

# **Changes in Heroin Availability in Sydney Australia in Early 2001**

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## **Executive Summary**

Staff at the National Drug and Alcohol Research Centre (NDARC) first became aware of reports of significant decreases in the availability of heroin in Sydney in the second week of January 2001. A simplified form of the Illicit Drug Reporting System (IDRS) was implemented in mid February to examine the credibility of these reports. This study serves as a pilot for more extensive research and as a baseline to provide an estimate of the onset and extent of the reported reduction in heroin availability.

Data were collected from interviews with Injecting Drug Users (IDUs) and Key Informants. Forty-one IDUs in the Kings Cross area of inner-city Sydney were questioned on a number of topics related to their heroin use and their recent experience of the drug market (see Appendix A). Ten Key Informants were questioned about possible indicators of changes in the drug market based on their contact with heroin users (see Appendix B).

Almost all IDUs reported that heroin was harder to obtain at time of interview (mid February) than it was before Christmas 2000. Most users reported that the shortage began around Christmas/New Year. They also reported a statistically significant increase in the average time required to procure heroin.

Eight of ten Key Informants stated that they had heard of a heroin shortage from the IDUs with whom they have contact. The average time they had perceived heroin to be less available was just over four weeks.

Eighty-three percent of IDU participants and seven of the ten Key Informants stated that the price of heroin had increased since Christmas. Seventy-three percent of IDU participants stated that the purity of heroin has decreased since Christmas and 66 percent reported current heroin purity to be low. Eight out of ten Key Informants reported a reduction in heroin purity.

When questioned about drug use IDUs reported an overall reduction in heroin use and many reported an increase in other drug use as a result of the shortage. Forty-four percent of IDUs stated that they were using more cocaine, 20 percent reported an increase in benzodiazepine use and 10 percent an increase in cannabis use. Nine of the ten Key Informants reported an increase in the use of drugs other than heroin among IDUs they had contact with, specifically cocaine, benzodiazepines, cannabis and amphetamines.

Over half the Key Informants reported an increase in both property and violent crime as a result of the heroin shortage. This crime was reportedly occurring mostly between heroin suppliers and/or IDUs. IDUs were not questioned specifically on this issue.

There was some evidence, both anecdotal and from newspaper reports, that rates of heroin related overdose had decreased during the period of the reported shortage. Nine out of ten Key Informants also expressed some concern about a possible increase in overdoses if or when heroin supplies returned to normal.

Most Key Informants stated that the shortage of heroin had led to an increase in requests from IDUs for drug treatment. All Key Informants who reported increases in requests for treatment said that IDU were predominately seeking methadone treatment. IDU participants were not asked directly if the reduction in heroin availability had led them to seek drug treatment.

It is interesting to note that the levels of difficulty reported by IDUs to acquire heroin has not been observed since the IDRS was first implemented. If the current shortage continues it may arguably be the most dramatic reduction in heroin supply for many years.

There were some anecdotal and media reports (see Appendix C) that this lack of

heroin availability has occurred in other states, although these reports have not been sufficiently investigated for conclusions to be drawn.

The majority of IDUs participants reported that increased law enforcement was the main reason for the current decline in heroin availability. Other explanations included the occurrence of Chinese New Year and deliberate withholding of supply by high-level dealers in order to increase the price of heroin. Generally, Key Informants stated that they were unaware of why heroin was less available. Most did volunteer one or a number of the aforementioned reasons. No specific reason was favoured.

Although most sources have attributed the cause of the current heroin shortage to increased policing and law enforcement further research and analysis is required before justified conclusions can be made. Specifically, the alternative hypothesis of significant declines in production needs to be investigated adequately. It appears reasonable that only a very dramatic change in police and customs strategies, manpower and implementation could result in such a protracted and widespread change in heroin price and availability. To date, any such change has not been adequately documented.

More detailed and objective data are still required before more confident conclusions can be made about the extent of the reported shortage and its consequences. Specifically data on methadone prescription and requests for other drug treatment, data on fatal and non-fatal heroin overdoses, crime data, and drug seizure data identifying the quantity, purity and form of heroin seized should be collected.

Three recommendations were made which included increasing methadone access for IDUs, increasing education of IDUs in issues of tolerance and safer injecting practices and allowing the Kings Cross heroin injecting room trial to proceed.





## **Background**

Staff at the National Drug and Alcohol Research Centre (NDARC) first became aware of reports of significant decreases in the availability of heroin in Sydney in the second week of January 2001. These reports initially came from drug treatment workers and researchers in the inner-city area of Sydney. Enquiries made to NDARC from authorities in South Australia and Victoria in late January-early February suggested that there may have been reductions in heroin availability occurring nation wide.

A simplified form of the Illicit Drug Reporting System (IDRS; McKetin, Darke & Kaye, 2000) was implemented in mid February to examine the credibility of these reports. Given the limited resources of the IDRS, it was decided to restrict this study to the Sydney area. This study will serve as a pilot study for more extensive research and as a baseline to provide an estimate of the onset and extent of the reported reduction in heroin availability.

## **Methodology**

Data were collected from interviews with Injecting Drug Users (IDUs) and Key Informants. IDUs attending a needle and syringe program in Kings Cross were surveyed. Individuals who reported heroin as their last injected drug were eligible to participate and were paid \$20. All participants were assured that they would remain anonymous and that any information provided would be kept in confidence. The survey took an average of 10 minutes to complete and was designed specifically for this study, based on the injecting drug user survey conducted annually for the IDRS. It was included in a larger interview schedule that asked IDUs about their interest in drug treatment. This took a total of approximately 60 minutes to administer. Interviews took place on four afternoons between 7 and 14 February 2001. Participants were questioned on a number of topics related to their heroin use and their recent experience of the drug market

(see Appendix A). Christmas 2000 was taken as a time point of reference for questions about changes in the drug market. This time point was based on treatment providers' initial estimates of when changes in supply began to be reported.

Key Informants (KIs) were either regular IDRS contributors or were suggested by staff at the Drug Program Coordination Unit, New South Wales Police Service. They were from six locations around Sydney and two NSW regional centres. The Key Informant Questionnaire was designed specifically for this study, based on the Key Informant Survey conducted annually as part of the IDRS (see Appendix B). Informants were asked questions related to possible indicators of changes in the drug market based on their contact with heroin users.

Newspaper, television and radio media reports were monitored during February and March for references to any change in the availability of heroin. A selection of newspaper articles and radio transcripts of reports commenting on the heroin shortage and its effects are included in Appendix C.

## **Results**

### **Demographic Characteristics**

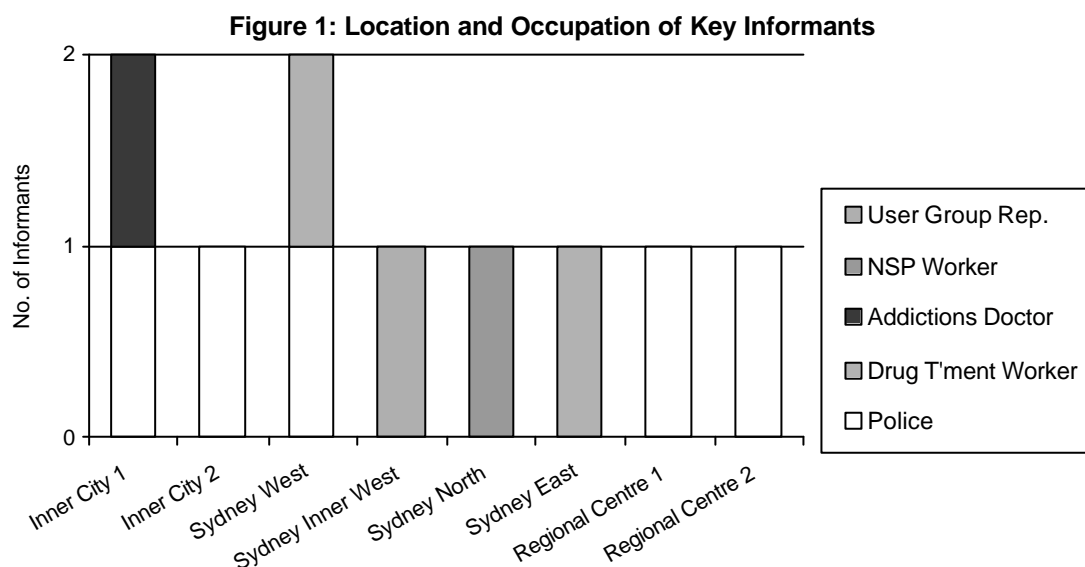
#### ***IDU Survey Participants:***

Forty-one IDUs were surveyed in the Kings Cross area of inner-city Sydney. There were 20 males, 20 females and one transgender person interviewed. The mean age of participants was 31 years (sd = 9.2 years) with a range from 16 to 57 years. The mean duration of heroin use was 13 years (sd = 8.7 years), with a range from 1 to 36 years. Forty-four percent of IDU participants reported receiving a pension, 37 percent reported that they were unemployed and the remainder (19%) reported that they were either in casual employment or working in the sex industry. Sixty-one percent of participants stated that they owned or rented their current accommodation, 10 percent reported living in a refuge or

hostel and 29 percent stated they were homeless or lived on the street.

### **Key Informants:**

Ten Key Informants were interviewed over the telephone. See Figure 1 for information about KIs' location and occupation. Eight out of ten Informants stated that they have professional contact with more than 20 injecting drug users per month. Of these, half stated that they have contact with more than 50 injectors per month. Two Informants indicated that they have contact with less than 20 IDU. One of these was a Local Area Commander of a regional centre in the Police Service and the other was a clinical supervisor in a drug treatment agency. Nevertheless, both reported frequent formal and informal discussion with members of their staff about the issues under investigation.



