form of administration
- there are reports of an increase in the use of crystal amphetamine
- relatively few amphetamine users are in treatment
- there has been an increase in amphetamine dealing, particularly by mobile, transient dealers with little harm minimisation orientation
- there are reports of increased psychosis and psychosocial disability associated with amphetamine use
- the price of amphetamine is stable, purity is high/medium and availability is easy

Cocaine

- cocaine is a minority drug used by a small number of older users; it is rapidly consumed once it enters the Adelaide market
- users prefer using only cocaine as their primary drug of choice
- smoking cocaine is associated with more severe addiction and psychosocial impairment
- two usage patterns for cocaine exist: recreational weekend users who snort; and more habitual, heavier users who smoke or inject
- the price of cocaine is stable
- the purity of cocaine is medium to high and has increased

Cannabis

- the number of cannabis users is increasing and users are becoming younger
- an increasing number of cannabis users are reporting to services, particularly with behavioral and psychological disturbances
- there are reports of an increase in early psychosis and mental health problems among young cannabis users
- a reported increase in hydroponically grown cannabis
- observations that there is more diverse population involved in cannabis production
- the purity of cannabis is high and is increasing; price is stable to decreasing

Other Drugs and Issues

- other opiates, methadone, ecstasy and benzodiazepines are the most commonly used drugs, other than the four primary drugs
- other opiates are the fourth most commonly injected drug, and Panadeine Forte is the most commonly used other opiate
- illicit methadone continues to be used by a minority of IDU
- benzodiazepine use is common among IDU, particularly Valium, Serepax and Rohypnol
- ecstasy use remains low, purity is low and supply is restricted.

Other indicators

To complement and validate data collected from the IDU and key informant surveys, a range of secondary data sources were consulted, including population surveys, health data, law enforcement statistics and data from special projects. In order to be nationally comparable, such indicators were required to meet certain criteria (ie. they should be available at least annually, include 50 or more cases and provide details on the four main illicit drugs under investigation). The following major trends emerged from analysing secondary data :

- heroin seizures have decreased in the last twelve months. There were 26% fewer heroin seizures in 1997/98 compared to 1996/97
- mean purity of heroin seizures were consistently higher throughout most of 1997/98, compared to 1996/97
- a large increase in amphetamine seizures in 1997/98, compared to 1996/97
- an increase in the purity of seized amphetamine in 1997/98, compared to 1996/97
- a increase in cocaine seizures in 1997/98 compared to 1996/97, but still relatively low compared to other illicit drugs
- an increase in the purity of seized cocaine in 1997/98 compared to 1996/97
- there was an increase in the number of cannabis, amphetamine and cocaine offences recorded by South Australia Police in 1997/98, compared to 1996/97
- there was an increase in the number of ADIS mentions involving amphetamines, cocaine and heroin in the previous twelve months
- sixty-five per cent of new Hepatitis C notifications in 1998 were attributed to injecting drug use.

Policy/research implications

These findings suggest the following key areas for further investigation:

1. Research into and development of interventions for those experiencing harm associated with amphetamine use.
2. Development of harm minimisation advice for users of cocaine.
3. Research into changes in the availability of cocaine in Adelaide, including factors affecting this market.
4. Research into and development of interventions to address injection of non-injectable drugs amongst IDU.
5. Research into patterns of and trends in illicit drug use and drug availability amongst Aboriginal and Torres Strait Islander communities in South Australia.
6. Research into patterns of and trends in illicit drug use amongst people from Vietnamese communities in South Australia.
7. Research into identifying and development of early interventions for those individuals who transition from amphetamine injecting to heroin injecting.
8. Research into the psychological impact of cannabis use in young people at risk for psychiatric illness.

1.0 INTRODUCTION

In 1997, three states (New South Wales, Victoria, and South Australia) participated in a trial of the Illicit Drug Reporting System (IDRS). The trial and the subsequent 1998 study were coordinated by the National Drug and Alcohol Research Centre (NDARC) and funded by the Commonwealth Department of Health and Aged Care.

This report presents the results of the second year of data collection, conducted in 1998 in South Australia. Where possible, 1998 data have been compared with results from the 1997 study (Cormack et al., 1998).

1.1 STUDY AIM

The South Australian component of the IDRS aims to provide indicators of trends in illicit drug use in Adelaide.

2.0 METHOD

Three methods were used in the study:

- a survey of injecting drug users (IDU)
- a qualitative study of key informants who work in the drug field (eg. health, law enforcement, outreach and research professionals)
- an examination of existing drug indicators (eg. health and law enforcement data).

The procedures used in these three study components were developed by Hando et al (1997).

2.1 INJECTING DRUG USER (IDU) SURVEY

A sample of 140 injecting drug users (IDU) was interviewed between July and September 1998. Entry criteria for the study were: having injected drugs at least once a month in the previous six months; an age of 16 years or older. All participants resided in the Adelaide metropolitan area.

Participants were recruited through peer interviewers, using needle exchange sites and user networks to recruit subjects. Informed consent was obtained and the interview administered at a place convenient to the person being interviewed. The interview took between 30 and 45 minutes to complete. A contribution of \$20 was made to each participant in compensation for the time spent on the study interview.

The structured interview schedule used was based on previous research conducted at the National Drug and Alcohol Research Centre (eg. Darke et al., 1992, 1994). Sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking and, health were included. All interviews were administered by trained interviewers who had a sound knowledge of issues relating to illicit and injecting drug use. Descriptive and inferential analyses were conducted using SPSS Version 8 for Windows. Regional differences are presented where relevant.

2.2 KEY INFORMANT STUDY

Key informants were interviewed between September and October 1998. Entry criteria for the key informant study were: at least weekly contact with illicit drug users in the previous six months; or contact with 10 or more illicit drug users in the last six months. All key informants were paid or volunteer workers in drug treatment agencies, other health services, community services, drug user groups, SA Police, needle exchanges or research organisations. Key informants were referred to the IDRS research team by their peers or supervisors, by passing on to them a study information sheet and consent form. Interested workers forwarded a completed consent form and their contact details to the researchers. Workers were then contacted by the researchers, screened for entry to the study (according to the criteria outlined above), and arrangements for a telephone interview were made at a mutually convenient time.

In total, 31 key informants were interviewed, including 16 males and 15 females. They comprised seven police officers, six drug treatment workers, six general health workers, three needle exchange workers, two user group representatives, two youth workers, one outreach worker, one researcher and three others.

Key informants were asked to identify the main illicit drug used by the drug users they had most contact with in the previous six months: eleven (35%) identified heroin, eight (25%) identified amphetamines, ten (32%) identified cannabis and two (6%) identified cocaine. Fifty four per cent of key informants reported that their work brought them into contact with IDU, 7% percent reported that they contacted IDU in their personal or social life, while the remaining 39% reported that both their work and personal/social lives brought them into contact with IDU.

The key informant interview took between 30 to 40 minutes to administer. The instrument used was based on previous research conducted at NDARC for the World Health Organisation (Hando and Flaherty, 1993). The instrument included sections on drug use patterns, drug availability, criminal behaviour and health issues.

All open-ended responses were transcribed immediately after the interview in as much detail as possible. Open-ended responses were analysed using a word processor. Quantitative questions were analysed using SPSS.

2.3 OTHER INDICATORS

To complement and validate data collected from the IDU and key informant surveys, a range of secondary data sources were consulted, including disease surveillance data, service delivery data, and law enforcement statistics.

The pilot study for the IDRS (Hando et al, 1997) recommended that databases used as secondary indicators should meet at least four of the following criteria:

- available at least annually
- include 50 or more cases
- provide brief details of illicit drug use
- collected in the main study site (ie Adelaide or South Australia for the present study)
- include details on the four main illicit drugs under investigation.

Data sources which fulfilled these criteria and have been included in this report are:

- telephone advisory data, collected by the Alcohol and Drug Information Service of the Drug and Alcohol Services Council (DASC)
- police offence data, provided by South Australia Police
- drug purity data, collected by the Forensic Science Centre and analysed by the Australian Bureau of Criminal Intelligence
- HIV and Hepatitis incidence and prevalence data, collected by the STD Control Branch of the South Australian Health Commission

Some additional indicators were unavailable at the time of writing this report, or were not available in an accessible (ie computerised) format. These include the 1998 National Household Survey (National Drug Strategy), the 1998 National Needle Exchange Survey, ambulance and emergency room data, and toxicological data from drug-related deaths.

3.0 CURRENT DRUG SCENE AND RECENT TRENDS

This section presents an overview of the demographic and drug use findings from the IDRS (Table 1), followed by findings by drug type (heroin, amphetamines, cocaine, cannabis and other drugs), and a summary of drug-related issues and problems.

3.1 AN OVERVIEW OF THE IDU SAMPLE

Table 1: Demographic characteristics of the IDU sample

	Adelaide Metropolitan (N=140)
Age (median years)	28
Sex (% male)	57
Employment (%)	
Not employed	45
Full time	23
Part time/casual	25
Student	2
Home duties	5
% Ethnicity:	
ESB*	96
NESB*	4
Aboriginal or Torres Strait Islander	9
School education (median years)	11
Tertiary education (%)	
None	44
Trade/technical	38
University/college	18
Prison history (%)	24
Currently in drug treatment (%)	42

*ESB = English speaking background; NESB = Non-English speaking background

The median age of users was 28 years (range 18-50 years). Just over 57% of the sample were male. Nearly half (48%) of the sample were employed in either full-time or part-time work, while 45% were unemployed. The median number of years of school completed was 11 (range 8-12) and 56% of the sample had some form of tertiary education; just over two thirds in trade or technical and one third in university or college education. Almost one quarter (24%) of the sample reported having been in prison. The majority (58%) were not currently in any form of

drug treatment. One third were in methadone treatment and 7% were in some other form of treatment.

The residences of the IDU sample were distributed across the entire Adelaide metropolitan area, with 24% residing in the central/eastern suburbs (average age: 30.5 years), 24% in the western suburbs (average age: 30.1 years), 26% in the southern suburbs (average age: 27.5 years) and 26% in the northern suburbs (average age: 29.9 years). There were no significant differences in the age, sex or education across the four geographic areas of the IDU sample. The only demographic differences between areas were in treatment status, employment status and prison history. More IDU were employed in the central/eastern area than the southern area ($\chi^2=7.83$, $P=.050$) and there were fewer IDU in treatment in the northern area than in the southern, central/eastern and western areas ($\chi^2=11.37$, $p=.01$). Finally, more IDU had a prison history in the northern and southern areas than in the central/eastern area ($\chi^2=8.35$, $p=.03$).

Of the 140 people in the IDU sample, 134 had an English speaking background and 12 were of Aboriginal or Torres Strait Islander descent.

Comparisons with the 1997 sample

The 1998 IDU sample differed significantly from the 1997 sample in relation to three demographic variables (employment status ($\chi^2=10.70$, $p=.03$); tertiary education ($\chi^2=7.59$, $p=.02$); and being of Aboriginal or Torres Strait Islander descent ($\chi^2=8.06$, $p=.005$)).

In 1998:

- more IDU were unemployed (36% in 1997; 45% in 1998)
- fewer were in full time employment (27% in 1997; 23% in 1998)
- more were in part time/casual employment (20% in 1997; 25% in 1998)
- fewer were students (11% in 1997; 2% in 1998)
- more had no tertiary education (33% in 1997; 44% in 1998)
- more had a trade/technical degree (34% in 1997; 38% in 1998)
- fewer had a university degree (33% in 1997; 18% in 1998)
- more IDU were of Aboriginal or Torres Strait Islander descent (1% in 1997; 9% in 1998).

3.2 DRUG USE HISTORY OF THE IDU SAMPLE

Treatment and gender issues

Current treatment status was related to drug initiation history. A significantly smaller proportion of IDU who first injected amphetamine were currently in treatment (30%) compared to those who first injected heroin (56%) ($\chi^2=8.76$, $p=.003$).

There were no significant differences between gender and first drug injected.

Drug initiation age and user career

The mean age of first injection was 19.7 years (Standard Deviation=5.13). The majority of the sample - 59% - had first injected amphetamine, while 37 % of the sample had first injected heroin.

There were no significant differences between the mean age of first injection for those who first injected heroin (19 years) and those who first injected amphetamines (19 years). However, the average current age of the heroin group (33 years) was significantly higher than the average age of the amphetamine group (27 years) ($t(1,133)=4.90, p=0.000$). Consistent with this finding, the average length of injecting career amongst those who first injected amphetamine was 7.35 years while the average length of injecting career amongst those who first injected heroin was 13.30 years ($F(1,133)=31.88, P=.000$). These findings suggest that the younger cohort of IDU were recruited to injecting through amphetamine use while the older cohort of IDU were recruited to injecting through heroin use.

The majority of those who first injected amphetamines made the transition to heroin use. Amongst those for whom amphetamine was the first drug injected, over 73% had used heroin, 72% had injected heroin in their lifetimes and 61% had injected heroin in the six months preceding the interview.

While amphetamine was the first drug injected by 59% of IDU, heroin was the current drug of choice for the majority (55%) of users. Thirty-four per cent preferred amphetamines, 6% preferred cocaine, 1% preferred methadone, 1% preferred ecstasy and 2% preferred cannabis. Amongst those who first injected amphetamine, 40% said that heroin was their drug of choice, while 46% said that amphetamine was their drug of choice. The vast majority (79%) who first injected heroin reported that their current drug of choice was still heroin.

Regional differences in drug use patterns

IDU in the southern regions of Adelaide reported a significantly younger age of first injection (18 years) compared with IDU from the northern suburbs (21 years) ($t(1,135)=-2.76, p=.006$).

Summary of Drug Use History

Table 2 summarises the drug use history of the IDU sample. The majority of the sample had used both illicit and licit drugs, confirming the poly drug using nature of the IDU population. Only steroids, anti-depressants and inhalants had been used by less than half the sample. The median number of drugs ever used by IDU was 11, and the median number of drugs ever injected was four. The median number of drugs used in the previous six months was 5, and the median number of drugs injected in the previous six months was two.

