

TASMANIAN DRUG TRENDS 1999

Findings from the Illicit Drug Reporting System (IDRS)

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TABLE OF CONTENTS

LOCATION OF TABLES	iii
LOCATION OF FIGURES	iv
ACKNOWLEDGEMENTS	v
LIST OF ABBREVIATIONS	vi
EXECUTIVE SUMMARY	vii
1.0 INTRODUCTION	1
1.1 STUDY AIMS	1
2.0 METHOD	2
2.1 KEY INFORMANT STUDY	2
2.2 OTHER INDICATORS	3
3.0 CURRENT DRUG SCENE AND RECENT TRENDS	4
3.1 AMPHETAMINES	4
3.1.1 Key informant study	4
3.1.2 Other indicators	6
3.1.3 Summary of amphetamine trends	9
3.2 OPIOIDS	10
3.2.1 Key informant study	10
3.2.2 Other indicators	13
3.2.3 Summary of opioid trends	18
3.3 CANNABIS	19
3.3.1 Key informant study	19
3.3.2 Other indicators	21
3.3.3 Summary of cannabis trends	23
3.4 OTHER DRUGS	24
3.4.1 Heroin	24
3.4.2 Ecstasy	24
3.4.3 Cocaine	25
3.4.4 Benzodiazepines	25
3.4.5 Alkaloid poppies	25
3.4.6 Other drugs	26
3.4.7 Summary of trends for other drugs	26
3.5 DRUG RELATED ISSUES	27
3.5.1 Key informant study	27
3.5.2 Other indicators	28
3.5.3 Summary of other issues	33

4.0	DISCUSSION	34
4.1	SUMMARY OF MAIN FINDINGS	34
4.2	DISCUSSION AND IMPLICATIONS OF MAIN FINDINGS	35
4.3	STUDY LIMITATIONS	36
5.0	REFERENCES	37

LOCATION OF TABLES

Table 1: Key informant estimates of amphetamine use and trends	5
Table 2: Key informant estimates of amphetamine availability	6
Table 3: Amphetamine law enforcement data	7
Table 4: Amphetamine prices in Tasmania, 1996-1999.....	7
Table 5: Consumer and provider arrests for amphetamine and related substances, 1996/97-1998/99.....	8
Table 6: Key informant estimates of opioid use and trends	12
Table 7: Key informant estimates of opioid availability	13
Table 8: Australian Needle and Syringe Program (NSP) Survey: Prevalence of opioids within ‘last drug injected’, 1995-98	14
Table 9: Reported drug use in applications for initiation and re-admission to the Tasmanian methadone maintenance program	16
Table 10: Key informant estimates of cannabis use and trends	20
Table 11: Key informant estimates of cannabis availability	20
Table 12: Cannabis law enforcement data	21
Table 13: Cannabis prices in Tasmania, 1995-1999	22
Table 14: Consumer and provider arrests for cannabis, 1996/97-1998/99.....	23
Table 15: Tasmanian alkaloid poppy crop diversion rates, 1995-1998	26
Table 16: Key informant estimates of drug-related issues	28
Table 17: Drug use of inpatients presenting for detoxification services	28
Table 18: Rates of notifiable blood-borne viruses in Tasmania, 1991-1999	30
Table 19: Number of individuals before Tasmanian courts or imprisoned on drug charges, 1995-1999	31
Table 20: Insurance claims for Tasmanian pharmacy break-ins, 1997-1999	32
Table 21: Doctor shopping patterns in Tasmania 1996/97-1998/99.....	33

LOCATION OF FIGURES

Figure 1: Purity of Tasmanian seizures of methamphetamine received for laboratory testing, 1998-99.....	8
Figure 2: Percentages of opioids reported as ‘drug most often injected’ by Tasmanian needle exchange clients, 1996-1999.....	14
Figure 3: Growth of the Tasmanian methadone maintenance program, 1995-1999	15
Figure 4: Consumption of morphine per 1000 persons, 1991-1998	17
Figure 5: Consumption of methadone 10mg tablets per 1000 persons, 1991-1998	17
Figure 6: Consumption of methadone per 1000 persons, 1991-1998	18
Figure 7: Percentage of calls of ADIS by drug type, 1998/99	29
Figure 8: Number of calls regarding substance abuse and addiction issues (1995/96-97/98) and problem drinking or drug use (1998/99) to Lifeline Tasmania, Inc.....	29
Figure 9: Number of opioid-related fatalities among those aged 15-44 years, 1998-1999...	30
Figure 10: Rates of reported sharing of needles by non-pharmacy needle exchange clients, 1995/96-1998/99	31
Figure 11: Illicit drugs found in random screens of Tasmanian prison inmates 1995/96-1998/99	32
Figure 12: Age of clients accessing Tasmanian non-pharmacy needle exchange outlets 1995/96-1998/99	35

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LIST OF ABBREVIATIONS

ADIS	Alcohol and Drug Information Service
DHHS	Department of Health and Human Services
IDRS	Illicit Drug Reporting System
KIS	Key Informant Study
NDARC	National Drug and Alcohol Research Centre, University of New South Wales
OTHER	Refers to other (secondary) indicators
SPSS	Statistical Package for the Social Sciences

EXECUTIVE SUMMARY

In 1998, the National Drug and Alcohol Research Centre was commissioned by the Commonwealth Department of Health and Family Services to begin a national trial of the Illicit Drug Reporting System (IDRS), following previous employment of the methodology in New South Wales, South Australia and Victoria. The intention of the IDRS was to provide a co-ordinated approach to the monitoring of data associated with the use of opioids, cocaine, amphetamines and cannabis, in order that this information could act as an early warning indicator of the availability and use of drugs in these categories.

The 1999 Tasmanian Drug Trends Report summarizes the information gathered in the Tasmanian component of the national IDRS using two methods: key informant interviews with professionals working in the drug field, and an examination of existing indicators.

Key informant study

Thirty-three key informants, including professionals recruited from health, law enforcement, research and outreach, were interviewed on a range of illicit drug use patterns in clients they had direct contact with. Of these informants, 17 reported on the use of opioids (diverted pharmaceuticals), 10 on cannabis and 5 on amphetamines.

Other indicators

In order to complement and validate the key informant interview data, a range of drug use indicator data was sought, including health and law enforcement data. Guidelines for the acceptability of these sources aimed to ensure national comparability, and required that the sources were available annually, included 50 or more cases, were collected in the main study site and included details on the main illicit drug types under study.

Included in this analysis were telephone advisory data, drug offence data, Hepatitis C incidence data, data from the 1998 National Drug Household Study, and data from clients of the needle and syringe exchange program, detoxification and methadone maintenance programs.

Summary of drug trends in Tasmania

The following trends in illicit drug use in the previous 6-12 months were identified by a majority of key informants and/or analysis of appropriate secondary indicator data:

Amphetamines

- increase in use of amphetamine
- increase in injection of amphetamine
- increased mental health concerns among users
- price and purity stable or decreased
- availability of amphetamine stable and easy

Opioids

- increased number of people using opioids
- decrease in age of users
- increase in female users
- broader demographic of users
- increased use of heroin among these users
- stable price and availability of opioids

Cannabis

- generally stable price (\$20-25/gm), purity (medium/high) and availability (very easy)
- increase in mental health concerns among high level users
- most commonly used illicit drug
- increase in injection of other illicit drugs among this group

Other Drugs

- increasing availability of heroin, although fluctuating and generally poor quality
- heroin use mainly among users of other opioids, dependant on quality
- increase in (recreational) use of ecstasy
- use/availability of cocaine is minimal
- injection of benzodiazepines common amongst opioid users

Other Issues

- increasing mental health concerns / issues amongst users
- increasing problems with self-care amongst users
- stable opioid fatality rates
- stable reports of Hepatitis C infection
- decreased sharing of needles by users
- decrease in pharmacy break-ins

1.0 INTRODUCTION

In 1998, the National Drug and Alcohol Research Centre was commissioned by the Commonwealth Department of Health and Family Services to begin a national trial of the Illicit Drug Reporting System (IDRS), following previous employment of the methodology in New South Wales (Hando & Darke, 1998), South Australia (Cormack et al., 1998) and Victoria (Rumbold & Fry, 1998). The intention of the IDRS was to provide a co-ordinated approach to the monitoring of data associated with the use of amphetamines, opioids, cannabis and cocaine, in order that this information could act as an early warning indicator of the availability and use of drugs in these main categories. Data produced from the IDRS aims to be sensitive enough to signal the existence of emerging problems of national importance rather than to describe phenomena in detail. Further objectives of the IDRS are to provide data in a timely manner; collect comprehensive, comparable and systematic data nationwide; have a representative coverage of the population; and to be linked to a mechanism that could commission the collection of more in-depth data, while being cost-effective and simple to operate.

The 1999 Tasmanian Drug Trends Report summarizes the information gathered in the Tasmanian component of the national IDRS using two methods: key informant interviews with professionals working in the drug field, and an examination of existing indicators. In subsequent years, the scope of the Tasmanian arm of the study will broaden to include a survey of injecting drug users. The methods are intended to complement and supplement each other, with each having its various strengths and limitations. Results are summarized by drug type in a series of tables designed to provide the reader with an abbreviated picture of illicit drug usage in Hobart and recent trends.

1.1 STUDY AIMS

The specific aims of the Tasmanian IDRS were to:

- i. trial the IDRS methodology in Tasmania;
- ii. provide indicators of trends in illicit drug use in Tasmania which require further investigation.

2.0 METHOD

Information from two sources was compiled to determine trends in illicit drug use: a key informant study of professionals working in the drug field, and an examination of existing secondary indicators. While key informants were asked specific questions regarding trends during the previous 6 months, information about trends over a longer time period (i.e. 12 months or greater) was also collected from these participants to offer a background context to recent patterns.

2.1 KEY INFORMANT STUDY (KIS)

Thirty-three key informants who were working with illicit drug users in the greater Hobart area were interviewed between July and September 1999. Entry criteria for inclusion in the study was at least weekly contact with illicit drug users in the past 6 months and/or contact with 10 or more illicit drug users in the last 6 months. All key informants satisfied these criteria; the median number of days contact with illicit drug users in the past 6 months was 104 (range 52-182), and 58% reported contact with more than 50 illicit drug users in the past 6 months (91% reported contact with more than 20 users). Key informants included health workers (n=16), needle exchange/outreach workers (n=9), police/prison officers (n=4), drug educators (n=2), and researchers (n=2). Forty-eight percent (n=16) were males. Key informant knowledge was predominantly rated as good to excellent by both the key informant (73%) and interviewer (82%). Although the key informants predominantly came from generic services (39%), many worked with special populations, including youth (27%), injecting drug users (24%), and prisoners (15%). The key informants were recruited from recommendations made by the Tasmanian IDRS Steering Committee, or through 'snowballing' suggestions from other key informants.

