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New South Wales
DRUG TRENDS
1999



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

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
ATSI	Aboriginal and Torres Strait Islander
BOCSAR	Bureau of Crime Statistics and Research
CDHAC	Commonwealth Department of Health and Aged Care
ESB	English Speaking Background
GHB	Gamma-hydroxybutyrate (also called GBH)
IC	Inner City
ICPMR	Institute of Clinical Pathology and Medical Research
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users
KIS	Key Informant Survey
NDARC	National Drug and Alcohol Research Centre
NESB	Non-English Speaking Background
NSW	New South Wales
OTHER	Other Indicator Data
WS	Western Sydney

EXECUTIVE SUMMARY

Demographics and use patterns

The 1999 IDRS detected some major changes in the injection of drugs in NSW. The frequency of injecting among the IDU sample had increased substantially. In 1997, prior to the major increase in cocaine use in Sydney detected in 1998, 26% of subjects reported injecting more than once a day, compared to 70% in 1999. Importantly, younger IDU (#25 years) reported more frequent injections than older users, with 82% injecting more than once a day in the preceding month, compared to 62% of older users. Younger IDU had also, on average, initiated injecting two years younger than the older IDU (17.1 vs. 19.0).

As with age of initial injection, there was an age-related difference in first drug injected. The younger group of subjects were significantly more likely to report having first injected heroin (76% vs. 49%). Conversely, initial use of amphetamine was more likely among older subjects (47% vs. 21%). Overall, there appears to have been a major shift in initial drug use patterns among younger IDU, who initiated injection at a younger age, and overwhelmingly commenced their IDU careers with heroin. These findings were consistent with key informant reports.

Heroin

The price of heroin in Sydney continued to fall, from \$280 per gram in 1998 to \$240 per gram in 1999 (Table 1). The average purity of heroin remained reasonably high (67%). The drug was easily available, and all indicators pointed towards an increase in the number of heroin users. Fatal opioid overdoses continued to increase. An increase in the number of younger users, and of more “mainstream” people using heroin was noted, as was an increase in the frequency of heroin use among regular users.

Table 1. Summary of drug trends in NSW

	Heroin	Amphetamine	Cocaine	Cannabis
Price (\$)				
Cap	30	-	50	20 gram
Quarter-gram	70	-	-	100 1/4 oz
Half-gram	130	50	100	350 oz
Gram	240	80	200	
Change	Decreased	Decreased	Stable	Decreased
Availability	Easy Stable	Easy Stable	Easy Stable	Easy Stable
Purity	67% Stable	14% Stable	50% Decreased	High Stable
Use	Increased	Stable	Decreased	Stable

Amphetamine

Amphetamine use among IDU was low and stable. There was a slight fall in the price of amphetamine, from \$100/gram to \$80/gram. Amphetamine was easy to obtain, and availability was stable. The average purity of amphetamine seizures was low (14%); but there were reports of more pure forms of amphetamine such as crystal methamphetamine being available.

Cocaine

Cocaine use increased dramatically among IDU in Sydney between 1997 and 1998, reaching a peak in late 1998. The prevalence of cocaine use among IDU increased further during 1999, with 67% of IDU sampled having recently used the drug, and there was also an increase in the proportion of IDU who nominated cocaine as their drug of choice. However, the frequency of use declined. The price of cocaine has stabilized, and its availability appears to have reached a plateau in 1999. Cocaine injection was particularly common among heroin users. The cocaine market among IDU consisted almost entirely of powder cocaine.

Cannabis

The price of cannabis was stable to decreasing relative to 1998, with the price of an ounce now being \$350 and a gram \$20. Cannabis was easy to obtain and availability was stable. The potency of cannabis was rated as high and had remained stable. According to the 1998 National Drug Strategy Household Survey, there has been an increase in the prevalence of cannabis use since 1995. Patterns of cannabis use among IDU showed no major trends.

Other Drugs

The most notable changes in patterns of other drug use concerned methadone and benzodiazepines. Indicator data showed a decrease in the number of NSP clients injecting methadone after distribution of 20 ml syringes ceased. Although benzodiazepine use remained common among IDU, there was a marked reduction in the use of Rohypnol (flunitrazepam).

General trends showed a continuing high level of polydrug use among IDU. Of particular concern was the use of benzodiazepines, prescribed opiates and tricyclic antidepressants among IDU, because these drugs increase risk of overdose. There was also concern expressed by key informants about the diversity of designer drugs consumed by ecstasy users, and their acute toxic effects.

Drug-Related Issues

Problems associated with drug use related mainly to injecting drug use, particularly injecting heroin use. There were more ADIS inquiries regarding heroin than for any other drug, and the number of calls had continued to increase since 1997/98. There had

also been an increase in the number of opioid-related overdose fatalities, a continuing trend since the early 1990s. More IDU reported injection-related problems in 1999 relative to 1998, a finding consistent with the increased frequency of injection also found among IDU in 1999. There was also a continuing increase in the number of needles and syringes dispensed from NSPs in 1998/99. There was a high degree of criminal involvement among IDU, with half reporting criminal activity (other than illicit drug use) in the last month, and just over half having been arrested in the last year. There was a strong consensus that police activity toward drug users, particularly heroin users, had increased, with a substantial proportion of IDU considering that police activity made it more difficult to obtain drugs.

Research implications

The 1999 IDRS findings suggest several areas for further research. These are outlined below.

1. Opioid-related overdose continues to be a major harm associated with heroin use, and this problem requires active interventions aimed at reducing fatal overdose.
2. There has been an increase in the number of heroin users, particularly young injecting heroin users. The IDU survey found that younger heroin users began injecting heroin at a younger age and used heroin more frequently. Efforts need to be made to reduce the number of new initiates to injecting heroin use.
3. Resources need to be allocated to developing a system to monitor the THC content of cannabis. This should involve assessment of the THC content of cannabis being consumed and measurement of THC content of different plant products (e.g., strains, growing methods, and heads vs. leaf).
4. There is a high prevalence of cannabis use among the general population and continuing concern from health professionals regarding mental health problems among cannabis users. This suggests a need for further investigation of the implications of cannabis use for mental health and the treatment of comorbid mental disorders among cannabis users.
5. Although not widespread, the availability of new and more pure forms of methamphetamine needs to be closely monitored.

1 INTRODUCTION

The IDRS is a CDHAC funded project that has been operating in NSW since 1996, and since 1999 in all states and territories of Australia. The purpose of the IDRS is to provide a coordinated approach to monitoring data on the use of opiates, cocaine, amphetamine and cannabis. It is intended to act as a strategic early warning system, identifying emerging drug problems of a national concern. It also intends to be timely and sensitive to emerging drug trends rather than describe phenomenon in detail, providing direction for more detailed data collection.

The data described in this report represent a summary of drug trends found by the IDRS in NSW in 1999. Results are summarised by drug type to provide the reader with an abbreviated picture of illicit drug scenes and recent trends. NSW drug trends from previous years, and state comparisons, can be found elsewhere (Hando et al., 1997; Hando & Darke, 1998; McKetin et al., 1999; McKetin et al., in preparation).

1.1 *Study aim*

The specific aim of the NSW IDRS was to identify emerging drug trends in NSW that require further investigation.

2 METHOD

Information from three main sources was compiled to determine drug trends: a survey of injecting drug users, a key informant survey of professionals working in the illicit drug field, and an examination of existing indicator data on drug-related issues. Previous IDRS research has found that injecting drug users are a good sentinel group for detecting illicit drug trends due to their high exposure to many types of illicit drugs. They also have first hand knowledge of the price, purity and availability of the main illicit drugs. Key informant interviews have been found to provide contextual information about drug use patterns and health-related issues, such as treatment presentations. The collection and analysis of indicator data has provided quantitative support for drug trends detected by the IDU survey and the key informant survey.

Data from these three sources were used to determine whether there was convergent validity for trends detected (see Appendix). Data sources also complemented each other in the nature of the information they provided. The data source thought to be the best indicator of a particular drug trend was used when summarising drug trends. Data from the 1999 IDRS was compared with IDRS findings from previous years to determine changes in drug trends over time (Hando et al., 1997; Hando and Darke, 1998; McKetin et al., 1999).

2.1 Survey of Injecting Drug Users

The IDU survey consisted of face-to-face interviews with 156 IDU between June and August, 1999. Half of the sample were recruited from the inner city of Sydney (e.g., Kings Cross, Darlinghurst, Newtown, Redfern) and half from the south western region (e.g., Canterbury, Cabramatta). Postal codes of the IDU showed that 73 resided in the inner-city/eastern region (IC) and 76 resided in the south-western and western regions of Sydney (WS). In addition, four IDU resided in the northern region and three in the southern region of Sydney. These IDU were grouped with the remainder of the sample according to recruitment location, bringing the total IC sample to 75 and the WS sample to 81. The breakdown of IDU postcodes by government district is provided in Appendix 1.

IDU were recruited using multiple methods including advertisements in local newspapers, rock magazines and NSPs. IDU were also recruited through snowballing. Upon contacting the researchers, the potential participant was screened for suitability. Entry criteria were having injected at least monthly in the six months prior to the interview and residing in Sydney for the past year. IDU were interviewed at places convenient to them, such as coffee shops, hotels, NSPs and shopping malls.

A standardised structured interview schedule used in previous IDRS research (Hando and Darke, 1998; McKetin et al., 1999) was administered to participants. The interview schedule included sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and general drug trends. Interviews took about 30 minutes to administer and participants were reimbursed up to \$20 for out-of-pocket expenses and time. Descriptive analyses were conducted using SPSS for

windows, Release 9.0.1 (SPSS Inc., 1999). Results are presented by region (IC, WS) only where trends differed between regions.

2.2 Key Informant Study

Fifty key informants, who worked in the field of illicit drugs, were interviewed between July and September 1999. Entry criteria were at least weekly contact with illicit drug users or contact with at least 10 different illicit drug users in the past six months. In addition, three law enforcement personnel were interviewed, who did not have regular contact with illicit drug users but did have first hand knowledge of drug importation and dealing.

Nearly two-thirds (60%) of the key informants had been in contact with illicit drug users at least 100 days of the previous six months. Over half (58%) reported contact with more than 100 users during this period. The majority of key informants rated their knowledge as good to excellent (83%) and almost all (98%) reported that they felt moderately or very certain of the information they had provided.

Key informants included needle and syringe program/outreach workers (n=20), health workers (n=18), researchers (n=4), police officers (n=7) and nightclub security personnel (n=1). Fifty-eight percent (n=29) were male.

Key informants were asked to specify the main illicit drug used by the drug users they had the most contact with in the last six months. Most key informants reported on the use of heroin (n=35). The remainder reported on amphetamine (n=5), cannabis (n=7), ecstasy (n=2), and steroids (n=1). There were no key informants who specified cocaine as the main illicit drug used by the drug users they had the most contact with; however, other key informants (n=24) were able to comment on cocaine use as well as their nominated main drug.

A large proportion (80%) of key informants worked with special populations, including injecting drug users (n=24), youth (n=15), aboriginals (ATSI, n=9), people of a non-English speaking background (n=3), and prisoners (n=2).

The interview schedule was a semi-structured instrument used in previous IDRS research that paralleled the structure of the IDU interview. The interview included sections on drug use patterns, drug availability, criminal behaviour and health issues. Most interviews were conducted by telephone and took between 20 and 60 minutes. Several interviews were conducted face-to-face because this was more convenient. Notes were taken during the interview, and transcribed in full after completion of the interview. Open-ended responses were analysed using a word processor. Descriptive analysis was conducted on closed-ended responses using SPSS for windows, Release 9.0.1 (SPSS Inc., 1999).

2.3 Other Indicators

To complement and validate data collected from the IDU and key informant surveys, a range of secondary data sources were examined. These included health, survey, 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; be brief; be collected in the main study site (i.e., Sydney or NSW for the present study); and cover the four main illicit drugs, i.e., heroin, amphetamine, cocaine and cannabis.

Data sources that have been included in this report include:

- Telephone advisory data, provided by the Alcohol and Drug Information Service (ADIS):
This data includes 48,842 calls in the 1998/99 financial year, and was used as an indicator of trends in heroin (n=6,763), amphetamine (n=1,574), cannabis (n=3,962), cocaine (n=444) and ecstasy (n=452). Data represent the “main drug” referred to by the caller.
- Purity of drug seizures made by the AFP, and provided by the Australian Forensic Drug Laboratory courtesy of the ABCI:
Data includes the purity of illicit drug seizures for the 1998/99 financial year (N=306). Data is provided for heroin (n=67), amphetamine and methamphetamine (n=145), cocaine (n=43) and ecstasy (n=51). These data are not ideal because they represent only AFP seizures, which are a small sample of all drug seizures that may not be representative of all drug seizures. These data were, however, all that were available in NSW.
- Toxicology data from methadone clinics provided by the Pacific Laboratory Medicine Service (PaLMs):
Data represents the number of drug positive urine samples received from two government methadone clinics in Sydney: one in the IC and the other in the SW region of Sydney. Urine samples (N=2,298) were obtained from patients during the 1998/99 financial year using a non-randomised procedure, and data include multiple tests on individual patients.
- Prevalence of the last drug injected by IDU in NSW, provided by the Australian NSP Survey, on behalf of the collaboration of Australian NSPs:
Data represents the last drug reported to be injected by survey respondents (IDU) in NSW each year from 1995 to 1998 (1995 N=433; 1996 N=499; 1997 N=682; 1998 N=1,001).
- NSP client data from major NSPs in Sydney:
Data represents NSP clients’ response when asked what was the last drug they used. Data from only one NSP was included in the 1999 IDRS report, which was located in the inner city of Sydney. The data represent responses received from 64,526 occasions of service over the 1998/99 financial year.

- The number of confirmed opioid-related fatalities in NSW, provided by the ABS:
This data represents the number of drug-related deaths where the cause of death was deemed to be opiate dependence or accidental opiate poisoning, for those aged 15-44 years.
- Toxicology of drug-related deaths in Sydney, provided by ICPMR:
Data represent drugs indicated on the toxicology reports of suspected drug-related deaths in Sydney for the 1997/98 (N=335) and 1998/99 (N=399) financial years.
- Toxicology data on intoxicated drivers in NSW, provided by ICPMR:
Data represents drugs indicated on the toxicology reports of drivers deemed intoxicated but not testing positive to alcohol, each financial year from 1995/96 to 1998/99 (1995/96 N=598; 1996/97 N=737; 1997/98 N= 820; 1998/99 N=1007).
- The 1998 National Drug Strategy Household Survey:
Data represent results of a prevalence survey of drug use among the general population who were over 14 years of age, from private dwellings, who could speak English (N=1,468).
- Arrest data provided by the NSW Bureau of Crime Statistics and Research:
Data represent the number of arrests for illicit drug use and/or possession (cocaine, narcotics, cannabis) in NSW during 1998 (N=14,578) and January to September 1999 (N=11,519).