The drugs most commonly injected were amphetamines, heroin, other opiates, cocaine and methadone. The drugs most commonly smoked other than tobacco and cannabis were heroin, amphetamines, other opiates and cocaine. The drugs most commonly snorted were amphetamines, cocaine and heroin. The drugs most commonly swallowed other than alcohol were hallucinogens, benzodiazepines, amphetamines and methadone.

The drugs most frequently used in the previous six months (ie on the greatest number of days) were tobacco, methadone, cannabis, anti-depressants and heroin. The drugs used least frequently in the previous six months (ie on the least number of days) were hallucinogens, ecstasy, inhalants and cocaine.

The most common drug taking behaviour in the previous six months, excluding use of tobacco, anti-depressants and cannabis, was drinking alcohol (86%), injecting heroin (71%), injecting amphetamines (68%), swallowing benzodiazepine tablets (61%), swallowing methadone (48%), injecting cocaine (32%), injecting other opiates (24%) and swallowing hallucinogens (22%).

Comparison with the 1997 Sample

There are some significant differences in the drug use history of the 1998 sample in comparison with the 1997 sample. These differences may be related, at least partly, to differences in the recruitment of the samples, rather than to changes occurring in the wider community of drug users. There were significantly fewer heroin injectors in the 1998 sample, with only 71% having injected heroin in the previous six months in 1998, compared with 86% in 1997 ($\chi^2=8.32$, $p<.005$). There were significantly more amphetamine injectors, with 68% having injected in the previous six months in 1998, compared with 40% in 1997 ($\chi^2=20.89$, $p<.005$).

Compared with the 1997 sample, in 1998:

- there was a significant increase - 9% - in the proportion of IDU ever injecting amphetamines (89% in 1997; 98% in 1998) ($p=.003$)
- there was a significant increase - 10% - in the proportion snorting in the previous six months (10% in 1997; 20% in 1998) ($p=.028$)

There was significantly greater use of 'other opiates' among the 1998 sample with the:

- proportion ever injected having increased by 12% (44% in 1997; 56% in 1998) ($p=.041$)
- proportion ever swallowed having increased by 20% (35% in 1997; 55% in 1998) ($p=.002$)

There were significantly fewer IDU who had ever smoked other opiates in 1998 (30% in 1997; 19% in 1998) ($p=.040$).

Table 2: Drug use history of IDU sample

Drug Class	Ever used %	Ever injected %	Injected last 6 months %	Ever smoked %	Smoked last 6 months %	Ever snorted %	Snorted last 6 months %	Ever Swallowed %	Swallowed last 6 months %	No. days used last 6 months (median)
1. Heroin	84	84	71	35	4	26	1	14	4	72
2. Methadone	64	33	17					64	48	180
3. Other opiates	69	56	24	19	4	6	1	55	27	10
4. Amphetamines	98	98	68	24	6	76	20	67	14	25
5. Cocaine	81	68	32	16	4	48	12	11	1	5
6. Hallucinogens	89	23	5	7	-	1	-	85	22	2
7. Ecstasy	64	26	7	1	-	2	1	61	19	2
8. Benzodiazepines	84	24	7	6	1	-	-	81	61	46.5
9. Steroids	7	5	-					4	1	60
10. Alcohol	97	6	1					96	84	26
11. Cannabis	99									120
12. Anti-depressants	34									100
13. Inhalants	40									6
14. Tobacco	93									180

3.3 HEROIN

3.3.1 IDU survey

Over half (55%) of the IDU sample indicated that heroin was their main drug of choice and for a third (37%) heroin had been the first drug they injected. Table 2 shows that 84% of the sample reported that they had used heroin in their lifetime: 84% said they had injected it, 45% reported smoking, 26% reported snorting and 14% reported they had swallowed heroin. In the six months preceding the survey, 71% had injected heroin, 4% had smoked heroin, 4% had swallowed and 1% had snorted heroin. Heroin was the most commonly injected of all the drugs examined. In the previous six months, heroin was used on a median of 72 days (about three days a week).

Price, Purity and Availability

Over two thirds of IDU reported on the price, purity and availability of heroin.

In the previous six months, heroin was most commonly obtained in powder form (71%), but a significant proportion of the IDU reported purchasing heroin rock (56%).

Table 3 shows that users reported paying \$50 for a 'cap' of heroin. The price for a gram of heroin ranged between \$350 to \$400. The median price of a gram of heroin in Adelaide was \$400. This price had remained stable in the six months preceding the survey. Purchases in both quantities were common, but more users reported buying in caps (79%) than in grams (54%).

Users estimated that the current purity of heroin was medium to high. Perception of trends in purity were mixed. Equal proportions of IDU indicated that purity was either fluctuating (36%) or stable (35%). However, a significant proportion (25%) indicated that purity in the previous six months was increasing. The overwhelming majority of the IDU said that heroin was easy (53%) to very easy (43%) to obtain and this situation had remained stable over the previous six months (73%).

Compared with the 1997 survey, significantly more IDU in 1998 reported obtaining their heroin from a street dealer (28% in 1998; 18% in 1997), while fewer obtained heroin from their friends (19% in 1998; 38% in 1997) ($z=8.33$, $p=.00$). There were no significant differences between the price paid for heroin, and perception of purity between the two years

Table 3: IDU estimates of heroin availability

Purchase Amount	\$50/cap \$400/gram
△in price	stable (83%)
Purity	medium (57%) to high (28%)
△in purity	fluctuating (36%) stable (35%) increasing (25%)
Availability	easy (53%) very easy (43%)
△ in availability	stable (73%)
Location of purchase	mobile street dealer (28%)

3.3.2 Key informant study (n=11)

Current heroin use patterns

Key informants indicated that heroin users were widely distributed across the Adelaide metropolitan area. Table 4 shows that key informants described the majority of heroin users as heterosexual males, aged between mid/late teens to late twenties/early thirties, having completed matriculation/Year 12, and largely unemployed. Although key informants estimated that IDUs were predominantly Anglo-Celtic Australians, key informants working in indigenous and Vietnamese communities noted increasing numbers of users in those communities. It was believed that most heroin users were currently receiving treatment in some form, with most users thought to be in methadone treatment (estimates ranging between 10% and 60%). It was also estimated that most users had some criminal justice (particularly juvenile justice) history, with estimates ranging between 10% and 100% of IDU.

Most key informants indicated that heroin was predominantly obtained in powder form, though heroin rock was mentioned by two informants. They also indicated that injection was the preferred route of administration for the overwhelming majority of IDU, though estimates of the proportion that smoke heroin ranged between 2 and 16% of users. Key informants reported that the quantity of heroin used varied and related to the severity of addiction. It was thought that most users consumed between 1-3 caps per session and used every day or on every second or third day. Furthermore, bingeing on large quantities of heroin was thought to be related to users' cash flow and drug availability.

Most key informants reported heroin users to be poly drug users, including use of both licit and illicit drugs. It was thought that alcohol was regularly used by the majority of heroin users, with estimates ranging from 25% and 100% of heroin users. Binge drinking was also thought to be common. Cannabis was thought to be the most commonly used illicit drug among heroin users, with estimates ranging between 80% and 100%; it was thought to be used on a regular

basis by the majority of users. Estimates of benzodiazepine use, the second most common illicit drug used, ranged between 20% and 50% of users and it was thought to be taken both orally and injected. Amphetamine was thought to be the third most commonly used illicit drug, with estimates of use ranging between 20% and 40% of heroin users. Key informants estimated that cocaine, ecstasy, hallucinogens and inhalants were only taken by a very small minority of heroin users. One informant commented that male users support their habit through violent crime, whereas females (usually with a history of sexual abuse) support it through sex work, and consequently may have a higher risk of contracting Hepatitis C.

Heroin use trends

Key informants reported a trend of generally increased heroin use and frequency of use in Adelaide, especially among youth. Five informants commented on the significant increase in both the number and diversity of younger heroin users (i.e., Aboriginals, single mothers, youth from Asian and non-Asian backgrounds) and their increased access to heroin. One informant reported very significant increases of heroin use in the Aboriginal community. One informant commented on the use of “Fantasy” and the increased use of cocaine amongst heroin users. Two informants reported increased availability and use of amphetamines amongst heroin users in the previous six months. Only one informant commented on an increase in the use of heroin rock.

Table 4: Key informant estimates of heroin use and trends

Who’s using	unemployed Anglo-Celtic heterosexual males mid teens to 30s upper high school educated criminal justice history users in treatment some Asians and Aboriginals
△ in user demographics	more youth and more diversity of users
Routes of administration	mainly injected some smoked
△ in routes of administration	-
Other drug use	alcohol, cannabis, benzodiazepines, amphetamines

Price, purity and availability of heroin

Table 5 shows that key informants estimated the cost of heroin at \$50 a ‘cap’ and \$300-\$450 a gram, and these prices were stable. Reports of heroin purity were divided, with equal proportions of informants reporting high to medium purity. The majority of informants

reported heroin purity to have increased in the last six months. Heroin was thought to be readily accessible: informants reported heroin as easy to very easy to obtain. The majority of informants reported heroin availability had increased in the previous six months. Additional comments from several informants supported these ratings: they indicated that heroin is becoming cheaper, more pure, and more accessible to a wider and younger range of users. Three informants reported an increased number of Vietnamese people involved in heroin dealing. Two police informants reported an increase in heroin-related arrests in the previous six months.

Table 5: Key informant estimates of heroin availability

Purchase Amount	\$50/cap \$300-\$450/gram
Δ in Price	stable (72%)
Purity	high (50%) medium (50%)
Δ in Purity	increased (77%)
Availability	very easy (45%) easy (54%)
Δ in availability	easier (70%)

3.3.3 Other indicators

Law enforcement data

The Forensic Science Centre provided quarterly purity data on drugs seized in South Australia during 1997/98 and received for testing within the relevant quarter (the period between date of seizure by police and date of receipt at the forensic laboratory can vary from a few days to several months).

Between July 1997 and June 1998, 360 heroin seizures were analysed (see Figure 1).

Figure 1: Number of heroin seizures by weight of seizure in South Australia, 1997/98

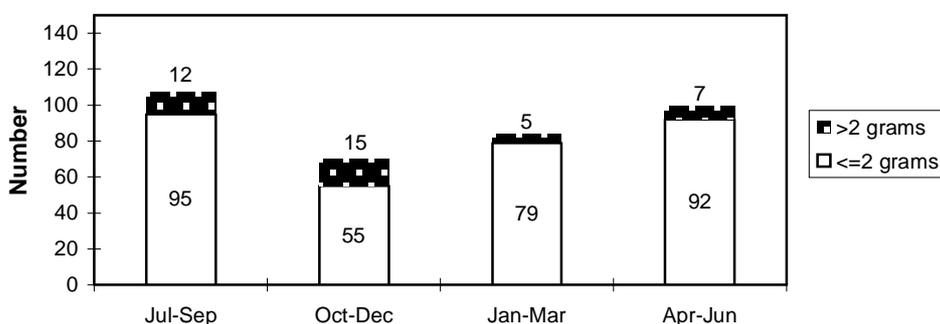
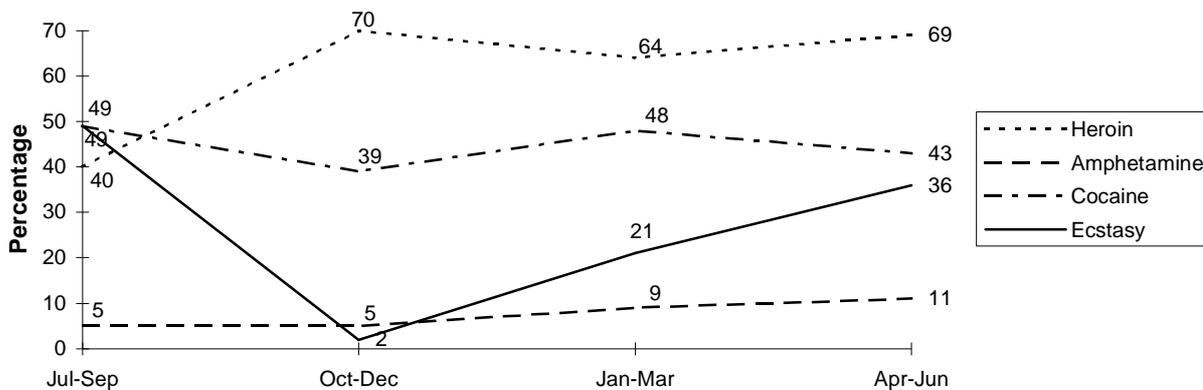


Figure 2 shows the mean purity level of South Australian seizures in 1997/98. A mean purity level of 59% was recorded (range 1-89%) for the July 1997-June 1998 period.

Figure 2: Mean purity of South Australian seizures, 1997/98



Comparison with 1996/97 law enforcement data

Figure 3 compares heroin seizure data for 1997/98 with data for 1996/97. In total, there were 26% fewer heroin seizures in 1997/98 (464 in 96/97; 360 in 97/98).

The mean purity level of heroin was consistently higher throughout most of 1997/98 compared to 1996/97 (see Figure 4). The mean purity level in 1996/97 was 37% compared to a mean of 59% in 1997/98.