Key informants were asked to specify the main illicit drug used by the drug users they had most contact with in the past 6 months. The majority of key informants reported on the use of pharmaceutical opioids (illicit methadone or morphine: n=17) or cannabis (n=10), with the remainder reporting on amphetamines (n=5), and benzodiazepines (n=1). Many informants found it difficult to determine a single main illicit drug, due to the predominantly poly-substance using nature of the populations they were working with. With the exclusion of cannabis, the most frequently reported combination (n=11) was morphine (primary) and illicit methadone (secondary).

The interview schedule was a structured instrument which included sections on drug use patterns, drug availability, criminal behaviour and health issues. Interviews were primarily conducted in person (2 were conducted by telephone) and took between 30 and 90 minutes to administer. Notes were taken during the interview and subsequently transcribed in full. Open-ended responses were analysed using a word processor. Closed-ended questions were analysed using SPSS for Windows, Version 9.0 (SPSS Inc., 1998).

2.2 OTHER INDICATORS

To complement and validate data collected from the key informant study, a range of secondary data sources were examined, including survey, health and law enforcement data. The pilot study for the IDRS (Hando et al., 1997) recommended that such data should:

- be available at least annually;
- include 50 or more cases;
- provide brief details of illicit drug use;
- be collected in the main study site (Hobart or Tasmania for the current study);
- include details on the four main illicit drugs under investigation.

Due to the relatively small size of the illicit drug using population in Tasmania (in comparison to states piloting the IDRS), and this being the initial year of the study in the state, the above recommendations have been used as a guide only. Indicators not meeting the above criteria should be interpreted with due caution, and attention is drawn to relevant data limitations in the text.

Data sources which fulfil the majority of these criteria and have been included in this report are:

- telephone counselling and advisory data from the Alcohol and Drug Information Service (Department of Health and Human Services - DHHS) and Lifeline Hobart, Inc.;
- drug offence data, provided by Tasmania Police State Intelligence Services, the Australian Bureau of Criminal Intelligence, and the state Justice Department;
- Hepatitis C and HIV incidence data, provided by the Department of Public and Environmental Health (DHHS) and the Communicable Diseases Network - Australia New Zealand - National Notifiable Diseases Surveillance System;
- data from the national Drug Household Survey, conducted on behalf of the National Drug Strategy, Australian Institute of Health and Welfare, provided by Alcohol and Drug Services (DHHS);
- data from methadone maintenance applicants and clients, provided by Pharmaceutical Services (DHHS);
- prisoner urine screen data, provided by the Department of Justice;
- data from the needle and syringe exchange program, provided by Sexual Health (DHHS);
- drug treatment data, provided by Alcohol and Drug Services (DHHS).

Some Tasmanian indicators were unavailable at the time of writing, or did not adequately meet the above criteria. These included ambulance and emergency treatment data and drug purity data.

3.0 CURRENT DRUG SCENE AND RECENT TRENDS

3.1 AMPHETAMINES

3.1.1 Key informant study

Current amphetamine patterns

Five key informants reported on the use of amphetamines, 1 each from health, needle exchange, outreach, police and research areas. Key informants were familiar with amphetamine users in the inner city and surrounding suburbs (n=2) and throughout the surrounding suburbs (n=3). User ages ranged from 15 to 65 years, although most noted the average ages being in the early 20s (n=3) or 30s (n=2). All informants indicated that the majority of amphetamine users were male, noting a gender ratio of 70% or above, and that virtually all came from English-speaking backgrounds.

While amphetamine users were noted to come from all education and employment backgrounds, 3 of the key informants were reporting on populations which had completed no more than year 10 of education, and were predominantly unemployed. There was an under-representation of gay and lesbians amongst these users in comparison to the general population. For the one key informant reporting specifically on homosexual males, these users came from higher educational backgrounds (college or university level) and were typically employed or students.

Current treatment status varied, with 0 to 30% of the amphetamine users whom key informants had contact with being in treatment, which included counselling, methadone maintenance and detoxification. It should be noted that two key informants referred to longer-term clients of the methadone maintenance program who use amphetamines to get a 'buzz' again. Previous prison status varied from 0 to 50%, although most informants estimated about 25% of their populations had previously been incarcerated.

The use of powder-form amphetamines was predominant. Use of crystal and pharmaceutical amphetamines were noted by 2 key informants, although to a much lesser extent than powder forms. The frequency of amphetamine use varied from daily to once every few months, however, the majority of key informants noted that the amphetamine users they had contact with were injecting on a daily to weekly basis, depending on finances. Polydrug use was common: the majority of this group also regularly used cannabis (with the exception of the homosexual male group), and the use of morphine, methadone (as noted above), and benzodiazepines was common among a minority of these users (10-30%). Ecstasy and hallucinogen use was minimal or sporadic, but more common amongst the homosexual male group.

Amphetamine trends

Four of the five key informants noted increases in the number of amphetamine users presenting to their service for assistance, which included needle exchanges, support and counselling services. A decrease in age and increase in the amount of injection was noted by half of the key informants. Additionally, mental health problems such as psychosis was seen to be increasing amongst this group (particularly for regular opioid and high-level cannabis

users). These trends were noted to have been continuations of longer-term changes by several key informants.

Table 1: Key informant estimates of amphetamine use and trends

Who's using	Reside throughout Hobart and suburbs Most aged late teens to 30s Predominantly males English speaking backgrounds Broad range of education levels and occupations Homosexual and heterosexual Some with prison history (~25%)
Change in user demographics	Increase in number using Decrease in age
Routes of administration	Most inject Snort/swallow preferred by homosexuals
Change in routes of administration	Increase in injection
Other drug use	Polydrug use common, particularly cannabis Minor but substantial group also regularly using opioids Some use of pharmaceutical stimulants (dexamphetamine)
Other trends	Increased mental health problems

Price, purity and availability of amphetamines

Amphetamine prices were noted by key informants to range from \$30-80 a 'gram' (which was noted to vary between 0.7 and 1.0 of a gram). Three key informants noted the availability of better quality amphetamine, sold in units of 'points' (0.1 of a gram), which ranged in price from \$50-60/point. Only 3 key informants could comment on the price stability of amphetamine, indicating that the price had remained stable over the past 6 months (n=2) or decreased (n=1). Most thought the purity of amphetamines was low (n=4), with the key informant referring the amphetamine sold in 'point' units indicating that the purity was relatively high (n=1). The majority of informants considered the purity of amphetamine to have decreased (n=3) or to be stable (n=1). All thought amphetamine was easy (n=1) or very easy (n=4) to obtain, and that this situation had remained stable (n=2) or had become easier in the past 6 months (n=3).

Table 2: Key informant estimates of amphetamine availability

Purchase amount	\$50-\$80 gram (low quality) \$50-\$60 per 0.1 gram ('point' - better quality)
Change in price	Stable or decreased
Purity	Low (street) Medium / high ('points')
Change in purity	Stable or decreased
Availability	Very easy
Change in availability	Stable or easier

3.1.2 Other indicators

Survey Data

The 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999) which sampled 1031 Tasmanian residents indicated that 6.3% had ever used amphetamines, while 1.6% had used it in the 12 months prior to interview. Only 4% indicated that they had been offered amphetamines in this period. Of the respondents that indicated they had injected illicit drugs (n=6) in the 12 months prior to interview, all had injected amphetamine. These low rates and the small sample size of illicit drug users make it difficult to meaningfully analyse the data by gender or age, or to detect further trends in amphetamine use.

Law enforcement data

Since July 1999, the Tasmania Police State Intelligence Services has produced monthly reports of drug seizures and costs (Table 3). This data clearly indicates that the price of amphetamines in the southern region has remained stable over the July-October 1999 period, in concert with the key informant reports. Indeed, considering this information over a longer time scale (Table 4), it appears that the price of amphetamines in the state have remained relatively stable since at least the second quarter of 1998.

While the limited time-period of the data presented in Table 3 makes it difficult to identify clear trends, the fluctuations in the quantity of seizures in September and October 1999 may be noteworthy, particularly in light of the fact that only 161 grams of amphetamine powder and 53 tablets were seized by Tasmania police during the entire 1997/98 financial year.

Table 3: Amphetamine law enforcement data

	July 1999	August 1999	September 1999	October 1999
Powder Seized	59 grams	58 grams	233 grams	86 grams
Tablets Seized	20 tablets	6 tablets	6 tablets	5 tablets
% within Southern District	100%	60%	80%	22%
Price in Southern District	\$50 taste, \$80 gram	\$50 taste, \$80 gram	\$50 taste, \$80 gram	\$50 taste, \$70-80 gram

Source: Statewide Illicit Drug Reports July-October 1999. Tasmania Police State Intelligence Services

NB: No information is given as to the quantity referred to by a 'taste' of amphetamine, however, on the basis of key informant reports this would refer to a quantity of 0.6 - 0.8 gm.

Table 4: Amphetamine prices in Tasmania, 1996-1999

	Street Gram*	Full Gram	Ounce (28 gms)
July-Sept 1996	\$50-80	\$100-120	\$1400
Oct-Dec 1996	\$50-80	\$100-120	\$1400
Jan-Mar 1997	\$50-80	\$100-120	\$1400
April-June 1997	\$70-80	\$100-120	\$1400
July-Sept 1997	\$50	\$100-120	\$1200-1400
Oct-Dec 1997	\$50	\$100-120	\$1400-1600
Jan-Mar 1998	\$50	\$70-100	\$1400-1600
April-June 1998	\$50	\$70	\$1400-1600
July-Sept 1998	<i>price not reported</i>	<i>price not reported</i>	<i>price not reported</i>
Oct-Dec 1998	\$50	\$70-80	\$1200-1400
Jan-Mar 1999	\$50	\$70-80	\$1200-1400
April-June 1999	\$50	\$70-80	\$1200-1400

Source: Australian Bureau of Criminal Intelligence

*Note: Quantity referred to by a "street gram" was not reported in ABCI statistics, however, on the basis of key informant reports this would refer to a quantity of 0.6 - 0.8 gm.

In contrast to key informant reports of an increase in people using amphetamines, the number of arrests of consumers of amphetamines and related substances made by Tasmania police has declined steadily over the past 3 financial years (Table 5). It should be noted however, that this change may reflect Tasmania police's policy of focussing operations toward apprehending providers of illicit substances, rather than targeting users themselves. Males make up the majority of consumer arrests for use of amphetamine and related substances.