3 AN OVERVIEW OF THE IDU SAMPLE

3.1 Demographics

The demographic characteristics of the IDU sample are presented in Table 2. The mean age of subjects was 29.1 years (SD 7.8, range 17-48) with 67% being male. There was no significant difference in the age of males and females (29.5 vs. 28.2). The majority of the sample (74%) were not currently in any form of drug treatment. Of the 41 subjects that were in treatment, 38 were in methadone maintenance, one was undergoing detoxification and two were maintained on naltrexone. Three percent of subjects had used naltrexone in the previous six months, all obtained through legitimate sources.

The majority of the sample (86%) was currently unemployed, and the sample had a mean of 9.4 years (SD 2.1, range 0-12) of school education. The majority (71%) had no tertiary qualifications, with 26% reporting trade/technical qualifications and 3% university or college qualifications.

Fifty-six percent of subjects had been imprisoned, with males being significantly more likely to have been so (76% vs. 54%, OR 2.7, 95% CI 1.4-5.3).

Table 2. Demographic characteristics of the IDU sample

Characteristic	N=156
Age (yrs)	29.1
Sex (% male)	67
Employment (%):	
Not employed	86
Full time	8
Part time/casual	5
Student	0
Home duties	1
School education (yrs)	9.4
Tertiary education (%):	
None	71
Trade/technical	26
University/college	3
Currently in drug treatment (%)	26
Prison history (%)	56

3.2 Drug use history

The mean age of first injection was 18.2 years (range 11-46), with no significant difference between males and females (18.4 vs. 17.9). As a recent study has indicated that there may have been a fall in the age of initial injection among new recruits to injecting (Lynskey & Hall, 1998), the sample was dichotomised into those aged 25 years or younger, and those aged more than 25 years. The younger group were, on average, two years younger at initial injection than the older IDU (17.1 vs. 19.0, $t=2.3$, $p < .05$).

Frequency of injection among IDU was high. Daily injections over the preceding month were reported by 80% of IDU, with 70% reporting more than one injection per day (Table 3). The frequency of injection amongst IDU, which may in part be due to the wider availability of cocaine, is shown when compared to the 1997 data, prior to the major increase in cocaine use in Sydney. Daily injections were reported by 44% of subjects in 1997, compared to 80% in 1999. The shift to more frequent injecting is more marked when injecting more than once a day is considered. In 1997, 26% of subjects reported injecting more than once a day, compared to 70% in 1999. Younger IDU (#25 years) reported more frequent injections than older users ($\chi^2=11.7$, $p < .05$), with 82% injecting more than once a day in the preceding month, compared to 62% of older users. This effect remained significant after treatment status, gender and cocaine use were taken into account. A major shift towards more frequent injections appears to have occurred, particularly among younger IDU.

Table 3. Frequency of injection among IDU, 1999

Frequency of Injection (last month)	%
Weekly or less	5
More than weekly	16
Once a day	10
Two to three times a day	40
More than three times a day	30

Heroin was the first drug injected by 59% of subjects, 37% reporting amphetamine, 2% cocaine, and 1% respectively reporting other opiates, hallucinogens and ecstasy. As with age of initial injection, there was a significant age-related difference in first drug injected. The younger group of subjects were significantly more likely to report having first injected heroin (76% vs. 49%, OR 3.3, 95% CI 1.6-6.6). Conversely, initial use of

amphetamines was more likely among older subjects (47% vs. 21%, OR 3.3 95% CI 1.6-6.9). Overall, there appears to have been a major shift in initial drug use patterns among younger IDU, who are initiating injection at a younger age, and overwhelmingly commencing IDU careers with heroin. The traditional pattern of drug use career, where up to a half of heroin users made a transition from the injection of amphetamines to injecting heroin (Darke et al, 1999a), appears to be in decline among younger IDU.

Heroin was the drug of choice among 78% of subjects, with cocaine (12%) being the next most popular drug. A further 2% of subjects reported an equal preference for cocaine and heroin. Taken together, 14% of subjects reported cocaine as their drug of choice, double that reported in 1998 (7%). Heroin was reported as the drug most often injected in the preceding month by 85% of subjects, with 8% reporting cocaine, 2% cocaine and heroin, 5% amphetamine and 1% methadone syrup.

The IDU sample engaged in extensive polydrug use. Subjects had used an average of 9.2 (SD 2.4, range 3-13) drug classes in their lives, and 6.2 (SD 2.3, range 1-11) in the preceding six months. An average of 3.7 drug classes had been injected over their lifetimes (SD 1.7, range 1-5), and 2.5 (SD 1.2, range 1-5) in the preceding six months.

The drug use histories of IDU, and routes of administration, are presented in Table 4. Use of the four main drugs monitored by the IDRS (heroin, amphetamine, cocaine and cannabis) was widespread.

Table 4. Drug use history of IDU sample (N=156)

Drug Class	Ever used %	Ever Injected %	Injected last 6 months %	Ever smoked %	Smoked last 6 months %	Ever Snorted %	Snorted last 6 months %	Ever Swallow %	Swallow last 6 months %	Used last 6 months %	Days used last 6 months*
1. Heroin	99	99	99	55	20	24	4	18	7	99	180
2. Methadone	72	44	21					69	44	49	60
3. Other opiates	52	21	8	10	3	1	0	45	30	34	5
4. Amphetamines	81	76	36	10	3	52	7	35	4	37	5
5. Cocaine	86	81	63	15	7	35	8	5	1	67	12
6. Hallucinogens	69	14	3	3	0	1	1	67	5	6	1
7. Ecstasy	46	12	5	1	0	3	1	43	14	16	2
8. Benzodiazepines	78	22	16	1	0	1	0	76	57	61	20
9. Alcohol	94	6	2							55	6
10. Cannabis	96									83	90
11. Anti-depressants	28									14	48
12. Inhalants	27									3	1.5
13. Tobacco	98									97	180

* among those who had used the drug in the last six months

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4 HEROIN

Nearly all IDU (152/156) could comment on aspects of price, purity and availability of heroin.

Thirty-five key informants reported on the use of heroin. Key informants included NSP/outreach workers (n=18), health workers (n=11), law enforcement officers (n=4), and researchers (n=2). Key informants were familiar with heroin users from the inner-city, inner-west and eastern suburbs of Sydney (n=13), western and south-western Sydney (n= 18), northern Sydney (n=6), southern Sydney (n=1), and throughout Sydney/NSW (n=8). Several key informants were familiar with heroin users from more than one area.

Twenty-one key informants described heroin users who were primarily from an English-speaking background, seven described mainly ATSI heroin users and four described heroin users who were primarily from a non-English speaking background. The majority of key informants described heroin users who had a mean age of mid-20s to early 30s. Most had completed 9 to 10 yrs of schooling and were unemployed. These key informant reports were consistent with the demographics of the IDU sample (see section 3.0), 99% of whom had recently used heroin.

4.1 Price

The median price per gram of heroin reported by IDU in 1999 was \$240 (n=103), with the price being substantially cheaper in western Sydney than in the inner city (\$200 vs. \$250). Grams had been purchased by 48/156 of the sample in the preceding six months, with the median price of their last purchase also being \$240. The price of a gram of heroin had fallen since 1998 (\$280), continuing the trend documented since 1997 (Table 5). Key informants' estimates of the price of a heroin gram were consistent with those reported by IDU (\$200-300).

The median price of a cap of heroin according to IDU was \$30, having been purchased by approximately a half of the sample (81/156). The median price of caps was cheaper in western Sydney than in the inner city (\$25 vs. \$30/\$40). Most key informants reported that the price of a heroin cap was \$20 to \$30 (range \$20-50).

There was wide variability in the amounts of heroin purchased by IDU, with 81% reporting having bought heroin in amounts other than grams or caps. The most common amounts purchased were quarter grams (90/156; \$70), half grams (55/156; \$130) and eighth of grams (10/156; \$40). Overall, quarter grams were the most commonly purchased amount of heroin by these IDU. Consistent with IDU reports, key informants also reported heroin being sold in quarter grams (\$60-80), half grams (\$100-170), \$50 "deals" and "half-quarters" (\$35).

The majority of IDU believed the price of heroin to be either stable (48%) or decreasing (29%). Only 11% believed the price had increased during the preceding six months. Of the 22 key informants who were able to comment on trends in heroin price, the majority

(72%) reported that it was stable, and 20% reported a decrease in price.

The ABCI provides quarterly figures on the price of covert drug purchases in each Australian jurisdiction. According to covert purchases of heroin made in NSW during the 1998/99 financial year, one street weight (0.6 – 0.8 gm) cost \$300-450 and one cap (0.1 – 0.3 gm) cost \$25-80. The ABCI price data also showed evidence of a diversified heroin market, with covert purchases of half-weights (0.4 to 0.6 gms) at \$120-150. These prices are higher than prices reported by both IDU and key informants.

Two key informant reports suggested that the price of heroin at export from South-East Asia was approximately US\$7,000-8,000 or AU\$10,000 per Asian unit (“Catti” = 700 gm). They also estimated the wholesale price of heroin at importation at approximately \$90,000 – 110,000 per catti. In comparison, ABCI covert purchase prices estimate the cost of wholesale heroin to be \$100,000 to \$160,000 per catti.

Table 5. Price of heroin (\$) estimated by IDU, 1996-99

Weight	1996	1997	1998	1999
Cap	30	30	30	30
¼ gram	-	-	70	70
½ gram	-	-	150	130
Gram	400	400	280	240

4.2 Availability

Heroin was considered easy or very easy to obtain by 93% of IDU, with availability being considered stable (70%). IDU most commonly bought heroin from street dealers (43%), with purchasing from the dealer's home being reported by 26%, phoning the dealer or home delivery by 24%, and purchasing from friends by 8%.

Consistent with IDU reports, the majority of key informants (72%) considered heroin very easy to obtain, and that availability was stable (82%). It is noteworthy that no key informant rated heroin as difficult to obtain. Key informants reported that heroin dealing has been more visible in the suburb of Marrickville in the last 6 months.

4.3 Purity

The mean purity of heroin seizures analysed during the 1998-99 financial year was 67% (N=67), nearly identical to the 71% (N=55) in the 1997-98 financial year (Figure 1). These purity figures were based on AFP heroin seizures, which were mainly large seizures made at importation. The purity of heroin seizures made from 1997-99 was very similar to street level seizures made in south-west Sydney around 1996-97 (66%, Swift et al., 1999). These data suggest that heroin imported to NSW around this time was of medium to high purity, and that little “cutting” of heroin occurred prior to street level distribution. This finding is consistent with evidence from the USA and UK, where it has also been found that little cutting of heroin occurs prior to street sale (Coomber, 1997).

The majority of IDU (63%) believed heroin to be of medium purity. There was substantial disagreement among IDU about whether purity had changed in the preceding six months, with 34% believing it to be stable, 29% stating it had decreased and 25% believing it had fluctuated. In contrast to IDU, most key informants considered the purity of heroin to be high (77%), and that the purity was either stable (46%) or had increased (32%) over the last six months.

In summary, evidence regarding purity of heroin suggests that purity is medium to high, and that there has been no discernable change in the purity of heroin since 1998.

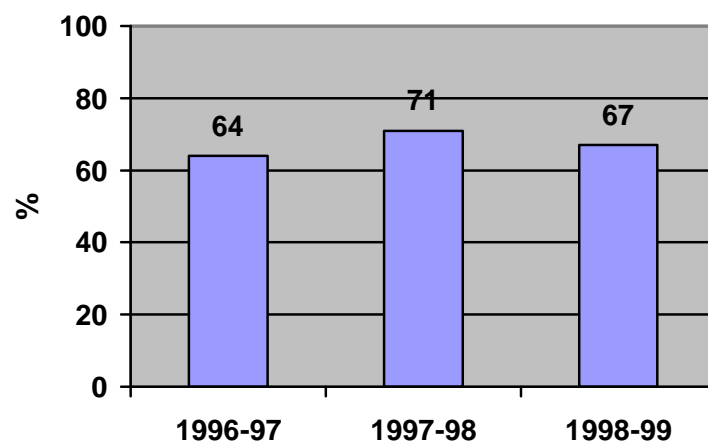


Figure 1. Purity of heroin seizures made by the AFP in NSW, 1996/97 to 1998/99

4.4 USE

Prevalence of heroin use

According to the 1998 National Drug Strategy Household Survey, approximately 2% of the NSW population have ever tried heroin, and 0.6% have used it in the last year. The 1998 Australian NSP survey found that heroin was the most popular injected drug among IDU in NSW. Nearly half (48%) of respondents had used heroin the last time they injected. The NSP survey also found a steady increase in the prevalence of heroin injection among IDU in NSW over the last four years (Figure 2).

Local indicator data collected by the IDRS was consistent with an increase in the prevalence of heroin use. The number of intoxicated drivers who tested positive for opiates has risen steadily since 1995/96 (Figure 3). The number of criminal incidents relating to heroin use and/or possession in NSW also suggested a continuing increase in heroin use since 1996 (Figure 4).