Figure 3: Comparison of heroin seizures in South Australia, 1996/97 and 1997/98

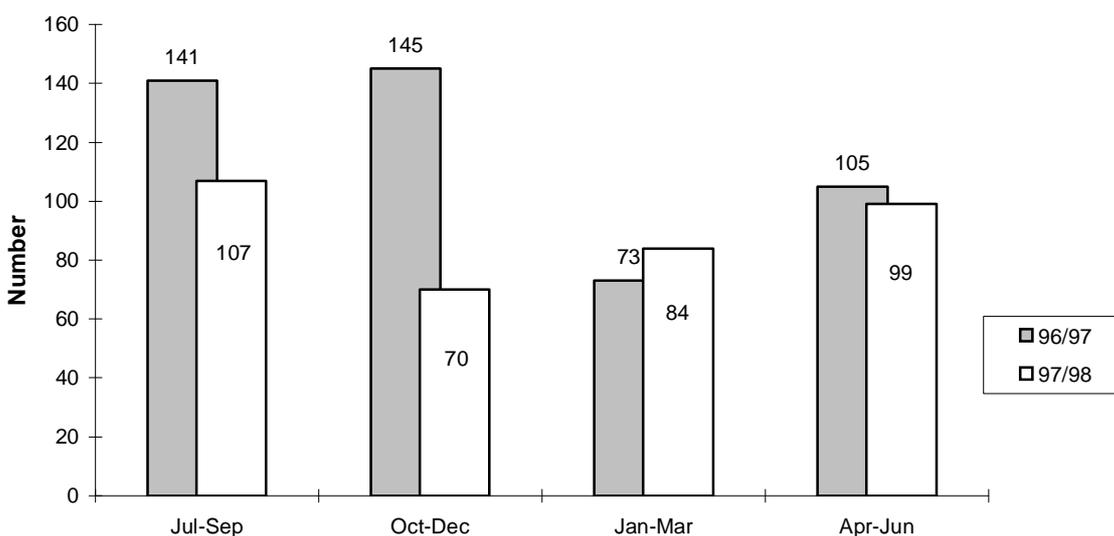
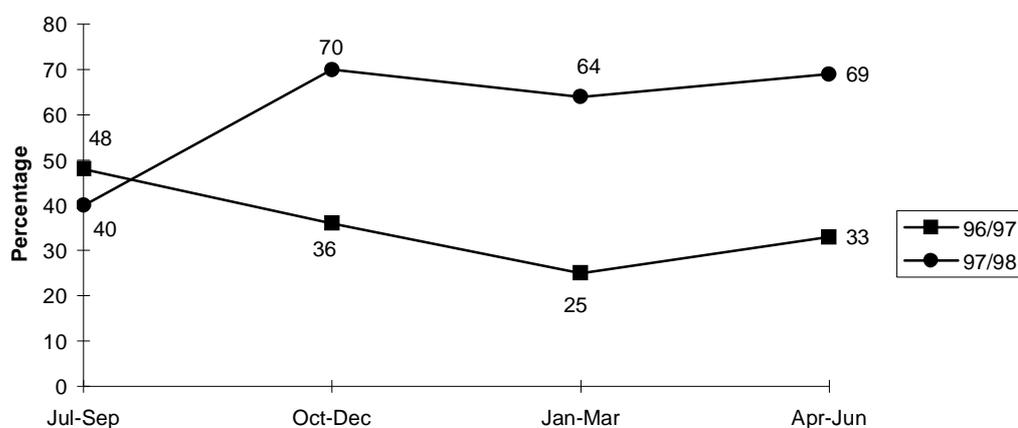


Figure 4: Comparison of heroin purity levels in South Australia, 1996/97 and 1997/98



3.3.4 Summary of heroin trends

- The majority of IDU indicated that heroin was their main drug of choice.
- Key informants reported an increase in heroin use, especially in the number and diversity of young heroin users.
- Key informants working with Aboriginal and Vietnamese communities reported increasing use among these groups.
- More users reported obtaining heroin from street dealers, and fewer users reported obtaining heroin from friends in 1998 compared to 1997.
- Key informants and users confirmed that injecting remains the preferred route of administration, although a small minority of users also report smoking and swallowing heroin.
- Key informants and users confirmed that heroin is most often obtained in powder form, but there is also a significant amount obtained in rock form.
- Key informants report an increase in heroin purity which is corroborated by the law enforcement data, but user reports are split between fluctuating, stable, and increased purity.
- Key informants and users report that the price of heroin has been stable.
- Varying perspectives on heroin availability have emerged, with users reporting a stable supply, key informants reporting an increase in supply, and the total number of seizures down in 1998 compared to 1997.

3.4 AMPHETAMINES

3.4.1 IDU survey

Amphetamine was the first drug injected by 59% of IDU and was the second most common drug of choice (34%) after heroin. Nearly all IDU (98%) had used amphetamines in their lifetimes. Amphetamine ranked second in drugs injected in the previous six months, with only a marginal difference in the proportion reporting injecting amphetamine (68%) compared with heroin (71%) in the previous six months. Amongst those who had used amphetamine in the previous six months, the median number of days on which the drug had been used was 25.

Amphetamine was the most commonly injected drug with 98% of the sample reporting ever injecting amphetamine and 68% reporting injecting it in the previous six months. Injecting was the most commonly reported method of amphetamine administration. Snorting was the second most common route of administration, with 76% of users reporting having ever snorted amphetamines and 20% having snorted it in the previous six months. Amphetamine had ever been swallowed by 67% of users and swallowed by 14% in the previous six months. Twenty-four per cent of users reported ever smoking amphetamines while 6% reporting smoking it in the previous six months. Amphetamine was predominantly used in a powder form (67%), with only a few users reporting that they had used either a liquid (7%) or prescription form of amphetamine (12%).

Price, purity and availability of amphetamines

Over two thirds of the sample were able to comment on the price, purity and availability of amphetamine.

Table 6 shows that the majority of IDU reported purchasing amphetamine for \$50 a gram. The price for an ounce of amphetamine varied considerably: Seventeen per cent of the sample reported paying \$800/ounce, 13% reported paying \$900/ounce and 17% reported paying \$1000/ounce. The median price for amphetamine was \$875/ounce. Eighty-four per cent indicated that these prices had remained stable over the previous six months. More users reported buying in grams (85%) than in ounces (36%).

Perceptions of the purity of amphetamine amongst IDU were mixed. The majority of IDU reported current purity levels to be medium (44%) but significant proportions also reported purity as high (28%) and low (28%). The purity of amphetamine in the six month period prior to the survey had been perceived as predominantly stable (59%) or fluctuating (33%). Amphetamine was readily accessible, with 54% of IDU reporting amphetamine as easy to obtain, and 44% rating it as very easy to obtain. This situation had not changed in the previous six months (83%).

Table 6: IDU estimates of amphetamine availability

Purchase amount	\$50/gram \$800-\$1000/ounce
Δ in price	stable (84%)
Purity	medium (44%)
Δ in purity	stable (59%) fluctuating (33%)
Availability	easy to very easy (98%)
Δ in availability	stable (83%)

3.4.2 Key informant study (n=8)

Current amphetamine use patterns

While key informants reported amphetamine users were widely distributed across all areas of Adelaide, there was a perception that use was more prevalent in the northern and southern suburbs. Table 7 shows that key informants described amphetamine users as being in their late teens to mid twenties, mostly male (50%-60%), and predominantly Anglo-Celtic Australian, with some from Mediterranean backgrounds. Users from non-English speaking backgrounds and Aboriginal and Torres Strait Islander users were estimated to form less than 2% to 5% of users. It was thought that most users had completed mid-to-upper high school, with significant proportions having completed matriculation/Year 12 or having gained access to tertiary courses. A significant number of users were students, with estimates ranging between 10% and 25%. There was a perception that the majority of amphetamine users were unemployed, with estimates ranging between 50% and 90% of users. It was also estimated that significant proportions are have low socio-economic status, with many in part-time or casual work (25% to 37%) such as manual, clerical or hospitality industry occupations. While most amphetamine users were thought to be heterosexual, two informants thought that gay/bisexual users would comprise between 13% and 30% of all users.

Half of the informants reported that users were not engaging in any formal treatment. However, two informants reported that significant numbers of young users (up to 100%) were engaging in relapse prevention/motivational counselling, and that small percentages (5% to 7%) had engaged in or were undertaking detoxification. It was thought that many users had some form of criminal history, with between 25% and 100% thought to have a juvenile justice history.

Key informants reported that amphetamine was always obtained in powder form and most informants reported that it was predominantly injected (estimates of between 60%-100% of users). The most common reason cited by key informants for injecting amphetamine was the immediacy and rapidity of the response to the drug, although damage to nasal lining due to the snorting of poor quality amphetamine was cited as another reason. Key informants reported that snorting was the second most common method of taking the drug (estimates of between 20% and 90% of users who prefer snorting). Swallowing amphetamine was also thought to be

common. Fear of needles and of HIV were cited as reasons users preferred nasal or oral administration of amphetamine. One informant reported that some women swallow amphetamine exclusively for weight reduction purposes.

Key informant reports about the quantity and frequency of amphetamine use were extremely varied. Key informants described a significant number (50%) that were heavy (dependent) users who typically consumed between one to three grams of amphetamine per day. There were also reports of very heavy use of up to seven grams per day administered through wide (3ml) syringes. It was thought that a significant proportion (50%) consumed amphetamine on a weekly or monthly basis. Event-related bingeing, sometimes in combination with alcohol, was also reported by some key informants.

Key informants thought that amphetamine users were engaging in significant polydrug use. Heavy alcohol use was thought to be common in most users, with some users relying on the synergistic effects of these drugs to sustain long periods of activity throughout a night. Cannabis was also thought to be commonly used (estimates from 25% to 100% of current amphetamine users), often for the purpose of enhancing the amphetamine-induced 'rush', but also to increase appetite after long periods of amphetamine-induced hunger suppression. It was estimated that between 10% and 25% of amphetamine users used illicit benzodiazepines, most commonly as a coping strategy to 'come-down' from chronic amphetamine-induced activation. Many informants reported that heroin was also used occasionally by this group for the same reason. Occasional cocaine, ecstasy and hallucinogen use was also reported, but mainly for use during special social events.

Amphetamine use trends

Four key informants reported that amphetamine use had increased both in terms of dose and frequency of use. There were two reports of an increase in the use of crystal amphetamine. There were also reports that injecting amphetamine had become more prevalent and more established as a user norm. It was thought that users were injecting amphetamines in more diverse environments such as in cars and public toilets. Key informants described amphetamine use as becoming common among a broader cross section of the population, particularly among youth. Individual informants commented on the use of "Fantasy", steroids and methadone amongst amphetamine users in the previous six months.

Table 7: Key informant estimates of amphetamine use and trends

Who's using	mid teens/late twenties males and females upper high school/tertiary education mostly heterosexual and Anglo-Celtic students unemployed significant juvenile justice history
△ in user demographics	users more diverse and younger
Routes of administration	majority injected/more a norm significant minority snort or swallow
△ in routes of administration	location of use more varied i.e. cars etc
Other drug use	extremely polydrug principally alcohol, cannabis, benzodiazepines secondary use of heroin, cocaine, ecstasy, hallucinogens, methadone

Price, purity and availability of amphetamines

Key informants reported that most amphetamine users purchased the drug as a powder. Table 8 shows that the price of amphetamines was \$50 per gram and \$1,000 per ounce and that prices had remained stable over the six months preceding the survey. Key informants estimated the purity of amphetamines to be high to medium, and this was stable to decreasing over the previous six months. Amphetamine was thought to be a readily accessible drug: the majority of informants indicated amphetamine was easy to obtain. Informants indicated that the availability of amphetamines in the previous six months was stable, or was becoming easier.

According to three informants, amphetamine dealing had increased in Adelaide in the previous six months. Two informants reported increased dealing activity by younger, inexperienced and transient dealers who supplied poor quality drugs, and had no orientation towards harm minimisation practices. Individual informants commented on the production of temporary mobile laboratories, the increasing exchange of cannabis for amphetamine via interstate transactions, and the reduction in quality due to significant busts that had recently occurred in the northern metropolitan areas of Adelaide.

Table 8: Key informant estimates of amphetamine availability

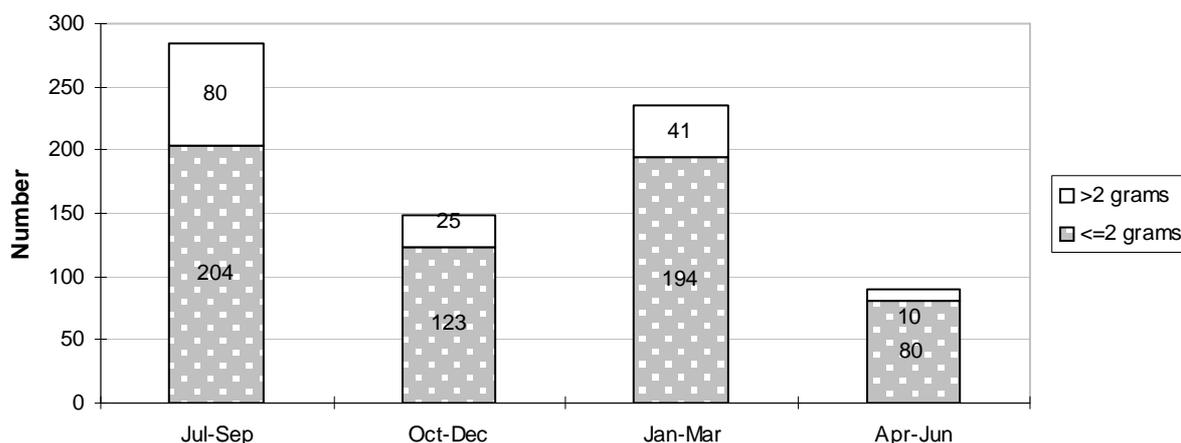
Purchase amount	\$50/gram \$1,000/ounce
Δ in price	stable (87%)
Purity	high (43%) medium (43%) low (14%)
Δ in purity	stable (50%) decreased (33%) fluctuating (16%)
Availability	easy (62%) very easy (37%)
Δ in availability	easier (57%) stable (43%)

3.4.3 Other indicators

Law enforcement data

A total of 757 seizures of amphetamine (including methamphetamine) were analysed between July 1997 and June 1998 in South Australia (see Figure 5). Mean purity levels of around 6% (range <1-61%) were recorded for this period.

Figure 5: Number of amphetamine seizures by weight of seizure in South Australia, 1997/98



Comparison with 1996/97 law enforcement data

Figure 6 compares 1996/97 data with 1997/98 data. In total, there were 69% more amphetamine seizures in 1997/98 (448 in 1996/97; 757 in 1997/98).

Figure 7 shows that amphetamine purity steadily increased throughout 1997/98. The mean purity level in 1996/97 was 4% compared to a mean purity level of around 6% in 1997/98.