Table 5: Consumer and provider arrests for amphetamine and related substances, 1996/97-1998/99

	1996/97	1997/98	1998/99
<u>Consumers</u>			
Female	3	5	0
Male	15	9	4
Unknown	0	1	2
Total	18	15	6
<u>Providers</u>			
Female	0	0	0
Male	2	0	1
Unknown	0	0	0
Total	2	0	1
Total Arrests	20	15	7

Source: Australian Bureau of Criminal Intelligence

Note: "Consumer" refers to persons charged with use-type offences (e.g. possession, administration), while "provider" refers to persons charged with supply-type offences (e.g. supply, cultivation or manufacture). Where a person has been charged with multiple offences within a category, that person is only counted once in these statistics.

Drugs seized by police are only tested for composition and purity if the alleged offender pleads not guilty to the associated charge. Hence, purity data for drug seizures in the state is minimal. However, data for methamphetamine received at analytical laboratories has been provided by the Australian Bureau of Criminal Intelligence for the 1998/99 financial year. Of the 39 seizures analysed in this period, a mean purity level of 8% was recorded (range 2-59%). This is comparable to the purity of analysed seizures in 1997/98, which was 7%. Seized quantities of methamphetamine less than 2 grams (n=31, mean purity=5%) were generally of lower purity than the seizures of greater than 2 grams (n=8, mean purity=21%). The marked deviations in purity of the larger seizures between different reporting quarters are probably more reflective of the small sample size rather than any emerging trend.

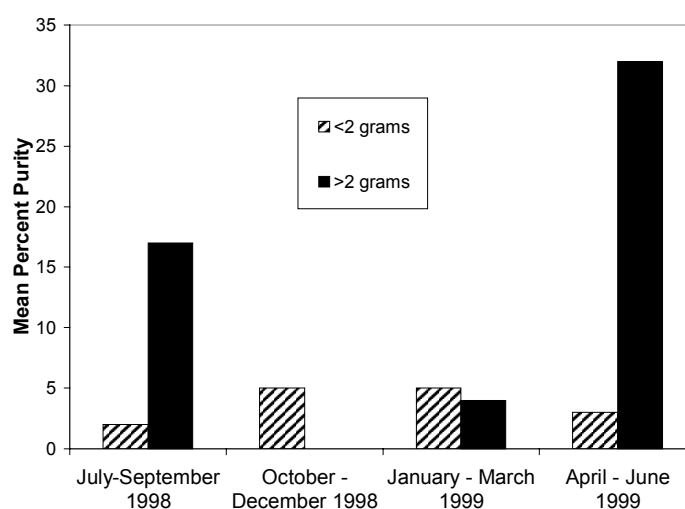


Figure 1: Purity of Tasmanian seizures of methamphetamine received for laboratory testing, 1998-99

Source: Australian Bureau of Criminal Intelligence

Needle and syringe exchange client data

Since 1997, clients of non-pharmacy needle exchange outlets have been asked which drug they mostly inject. Amphetamine has been the most commonly reported drug used for the past 3 years, at 56%, 46% and 57% during 1996/97, 1997/98 and 1998/99. This data should be interpreted with caution, however, as during 1997/98 one of the major central needle exchange services stopped collecting data (prior to this, clients of that outlet regularly reported amphetamine use at over 70%), and for the 1998/99 financial year, only 37% of the total client data reported drug use preferences.

The Australian Needle and Syringe Program Survey (National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs) has reported amphetamine as the last drug injected of around 30% of their Tasmanian participants for their 1997 and 1998 surveys. However, these studies only sampled 23 and 51 clients respectively.

3.1.3 Summary of amphetamine trends

The following trends were noted to have occurred during the past six to twelve months by key informants (KIS) or through secondary data sources (OTHER):

- increase in use of amphetamine (KIS);
- increase in injection of amphetamine (KIS);
- increased mental health concerns among users (KIS);
- price and purity stable or decreased (KIS, OTHER)
- availability of amphetamine stable and easy (KIS).

3.2 OPIOIDS

3.2.1 Key informant study

Current opioid patterns

Seventeen key informants reported on contacts using opioids, including 12 health workers, 3 needle exchange/outreach workers, 1 person from police/prisons and 1 researcher. All key informants noted their populations were using both diverted pharmaceutical morphine and illicit methadone; either at equal frequency or one preferentially, but regularly use the other depending on availability. Thus, the trends for these drugs are discussed together here.

Key informants were familiar with opioid users from Hobart city and nearby suburbs (n=9), eastern shore (n=2) and outer northern suburbs (n=4) (Table 4). Their ages ranged from 12 to 60 years, although key informants indicated that most were aged in their early 20s (n=8), late teens (n=3) or late 20s to early 30s (n=5). Fifty to ninety percent of opioid users were male, with the majority of informants referring to groups that were comprised of 70% or more males (n=13). Virtually all users were from English speaking backgrounds.

Most opioid users were reported to have completed no more than year 10 at school, with minorities having college or tertiary qualifications. Most were also unemployed, with smaller percentages transiently employed or students. The majority of key informants noted an under-representation of homosexuals within these users (n=11), with 4 indicating a proportional distribution in comparison to the general population. Estimates of previous prison history varied from less than 5% to 70%, depending primarily on the age of the users the key informants were referring to. Current treatment status varied: 10 to 100% of the opioid users key informants had contact with were in some form of treatment, which included detoxification, counselling, or methadone maintenance therapy.

The morphine used by this group was diverted pharmaceuticals, and was primarily tablets of MS Contin or Kapanol, with Anamorph being less common. Most users were injecting morphine daily or twice daily, with a minority using less frequently than this (eg. weekly). Quantities used varied from 30-100 mg per day. Illicitly obtained methadone syrup (and to a lesser extent Physeptone tablets) was regularly used within this group. Those on methadone maintenance programs were generally noted to primarily use this orally, but inject where possible (e.g. takeaways). It should be noted that not all those using methadone were on the methadone maintenance program, nor are all those on the methadone program using the drug inappropriately or using other illicit. Regular cannabis use was almost ubiquitous among these users, and most used benzodiazepines to varying degrees (either by injection or oral), often as a second-line drug when methadone or morphine was not available. Most users were noted to use heroin when it was available and of good quality. A minority of this group (generally around 15%) were also noted to inject amphetamines.

Opioid trends

Several trends among opioid users were reported during the past 6 months. Thirteen of the 17 key informants noted an increase in the number of people using opioids. The demographic pattern of opioid users was also reportedly changing, with 11 informants noting a decrease in average age, and 9 indicating an increase in female users (although 3 informants

cautioned that this increase may be more reflective of females feeling more comfortable about presenting to services). Additionally, 5 key informants noted that a broader demographic range of users was emerging, with both younger and older users, including those from higher educational backgrounds (completed or competing tertiary qualifications), and from a wider range of suburban areas. Three key informants noted an increase in users who had come to Tasmania from interstate with the initial intention of breaking an opioid addiction.

Ten key informants noted an increase in the amount of injection of opioids among users, with 5 noting that the users they had contact with were also injecting more frequently. Although 6 key informants perceived a high level of Hepatitis C infection amongst these users, 6 informants also noted that the rate of needle risk taking behaviours was stable or improving, with an increased awareness of appropriate injection practices in this group.

An increase in the use of heroin by this group was reported by 7 key informants, however almost all of these informants spontaneously indicated that this use was highly variable, depending on the quality of heroin available. Three informants also noted an increase in the use of unusual combinations of drugs injected together such as methadone with benzodiazapines or anticholinergics (eg. Artane - benzhexol, used as an anti-Parkinsonian agent).

These trends were also reported to have continued over a 12 month period by some key informants.

Table 6: Key informant estimates of opioid use and trends

Who's using	Reside mainly inner city and surrounding suburbs or northern suburbs Most aged around early 20s Predominantly males (at least 2:1) English speaking backgrounds Generally lower education levels (year 10 or below) and unemployed Homosexual and heterosexual Significant proportion with previous prison history (~20-40%) Many on methadone maintenance program
Change in user demographics	Decrease in age Increased numbers of females Increased number of users Broader range of users (especially in education)
Routes of administration	Most inject
Change in routes of administration	Increase in injection
Other drug use	Flexible use of opioids (morphine, methadone, heroin use dependant on availability or quality) Polydrug use common, particularly cannabis and benzodiazepines Combinations of drugs increasing (e.g. methadone with benzodiazepines) Heroin use within this group increasing (but still minor)
Other trends	Increase of users from interstate to 'detox' High perceived prevalence of Hepatitis C infection

Price, purity and availability of opioids

Standard prices for both morphine and methadone of \$1/mg were reported by 10 key informants. Prices for 60 mg morphine tablets were believed to range between \$30-60, and \$65-100 for 100 mg tablets, with similar price schedules reported for methadone. Of the 8 key informants who could comment on price changes, most thought that these prices had remained stable (n=6) with the remainder indicating a price decrease over the past 6 months (n=2).

Due to the pharmaceutical nature of these drugs, purity was indicated as high and stable by key informants (including methadone, which, being in solution, is more easily tampered with). Almost all (n=15) informants considered these drugs as very easy to obtain. The majority of key informants referring to morphine indicated that this had become easier to

obtain in the past 6 months (n=6), whereas the majority of those discussing methadone indicated that availability was stable (n=4).

Table 7: Key informant estimates of opioid availability

	Morphine (MS Contin, Anamorph, Kapanol)	Methadone (Methadone syrup, Physeptone)
Purchase amount	\$1/mg \$30-60/60 mg \$65-100/100 mg	\$1/mg similar schedules to morphine
Change in price	Stable or decreased	Stable
Purity	Pharmaceutical	Pharmaceutical
Change in purity	Stable	Stable
Availability	Very easy	Very easy
Change in availability	Easier or stable	Stable

3.2.2 Other indicators

Survey data

Of the 1031 Tasmanian residents participating in the 1988 National Drug Household Survey (Australian Institute of Health and Welfare, 1999), 0.7% (n=4) reported ever using methadone, with only 0.6% (n=3) of respondents reporting use of these drugs in the 12 months prior to interview. These low rates of users make it difficult to meaningfully detect trends in use. Additionally, these figures should be conservatively interpreted as 8 of the 17 key informants indicated that many of the opioid users they had contact with were transient or of no fixed address, and as such, the methodology of the National Drug Household Survey would tend to under-represent this population.

