

**NEW SOUTH WALES
DRUG TRENDS
2002**



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

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
ATSI	Aboriginal and Torres Strait Islander
BBV	Blood borne virus
BOCSAR	NSW Bureau of Crime Statistics and Research
CDHA	Commonwealth Department of Health and Ageing
DAL	Division of Analytical Laboratories
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIC	Health Insurance Commission
ICPMR	Institute of Clinical Pathology and Medical Research
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users
KIS	Key Informants
MBT	methadone/buprenorphine treatment
MMT	methadone maintenance treatment
NCHECR	National Centre for HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NSP	Needle and Syringe Program
NSW	New South Wales

EXECUTIVE SUMMARY

Demographic Characteristics of Injecting Drug Users (IDU)

One hundred and fifty eight IDU participated in the 2002 IDRS. Sixty five percent were male, 73% were unemployed and the average age of respondents was 31 years. Forty seven percent had not completed any further education after school and 10% had completed a university degree. Fifty eight percent had a previous prison history. The average age of first injection was 19 years.

Patterns of drug use among IDU

Compared to the 2001 IDRS there were smaller proportions of IDU reporting cocaine as their drug of choice and the drug they injected most often in the month preceding interview. In 2001, 29% of IDU reported cocaine as their drug of choice, compared to 19% in 2002. There was a corresponding increase in IDU reporting heroin as their drug of choice, from 61% in 2001 to 72% in 2002. In 2001, 34% of IDU reported cocaine as the drug they injected most often and 58% reported heroin, compared to 17% reporting cocaine and 73% reporting heroin in 2002. While there was an increase in the proportion of IDU reporting daily heroin use in the preceding six months from 43% in 2001 to 53% in 2002, this figure has not returned to levels of use reported prior to the heroin shortage. Indicator data analysed to date also suggest that the market has not returned to pre-shortage levels, with fewer recorded incidents for possession/use of heroin, and fewer heroin-related overdoses recorded.

Heroin

The median price IDU paid for a gram of heroin on the last occasion of purchase was \$300, a slight decrease from \$320 in 2001. This amount is still higher than the median amount paid for a gram in 2000 (\$220), before the heroin shortage in Sydney. The median price paid for a cap of heroin (\$50) remained the same as in 2001, and this was the most popular purchase amount.

Eighty eight percent of IDU thought heroin was 'easy' to 'very easy' to obtain (compared to 78% in 2001), and that availability had remained stable (54%) in the preceding six months. Twenty percent thought heroin had become more difficult to obtain. The comparable figures for 2001 are 32% (stable) and 37% (more difficult).

KIS comments on the price and availability of heroin (\$50 per cap, \$300 per gram) were consistent with those of IDU in more qualitative terms.

Law enforcement data also support IDU data on patterns of heroin use, with incidents for possession/use declining steadily since December 2000, and fewer arrests for heroin use in 2001/02. Health indicators for heroin are also down with fewer NSW ambulance callouts to overdoses and fewer calls to drug information lines regarding problematic heroin use.

The median purity of analysed AFP seizures in 2001/02 has remained relatively stable at 70% (ACC, 2003). Data from 2001/02 NSW Police seizures were not available at the time of press. The majority (84%) of IDU reported that heroin was of 'low' to 'medium' purity.

In regards to treatment for heroin use, both IDU and indicator data reflect a slight decrease in the prevalence of methadone use and numbers enrolling in treatment. There has been a substantial

increase in numbers enrolling in buprenorphine treatment, with figures more than doubling from 609 in February 2002 to 1,304 in September 2002.

Methamphetamine

In line with the diversification of the methamphetamine market, the 2002 IDRS distinguished between the different forms - methamphetamine powder, methamphetamine base, and crystal methamphetamine. This makes comparison with previous years difficult, however more comprehensive analyses will be possible in future years of the IDRS.

Forty-eight percent of IDU had used some form of methamphetamine (either methamphetamine powder, methamphetamine base or crystal methamphetamine) in the preceding six months, a proportion comparable to that of the 2001 IDRS (51%). Separating out the forms of methamphetamine, 39% reported using methamphetamine powder, 23% reported using methamphetamine base and 25% reported using crystal methamphetamine in the preceding six months.

The price of methamphetamine powder remained stable between 2001 and 2002 and the median price reported for a gram was \$100. The most commonly purchased amount of methamphetamine base and crystal methamphetamine was a point, and the median price reported by IDU was \$50.

Seventy percent of IDU commenting on methamphetamine powder thought it 'easy' or 'very easy' to obtain, and 61% thought availability remained stable in the preceding six months. Sixty eight percent of IDU commenting on methamphetamine base thought it 'easy' or 'very easy' to obtain, and 73% thought availability remained stable. Fifty nine percent of IDU commenting on crystal methamphetamine thought it 'difficult' to 'very difficult' to obtain, and 52% thought availability had remained stable. Twenty two percent of those who commented thought crystal methamphetamine had become more difficult to obtain in the preceding six months.

KIS comments on the price and availability of methamphetamine powder were consistent with IDU comments. Few KIS commented on the more potent forms of methamphetamine base and crystal methamphetamine.

Law enforcement data show greater numbers of incidents and arrests for amphetamine possession/use in 2000/01 (during the heroin shortage), with figures declining again in 2001/02. The same pattern is evident in the number of calls to drug information lines regarding problematic amphetamine use.

The median purity of analysed AFP seizures of methamphetamine in NSW varied greatly during 2001/02, from 10% to 50% (ACC, 2003). Data from 2001/02 NSW Police seizures were not available at the time of press.

Cocaine

The proportion of IDU reporting cocaine use in the preceding six months dropped from 84% in 2001 to 79% in 2002. However prevalence of cocaine use still remains higher than in previous years of the IDRS. There was a substantial decrease in the proportion of IDU who reported that cocaine was the drug most often injected in the month preceding interview, 34% in 2001 to 17% in 2002.

Frequency of cocaine use was lower this year, with the median number of days used in the preceding six months dropping from 90 days in 2001 to 24 days in 2002. The median price for a gram of cocaine has remained at \$200 since 1996, and 67% of IDU reported price stability.

Seventy four percent of IDU thought cocaine was 'easy' to 'very easy' to obtain, a figure comparable to the 2001 IDRS (75%). Twenty percent thought it difficult to obtain (an increase from 3% in 2001).

KIS generally thought that cocaine use, purity and availability had decreased in the preceding six months.

Law enforcement data for 2001/02 show a decline in the number of incidents recorded for possession/use of cocaine, after a sharp increase in 2000/01 (coinciding with the heroin shortage). However, the number of arrests for cocaine use has remained stable. A downward trend was evident in the number of calls to drug information lines regarding problematic use, and the number of cocaine-related visits to emergency departments.

The median purity of analysed AFP seizures of cocaine in NSW fluctuated between 50% and 80% in 2001/02 (ACC, 2003). Data from 2001/02 NSW Police seizures were not available at the time of press. Over half (52%) of the IDU thought cocaine was of 'low' purity.

Cannabis

As in previous years, a high proportion of IDU had used cannabis in the preceding six months.

The median price for an ounce of cannabis decreased from \$320 in 2001 to \$300 in 2002, and has decreased overall from \$400 in 1996 to \$300 in 2002.

The overwhelming majority of IDU commenting on cannabis (94%) thought it easy to very easy to obtain, and that availability had remained stable. KIS reports were consistent with those of IDU.

Contrary to IDU reports of stable patterns of use, there was an increase in the number of calls received by ADIS regarding problematic cannabis use, and when compared with other drug types (amphetamines, cocaine, heroin) cannabis dominated the number of calls per month.

Police incident data also showed cannabis possession and use on the increase throughout 2001, but declining in 2002, while the pattern for arrest data is somewhat different, with arrests for both supply and possession offences declining steadily since the 1998/99 financial year. The decline in possession offences may be attributable to the cannabis cautioning scheme in operation in NSW in which offenders caught with small amounts are issued a caution only.

Illicit use of Methadone

Ten percent of methadone users were not registered in methadone maintenance treatment in the preceding six months, representing a decrease from 23% of methadone users in 2001, indicating that less methadone was being diverted to untreated users in the 2002 IDU sample. There was also a decrease in the proportion of IDU reporting the use of illicit methadone in the preceding six months (from 25% in 2001 to 20% in 2002) and the proportion injecting methadone during this period (from 22% in 2001 to 16% in 2002).

Illicit use of Buprenorphine

Only 3% of IDU had used buprenorphine illicitly (i.e. not from a script for self) in the preceding six months, and only 1 IDU had ever injected buprenorphine. There was no recent intravenous use reported.

Morphine

Twenty-two percent of IDU reported using morphine in the preceding six months, 18% of whom had injected it. These figures represent an increase from the 2001 IDRS in which 13% reported recent use and 12%, recent injection. Morphine was predominantly obtained from illicit sources (i.e. not from a script for self), with 80% of morphine users reporting having done so. Only 17% reported licit obtainment in the past six months.

Other Opioids

One quarter of IDU (23%) reported using other opioids such as Panadeine forte and pethidine in the past six months, compared with 13% in 2001. Of these, one quarter reported that they had injected them (6% of all IDU interviewed).

Benzodiazepines

Over half of IDU (58%) reported that they had used benzodiazepines within the past six months, and 19% reported injecting them. These proportions were comparable to 2001 figures. Around one third reported that they had obtained benzodiazepines illicitly in the past six months, with Valium being the most commonly used form. The frequency of use in the past six months decreased relative to the 2001 findings (from a median of 20 days in 2001 to 12 days in 2002).

Indicator data on doctor shoppers from the Health Insurance Commission suggested that over past years (since 1995/96), the number of doctor shoppers has decreased, while the median number of scripts per doctor shopper increased, suggesting that the remaining persons classified as doctor shoppers may be more committed users (and/or suppliers) of benzodiazepines.

Associated Harms

Indicator data on the number of notifications for hepatitis B and C viruses (HBV and HCV) showed an increase over past years, which may well reflect changes in surveillance practices rather than changes in the number of infections. Regular surveillance conducted by NCHECR has revealed that the prevalence of HIV, HBV and HCV has remained stable among IDU.