Figure 6: Comparison of amphetamine seizures in South Australia, 1996/97 and 1997/98

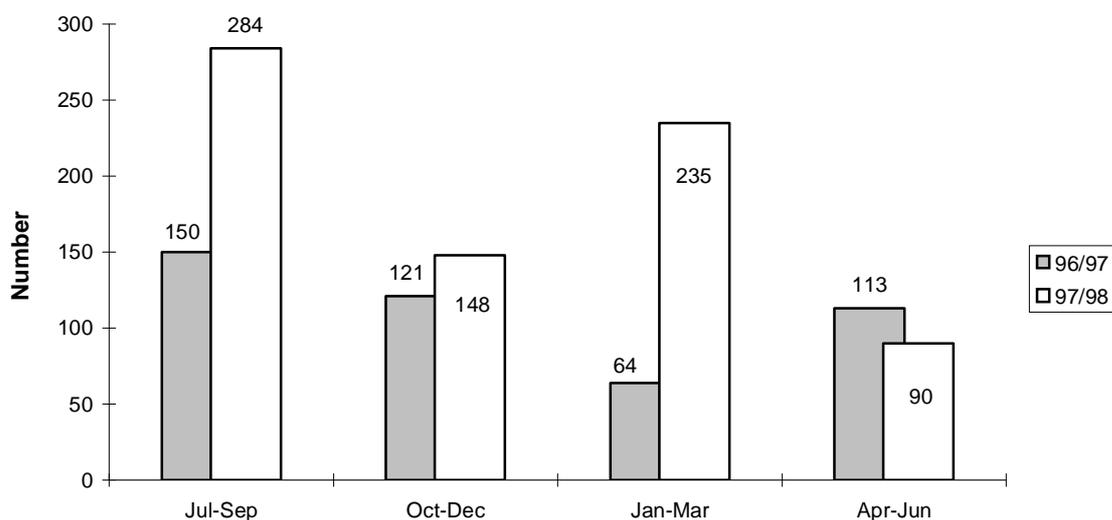
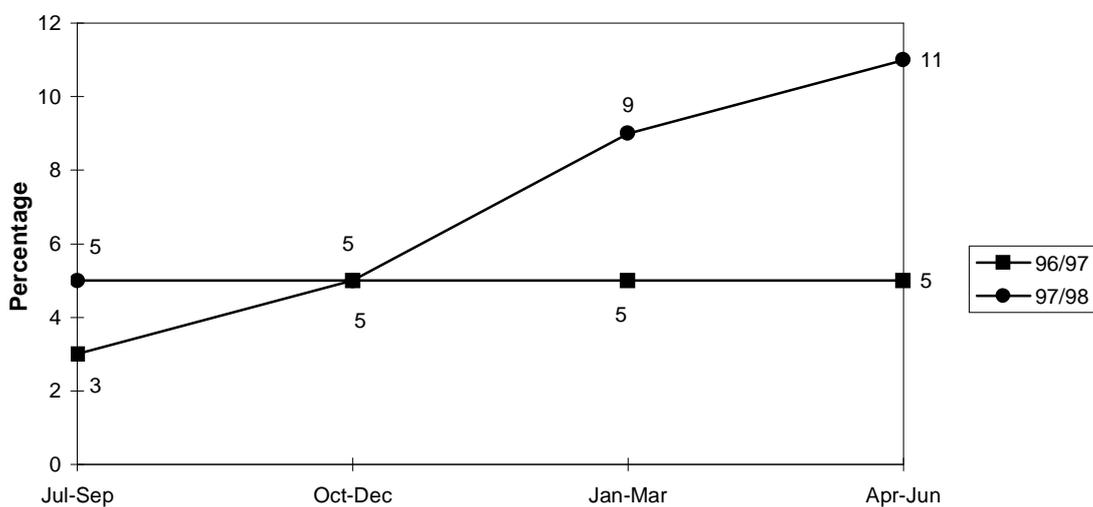


Figure 7: Comparison of amphetamine purity levels in South Australia for 1996/97 and 1997/98



3.4.4 Summary of amphetamine trends

- Key informants and users reported increasing use of amphetamine, especially among a more diverse group of younger people.
- Key informants reported that the quantity and frequency of amphetamine use was extremely varied with a significant number of heavy users and a significant number of semi-regular users.
- Key informants and users reported that injection remains the preferred route of administration, with significant proportions also snorting and swallowing amphetamines.
- Key informants report that relatively few amphetamine users are in treatment, and the IDU survey confirms that significantly fewer of those who first injected amphetamines are currently in treatment when compared to those who first injected heroin.
- Key informants and users report significant polydrug use, with alcohol, cannabis, and benzodiazepines the principle other drugs used, followed by heroin, cocaine, ecstasy, and hallucinogens.
- Key informants and users report that the price of amphetamines has been stable.
- Key informants and users report that the purity of amphetamines is high to medium and that the purity has been stable, but seizure data indicates a steady increase in purity throughout 1997/98, particularly in the last half of that year.
- Key informants and users report easy to very easy supply, but varying reports emerge about changes in supply. Users reported a stable supply, key informants reported easier or stable supply, but total seizures increased by 69% from 1996/97 levels.

3.5 COCAINE

3.5.1 IDU survey

Eighty-one percent of IDU had used cocaine in their lifetimes and 6% reported that it was their drug of choice. The majority of IDU (68%) reported they had injected cocaine in their lifetimes, 48% had snorted it, 16% had smoked it and 11% had swallowed it. Thirty-two per cent had injected cocaine in the previous six months, 12% had snorted, 4% had smoked and 1% had swallowed in the previous six months. The frequency of cocaine use was low: the median number of days of use in the previous six months was five. Cocaine was most commonly used in powder form, with only two users having used crack cocaine.

Price, purity and availability of cocaine

Approximately a third of the sample felt able to provide estimates of the price, purity and availability of cocaine.

Table 9 shows that users reported the usual price paid for cocaine was \$250 for a gram and \$50 for a 'cap'. More users reported buying cocaine in grams (30%) than in caps (20%). The majority (77%) reported that the price of cocaine had been stable over the previous six months. Purity was currently reported to be high to medium and most felt that purity was stable over the previous six months.

Users rated the current availability of cocaine as generally difficult (52%) to very difficult (13%) and reported that the availability had remained stable, with 69% saying there had been no change in availability in the last six month period. Together, these findings suggest the supply of cocaine in Adelaide remains restricted, despite comments from four IDU that cocaine had become easier to obtain and was more available.

Table 9: IDU estimates of cocaine availability

Purchase amount	\$50 /cap & \$250 /gram
△ in price	stable (77%)
Purity	high (50%) to medium (43%)
△ in purity	stable (50%)
Availability	difficult (52%) very difficult (13%)
△ in availability	stable (69%)
Other	limited supply

3.5.2 Key informant study (n=2)

Current cocaine use patterns

Only two key informants were able to comment on cocaine patterns in Adelaide, and this should be borne in mind when interpreting the following data.

Cocaine use in Adelaide was reported to have a widespread social and demographic distribution. Key informants estimated that most users were in their late twenties to early thirties, were male (70%), and were of Anglo-Celtic Australian descent. It was thought that the majority of users had completed high school (year 12). Reports indicated that 75%-80% were heterosexual and between 25%-50% had a prison history.

Key informants described cocaine use as a social activity. Key informants reported that 30-50% of users are weekend users and 50%-70% are more frequent, heavier users. According to the two informants, powder is the main form of cocaine used.

The key informants reported that cocaine users primarily preferred using cocaine only, though both reported that users do use other illicit, particularly cannabis. One key informant reported amphetamine, heroin and ecstasy use to varying degrees and benzodiazepine use as a tool to exit cocaine induced agitation.

Cocaine use trends

The two key informants reported that cocaine use had increased in the previous six months. A heroin informant and an amphetamine informant similarly commented that cocaine availability and use had generally increased. One key informant reported that there had been a marked transition from snorting to smoking cocaine which was associated with significantly greater addiction and occupational/psychosocial dysfunction (see Table 10).

Table 10: Key informant estimates of cocaine use and trends

Who's using	heterosexual late 20's men
△ in user demographics	widespread
Routes of administration	smoked, snorted, injected
△ in routes of administration	increase in smoking
Other drug use	cannabis, heroin, amphetamines
Other trends	increased dysfunction associated with smoking

Price, purity and availability of cocaine

The two key informants indicated that the price of cocaine in Adelaide varied between \$200-\$280 a gram and \$1400-\$1500 for a quarter of an ounce, and had remained stable. It was thought that the purity of cocaine had increased in the previous six months and current purity was medium to high. Cocaine was described by both key informants as easy to obtain and it had become easily available in the previous six months. Informants reported that cocaine is rapidly consumed once it enters the Adelaide market, as it is a relatively rare and highly sought after drug (see Table 11).

Table 11: Key informant estimates of cocaine availability

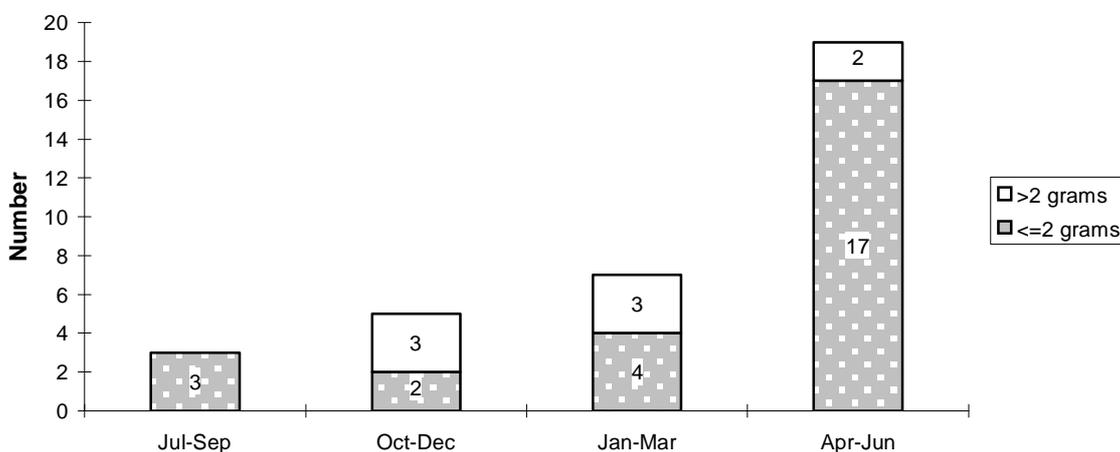
Purchase amount	\$200-\$280/gram
△ in price	stable (100%)
Purity	medium (50%) to high (50%)
△ in purity	increased (100%)
Availability	very easy (50%) to easy (50%)
△ in availability	easier (100%)

3.5.3 Other indicators

Law enforcement data

There were 34 seizures of cocaine analysed in South Australia between July 1997 and June 1998 (see Figure 8). The mean purity of these seizures was 44.75% (range 9-90%)

Figure 8: Number of cocaine seizures by weight of seizure in South Australia, 1997/98



Comparison with 1996/97 law enforcement data

The total number of seizures rose by 127% in 1997/98 from 15 in 1996/97 to 34 in 1997/98 (see Figure 9). The mean purity of cocaine was slightly higher in 1997/98 (44%) compared to 1996/97 (35%) (see Figure 10).

Figure 9: Comparison of cocaine seizures in South Australia, 1996/97 and 1997/98

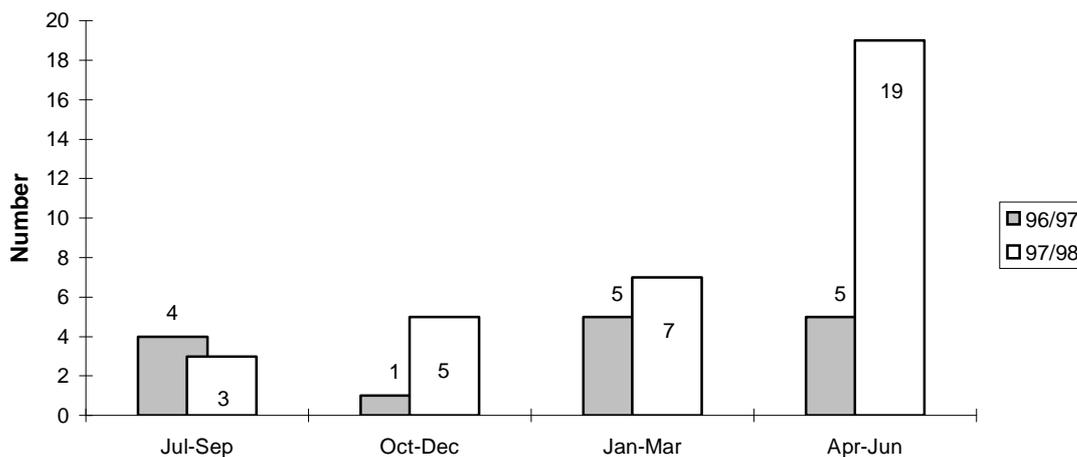
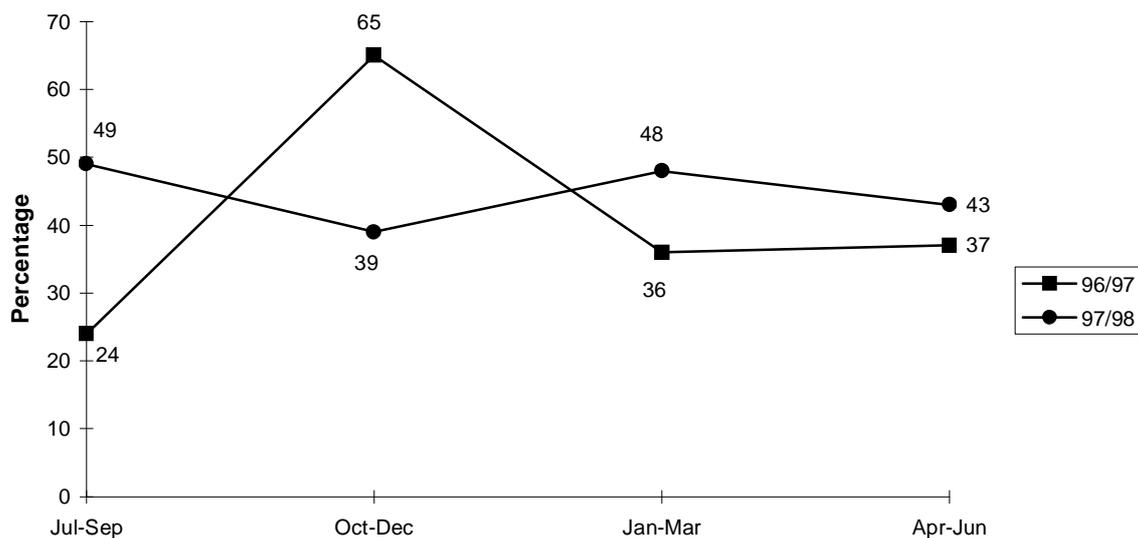