### **Current Heroin Availability**

Almost all IDUs (38/41) reported that heroin was harder to obtain at time of interview (mid February) than it was before Christmas 2000. The length of time that heroin was reported to have been harder to obtain ranged from one to 25 weeks, with the most frequently reported time being six weeks, indicating that most users perceived the shortage to have begun around Christmas/New Year.

IDU participants reported that the mean time taken to procure heroin before Christmas was just over 15 minutes (sd=16 minutes) with a range from 2 to 60 minutes. At time of interview, search time had increased to a mean of more than 4 hours (sd=7 hours) with a range from 5 minutes to 24 hours. This difference was highly statistically significant ( $t_{(39)}=3.56$ ,  $p=.001$ ).

IDU participants were asked where they usually procured heroin. Since Christmas there had been a marked shift towards opportunistic purchases on the street. Before Christmas 56 percent of heroin transactions were conducted through friends, at dealers' homes or through mobile dealers, with 42 percent occurring on the street. Recently, these figures have been almost reversed. At time of interview, it was reported that 54 percent of heroin deals were conducted on the street and 42 percent were done through more stable connections. See Table 1.

**Table 1: Usual place of heroin procurement prior to Christmas 2000 and in February 2001.**

	<b>Pre-Christmas 2000 (n=41)</b>	<b>February 2001 (n=41)</b>
Street Purchase	42%	54%
More Stable Purchase Locations	56%	42%

Key Informants reported reductions in heroin availability. Eight of ten KIs stated that they had heard of a heroin shortage from the IDUs with whom they have contact. The average time they had perceived heroin to be less available was just over four weeks and ranged from two to eight weeks. Two Informants reported no reports of a reduction in heroin supply.

### **Current Price of Heroin**

Eighty-three percent of IDU participants (34/41) stated that the price of heroin

had increased since Christmas. Forty one percent of participants reported paying \$70 for the last quarter gram of heroin that they bought and 32 percent reported paying \$80. The range was from \$50 to \$120. This compares with IDRS figures from July-August 2000 where 89 percent of Redfern/Kings Cross participants reported paying \$70 for their last quarter gram of heroin and prices ranged from \$50 to \$100 (Darke, Topp & Kaye, in press).

Seven out of ten KIs stated that heroin was more expensive to purchase than before Christmas. One of these reported that quarter of a gram of heroin was being sold for between \$100 and \$120 in the Kings Cross area (Key Informant No. 3, personal communication, 23 March 2001). One informant reported that price had remained stable and the other two indicated that they were unaware of any change in price. One KI unaware of a heroin shortage was also unaware of a price change.

### Current Purity of Heroin

Seventy-three percent of IDU participants (30/41) stated that the purity of heroin has decreased since Christmas and 66 percent (27/41) reported current heroin purity to be *low*. Table 2 compares the impressions of heroin purity of two groups of Kings Cross/Redfern IDUs questioned in July-August 2000 (as part of the IDRS; Darke, Topp & Kaye, in press) and mid February 2001.

**Table 2: Comparison of Kings Cross/Redfern IDU Participants' Perceptions of Heroin Purity between July/August 2000 and February 2001 (additional data taken from Darke, Topp & Kaye, in press).**

<b>Perception of Heroin Purity</b>	<b>July-August 2000 (n=44)</b>	<b>Mid February 2001 (N=41)</b>
High	11%	0%
Medium	59%	22%
Low	30%	66%
Fluctuating	N/A	12%

Eight out of ten KIs reported that the shortage of heroin had resulted in a

reduction in its purity and two stated that they were unsure if purity had changed. Again, one of these had not perceived any shortage.

In a recent newspaper report, Victorian Police Assistant Commissioner (Crime) George Davis, commented on the change in heroin purity:

*...police in Melbourne found it hard to buy an ounce of heroin last week for \$5000. "It was very hard to find, and when we had it analysed it was only 8 per cent pure. Only three months ago heroin on the street was 60 to 70 percent pure" (Calm Before Deadly Drug Storm, Herald Sun, 26 February 2001).*

IDRS reported the mean purity of heroin to be 62 percent in NSW during the 1999-2000 financial year (Darke, Kaye & Topp, 2000).

### **Changes in the Type of Heroin Available**

There were a number of reports from IDUs that an alternative type of heroin had become more available since Christmas 2000. Specifically, 34 percent of IDU participants (14/41) reported that the availability of "brown" heroin had increased relative to the usual white or off-white coloured heroin. The Australian Bureau of Criminal Intelligence (ABCI; 2001) refers to this as No. 3 Grade heroin describing it as tan-coloured and granular. The difference in colour between No. 3 Grade and the more typical white No. 4 Grade heroin is a result of impurities introduced during or remaining after the manufacturing process (ABCI, 2001).

Generally, KIs were unable to comment on changes in the form of heroin that was available. Presumably this is because they generally do not have direct exposure to the drug. The police officers reported being unable to draw any firm conclusions about variations in heroin type. Two other Informants mentioned recent IDUs' reports that some heroin was more difficult to dissolve, a possible indicator of less refined, brown heroin (ABCI, 2001).

## Current Drug Use

### *Heroin:*

Seventy-three percent of IDU participants (30/41) reported using heroin two or more times per day before Christmas. At the time of interview, only 46 percent (19/41) reported using heroin two or more times per day, indicating an overall reduction in heroin use. Table 3 displays the reported frequency of heroin use for participants prior to Christmas 2000 and then in February 2001.

**Table 3: Reported frequency of heroin use by IDU participants prior to Christmas 2000 and in February 2001.**

<b>Frequency of Heroin Use</b>	<b>Pre-Christmas 2000 (n=41)</b>	<b>February 2001 (n=41)</b>
Did not use	2%	2%
Used weekly or less	7%	17%
Used more than weekly but less than daily	7%	15%
Used once per day	10%	20%
Used two to three times per day	35%	22%
Used more than three times per day	39%	24%

### *Other drug use:*

As a result of the decline in heroin availability, sixty-eight percent of IDU participants (28/41) reported using other drugs. Forty-four percent of participants stated that they were using more cocaine, 20 percent reported an increase in benzodiazepine use and 10 percent an increase in cannabis use.

The majority of KIs (9/10) reported an increase in the use of drugs other than heroin among IDUs they had contact with. One informant, who had not perceived a shortage was unaware of any changes in drug use among IDUs with whom s/he had contact. Seven out of ten KIs reported an increase in cocaine use among IDUs, four reported an increase in benzodiazepine use, three reported an increase in cannabis use and three an increase in amphetamine use.

### **Geographical Extent of Heroin Shortage**

KIs were asked about the geographical extent of the heroin shortage but most were unsure. Those who gave an opinion stated their sources were anecdotal or from media reports. Based on the reports of the police officers interviewed, the shortage appears to be more apparent in Sydney than in some regional centres in New South Wales. IDU participants were not questioned on this issue.

Newspaper reports have differed in their conclusions regarding the geographical extent of the shortage. Specific media comment has come from New South Wales (e.g. Heroin Shortage may bring more fatalities, *SMH*, 19 Feb 2001; War on Heroin has Moved On, Says Police, *SMH*, 8 March 2001), Victoria (e.g. Calm Before Deadly Drug Storm, *Herald Sun*, 26 February 2001; Police Work Hits the Heroin Trade, *The Age*, 7 March 2001) and the Australian Capital Territory (e.g. Desperate Dealers Lacing Heroin with Gyprock, *Canberra Times*, 11 March 2001). There are reports that the heroin shortage is Australia wide (e.g. Drug users speak out about recent heroin shortage, *AIVL media release*, 21 February 2001) but this is difficult to confirm with current information. See Appendix C for further media comment on the heroin shortage.

### **Indirect Effects of the Heroin Shortage**

#### ***Crime:***

IDU participants were not questioned about changes in their own or others' criminal activity as a result of the heroin shortage. A number of participants did volunteer that they had observed an increase in fraud, "rips", associated with drug acquisitions where glucose etcetera is sold as heroin.

Over half the Key Informants reported an increase in both property and violent crime as a result of the heroin shortage. The violent crime reported was occurring mostly between heroin suppliers and/or IDUs. Two of the four police officers did not report any increase in crime. One police officer who reported an increase was unable to attribute this increase to any specific factor. The other reported an



increase in robberies attributed to drug suppliers robbing drug users. This informant also reported an increased number of “rips” where undercover operatives have been sold glucose or other substances as heroin (Key Informant No. 3, personal communication, 23 March 2001). Three police officers did report anecdotal evidence of an increase in aggression on the street in their areas.

***Decline in overdose deaths:***

The General Practitioner specialising in the treatment of addictions reported an anecdotal recent reduction in overdoses, which was attributed to the current heroin shortage. One media report also identified a reduction in overdose deaths in Victoria. According to Victorian Institute of Forensic Medicine statistics, there were eight reported overdose deaths in Victoria in January and February 2001. This figure compares to 58 overdose deaths during the same period the previous year (Big Rise In Overdose Deaths, *The Age*, 7 March 2001).

***Increase in overdose deaths:***

Drug use following a reduction in tolerance as a result of voluntary or forced abstinence has been identified as a risk factor for overdose in IDUs (Darke, Ross, Zador & Sunjic, 2000; Seaman, Brettle & Gore, 1998). Understandably, nine out of ten KIs expressed some concern about a possible increase in overdoses if or when heroin supplies returned to normal.

As an example of this concern over increases in overdose risk, Dr Alex Wodak, Director of St Vincent's Drug and Alcohol Services, was quoted in a newspaper report warning drug users to be very careful about the amount of heroin they use when supplies return:

*“If people who haven't used for a while start up again - and we very much hope they do not - they should understand that their tolerance will have dropped and it is imperative they use much, much smaller doses”* (Heroin Shortage may bring more Fatalities, *SMH*, 19 February 2001, p.3).