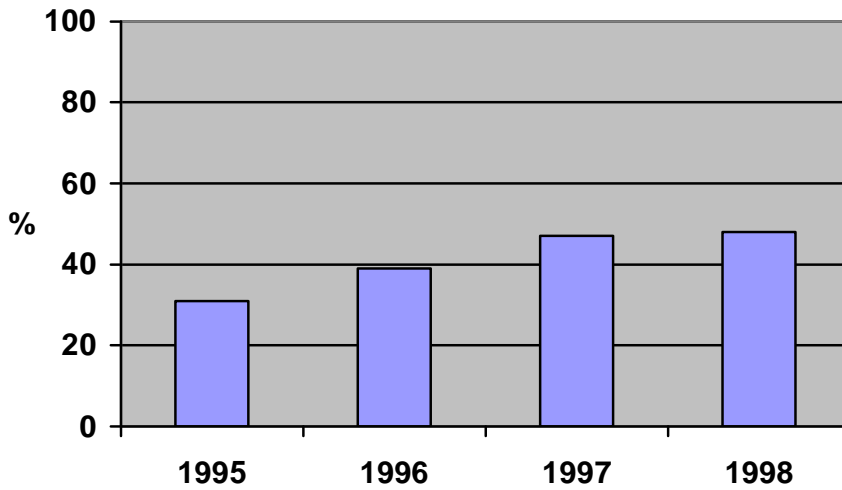


Figure 2. Prevalence of heroin injection, as the last drug injected, among IDU in NSW, 1995-1998

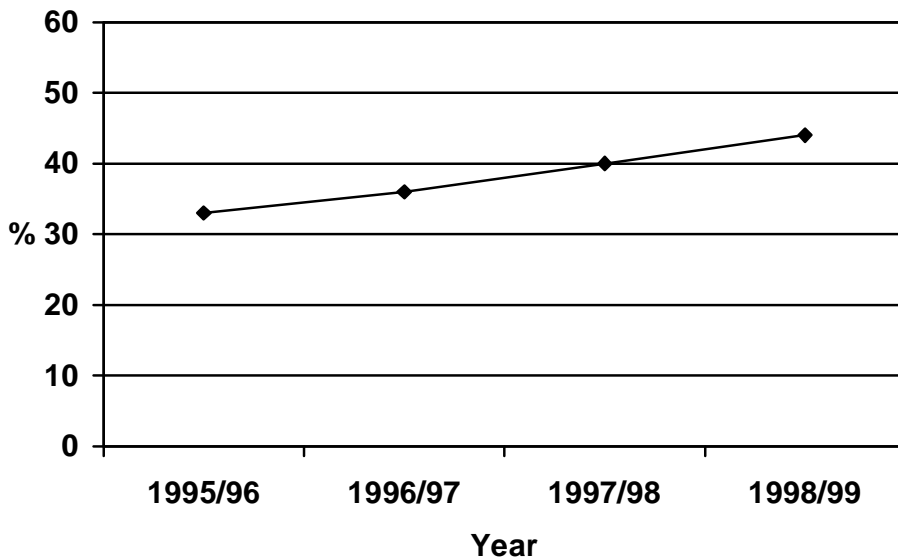


Figure 3. Percent of intoxicated drivers who tested positive for morphine, 1995/96 to 1998/99.

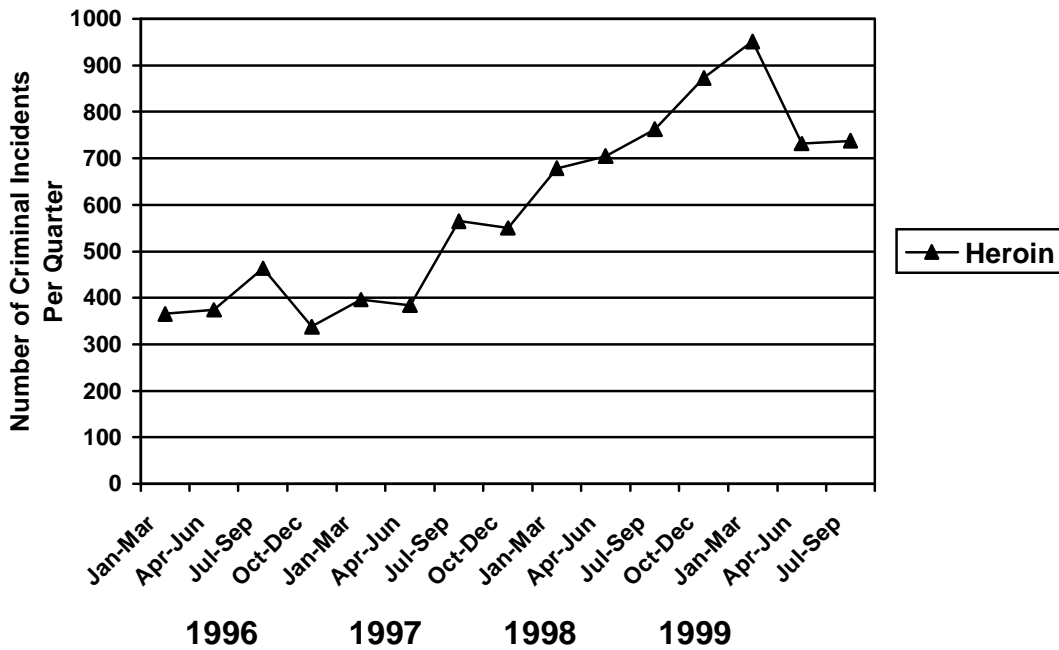


Figure 4. Number of criminal incidents relating to narcotic use and/or possession in NSW, 1996 to September 1999

Current Patterns of Heroin Use

According to key informant reports most heroin users injected the drug approximately 2-4 times a day, and used about half a gram a day (range <0.1-2 grams). Consistent with key informant reports, the IDU survey found that over half (58%) of IDU used heroin daily. This figure is comparable to the 59% reported in 1998, but represents a substantial increase from 1996 (38%) and 1997 (29%). The use of both rock (97%) and powder (80%) heroin were common among the IDU sample. Key informants also noted that the main forms of heroin used were rock and powder.

Heroin smoking among IDU remained widespread. Over a half (55%) of this group of IDU had ever smoked heroin, and 20% had done so in the preceding six months. These figures are comparable to those reported in 1998. Key informants reported a similar rate of heroin smoking (25%), which occurred mainly among Indochinese and younger users. Key informants also noted that many heroin smokers made a transition to injecting heroin.

Almost all of the key informants reported on polydrug use among heroin users with tobacco, cannabis, cocaine, benzodiazepines, and alcohol being the most commonly used other drugs. Again, high polydrug use, particularly cocaine use, was evident among the IDU sample (see Section 3.0).

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Trends in heroin use

Participants in the IDU survey (n=87) noted several salient trends in heroin use. In terms of demographic characteristics, IDU stated that there were substantially more younger heroin users than previously. There was also a perception that there were more heroin users, and that there was more use among older, more "mainstream" people. The most salient trend noted by IDU in the use of heroin was that users were using more heroin in a day than previously.

Consistent with IDU reports, key informants also reported that there was an increase in the number of younger people using heroin (n=11), more people using heroin generally (n=5), and more frequent heroin use (n=4). Two key informants also noted an increase in heroin smoking. A notable number of key informants (n=12) reported that there had been an increase in the use of cocaine among heroin users.

4.5 Other trends

Key informants noted several other trends. First, more users were accessing services and key informants were receiving more requests for information about treatment options, particularly naltrexone and detoxification. There was also a reported increase in needle-sharing (n=7), injection-related problems (n=4), property crime (n=4) and violent crime (n=7).

4.6 Summary

- The price of heroin had decreased and is now most commonly purchased in quarter-grams for \$70.
- The average purity of heroin was medium to high (67%) and stable.
- Heroin was very easy to obtain and availability was stable.
- Use of heroin had increased, with indications of more users, more young users, more "mainstream" people using, and heroin being used more frequently by existing users.

5 AMPHETAMINE

Comment on aspects of price, purity and availability of amphetamine was made by 59/156 of the IDU sample. IDU who had used amphetamine in the last six months (n=58) were similar to other IDU (see Section 3.0), except they had slightly lower levels of unemployment, and were less likely to be male or have a prison history. Amphetamine users also tended to be slightly older than other IDU (30.2 vs. 28.3 yrs, $t = -1.4$, $p = .16$).

Five key informants reported on the use of amphetamine. Key informants included a NSP worker, two health workers, a law enforcement officer and a user group representative. Key informants were familiar with amphetamine users from the inner-city area of Sydney (n=2), south-western Sydney (n= 1), and northern Sydney (n=2). One of the key informants described amphetamine buyers and distributors from Sydney's west, the Newcastle and upper hunter region, and the north coast of NSW.

All of the five key informants described amphetamine users who were primarily from an English-speaking background, and most were aged in their twenties. The majority of amphetamine users described by key informants were male, with two key informants reporting on gay or bisexual males. The education level of amphetamine users described ranged from low level to tertiary. Amphetamine users were employed in a variety of occupations, although two key informants described amphetamine users with high levels of unemployment.

In the following section amphetamine refers to illicit street amphetamine (commonly called "speed") which is comprised of either amphetamine or methamphetamine.

5.1 Price

IDU reported that the price of a gram of amphetamine was \$80 to \$100 (n=49). The median price of amphetamine most recently purchased by IDU, however, was \$80 (n=23), a fall from the median price of \$100 reported in 1998. There were only two key informant reports on the price of amphetamine, which were consistent with IDU reports, estimating one gram of amphetamine to cost \$100. Other purchase amounts had been obtained by 24% of IDU, almost exclusively half grams (median price = \$50). One key informant also commented on the availability of \$50 deals.

The price of amphetamine was estimated to be stable by 81% of those IDU able to comment upon it. Similarly, both key informants who commented on the price of amphetamine reported that it had remained stable over the previous six months.

The ABCI provides quarterly figures on the price of covert drug purchases in each Australian jurisdiction. According to covert purchases of amphetamine made in NSW during the 1998/99 financial year, one street gram cost \$90-120, slightly higher than both IDU and key informant reports.

5.2 Availability

Three quarters (75%) of IDU who could comment on availability of amphetamine thought it was easy or very easy to obtain, compared to 91% in 1998, and that availability had remained stable (70%). The majority of key informants (n=4) also thought that amphetamine was easy to very easy to obtain and that availability had remained stable over the last six months (n=3).

Unlike heroin, purchase of amphetamine from street dealers was rare (7%). Nearly half (49%) purchased from friends, 33% from a dealer's home, and 11% by telephoning the dealer/home delivery.

There were several single key informant reports suggesting increased availability of more pure methamphetamine, or different forms of the drug. Two key informants reported the availability of pink coloured amphetamine, while another reported the availability of crystal methamphetamine. One key informant noted that users were able to buy small quantities (0.10 gms) of very pure amphetamine. Another key informant reported that amphetamine users were buying amphetamine straight from the producer or importer rather than going through a "middle man".

According to two key informants, amphetamine producers were varying production techniques to increase yield and to obtain faster "cooking" time. One of these key informants also reported that pseudoephedrine tablets were used in the preparation of illicit amphetamine. Producers used box labs that were small and portable, although these were common in Queensland and not in NSW. This key informant also pointed out that the crystalline methamphetamine available was not smokable methamphetamine crystals ("ice" or "shabu") but a more pure form of powder methamphetamine.

5.3 Purity

The purity of amphetamine and methamphetamine seizures made by the AFP in 1998-99 was 14%, slightly less than in previous years (Figure 5). These purity figures represent seizures made by the AFP, and may be of a higher purity than amphetamine distributed at a regional level in NSW. There has also been an increase in the proportion of methamphetamine seizures to amphetamine seizures made in 1998-99 (89%) relative to 1997-98 (83%) and 1996-97 (79%). It is noteworthy that methamphetamine seizures were more pure than amphetamine in 1998-99 (15% vs. 9%), a finding consistent with 1997-98 (26% vs. 8%) and 1996-97 (32% vs. 7%).

IDU considered the purity of street amphetamine to be medium (50%) to low (29%). The purity appeared to be more variable than in previous years. In 1998, most IDU (74%) thought purity was stable. In contrast, only 50% of those IDU able to comment on purity in 1999 stated that it was stable, with 20% believing it to have decreased, 14% increased, and 16% fluctuating over the past six months.

Consistent with the composition of illicit amphetamine seizures, one key informant noted that the form of illicit amphetamine was mainly methamphetamine of 10-20% purity at street level. Other key informants' reports suggested purity was medium to high (n=4)

and increasing (n=2). These figures were inconsistent with evidence provided by IDU estimates of purity and the purity of amphetamine seizures, and may merely reflect more variable purity levels.

Taken together, the above evidence indicates that the average purity of amphetamine has remained low, but the purity of amphetamine may have become more variable.

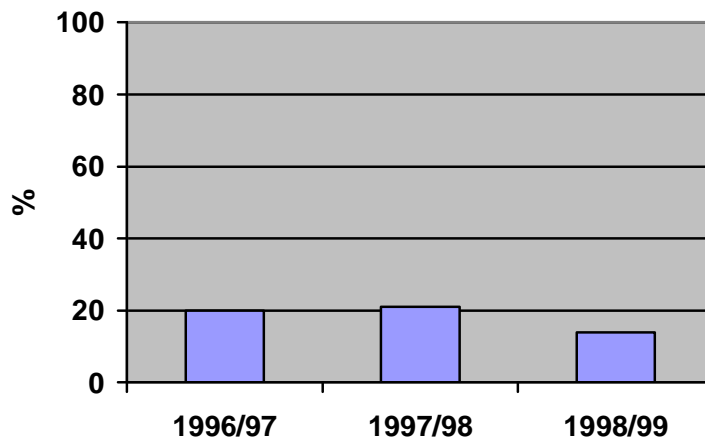


Figure 5. Purity of amphetamine/methamphetamine seizures made by the AFP in NSW, 1996/97 to 1998/99. Note: N=15 1996/97; N=46 1997/98; N=145 1998/99.

5.4 Use

Prevalence of amphetamine use

According to the 1998 National Drug Strategy Household Survey about 9% of the NSW population had ever tried amphetamine, and 4% had used it in the last year. Amphetamine is not currently a popular drug among IDU. The 1998 Australian NSP survey found that only 7% of IDU had used amphetamine the last time they injected, the prevalence being consistently low over the last four years (Figure 6).

Local indicator data also showed that amphetamine injection was currently not popular. Client data from an IC NSP showed that only 4% of clients nominated amphetamine as their last drug used in the 1998-99 financial year. This shows no change in the prevalence of clients reporting amphetamine use in this region since January to June 1998 (4%). Consistent with this, only 4% of suspected overdose fatalities tested positive for amphetamine in the 1998-99 financial year - identical to the proportion detected in the 1997-98 financial year (Figure 7). Similarly, only 1.6% of methadone patients' urine samples tested positive between January and June 1999 - identical to the proportion detected in 1997 and 1998 (Figure 8).