Figure 10: Comparison of cocaine purity levels in South Australia, 1996/97 and 1997/98



3.5.4 Summary of cocaine trends

- Key informants reported that cocaine remains a minority drug used by a small number of older, largely highly functioning users.
- Key informants reported that there are two groups of users: weekend users who prefer to snort; and more frequent, heavier users who inject or smoke.
- Key informants reported that cocaine is rapidly consumed once it enters the Adelaide market as it is a relatively rare and highly sought after drug.
- Key informants and users reported that injecting cocaine powder is the most common route of administration followed by snorting and smoking.
- Key informants reported that users who smoke cocaine tend to be more severely addicted and have more psycho-social problems than those who inject or snort cocaine.
- Key informants reported that, unlike most illicit drug users, cocaine users tend to prefer using only cocaine as their primary drug of choice.
- Key informants and users reported the price of cocaine is stable.
- Key informants and users reported that purity was high or medium, but users reported purity as stable while key informants reported increased purity. The mean purity of seizures was slightly higher in 1997/98 compared to 1996/97.
- Users reported difficulty with availability; while the total number of seizures rose significantly in the last quarter of 1997/98.

3.6 CANNABIS

3.6.1 IDU survey

Cannabis had been used by nearly all IDU surveyed (99%) with a median number of days of use in the previous six months of 120 days (approximately 5 days per week). Eighty-four per cent of IDU had used cannabis in the previous six months, 34% had used hash and 16% had used hash oil.

Price, potency and availability of cannabis

Over 90 per cent of IDU felt able to provide estimates of the price, potency and availability of cannabis.

Table 12 shows that users reported paying between \$200 and \$250 an ounce and \$25 for a gram or a bag of cannabis. Most users (59%) reported that the price of cannabis was stable. Eighty-five percent of IDU reported that cannabis was of high strength and that the strength of cannabis over the previous six month period was stable (64%) or increasing (34%). The majority of IDU (68%) reported that cannabis was very easy to obtain and availability was reported stable by 85% of users.

Table 12: IDU estimates of cannabis availability

Purchase amount	\$200-\$250/ounce \$25/gram or bag
△ in price	stable (59%)
Potency	high (85%)
△ in potency	stable (64%) to increasing (34%)
Availability	very easy (68%)
△ in availability	stable (85%)

3.6.2 Key informant study (n=10)

Current cannabis use patterns

Key informants indicated that cannabis users were widespread in geographic distribution, with possibly a bias towards the northern region. Key informants described users as predominantly young (ie early to late teens and twenties), male and mostly heterosexual, and ethnically diverse (ie a majority of Anglo-Celtic Australian, but significant numbers of indigenous Australians). It was thought that most users had achieved lower secondary school qualifications with high truancy rates reported among young school age adolescents. Most older users were thought to be unemployed (80%-90%). Those that were employed were thought most likely to occupy semi-skilled, low income positions. Key informants estimated

that most users were not in formal drug treatment, and had some juvenile justice history (between 10% and 60%).

The majority of users were thought to smoke cannabis in leaf or bud form from a pipe or bong. Most users were thought to smoke daily (10% to 50%) and significant proportions were also estimated to be either weekly or weekend users. Patterns of use reported included income-related bingeing, consumption of cannabis in foodstuffs such as biscuits, and the use of cannabis for stress management.

Key informants described a high degree of polydrug use among cannabis users. Amphetamines were reported as the most commonly used other drug (5% and 20%) and the majority of informants also reported significant benzodiazepine use as well. Four informants also reported that heroin use in this group was occurring, but in small numbers (estimates ranging between 1% and 12%). Other drugs used included methadone, hallucinogens, inhalants, ecstasy and alcohol.

Cannabis use trends

Five informants reported that the number of cannabis users had increased, and that users had become significantly younger in age, with a large number of adolescents using cannabis regularly (see Table 13). No overall trends emerged with other new drug use, although individual informants commented on tincture of opium use among non-Asian adolescents, the emergence of some new designer drugs such as Fantasy and increased solvent sniffing in Aboriginal and Torres Strait Islander adolescents who use cannabis. Key informants reported a trend of increasing numbers of cannabis users presenting to services, with particular concerns about increasing numbers of young people with significant behavioural and psychological problems.

Table 13: Key informant estimates of cannabis use and trends

Who's using	young and unemployed males
△ in user demographics	users are younger
Routes of administration	smoked , eaten
△ in routes of administration	-
Other drug use	high polydrug use - amphetamines, benzodiazepines and heroin
Other trends	increased general use and among youth increasing number of young users presenting to services with behavioural and psychological problems increased production-dealing and hydroponically grown cannabis

Price, potency and availability of cannabis

The majority of informants reported that cannabis dealing had significantly increased and involved the development of a more diverse dealer population, including adults, parents, young women and adolescents. Several informants reported increases in hydroponically grown cannabis and/or hydroponic activity.

The price of cannabis was reported to be stable to decreasing, with a bag or gram costing between \$15 to \$25 dollars and an ounce ranging between \$200-\$250. One informant indicated that high potency, hydroponically grown cannabis (ie skunk) acquired greater market prices (\$400 an ounce) and one informant reported the sale of a minor quantity, a ‘foil’, for \$5.

As Table 14 shows, the potency of cannabis in Adelaide was thought to be high and to have increased in the previous six months. Key informants reported that cannabis is currently very easy to obtain and reported a stable or easier supply in the previous six months. Several informants commented on the increase in the availability of high potency strains (ie skunk). In addition, key informants reported that cannabis is becoming cheaper as the market becomes flooded.

Table 14: Key informant estimates of cannabis availability

Purchase amount	\$15-\$25 /'bag' \$200-250/ounce
△ in price	stable (57%) to decreasing (42%)
Potency	high (83%)
△ in potency	increased (75%)
Availability	very easy to obtain (80%)
△ in availability	stable (66%) to easier (33%)

3.6.3 Summary of cannabis trends

- Key informants reported that the number of cannabis users had increased and that users were becoming younger.
- Cannabis use is high among IDU.
- Key informants reported a trend of increasing numbers of cannabis users presenting to services, with particular concerns about increasing numbers of young people with significant behavioural and psychological disturbances.
- Key informants reported an increase in hydroponically grown cannabis.
- Reports of a more diverse dealer population.
- Key informants and users reported that the price was stable.
- Key informants and users reported cannabis potency was high. Key informants reported increasing potency while users reported stable potency.

3.7 OTHER DRUGS

3.7.1 IDU survey

Other Opiates

After heroin, amphetamine and cocaine, other opiates were the fourth most commonly injected drugs; 42% said they had used other opiates in the previous six months; 24% reported that they had injected other opiates; 27% reported swallowing; 4% reported smoking; and 1% reported snorting them. Eleven per cent of the total sample said they had used Panadeine Forte, 10% had used morphine and 5% had used codeine phosphate.

Benzodiazepines

Sixty-five per cent of IDU reported using benzodiazepines in the previous six months and on a median of 46 days (nearly 2 days per week). Benzodiazepines were most commonly swallowed, with 60% of users reporting swallowing and only a small percentage (7%) reported injecting them. The most common benzodiazepines used were Valium (26%), Serepax (9%) and Rohypnol (9%). Fewer than 4% had used any other brand of benzodiazepine. Three IDU commented on varied benzodiazepine practices, such as increased injecting and injecting in combination with methadone.

Methadone

Seventeen per cent of users had reported injecting methadone in the previous six months and 48% reported swallowing methadone in that period. As only 34% of the sample reported being on methadone treatment, these figures suggest a small illicit methadone market. The median number of days which methadone had been used in the past six months was 180 (daily use) reflecting the high proportion of methadone users in methadone treatment. Three IDU commented on the need for alternative treatment options to methadone.

Hallucinogens

Twenty-four per cent of IDU had used hallucinogens in some form in the previous six months. The most common route of administration was swallowing (22%) followed by injection (5%). Twenty-four per cent had used LSD and 9% had used mushrooms in the previous six months. One IDU commented that there were more hallucinogens available.

Ecstasy

Sixty-five per cent of IDU had used ecstasy in their lifetimes. In the previous six months, 19% had swallowed ecstasy and 7% had injected it. One IDU commented that the strength of ecstasy was declining.

Antidepressants

Twenty-six per cent of IDU reported using antidepressants in their lifetimes. Sixteen per cent reported using antidepressants in the previous six months, with the median number of days of use being 100 days (nearly 4 days per week). The study did not specifically distinguish between illicit and prescribed use of antidepressants.

Inhalants

Over 40% of the IDU had used inhalants at some point in their lives, and 7% had used them in the six months preceding the survey. The most commonly used inhalant was nitrous oxide (laughing gas), used by 5% of the sample in the previous six months.

Steroids

Steroids were used by only a minority of IDU (7%) in their lifetimes and none had used steroids in the previous six months. Injecting (5%) and swallowing (4%) were the most common forms of administration. The most common steroid used was prednisolone.

3.7.2 Key informant study

Benzodiazepines

Key informants indicated that benzodiazepine use was very common among most illicit drug users (10%-60%). The most common benzodiazepines thought to be in use were Valium, Serepax and Rohypnol. Key informants thought they were obtained by doctor shopping, forged prescriptions or through the black market. Key informants observed different patterns of benzodiazepine use ranging from predominantly episodic and planned use by amphetamine users to 'come down' after chronic drug induced activation (eg at rave events), to chaotic and situational use by cannabis users. A few informants commented that IDU used benzodiazepines as a 'filler' drug to replace heroin. It was thought that most users swallow them, although a small percentage may be injecting them. Two informants commented that benzodiazepines were becoming harder to obtain illegally.

Hallucinogens

Five key informants commented on the use of hallucinogens ('trips'). These key informants observed that use of hallucinogens was most common among young people and was occasional, infrequent and usually planned around social events. Key informants indicated that hallucinogens were predominantly swallowed, though some users were thought to soak 'trips' overnight and then inject the liquid. Hallucinogenic fungi made into a soup was reported to be popular amongst young users. The purity of hallucinogens ('trips') was reported to be decreasing. Two key informants commented that 'trips' were becoming more amphetamine, rather than LSD, based. The price of trips ranged between \$6-\$25 and price was stable. Availability was reported to be sporadic to easy.

Ecstasy

Three key informants reported on ecstasy use. They indicated that it was used by a minority of users and mostly used situationally at social events, particularly at 'rave' functions. Ecstasy was reported to be mostly swallowed, though injecting ecstasy was also reported. Ecstasy was reported by one 'rave scene' informant as being of high quality, being easily available and priced around \$60 a tablet.

Methadone

Five key informants commented on the illicit use of methadone. These key informants estimated that between 4-15% of users were involved in such practices. It was thought to be predominantly injected, by amphetamine and cannabis users as well as heroin users. One key informant reported that both illegal methadone availability and injecting had recently increased.

Inhalants

Two key informants reported that sniffing inhalants was observed amongst young children and Aboriginal and Torres Strait Islander people in the northern metropolitan area. Specific inhalants used included butane and domestic glue.

Designer Drugs - 'GBH' / "Fantasy"

Three informants commented that "Fantasy" had been used recently in Adelaide. "Fantasy" was described by one informant as having questionable quality and being hard to obtain. One informant reported that the sedative 'GBH' was used by 'rave' participants as a method to 'come down' after heavy amphetamine use. Its use in the rave community was perceived as having recently reached a plateau.

3.7.3 Other indicators

Law enforcement data

A total of 314 seizures of ecstasy were analysed between July 1997 and June 1998. The vast majority of these - 203 (65%) - occurred between April and June 1998.

Comparison with 1996/97 law enforcement data

Overall, purity levels of ecstasy seized in South Australia during 1997/98 were lower than those in 1996/97 (see Figure 11). However, as Figure 12 shows, the total number of seizures in 1997/98 were substantially higher than in 1996/97 (314 compared to 39).