Law enforcement data

Tasmania Police State Intelligence Services indicate that no seizures of morphine or methadone had been made in the period from August-October 1999, although 8 capsules of morphine were intercepted July. Street prices for morphine were reported to have remained stable at \$1/mg during this period. In the 1998/99 financial year, 25 arrests (24 consumers, 1 provider) were made by Tasmania police involving offences relating to opioids (including heroin), in comparison to 16 arrests (15 consumers, 1 provider) in 1997/98 and 28 arrests (24 consumers, 4 providers) in 1996/97.

Needle and syringe client data

Data from clients of non-pharmacy needle exchange services are not quite in keeping with the trends reported by key informants (Figure 2). Percentage of clients reporting opioids

(including heroin) as the drug they most often injected was 40% in 1996/97, 46% in 1997/98 and 40% for 1998/99. However, it should be noted that not all exchange services have provided data to these figures, and informants from two central Hobart needle exchange services indicated that the majority of their clients are using opioids. Injection of morphine has consistently been reported as more popular than injection of methadone.

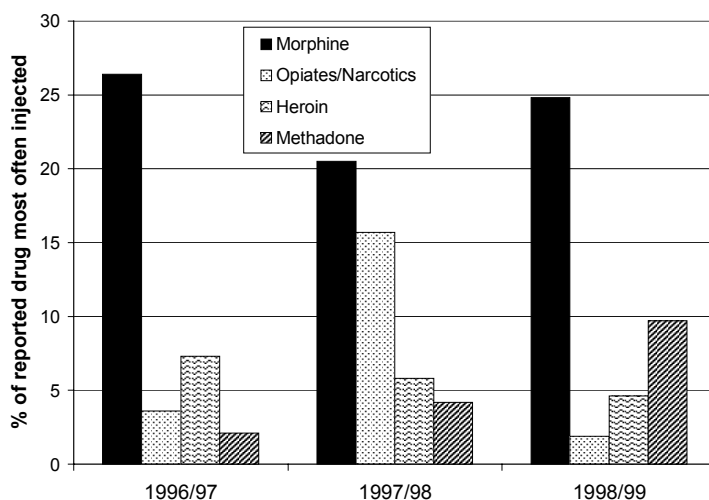


Figure 2: Percentages of opioids reported as ‘drug most often injected’ by Tasmanian needle exchange clients, 1996-1999
Source: Sexual Health, Department of Health and Human Services

The Australian Needle and Syringe Program Survey (National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs) has reported opioids as the last drug injected of 50% or more of their Tasmanian participants for their 1996, 1997 and 1998 surveys (Table 8). However, given that these studies only sampled 18, 23 and 51 clients respectively, these figures should be interpreted with caution.

Table 8: Australian Needle and Syringe Program (NSP) Survey: Prevalence of opioids within “last drug injected”, 1995-98

	1995		1996		1997		1998	
	Number	%	Number	%	Number	%	Number	%
Heroin	2	33	1	6	0	0	5	10
Methadone	0	0	5	28	10	43	17	33
Morphine	2	33	6	33	4	17	10	20
Total Sample Size	6		18		23		51	

Source: National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs.

Methadone maintenance client data

There has been a steady growth in the number of clients on the state’s methadone maintenance program since 1995. Currently there are around 350 daily recipients of methadone, more than double the number on the program in 1995. However, this increase in numbers is likely to primarily reflect the long-term nature of methadone maintenance

therapy, as the number of new applications for the program has remained consistent from 1997-1999 (approximately 200 new applications per annum).

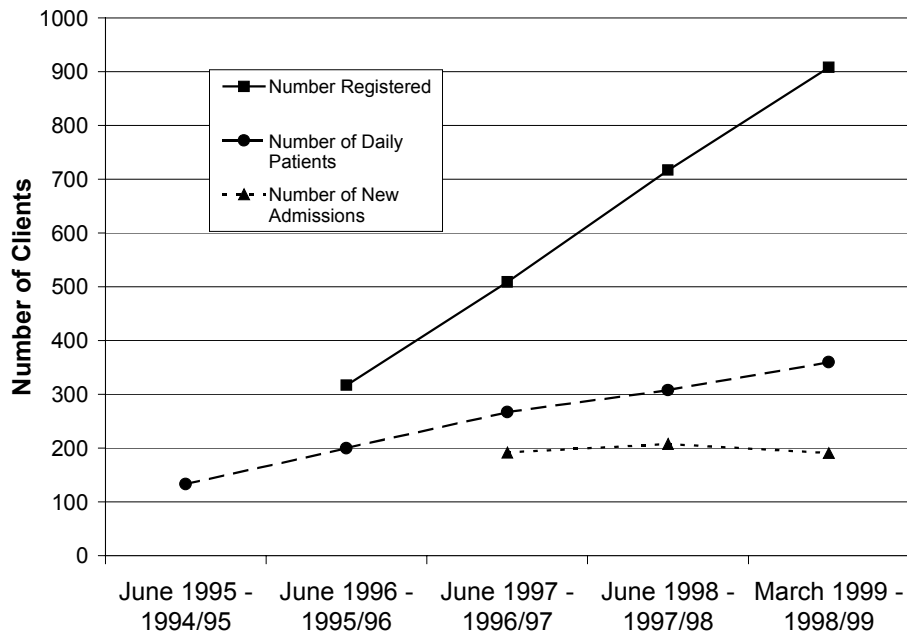


Figure 3: Growth of the Tasmanian methadone maintenance program, 1995-1999

Source: Pharmaceutical Services, Department of Health and Human Services, Tasmania

In 1997 and 1999, consecutive applications for access to the methadone maintenance program were reviewed by Pharmaceutical Services (DHHS), and the first 50 cases where there was a clear indication of the drugs used by the client were analysed. The data (Table 9) clearly indicate that use of diverted pharmaceutical opioids is more prevalent than illicit opioids in Tasmanian applicants. It should also be noted that of the 1999 sample, six of the applications were from people who had transferred from interstate, all of whom noted use of heroin. With data from these clients removed 88% of the local applications mentioned misuse of pharmaceutical opioids (71% morphine), and only 35% reported use of heroin.

Table 9: Reported drug use in applications for initiation and re-admission to the Tasmanian methadone maintenance program

		1997		1999	
<i>Licit Drugs</i>		No. Applications	% of Applications	No. Applications	% of Applications
Opioids	Morphine	40	78.4%	34	63.0%
	Methadone	7	13.7%	6	11.1%
	Codeine	0	0.0%	1	1.9%
	Oxycodone	0	0.0%	1	1.9%
	Pethedine	0	0.0%	1	1.9%
	Total	47	92.2%	43	79.6%
Other Drugs*	Dexamphetamine	0	0.0%	1	1.9%
	Benzodiazepines	4	7.8%	6	11.1%
	Total	4	7.8%	7	13.0%
Illicit Drugs	Heroin	20	39.2%	23	42.6%
	Amphetamine*	3	5.9%	6	11.1%
	Cannabis*	3	5.9%	0	0.0%
	Total	26	51.0%	29	53.7%
Total Applications		51		54	

** these figures are likely to be under-reported as application for placement on the program is primarily concerned with opioid dependence*

Source: Pharmaceutical Services, Department of Health and Human Services, Tasmania

Tasmanian Schedule 8 prescription rate data

Tasmanian prescription rates for Schedule 8 pharmaceuticals since 1991 were also provided by Pharmaceutical Services (DHHS). During this time, consumption of morphine has been consistently 120% or more of the national average (Figure 4). Similarly, consumption of methadone 10 mg tablets has been consistently above 200% that of the national average since 1992 (Figure 5). However, overall rates of consumption of methadone in the state have been consistently below that of the Australian average (although the gap has been progressively decreasing over time - Figure 6). As such, a proportion of these differences in consumption rates can be accounted for by prescription practices and the aging nature of the Tasmanian population, however it does indicate a certain willingness to prescribe opioids among Tasmanian doctors.

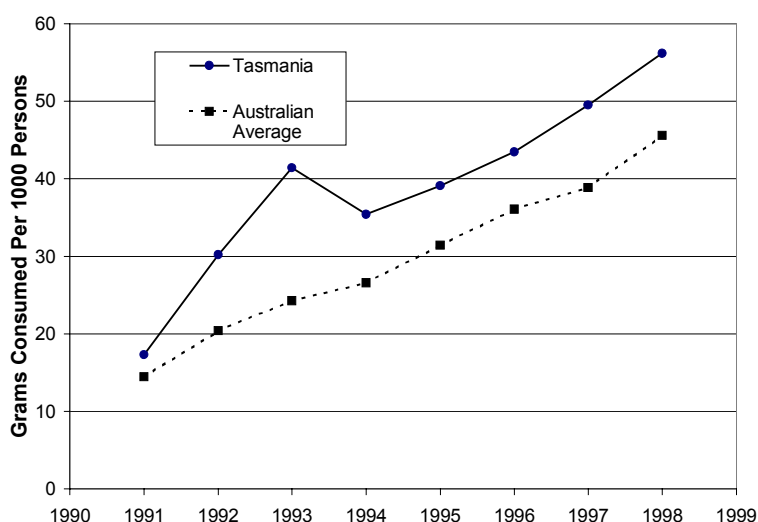


Figure 4: Consumption of morphine per 1000 persons, 1991-1998

Source: Pharmaceutical Services, Department of Health and Human Services

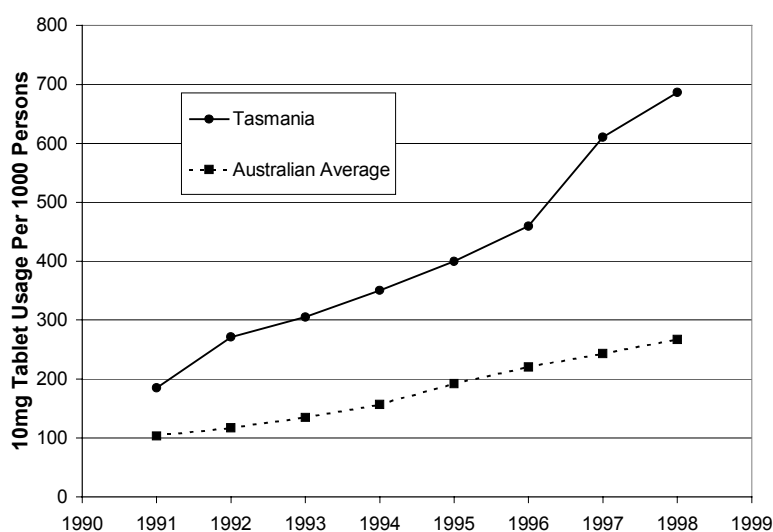


Figure 5: Consumption of methadone 10mg tablets per 1000 persons, 1991-1998

Source: Pharmaceutical Services, Department of Health and Human Services

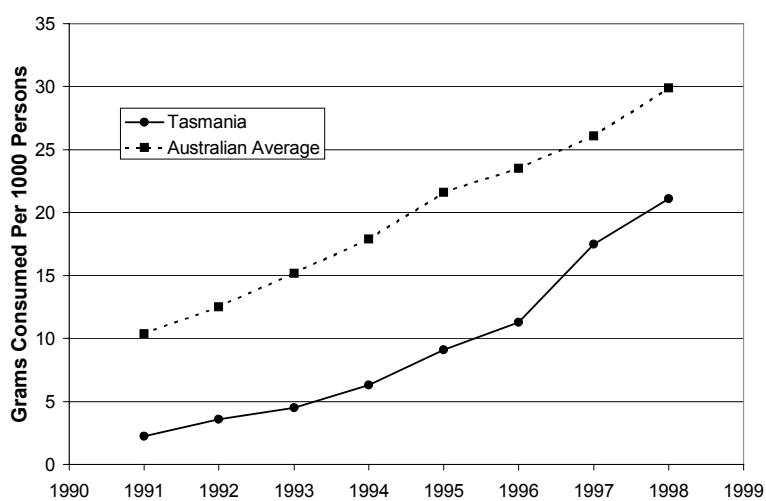


Figure 6: Consumption of methadone per 1000 persons, 1991-1998

Source: Pharmaceutical Services, Department of Health and Human Services

3.2.3 Summary of opioid trends

The following trends were reported to have occurred during the past 6 to 12 months:

- increased number of people using opioids (KIS)
- decrease in age of users (KIS)
- increase in female users (KIS)
- broader demographic of users (KIS)
- increased use of heroin among these users (KIS)
- stable price and availability of opioids (KIS, OTHER)
- morphine injection more popular than methadone use (KIS, OTHER)

3.3 CANNABIS

3.3.1 Key informant study

Current cannabis patterns

Ten key informants reported on primary cannabis users with whom they had contact in the previous 6 months (Table 10). Of these key informants, 2 were police/prison officers, 3 were from outreach/support services, 2 were working as drug educators and 3 were general health workers. Most informants were familiar with users residing throughout the greater Hobart area (n=5), although some indicated a greater prevalence of users in lower socio-economic areas. Their ages ranged from 12 to 60 years, although informants agreed that most were aged in their late teens (n=4) or early-mid 20s (n=6). Eight key informants indicated that at least 70% of this group were male.

All key informants described cannabis users who were predominantly from English-speaking backgrounds, with 7 indicating that 5% or less of the users they were familiar with were from Aboriginal or Torres Strait Islander backgrounds. Although 3 key informants were referring to cannabis users from a wide range of educational levels, 6 indicated that the majority had lower educational histories (completed no more than year 10). Most were unemployed, with a minority employed or students. Both heterosexuals and gay males and females were represented. Current treatment status varied: 5 to 40% of the cannabis users key informants had contact with were in some form of treatment, which included support, counselling, antidepressants or methadone maintenance. Previous prison status varied from 0-100% although most informants indicated rates of 30% or less.

It should be noted that the generally lower-educated, lower socio-economic demographic described is probably more reflective of the demographics associated with the key informants' occupational areas (prisons, outreach, support for low-income persons, ambulance officers working in low socio-economic areas) than of cannabis users per se.

Cannabis users generally were reported to prefer hydroponically grown cannabis. Most tended to use cannabis daily or several times per week, although a minority were using less frequently. All informants noted that cannabis was primarily smoked, using buckets and bongs. Regular alcohol use was also common among this group. A minority of these users (generally 20% or less) were reported to sporadically use benzodiazepines, morphine or methadone (primarily orally), with slightly higher percentages also recreationally using amphetamines (usually injected). Some seasonal mushroom, datura and opium poppy use was noted, especially amongst younger users.

Cannabis trends

Most key informants indicated that there had been little change in trends of cannabis use in the past 6 months. However, 4 key informants noted an increase in mental health problems amongst these users (primarily depression or psychosis). An increase in injection of illicit drugs was noted by 4 informants.

Table 10: Key informant estimates of cannabis use and trends

Who's using	Generally aged teens to late 20s Reside throughout Hobart Variable educational levels Predominantly unemployed or students Two thirds or more male Some treatment and prison history
Change in user demographics	No real change
Routes of administration	Most use buckets and bong
Change in routes of administration	No change
Other drug use	Alcohol use common Minority use other illicit
Other trends	Increasing mental health concerns

Price, purity and availability of cannabis

Cannabis was reported to cost \$25 for a 'deal', which was usually around 1 gram or more, depending on quality. An ounce (approximately 28 grams) of cannabis was reported as costing between \$250 and \$450, with 'skunk' or hydroponically grown head being more expensive (\$350-450/ounce) than outdoor cannabis head (\$250-360/ounce). Only 2 of the 10 key informants could comment on price stability, and both indicated that the prices had remained stable over the past 6 months. Similar numbers indicated that cannabis was of medium or high strength, and 3 informants indicated that the strength of cannabis had increased. Seven key informants indicated that cannabis was very easy to obtain, and that this situation had remained stable.

Table 11: Key informant estimates of cannabis availability

Purchase amount	Leaf - no value \$20-25 per gram \$70-120 per quarter ounce (average \$80-100) \$250-360/ounce outdoor head \$350-450/ounce hydroponic/'skunk'
Change in price	Stable
Purity	Medium or high
Change in purity	Increased or stable
Availability	Very easy
Change in availability	Stable

3.3.2 Other indicators

Survey data

The 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999) which sampled 1031 Tasmanian residents indicated that 37.5% had ever used cannabis, while 15.8% had used it in the 12 months prior to interview. These patterns were stable for both urban and rural survey participants. Of those urban respondents who had ever used cannabis, 6% were using daily, 8% weekly, 11% monthly or every few months, and 13% used cannabis less often, with 56% not using during the 12 months prior to interview. Of those currently using cannabis, 55% obtained it from friends or acquaintances. Ten percent of participants further indicated that cannabis was their favorite drug (from a selection which also included tobacco and alcohol). Following a similar trend to the rest of the country, around 22% of Tasmanian participants indicated that they had been offered cannabis in this period.

Law enforcement data

Tasmania Police State Intelligence Services have provided monthly reports of drug seizures and costs since July 1999 (Table 12). This data clearly indicates that the price of cannabis in the southern region has remained stable over the July-October 1999 period, in concert with the key informant reports. Indeed, considering this information over a longer time scale (Table 13), it appears that the price of cannabis in the state have remained relatively stable since at least the final quarter of 1998.

Table 12: Cannabis law enforcement data

	July 1999	August 1999	September 1999	October 1999
Cannabis leaf seized	1651 grams	10144 grams	3906 grams	3525 grams
Cannabis seed seized	645 grams	351 grams	217 grams	1409 grams
Cannabis head seized	573 grams	156 grams	302 grams	1091 grams
Indian hemp plants seized	262	309	243	1419
Prices in Southern District				
Deal (1 gm approx)	\$20	\$20 (head)	\$25	\$25
Quarter Ounce (7 gm)	\$100	\$100	\$100	\$80-110
Half Ounce (14 gm)	\$200	\$200	\$200	\$160-230
Ounce (28 gm)	\$400	\$400	\$400	\$300-450

Source: Statewide Illicit Drug Reports July-September 1999. Tasmania Police State Intelligence Services

Note: Change in price data for October 1999 reflects the first time prices for outdoor cannabis and hydroponic cannabis had been detailed separately in this report.

Table 13: Cannabis prices in Tasmania, 1995-1999

	Deal (1 gm approx)			1/4 Bag (7 gms)		1/2 Bag (14 gms)		1 Ounce (28 gms)	
	Leaf	Head	Hydro*	Head	Hydro*	Head	Hydro*	Head	Hydro*
Jan-Mar 1995	\$20	\$40	-	-	-	-	-	\$400	-
April-June 1995	\$20	\$40	-	-	-	-	-	\$300-350	-
July-Sept 1995	\$15	30-40	-	-	-	-	-	\$250-350	-
Oct-Dec 1995	\$25	\$50	-	-	-	-	-	\$350-400	-
Jan-Mar 1996	\$15	\$30-40	-	-	-	-	-	\$300-450	-
April-June 1996	\$15	\$25-50	-	-	-	-	-	\$250-500	-
July-Sept 1996	\$15	\$25-50	-	-	-	-	-	\$350-450	-
Oct-Dec 1996	\$10	\$25-50	-	-	-	-	-	\$350-450	-
Jan-Mar 1997	\$10	\$25-50	-	-	-	-	-	\$350-450	-
April-June 1997	\$10	\$25	\$50	\$80	\$100	\$175	\$200	\$350-450	\$450
July-Sept 1997	\$10	\$25	\$50	\$80	\$100-120	\$150-175	\$200-250	\$350-450	\$450
Oct-Dec 1997	\$10	\$25	\$50	\$80	\$100-120	\$150-175	\$200-250	\$350-450	\$450
Jan-Mar 1998	\$10	\$25	\$50	\$80	\$100-120	\$160	\$200-250	\$400	\$450
April-June 1998	\$10	\$25	\$50	\$80	\$100-120	\$160	\$200-250	\$250-350	\$350-450
July-Sept 1998	-	-	-	-	-	-	-	-	-
Oct-Dec 1998	\$10	\$20-25	\$25	\$80-90	\$90-110	\$160-180	\$180-230	\$300-350	\$350-450
Jan-Mar 1999	\$10	\$20-25	\$25	\$80-90	\$90-110	\$160-180	\$180-230	\$300-350	\$350-450
April-June 1999	\$10	\$20-25	\$25	\$80-90	\$90-110	\$160-180	\$180-230	\$300-350	\$350-450

Source: Australian Bureau of Criminal Intelligence

Note: Reporting criteria were expanded in April 1997 to provide separate data for (outdoor) cannabis head and hydroponically grown cannabis or "skunk". Thus, definitions of what constitutes cannabis "leaf" and "head" may have changed during this time period

Tasmania police made a total of 1728 seizures of cannabis in the 1997/98 financial year, with a total of 130,495 grams of cannabis, in comparison to 1953 seizures in the 1996/97 period, where 112,002 grams were confiscated. In July 1998, Tasmania police started a trial in which an adult in possession of 50 grams or less of dried cannabis received a caution rather than being arrested. This shift in policy may underlie the reduction in the numbers of cannabis consumers arrested in the state from 907 in the 1997/98 period to 687 in 1998/99, although it should be noted that minor possession and use had received very small penalties prior to this (ABCI, 1999).