The number of intoxicated drivers who tested positive for amphetamine has risen steadily since 1995/96 (Figure 9). These figures may exaggerate the prevalence of amphetamine because of stimulant use by professional drivers to reduce fatigue. However, they do indicate a need to consider the safety consequences of an apparent increase in amphetamine use by drivers.

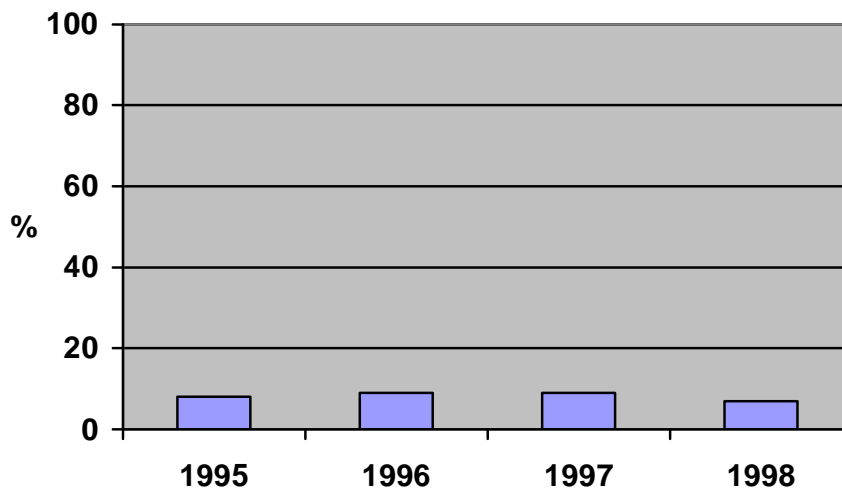


Figure 6. Prevalence of amphetamine injection, as the last drug injected, among IDU in NSW, 1995-98

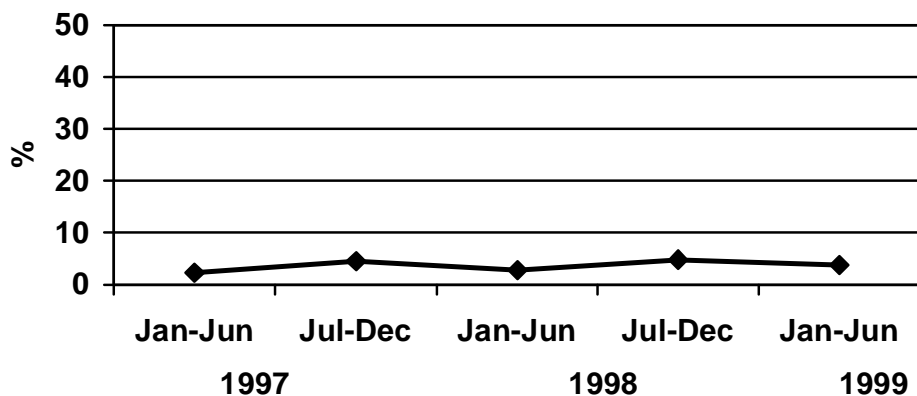


Figure 7. The percentage of drug-related deaths in NSW that tested positive for amphetamine, 1997-1999

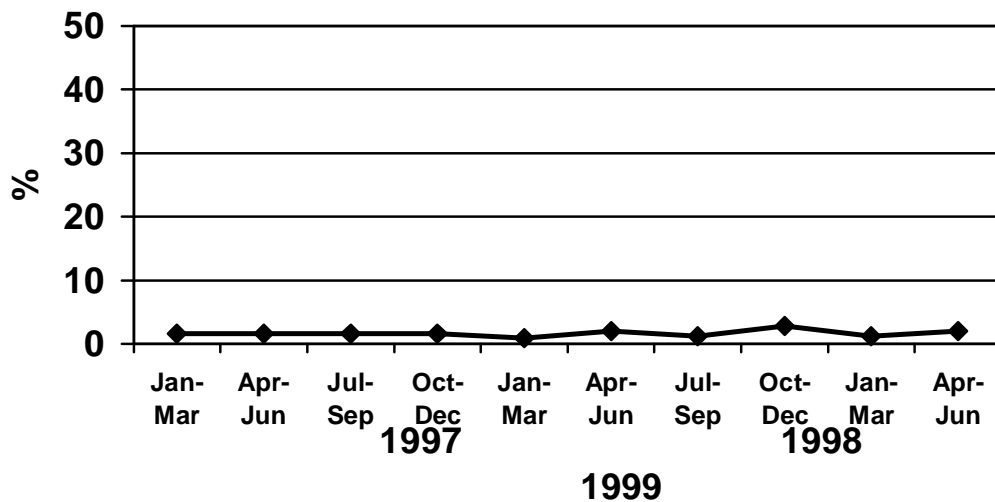


Figure 8. The percentage of methadone patients' urine samples that tested positive for amphetamine, 1997-1999

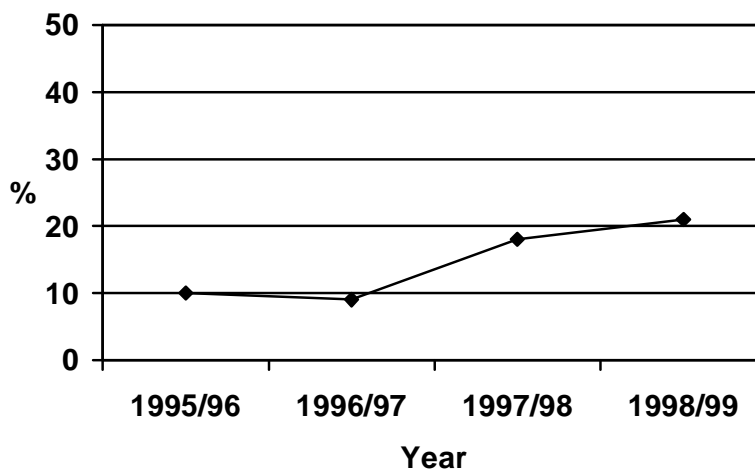


Figure 9. Percent of intoxicated drivers who tested positive for amphetamine

Current patterns of amphetamine use

Amphetamine powder was overwhelmingly the most common form of amphetamine used by IDU in the preceding six months (37% of IDU), with 3% respectively reporting use of liquid amphetamine, prescription amphetamine or smokable crystal amphetamine (“ice”, “shabu”). Amphetamine use was infrequent among IDU, heroin being their main drug of choice. Key informants reported that patterns of amphetamine use were variable, ranging from weekend recreational use to using 1-2 times per day. Daily amphetamine users usually injected the drug whereas most recreational amphetamine users snorted the drug.

Key informant reports suggested that the most common other drug used by amphetamine users was cannabis, with some reports of alcohol, ecstasy and LSD, and heroin use.

Trends in patterns of amphetamine use

The IDU survey has found a steady decrease in amphetamine use among IDU between 1996 and 1998. In 1996-97 over half of IDU had used amphetamine recently. In contrast, only just over one-third had used amphetamine recently in 1998-99 (Table 6).

Table 6. Amphetamine use among IDU, 1996-1999

Year	Proportion used (6 mths)	Median Days used (6 mths)*
1996	48	3.5-12
1997	55	10
1998	35	9
1999	37	5

* % of those IDU who had used amphetamine in the last six months.

Three amphetamine key informants reported on an increase in amphetamine use over the last 6-12 months. Trends noted included an increase in the amount of amphetamine being used by existing users, and an increase in the number of people using, including more mature users. Three key informants also reported on an increase in the use of crystal methamphetamine, and a further two reported the use of “shabu”. Key informant reports suggested that crystal methamphetamine referred to a more pure form of powder methamphetamine rather than freebase methamphetamine (“ice” or “shabu”).

Trends noted by key informants were not apparent from the IDU survey or indicator data, most probably because of the small proportion of amphetamine users included in these sources. Despite the overall low and stable level of amphetamine use, key informant reports suggest changes in patterns of amphetamine use that need to be monitored closely.

5.5 Other trends

There were single key informant reports regarding several cases of amphetamine overdose, amphetamine-induced psychosis, and injection-related problems such as bruising and abscesses.

5.6 Summary

- Amphetamine use among IDU was low and stable.
- There was some evidence of cheaper amphetamine (\$80/gram) and smaller purchase amounts (half-grams).
- Amphetamine was easy to obtain, and availability was stable.
- The purity of amphetamine was low, but appeared to be more variable than in previous years.
- There were several reports of new forms and more pure forms of amphetamine being available.

6 COCAINE

Comment on aspects of price, purity and availability of cocaine was made by 91/156 (58%) of the IDU sample. This proportion is nearly identical to the 59% who could comment in 1998, which had represented a substantial rise from 1996 (15%) and 1997 (29%). The use of cocaine was almost exclusively of powder, with 65% of IDU having used cocaine powder in the preceding six months, and only 3% reporting use of crack. Information from the IDU survey was supplemented with comments from key informants (n=24) who reported mainly on heroin users (n=20), but also on cannabis users (n=2), amphetamine users (n=1) and ecstasy users (n=1).

6.1 Price

The median price of a gram of cocaine, as reported by IDU, was \$200 (n=51) (Table 7), identical to the cost reported for the most recent purchase of a gram of cocaine (n=20). The cost of a cap of cocaine was \$50 (n=77) (Table 7), again identical to the most recently purchased cap (n=63). As in 1998, caps continued to be the most commonly reported purchase quantity. Only 16% of subjects had purchased cocaine in other amounts, predominantly half grams (n=13, median=\$100). Comparisons to 1998 indicated that the price of cocaine had remained stable. The price of cocaine was estimated by IDU to be stable (58%) to decreasing (23%).

The ABCI provides quarterly figures on the price of covert drug purchases in each Australian jurisdiction. According to covert purchases of cocaine made in NSW during the 1998/99 financial year, one street gram cost \$200 and one cap cost \$40-80, equivalent to the prices nominated by IDU.

Table 7. Price of cocaine (\$) estimated by IDU, 1996-99

Weight	1996	1997	1998	1999
Cap	-	80	50	50
½ gram	-	-	100	100
Gram	200	200	200	200

6.2 Availability

Cocaine was estimated to be easy or very easy to obtain by 80% of IDU who could comment, and availability was considered stable (59%) to easier to obtain (21%). The pattern of purchasing was similar to heroin, with 49% purchasing cocaine from street dealers, 18% phoning a dealer or arranging home delivery, 16% purchasing from dealers' homes and 16% from friends.

6.3 Purity

The average purity of cocaine seizures made by the AFP was 50% in 1998/99, lower than in previous years (1996/97 59%; 1997/98 64%) (Figure 10). IDU estimated the purity of cocaine to be medium (52%) to low (28%). The majority of IDU thought that the purity of cocaine was stable (36%) or had decreased (29%) or fluctuated (23%) over the last six months.

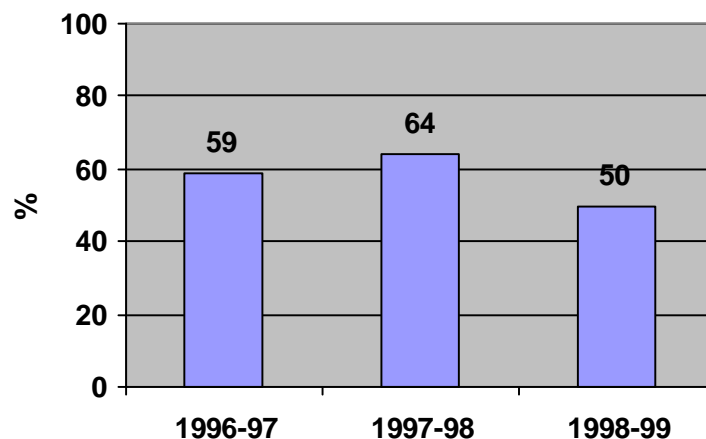


Figure 10. Purity of cocaine seizures made by the AFP in NSW, 1996-97 to 1998-99.
Note: N=53 1996/97; N=43 1997/98; N=43 1998/99.

6.4 Use

Prevalence of cocaine use

According to the 1998 National Drug Strategy Household Survey 6% of the NSW population had ever tried cocaine, and 2% had used it in the last year. Cocaine has become more popular among IDU in NSW, with its injection increasing over the last four years (Figure 11). The 1998 Australian NSP survey found that 17% of IDU from NSW had used cocaine the last time they injected. The increase in cocaine injection occurred mainly in the Eastern, Central, South East and South West regions of Sydney. Cocaine was commonly injected with heroin – known as a “cocaine cocktail” or “CC” (also called “speedballs”).

The popularity of cocaine among IDU was also reflected in local NSP data. Client data from an IC NSP showed that 28% of clients nominated cocaine as their last drug used in the 1998-99 financial year, and a further 4% nominated a cocaine and heroin cocktail (“speedball” or “CC”). These figures are similar to the January to June period for 1998, when 27% of NSP clients reported cocaine as their last drug used, and a further 3% used a speedball. If monthly figures are examined (Figure 12) it can be seen that the peak period for cocaine use was late 1998 (Figure 12), when approximately four in ten clients nominated cocaine or a cocaine cocktail as their last drug used. Cocaine use sharply

declined from early 1999, to approximately 20% by mid 1999.