***Demand for drug treatment:***

IDU participants were not asked if the reduction in heroin availability had led them to seek drug treatment. Two participants volunteered that they had sought drug treatment. One participant sought methadone treatment and another sought detoxification.

Seven out of ten KIs stated that the shortage of heroin had led to an increase in requests for drug treatment. Understandably, the three Informants who reported not knowing if IDUs were requesting more treatment were police officers. All Key Informants who reported increases in requests for treatment said that IDU were predominately seeking methadone treatment.

These anecdotal reports of increased demand for methadone have been supported by the NSW Department of Health, reported in the Sydney Morning Herald:

*NSW health figures show more than 15,000 people are registered on methadone programs - rising from just over 14,000 three months ago. In January alone, an extra 300 people registered for treatment (Heroin Shortage may bring more Fatalities, SMH, 19 February 2001, p. 3).*

**Reasons for the Heroin Shortage**

The majority of IDUs participants reported that increased law enforcement was the main reason for the current decline in heroin availability. Other explanations included the occurrence of Chinese New Year and deliberate withholding of supply by high-level dealers in order to increase the price of heroin.

Generally, KIs stated that they were unaware of why heroin was less available. Most did volunteer one or a number of the aforementioned reasons. No specific reason was favoured.

According to a media report, Clive Small, Assistant Commissioner of the NSW Police Service, attributed the shortage to high levels of law enforcement:

*...there were heroin supply shortages in both Sydney and Melbourne. He said the shortages were probably the culmination of a number of factors in the past two years. These included the interception last year of some large heroin importations, the recent arrest of several critical players in heroin distribution networks in Hong Kong, China and Canada, the work of the Joint Asian Crime Group, including Crime Agencies, the Australian Federal Police, Customs and the National Crime Authority, and a series of local crackdowns. (Heroin Shortage may bring more Fatalities, SMH, 19 February 2001, p. 3)*

### **Discussion**

There was a high level of agreement between IDU participants and Key Informants. The combined data suggest that there had been a major decrease in the availability of heroin in the Sydney area since at least the beginning of 2001. Both Key Informants and IDUs agreed that the price of heroin had increased and purity had decreased since Christmas 2000. It is noted that reports of price increases from IDUs in this study differ from most media reports (see Appendix C). Where the IDU survey conducted in this study identified only a moderate increase in price, many newspaper articles report more substantial increases. It is possible that street dealers or dealers in the Kings Cross area may be more inclined to cut heroin with a substance such as glucose, thus reducing its purity, than to increase its price.

IDUs and KIs agreed that a substantial proportion of heroin users had been using other licit and illicit drugs in larger quantities, primarily cocaine and benzodiazepines.

Based on the reports of IDUs, it can be concluded that heroin in the Kings Cross area is less available than it was before Christmas. This is further supported by users' reported reduction in their overall heroin use and the reported increase in search time, that is, the time required to procure heroin.

It is interesting to note that the levels of difficulty reported by IDUs to acquire heroin has not been observed since the IDRS was first implemented in 1996. If the current shortage continues it may arguably be the most dramatic reduction in heroin supply for many years.

There were some anecdotal reports that this lack of heroin availability has occurred in other states, although these reports have not been sufficiently investigated for conclusions to be drawn. Turning Point Alcohol and Drug Inc. located in Melbourne, Victoria will begin a study examining similar issues in their jurisdiction in March 2001.

More speculatively, the report of changes in the form (colour) of heroin available may indicate that heroin suppliers are attempting to address the reported shortage by importing heroin from different countries or geographical regions. Almost all heroin available in Australia has traditionally been imported from South East Asia (ABCI, 2001). It is possible that the "brown" heroin that has recently become relatively more available is being imported from other major global centres of opium poppy cultivation and heroin production. Further investigation of this issue is required before conclusions can be drawn.

More detailed and objective data are still required before more confident conclusions can be made about the extent of the reported shortage and its consequences. Specifically these include: changes in methadone prescription data and requests for other drug treatment; data on suspected fatal heroin overdoses and ambulance attendances at heroin-related overdoses; statistics on arrests and reports of violent and property crime; and drug seizure data identifying the total quantity of heroin seized as well as its purity and form.

Although most sources have attributed the cause of the current heroin shortage to increased policing and law enforcement further research and analysis is required before justified conclusions can be made. Specifically, the alternative

hypothesis of an international shortage of South East Asian opium products needs to be investigated adequately. It appears reasonable that only a very dramatic change in police and customs strategies, manpower and implementation could result in such a protracted and widespread change in heroin price and availability. To date, any such change has not been adequately documented.

The reports in the media of a reduction in overdose deaths in January and February 2001 are consistent with a reduction in heroin availability. They also highlight concern about a potential increase in heroin related overdoses if or when heroin supply returns to levels prevailing in 2000.

### **Recommendations**

Stemming from the above concern regarding the harms associated with temporary reductions in heroin availability, three recommendations can be made. These are:

1. quick and flexible access to methadone treatment should be ensured for all heroin users. Thus:
  - providing a proven effective treatment to willing participants;
  - potentially reducing overdose related morbidity and mortality if or when heroin supplies return;
  - allowing the stabilisation of users in an effort to contain associated violent and property crime; and
  - reducing other licit and illicit drug use and associated harms.
2. timely education of IDUs in issues of tolerance and safer injecting practices should be implemented through user groups, methadone providers and needle and syringe programs;

3. the Kings Cross heroin injecting room trial should proceed to allow the collection of data on such a facility's effectiveness in reducing overdose related morbidity and mortality.

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## Appendix A: IDU Participant's Heroin Availability Survey

**Date:**

**Interviewer:** \_\_\_\_\_

**Case number:** \_\_\_\_\_

3a. What did you pay **last time** you bought a **gram** of heroin? (single figure **only** here)  
\$\_\_\_\_\_ gram

1a. What did you pay **last time** you bought a **cap** of heroin? (single figure **only** here)  
\$\_\_\_\_\_ cap

3b. When was that?

Have not bought a gram .....0  
Today .....1  
This week .....2  
1-4 weeks ago .....3  
More than 4 weeks ago.....4  
Last year.....5

1b. When was that?

Have not bought a cap .....0  
Today .....1  
This week .....2  
1-4 weeks ago .....3  
More than 4 weeks ago.....4  
Last year.....5

4a. Do you think heroin is harder to get now than it was before Christmas?

No.....0  
Yes.....1

2a. What did you pay **last time** you bought a **quarter gram** of heroin? (single figure **only** here)

\$\_\_\_\_\_ quarter gram

4b. **If yes**

About how long has heroin been harder to get for?

\_\_\_\_\_ days

(If subject answers in terms of weeks or months, convert to days)

2b. When was that?

Have not bought a quarter...0  
Today .....1  
This week .....2  
1-4 weeks ago .....3  
More than 4 weeks ago.....4  
Last year.....5

5a. Before Christmas, about how long would it take you to score heroin?

\_\_\_\_\_ minutes

(If subject answers in terms of hours or days, convert to minutes)



- 5b. About how long does it take you to score heroin at the moment?

\_\_\_\_\_ minutes

*(If subject answers in terms of hours or days, convert to minutes)*

- 6a. Before Christmas, about how often did you use heroin?

Did not use .....0  
Weekly or less .....1  
More than weekly, not daily.2  
Once a day.....3  
2 to 3 times a day.....4  
More than 3 times a day.....5

- 6b. About how often do you use heroin now?

Do not use .....0  
Weekly or less .....1  
More than weekly, not daily.2  
Once a day.....3  
2 to 3 times a day.....4  
More than 3 times a day.....5

7. Has the shortage of heroin changed its price?

No, costs the same .....0  
Yes, is now cheaper .....1  
Yes, is now more expensive 2

8. How pure would you say the heroin is at the moment?

Don't know .....0  
High .....1  
Medium .....2  
Low .....3  
Fluctuates .....4

9. Has the purity of heroin changed since before Christmas?

Don't know .....0  
Increased.....1  
Stable .....2  
Decreased.....3  
Fluctuating .....4

10. Before Christmas, where did you usually score heroin? *(mark only one)*

Don't use heroin .....0  
Street dealer ....1  
Dealer's home ..2  
Friend .....3  
Mobile dealer ....4  
Other

*(specify)* \_\_\_\_\_

11. Where do you usually score heroin now? *(mark only one)*

Don't use heroin .....0  
Street dealer ....1  
Dealer's home ..2  
Friend .....3  
Mobile dealer ....4  
Other

*(specify)* \_\_\_\_\_

12. If heroin is harder to get now, are you using more of other drugs to make up?

No .....0  
Yes, more street methadone 1  
Yes, more 'pills' (benzo's) ....2  
Yes, more alcohol .....3  
Yes, more cocaine .....4  
Other (specify) \_\_\_\_\_

\_\_\_\_\_

13. Has the shortage of heroin forced you to do different things to score it? (e.g., try new dealers, go to different areas, have tried to give up, have relied more on other drugs to stop you from hanging out, etc)

14. Is the heroin available now a different sort to the kind that was around before Christmas? (note: things like changes in colour, texture, cutting agents, base versus salt [if subject uses those terms], rock versus powder, etc)

15. Are different people dealing heroin at the moment compared to before Christmas? (note: changes in demographic characteristics of dealers, including age, gender and ethnicity, where they are dealing from such as street versus home, etc)

16. What do you think has caused the current shortage of heroin? (note: possibilities like successful law enforcement activity, Chinese New Year, international shortage)

## Appendix B: Key Informant's Heroin Availability Survey

**Date:**

**Interviewer:** \_\_\_\_\_

**Case number:** \_\_\_\_\_

- 1. How do you know about the heroin users you have had recent contact with?**

Work .....1  
Personal/social .....2  
Both .....3

- 2. How many days per week, on average, have you had contact with these users during the past 6 months? \_\_\_\_ days**