Figure 11: Comparison of ecstasy purity levels in South Australia, 1996/97 and 1998

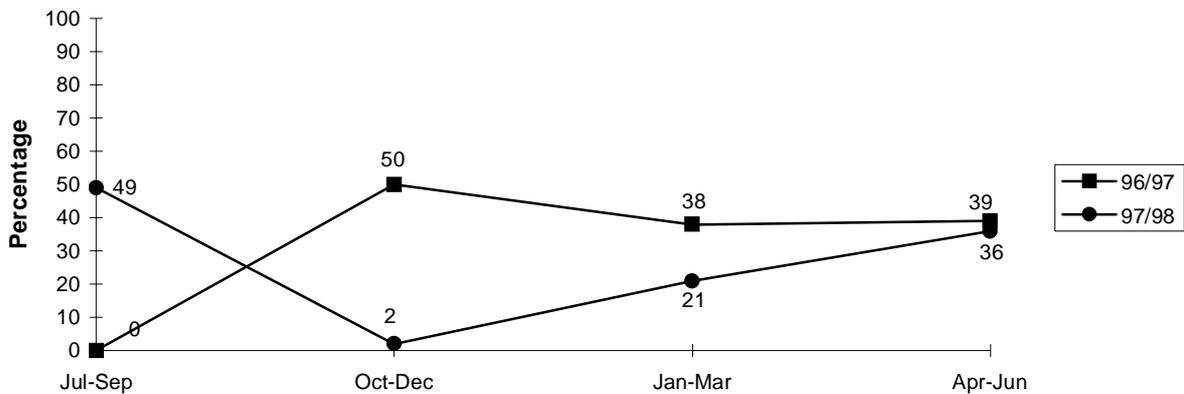
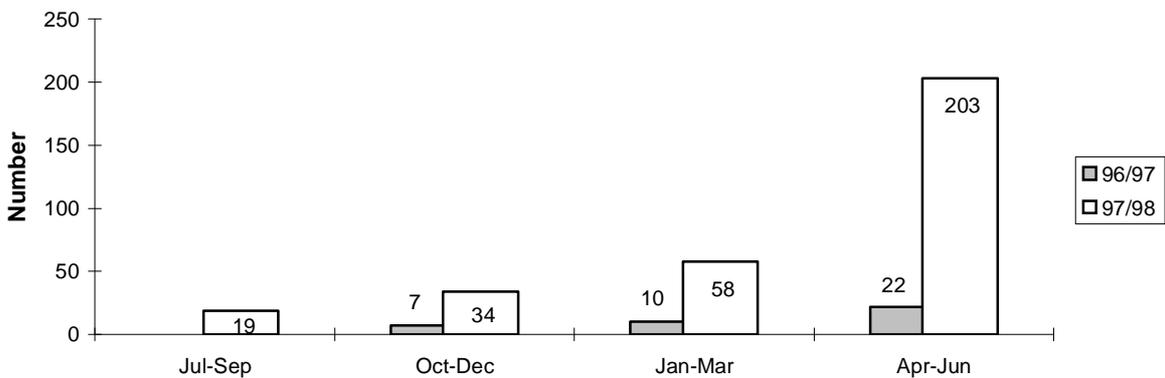


Figure 12: Comparison of ecstasy seizures in South Australia, 1996/97 and 1997/98



3.7.4 Summary of other drug trends

- Key informants and IDU confirm that other opiates, methadone, ecstasy, and benzodiazepines are the most commonly used drugs, in addition to the four primary drugs, among illicit drug users.
- Users indicated that other opiates were the fourth most commonly injected drug and Panadeine Forte is the most commonly used other opiate.
- Key informants and users confirm that Valium, Serepax and Rohypnol are the most commonly used benzodiazepines.
- Key informants and users indicate that there is a small amount of illicit methadone use.
- Key informants, users and law enforcement data indicate that ecstasy use remains low, purity is low and supply is restricted.

3.8 DRUG-RELATED ISSUES

3.8.1 IDU survey

Table 15 summarises the main findings from the IDU survey in relation to drug-related issues.

Crime and police activity

Over two thirds (68%) of the IDU sample reported committing crime in the month preceding the interview, compared to 50% in the 1997 sample. Over half (57%) of IDU reported drug dealing, 31% reported property crime, 15% reported fraud and 4% reported violent crime. A comparison with 1997 data shows significant increases in drug dealing (16%) ($\chi^2=6.75, p=.00$) and property crime (18%) ($\chi^2=11.45, p=.00$) among IDU in 1998. One possible explanation for this may be the less functional nature of the 1998 IDRS sample. For example, in the current IDU sample there was a greater percentage of users who were unemployed and who had no tertiary education. There were, however, no significant differences in general crime between regional areas, and there was no significant association between crime, drug of choice or first drug injected.

IDU believed that the level of police activity over the previous six months was either stable (40%) or had increased (23%). Sixty-nine per cent said that recent police activity had not made it more difficult for them to score drugs, while 16% said that police activity had made it more difficult to score. Most (74%) reported no change in the number of their friends who had been busted recently, while 21% said more of their friends had been busted recently.

Needle risk behaviour

Approximately a quarter of the IDU sample (26%) had engaged in high risk needle use either by using a needle after some else had used it (21%) or lending a needle to some else after using it themselves (23%). In the majority of cases where a needle had been used after someone else had used it, only one person had used the needle previously.

Risky needle use was related to both geographic and drug use history factors. A greater proportion of IDU in the northern (28%) and southern areas (38%) had lent needles to other users after use, compared with the western (9%) and eastern/central areas (18%) ($\chi^2=9.03, p=.02$). There was also an association between needle risk behaviour and the first drug injected. Risky needle use was significantly higher in amphetamine first injectors (21%) versus heroin first injectors (7%) ($\chi^2=4.33, p=.02$). Specifically, those who first injected amphetamines showed a significantly higher proportion of risky needle sharing (sharing their needle after use) in the last month (19%) compared with those who first injected heroin (5%) ($\chi^2=5.52, p=.01$). This pattern was maintained throughout the amphetamine user's drug use career. Respondents who reported heroin as their drug of choice were significantly more likely not to have lent needles (51%) than those who reported amphetamine as their drug of choice (24%) ($\chi^2=5.03, p=.02$). There were no differences between males and females in the proportion engaging in risky needle use. These results may, in part, be explained by age differences between amphetamine and heroin users. Current age was significantly associated with risky needle use ($r=-.38, p=.00$) and those that engaged in high risk needle practices as a

group were significantly younger than those who did not ($F(1,138)=20.12, p=.00$). Together, these results suggest that age and drug use career represent significant and interactive factors surrounding the transmission of blood borne viruses such as Hepatitis C and HIV.

Several IDU commented on the need for more needle exchange services generally and two IDU commented on the demand for after hours needle exchange access. Three IDU reported that users were aware of harm minimisation information.

Overdose issues

Amongst those who had used heroin, 50% reported that they had experienced an overdose on a median of two occasions, compared to 62% in the 1997 sample. This difference however was not significant. Twenty-three per cent of those who had used heroin reported an overdose in the previous twelve months, and 12% reported an overdose in the previous six months. Thirty two percent of heroin users (68% of those who had experienced an overdose) in the IDU sample had been treated with the opioid antagonist naloxone (ie Narcan), with 13% having received the drug in the previous twelve months.

Physical health issues

The mean score on the health scale of the Opiate Treatment Index (OTI) was 16.56 (standard deviation=8.50, range=0-39). This score did not differ significantly from the findings of the 1997 sample. The most common injection-related problems were scarring and bruising (61%), difficulty injecting (57%), experiencing a 'dirty hit' (29%) and injection-related thrombosis (24%). There were no differences in injection-related health problems between gender, drug first injected, current drug of choice or regional area.

There was a significant difference between those that prefer heroin and those that prefer amphetamine on the total health score ($F(1,123)=8.14, p=.00$) of the OTI; a difference that was not accounted for by differences in age. Those that prefer heroin scored significantly worse than those that prefer amphetamine on the following specific subscales: general health ($F(1,123)=6.22, p=.01$); gastrointestinal health ($F(1,123)=8.97, p=.00$); genito-urinary health ($F(1, 123)=20.17, p=.00$); and muscular-skeletal health ($F(1,123)=7.46, p=.00$).

At a regional level, total health scores on the OTI were significantly better for those living in the western area compared to the northern areas ($t(1,136)=-2.04, p=.043$) and central/eastern areas ($t(1, 136)=2.68, p=.008$). No other regional differences were significant.

Several IDU ($n=7$) commented on their support for heroin trials or legalised heroin programs for opioid dependence. Nine IDU commented on their support for drug reform generally in the illicit drug arena, particularly for heroin and cannabis. Four IDU expressed opinions regarding the limitations of methadone therapy and the need for alternatives, especially for those wishing to terminate methadone therapy. One IDU expressed the need for methadone services in the southern region of Adelaide.

Table 15: Drug-related issues amongst IDU

Health	No change in overdoses in 1998 compared to 1997
	<p>One quarter of all IDU reported risky needle use</p> <p>Risky needle use greater in north and south</p> <p>General health better in west</p> <p>Amphetamine users more likely to engage in risky needle use than heroin users</p> <p>Primary heroin users in poorer health than primary amphetamine users</p>
Crime	Increase in crime compared to 1997
Police activity	<p>IDU report police activity stable</p> <p>Most IDU report police activity had little effect upon drug access</p>

3.8.2 Key informant study

Table 16 (p. 39) summarises the main findings from the key informant study regarding criminal justice, health issues and drug use.

Heroin - Law enforcement and health findings (n=11)

Four informants believed heroin dealing had increased in the last six months, particularly user-dealing. The majority of informants (n=7) reported significant increases in violent crimes in the previous six months. These included increases in robberies, particularly targeting small business and domestic dwellings, and increases in personal violence and assaults.

Four informants commented on the significantly improved practices implemented by police in dealing with overdose situations. These practices were considered consistent with recent changes in police education and training and the positive impact such training has on reducing overdose crises.

There was a reported trend of increased service utilisation by heroin users for issues such as overdoses, needle exchange and detoxification. In particular, two informants reported the increased presence of mental health issues and concurrent mental health problems, and there were three reports of increased overdoses amongst heroin users in the previous six months. Two informants reported that there was greater awareness of harm minimisation information amongst heroin users over the previous year.

Amphetamines - Law enforcement and health findings (n=8)

Key informants reported amphetamine dealing had increased in the previous six months. There were reports of a change in the nature of dealing practices (ie significant cutting), poor harm minimisation practices by dealers, increased mobility and spontaneity of dealing operations, and increased exchange of stolen goods directly for amphetamines. Increased fraud by users was also reported by two informants.

Key informants commented on the visibility of changes in police practices, including more collaborative approaches with IDU and users associated with needle exchanges, and an increased harm minimisation focus. There was a perceived need for police to strategically adopt harm minimisation approaches in relation to targeting dealers (ie to target those dealing in poor quality drugs at the expense of more harm aware dealers dealing in safer, higher quality drugs). One informant suggested that the increasing police emphasis on amphetamine trafficking was displacing users and creating a shift to the heroin market.

Three reports indicated an increase in Hepatitis C notifications, an increase in speed-related psychosis, and increased occupational and psychosocial disability associated with amphetamine use. It was reported that more amphetamine users were accessing services, and that there was an increase in amphetamine-related referrals between services.

Reports on the adoption of harm minimisation practices amongst users varied. Two informants noted that in the previous year, more users were accessing needle exchange programs, and two other informants commented that amphetamine users were increasingly harm aware. However, one informant noted a significant increase in users re-injecting blood into syringes and using drug-rich serum with resultant harm implications.

Cocaine - Law enforcement and health findings (n=2)

Key informants reported that there had been no significant changes in cocaine-related crime or police activity in the previous six months. One key informant commented that police were continuing to target the importation of cocaine but were not concerned with low level dealing.

One key informant also reported the significant psychosocial and occupational dysfunction that occurs when users specifically convert from snorting or injecting cocaine to smoking it. Another key informant commented on the viral transmission risk surrounding the uncontrolled crave binges that occur during multiple cocaine administrations in group settings. In such settings, harm minimisation practices are frequently ignored and risk for HCV/HIV transmission is high.

Cannabis - Law enforcement and health findings (n=10)

Key informants reported that there had been no changes in cannabis-related crimes related to property or dealing in other drugs amongst cannabis users. However, a number of health and law enforcement informants described the increased use of hydroponically grown, very high potency, cannabis (skunk), and increased participation in this market by a wider range of individuals, such as students and families.

Three out of eight informants reported an increase in various forms of social security fraud to fund cannabis use. Five informants reported a trend of increased violence, often associated with user behaviour changes such as psychosis and aggression. Police activity towards cannabis users was thought to be stable or decreasing, with negligible police involvement with this user group. A trend emerged of more proactive and collaborative community policing approaches towards cannabis users generally.

Table 16: Key informant estimates of drug-related issues

Drug Type	Main Findings
Heroin	<p>Increased dealing</p> <p>Increased violent crimes</p> <p>Improved overdose practices by police due to training changes</p> <p>Increased service utilisation by users</p> <p>Increased mental health issues</p> <p>Increased overdoses</p> <p>Greater awareness of harm minimisation and collaboration by users and police</p>
Amphetamines	<p>Dealing increased, more mobile dealing</p> <p>Increased Hep C notifications</p> <p>Increased service utilisation</p> <p>Increased psychosis and psychosocial disability</p> <p>Police and users more harm minimisation aware and collaborative</p>
Cannabis	<p>Increased hydroponic activity</p> <p>More diverse population participation in cannabis production</p> <p>Increased social security fraud</p> <p>Increased violence and aggressive behaviour</p> <p>Increased service utilisation</p> <p>Increased mental health disturbances, including psychosis, especially among youth</p>
Cocaine	<p>Greater need for harm minimisation</p> <p>Greater psychosocial problems from smoking</p>

A majority of informants reported the trend of an increase in the number of cannabis users presenting to services. One key informant noted the emergence of users presenting solely for cannabis dependency. A trend emerged, particularly among young users, of increasing psychological and behavioural disturbances due to cannabis use, such as early psychosis onset,

criminal behaviour, aggression and other more complex psycho-social and health issues. Several informants also reported a trend of increasing use of cannabis to self-medicate among adolescents and those with psychiatric illness.

3.8.3 Other indicators

ADIS drug mentions

A total of 8935 calls were made to DASC's Alcohol and Drug Information Service (ADIS) during the period 1 July 1997 and 30 June 1998. Most of these calls were made by members of the general public wishing to obtain information about specific drugs. Of these calls, 1222 (14%) related to cannabis, 483 (5%) related to heroin, 443 (5%) related to amphetamines and 40 (0.4%) related to cocaine. Figure 13 shows that apart from a large number of inquiries relating to cannabis in the period July to September, 1997, there had been little variation in the number of calls by drug type over the previous twelve months.