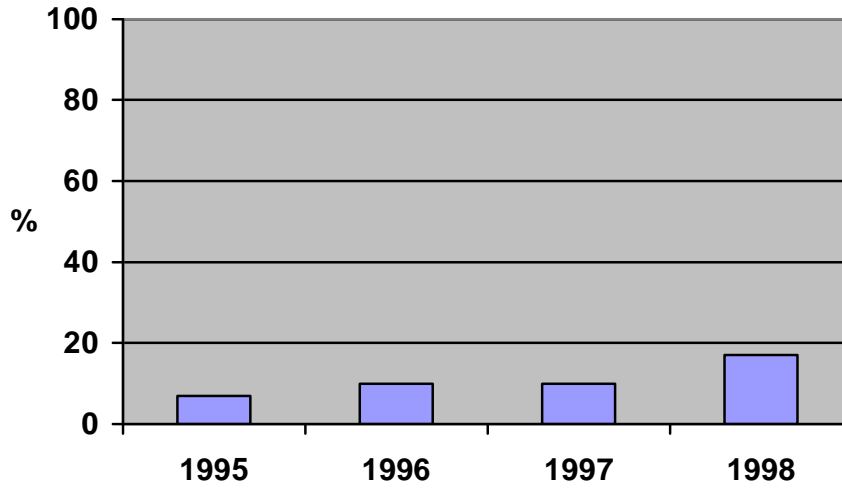


Figure 11. Prevalence of cocaine injection, as the last drug injected, among IDU in NSW, 1995-98

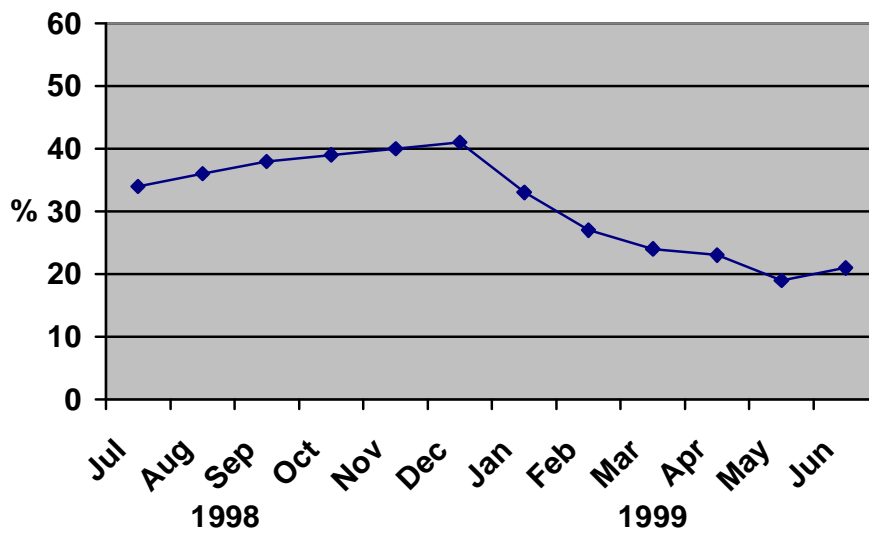


Figure 12. Percent of clients reporting cocaine as their last drug used (IC NSP)

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Consistent with NSP data, the number of suspected overdoses that tested positive for cocaine rose to 13% in the second half of 1998, from around 5% in 1997. Detection of cocaine among suspected overdose fatalities dropped back to 7% in the first half of 1999 (Figure 13). There was a similar trend apparent in the number of cocaine positive urine samples taken from methadone patients, with 4% in 1997, 8% in 1998 and 6% during the January to June period of 1999 (Figure 14). The number of criminal incidents relating to cocaine use and/or possession in NSW also showed a substantial increase since 1996-97 (Figure 15). The peak prevalence for cocaine detected by all three indicators was during late 1998 (Figures 13-15). Although the prevalence of cocaine detection has fallen in 1999, it is still elevated relative to 1996-97.

The number of intoxicated drivers who tested positive for cocaine has also risen steadily since 1996/97 (Figure 16). As with amphetamine, cocaine use may be more prevalent among drivers due to its stimulant properties. However, amphetamine, not cocaine, is the preferred stimulant of choice for professional drivers. Hence, the increase in cocaine detection among intoxicated drivers should be interpreted as an indication of increased cocaine use.

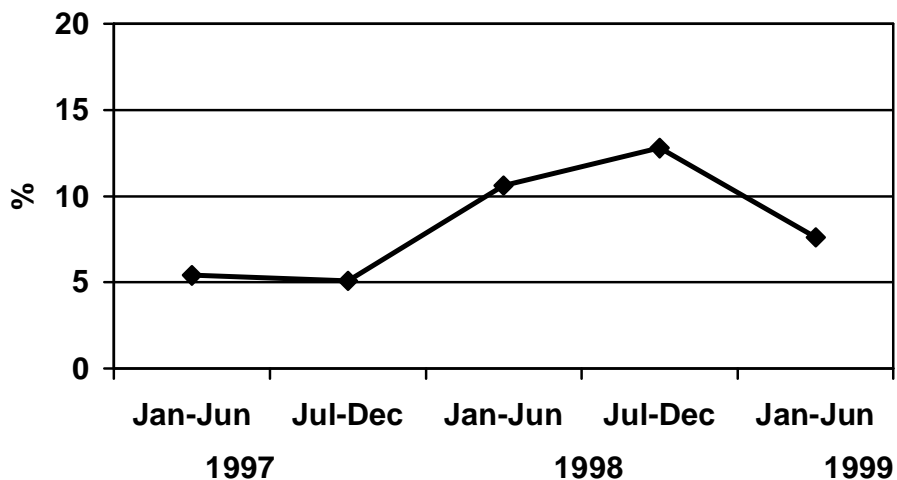


Figure 13. The percentage of drug-related deaths in NSW that tested positive for cocaine, 1997-99

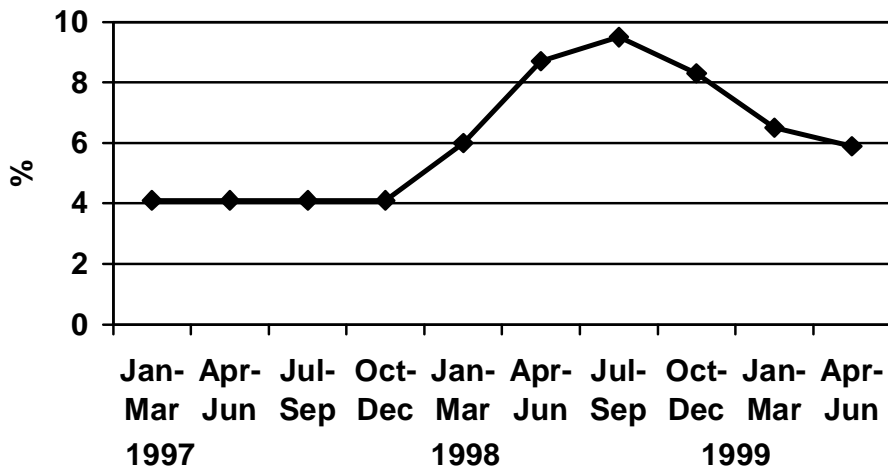


Figure 14. The percentage of methadone patients' urine samples that tested positive for cocaine, 1997-99. Note: Quarterly values for 1997 represent the mean percentage for the year.

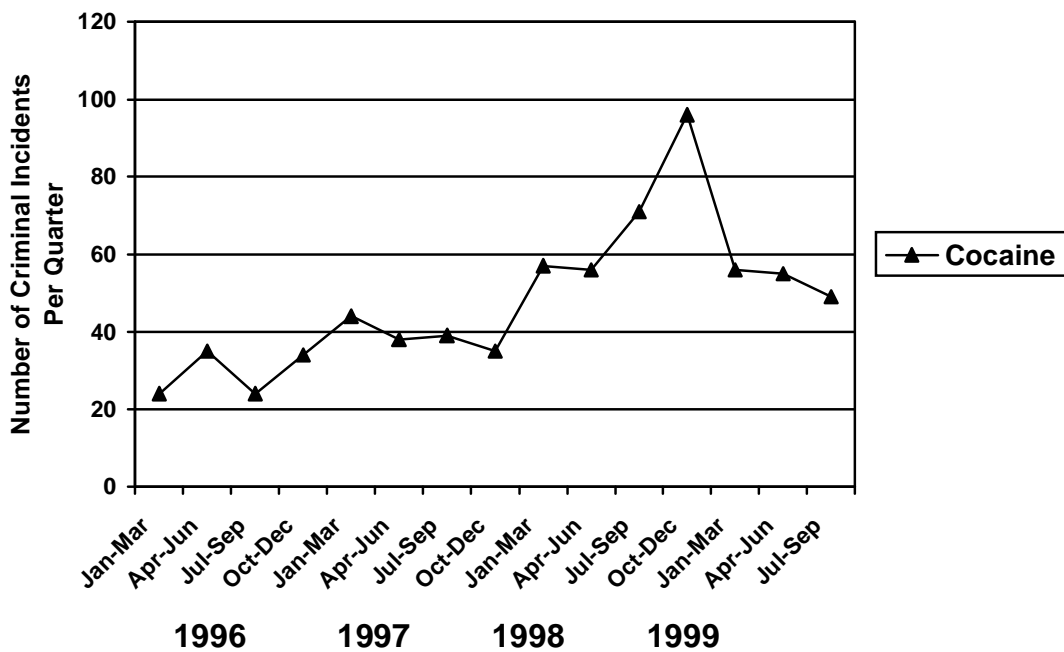


Figure 15. Number of criminal incidents relating to cocaine use and/or possession in NSW, 1996 to September 1999.

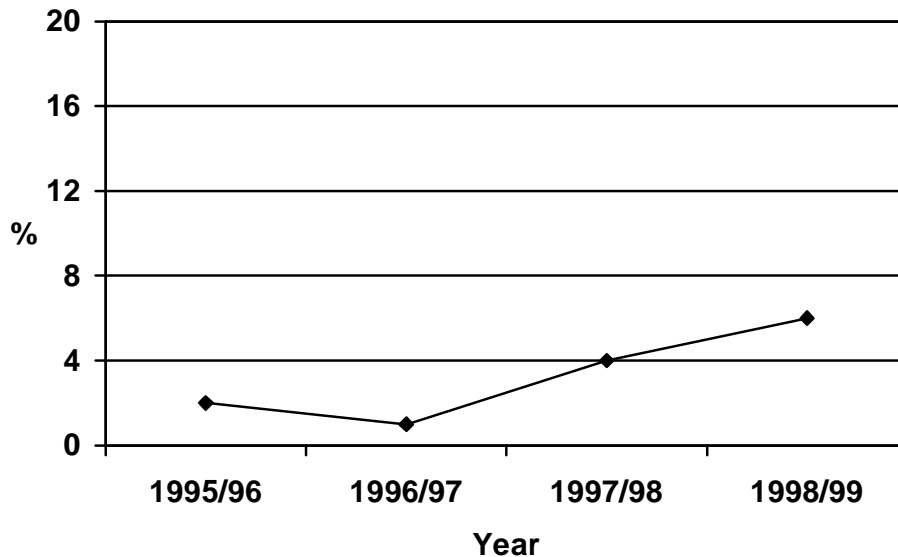


Figure 16. Percent of intoxicated drivers who tested positive for cocaine

Trends in cocaine use

The findings from the IDU survey confirm the increase in cocaine use noted in 1998. Two thirds of IDU had used cocaine in the preceding six months, compared to 59% in 1998 (Table 8). Although the proportion of IDU who reported recent cocaine use had increased since 1998, the number of days on which cocaine had been used had fallen, but was still well above that reported prior to 1998. Fourteen percent of IDU who had recently used cocaine reported daily use over the preceding six months, representing 9% of the entire sample.

Table 8. Cocaine use among IDU, 1996-1999

Year	Proportion used (6 mths)	Median Days used (6 mths)*	Daily use (6 mths)*
1996	41%	3	2%
1997	34%	4	2%
1998	59%	25	17%
1999	67%	12	14%

* Among those who had used cocaine in the preceding six months

There has also been an increase in preference for cocaine among IDU. In 1999, 12% of IDU nominated cocaine as their drug of choice and a further 2% reported an equal preference for cocaine and heroin. This represents a substantial increase relative to 1998, when 7% of IDU nominated cocaine as their drug of choice, and a stark increase on 1997 (1%) and 1996 (0%).

Forty IDU made unprompted comments upon trends in cocaine use. As was the case with heroin, the most commonly reported trends were an increase in the number of cocaine users, more younger users and more frequent use.

Many heroin key informants (n=12) also reported that there had been an increase in the use of cocaine among heroin users, and that cocaine had become more available (n=7). An increase in cocaine injection over the past 2 years was noted by one amphetamine key informant, while two other key informants (ecstasy and cannabis) were aware of an increase in the recreational use of cocaine over the last six months.

Key informant reports suggested that cocaine had become a standard pattern of polydrug use for many heroin users. Of 29 key informants who commented on patterns of polydrug use among heroin users, 26 reported cocaine use as one of the other drugs used. These reports suggested that cocaine was injected, often sequentially with heroin or as a cocaine/heroin cocktail. Intensity of use varied between sporadic binges and daily use.

6.5 Other trends

Six key informants reported an association between cocaine use and an increase in either aggressive/agitated behaviour, psychosis, needle-sharing, vascular problems, general health problems, sexual risk-taking, and/or skin lesions. One key informant reported that increased sexual risk-taking among sex workers using cocaine had led to an increase in sexually transmitted diseases. As has been observed in other countries, cocaine using IDU reported significantly more frequent injections than non-cocaine users ($\chi^2=13.8$, $p < .01$). Seventy five percent of cocaine users reported injecting more than once a day, compared to 60% of other subjects.

6.6 Summary

- Cocaine injection had increased dramatically since 1996-97, reaching a peak during late 1998, and decreasing slightly in early 1999.
- The price of cocaine and its availability appear to have reached a plateau in 1999.
- Cocaine injection among heroin users had become a common pattern of polydrug use.
- There was some evidence from key informant reports of increased cocaine use among non-IDU.

7 CANNABIS

Comments on the price, purity and availability of cannabis were made by 114/156 IDU.

Seven key informants reported on the use of cannabis. Key informants included four drug treatment workers, two law enforcement officers, and a researcher. Key informants were familiar with cannabis users from the inner-city area of Sydney (n=1), eastern Sydney (n=1), western Sydney (n=2), and throughout Sydney/NSW (n=2). Four key informants described cannabis users who were primarily from an English-speaking background and two described cannabis users who were primarily from a non-English speaking background. Key informants reported on cannabis users with various levels of education, and different types of occupations.

7.1 Price

The median price of an ounce of cannabis was reported by IDU to be \$350 (n=80), which was identical to the amount they reported paying for their most recent purchase (n=17). A gram of cannabis was reported to cost \$20 (n=102), again identical to the amount paid for the last purchase (n=78). Other amounts had been purchased by 37% of IDU, predominantly quarter ounces (n=33, \$100). Overall, the price of cannabis had remained stable since 1998, although there had been a slight decline in the price of a gram of cannabis in the IC, from \$25 to \$20, bringing the price into line with that in western Sydney. There had also been an increase in the proportion paying less for an ounce of cannabis, with \$350 now the modal price compared with \$400 in 1998. The price of cannabis was thought to be stable by the majority of IDU (78%) who could comment (n=110).