- 3. What sort of work do you do? (*circle the main type only*)**

Drug treatment worker .....1  
Methadone worker .....2  
General health worker .....3  
Needle exchange worker .....4  
User group rep .....5  
Outreach .....6  
Youth worker .....7  
Researcher.....8  
Police officer .....9

Other (specify)\_\_\_\_\_

**4. How many different users have you had personal contact with in the last 6 months?**

Less than 10 .....1  
10-20 .....2  
21-50 .....3  
51-100 .....4  
100+.....5

**5. Do you work with any special populations? (can mark more than one)**

None .....0  
Youth .....1  
Aborigines.....2  
Persons from non-English  
speaking backgrounds .....3  
Injecting drug users.....4  
Prisoners.....5  
Women.....6

Other (specify) \_\_\_\_\_

**6. Gender of key informant:**

Male .....1  
Female .....2

**7. What metropolitan region do the heroin users you have contact with live in?**

Inner city/east.....1  
Inner west .....2  
West.....3  
South west .....4  
North.....4  
North west.....5  
South .....6

Other (specify) \_\_\_\_\_

**1.0 Have the heroin users you have had recent contact with spoken of a shortage of heroin recently?**

No .....0  
Yes .....1

***If yes***

**2.0 Approximately how long do you think heroin has been less available in Sydney?**

**3.0 Has the shortage of heroin changed its price?**

No, costs the same .....0  
Yes, is now cheaper .....1  
Yes, is now more expensive .....2  
Don't know .....3

**4.0 Has the shortage of heroin changed its purity?**

No, purity is the same .....0  
Yes, is now more pure .....1  
Yes, is now less pure .....2  
Don't know .....3

**5.0 Has the shortage of heroin changed the type or form of heroin that is available?**

(note: things like changes in colour, texture, cutting agents, base versus salt, rock versus powder, etc)

**6.0 Has the shortage of heroin changed the type or number of heroin dealers in your area, or the techniques they use when dealing?**

(note: changes in demographic characteristics of dealers, including age, gender and ethnicity, where they are dealing from such as street versus home, selling other drugs, etc)

**7.0 Has the shortage of heroin changed the patterns of heroin use among the heroin users you have contact with?**

(note: changes in quantity, frequency, route of administration)

**8.0 Has the shortage of heroin changed the patterns of other drug use among the heroin users you have contact with?**

(note: changes in types of drugs being used, quantity and frequency of use of these other drugs, what users are doing to alleviate 'hanging out' etc. Specifically ask about methadone, alcohol, benzodiazepines, cocaine and methamphetamine)

**9.0 Has the shortage of heroin led to an increase in requests for treatment?**

No ..... 0  
Yes..... 1

***If yes***

**What sort of treatment are users expressing interest in?**

(note: changes in requests for methadone, naltrexone, residential rehab, NA, buprenorphine, detox, counselling, TCs etc)

**10.0 Has the shortage of heroin led to a change in the types of physical or psychological side-effects users are reporting?**

(note: changes in injection-related problems, psychological sequelae of any increase in cocaine use, overdose, general health, drug-related health problems, needle risk-taking behaviours etc)

**11.0 Has the shortage of heroin led to any changes in the criminal activity of the heroin users you have contact with?**

(note: changes in types of crime such as property crime, violent crime, fraud etc, frequency of criminal activity, etc)

**12.0 Has the shortage of heroin led to any changes in the importation of the drug that you are aware of?**

(note: things like different modes of supply, different methods of importation, importation from different countries, etc.)

**13.0 What do you think has caused the current shortage of heroin?**

(note: things like successful law enforcement, Chinese New Year etc)



## **Appendix C: Selected Media Reports Related to Heroin Availability**

### **February-March 2001**

**The Age: 4 February 2001.**

#### **ADDICTS INJECTING PRESCRIPTION DRUG** **By Steve Dow**

Addicts are shooting up the prescription sleeping capsule temazepam with their heroin, causing overdoses, gangrenous limbs and collapsed veins, doctors and pharmacists are saying.

The temazepam abuse has been exacerbated by a temporary national shortage of heroin on the streets, artificially induced by dealers in a bid to inflate its street price.

But in most cases heroin users are not substituting the drugs but instead mixing the two for a more powerful hit, and are “doctor shopping” to obtain temazepam capsule prescriptions.

Victorian public health officials are gathering evidence on the temazepam problem to present to the federal Human Services Department's pharmaceutical advisory committee.

A growing number of doctors and pharmacists are calling for the capsule form of the sleeping pill to be banned or severely restricted, leaving only the tablet form on the market.

Federal health experts, while not dismissing the concerns, have called for more written evidence of the drug's abuse.

The chairman of the Royal Australian College of General Practitioners' drugs and alcohol committee, Benny Monheit, said he was seeing an increasing number of heroin users through the Alfred Hospital with infections in their arms and legs because of temazepam injection.

A small percentage had been forced to have parts of limbs amputated because of gangrene, he said.

Dr Monheit said the mix of heroin and temazepam increased the risk of overdose. Veins were also more likely to collapse and clot because the particles in the capsules were not small enough to effectively inject.

A locum pharmacist, Graham Sweet, said temazepam abuse by heroin users was “accelerating at a fairly alarming rate”. While some doctors were aware of

the problem, some were refusing to specify tablets rather than capsules on the prescriptions, or were ignorant of the drug's abuse, he said.

Some drug users were intimidating doctors and pharmacists into supplying them with the capsules, he said. "What really frightens me is some of the people who take these prescription drugs, you see them as couples. There's Mum, driving around in the car, chock full of benzodiazepines."

Temazepam, marketed as Normison and generic equivalents, is one of the benzodiazepine class of drugs. Its sedative effect as a sleeping pill tends to be short, lasting about three to four hours.

Simon Rose, who runs a heroin detoxification clinic in St Kilda, said he was uncertain whether banning temazepam was the answer. He claimed addicts would simply swap one drug for another.

The effect of temazepam in terms of amputations had been exaggerated, Mr Rose said. But the chance of overdose certainly increased when heroin and temazepam were combined.

**Herald Sun (Melbourne): 12 February 2001.**

**HEROIN DEATHS SLOWING**

**By Mark Butler**

Victoria's lowest level of heroin deaths for years is no cause for premature celebration according to police and welfare workers.

The heroin scourge that has claimed more than 1100 lives in the past four years has slowed.

But law enforcement and welfare sources say a drug drought is the major factor in the state recording only seven fatal overdoses in the first six weeks of the year.

They said when the scarcity was overcome, there was a risk many addicts would risk collapse and death because of their reduced tolerance.

One police detective said it was wrong to suggest Victoria was winning the fight against heroin.

"It is a clear indication of the (low) purity and the scarcity," he said.

The detective said the price of heroin had almost doubled and there was rising friction as users and addicts tried to rip each other off.

Another officer said the highly addictive designer drug ice had also become increasingly available.

Open Family youth worker Les Twentyman said he had noticed cheaper, less potent "brown" heroin on the streets recently.

He said it appeared amphetamines and prescription drugs had also risen in popularity as addicts tried to get by without heroin.

**Sydney Morning Herald: 19 February 2001**

**HEROIN SHORTAGE MAY BRING MORE FATALITIES**

**By Paola Totaro**

Sydney is in the grip of a heroin shortage, sparking frenzied demand for methadone and detoxification treatment and rising anxiety about an overdose epidemic when supplies are inevitably restored.

The shortage, confirmed by police, doctors and drug and alcohol workers, has led to reports of a dangerous increase in impurities and a doubling in the street price of heroin - from the usual \$50 a quarter gram up to \$120 per quarter in some areas.

NSW health figures show more than 15,000 people are registered on methadone programs - rising from just over 14,000 three months ago. In January alone, an extra 300 people registered for treatment.

Naltrexone clinics and private detoxification clinics from Edgecliff to Fairfield and Campbelltown are also reporting an increase in demand for treatment services, while Mr Tony Trimmingham, founder of the Family Drug Support 24-hour line, says more and more parents are calling to report an alarming rise in the injection of other drugs such as cocaine and benzodiazepines.

Assistant Commissioner Clive Small said there were heroin supply shortages in both Sydney and Melbourne.

He said the shortages were probably the cumulation of a number of factors in the past two years. These included the interception last year of some large heroin importations, the recent arrest of several critical players in heroin distribution networks in Hong Kong, China and Canada, the work of the Joint Asian Crime Group, including Crime Agencies, the Australian Federal Police, Customs and the National Crime Authority, and a series of local crackdowns.

Some local distributors had withdrawn from the market, at least in the short term, unwilling to gamble with increased risks of detection.

"There has been a significant rise in price to the extent that the price of a quarter weight has risen from \$50 to \$70 and even \$100 or \$120 in some places. I couldn't say that there will not be an influx," he said.

"But now there is a shortage of supply, and we strongly support people going into treatment and taking the opportunity to seek treatment. And once on, don't give it up. Don't go back to heroin once the supply comes back."

Dr Alex Wodak, director of St Vincent's Drug and Alcohol Services, said patients

were reporting both the shortage of heroin and anxiety about the sharp increase in demand for treatment.

He warned drug users to be very careful about quantities when supplies return. "If people who haven't used for a while start up again - and we very much hope they do not - they should understand that their tolerance will have dropped and it is imperative they use much, much smaller doses," he said.

Mr Trimingham said: "We now know from the National Drug and Alcohol Research Centre that we have 95,000 dependent heroin users ... what happens when supply is stopped or reduced?

"This is causing some terrible problems for families and real concern of a rise in deaths if supply is restored and users lose tolerance."