In the 2002 sample, a small proportion of IDU (6%) reported sharing needles in the month preceding interview, a slightly lower rate than in 2001 (which was 11%). Rates of sharing of other injection equipment were considerably higher (38%), indicating possible continued risks for the transmission of blood borne viruses.

Half of the sample (51%) reported that they usually injected at home in the previous month, similar to the proportion in 2001 (55%). A slightly lower proportion of IDU in the 2002 sample (25%) reported that they had usually injected in the street or a park in the previous month, compared to the 2001 sample (36%).

Two thirds (66%) of the IDU interviewed reported that they had had at least one injection related problem within the past month, compared to 76% in the 2001 sample. The most commonly reported problems were scarring/bruising and difficulty injecting. A lower proportion of the 2002 sample compared to the 2001 sample reported thrombosis in the past month (6% vs. 17%); injection related problems were more likely to be reported by benzodiazepine injectors compared to other IDU (87% vs. 61%).

One in five (19%) of the IDU reported that they had seen a health professional for a mental health problem other than drug use in the preceding six months, most often depression (13%).

IDU in the 2002 sample reported a lower median expenditure on illicit drugs in the day prior to interview compared to the 2001 sample (median \$100 vs. \$150), which may be associated with less frequent use of cocaine among this sample, and slightly lower reported prices for heroin in 2002 compared to 2001 (\$300 per gram in 2002 vs. \$320 in 2001).

Half of the IDU interviewed (58%) reported that they had engaged in criminal behaviour in the month preceding interview. Drug dealing (32%) and property crime (31%) were the most commonly reported crimes. Cocaine users were more likely than non-users to have reported criminal activity. There was little change in IDU perception of police activity, with two thirds of IDU reporting that police activity had increased in the preceding six months, and over half reporting that this had not reduced their ability to obtain drugs.

Implications

The findings of the 2002 NSW IDRS indicate several areas of illicit drug use that require further investigation including:

- More detailed analyses of the changes in drug use and among drug users since the heroin shortage was documented in 2001.
- Further research into the characteristics of, and differences between, “base” and “ice”.
- Further research into drug trends and associated harms of methamphetamine users through the study of a group of primary methamphetamine users.
- Further examination of harms associated with cocaine and benzodiazepines injection.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is Australia's federally funded national drug monitoring system. The purpose of the IDRS is to provide a standardised, comparable approach to the monitoring of data relating to the use of opiates, cocaine, methamphetamine and cannabis. The IDRS is intended to act as a strategic early warning system, identifying emerging drug problems of national concern. It is not intended to describe phenomenon in detail, but rather, is designed to indicate the need for more detailed data collection by providing sensitive and timely data on emerging trends in illicit drug markets.

The IDRS has operated in NSW since 1996 (O'Brien et al 1996). The data described in this report represent a summary of drug trends detected by the NSW IDRS in 2002. Results are summarised by drug type to provide the reader with an abbreviated picture of illicit drug markets and recent trends. NSW drug trends from previous years can be found in the annual *NSW Drug Trends* reports (Hando & Darke 1998, McKetin et al 1999, McKetin et al 2000, Darke et al 2001) and in specialised publications (Darke, Topp & Ross 2002, Darke, Topp, Kaye & Hall, 2002). Since 2000, trends in the use of ecstasy and other party drugs have formed a separate, specialised component of the IDRS, and are reported elsewhere.

Study Aims

The specific aims of the 2002 NSW IDRS were:

1. to monitor the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine and cannabis; and
2. to identify emerging trends in NSW illicit drug markets that require further investigation.

2 METHOD

The IDRS analyses three main sources of information to document drug trends:

1. a quantitative survey of injecting drug users (IDU);
2. a semi-structured interview with key informants (KIS), or professionals working in the illicit drug field who have regular contact with and/or specialised knowledge of illicit drug users, dealers or manufacture; and
3. a collation of existing indicator data on drug-related issues.

Previous IDRS research has demonstrated that IDU are an appropriate sentinel group for detecting illicit drug trends, due to their high exposure to many types of illicit drugs. IDU also have first hand knowledge of the price, purity and availability of the main illicit drug classes. KIS interviews are used to provide contextual information about drug use patterns and health-related issues, such as treatment presentations. The collation of indicator data provides a precise and reliable measure of drug trends detected by the IDU and KIS surveys.

Data from these three sources are triangulated against each other to determine the convergent validity of trends detected. The data sources complement each other in the nature of the information they provide. The data source considered to be the best indicator of a particular drug trend is reported when summarising drug trends. Data from the 2002 IDRS were compared with IDRS findings from previous years to determine changes in drug trends over time.

2.1 Survey of Injecting Drug Users (IDU)

In the 2002 NSW IDRS, the IDU survey consisted of face-to-face interviews with 158 IDU, conducted in June 2002. Half of the sample was recruited from the inner city of Sydney (Kings Cross, Redfern) and half from Sydney's southwestern region (Canterbury, Cabramatta). IDU were recruited from these regions as they capture the two largest open-air illicit drug markets in NSW, namely Kings Cross and Cabramatta. It is in these markets that trends in illicit drug use are likely to first emerge.

IDU were recruited from treatment and support agencies as well as Needle and Syringe Programs (NSP). Potential participants were screened for eligibility; criteria for entry to the study were: (i) at least monthly injection in the six months preceding the interview; and (ii) residence in Sydney for the preceding twelve months, with no significant periods of incarceration during that time.

The interview schedule included sections on demographics; drug use history; the price, purity and availability of illicit drugs; criminal activity; injection risk-taking behaviour; health; and general drug trends. Participants were interviewed within the agencies that assisted with recruitment where possible, or at coffee shops, fast-food outlets or on the street. Interviews took about 30 minutes to conduct, and participants were reimbursed \$30 for their time and expenses. Descriptive analyses of the quantitative data derived from the IDU survey were conducted using SPSS for Windows, Release 11.0 (2001).

2.2 Survey of Key Informants (KIS)

Fifty KIS who had regular contact with, and/or specialist knowledge of, illicit drug users or dealers or drug manufacture, were interviewed in July and August 2002. To be eligible, participants must have had at least weekly contact with illicit drug users, and/or contact with a minimum of 10 different illicit drug users, in the six months preceding the interview. A broad range of KIS were interviewed in 2002 including: drug treatment workers (n=14); needle and syringe program workers (n=11); drug and alcohol counsellors (n=8); law enforcement officers (n=6); youth workers (n=3); psychologists (n=3); researchers (n=2); nurses (n=2) and a general health worker. Sixteen KIS reported on the use of heroin, 14 on cannabis, 11 on the use, manufacture and supply of methamphetamine, and 9 on the use and supply of cocaine.

The KIS interview schedule was a semi-structured instrument, based on that used in previous IDRS research, which paralleled the structure of the IDU interview. The interview included sections on drug use patterns; drug price, purity and availability; criminal activity; and health and treatment issues. Interviews took between 30 and 60 minutes to conduct, and most were conducted over the telephone. Notes were taken during the interview, and transcribed in full after completion of the interview. Content analysis was then used to extract recurring themes from the data.

2.3 Other Indicators

To complement and validate data collected from the IDU and KIS surveys, a range of secondary data sources was examined. These included health, survey, and law enforcement data. The pilot study for the IDRS¹ 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, methamphetamine, cocaine and cannabis.

Data sources that have been included in this report are:

- Alcohol and Drug Information Service – Calls received regarding problematic drug use
- Australian Bureau of Statistics – Overdose data
- Australian Crime Commission - purity data from Police seizures and arrest data for possession and supply
- Division of Analytical Laboratories – autopsy data from suspected drug users in which morphine was detected
- Family Drug Support - Calls received regarding problematic drug use
- Health Insurance Commission – doctor shopper data, and notifications of HIV, Hepatitis C and Hepatitis B
- Medically Supervised Injecting Centre – data on drug injected at the Centre
- Needle and Syringe Programs data on last drug injected
- NSW Bureau of Crime Statistics and Research – incidents recorded for possession/use
- NSW Department of Health – drug-related visits to emergency departments, NSW ambulance callouts to overdoses, numbers enrolled in methadone maintenance treatment and buprenorphine treatment

3 RESULTS

3.1 Overview of the IDU sample

The demographic characteristics of the 158 IDU interviewed in 2002 are presented in Table 1. The mean age of the sample was 31.4 (SD 7.7, range 17 to 49), and 65% of the respondents were male. Sixty three percent of the sample was not currently in drug treatment, and of the remaining 37% who were, 28% were in methadone maintenance, 3% were in counselling, and 6% were in buprenorphine treatment. Four IDU had used naltrexone in the preceding six months, and 2 of the 4 had obtained it through licit sources.

Mean age of school years completed was 10.6 (SD 1.6, range 7 to 13). Forty seven percent of the sample reported having no tertiary qualifications, 43% had completed a trade or technical qualification and 10% had completed a university qualification. The majority (73%) were unemployed, and 58% had a previous prison history. There was little difference between the demographics of the sample recruited in this year's IDRS and those of the sample from the 2001 IDRS.

Table 1: Demographic characteristics of IDU sample

Characteristic	2001 N=163	2002 N=158
Age (yrs)	32.3	31.4
Sex (% male)	72	65
Employment (%):		
Not employed	80	73
Full time	5	7
Part time/casual	7	3
Sex worker	7	15
Home Duties	-	1
Student	-	-
School education (yrs)	9.5	10.6
Tertiary education (%):		
None	56	47
Trade/technical	39	43
University/college	5	10
Currently in drug treatment (%)	29	37
Prison history (%)	55	58

Source: IDRS IDU Interviews

KIS reports of demographic characteristics reflect those of the sample; 70% male, predominantly between 20 and 30 years of age, year 10 level education with the majority being unemployed, 50% have a prison history, and those IDU who are in treatment are predominantly on methadone maintenance. While KIS reported that the majority of IDU they have contact with are from English speaking backgrounds, some KIS had clients with indigenous, Vietnamese and Indo-Chinese backgrounds.