Table 14: Consumer and provider arrests for cannabis, 1996/97-1998/99

	1996/97	1997/98	1998/99
<u>Consumers</u>			
Female	91	115	108
Male	437	520	564
Unknown	0	272	15
Total	528	907	687
<u>Providers</u>			
Female	100	37	11
Male	451	179	38
Unknown	0	73	0
Total	551	289	49
Total Arrests	1079	1196	736

Source: Australian Bureau of Criminal Intelligence

Note: "Consumer" refers to persons charged with use-type offences (e.g. possession, administration), while "provider" refers to persons charged with supply-type offences (e.g. supply, cultivation or manufacture). Where a person has been charged with multiple offences within a category, that person is only counted once in these statistics.

3.3.3 Summary of cannabis trends

The following trends were reported to have occurred during the past 6 to 12 months:

- generally stable price (\$20-25/gm), purity (medium/high) and availability (very easy) (KIS, OTHER);
- increase in mental health concerns among high level users (KIS);
- most commonly used illicit drug (KIS, OTHER);
- increase in injection of other illicit drugs among this group (KIS).

3.4 OTHER DRUGS

The following results should be interpreted with caution as no key informants specifically reported on the use of the following drugs (with the exception of benzodiazepines, for which a single key informant reported on). These results are based on comments from the entire key informant cohort, and are compared with findings from secondary data sources.

3.4.1 Heroin

Fifteen key informants reported an increasing availability of heroin in the last 6 months, although its availability seems to fluctuate highly. Rock or crystal form heroin was mainly restricted to older, better-connected users, and heroin available at street level was commonly in low quality powder form. Nine key informants indicated that heroin use was common amongst (pharmaceutical) opioid users, but was variable, dependant on availability and quality.

Two key informants reported prices for heroin of \$20-30 a cap or \$100 a deal (0.1-0.2 g). This is comparable with law enforcement data, which has indicated street prices of heroin in the southern district as \$50 per street deal or \$600 per full gram, and \$25 per cap in the northern district during July-October 1999. Three seizures of heroin have been made by Tasmania police during this period, 1 cap in the northern district in July, and two seizures totaling 14 grams in the southern district during October. In comparison, no seizures of heroin were reported to the Australian Bureau of Criminal Intelligence in 1996/97 or 1997/98.

Reported use of heroin as the main drug injected by needle exchange clients has actually dropped over the last 3 years, with reported rates of 7.3%, 5.8% and 4.6% for the 1996/97, 1997/98 and 1998/99 periods respectively. The 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999) reported that 1.8% (n=15) of Tasmanians sampled had ever used heroin, while 0.5% (n=5) had used it in the year prior to interview.

3.4.2 Ecstasy

Only seven key informants reported the use of ecstasy amongst the drug users they were familiar with. This is likely to reflect the nature of the nature of the key informant methodology, as primary users of ecstasy are unlikely to present to drug and alcohol services. Two key informants indicated that ecstasy use was present in differing demographics to those sampled in the current study, primarily younger, student or nightclubbing groups. Three informants noted an increase in use of ecstasy, although this was mostly recreational or occasional, or tied to social events.

Two key informants reported prices for ecstasy as ranging between \$25 and \$60 per tablet, dependant on quality and demand. Again, this is comparable with law enforcement data, which has reported prices between \$15 and \$60 per tablet over the July-October 1999 period. Data provided by the Australian Bureau of Criminal Intelligence (ABCI) indicates that the prices for ecstasy in the state have remained reasonably stable over the past year, with reported costs of \$15 to \$25 per tablet during the 1998/99 period, a clear drop from 1996/97 and 1997/98 periods (\$70 - \$80 and \$60 - \$80 respectively).

From the 1998 National Drug Strategy Household Survey for Tasmania (Australian Institute of Health and Welfare, 1999), 2.4% of those surveyed reported ever using ecstasy (n=28), while 0.7% (n=8) had used in the year prior to the survey.

3.4.3 Cocaine

Three key informants mentioned cocaine, two of these questioning its availability in the state. Two informants referred to anecdotal reports of better quality amphetamine being sold off as cocaine. No mention of cocaine has been made in the July-October 1999 statewide police illicit drug reports.

Only 4 of the 1,960 needle exchange clients in 1998/99 reported cocaine as the drug they most often injected. According to the findings of the 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999) 2.3% of surveyed Tasmanian residents (n=29) had ever tried cocaine, while only 0.1% (n=3) had used it in the 12 months prior to interview.

3.4.4 Benzodiazepines

Many key informants reported the use of benzodiazepines amongst the users they had contact with. Drugs noted included temazepam (Normison), alprazolam (Xanax), diazepam (Valium), clonazepam (Rivotril), flunitrazepam (Rohypnol), and others, although 3 informants noted limited availability of Rohypnol. Fourteen key informants noted use of benzodiazepines among opioid users, many of whom would use benzodiazepines regularly or as a second-line drug if morphine or methadone were unavailable. Benzodiazepines were primarily injected among these users. Two key informants noted an increase in the injection of temazepam, while a further two noted a decrease in injection of this drug (due to the harm associated with its intravenous use).

Five informants indicated the use of benzodiazepines amongst a small proportion of the primary cannabis users that they had contact with. Amongst this group, use was primarily oral. Benzodiazepines were noted as easy to access by two key informants, at prices between \$5 and \$8 for 2 mg clonazepam or rohypnol tablets, with 10-20 mg temazepam tablets ranging between \$2-5.

Of the Tasmanians surveyed in the 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999), 7.9% (n=75) indicated that they had ever tried benzodiazepines for non-medical purposes, and 2.9% (n=28) reported use in the year prior to the survey.

3.4.5 Alkaloid poppies

Three key informants reported seasonal use of alkaloid poppies amongst clients they had contact with, primarily among younger users, although use among older, longer-term users was noted. Two informants believed that the popularity of poppy use had declined in recent years as the use of pharmaceutical opioids has grown. The diversion rate of Tasmanian alkaloid poppy crops, shown in Table 15 below, had been in steady decline between 1995 and 1998, in support of the key informant reports. Contrary to this trend, however, the number of capsules reported stolen in the 1998/99 financial year was more than double that of the

previous period. It should be noted that a large haul of approximately 50,000 capsules from a single property was largely responsible for this increase.

As the 1999/2000 financial year sees a significant expansion in Tasmania's alkaloid poppy industry from 15,000 to 21,500 hectares of crops, it will be of great interest to note whether this apparent increase in diversion was an isolated incident or marks a change in popularity of illicit poppy use in the state.

Table 15: Tasmanian alkaloid poppy crop diversion rates, 1995-1999.

	1995/96	1996/97	1997/98	1998/99
Number of capsules stolen	68,724	42,426	30,424	66,013
Cost per hectare of securing poppy crops	\$46	\$45	\$39	\$33
Number of capsules stolen per hectare sown		3.95	2.44	4.41
Ratio of number of thefts per hectare sown		1:233	1:328	

Source: Justice Department of Tasmania Annual Report, 1997/98

3.4.6 Other drugs

Two or fewer informants reported any information regarding inhalant, steroid or hallucinogen use, and as such, these will not be reported. It should be noted that a seizure of 10, 50 mL bottles of Stanazol steroid were seized within the northern district in October 1999. The offender noted that the steroid was sold for \$250 per bottle. No seizures of steroids were made in the state during the 1997/98 period, although 3 were made in 1996/97.

3.4.7 Summary of trends for other drugs

The following trends were reported to have occurred during the past 6 to 12 months:

- increasing availability of heroin, although fluctuating and generally poor quality (KIS);
- heroin use mainly among users of other opioids, dependant on quality (KIS);
- increase in (recreational) use of ecstasy (KIS);
- minimal use/availability of cocaine (KIS, OTHER);
- injection of benzodiazepines common amongst opioid users (KIS);

3.5 DRUG RELATED ISSUES

Information on health, needle sharing, crime and police activity is summarized below and in Table 16.

3.5.1 Key informant study

Amphetamines

An increase in mental health concerns among primary amphetamine users (psychosis, agitation) was noted by 5 key informants. Declining health and self-care (connected with financial difficulties stemming from debts) were also commented on. In regards to police activity, two informants noted that police were tending to increasingly use surveillance methods, but were generally focussed on apprehending dealers rather than users.

Opioids

There was some disagreement between key informants about the patterns of health and needle use among opioid users. Increasing mental health concerns and issues of hopelessness and depression were noted by 4 key informants. Three informants indicated a high but stable level of Hepatitis C infection amongst these users, while another 3 indicated an increasing rate of infection. Stable levels of risky needle use were noted by 5 informants, while a further 2 referred to an increasing level of risk taking, primarily referring to users who were regularly using both opioids and amphetamines (and were increasingly disorganized). Decreases in vein care, due to the nature of the drugs injected, and increases in overdoses (possibly related to an increase in the number of users) were noted by a further 3 informants.

Most key informants could not report on the criminal activity of opioid users. Of those who were able to, an increase in burglary and stealing was noted (n=9). Nine key informants indicated an increase in the number of user dealers, and a decrease in age of these dealers (n=5). However, this dealing was noted as mainly buying tablets in bulk and selling on to finance a habit rather than for the accumulation of wealth per se.

Cannabis

A declining level of organization (problems with finances, food and self-care) was noted among regular cannabis users by 6 key informants. In concert with this, increasing concerns with issues such as hopelessness, depression, agitation, suicide attempts and psychosis among high-level users were referred to by most key informants. Four key informants also noted an increase in petty stealing (e.g. stealing from services) amongst users.

Table 16: Key informant estimates of drug-related issues

Drug type	Issue
Amphetamines	Increased mental health concerns Decline in self-care
Opioids	High level of Hepatitis C infection Decline in vein care Stable level of risky injection practices Increased mental health concerns Increase in younger user-dealers
Cannabis	Increasing problems with self-care Increasing problems with hopelessness, depression and psychosis

3.5.2 Other indicators

Health data

Currently, data regarding the primary drug problem of clients presenting at drug treatment services is not available in any collated form. However, three six-monthly surveys of clients presenting for detoxification in Hobart have been performed since 1998 (Table 17). Only the two more recent surveys are presented because the first was based on retrospective data. These surveys indicate a stable number of clients presenting to the service, and a reasonably stable pattern of problem drug use (around 60-70% alcohol, 25% opioids) during this period.