**Australian IV League Media Release: 21 February 2001.**

**DRUG USERS SPEAKOUT ABOUT RECENT HEROIN DROUGHT**  
**By Annie Madden**

The national organisation of illicit drug users, the Australian IV League today responded to claims that the Government's "Tough on Drugs" approach and law enforcement efforts are responsible for the recent reduction in the availability of heroin in Australian cities. "We are yet to see actual evidence that supports these claims," stated Ms. Annie Madden the Executive Officer of the Australian IV League (AIVL).

"While we have seen larger drug busts in the last few years than in previous years, these busts still only represent a tiny amount of the total illicit drugs trade coming into Australia. We have not seen any figures that show that this situation has changed. The removal of such a small amount of the overall trade has not resulted in widespread availability problems in the past few years, so why, if nothing has changed, would it do so now?" questioned Annie Madden.

"It is far more likely that a combination of factors including some degree of market manipulation by suppliers, production problems in Asia and the increase in demand for heroin across China are to blame for the recent "drought", she said. AIVL is also critical of reports that claim the "drought" is mostly affecting inner city Melbourne and Sydney. "Our networks across the country have confirmed that heroin availability is down in all capital cities and major centres. While stockpiles and local market factors may have delayed the onset of the "drought" in some places, the reality is that it is now affecting the whole country." Ms. Madden added.

AIVL is greatly concerned about the impact that this sudden reduction in availability has caused in health and social terms and believes that this is where response efforts should be based. "This situation has just served to further highlight the chronic shortage of drug treatment places in this country. We are hearing daily reports from across Australia of desperate people and long waiting lists. Unless we can respond to the demand for treatment places and in particular, places on the methadone program, we will just see an escalation in the use of alcohol and pharmaceuticals as people attempt to "self-medicate" and an increase in violence as frustration and desperation builds" Ms. Madden stated.

Although this issue is just starting to have an impact in the media, drug users have been supporting each other to deal with this issue for over two months now. "The fact that drug users are already taking responsible steps to help reduce the impact of the heroin "drought" in their lives and the lives of their friends, never makes it into the media coverage. The news is that the "drought" is already begin to break in some areas and the challenges that this will produce in terms of preventing a spate of overdose deaths will be enormous. What we need now is

for governments to “put their money where their mouth is” and provide increased funding to Drug User Organisations and Needle & Syringe Programs so that drug users can do more education with each other on the possible dangers ahead. AIVL has already produced and distributed within our networks a national overdose prevention poster in relation to this drought, but a great deal more work is yet to be done. We know what to do we just need to be supported to do it” Ms. Madden concluded.

**Herald Sun (Melbourne): 26 February 2001**

**CALM BEFORE DEADLY DRUG STORM**

**By Geoff Wilkinson**

THE inevitable end to Victoria's heroin drought would see users dropping like flies, police and heroin addicts warned yesterday.

"The best we can hope for is that our intelligence is good enough to be able to warn the community before the bodies start hitting the pavement," the state's top detective said.

Assistant Commissioner (Crime) George Davis said significant disruptions to supply and a sharp fall in the purity of the little heroin available was responsible for the recent drop in overdose deaths.

Eight deaths have been reported in seven weeks so far this year compared with an average of more than six a week last year. Mr Davis said police were pleased with the falling death rate, but knew it would not last.

He said there had been a significant reduction of heroin availability throughout Australia in recent months.

Undercover police in Melbourne found it hard to buy an ounce of heroin last week for \$5000.

"It was very hard to find, and when we had it analysed it was only 8 per cent pure. Only three months ago heroin on the street was 60 to 70 per cent purity.

"There's next to none out there.

"But when supply comes back, as it inevitably will, people who are pumping the 8 per cent solution into their veins and suddenly get an 80 per cent solution, will be overdosing".

Heroin addicts in Springvale told the Herald Sun many users would not be able to cope when supplies and purity returned to previous levels.

"They'll be dropping like flies when it comes back on," one said.

"A lot just won't know what's hit them."

He said the price of heroin on the street had trebled since before Christmas.

Fights had become common among frustrated addicts, and some had begun injecting a prescription sedative gel with low purity heroin to boost the effect.



Mr Davis said many addicts had become multi-drug users because of the shortage.

“They're also becoming desperate for the money to buy the amount of drugs they need to get their fix, because an 8 per cent hit is not going to do what they need,” he said.

“They're having three or four hits where they used to have one, and their criminal activity to support their habit has increased.”

The most obvious result of the heroin drought has been the recent dramatic escalation in hold-ups on convenience stores and other “soft” targets.

Mr Davis said police had “taken out two significant supply links” with the recent arrests of two Sydney dealers.

Eight kilograms of heroin bound for Melbourne, and several hundred thousand dollars, was seized from one dealer.

Major offshore seizures by federal police mobile strike teams late last year included 357kg of heroin in Fiji, 200,000 ecstasy tablets, 3000kg of cannabis and 100kg of cannabis resin in the Netherlands and 142kg of the amphetamine “ice” in Malaysia.

Mr Davis said although the local heroin trade was its quietest for five years, there was a high demand for ecstasy and increasing traffic in cocaine.

Mr Davis said he thought his Chief Commissioner's strategy to focus on drug education, early intervention and diversion was “right on the knocker”.

“If we can reduce the demand, and restrict the supply, we're well on the way to winning the game.

“If the demand is significantly reduced over the next 10 years, and the profit is removed from it, we'll be a far better place than most other countries,” he said.

A former assistant commissioner in charge of the state's traffic policing strategy, he said he did not think TAC-style scare tactics would work with drug addicts.

“People with a drug habit often have no respect and they don't care if they live or die, so to try and frighten them off is not the way to go,” he said.

“The way to go in my view is to get in early and give them the self-respect and self-esteem that will give them the will to live their life to the full.”

"We know prevention works if there is a long-term community support of it. Schools need to be resourced and have the capacity to do it. Preventive programs must be our primary focus. But the political agenda has not focused on it' ~ Glenn Bowes, Royal Children's Hospital general manager, Youth Substance Abuse Service chairman

"It's just so important for the fabric of Victorian youth that we get this right, and it's got to be a long-term plan, definitely not a term of office plan. I think it's a terrific idea. I really encouraged Neil to go on with it and I think everybody will support it. Everyone should give this 100 per cent, not 99' ~ Kevin Sheedy, Essendon coach and father

"I totally endorse the Chief Commissioner's initiative. His priorities are right. What will be important is to agree on substantial things to cut demand. There should be massive community support for that. The drive towards appropriate education is one thing we could agree on' ~ Catholic Archbishop, George Pell

"This ought to bring people together. There ought to be a consensus right across the community because this is a community-wide problem. It's a great initiative and I'm very impressed that a person with his hands-on knowledge of what's going on, the realities, is bringing forward something that I would hope gets people together' ~ Anglican Archbishop, Peter Watson

"Melbourne and Victoria is, at best, not even holding the tide much less turning the tide. If ever there was a time for an apolitical parliamentary approach to an issue, it's this one. The momentum, in terms of finding better and more effective ways, has certainly declined. I'm 100 per cent behind him' ~ Ivan Deveson former Lord Mayor, chairman of Mary Of The Cross Centre

**Australian Broadcasting Corporation: 6 March 2001.**

**DRUG ARM ADVISES CAUTION IN ACCEPTING ILLICIT DRUG REPORT'S FINDINGS**

**The World Today**

COMPERE: Well, the illicit drug report has been received cautiously by Drug Arm Australia, a community-based drug and alcohol agency specialising in prevention issues. It says progress is being made in the fight against drugs, but there's still a long way to go. And Drug Arm spokeswoman, Judith Hart, told John Taylor the record seizures of drugs last year have created problems.

JUDITH HART: Certainly there has been an increase in the number of seizures. And we're currently experiencing a shortage, of heroin in particular, on the streets in four States, which is as a result of these seizures that were detected from September to November last year. And that is actually causing a range of concerns and problems on the streets.

The other thing is that parts of the 'tough on drugs strategy' is starting to show some effects, in as much as some very pro-active programs in Sydney has actually shown, from mid-last year to December, there had been a decrease in the number of heroin deaths. And also a decrease in the number of overdoses because there was more infrastructure and programs on the street.

But to say that the overall program has succeeded to date is, I think, a little bit optimistic. I would like to say progress is being made, but there's still a long way to go.

JOHN TAYLOR: I mean this report seems to be focusing on the supply side of the drug equation, if you like. Talking about the seizure of six and a half tonnes of illicit drugs last year, more than 82,000 arrests. But is there any indication that demand for drugs is dropping?

JUDITH HART: In certain areas I would say at the moment the demand has not dropped. What we are seeing is that where there has been overdose quite often, or where there is starting to be a shortage of a drug of choice, users are considering alternate drugs. Or they are using a shortage of their normal drug to seek detox treatment.

And this is why one really needs to always separate the detection and seizure of product coming into the country, from what is actually happening with users and those who are undertaking treatment. Because they're two very different stories.

COMPERE: Judith Hart [sic] from Drug Arm Australia speaking to John Taylor in Brisbane.

**The Age(Melbourne): 7 March 2001.**

**BIG RISE IN OVERDOSE DEATHS**

**By Larissa Dubecki**

Heroin-related deaths in Victoria have increased dramatically over the past decade, but figures for this year suggest a temporary downturn.

Heroin claimed 331 Victorians last year, down 8 per cent from a peak of 359 deaths in 1999, but still far more than the 49 deaths recorded in 1991.

Victorian Institute of Forensic Medicine figures show a huge increase in heroin-related deaths in the past 36 months. There were 166 overdose deaths in 1997, rising to 268 in 1998.

This year, there were six heroin-related deaths in January and two in February compared with last year when an average of 28 heroin users died each month in Victoria.

Turning Point drug and alcohol centre's senior research fellow, Paul Dietze, said indications were that there had been a drop in supply this year.