Key informant reports on the price of cannabis (n=4) were varied, but generally consistent with IDU reports. According to key informants, one gram of cannabis cost between \$20 and \$30, one-quarter ounce cost between \$100 and \$120, and one ounce cost between \$200 and \$450. The majority of key informants (n=3) reported that the price of cannabis had remained stable over the previous six months.

The ABCI provides quarterly figures on the price of covert drug purchases in each Australian jurisdiction. According to covert purchases of cannabis made in NSW during the 1998/99 financial year, one street gram cost \$30-50 and one ounce cost \$250-700, higher prices than nominated by IDU or key informants.

7.2 Availability

Cannabis was estimated as easy or very easy to obtain by 94% of IDU who could comment, with availability being perceived as stable (86%). Cannabis was predominantly obtained from street dealers (32%), friends (27%), dealer's homes (27%) and phoning a dealer/home delivery (11%). In line with IDU reports, most key informants (n=5) thought that cannabis was easy to very easy to obtain. There was no consensus among key informants regarding changes in cannabis availability. Two key informants reported importation of cannabis from SA, where syndicates of growers can grow up to ten plants

per person. Another key informant commented on local growing of outdoor crops, which were grown seasonally in the warmer northern regions of NSW.

7.3 Potency

The potency of cannabis was reported by IDU to be high (79%), and stable (68%). The majority of key informants also reported the potency of cannabis to be high (n=3), and stable (n=4).

Reports of hydroponic cannabis having higher THC content have continued, despite lack of evidence to support an average increase in the THC content of cannabis consumed in Australia. The THC content of Australian cannabis has not been systematically tested, thus it is not possible to confirm whether the THC content has changed in recent years. Hall and Swift (1999) report that the perception of increased cannabis potency is more likely to be due to changes in patterns of cannabis use. Specifically, there has been an increase in the use of the more potent cannabis heads in preference to cannabis leaf. Also there has been a trend toward earlier initiation into cannabis use, which is associated with higher levels of cannabis use and cannabis-related problems. And third, there has been an increase in the use of “bongs”, which are believed to be a more efficient way of ingesting the drug.

7.4 Use

Prevalence of use

Cannabis is by far the most common illicit drug used in NSW. According to the 1998 National Drug Strategy Household Survey 39% of the NSW population had ever tried cannabis, and 17% had used it in the last year. Recent use was much higher among teenagers (14-19 yrs, 36%) and young adults (20-29 yrs, 32%) than older adults (10%).

The number of criminal incidents relating to cannabis use and/or possession in NSW was very high relative to other illicit drugs. There appeared to be seasonal variation in the prevalence of criminal incidents, being higher in the first half of each year, but there was no strong overall trend (Figure 17). The number of intoxicated drivers who tested positive for cannabis has also remained steady since 1996-97 (Figure 18).

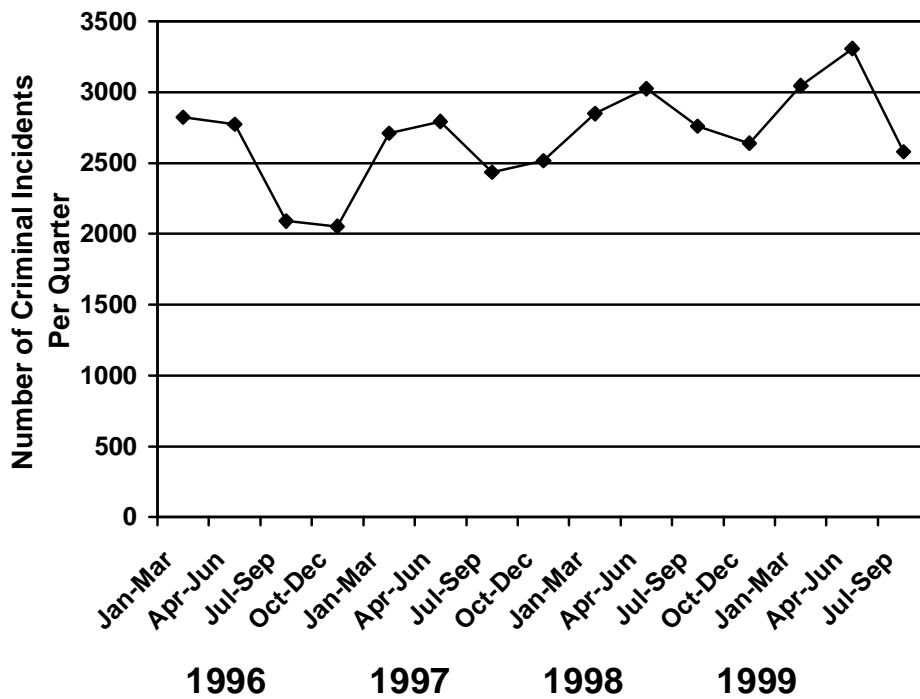


Figure 17. The number of criminal incidents relating to cannabis use and/or possession 1996-1999

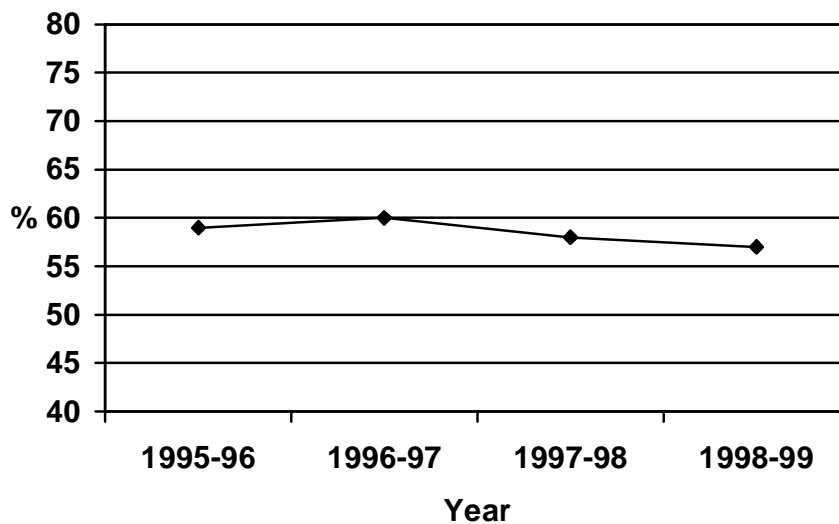


Figure 18. Percent of intoxicated drivers who tested positive for cannabis, 1995/96 to 1998/99

Current patterns of cannabis use

Marijuana heads were the most common type of cannabis used by IDU, having been used by 80% in the preceding six months. Marijuana leaf had been used by 27% of IDU, with small proportions reporting the use of hash (12%) and hash oil (5%). The majority of cannabis users described by key informants smoked cannabis daily. Two key informants estimated that users smoked 1 gm of cannabis per day over several smoking sessions. Most smoked hydroponically grown cannabis heads through bong, with the minority smoking joints.

Three key informants reported the use of amphetamine, heroin, ecstasy, and/or alcohol among cannabis users. Two key informants commented on the smoking of heroin by cannabis users.

Trends in patterns of cannabis use

Two key informants reported an increase in the number of younger cannabis users, and noted a continuing trend towards growing cannabis hydroponically. There were single reports of increasing cannabis use, and a growing belief that smoking joints was less harmful than smoking bong.

The IDU survey found no discernible trends in cannabis use among IDU between 1996 and 1998 (Table 9).

Table 9. Cannabis use among IDU, 1996-1999

Year	Proportion used (6 mths)	Median Days used (6 mths)*
1996	86	51-60
1997	85	100
1998	69	60
1999	83	90

* % of those IDU who had used cannabis in the last six months

7.5 Other trends

Two key informants commented on cannabis induced psychosis. The first indicated that a small number of clients had presented with what appeared to be a drug-induced psychosis, and the second reported an increase in the number of clients presenting with drug-induced psychosis and psychotic depression. There were also single key informant reports relating to health, namely an increase in the frequency of minor health problems (e.g., respiratory problems), abdominal pain and vomiting.

7.6 Summary

- Cannabis price was stable to decreasing.
- Cannabis was easy to obtain and availability was stable.
- The potency of cannabis was rated as high and had remained stable.
- Cannabis was by far the most commonly used illicit drug.
- Health problems, particularly mental health problems, among cannabis users were still being noted by health professionals.

8 OTHER DRUGS

8.1 Ecstasy and designer drugs

Use

The 1998 National Drug Strategy Household Survey found that 5.3% of respondents in NSW had ever tried ecstasy, and 2.1% had used it in the last 12 months. It should be noted that the definition of ecstasy included the designer drugs PMA and GHB.

Two key informants reported on the use of ecstasy, one researcher, and one nightclub security officer. One key informant reported that most of the ecstasy users that they had contact with resided in the inner-city area of Sydney, while the other had contact with users who were predominantly from the inner and south west of Sydney. One of the key informants described a group in which 60% of the users were gay. Ecstasy users were aged from 18 to 45 years, and the majority were from an English-speaking background. They had at least ten years of schooling, and were employed in a variety of occupations. Very few were in treatment and only a minority had a prison history.

Most users consumed ecstasy orally, and usually took two to three tablets per occasion. The frequency of use ranged from occasional to weekly use in conjunction with social events. There was a high prevalence of polydrug use noted among ecstasy users, with key informants reporting the use of amphetamine, ketamine, cocaine, MDA, GHB, Viagra, amyl nitrate, and antidepressants. The use of cocaine and ketamine cocktails (CK1) was also reported. Key informants expressed concern about GHB use, particularly the quality of GHB and its side-effects. Two heroin key informants reported an increase in amphetamine and ecstasy use among heroin users.

One ecstasy key informant and three cannabis key informants reported that there had been an increase in the use of ecstasy and other designer drugs, while the second ecstasy key informant commented that the use of ecstasy and designer drugs had increased among heterosexual groups of people. One ecstasy key informant reported that there was more willingness among young ecstasy users to experiment with new designer drugs, while the other commented that there was an increased demand for new designer drugs.

Price

The two ecstasy key informants reported that the price of ecstasy was \$40 per tablet. A heroin key informant also commented that ecstasy cost \$50 per tablet, but could be bought for \$40 a tablet if bought in multiples. All three indicated that ecstasy had become more available. The ABCI provides quarterly figures on the price of covert drug purchases in each Australian jurisdiction. According to covert purchases of ecstasy made in NSW during the 1998/99 financial year, a single tablet or capsule cost between \$20 and \$70, but were cheaper if bought in bulk (\$15-35/tablet).

Availability

Both key informants said that ecstasy was very easy to obtain and that its availability had increased over the previous six months. One key informant reported an increase in seizures of MDMA at importation. MDMA originated from Europe and the UK, but was often imported via south-east Asian countries (e.g., Indonesia) where it was supplemented with other chemicals. There had also been seizures of 4-MTA (“flatliners”) made by police within Australia, but no seizures at importation.

Purity

Key informant reports regarding the purity of ecstasy (n=5) were mixed. According to seizures of ecstasy made in NSW during the 1998/99 financial year, the average purity of ecstasy was 32%, identical to the purity of ecstasy seizures made in NSW during 1997/98 (Figure 19).

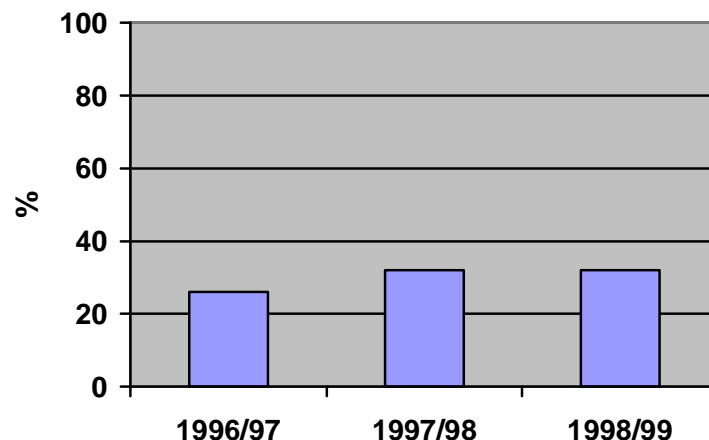


Figure 19. Purity of ecstasy seizures (and related drugs) made by the AFP in NSW, 1996/97 to 1998/99. Note: N=91 1996/97; N=53 1997/98; N=51 1998/99.

Other trends

Key informants reported an increase in serious adverse drug effects resulting in hospital admissions, including respiratory arrest, loss of bodily coordination, and paranoia.

Key informants also reported an increase in police presence at dance venues and targeting of ecstasy users. Police presence appeared to have an impact on dealing. Key informants reported an increase in the number of people dealing in small quantities, who were often employed by major dealers to minimise the risk of a supply offence. Key informants claimed that, apart from drug dealing, there was little crime committed among the ecstasy users they had contact with.

8.2 Methadone

Methadone had been used by 49% of IDU in the preceding six months, including 32% of IDU who were not enrolled in methadone maintenance. The use of methadone in the preceding six months was overwhelmingly of methadone syrup (49%), with 6% of IDU reporting having used Physeptone⁷ tablets. Twenty one percent of IDU had injected methadone in the preceding six months, compared to 23% in 1998. It should be noted that large barrel syringes, used to inject methadone syrup, were withdrawn from distribution in NSW in late 1998. The current IDU survey data show no decline in the prevalence of methadone injecting, but do not indicate whether the frequency of such injection has fallen. Data from the Australian NSP survey do indicate a decline in the prevalence of methadone injection in NSW between 1998 and 1999, a continuing trend since 1995 (see Figure 20). Local NSP data showed a reduction in the number of clients accessing NSPs who reported methadone injection. One IC NSP found that only 0.6% of clients reported methadone as their last drug injected between January and June 1999, less than half of that found in 1998 (1.3%). Similarly, only 1.5% of clients presenting at a SW NSP in July 1999 reported methadone use compared with 10% in October 1998.

Seven heroin key informants also reported a decrease in contact with methadone injecting clients over the preceding 12 months, following the cessation of the distribution of 20 ml syringes. Two amphetamine key informants had also noticed a decrease in the number of methadone using clients presenting to their services. Key informants commented that although methadone injectors were no longer presenting to their service, they did not know whether these clients had stopped injecting methadone.