3.2 Drug Use History and Current Drug Use

The mean age of first injection was 19.3 years (SD 5.8 range 8-38) (Table 2). Heroin was the first drug injected by 64% of respondents; 30% reported that they first injected amphetamines; 3% reported cocaine; and 1%, other opioids.

Heroin was the drug of choice for 72% of respondents; cocaine for 19%, and methamphetamine was the drug of choice for 6% of respondents. There was a marked decrease this year in the proportion of respondents reporting cocaine as their drug of choice (from 29% in 2001 to 19% in 2002), and a corresponding increase in respondents nominating heroin as their drug of choice (from 61% in 2001 to 72% in 2002). These figures represent a significant shift from cocaine in 2001 to heroin in 2002 ($\chi^2=20.33$, $df=3$, $p<0.01$).

Seventy three percent of IDU reported injecting heroin most often in the month preceding interview (representing an increase from 58% in 2001), and consistent with the decrease in the proportion of IDU nominating cocaine as their drug of choice, only 16% reported injecting cocaine most often in the preceding month (a decrease from 36% in 2001). The pattern of the most recent drug injected reflected the pattern of the drug injected most often (Table 2).

Seventy five percent of respondents had injected on a daily basis in the preceding month, and one third had injected more than three times a day, figures that are comparable to those reported in 2002.

As in previous years of the IDRS, the IDU sample engaged in extensive polydrug use. Respondents had used an average of 9.8 (SD 2.9, range 3-16) drug classes in their lives, and 6.7 (SD 2.2, range 2-13) in the six months preceding interview. An average of 4.4 drug classes (SD 2.1, range 1-12) had been injected at some time, and an average of 2.9 (SD 1.5, range 1-7) drug classes had been injected in the preceding six months (Table 2, page 21).

The polydrug use histories of IDU, and routes of administration, are presented in Table 3 (page 22). As in all previous years, recent use of the four main drugs monitored by the IDRS was common: heroin (96%), cocaine (79%), cannabis (80%) and methamphetamine (48%).

Some noticeable differences between 2001 and 2002 are the median number of days of cocaine use in the preceding six months, 90 in 2001 and 24 in 2002 and median number of days of heroin use, 158 in 2001 and 180 in 2002.

Table 2: Injection history, drug preferences and polydrug use of IDU

<i>Variable</i>	2001 N=163	2002 N=158
Age first injection (years)	19.9	19.3
First drug injected (%)		
Heroin	64	64
Amphetamine	33	30
Cocaine	2	3
Other opioids	1	1
Hallucinogens	-	1
Ecstasy	-	-
Drug of choice (%)		
Heroin	61	72
Cocaine	29	19
Methamphetamine	5	6
Cocaine+heroin	1	1
Other	4	2
Drug injected most often in last month (%)		
Heroin	58	73
Cocaine	34	17
Methamphetamine	4	6
Cocaine+heroin	3	1
Other	2	3
Most recent drug injected (%)		
Heroin	57	74
Cocaine	36	16
Methamphetamine	3	5
Cocaine+heroin	1	1
Other	3	4
Frequency of injecting in last month (%)		
Less than daily	26	25
Once a day	12	10
2-3 times a day	26	33
>3 times a day	33	32
Polydrug use		
Number of drug classes ever tried	9.4	9.8
Number of drug classes used in last 6 months	6.5	6.7
Number of drug classes ever injected	4.3	4.4
Number of drug classes injected in last 6 months	2.9	2.9

Source: IDRS IDU interviews

Table 3: Polydrug use history and routes of administration of IDU sample

Drug Class	Ever used %	Ever Injected %	Injected last 6 months %	Ever smoked %	Smoked last 6 months %	Ever Snorted %	Snorted last 6 months %	Ever Swallow %	Swallow last 6 months %	Used last 6 months %	Days used last 6 months *
Heroin	100	99	96	60	14	26	3	18	3	96	180
Methadone	70	42	16					65	40	43	127
Other opiates	38	20	6	5	1	1	1	27	18	23	5
Morphine	45	38	18					19	10	22	4
Homebake	13	13	6	1	-	1	1	1	1	6	2
Amphetamines (speed powder)	73	68	36	7	1	42	11	27	7	39	6
Methamphetamine (base/point/wax)	35	32	22	3	1	3	1	8	4	23	7
Methamphetamine (ice/shabu/crystal)	54	39	19	18	9	3	-	3	1	25	3
Cocaine	95	91	78	21	6	42	11	9	6	79	24
Hallucinogens	56	11	-	1	-	-	-	54	3	3	3
Ecstasy	54	21	10	1	-	4	3	48	22	26	4
Benzodiazepines	74	30	19	2	1	1	1	72	54	58	12
Buprenorphine	17	1	-	1	1	-	-	17	13	13	23
Alcohol	97	4	-							65	24
Cannabis	97									80	81
Anti-depressants	31									16	180
Inhalants	20									4	3
Tobacco	98									98	180

4 HEROIN

Ninety five percent (150/158) of IDU commented on the price, purity and availability of heroin, and the following percentages refer to this proportion of IDU. Fourteen KIS commented on price and availability, with fewer commenting on purity.

4.1 Price

Prices paid for heroin by IDU on the last occasion of purchase are presented in Table 4. The median price of IDU purchases of a gram of heroin in Sydney in 2002 was \$300, a slight decrease from \$320 in 2001. While the price has dropped, it is still substantially higher than the median amount paid (\$220) for a gram in 2000, before the heroin shortage in Sydney (Figure 1). There was no difference in the median reported price of heroin in south-western Sydney compared with the inner city. The price of smaller amounts of heroin remained relatively stable in 2002 compared to 2001 except for an eighth of a gram, which increased by \$25 (Table 4). The cost of a 'cap' of heroin remained at \$50, and half grams at \$150. Quarter grams increased from \$70 to \$75, but this figure disguised a substantial number of IDU who reported paying \$100 for quarter grams. There was no mention of 'rocks' of heroin being purchased, an amount (approximately equivalent to a cap) that was mentioned by IDU in the 2000 and 2001 IDRS.

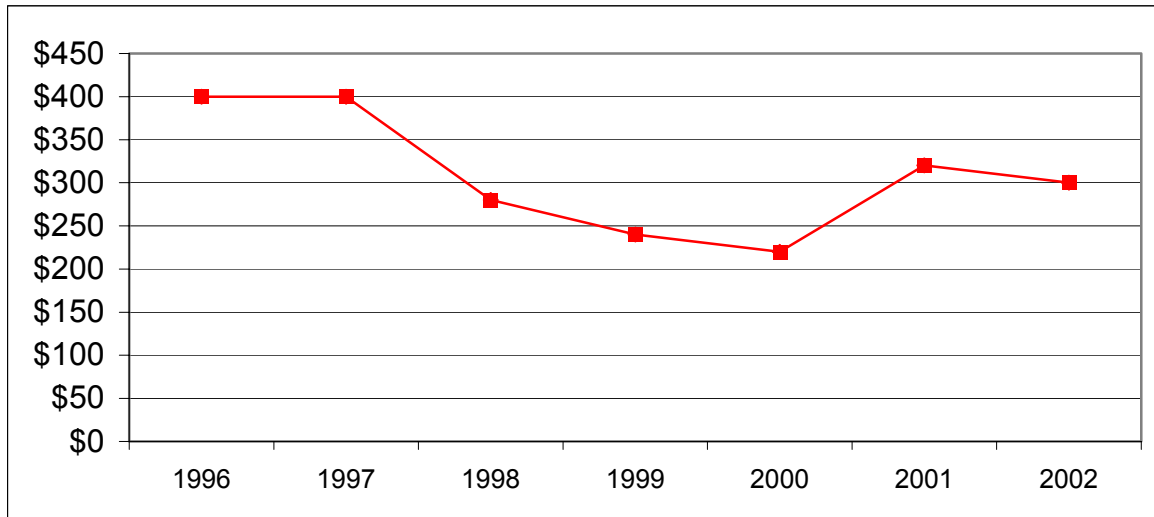
Table 4: Price of most recent heroin purchases by IDU, 2001- 2002

Amount	Median price* \$	Number of purchasers
Gram	300 (320)	38
Cap	50 (50)	119
Half gram	150 (150)	60
Quarter gram	70 (75)	54

Source: IDRS IDU interviews

* 2001 median prices in brackets

Figure 1: Median price of a gram of heroin estimated from IDU purchases, 1996-2002



Source: IDRS IDU Interviews

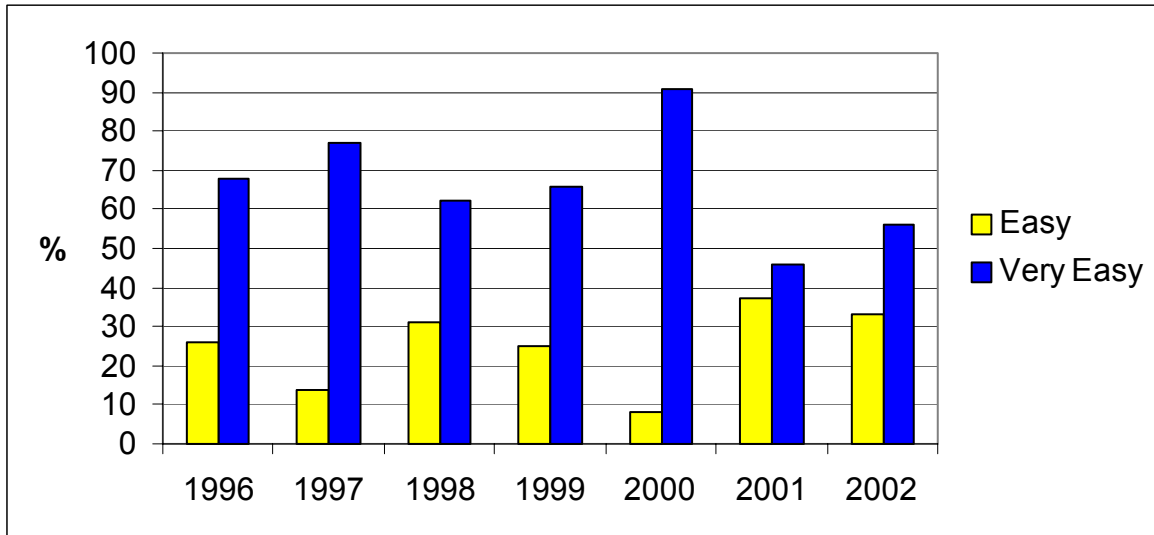
Consistent with the purchase prices, more than half (52%) of the IDU commenting on heroin reported that the price had remained stable in the preceding six months. A third (31%) of IDU thought the price had increased, and only 8% believed it had decreased. The comparable figures for 2001 were 55% reporting an increase, and 9% reporting a decrease. Contrary to previous years (1999 to 2001), in which quarter grams were the most commonly purchased amount of heroin, more IDU (75%) reported purchasing caps of heroin. Half grams were the next most common purchase amount of heroin (Table 4).