"I understand there's been a few more deaths and there have been reports of more non-fatal overdoses. There's just been an interruption of supply, and those sort of things fluctuate over time," he said.

Since 1991, 1731 people, 80 per cent of them men, have died after using heroin.

**The Age (Melbourne): 7 March 2001.**

**POLICE WORK HITS THE HEROIN TRADE**

**By Penelope DeBelle**

Recent seizures of heroin being smuggled into Australia had created shortages in capital cities and a much lower overdose rate, police said yesterday.

In Melbourne this year eight people have died from heroin overdoses, compared with more than 30 in the same time last year.

But Police Commissioner Neil Comrie said yesterday the shortage was unlikely to last.

"The trend, I understand, is reflected right across Australia," he said. "... the increased level of interception has had a very strong impact on the number of heroin-related deaths."

Mr Comrie said the quality and quantity of heroin on the streets was significantly lower than last year but this was not likely to continue indefinitely.

At the launch of this year's Australian Bureau of Criminal Intelligence report on illicit drugs, Mr Comrie said heroin-related deaths had tripled in the past decade.

He said the figure of less than 2000 heroin arrests in 1991 seemed almost quaint when compared with totals that were now five times that figure. Launching the report, which provides a national benchmark of Australia's drug problem, Mr Comrie said the increased use of amphetamines, the most commonly used illegal drug after cannabis, was disturbing.

Last year 381 kilograms of amphetamines were seized and about 8000 people arrested for amphetamine-related offences.

"This is of great concern, especially when one considers that a decade ago this figure was only 3300 and the total weight of amphetamine seized was only 84 kilograms," Mr Comrie said.

The report found that young people, particularly those aged 20 to 24, were the greatest amphetamine users, and that the drug was often injected, expanding the market for intravenous drug use.

The report noted the emergence of a potent, new amphetamine called base. The surge in the use of base was linked to the continued rise in small, mobile clandestine laboratories. The laboratories, which fit into a suitcase and can be set up in 15 minutes in a motel room, produce the virulent base from pharmaceutical products such as cold preparations.

Federal Justice Minister Chris Ellison said the most disturbing aspect of the report was increased mixing of drugs. He said the government had committed \$516 million to its Tough on Drugs strategy, of which \$120 million was targeted towards illicit drugs.

“In the last three years we have seen \$1.24 billion worth of drug seizures, a 300 per cent increase,” Senator Ellison said.

“We are not saying we have stopped drugs coming, but the feedback we have had that there is a shortage of heroin on capital city streets tells us we are achieving results.”

**Australian Broadcasting Corporation: 7 March 2001.**

**AFP BELIEVE HEROIN BUSTS HAVE SCARED DRUG COMMUNITY**

The Australian Federal Police Commissioner says there are clear indications the seizures of large quantities of heroin by police have caused a shortage of the drug in Australia.

Commissioner Mick Palmer, who retires next week, has addressed the national police conference in Adelaide.

He says the arrest of people involved in heroin trafficking at a high level has sent a shudder through the trade.

Commissioner Palmer says there are now indications it is affecting the street trade in heroin.

"But there are clear signs at the moment of a heroin shortage, some people, involved in a very high level in the criminal enterprise, are talking about a heroin drought," he said.

**Sydney Morning Herald: 8 March 2001**

**WAR ON HEROIN HAS MOVED ON, SAY POLICE**

**By Stephen Gibbs**

Police have said there is less heroin on Sydney's streets than at any other recent time, describing Australian Bureau of Criminal Intelligence information to the contrary as outdated.

A bureau report released on Tuesday stated heroin in Sydney was now cheaper, purer and more freely available than ever, and confirmed Cabramatta was still "the most active centre for heroin distribution".

However, Detective Superintendent Ken McKay of the drug trafficking and production unit of Crime Agencies said the report referred to the year to July 2000 and the war on heroin had "moved on significantly" since then.

"That report was a snapshot of a time when heroin was purer and more available in NSW than is the case today," Superintendent McKay said. "The most up-to-date [undisclosed] ABCI information is that the price of heroin had doubled since then."

The bureau had reported only small quantities of heroin being seized and stated that cannabis, cocaine and amphetamines were also freely available in Sydney.

Sydney was the heroin capital of Australia, and Cabramatta the heroin capital of Sydney.

The report also warned that a production boom in Afghanistan which started in 1999 could lead to a flood of heroin on Sydney's streets.

Superintendent McKay said that while heroin was still a significant problem in Sydney, there had been a substantial reduction in availability.

"What we have seen is probably since about September last year a drastic reduction in availability of heroin which impacts on pricing and the quality levels of that drug," he said.

Asked if police were seeing their best results in tackling the heroin problem, Superintendent McKay said: "As far as availability, yes. "Probably since Christmas there has been a drastic reduction in the availability right throughout Sydney which then in turn translates to other States in Australia.

"This is largely due to a program of vigorous, intelligence-driven enforcement which has made the drug harder to procure."



Prices had more than doubled and purity had significantly decreased from the 60 per cent cited by the bureau. And while some heroin addicts had apparently shifted to using other drugs, many had sought rehabilitation.

Superintendent McKay said police did not have evidence that cocaine was becoming a major problem at Cabramatta. Heroin from Afghanistan had been seized in small quantities in other States but was not appearing in NSW.

**Canberra Times: 11 March 2001.**

**DESPERATE DEALERS LACING HEROIN WITH GYPROCK**  
**By Peter Clack**

Some drug dealers have resorted to lacing heroin with Gravox or gyprock as they contend with the biggest collapse in the heroin market in more than a decade.

The acute shortage has created widespread disorder among Canberra's drug-using community and raised fears by health workers about the impact on the already poor health of many addicted heroin users.

They fear outbreaks of violence as dealers battle each other over scarce supplies, and supplies of cheap cocaine arriving on Canberra's streets at half the price of heroin.

The head of ACT police operations, Commander Ben McDevitt, warned yesterday that the purity of street heroin had decreased dramatically in recent months and led to other drugs gaining favour.

"We are seeing heroin being mixed with other drugs such as amphetamines," Mr McDevitt said.

"Information from the street indicates the drug is scarce and in most cases non-existent. The impurity of the product has increased and local heroin has been cut or substituted with substances such as Gravox and gyprock."

There was a clear message to illicit drug users to be aware because they did not know what they were injecting.

Heroin supplies had been in decline for about two months and prices had increased threefold.

The cost of an ounce of heroin had increased from between \$4000 and \$6000 in December to between \$8000 and \$15,000. Civil unrest and seasonal growing conditions in cultivating countries were factors. Another was Australia becoming a tougher target to penetrate.

Huge national seizures showed it is more difficult to import drugs into Australia and this was having a dramatic impact on supplies.

**Canberra Times: 11 March 2001.**

**TRENDY COCAINE FOLLOWS IN THE EVIL TRACKS OF HEROIN**

**By Peter Clack**

Cocaine has emerged as a serious challenger to heroin in NSW and it is knocking at the door of the ACT.

A chronic shortage of heroin supplies across Australia has sent heroin prices in the ACT soaring to as much as \$400 for half a gram.

Cocaine is being made available at half the price for \$400 a gram.

Five years ago, heroin in Sydney was selling for as little as \$30 a gram.

The reasons behind the decline of heroin and rise of cocaine are not clear. Some see a deliberate marketing bid to create a new breed of cocaine addicts. Others blame droughts in the poppy-growing areas of the Golden Triangle. Perhaps it is due to the massive drug busts last year by the Australian Federal Police and Australian Customs Service.

It could signal a new phase in Australia's already-devastating illicit drugs problem, with heroin claiming about 750 lives last year.

The shortage of heroin coincides with recent booms in Sydney's cocaine trade, centred mainly on Cabramatta. One ACT drugs welfare worker said last week: "Sydney has got walk-to-wall cocaine."

Heroin users in Canberra are struggling to find drugs and are going through withdrawals. So far, most are turning to amphetamines, which are widely available.

The number of angry drug disputes by competing dealers on the streets is already growing, prompting fears of violent showdowns.

Drug-welfare workers fear a rise in drug-related violence if cocaine ever gets a foothold in Canberra.

Cocaine is blamed for much of the backdrop of gun-related urban gang violence and social disorder in the United States, where it is the most widely used and feared drug.

Cocaine users exhibit violent behaviour compared with heroin users, who tend to go to sleep.

Crack cocaine users can feel “invincible” and indifferent to pain or fatigue. Users on a high have kept going even after being shot several times by police.

Cocaine is known also as crack, bazooka, Charlie, coke, C, hunter, nose-candy, okey-doke and rocket fuel. Binge cocaine users can inject 15 times a day. There is one report of a user injecting 60 times a day. A police lieutenant in New Orleans told me in 1995 that police in America prayed for Australia's “heroin problem”.

The Australian Illicit Drug Report 1999-00, released last week by the Australian Bureau of Criminal Intelligence in Canberra, again records a steadily worsening picture across most areas of illicit drugs. It catalogues Sydney's rise as the cocaine capital of Australia, where Asian gangs adopt it as a commodity and seek to expand market share.

The report identifies Sydney as Australia's chief disembarkation point for virtually all drugs, but mainly heroin and cocaine. It shows record cocaine seizures took place in Australia last year (see adjacent table from report ). The AFP and Customs seized 717kg in 1999-00, more than double the 292kg seized the year before.

NSW accounts for 98 per cent of all Australia's cocaine detections. In 1995, there was not one known cocaine laboratory in Australia. Yet last year the number of laboratory detections ran at more than 100.

The AFP says males aged in their 40s and members of outlaw biker gangs are the chief cocaine dealers in the ACT.

The cocaine comes from the coca leaf, grown commercially in only three South American countries.