Table 17: Drug use of inpatients presenting for detoxification services

	October 1998		May 1999	
	Presenting problem drug	Other drugs used	Presenting problem drug	Other drugs used
Alcohol	58%	4%	70%	0%
Opioids	28%	7%	22%	2%
Amphetamines	2%	0%	2%	2%
Cannabis	6%	4%	0%	7%
Polydrug	6%	15%	7%	9%
Benzodiazepines	0%	2%	0%	13%
None	-	68%	-	50%
Clients	46		46	

Source: Alcohol and Drug Services, Department of Health and Human Services, Tasmania

The Tasmanian Alcohol and Drug Information Service recorded 840 calls in the 1998/99 financial year (due to staffing problems, not all calls to the service were recorded). The primary drug mentioned in the call was noted in the majority of cases (Figure 7). During this period, the majority of calls pertaining to illicit drugs were regarding cannabis (18%),

followed by opioids (13%) and amphetamines (7%). A trend toward a slight increase in opioid-related inquiries was noted during this period. Data from previous years was unavailable, rendering it difficult to make comparisons.

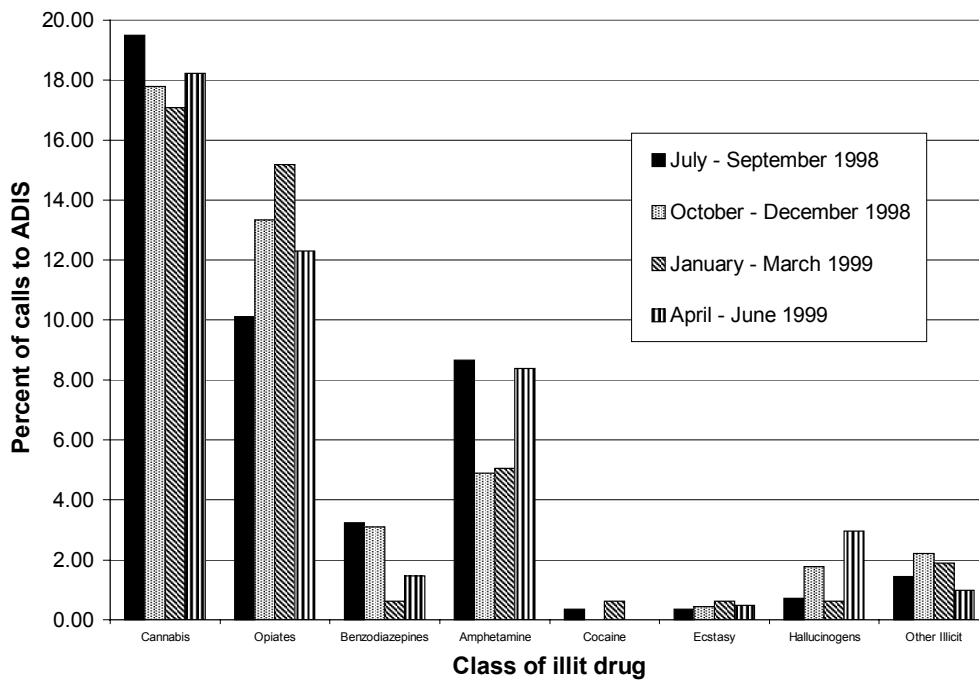


Figure 7: Percentage of calls to ADIS by drug type (1998/99)
 Source: Alcohol and Drug Services, Department of Health and Human Services

Lifeline Tasmania, Inc. is a private organisation which offer anonymous informal telephone counselling and information services. Annual numbers of calls regarding substance abuse or addiction issues had been falling by around 8% per annum between 1995/96 and 1997/98. A higher rate of calls noted in the past financial year may be a reflection of a change in definition of the categories used for data collection (to problem drinking or drug use) rather than a marked increase in calls concerning these issues.

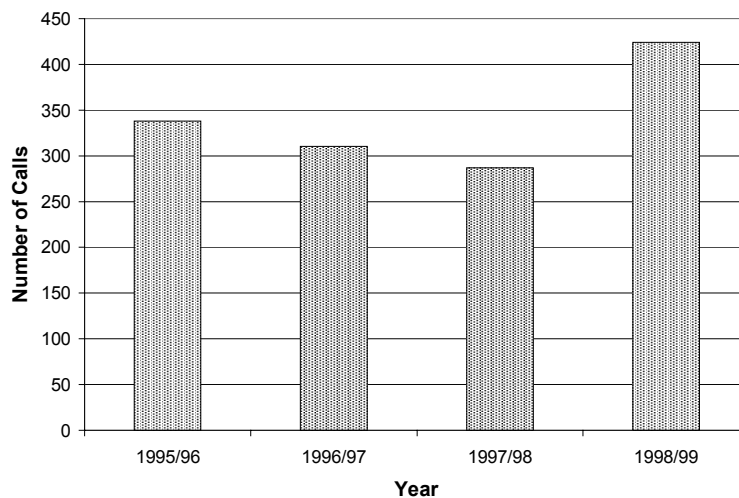


Figure 8: Number of calls regarding substance use and addiction issues (1995/96 - 1997/98) and problem drinking or drug use (1998/99) to Lifeline Tasmania, Inc.
 Source: Lifeline Tasmanian Annual Reports

The number of opioid related fatalities among those aged 15-44 years noted by the state coroner's office has remained quite small during the period 1988-1998 (Figure 9), these minimal figures rendering analysis of trends difficult. With the exception of a single heroin death, these cases were largely associated with methadone or morphine. Benzodiazepines were also present in many of these cases. More detailed analysis of toxicology data for these cases is forthcoming. It should also be noted that there remain several cases yet to be brought before the coroner for the 1998 and 1999 periods and that these are not included in the data presented here.

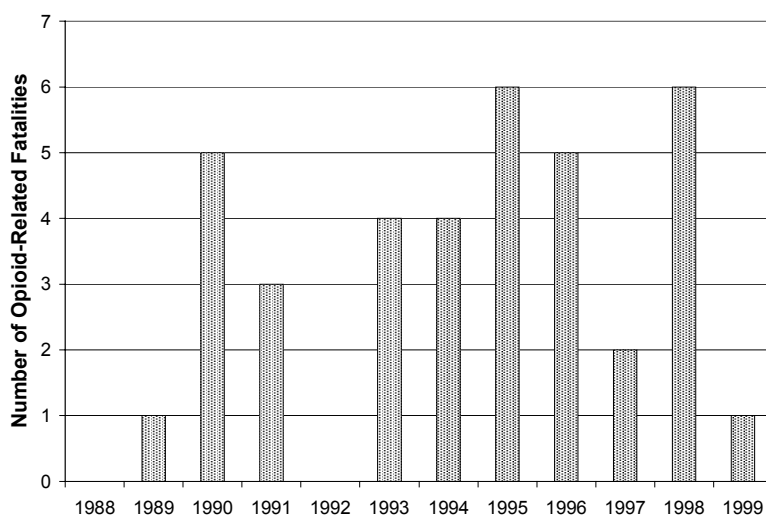


Figure 9: Number of opioid related fatalities among those aged 15-44 years, 1988-1999

Source: Australian Bureau of Statistics, and State Justice Department

Hepatitis C infection rates in Tasmania, provided by the National Notifiable Diseases Surveillance System, appear to have remained stable since 1995, with around 250 cases reported per annum. While this does not agree with the responses of key informants which indicated an increasing rate of Hepatitis C infection amongst illicit drug users, it should be noted that many users are reluctant to find out their hepatitis status, and as such the figures presented here may under-represent the levels amongst the community.

Table 18: Rates of notifiable blood-borne viruses in Tasmania 1991-1999*

Year	Blood-Borne Virus			
	Hepatitis C (incident)	Hepatitis C (Unspecified)	Hepatitis B (Incident)	HIV (Incident)
1991	0	33	0	
1992	0	112	0	
1993	0	161	2	
1994	0	53	2	
1995	1	268	7	
1996	6	291	8	
1997	2	236	1	1
1998	17	265	5	3
1999*	6	243	7	3

*1999 data is current to October 12, 1999

Source: Communicable Diseases Network - Australia New Zealand - National Notifiable Diseases Surveillance System, and Public Health, Department of Health and Human Services

Rates of sharing of needles reported by clients of non-pharmacy needle and syringe exchange services has shown a steady decline since 1995/96 (Figure 10), reflecting a success of the aims of this program.

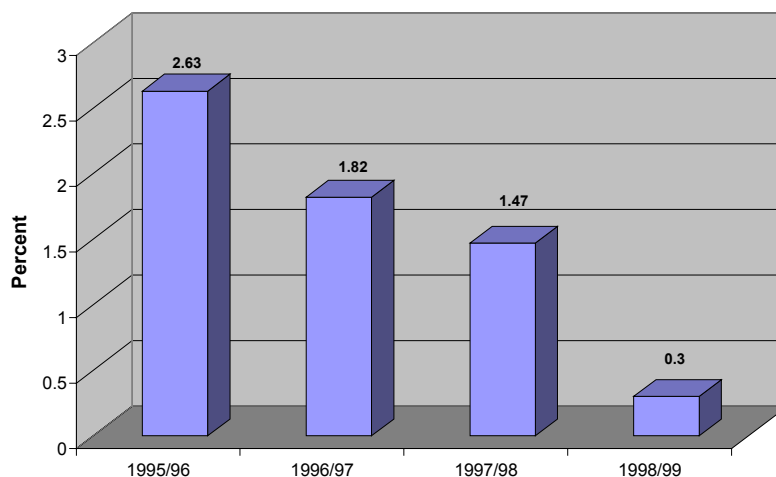


Figure 10: Rates of reported sharing of needles by non-pharmacy needle exchange clients, 1995/96 - 1998/99

Source: Sexual Health, Department of Health and Human Services

Law enforcement data

The number of cases related to drug offenses before the Tasmanian Supreme Court has generally remained stable over the past 3 years (Table 19), as has the number of individuals imprisoned on charges of drug offences.

Table 19: Number of individuals before Tasmanian courts or imprisoned on drug charges, 1995-1999

	1995/96	1997/98	1998/99
Number of individuals before the Supreme court	22	13	22
Number of individuals incarcerated	21	42	26
Number of offences among those incarcerated	33	77	50

The Tasmanian Justice Department has conducted random urine screens of prisoners since 1993, testing approximately 10% of the prison population monthly. Since 1995, these screens have been increasingly based on suspicion of drug use, rather than on a purely random basis, and as such the numbers of inmates caught using illicit drugs has increased over the 1995-1999 period. However, examination of the drugs found during these screens (Figure 11) indicate an increasing prevalence of cannabis and benzodiazepine use amongst inmates, and a decrease in use of opioids.