Figure 13: ADIS drug mentions, 1997/98

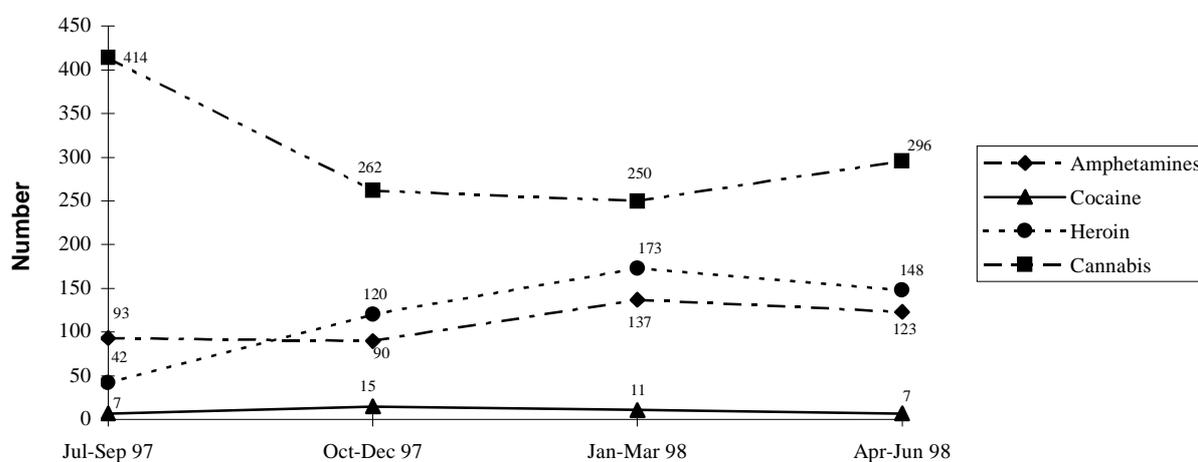
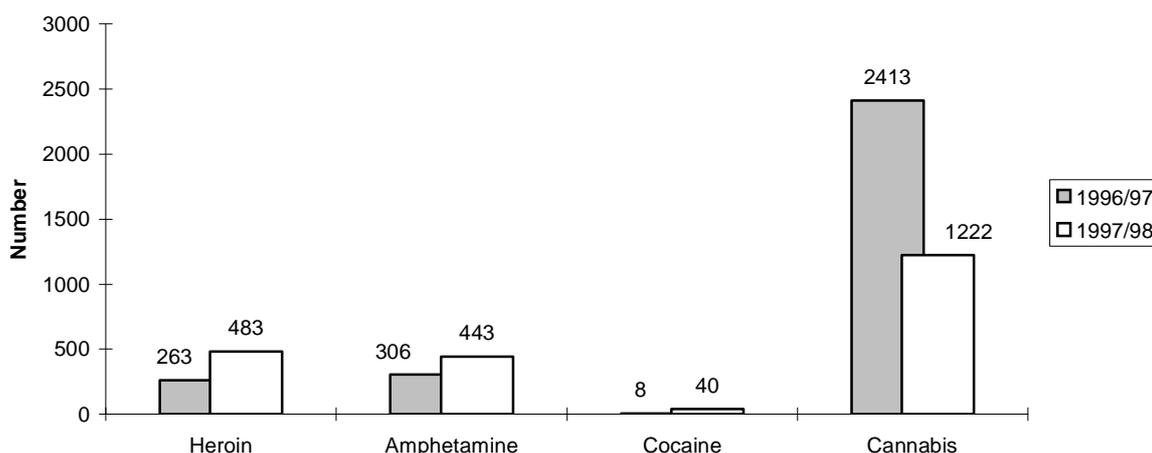


Figure 14 compares the number of calls to the Alcohol and Drug Information Service for the 1996/97 and 1997/98 periods, that are attributable to particular drugs. Overall there were noticeably more calls about heroin, amphetamines and cocaine in 1997/98, but fewer calls about cannabis.

Figure 14: Comparison of ADIS drug mentions, 1996/97 and 1997/98



Overdose deaths

Data have been obtained from the Australian Bureau of Statistics (ABS) on the number of deaths attributed to opioid dependence and accidental opioid poisoning. These data show that there were 32 opiate overdose deaths in South Australia in 1996 (down from 38 in 1995).

HCV/HIV incidence

In South Australia, a total of 691 people were diagnosed with HIV infection between 1985 and 31 March 1998. Of these people, 104 (or 15% of diagnoses) had a history of injecting drug use (STD Control Branch, 1998). Since 1987, there has been a substantial fall in the number of new HIV diagnoses where injecting drug use has been the primary risk factor, from 30% of cases in 1987 to 4% of cases in 1996. Of the 8 cases of HIV diagnosed in the first three months of 1998, none reported injecting drug use as a risk factor.

Since blood testing for Hepatitis C became available in 1990, injecting drug users have been shown to be a major risk group for Hepatitis C (Crofts et al., 1993). Data for South Australia shows that between January and March 1998 there were 245 notifications for individuals who tested Hepatitis C antibody positive for the first time. Of these notifications, 65% were attributed to injecting drug use, either wholly, or in combination with tattoos or blood transfusions (STD Control Branch, 1998).

Law enforcement data

Figure 15 shows that heroin offences fluctuated over the twelve months from July 1997 to June 1998, while cannabis and amphetamine offences generally increased in the first six months of 1997. The number of cannabis offences reported to police increased by 42% between the March and June quarters. This does not include Cannabis Expiation Notices (CEN) issued during this period.

Figure 16 shows that between 1996/97 and 1997/98 there was been a 9% decrease in the total number of drug offences reported to or becoming known to South Australia Police.

Figure 15: Drug offence data, 1997/98.

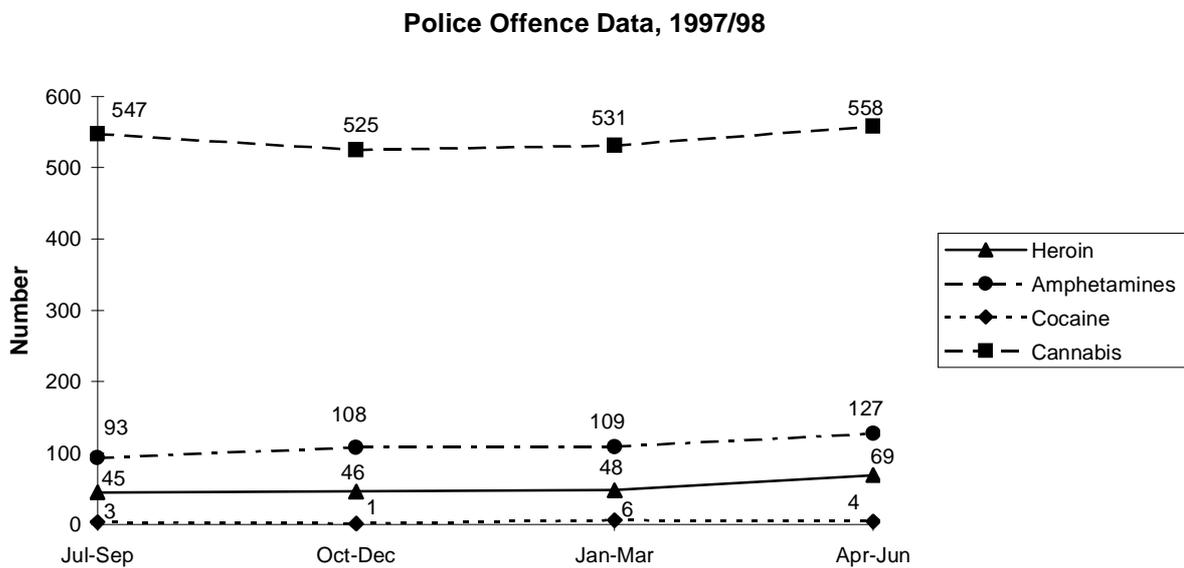
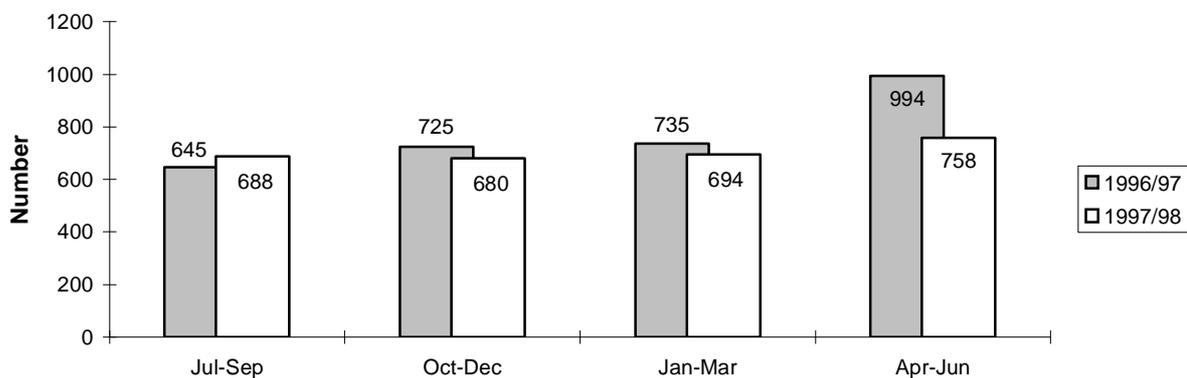
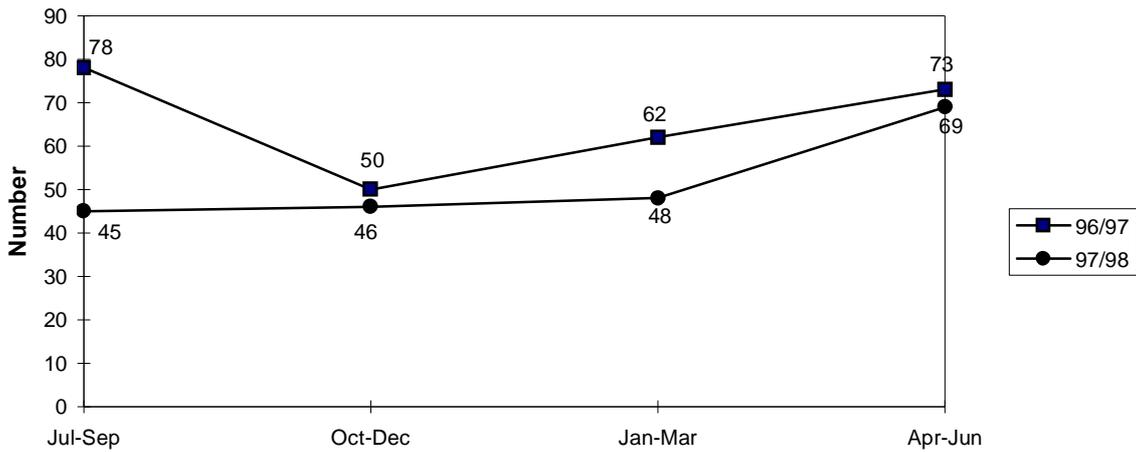


Figure 16: Comparison of total number of drug offences for 1996/97 and 1997/98



The number of drug offences related to heroin was down by 21% in 1997/98 compared to 1996/97 (see Figure 17).

Figure 17: Comparison of heroin offence data, 1996/97 and 1997/98



The number of drug offences related to amphetamines was up by 43% in 1997/98 compared to 1996/97 (see Figure 18).

Figure 18: Comparison of amphetamine offence Data, 1996/97 and 1997/98

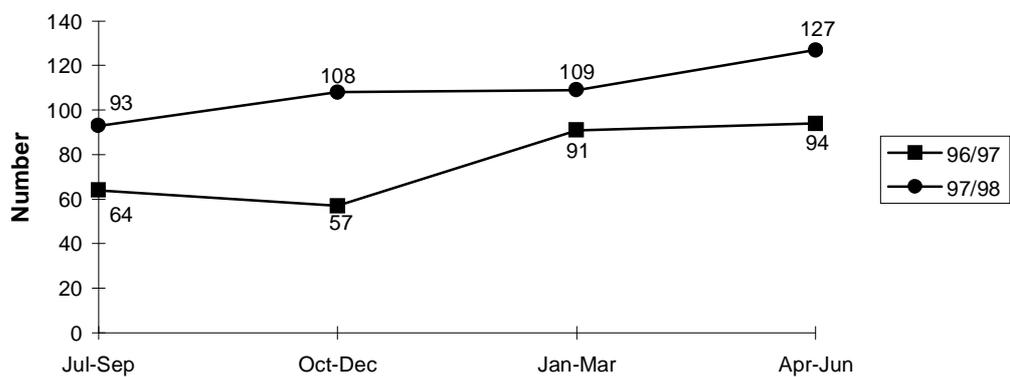


Figure 19 shows that the number of drug offences related to cocaine increased in 1997/98, but numbers are still relatively low in comparison to other illicit drugs.

Figure 19: Comparison of cocaine offence data, 1996/97 and 1997/98

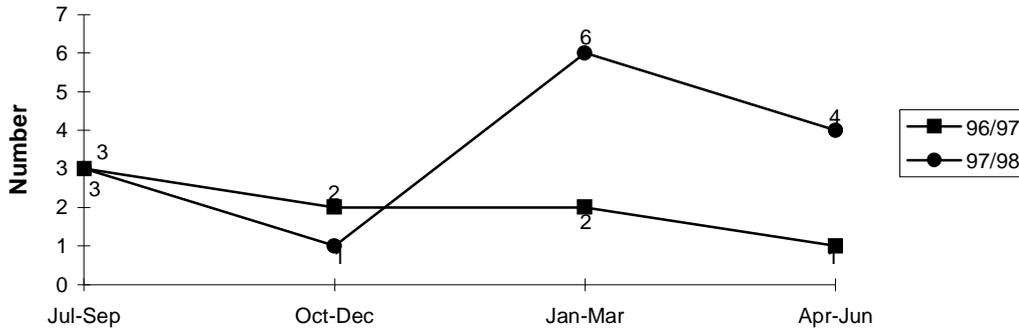
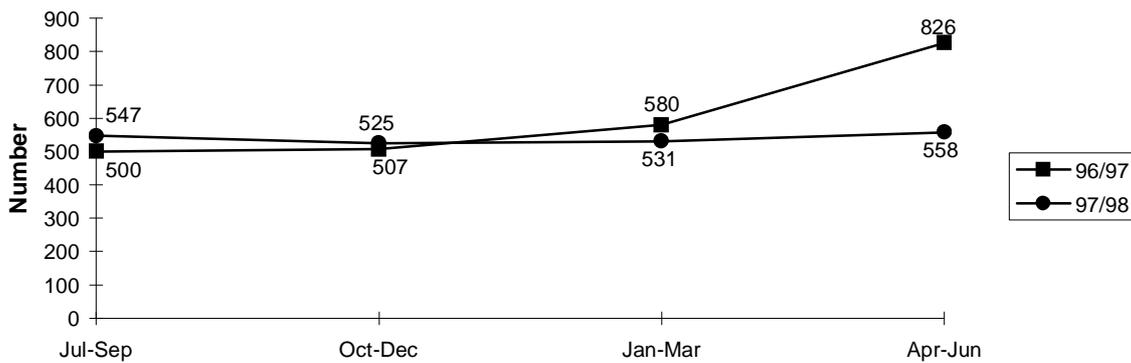


Figure 20 shows that the total number of drug offences associated with cannabis was up by 18% in 1997/98 compared to 1996/97. These do not include notices issued under the Cannabis Expiration Notice (CEN) scheme in South Australia.