Colombia has by far the lion's share after Peru and Bolivia cut their production by at least two-thirds. Colombia's production more than doubled to 530 tonnes to take up the shortfall. Now it produces three quarters of the world supply of cocaine hydrochloride. The crop area rose from 101,800ha in 1998 to 122,500ha in 1999.

As for heroin, 94 per cent of the world supply comes from Burma and Afghanistan, which alone produces 77 per cent of it. Afghanistan produces 70 per cent of the world's cannabis too.

The heroin trade underpins most of Canberra's property crime, pushing burglaries to record levels in the ACT last year. By Christmas there were 750 burglaries a month.

Heroin impacts severely on personal health, welfare and social problems. Users

become nuisances when they need cash or someone's property to get their heroin supplies.

Two heroin users have died already this year from overdoses and there are around 90 non-fatal overdoses a week.

Cannabis continues to be the most widely available of all Australia's drugs. Its hydroponic cultivation method has increased and skunk dominates the market.

Many people are fooled into seeing cannabis as a harmless drug that should be legalised. But there are mounting concerns about mental-health problems among people who use large amounts of it.

There are cases where schizophrenia was induced after only one or two exposures to cannabis and there is a history of suicide induced by cannabis depression and mental illness. The so-called easy "gateway drug" opens the way to other drugs. It turns children into drug addicts.

The word on the streets is that we can expect cocaine to be more widely available to drug users. Could this be the start of more violent behaviour and worsening property crime?

There has been a powerful movement in the ACT to have heroin placed on the pharmaceutical lists in a brave bid to eradicate the criminality associated with heroin addiction.

The move was rejected by Prime Minister John Howard, who preferred mobile strike teams and a tough drugs approach. Answers are hard to come by. But even in my wildest dreams I can't imagine anyone wanting to legalise cocaine.

**Australian Broadcasting Corporation: 12 March 2001.**

**ADDICTS RESORT TO OTHER DRUGS DURING HEROIN SHORTAGE**

The current national heroin shortage is being felt among users, with some injecting other drugs such as cocaine and painkillers to help them through withdrawal.

The National Drug and Alcohol Research Centre questioned 200 users about the shortage.

The shortage is forcing some users off heroin and on to drugs such as cocaine and benzodiazepines, to alleviate the symptoms of withdrawal.

In some cases, users are injecting pill-form benzodiazepines, which the centre's Paul Dillon says puts them at risk of serious injury or even death.

"Vein damage of course continues to be a major problem and people injecting drugs which are not of great quality and have been cut with other adulterants is also another issue," he said.

He says another concern is a predicted surge in the number of heroin overdoses, when the shortage ends.

**The Age (Melbourne): 17 March 2001.**

## **HEROIN SHORTAGE SPARKS CRIME RISE**

**By Andra Jackson**

A severe heroin shortage is being blamed for an increase in violent crime in parts of Melbourne, including a recent shooting and a fatal stabbing.

Police and outreach workers in the western suburbs and the inner city believe desperation over limited and expensive heroin lay behind a fatal stabbing in Footscray on February 23, a shooting in St Albans two days later, and a spate of armed robberies.

The heroin scarcity is also believed to have caused an increase in snatch-and-grab street robberies, a rise in teenage prostitution and a resurgence in the crime of "fencing" - passing stolen goods.

The head of Altona's Embona Taskforce, which investigates robberies, Detective Sergeant Mick Grainger, said: "Because there is a bit of a shortage, it stands to reason the junkies aren't getting the same quality of stuff that they used to, and drugs are more expensive ... they are certainly committing more crimes in order to get that lower grade drug, to get the same quantity of drug in their bodies, so they are getting more and more desperate."

Open Family outreach worker Richard Tregear, who works in Footscray, Richmond, Collingwood and the CBD, said: "An amazing (heroin) drought is on ... you need a real lot of money and that's causing tension on the street. I've never seen so many black eyes, so many broken jaws and fractured cheeks and machete marks and stabbings of people."

The shooting and stabbing were related to heroin deals "gone wrong because people are selling stuff that's not heroin".

"People are selling a really bad product for a real lot of money," he said. The price of heroin has soared to four or five times its pre-Christmas price in Melbourne of \$280 to \$320 for 1.7 grams. A gram of heroin has been selling for around \$1000 in recent months. Mr Tregear said around .1 or .2 of a gram was fetching \$50.

He said there were signs, late last week that the drought might be about to break with the price settling back to \$500 a gram - still double the pre-Christmas figure.

The information officer at the Sydney-based National Drug and Alcohol Research Centre, Paul Dillon, said Sydney was experiencing a heroin drought but "in Melbourne it's almost impossible to get".

"I think we do have to acknowledge that increased law enforcement actually has, for the first time since "the heroin epidemic" has been around, has affected supply. They have managed to access, some of the big guys."

He said South-East Asian exporters of the drug might be artificially withholding supplies to raise the price of the drug and because the Australian dollar was so weak.

Mr Tregear said the shortage had created an increased demand for methadone and detoxification facilities, which could not be met.

He agreed the heroin drought had occurred through a combination of police work and dealers holding back supplies.

Detective Sergeant Grainger said a crime wave over the past eight weeks included the recent arrest by the Embona Taskforce of two users over a number of hold-ups on convenience stores.



**Australian Broadcasting Corporation: 19 March 2001.**

**NEW DRUG PROBLEM EMERGES**

MARK COLVIN: The fate of Australia's first safe injecting room trial will be decided later this week in the New South Wales Supreme Court.

The trial's been delayed for almost two years, as state and local politicians compete for the law and order vote.

But while the health facility remains dosed, a new drug problem's caught many by surprise.

Hospitals are reporting that heroin users are injecting the active ingredient of the sleeping pill, Temazepam, into their veins. The liquefied drug then crystallises in the blood stream, causing infections so serious that some heroin users are having their limbs amputated.

The shift from heroin to other drugs like cocaine, amphetamines and Temazepam follows a so-called heroin drought caused by a recent series of big busts.

John Stewart reports.

JOHN STEWART: Over the past few months, police and law enforcement authorities have been celebrating a "heroin drought" across Australia, following a series of busts in Sydney and Melbourne.

But as the supply of heroin has dried up Australia-wide, users have switched to other drugs like cocaine and amphetamines.

As heroin has become more expensive, drug users have started relying on a range of other substances. Hospital casualty wards and drug workers have reported a rise in the use of Temazepam, a liquid extracted from sleeping capsules.

Dr Alex Wodak is head of the Alcohol and Drug Service at St Vincent's Hospital in Sydney. He wants Temazepam capsules banned.

ALEX WODAK: Well if they inject the Temazepam from the gel capsules, what happens sometimes unfortunately is that by accident they inject into the artery, and then they can get a very nasty gangrene, because the artery gets blocked, and so this can lead to amputation of fingers, or indeed the whole hand. Or if they inject into the feet, they can lose toes or the whole foot, and that's a catastrophe for a young person, particularly when you're trying to rehabilitate them, and lead them on to a drug free life and get them back in the workforce and so on.

JOHN STEWART: Would you like to see Temazepam restricted or banned?

ALEX WODAK: I'd certainly like to see the capsules banned. We also have the same, exactly the same medication available in tablet form, and frankly the reason why we have capsules as well as tablets has always seemed a bit bizarre.

But this problem really only arises with the capsules, so I don't think there's really any need to have them on the market, when we've got the tablets. So by all means, let's see if the regulatory authorities couldn't do something about not allowing the companies to sell these capsules in Australia.

JOHN STEWART: The capsules have been banned in the UK?

ALEX WODAK: Yes, that's correct.

JOHN STEWART: Tony Trimmingham from the Family Drug Support Service is a well known advocate of harm minimisation. That is, providing support for drug users, and treatment programs, rather than focusing on the policing of illicit drugs.

TONY TRIMMINGHAM: We certainly, on our telephone line, are getting reports about Temazepam being used, along with a wide range of other drugs. I mean, basically what's happening heroin users who can't get their supply are using anything they can get their hands on, including these very dangerous substances.

Not only that, but treatment facilities are full to overflowing so people are hammering on doors for detox and for methadone, and can't get entry, and um, that consequently is meaning more problems for families, more violence, possibly more crime.

JOHN STEWART: The Federal Government's emphasis on policing and reducing supply appears to be making heroin harder to get and of more expensive.

One positive spin-off from cracking down on heroin is that fewer people are likely to start using the drug for the first time, and more casual heroin users may not be using the drug at all.

Paul Dillon from the National Drug and Alcohol Research Centre.

PAUL DILLON: One positive consequence of the heroin drought could be that those people who are on the fringes of heroin use, those who are dabbling or just experimenting, may find because their drug has dried up, may decide to cease use or move into treatment programs whether that be methadone or whatever.

JOHN STEWART: The downside to the heroin drought is likely to be a dramatic rise in overdose deaths when the new shipment finally arrives in Sydney or Melbourne.

Dr Alex Wodak.

ALEX WODAK: Well I expect that we'll go through a terrible phase where a lot of drug users are going to, unfortunately, die from drug overdose and there will be also a large number who don't quite manage to die and have horrific injuries and some of these will be institutionalised permanently.

So I fear, and many other people fear along with me, that we're going to go through a terrible phase when this heroin drought finally finishes.

MARK COLVIN: Dr Alex Wodak from St Vincent's Hospital in Sydney talking to John Stewart.

**The Australian: 23 March 2001.**

## **HEROIN DROUGHT DILEMMA FOR DOCTORS**

**By John Kerin**

HEROIN users are turning to potentially lethal cocktails of cocaine, amphetamines and tranquilisers to overcome an international "heroin drought". And frontline Sydney hospitals and inner-city GPs are seeing an upsurge in limb-threatening injuries as addled users hit major arteries when injecting themselves with the fluid from oral benzodiazapine "gel caps".