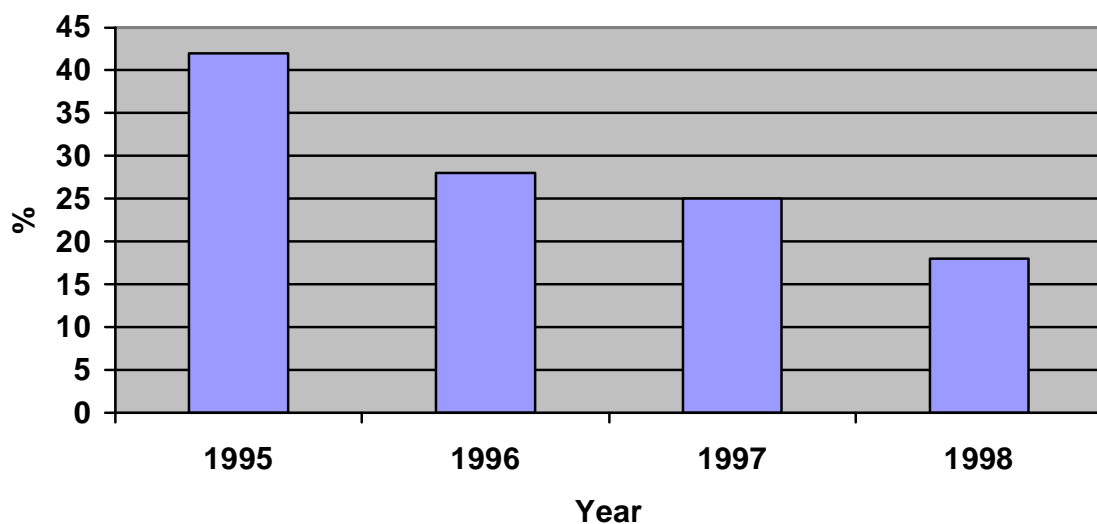


Figure 20. Prevalence of methadone injection, as the last drug injected, in NSW, 1995-1998

8.3 Benzodiazepines

The use of benzodiazepines remained a prominent feature of the polydrug use among IDU. Over three-quarters (78%) of IDU had used benzodiazepines, with 61% having used them in the preceding six months. The most commonly used brand of benzodiazepine was Valium⁷ (diazepam) which, in addition to other diazepam preparations, had been used in the preceding six months by 28% of IDU. Rohypnol⁷ (flunitrazepam) had been rarely used (7%). This represents a change in benzodiazepine use since 1998, when Rohypnol was the most commonly used benzodiazepine among western Sydney IDU. Key informants (n=2) also reported a decrease in the availability of Rohypnol. The injection of benzodiazepines remained high, with 22% having ever injected benzodiazepines, and 16% having done so in the preceding six months.

Local indicator data collected by the IDRS was consistent with a relatively high but steady prevalence of benzodiazepine use. The proportion of intoxicated drivers who tested positive for benzodiazepines was 34% in 1998/99 (cf. 29% in 1997/98, 32% in 1996/97 and 23% in 1995/96). Also, the number of overdose fatalities that tested positive for benzodiazepines was 29% in 1998/99 (cf. 27% in 1997/98).

8.4 Antidepressants

The use of antidepressants by IDU remained common. Over a quarter (28%) of the sample of IDU had ever used antidepressants, with 14% having used them in the preceding six months. These figures are almost identical to those reported in 1998. The most commonly used type of antidepressant was Sinequin⁷, a tricyclic antidepressant. Of those IDU who had used antidepressants in the preceding six months, 45% had used tricyclic antidepressants. This is of concern, as this type of antidepressant is substantially more toxic than the newer serotonin specific reuptake inhibitors (SSRIs), such as Zoloft⁷. A recent Australian study (Darke et al., 1999b) found Tricyclic antidepressants to be related to an increased rate of heroin overdose.

Toxicology of urine samples taken from methadone patients showed similar detection of both SSRIs and tricyclic antidepressants (Figure 21), further demonstrating the use of tricyclic antidepressants by this population.

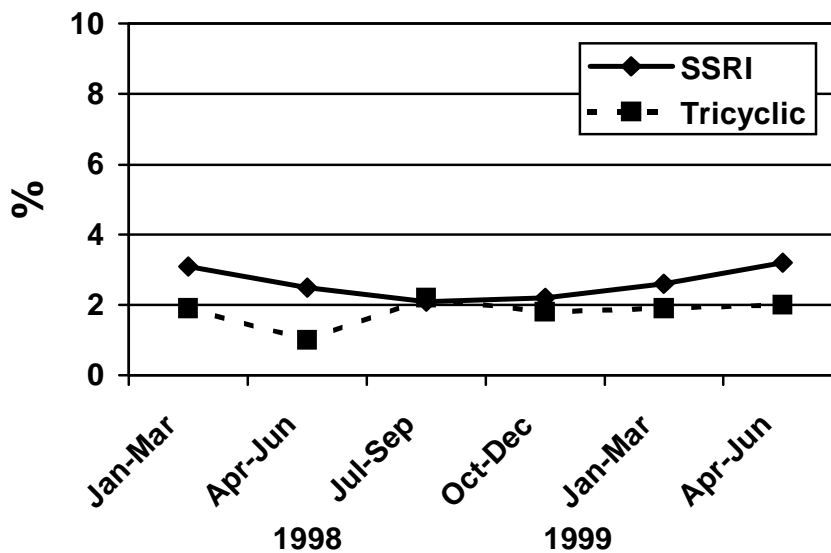


Figure 21. The percentage of methadone patients' urine samples that tested positive for antidepressants

8.5 Other opiates

The use of opioid preparations other than heroin and methadone remained highly prevalent among the IDU sample. A third (34%) of IDU reported having used such preparations in the preceding six months, with 8% having injected them in this period. The most commonly used preparations were Panadeine Forte⁷ (23%) (which contains 30 mg of codeine per tablet) and morphine preparations (6%). There were no differences between 1998 and 1999 in the prevalence of other opioid use, or in the types of preparations used.

8.6 Steroids

There was one key informant, a general health worker, who was able to comment on illicit steroid use. This key informant had contact with steroid users who were between 20 and 30 years of age, male, from an English-speaking background, employed in a variety of occupations, and resided throughout the Sydney region. Steroid users were typically not in any form of treatment and only a minority had a prison history. The steroid users' levels of education varied from not completing high school to tertiary education.

Steroids were used in cycles that typically lasted 6 to 12 weeks, with one to four types of steroids used per cycle. Common types of steroids were testosterone and nandrolone, and these were usually injected intramuscularly into thighs, buttocks and deltoids. Steroids were also reported to be taken orally. No polydrug use was reported among steroid users and their use of tobacco and alcohol was estimated to be less than the general population.

8.7 Summary

The most salient trend in other drug use was substantial use of psychoactive prescription drugs (i.e., benzodiazepines, methadone, Panadeine Forte⁷, antidepressants) among IDU. Benzodiazepines were the most commonly used prescription drug, followed by methadone, Panadeine Forte⁷ and antidepressants. Use of these drugs was stable, except for a decline in methadone injection and a decrease in the use of Rohypnol⁷ (flunitrazepam). With regard to methadone injection, the Australian NSP Survey found the prevalence of methadone injection among IDU had decreased in NSW over the last four years. There were also indications that ceasing to dispense 20 ml syringes reduced methadone injecting among NSP clients.

Another important trend was the diversity of substances consumed by ecstasy users, and the adverse toxic effects experienced by users. Also, the price of an ecstasy tablet had decreased since 1998 (\$40 vs. \$50), a continuing decrease since 1997 (\$60).

9 DRUG-RELATED ISSUES

9.1 Treatment

The NSW Alcohol and Drug Information Service (ADIS) received 48,842 phone inquiries during the 1998/99 financial year. The number of calls relating mainly to heroin were highest (n=6,763), followed by cannabis (n=3,962), amphetamine (n=1,574), ecstasy (n=452) and cocaine (n=444). These figures show an increase in calls relating to every drug class, with the increase being greatest for ecstasy (49%) and heroin (31%), followed by cocaine, cannabis and then amphetamine (Figure 22). It is noteworthy that the 31% increase in heroin-related calls follows from a similar increase between 1996/97 and 1997/98 of 40%, although quarterly figures suggest that the number of heroin-related calls has not continued to increase through the 1998/99 financial year.

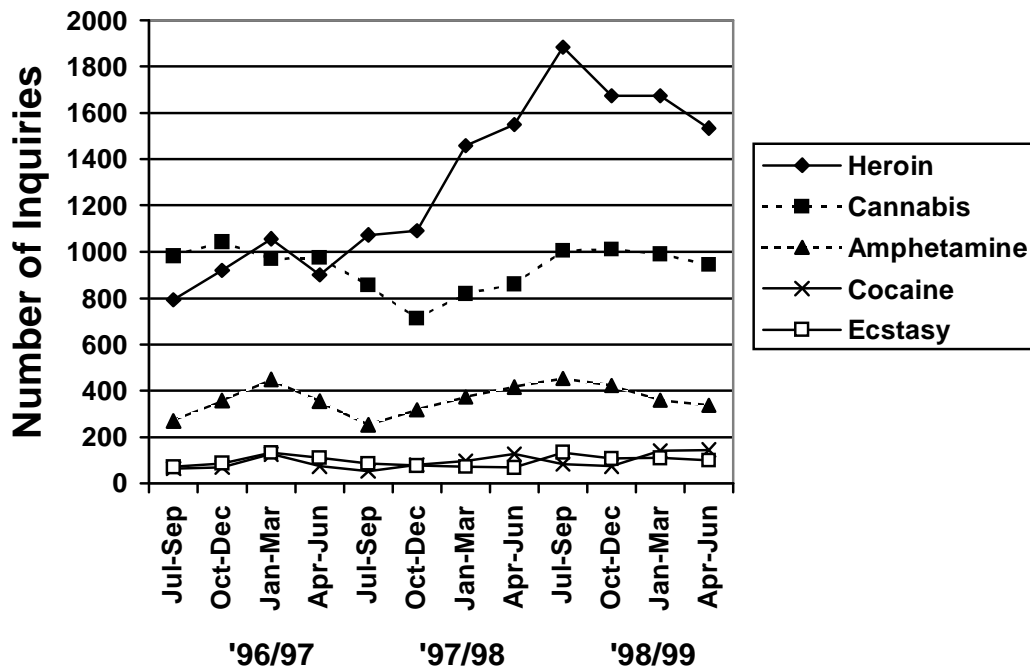


Figure 22. Number of ADIS inquiries by drug type, 1996/97 - 1998/99

9.2 Overdose

Experience of heroin overdose among IDU remained common (Table 10). A half (49%) of IDU who had ever used heroin (155/156) had overdosed, with 28% having overdosed in the preceding year. An overdose had been witnessed by 79% of IDU, with 65% having witnessed an overdose in the preceding year. These figures are consistent with those reported in previous years.

According to the ABS figures, there were 358 confirmed opioid-related fatalities in NSW in 1998, and NSW had the highest rate per population of overdoses in Australia (126.4 per million population). This represented a 23% increase on the number of deaths from 1997 (292). Consistent with previous years, the majority of overdose victims were male (85%).

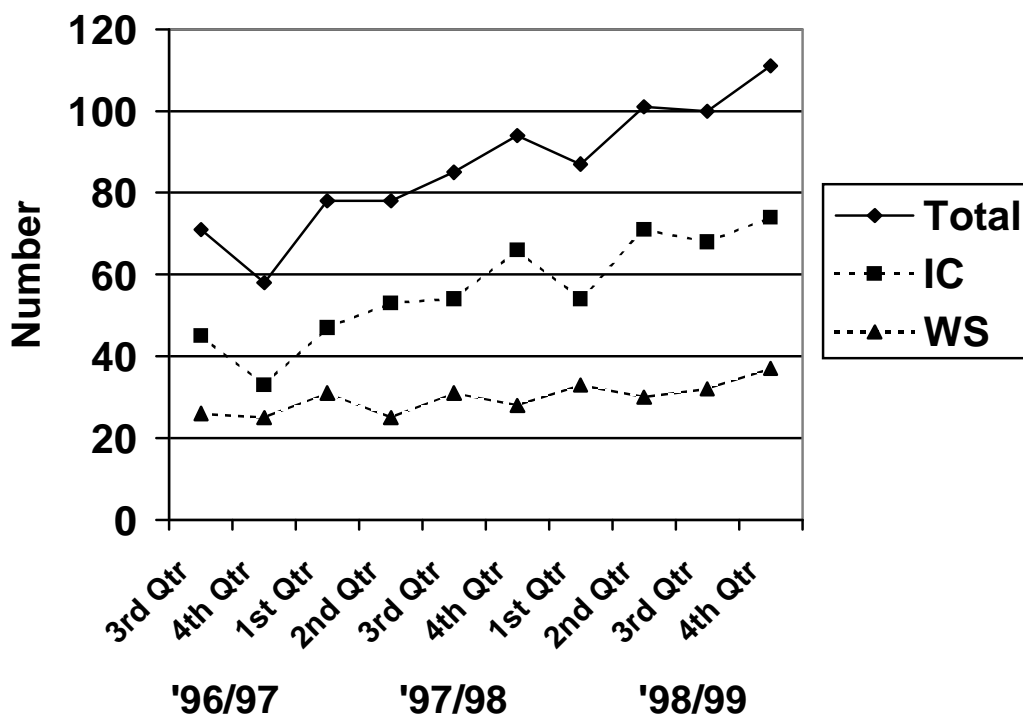


Figure 23. Number of drug-related deaths (suspected overdoses) in Sydney by region, 1996/97 - 1998/99

The number of suspected overdose fatalities (drug-related deaths) in the Sydney metropolitan region has increased steadily since early 1997 (Figure 23). There was a corresponding increase in the number of suspected overdose fatalities across NSW, with 577 suspected overdose fatalities in 1998-99 financial year (cf. 463 in 1997/98). The number of suspected overdoses that tested positive for morphine was slightly lower (491), but showed the same upward trend (cf. 409 in 1997/98).

9.3 Injection-related problems

There was a substantial rate of injection-related problems reported by IDU, with 81% reporting at least one such problem in the preceding month (Table 10). This represented a substantial and significant increase from the 1998 sample, in which 66% reported injection-related problems (OR 2.3 95% CI 1.4 - 3.8). The most commonly reported problems were scarring/bruising of injection sites and difficulty injecting (indicating vascular damage). An increase in the proportion of IDU reporting injection-related problems would be expected as the frequency of injecting increases.