KIS estimates of the price of a gram of heroin ranged from \$150 to \$400, the median being \$280. Half grams were estimated by KIS to be between \$50 and \$220, and caps were estimated at \$50. These prices are relatively consistent with figures reported by IDU (Table 4). Also consistent with IDU reports, many of the KIS commenting reported that heroin prices had remained stable in the preceding six months.

4.2 Availability

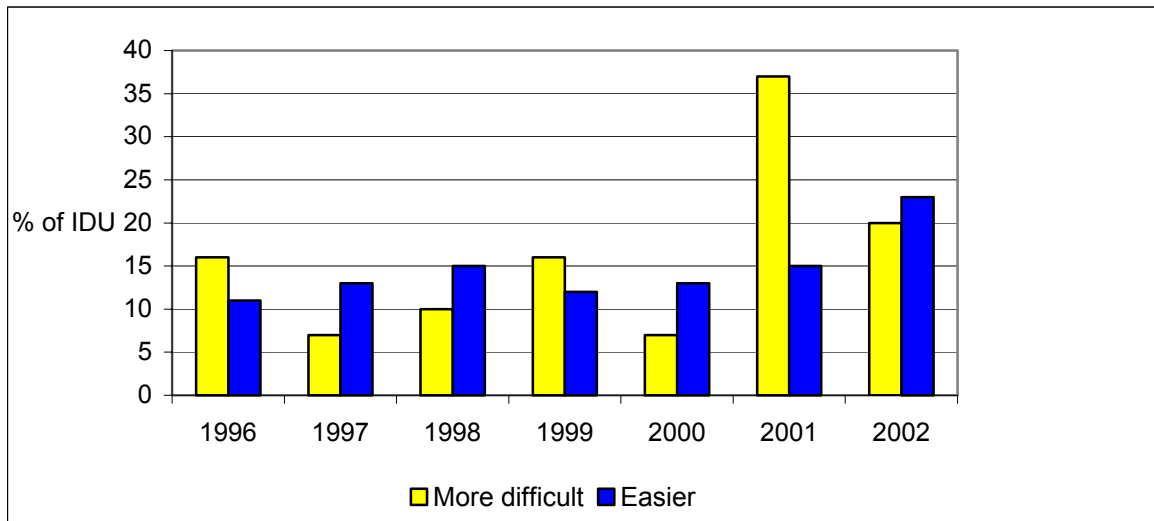
Eighty eight percent of IDU commenting on heroin reported that it was 'easy' (33%) to 'very easy' (56%) to obtain, compared with 78% (46% 'easy' and 38% 'very easy') in 2001 (Figure 2). Eleven percent of the 2002 IDRS IDU thought heroin was 'difficult' to obtain compared with 12% in 2001. Fifty four percent of IDU thought availability had remained stable in the preceding six months while 20% thought it had become 'more difficult' (Figure 3). The comparable figures for 2001 are 32% (stable) and 37% (more difficult). Twenty-three percent reported heroin as 'easier' to obtain in the preceding six months (compared with 16% in 2001) and 5% thought availability had fluctuated (12% thought so in 2001). While the proportion of IDU reporting that heroin was 'very easy' to obtain has increased this year, it has not returned to levels of availability reported prior to the heroin shortage. In 2000, the overwhelming majority of the IDRS sample thought heroin was 'very easy' to obtain (Figure 2).

Figure 2: IDU reports of ease of availability of heroin in the past six months, 1996-2002



Source: IDRS IDU Interviews

Figure 3: IDU reports of changes in availability of heroin in the past six months, 1996-2002



Source: IDRS IDU Interviews

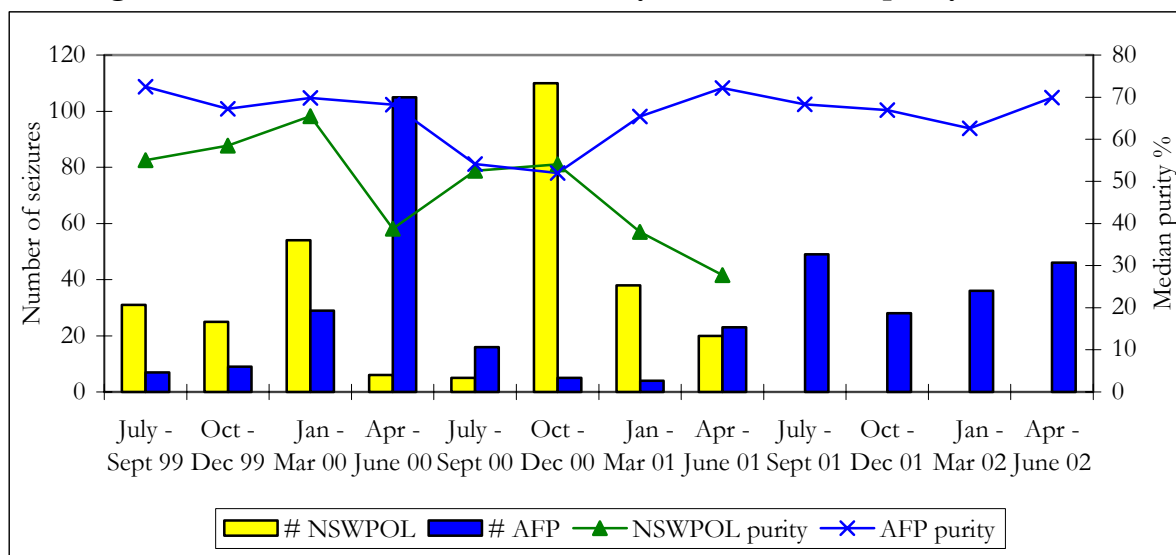
IDU who reported purchasing heroin bought it predominantly by contacting dealers on mobile phones (50%), from street dealers (27%), at the dealer's home (11%) and home delivery (7%). The median time that IDU reported it usually took them to score, and time taken the last time they scored heroin was 10 minutes.

The majority of KIS reported that heroin was 'easy' to 'very easy' to obtain, and about half thought availability had remained stable in the preceding six months. The remaining KIS thought heroin had become easier to obtain.

4.3 Purity

The median purity of analysed AFP heroin seizures in NSW has remained relatively stable over time (Figure 4) at approximately 70%, although the September and December 2000 quarters recorded a decrease to approximately 50% (ABCI, 2002). The purity of analysed NSW Police seizures however, appears to be more variable with a decline from 65% in the March 2000 quarter to 38% in the June 2000 quarter, and dropping as low as 28% in the June 2001 quarter.

Figure 4: Number of heroin seizures analysed, and median purity, 1999-2002¹



Source: The Australian Bureau of Criminal Intelligence, 2000-2002, The Australian Crime Commission, 2003

The decline in purity of NSW Police seizures in December 2000 is consistent with the commencement of the heroin shortage. This data however, should be interpreted with caution as the purity is not representative of all seizures but rather, based on the number of seizures analysed, and in some cases this number is relatively small (Figure 4).

Despite AFP seizures recording a median heroin purity of approximately 70%, the majority (84%) of IDU reported that heroin was of 'low' (46% of IDU) to 'medium' (38% of IDU) purity (compared with 43% low and 32% medium in 2001), and only 10% thought it was 'high' (12% said 'high' in 2001). This is consistent however, with the fact that AFP seizures are predominantly larger amounts of unadulterated heroin, recently imported into Australia, while street-level heroin is likely to have undergone a cutting process before distribution (ACC, 2003).

Thirty four percent of IDU thought that the purity of heroin had decreased in the preceding six months (45% reported a decrease in 2001), while almost a third (29%) reported an increase in purity during this period (compared to 9% in 2001). Twenty one percent thought that heroin purity had remained stable (20% in 2001), and 12% thought it fluctuated (24% in 2001).

None of the KIS thought that heroin was of high purity and one law enforcement KIS reported that seizures of good quality heroin were 'few and far between.' Many KIS reported that purity fluctuated, and two thought it was low. Consistent with IDU reports, about a quarter of KIS thought that heroin purity remained stable in the preceding six months.