Drug-related crime is also on the rise as desperate heroin users seek to raise the \$80 to \$100 needed for a single hit of heroin, compared with \$20 just 12 months ago.

The downside of the heroin drought was detailed by one of Australia's most respected drug researchers, the head of the St Vincent's Drug and Alcohol Services Unit Alex Wodak, at a meeting of drug groups in Canberra. The groups, including the Australian Medical Association, the Alcohol and Other Drugs Council and Action on Smoking on Health, called on the federal Government to spend an extra \$180 million of its \$7 billion alcohol and drug tax take on treatment and rehabilitation.

Dr Wodak said yesterday that while the drop in heroin deaths was encouraging, users were moving on to whatever they could get and some were doing themselves horrific needlestick injuries.

Treatment programs were stretched beyond their limits.

"(Users are) moving on to cocaine, amphetamines; they're moving on to benzodiazapines (tranquilisers); they're moving on to whatever they can get... and they're also moving on to a lot of prescription drugs," Dr Wodak said.

"It's extraordinary that this heroin drought . . . the nirvana that we've been hoping for, when we finally achieve it, doesn't seem to be quite as wonderful as many people thought."

There had been an upsurge in heroin users reporting to inner-city GPs and hospitals with horrific injecting injuries.

"I saw a person yesterday who'd been injecting temazepam gel capsules into his groin and had a shocking injury because he'd hit an artery. So we are seeing those sorts of things as a result of the heroin drought," he said. An inner-city Sydney GP, Andrew Byrne, told The Australian that doctors were under greater pressure to prescribe the tranquilisers: "It's hard to tell who can't get their hit of heroin and who's genuine."

He said at least one Sydney hospital had seen so many cases that it was admitting only the most serious. Injecting the gel cap fluid into major arteries could result in serious infection, blood clotting and, in extreme cases, amputation.

Australian Medical Association national president Kerryn Phelps said the organisation was looking for a “very strong commitment” from the federal Government on illicit drugs and that drug addiction should be treated as primarily “a social and health problem”.

**The Australian: 23 March 2001.**

**HEROIN DRY BREAKING**

**By Brett Foley**

The heroin drought that has been affecting supply in Melbourne since late last year may be about to break, researchers say.

Turning Point Drug and Alcohol Centre researchers believe there are early signs that new supplies have hit the streets, and more could follow within weeks.

“Our workers are telling us that extra supplies are about to hit the streets, so it is a very dangerous time for users who have struggled to obtain heroin since October last year,” said Turning Point director Margaret Hamilton, who prepared a briefing paper for this week’s joint sitting of State Parliament.

Professor Hamilton said little data was available, but up until last week there had been eight overdoses this year. There have since been another three.

She said that users’ tolerance may have been lowered by months of poor supply or they may have been using substitutes that could compound the effects of heroin.

The latest Australian Bureau of Criminal Intelligence figures showed a “cap” of heroin in Melbourne was priced between \$50 and \$100 compared to between \$20 and \$25 in 1999.

The Pharmaceutical Benefits Advisory Committee will today consider a recommendation to list buprenorphine, an alternative for methadone, for subsidy.

**The Australian: 24 March 2001.**

**NEW DRUG TO STEM HEROIN DEATH TIDE**

**By John Kerin**

A REVOLUTIONARY heroin addiction treatment will be made widely available to users in a bid to curb an expected wave of overdose deaths. The heroin craving blocker buprenorphine, which is regarded as a vastly superior substitute to methadone, has been approved by the Pharmaceutical Benefits Advisory Committee to meet an expected new wave of heroin overdose deaths following the present heroin drought.

It is expected to be made available cheaply on the country's subsidised drug scheme by mid-year.

The decision is the first by the committee since a furore was triggered over its independence by the appointment of an industry representative.

Buprenorphine has been used in clinical trials for some time but, from Monday, manufacturer Reckitt Bensicker will announce it will be made widely available for accredited GPs and treatment programs.

The average cost of the drug is about \$8 a patient a day, but this will be reduced when it is placed on the scheme. A course of treatment lasts from weeks to months. Negotiations on price have yet to be finalised.

One of the country's leading drug research institutions, the University of NSW-based National Drug and Alcohol Research Centre, last night called for an urgent boost to treatment funding to meet an anticipated wave of post-heroin drought overdose deaths. "We know there are at least 40,000 users in NSW and 100,000 nationally, and the dangers of a flood of heroin overdoses is very real," senior lecturer Kate Dolan said.

The National Drug and Alcohol Research Centre found in a survey of February drug use trends that the heroin drought was forcing users to take greater chances with lethal drug cocktails and exposing them to higher risk of infection.

While the report welcomes a drop in overdose deaths, it says "if heroin supplies return ... forced abstinence has been identified as a significant risk factor in overdose".

The Melbourne-based Turning Point Drug and Alcohol Centre's head of research, Alison Ritter, said last night that buprenorphine was "far superior to existing treatment with methadone".

A study by the centre last year found 86 per cent of addicts given buprenorphine

completed a detoxification program, compared with 57per cent given the standard treatment. She said buprenorphine had fewer side-effects and, unlike methadone, blocked the effects of heroin. Its effects also lasted longer.

“It would be fantastic if we had this treatment available in time for the end of the heroin drought,” Dr Ritter said.

“There is a huge risk of a spate of heroin overdose deaths because users will have reduced tolerance.”



**Australian Broadcasting Corporation PM: 28 March 2001.**

## **REASONS FOR HEROIN SHORTAGE UNKNOWN**

MARK COLVIN: Well the police have seen it as a successful crackdown on drug imports, addicts have seen it as a heroin drought.

Like any story about illicit drugs in Australia, there's no consensus about what has caused heroin supplies to dry up.

As John Stewart reports, it's hard to be sure whether police and customs or drug dealers and bad weather in Afghanistan, are actually behind Australia's biggest heroin slump.

JOHN STEWART: Over the past four months heroin supplies throughout Australia have been at their lowest in over a decade. Police, customs and politicians have all be taking credit for making heroin harder to get and far more expensive.

Others claim the heroin drought was caused by poppy seed crop failures in Afghanistan and the Golden Triangle which produce vast amounts of the world's heroin supplies.

But Annie Madden from the Intravenous Drug League claims that police and customs had little to do with Australia's heroin drought, and that the reduction in supply was caused by drug importers attempting to force prices up.

ANNIE MADDEN: In many cases it wasn't that high quality heroin wasn't in Australia. There certainly was good quality heroin in Australia during the drought. The problem was is that the dealers in the sort of middle if you like, couldn't afford to buy the, the high quality heroin because it had tripled in price in a matter

of weeks, and that was causing a lot of problems as well.

So there wasn't only sort of supply problems coming into Australia, there was some of that. There was also supply problems at the, at the middle level ah where people, those ah dealers couldn't afford to pay ah the inflated prices during the drought. As I say that's, that's coming back down now and so we're starting to see the heroin flow back out onto the streets again.

JOHN STEWART: But Don Weatherburn from the New South Wales Bureau of Crime Statistics says, there's no evidence to back up claims that drug importers have been conspiring to withhold heroin supplies.

DON WEATHERBURN: There's absolutely no evidence at all that ah heroin importation is done under monopoly supply in Australia. Quite the contrary, successive Royal Commissions have suggested that there's no Mr Big at the top of the heroin tree, there are just a large number of entrepreneurs who make their own arrangements for importing heroin.

So I think it's highly implausible, to suggest that importers or, or distributors have somehow got together and created a temporary drought to raise the price.

JOHN STEWART: But even if there are a range of entrepreneurs, couldn't they re-evaluate if the market had become less profitable.

DON WEATHERBURN: There is no evidence to suggest there's a Cartel, and I think if one importer ah pulled back, that would only create opportunities for another importer to make a wind, a windfall profit. And I'd expect them to do just that, I think the heroin supply business is very competitive, that's why you're seeing quite a deal of violence in south-western Sydney, and to my mind, that's the least implausible explanation.

The most plausible are the drought in Afghanistan and the increase in seizures at the customs barrier in Australia.

JOHN STEWART: The Federal Minister for Justice and Customs, Senator Chris Ellison, claims that police and customs have made a large impact on reducing Australia's heroin market.

CHRIS ELLISON: Well I think that the ah interception rates of illicit drug trafficking by the Australian Federal Police and Australian Customs Service ah have had a significant effect. When you look at ... well October through to December 2000 you had two seizures alone which resulted in the seizure of over half a tonne of heroin.

JOHN STEWART: Throughout the heroin drought some drug users have been forced into detox, but others have just switched to other drugs like cocaine or amphetamines, are you convinced that the illicit drug market can be controlled by police and that drug users won't just find alternative drugs.

CHRIS ELLISON: Well you have to remember that a lot heroin users are poly drug users as well, and in fact this ranges from alcohol through to amphetamines. That was something which the ABCI said in its report. I don't think there's anything new in heroin addicts using other drugs.

But can I also say that ah organised crime is very mobile, very flexible and will move to whatever drug it can ah easily dispose of and we have to be flexible in our response ah to that.

JOHN STEWART: Most nations are committed to reducing the supply of drugs like heroin. But the consequences of restricting the availability of illicit drugs may not all be positive.

DON WEATHERBURN: Well I think that if there's unmistakable evidence that heroin users respond to a price jump by committing more crime, it will obviously be an indication that Governments need to spend a lot more money on the demand side rather than the supply side.

In other words they should be trying to reduce the number of people who are using heroin and the amounts they use, rather than trying to stem the supply of heroin.

But at the moment that's pure speculation, we have yet to find out the, or what, in what way users are responding to the jump in price.

MARK COLVIN: Don Weatherburn from the New South Wales Bureau of Crime Statistics with John Stewart.