The injection of drugs in public places was common. Less than a half (47%) of IDU reported that their most recent injection was in a home environment. Fifty-three percent of subjects had injected in a public place (e.g. street, toilet, car) on the most recent injecting occasion.

Table 10. Risk-taking behaviour among IDU

Risk-taking behaviour	N=156
Heroin overdose (%)	
Overdosed (ever)	49
Overdosed (12 mths)	28
Administered naloxone (ever)	39
Naloxone (12 mths)	23
Witnessed an overdose (ever)	79
Witnessed an overdose (12 mths)	65
Needle sharing (% in last month)	
Borrowed used needles	17
Lent used needles	24
Injection-related health problems (% in last month)	81
Scarring/bruising	68
Difficulty injecting	39
"Dirty hit"	18
Infections/abcesses	8
Overdose	6
Location of last injection (%)	
Home	47
Street/park	29
Public toilet	8
Car	4
Shooting room	3
Other public place	10

9.4 Needle sharing behaviour

In the month preceding interview 17% of IDU had injected with syringes that had already been used previously by another, with 24% having passed on a used syringe (Table 10). Almost all (25/27) of those who had injected with a used syringe reported that only one other person had used the syringe. The remainder reported two people had used the syringe. People who had used the syringe previously were reported primarily to be a regular sexual partner (n=14), close friend (n=5), or acquaintance (n=5). Spoons that had already been used for mixing up drugs had been used by 45% of IDU in the preceding month, tourniquets by 15% and filters by 12%.

Client data from an IC NSP showed a steady increase in the amount of injecting equipment dispensed, and the number of clients attending the service (Figure 24). The return rate for equipment leveled off at the beginning of 1999, although this may be due to a change in service provision that occurred around this time.

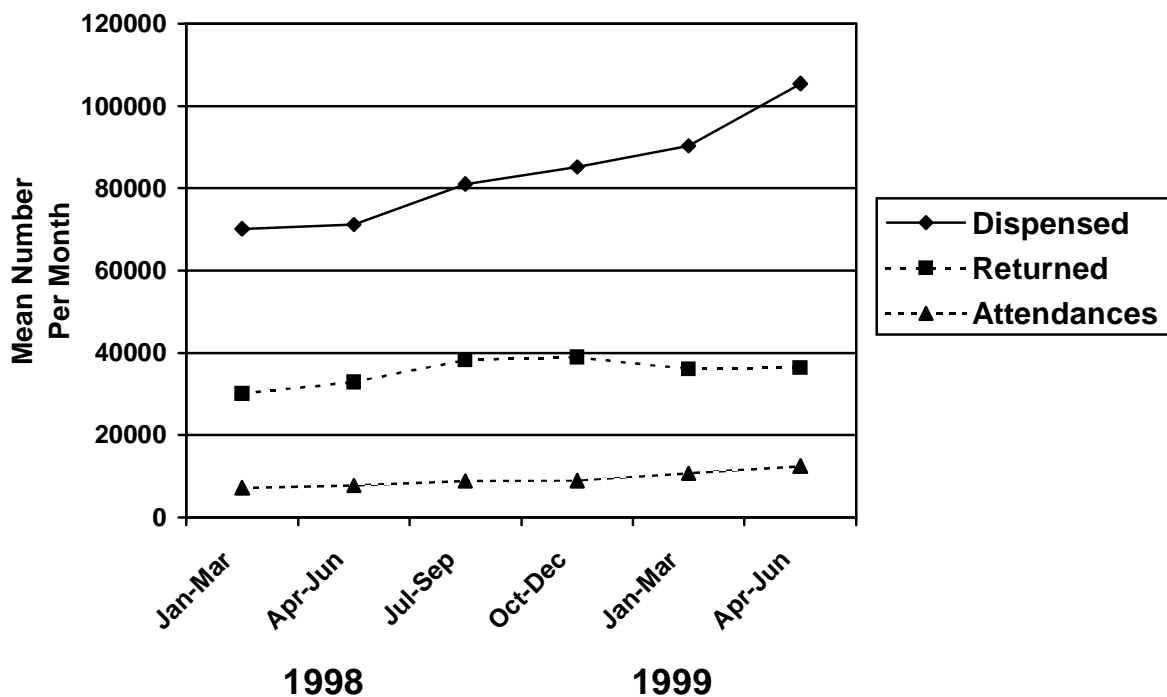


Figure 24. Mean number of injecting items dispensed and returned, and mean number of attendances, per month

9.5 Crime

Half (53%) of IDU interviewed reported having committed a crime in the preceding month, nearly identical to that reported in 1998 (51%) (Table 11). As in previous years, the most commonly reported crimes were drug dealing and property crime. Fifty-five percent of IDU had been arrested in the previous twelve months. There was no significant difference in the proportions of males and females who had been arrested (59% vs. 46%). The most common grounds for arrest were property crime (20%) and possession of a prohibited drug (16%).

There was a perception amongst the majority of IDU (60%) that there was more police activity in the preceding six months. Only 3% reported that there had been less activity. Forty-four percent of IDU reported that police activity had made it more difficult to obtain drugs. There was no regional difference in this perception, in contrast to 1998 when the perceived impact of police activity was greater in western Sydney. Nearly a half of IDU believed that more of their friends had been arrested recently; none reported fewer arrests.

A notable number of heroin key informants (n=13) reported that there had been an increase in police activity over the last 6 months, in particular, there had been an increase in the amount of police patrolling the street on foot, on bicycles and in cars. Four key informants commented that more people were being harassed and/or strip-searched by police. There were, however, a few key informants (n=3) who said that police were becoming more educated about drug use and were beginning to treat it more as a health issue, doing tours of drug treatment services.

Three amphetamine key informants also reported an increase in the amount of police activity. Specifically, there was an increase in police presence at dance venues and gay clubs (n=2), as well as in the amount of patrols and pushbike police (n=1).

9.6 Expenditure on drugs

There was substantial expenditure on drugs among IDU. Eighty-three percent of IDU had spent money on drugs the day prior to interview, with 45% having spent more than \$100 on that day, and 25% having spent more than \$200. There were no differences between the expenditure of males and females. Cocaine users were significantly more likely to have spent more than \$200 on drugs during the previous day than other IDU (31% vs. 14%, OR 2.9 95% CI 1.9 - 7.0).

Table 11. Criminal activity and perceptions of police activity among IDU

	N=156
Crime (% in last month)	
Property crime	29
Dealing	37
Fraud	6
Violent crime	6
Any crime	53
Arrested last 12 months (%)	55
Police activity (%)	
Don't know	6
More activity	60
Stable	31
Less activity	3
More difficult to obtain drugs (%)	
Don't know	5
Yes	44
No	52
Arrests (%)	
Don't know	5
More arrests	46
Stable	50
Less arrests	0

9.7 Summary

Problems associated with drug use related mainly to injecting drug use, particularly injecting heroin use. There were more ADIS inquiries regarding heroin than for any other drug, and the number of calls has continued to increase since 1997/98. There had also been an increase in the number of opioid-related overdose fatalities, a continuing trend since the early 1990s. More IDU reported injection-related problems in 1999 relative to 1998, a finding presumably associated with the increased frequency of injection also found among IDU in 1999. There was also a continuing increase in the number of needles and syringes dispensed from NSPs in 1998/99. There was a high degree of criminal involvement among IDU, with half reporting criminal activity (other than illicit drug use) in the last month, and just over half having been arrested in the last year. There was a strong consensus that police activity toward drug users, particularly heroin users, had increased, with a substantial proportion of IDU considering that police activity made it more difficult to obtain drugs.

10 Summary and Conclusion

10.1 Summary

The main trends that emerged from the 1999 IDRS concerned heroin use and injecting drug use more generally. Evidence showed that IDU were initiating injecting at a younger age, heroin was more likely to be the first drug they injected, they injected more frequently and suffered more health problems. In general, the frequency of heroin use among IDU has risen substantially over the last four years, and all indicators of heroin use suggest that there has been an increase in the number of heroin users. Similarly, indicators suggest an increase in injecting drug use. Harms associated with injecting heroin use continue to be prominent, with a continuing increase in the rate of fatal opioid-related overdose, a high level of injecting in public places, a high level of criminal activity, and an increase in injection-related health problems.

Another important trend was the continuing presence of cocaine, initially detected in 1998. It was found that there was still high exposure to cocaine among IDU, but the frequency of use had dropped, and the price and availability had stabilised. There was also anecdotal evidence of cocaine use among non-IDU. Taken together, this evidence showed that cocaine use was still common, but had not spread relative to 1998.

Amphetamine use remained relatively low and stable, although there were reports of new, more pure, forms of amphetamine becoming available.

Cannabis use had increased slightly, although there were no significant changes in patterns of cannabis use or associated harms. There was continuing concern regarding mental health and cannabis use.

The main trends observed with regard to other drugs were:

- a noticeable reduction in methadone injection among NSP clients;
- a decrease in the use of Rohypnol among IDU;
- a decrease in the price of ecstasy; and
- an increase in the diversity of substances taken by ecstasy users, and the toxic side effects of these drugs.

10.2 Methodological considerations

The 1999 IDRS saw the fourth year of the IDRS in NSW. It was apparent that the IDRS was able to detect trends over this time, and the continued collection of data improved confidence in previously detected trends.

The IDU survey has continued to be the mainstay of the IDRS, providing comprehensive quantitative information on changes in the drug market and extent of drug use patterns. As in 1998, any variation in IDU sampling between years would not plausibly account for the main trends detected by the 1999 NSW IDRS.

The 1999 NSW IDRS findings also received strong support from secondary indicator data. The accumulation of indicator data showed that trends could be examined at a quarterly or monthly level. Indicators that showed convergence of drug trends and could be examined at a monthly/quarterly level were: toxicology data on methadone patients' urine; toxicology of suspected overdose fatalities; client data from local NSPs; and arrest data provided by BOCSAR. Examination of this indicator data revealed that although indicator data could be monitored on a monthly basis, trends were clearer when data was examined over several months.

In 1999 several questions were added to the IDU interview that related to expenditure on drugs, arrest, and place of injecting. It was found that approximately half of the IDU spent over \$100 a day on illicit drugs, half had their last injection in a public place, and half had been arrested in the last year. These questions provided valuable information, and also extended the interface between the monitoring of drug use patterns, law enforcement issues, and public health issues.

10.3 Implications

The purpose of the IDRS is to identify emerging drug trends that require further investigation. There were several implications for further research that arose from the findings of the 1999 IDRS. These were:

- Opioid-related overdose continues to be a major harm associated with heroin use, and this problem requires active interventions aimed at reducing fatal overdose.
- There has been an increase in the number of heroin users, particularly young injecting heroin users. The IDU survey found that younger heroin users began injecting heroin at a younger age and used heroin more frequently. Efforts need to be made to reduce the number of new initiates to injecting heroin use. For example, campaigns to reduce injecting drug use need to target "at risk" groups, such as young non-injecting drug users.
- Resources need to be allocated to developing a system to monitor the THC content of cannabis. This should involve assessment of the THC content of cannabis being consumed and measurement of THC content of different plant products (e.g., strains, growing methods, and heads vs. leaf).
- There is a high prevalence of cannabis use among the general population and continuing concern from health professionals regarding mental health problems among cannabis users. This suggests a need for further investigation of the implications of cannabis use for mental health and the treatment of comorbid mental disorders among cannabis users.
- Although not widespread, the availability of new and more pure forms of methamphetamine needs to be closely monitored.

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12 APPENDIX

GOVERNMENT AREAS

Local Government Areas constituting broad geographic regions are as follows:

Inner city (IC): Botany, City of Sydney, Leichardt, Randwick, South Sydney, Waverly

Western Sydney (WS): Ashfield, Auburn, Bankstown, Blacktown, Burwood, Campbelltown, Canterbury, Concord, Drummoyne, Fairfield, Holroyd, Liverpool, Marrickville, Parramatta, Penrith, Strathfield

Southern Sydney: Hurstville, Kogarah, Rockdale, Sutherland

Northern Sydney: Baulkam Hills, Hawkesbury, Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah, Willoughby

CONVERGENCE OF DATA SOURCES

Below is a list of the main findings from the 1999 IDRS and the data sources from which they were derived.

DRUG TREND	IDU	KIS	OTHER
HEROIN			
• The price of heroin had decreased and was now most commonly purchased in quarter-grams for \$70.	4	4	
• The average purity of heroin was medium to high (67%) and stable	4	4	4
• Heroin was very easy to obtain and availability was stable	4	4	
• Use of heroin had increased, with indications of more users, more young users, more “mainstream” people using, and heroin being used more frequently by existing users.	4	4	4

<p>AMPHETAMINE</p> <ul style="list-style-type: none"> • Amphetamine use among IDU was low and stable • Some evidence of cheaper amphetamine (\$80/gram) and smaller purchase amounts (half-grams) • Amphetamine was easy to obtain, and availability was stable • The purity of amphetamine was low, but appears to be more variable than in previous years • Several reports of new forms and more pure forms of amphetamine being available 	4	4	4
<p>COCAINE</p> <ul style="list-style-type: none"> • Cocaine injection has increased dramatically since 1996-97 reaching a peak during late 1998, and decreasing slightly in early 1999 • The price of cocaine and its availability appear to have reached a plateau in 1999 • Cocaine injection among heroin users had become a common pattern of polydrug use • There was some evidence from key informant reports of increased cocaine use among non-IDU. 	4	4	4
<p>CANNABIS</p> <ul style="list-style-type: none"> • Cannabis price stable to decreasing • Cannabis was easy to obtain and availability was stable • The potency of cannabis was rated as high and had remained stable • Cannabis was by far the most commonly used illicit drug • Health problems, particularly mental health problems, among cannabis users were still being noted by health professionals 	4	4	4

OTHER DRUGS			
• Substantial use of prescription drugs among IDU	4	4	4
• Decrease in Rohypnol use	4	4	
• Decrease in methadone injecting among NSP clients		4	4
• Decrease in the price of ecstasy			
• Increase in the diversity of designer drugs used		4	4
• Toxic side effects of designer drugs		4	
		4	
DRUG-RELATED ISSUES			
• More health-related problems, including overdose, concerning heroin	4	4	4
• High level of criminal involvement among IDU	4	4	4
• Increase in police activity	4	4	4
• Increase in frequency of injecting	4	4	4