4.4 Use

4.4.1 Heroin Use among IDU

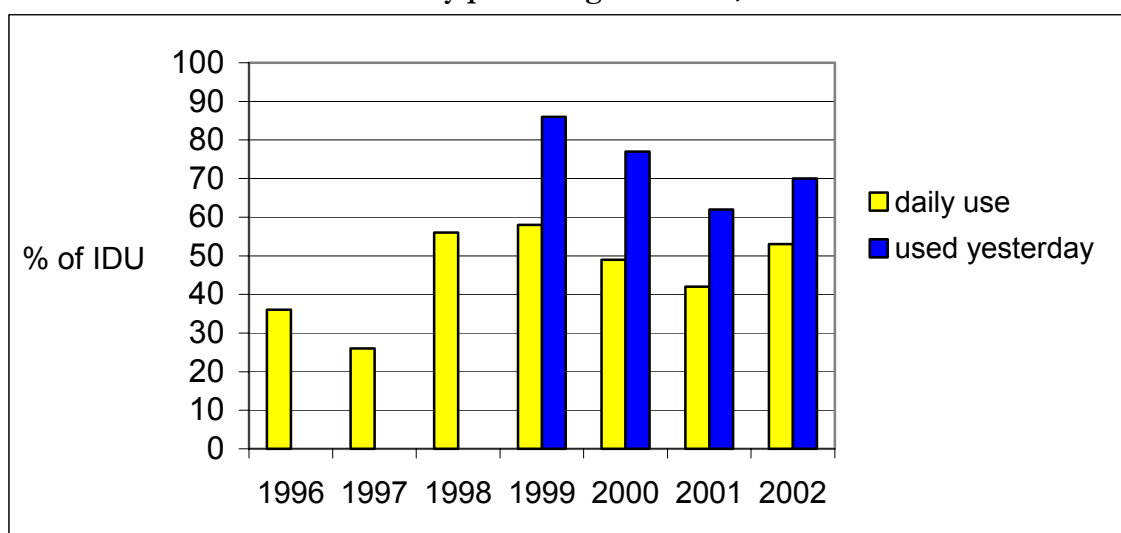
Seventy two percent of IDU stated that heroin was their drug of choice, compared with 61% in 2001. Seventy three percent of IDU reported injecting heroin most often in the last month (58% in 2001), and 74% reported that heroin was the last drug they injected (57% in 2001). These proportions represent an increase from 2001, and a significant shift from cocaine as the drug of choice to heroin ($\chi^2=20.33$, $df=3$, $p<0.01$).

KIS generally believed that prevalence of heroin use had either remained stable or decreased in the preceding six months, and that the frequency of use was stable. The majority of KIS believed that IDU were using heroin several times per day. A quarter of KIS reported an increase in quantity of use and a smaller proportion thought that both frequency and quantity of heroin use had decreased due to prices remaining high.

4.5 Current Patterns of Heroin Use

Consistent with the availability levels of heroin reported, the median number of days of heroin use in the last six months also increased, from 158 in 2001 to 180 days in 2002. The proportion of IDU who had used heroin daily in the preceding six months increased from 42% in 2001 to 53% in 2002, however this figure has not returned to levels reported in 1998 and 1999 (Figure 5). Seventy percent of IDU reported heroin use on the day prior to interview compared with 62% in 2001 (Figure 5).

Figure 5: Proportion of IDU reporting daily heroin use in preceding six months, and heroin use on the day preceding interview, 1996-2002



Source: IDRS IDU Interviews

Seventy two percent of IDU who reported heroin as their drug of choice had used cocaine in the preceding six months, 4% had used cocaine on a daily basis and the median number of days used was 7. These figures represent a decrease from the 2001 IDRS in which 25% of primary heroin users reported daily cocaine use. The median number of days cocaine was used by primary heroin users in 2001 was 48.

KIS reports also indicate a decrease in cocaine use among IDU whose primary drug of choice is heroin, although a few felt the level of cocaine use remained slightly higher than prior to the heroin shortage.

Equal percentages (88%) of IDU stated they had used heroin powder and heroin rock in the preceding six months, and more than half (57%) stated that heroin rock was the form they had used most often during this period.

Similar to the balance of IDU reports, approximately half the KIS reported heroin rock being used in the preceding six months and half reported heroin powder. Also consistent with IDU reports was the KIS estimate of approximately 10% of IDU smoking heroin in the last 6 months (Table 3, shows that 14% of IDU reported smoking heroin during this period).

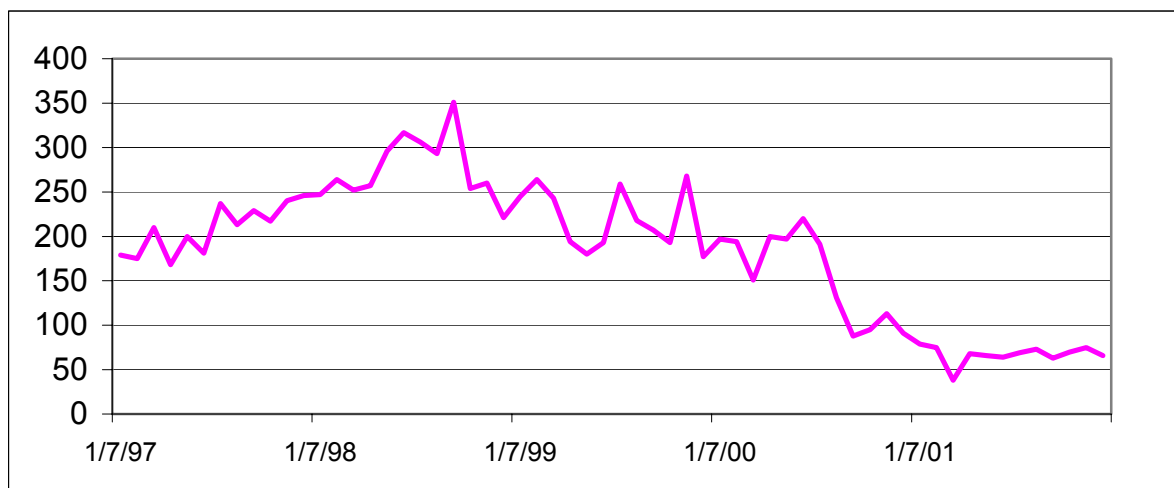
4.6 Heroin related harms

Numerous other indicators suggest that while some heroin related harms have slightly increased compared to the low levels in 2001, they have not yet returned to levels reported prior to the heroin shortage.

4.6.1 Law enforcement

Figure 6 shows that the number of incidents recorded for heroin possession/use have steadily declined from 220 per month in December 2000 to 66 per month in June 2002 (NSW Bureau of Crime Statistics and Research, 2002).

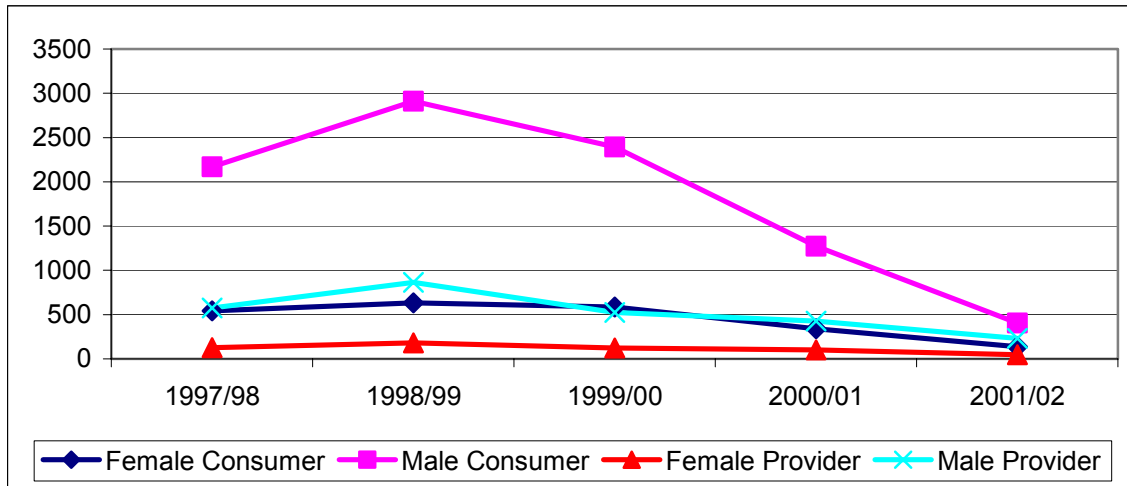
Figure 6: Number of police incidents recorded for opiate possession/use, 1997- 2002



Source: NSW Bureau of Crime Statistics and Research

A similar trend is apparent in Figure 7, which shows a decline in the number of males arrested for possession/use of heroin and other opioids from 2,909 in the 1998/99 financial year to 405 in 2001/02 (ACC, 2003). The number of males arrested for supply offences also declined during this period. Likewise, the number of females arrested for supply offences dropped by almost 50% from 551 in 1997/98 to 265 in 2001/02, while arrest rates for female users remained relatively stable.

Figure 7: Number of arrests for heroin and other opioids by gender, 1997- 2002



Source: Australian Crime Commission

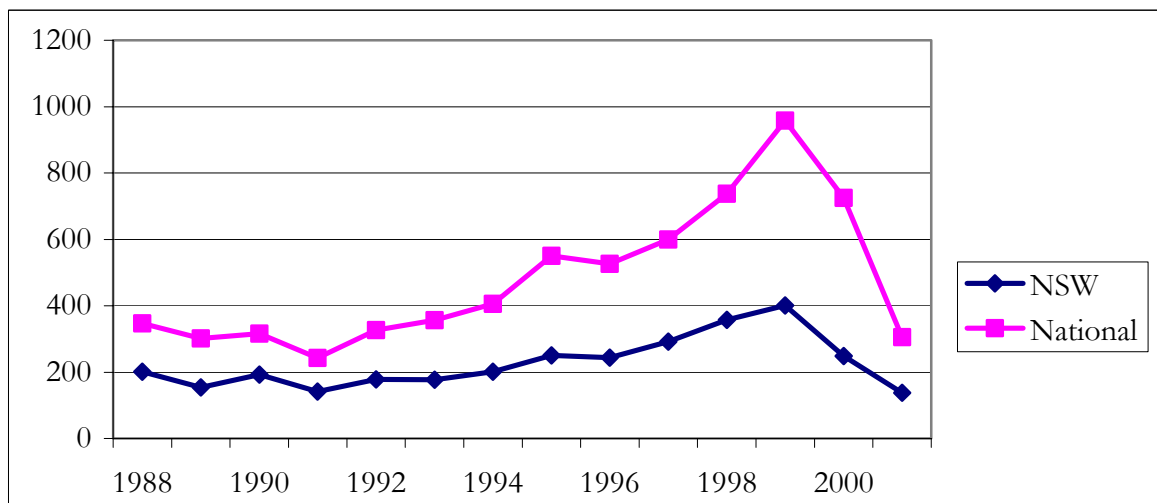
Note: Consumer arrests relate to use or possession offences while provider arrests relate to supply-type offences

4.6.2 Health

Overdose

Australian Bureau of Statistics (ABS) data (Figure 8) show a continued decline in opioid overdose deaths in NSW, from 239 deaths in 2000 to 138 in 2001 among persons aged 15 to 44. Males accounted for the majority (77%) of the 2001 deaths in NSW. With the exception of 2000 (when Victoria accounted for the greatest number of deaths), the number of deaths in NSW have accounted for 40% or more of the national total every year since 1988. In 2000, figures in NSW accounted for 34% of the national total. The decrease in 2000 occurs before the heroin shortage. Degenhardt (2001) suggested that there are several possible explanations for this, including increased access to treatment places, and to a wider range of treatment options, for opioid dependence. There may be several reasons for the further decrease in deaths in 2001, including limited heroin availability, more users engaging in treatment, and dramatic reductions in the purity of heroin (Degenhardt, 2002).