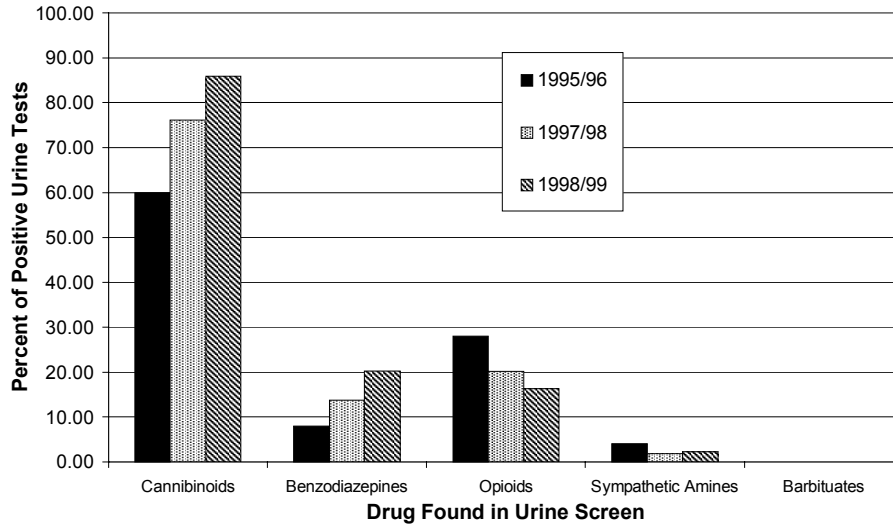


Figure 11: Illicit drugs found in random screens of Tasmanian prison inmates 1995/96-1998/99

Source: State Justice Department

Many key informants reported a decrease in the number of pharmacy break-ins over the last 6 to 12 months. This is supported by data from pharmacy insurance claims, and reflect an increased awareness of security amongst pharmacists. The majority of break-ins were related to the theft of Sudafed (pseudoephedrine, presumably for conversion to amphetamine) or benzodiazepines, rather than the access of pharmaceutical opioids.

Table 20: Insurance claims for Tasmanian pharmacy break-ins, 1997-1999

	1997	1998	1999*
Number of Claims	44	62	27
Total Cost of Goods Stolen	\$43,504	\$38,706	\$12,694

*To September 30, 1999

Source: Pharmacy Guild Insurance

Since a significant proportion of illicit drug use in Tasmania involves abuse of pharmaceutical products, patterns of doctor shopping in the state were reviewed. The Health Insurance Commission identifies people as “doctor shoppers” if, in one year, a person: 1) sees 15 or more different general practitioners; 2) has 30 or more Medicare consultations, and 3) obtains more Pharmaceutical Benefits Scheme (PBS) prescriptions than appears to be clinically necessary. Following national trends, the number of identified doctor shoppers in the state have steadily declined over the past three financial years, from 172 in 1996/97 to 136 in 1998/99. Amongst this group, prescriptions of benzodiazepines are the most prevalent, although virtually all identified doctor shoppers in the state were acquiring scripts for benzodiazepines, narcotics and coedine-based compounds. It should be noted that the average number of benzodiazepine scripts obtained by Tasmanian doctor shoppers has remained fairly stable over this period, while prescriptions for coedine-based compounds have diminished. A slight increase in mean narcotic/analgesic prescriptions is also noteworthy.

Table 21: Doctor shopping patterns in Tasmania 1996/97-1998/99

	1996/97	1997/98	1998/99
Number of doctor shoppers enrolled nationally	10,114	9,515	8,626
Number of doctor shoppers enrolled in Tasmania	172	158	136
<u>Benzodiazepines</u>			
Number of Tasmanian doctor shoppers accessing	169	157	136
Mean (SD) scripts per doctor shopper	39 (41)	39 (35)	40 (31)
<u>Narcotics/Analgesics</u>			
Number of Tasmanian doctor shoppers accessing	169	157	136
Mean (SD) scripts per doctor shopper	14 (14)	19 (31)	16 (27)
<u>Codeine Compounds</u>			
Number of Tasmanian doctor shoppers accessing	169	157	136
Mean (SD) scripts per doctor shopper	25 (32)	23 (34)	19 (27)
<u>All target drugs*</u>			
Number of Tasmanian doctor shoppers accessing	169	157	136
Mean (SD) scripts per doctor shopper	78 (64)	81 (63)	75 (52)

Note: * All target drugs refers to benzodiazepines, narcotics/analgesics and coedine compounds;
SD = standard deviation

Source: Professional Review Division, Health Insurance Commission

3.5.3 Summary of other issues

The following trends were noted to have occurred during the past 6 to 12 months:

- increasing mental health concerns / issues amongst users (KIS);
- increasing problems with self-care amongst users (KIS);
- stable opioid fatality rates (OTHER);
- stable reports of Hepatitis C infection (OTHER);
- decreased sharing of needles by users (OTHER);
- decrease in pharmacy break-ins (OTHER).

4 DISCUSSION

4.1 SUMMARY OF MAIN FINDINGS

A number of trends in illicit drug use during the past 6-12 months were identified from the key informant study (KIS) and analysis of other indicators (OTHER). These are summarised below by drug type.

Amphetamines

- increase in use of amphetamine (KIS);
- increase in injection of amphetamine (KIS);
- increased mental health concerns among users (KIS);
- price and purity stable or decreased (KIS, OTHER)
- availability of amphetamine stable and easy (KIS).

Opioids

- increased number of people using opioids (KIS)
- decrease in age of users (KIS)
- increase in female users (KIS)
- broader demographic of users (KIS)
- increased use of heroin among these users (KIS)
- stable price and availability of opioids (KIS, OTHER)

Cannabis

- generally stable price (\$20-25/gm), purity (medium/high) and availability (very easy) (KIS, OTHER);
- increase in mental health concerns among high level users (KIS);
- most commonly used illicit drug (KIS, OTHER);
- increase in injection of other illicit drugs among this group (KIS).

Other Drugs

- increasing availability of heroin, although fluctuating and generally poor quality (KIS);
- heroin use mainly among users of other opioids, dependant on quality (KIS);
- increase in (recreational) use of ecstasy (KIS);
- use/availability of cocaine is minimal (KIS, OTHER);
- injection of benzodiazepines common amongst opioid users (KIS);

Other Issues

- increasing mental health concerns / issues amongst users (KIS);
- increasing problems with self-care amongst users (KIS);
- stable opioid fatality rates (OTHER);
- stable reports of Hepatitis C infection (OTHER);
- decreased sharing of needles by users (OTHER);
- decrease in pharmacy break-ins (OTHER).

4.2 DISCUSSION AND IMPLICATIONS OF MAIN FINDINGS

Consistent across trends for both of the main ‘hard’ illicit drugs discussed in this report was an increasing number of users, of a decreasing age. These views are borne out in needle and syringe exchange statistics (Figure 12), although the numbers in the 15-19 year old age groups, which have shown a steady increase in past years, seem to have stabilized while it is now users in the 20s that are regaining their market share. The declining age of users is of special concern in light of the increased individual and social cost associated with younger illicit drug use - impacting on greater numbers of people at times critical to personal and social development.

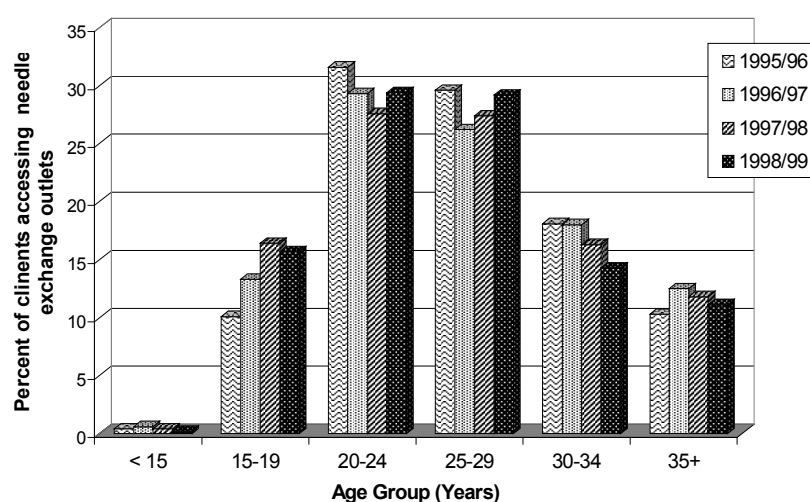


Figure 12: Age of clients accessing Tasmanian non-pharmacy needle exchange outlets 1995/96-1998/99

(Source: Sexual Health Branch, Department of Community and Health Services)

That a large proportion of Tasmania’s illicit drug use is associated with abuse of pharmaceutical products (morphines, methadone and benzodiazepines, as well as dexamphetamine and methylphenidate in younger groups) is particularly important in terms of the impact of these drugs on the health of the user. The fact that many of these drugs are supplied in forms designed to minimize their abuse (i.e. injection) seems not to have acted as a successful deterrent, with the notable exception of Normison (temazepam capsules), possibly due to the more dire consequences associated with its abuse. With increasing numbers of users of these drugs, particular attention to these associated health issues is warranted.

The increasing, yet fluctuating, availability of heroin in the state is a particularly noteworthy trend for future illicit drug reports. Current Police estimates of price indicate that the drug is cheaper in northern than southern districts, perhaps indicating a greater ease of access in those regions. Data from needle exchange clients indicates, however, that this increased availability of heroin has not greatly impacted on the general patterns of opioid use in Hobart to date.

That this is the initial employment of the IDRS in Tasmania means that it is difficult to make clear comparisons to previous trends because such data has not been so systematically collected in the past. Future reports will allow a more detailed and informative analysis of the changing patterns of illicit drug use in the state.

4.3 STUDY LIMITATIONS

The reliance of the IDRS on surveying professionals in the drug and alcohol field has meant that the study over-represents low educational and socio-economic groups, given that the charter of the majority of their agencies is to target these populations. This said, the methodology leaves the major group of illicit drug users - those who use substances occasionally and non-problematically - largely untapped. It should be remembered that the aim of the IDRS is not to give a representative overview of illicit drug use, but to act as an 'early warning' indicator of emergent trends. This focus on informants who work directly with a large number of users is warranted by this approach, as it allows the time-effective gathering of information on changes in populations that are themselves vigilant for emerging trends in illicit drug use.

It should be noted that, while attempts were made to substantiate key informant reports, these remain only a subjective profile of drug use and availability based on the perception of those interviewed, compared to the secondary indicator data, which provides a more objective profile within the limitations of the particular data set. The combination of these methods allows an efficient and complimentary approach to monitor trends in illicit drug use over time. In subsequent years, the validity of the IDRS will be further enhanced by the development of more systematic data sets (e.g. for ADIS, counselling services, ambulance and coroner data) and the incorporation of the results of several projects currently underway in the state (e.g. those funded by the National Illicit Drug Strategy).

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