Figure 20: Comparison of cannabis offence data, 1996/97 and 1997/98



3.8.4 Summary of drug-related issues

- Key informants and users reported increased criminal activity, particularly in the areas of drug dealing, property crime, fraud and violent crime.
- Key informants reported significantly improved police practices with respect to overdose situations and harm minimisation generally.
- Users reported high levels of risky needle behaviour among amphetamine users, significantly higher than for heroin users.
- Users living in the northern and southern suburbs were significantly more likely to lend needles to others after use, compared with those living in the western and eastern/central areas.
- Users reported fewer heroin overdoses, while key informants reported increased overdoses.
- Users who prefer heroin scored significantly worse than those who prefer amphetamines on most subscales of the Opiate Treatment Index.
- Users living in the western areas scored healthier on the Opiate Treatment Index than those living in the northern or central/eastern suburbs.
- Key informants and users report police activity was stable.

3.9 SUMMARY AND COMPARISON OF TRENDS BY SOURCE

Tables 17 and 18 summarise the key findings and the triangulation of the data from the three sources.

Table 17: Drug use and related issues: Summary of major findings from the IDU survey (IDU), key informant survey (KIS) and other indicator data (OTHER).

Issue	Summary of Major Findings	IDU	KIS	OTHER
DRUG USE HISTORY	Mean age of first injection - 19 years	X		
	Majority (59%) had first injected amphetamine, compared to 37% who first injected heroin	X		
	Those who injected amphetamine were significantly less likely to be in treatment than those who first injected heroin	X		
	Figure 16 shows that between 1996/97 and 1997/98 there was been a 9% decrease in the total number of drug offences reported to or becoming known to South Australia Police.	X		
	Younger cohort recruited into injecting through amphetamines use while older cohort recruited through heroin use	X		
	1998 sample included significantly fewer heroin injectors and significantly more amphetamine injectors than the 1997 sample	X		
	Significantly more use of other opiates in 1998 compared to 1997	X		
HEROIN	Increase in heroin use, especially among young heroin users, and among Aboriginal and Vietnamese communities.		X	
	More users obtaining heroin from street dealers and fewer obtaining from friends	X		
	Most often obtained in powder form, but significant amount obtained in rock form	X	X	

Table 17. Continued.

Issue	Summary of Major Findings	IDU	KIS	OTHER
AMPHET-AMINES	Increasing use of amphetamine, especially among a more diverse group of younger people	X	X	
	Quantity and frequency of amphetamine use extremely varied; significant numbers of both heavy users and semi-regular users		X	
	Injection preferred route of administration; significant proportions also snorting and swallowing	X	X	
	Relatively few amphetamine users are in treatment		X	
	Transition from amphetamine injecting to heroin injecting	X	X	
	Significant poly drug use; mainly alcohol, cannabis, and benzodiazepines	X	X	
COCAINE AND OTHER PSYCHO-STIMULANTS	A minority drug used by a small number of older, largely highly functioning users		X	
	Injecting cocaine powder is most common route of administration followed by snorting and smoking	X	X	
	Two groups of users: weekend users who prefer to snort; and more frequent, heavier users who inject or smoke		X	
	Rapidly consumed as it is a relatively rare and highly sought after		X	
	Cocaine smokers are more severely addicted, have more psycho-social problems than those who inject or snort cocaine		X	
	Ecstasy use remains low, purity is low and supply is restricted.	X	X	X
CANNABIS	Number of cannabis users increasing and becoming younger		X	
	Increasing numbers presenting to services, many with significant behavioural and psychological disturbances		X	
	Increase in hydroponically grown cannabis; a more diverse dealer population		X	

Table 17. Continued.

Issue	Summary of Major Findings	IDU	KIS	OTHER
OTHER DRUGS	Other opiates, methadone, ecstasy, and benzodiazepines most commonly used drugs, other than the four primary drugs	X	X	
	Panadeine Forte most commonly injected drug other opiate	X		
	Valium, Serepax and Rohypnol most commonly used benzodiazepines	X	X	
	A small amount of illicit methadone use	X	X	
DRUG-RELATED ISSUES	Increased criminal activity	X	X	
	Improved police practices with respect to overdose situations and harm minimisation generally	X		
	High levels of risky needle behaviour among amphetamine users, significantly higher than for heroin users.	X		
	Users living in the northern and southern suburbs were significantly more likely to lend needles to others after use than those living in the western and eastern/central areas.	X		
	Users reported no significant change in heroin overdoses, while key informants reported increased overdoses.	X	X	
	Users who prefer heroin scored significantly worse than those who prefer amphetamines on most subscales of the Opiate Treatment Index.	X		
	Users living in the western areas scored healthier on the Opiate Treatment Index than those living in the northern or central/eastern suburbs.	X		
	Police activity was stable.	X	X	

Table 18: Drug price, purity and availability in previous six months: Summary of findings from the IDU survey (IDU), key informant survey (KIS) and other indicator data (OTHER).

DRUG		IDU	KIS	OTHER
HEROIN	Price:	\$50/cap \$400/gm	\$50/cap \$300-\$450/gm	
	Change in Price:	Stable	Stable	
	Purity:	Medium to high	Medium to high	Mean: 60.75%
	Change in Purity:	Fluctuate, stable	Increased	Increased
	Availability:	Easy to very easy	Easy to very easy	
	Change in Availability:	Stable	Easier	26% fewer seizures
AMPHET-AMINE	Price:	\$50/gm \$800 - 1,000/oz	\$50/gm \$1000/oz	-
	Change in Price:	Stable	Stable	
	Purity:	Medium - high/low	High to medium	Mean: 7.75%
	Change in Purity:	Stable to fluctuating	Stable to decreased	Increased
	Availability:	Easy to very easy	Easy to very easy	
	Change in Availability:	Stable	Easier to stable	69% more seizures
COCAINE	Price:	\$50/cap- \$250/gm	\$200 - \$280/gm	
	Change in Price:	Stable	Stable	
	Purity:	High to medium	Medium to high	Mean: 44.75%
	Change in Purity:	Stable	Increased	Fluctuating
	Availability:	Difficult	Very easy to easy	
	Change in Availability:	Stable	Easier	127% more seizures

Table 18. Continued.

DRUG		IDU	KIS	OTHER
CANNABIS	Price:	\$25/gm or bag \$200- \$250/oz	\$15-\$25gm or bag \$200-\$250/oz	
	Change in Price:	Stable	Stable to decreasing	
	Purity:	High	High	
	Change in Purity:	Stable to increased	Increased	
	Availability:	Very easy	Very easy to obtain	
	Change in Availability:	Stable	Stable to easier	

4.0 DISCUSSION AND IMPLICATIONS

Methodological Issues

Several improvements in methodology were achieved in the 1998 IDRS consistent with recommendations from 1997 trial (Cormack et al, 1998). These included a more balanced geographic distribution of IDU, increased samples of both IDU and key informants, the inclusion of more indigenous people and people from non-English speaking backgrounds in the IDU sample, and a greater use of needle exchange workers and dealers as informants.

Unlike the 1997 IDRS, IDU were recruited solely through the use of peer interviewers. This variation in sampling technique may in part have contributed to the differences in this year's sample.

Despite attempts to augment secondary data using sources such as accident and emergency statistics, ongoing delays in computerisation precluded the full use of potentially available datasets in South Australia. The inclusion of forensic data such as overdose statistics and data from the local ambulance service may also offer richer information sources for future IDRS programs.

Comparison with the 1997 IDRS Sample

The 1998 IDU sample differed demographically in a number of ways from the 1997 sample. A lower proportion of the 1998 group had a tertiary background, more were unemployed, and more were from an indigenous background. However, like the 1997 sample they were a heterogeneous group, with substantial proportions engaging in functional lifestyles despite significant substance use.

Significant differences were found in the drug use history of the 1997 IDU sample and the 1998 sample, particularly the increased proportions of amphetamine users and users of other opiates. These may, in part, be related to the demographic differences between the samples. However, analysis of these demographic differences failed to fully account for the increased use of amphetamines observed in the 1998 sample.

Another possible explanation for the increase in amphetamine use may involve the greater recruitment of current amphetamine injectors in the 1998 sample - an increase of over twenty-eight percent compared to 1997. This in turn may partly be attributed to the recruitment strategy used for selecting peer interviewers. Changes in the 1998 methods included a greater use of peer interviewers in metropolitan needle exchange sites, where amphetamine use is considered more prevalent. This factor acquires particular significance given that two of the peer interviewers employed had also participated in a regional amphetamine research survey. Analysis of these interviewers' data shows a significantly greater level of daily amphetamine usage among the IDU interviewed and a different demographic profile compared to 'non-amphetamine' interviewers.

However, analyses restricted to the 'non-amphetamine' interviewers yielded results demonstrating similar increases in amphetamine use compared to 1997. Consequently, this contamination factor cannot alone account for the higher proportion of amphetamine users

observed in the 1998 sample. The result may therefore partially represent a ‘true’ population increase in amphetamine use, particularly for the increased proportion of recent amphetamine injectors *per se*.

Patterns of use of other opiates (excluding methadone) have received limited attention in Australian IDU samples (Loxley, Carruthers and Bevan, 1995) but appears strongly associated with heroin use. Consistent with this, the proportions of the sample using other opiates in 1998 was strongly associated with primary heroin use. However, the increases in the proportions using other opiates compared to 1997 was not related to, nor accounted for, by demographic differences between the samples.

Key Findings on Drug Use, Price, Purity, and Availability

The demonstration of the polydrug using nature of the IDU group in the 1998 sample confirms previous work demonstrating the sentinel nature of this population for illicit drug monitoring purposes (the cohort effect among amphetamine users is a consistent finding). This observation may suggest a basic shift in the nature of illicit drug using populations that could considerably inform future illicit drug policy and service planning.

Some interesting differences appear when comparing injecting drug user reports of availability and purity with reports from key informants. Injectors reported that the supply of all drugs was fairly stable, while key informants suggest the supply of all drugs may be increasing. Secondary data show that the number of amphetamine and cocaine seizures increased in 1997/98. Both injectors and key informants agree that the price of all drugs is stable. Although there were differences between injectors and key informants in perceptions about purity, the secondary data on purity of seized drugs confirms that: heroin is of medium to high purity and increasing; amphetamines is of low purity and stable; and cocaine is of medium purity and stable. Secondary data on the purity of cannabis is unavailable, but is it thought to be of high potency and stable.

The factors which facilitate the transition from amphetamine injecting to heroin injecting and equally the factors which restrict it, are important areas for future investigation in early intervention research aimed at preventing or limiting the development of injecting careers in young users. This is particularly relevant given the increased prevalence of amphetamine use in Australian society and the declining age of amphetamine users. Relatedly, the increased needle use risk associated with amphetamine use, and the finding that amphetamine users are significantly less likely to be engaged in treatment programs, highlights the need to focus more on amphetamine-related harms *per se*.

Policy/research implications

These findings suggest the following key areas for further investigation:

1. **Research into and development of interventions for those experiencing harm associated with amphetamine use.** A significant proportion of amphetamine users were reported to experience severe drug related harm. However, the proportion of these users in treatment is reported to be low, due to a lack of appropriate interventions for this group.
2. **Development of harm minimisation advice for users of cocaine.** Increased use of cocaine suggests the need to ensure users are informed of strategies to reduce their personal risk of harm associated with this drug.
3. **Research into changes in the availability of cocaine in Adelaide, including factors affecting this market.** Both IDU and key informants reported that use of cocaine in Adelaide would increase if availability of the drug increased. Fluctuations in the supply of cocaine in Adelaide appear to be poorly understood and are a barrier to effective planning for harm minimisation.
4. **Research into and development of interventions to address injection of non-injectable drugs amongst IDU.** Over 20% of IDU reported injecting benzodiazepines and over 25% reported injecting methadone. These behaviours are associated with significant personal risks for users.
5. **Research into patterns of and trends in illicit drug use and drug availability amongst Aboriginal and Torres Strait Islander communities in South Australia.** The present study did not attempt to access Aboriginal and Torres Strait Islander communities. However, key informants indicated significant problems associated with heroin use and, to a lesser extent, amphetamine use.
6. **Research into patterns of and trends in illicit drug use amongst people from Vietnamese communities in South Australia.** The present study did not attempt to access Vietnamese communities. However, key informants indicated significant problems associated with heroin use.
7. **Research into identification and development of early interventions for those individuals who transition from amphetamine injecting to heroin injecting.** The present study identified a substantial sub-population of injectors who shift from amphetamine to heroin use, and who represent a prime target for early intervention programs.
8. **Research into the psychological impact of cannabis use in young people at risk for psychiatric disorder.** Key informants in the present study identified cannabis use as a strong correlate of early psychosis and other behavioural disturbances particularly in young people. The increasing potency and availability of cannabis suggests identification of at risk individuals and early intervention strategies designed to reduce personal risk is timely.

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