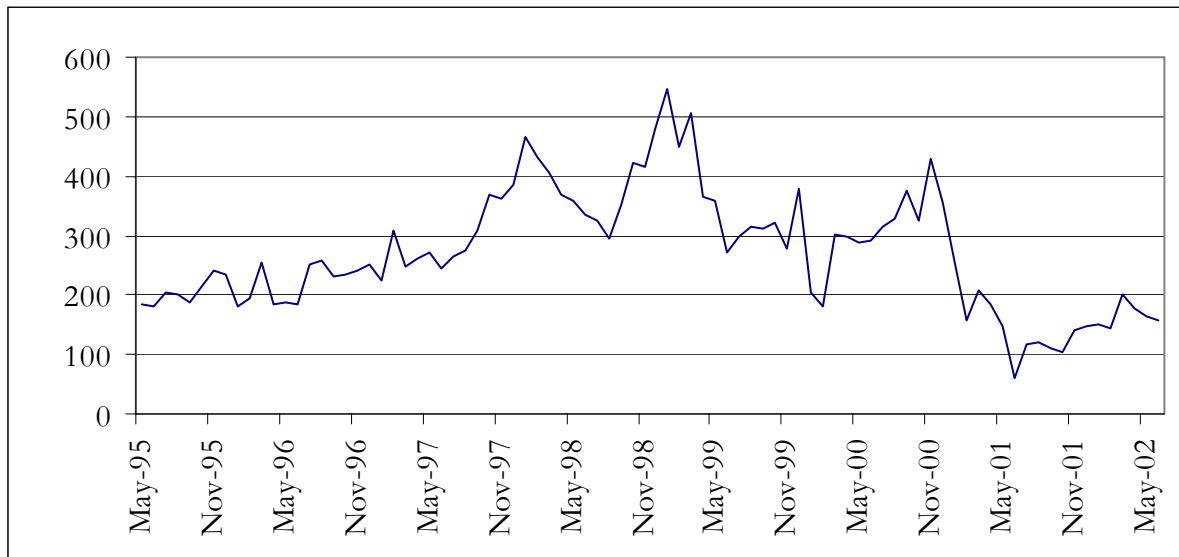
Figure 8: Number of opioid overdose deaths in NSW compared to national figures, 1988 - 2001



Source: Australian Bureau of Statistics mortality database

The number of callouts to NSW ambulances to overdoses (Figure 9) has also declined (Ambulance Service of New South Wales). Figure 9 shows several decreases in the number of callouts well before the heroin shortage in 2001, however the sharpest decrease commences in November 2000, from 429 callouts per month to 60 calls in June 2001. While there has been a slight increase in the number of callouts received since June 2001, they remain well below the levels recorded prior to the shortage.

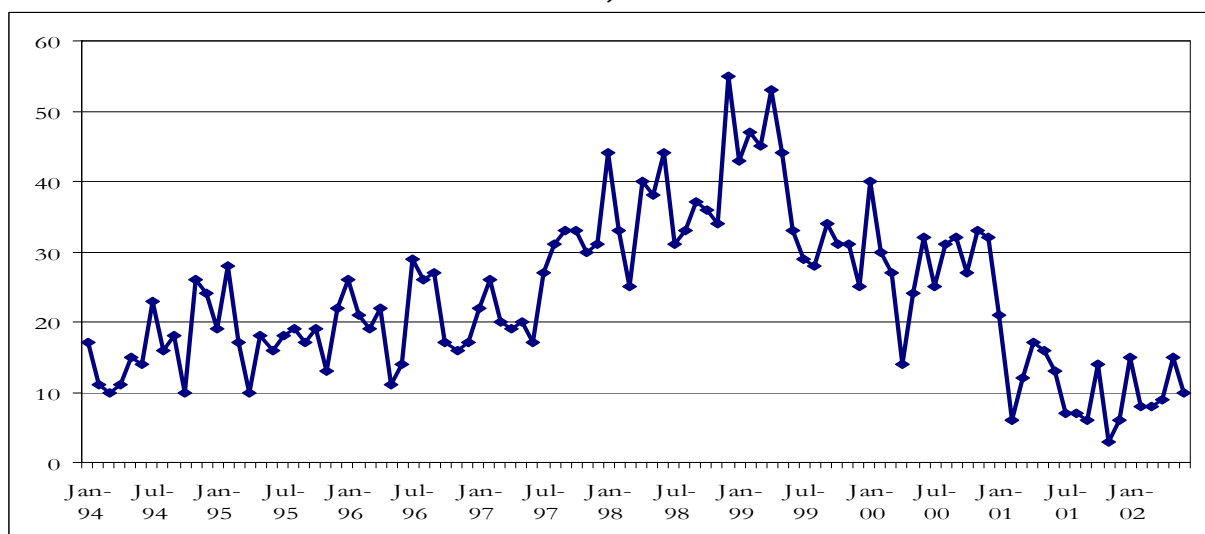
Figure 9: Number of ambulance callouts to overdoses, 1995- 2002



Source: Ambulance Service of NSW case sheet database

The same pattern is evident in the number of deaths of suspected drug users (as determined by police or pathologists) in which morphine was detected (Figure 10), with a decrease in numbers commencing in January 2001. The lowest point occurred in November 2001, and numbers have slightly increased since that time, but the numbers recorded have remained at low levels relative to prior the heroin shortage.

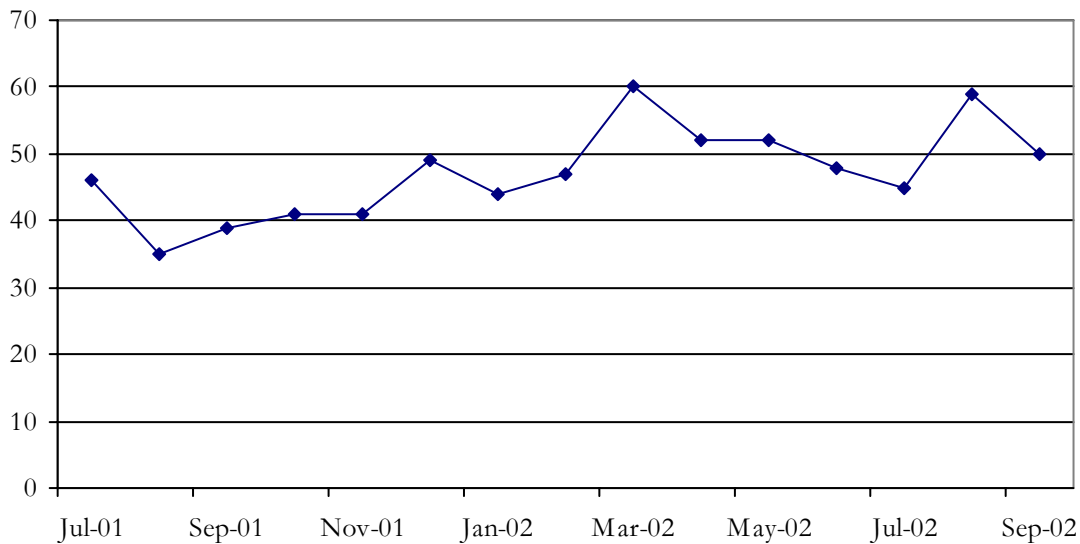
Figure 10: Numbers of deaths among suspected drug takers in which morphine was detected at death, 1994 - 2002



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

The number of heroin-related visits to NSW emergency departments fluctuated between July 2001 and September 2002, with a low of 35 recorded in August 2001 and a high of 60 for the months of March and August 2002 (Figure 11 - NSW Department of Health, 2002). A slight increase in the number of heroin related visits from around 40 per month in late 2001 to around 50 per month in 2002 is consistent with the slight increase in ambulance callouts, and would be consistent with a marginal increase in heroin availability.

Figure 11: Heroin related visits to NSW emergency departments, 2001- 2002

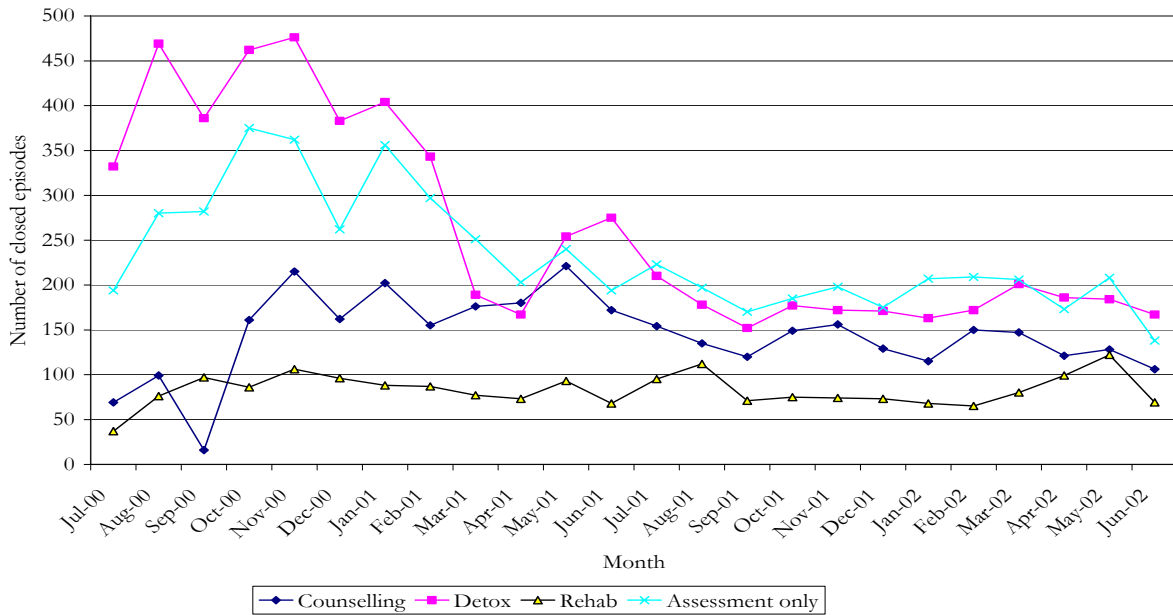


Source: Emergency Department Information System, NSW Department of Health

Treatment

Figure 12 shows the number of closed treatment episodes where the principal drug of concern was opioids, by treatment type. As can be clearly seen in this graph, the number of episodes of treatment involving detoxification decreased noticeably during the first half of 2001, as have the number of assessment only episodes. Overall, this has meant a reduction in the number of closed treatment episodes where opioids were the primary drug of concern.

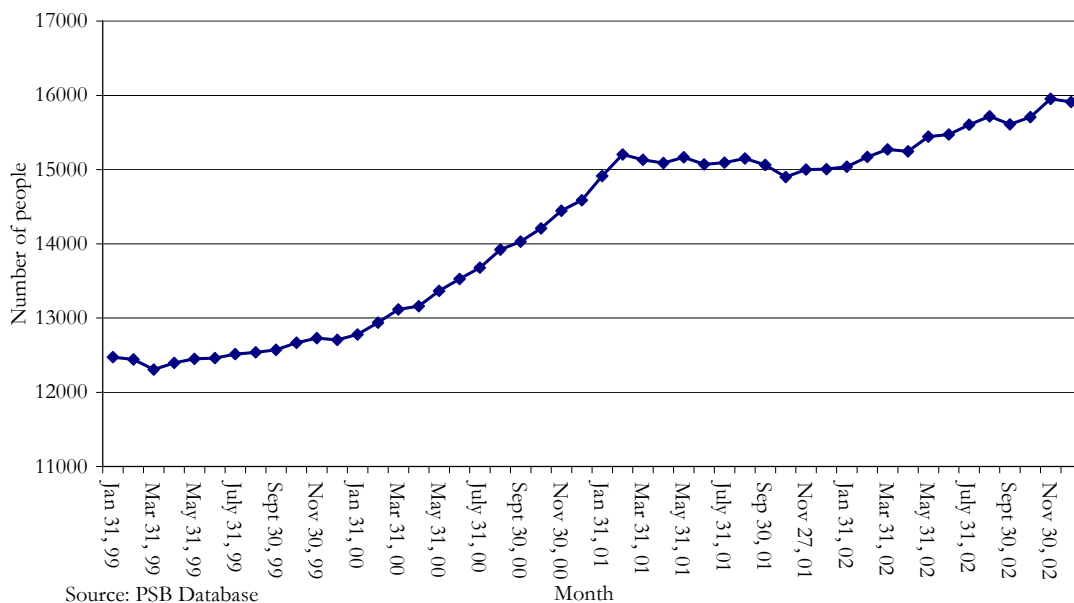
Figure 12: Number of closed treatment episodes where principal drug of concern is opioids by main treatment type, NSW July 2000-June 2002



Source: National Minimum Data Set for Alcohol and Other Drug Treatment Services, NSW Department of Health

The finding in Figure 12 contrasts slightly with the patterns seen in Figure 13. Consistent increases in the number of persons registered on either buprenorphine or methadone treatment until January 2001. After this time, the number of persons in treatment stabilised at around 15,000 persons. This figure remained relatively unchanged until January 2002, after which point there have been increases in the number of persons on methadone or buprenorphine such that at November 2002, there were almost 16,000 persons enrolled in treatment in NSW.

Figure 13: Number of methadone and buprenorphine patients as at the last day of the month, January 1999 - December 2002



Source: PSB Database

Source: Pharmaceutical Services Branch database, NSW Department of Health

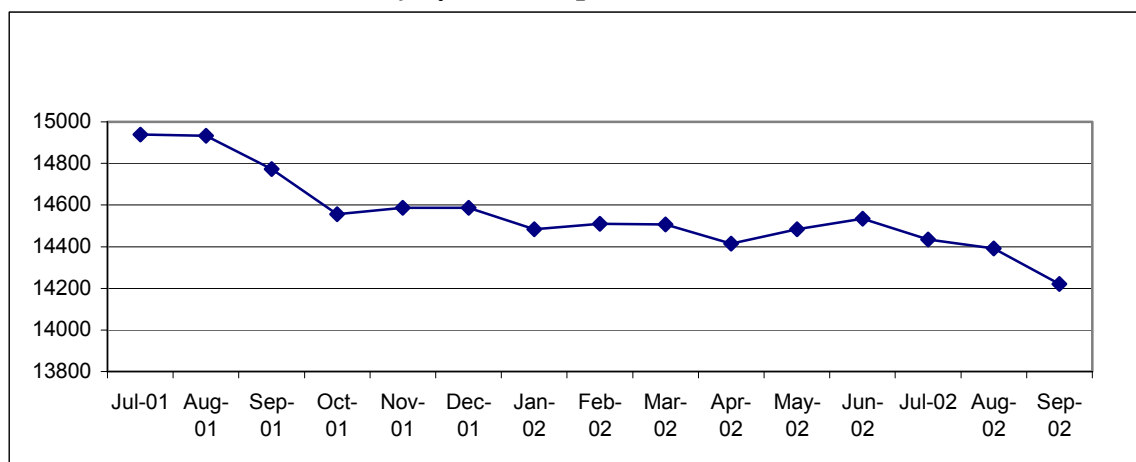
Methadone Treatment

Forty three percent of IDU had used methadone in the preceding six months (compared to 52% in 2001). Twenty eight percent stated they were currently participating in a methadone maintenance program, and 34% (the same figure as 2001) reported receiving methadone treatment in the preceding six months. Methadone syrup continued to be the predominant form used.

Among those who used methadone, the median number of days of use in the preceding six months was 127 compared with 123 days in 2001. Forty percent of methadone users reported daily use, the same figure as in 2001. Eighteen percent of IDU reported methadone use on the day prior to interview compared with 23% in 2001. Overall, IDU data indicate a slight decrease in the prevalence of methadone use, while frequency of use appears to have remained relatively stable.

Indicator data suggest slightly increased numbers in pharmacotherapy treatment. Data collected by the NSW Department of Health (Figure 14) shows a decline in numbers enrolled in methadone treatment from 14,939 clients in July 2001 to 14,221 in September 2002. A similar pattern is seen in the annual pharmacotherapy snapshot data collated by the Commonwealth Department of Health and Ageing (CDHA), with the number of clients registered dropping from 14,945 in June 2001 to 14,533 in June 2002. The 2002 CDHA data shows that the majority of clients collected their methadone doses from pharmacies (37%) and public clinics (26%), while 18% collected doses from private clinics and 11%, from correctional facilities.¹

Figure 14: Number of people registered in methadone maintenance treatment, July 2001 - September 2002

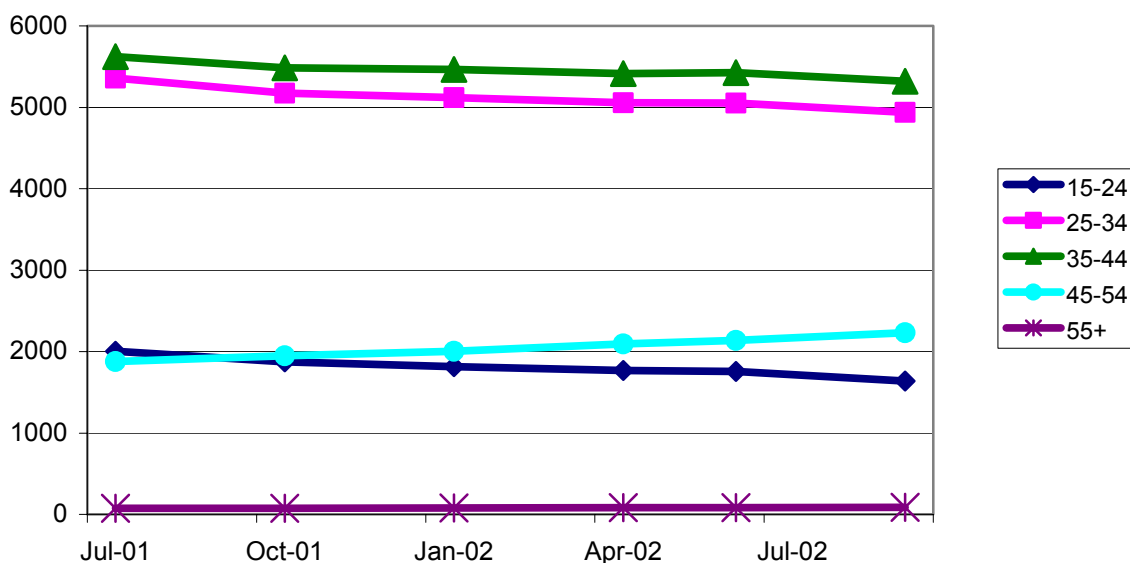


Source: Pharmaceutical Services Branch database, NSW Department of Health

Figure 15 shows that the majority of clients registered in methadone maintenance between 2001 and 2002 were in the 25 to 44 age group. Interestingly, the downward trend is evident in all age groups except those aged 45 to 54 and 55 plus. Numbers in treatment among the 45 to 54 year olds increased from 1,879 in July 2001 to 2,271 in September 2002. Among the 55 plus group there was an increase from 75 in July 2001 to 87 in September 2002.

¹ The remaining 8% was either missing data or data for which clients collected doses from 'dual' (i.e. public/private) clinics.

Figure 15: Number of clients registered in methadone maintenance by age group, July 2001 - September 2002



Source: Pharmaceutical Services Branch database, NSW Department of Health

These trends suggest that younger users are either moving to alternative forms of treatment (particularly buprenorphine, as discussed below), or moving out of treatment altogether. The overall decline in numbers registered in methadone maintenance may be attributed in part to increasing numbers enrolling in buprenorphine treatment (discussed below).

Buprenorphine Treatment

In October 2000 Subutex ® (buprenorphine hydrochloride) was registered by the Therapeutic Goods Administration (TGA) for the treatment of opiate maintenance and detoxification in Australia. In March 2001, the Pharmaceutical Benefits Advisory Committee recommended that buprenorphine (<http://www.health.gov.au/pbs/listing/pbacrec/recmar01.pdf>) be listed as a treatment for opiate dependence and it was made available in NSW for this purpose. Buprenorphine, a partial opiate agonist, comes in tablet form and is taken sublingually.

Data from the NSW Department of Health and the CDHA (discussed below) indicate that numbers registering for buprenorphine treatment in NSW have increased substantially since its introduction in Australia, and accordingly, the 2002 IDRS sought to collect data on the prevalence and frequency of buprenorphine use, as well as the route of administration among IDU.

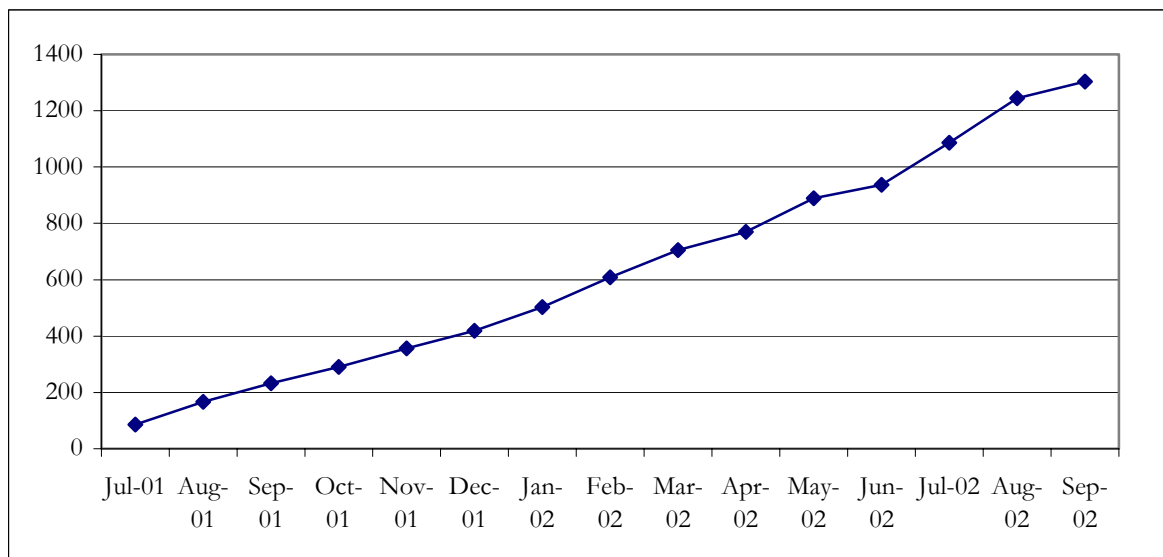
Seventeen percent of IDU reported ever having used buprenorphine and 13% reported using buprenorphine in the preceding six months. Ten percent of IDU stated they had received buprenorphine treatment in the preceding six months and that they had only used buprenorphine from licit sources. Among those who had used buprenorphine in the past six months, the median number of days used was 23. Only 1 IDU reported daily use during this period.

As discussed, indicator data suggest that there has been a substantial increase in the number of clients registered in buprenorphine treatment. Data collated by the CDHA show that numbers registered in buprenorphine treatment increased from 82 in July 2001 to 938 in June 2002. In 2002, the majority of

clients collected their doses from either public (36%) or private (34%) clinics. Only 14% of registered clients collected their doses from pharmacies and 8%, from correctional facilities.²

NSW Department of Health data (Figure 16) show that numbers enrolled in buprenorphine treatment have more than doubled since February 2002, from 609 to 1,304 in September 2002.

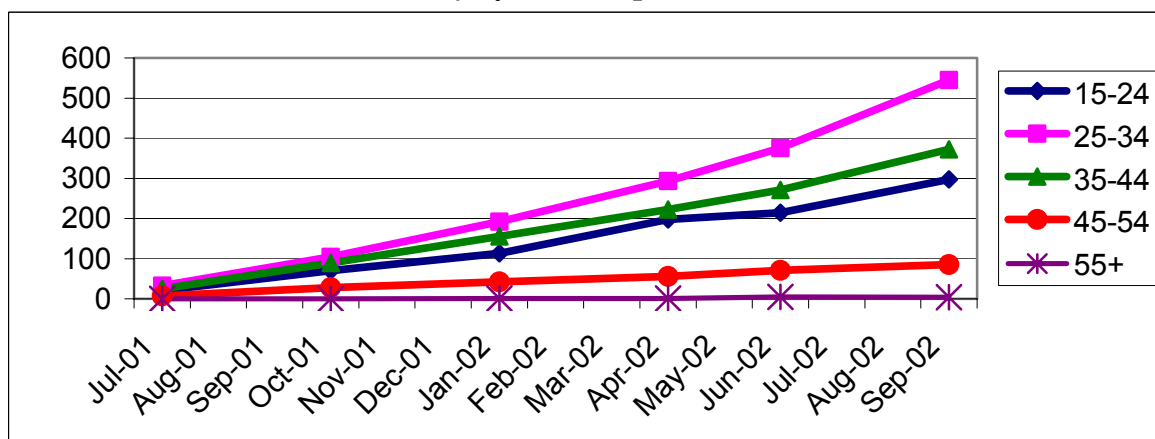
Figure 16: Total number of clients registered in buprenorphine treatment, July 2001 - September 2002



Source: Pharmaceutical Services Branch database, NSW Department of Health

Figure 17 shows an increase across all age groups registering for buprenorphine treatment, with the most evident increase occurring in the 25 to 34 age range. Numbers in this group increased from 33 in July 2001 to 545 in September 2002. This is consistent with the IDU data, in which the majority reporting buprenorphine treatment in the past six months were from the 26 to 34 year age group. The NSW Department of Health data also show that numbers remain low for the 45 to 54 year olds and those in the 55 plus group (only 4 were enrolled in buprenorphine treatment as at September 2002).

Figure 17: Number of clients registered in buprenorphine treatment by age group, July 2001 - September 2002



Source: Pharmaceutical Services Branch database, NSW Department of Health

² The remaining 7% unaccounted for were either missing data or data for which clients collected doses from 'dual' (i.e. public/private) clinics.

Combined with the data from methadone clients, it appears that younger clients are more likely to have entered buprenorphine treatment – for example, 15% of the total number of clients on MBT aged 15-24 years were enrolled in buprenorphine treatment, compared to 4% of those aged 45 and over.

4.7 Trends in Heroin Use

IDU commenting on general trends in heroin use reported that prevalence of use had increased in the preceding six months and that younger people were using. This has been reported by IDU as a general trend for several years previously in the IDRS. The overwhelming majority of IDU commenting reported that both frequency of heroin use and quantities used had increased in the past six months due to the poor quality of heroin.

Contrary to IDU reports, only one of the sixteen KIS commenting on heroin reported an increase in frequency of use in the past six months, while three reported it remained stable and three reported a decrease. Only two KIS reported that the quantity of heroin used had increased. It should be noted however, that many KIS reported uncertainty about their knowledge of both quantity and frequency of heroin use.

4.8 Summary of Heroin Trends

- The price of a gram of heroin has dropped however, it is still substantially higher than prices reported prior to the heroin shortage
- Heroin availability appears to be returning, but not to the levels reported prior to the shortage
- AFP median purity of heroin seizures in NSW has remained relatively stable at approximately 70%
- The majority (84%) of IDU thought that heroin was of low to medium purity, and a third thought purity had decreased in the preceding six months
- Prevalence and frequency of heroin use has increased, but not to levels reported prior to the shortage
- There has been a significant shift from cocaine as the nominated drug of choice in 2001 to heroin as the drug of choice in 2002
- Indicator data reflect the above patterns, with decreasing numbers of calls to drug and alcohol lines, to the NSW ambulance service for overdoses, smaller numbers of possession and use incidents, and fewer deaths of suspected drug users in which morphine is detected.

5 METHAMPHETAMINE

While the 2001 IDRS collected some data on crystal methamphetamine and methamphetamine base, this year represents the first time that a distinction has been made between the different forms of methamphetamine (methamphetamine powder, crystal methamphetamine and base methamphetamine) to collect more comprehensive data on the use, purity and availability of each of the forms.

This year, flashcards with colour photographs of the different forms of methamphetamine (Churchill and Topp, 2002) were also used to begin clarifying more precisely the characteristics of the different forms that are marketed as “speed”, “base”, and “crystal”. A copy of the flashcard is located at <http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins>, on the NDARC website. The results of this investigation are discussed below in the section “flashcard analysis”.

Methamphetamine Powder

Thirty four percent (54/158) of IDU commented on the price, purity and availability of methamphetamine powder or as it is more commonly known, ‘speed’. Ten KIS commented on price and availability of speed while fewer commented on purity.

Methamphetamine Base

Sixteen percent (26/158) of IDU and one KIS commented on the price, purity, and availability of methamphetamine base, commonly known in NSW as ‘base’.

Crystal Methamphetamine

Seventeen percent (27/158) of IDU commented on the price, purity and availability of crystal methamphetamine, more commonly known in NSW as ‘ice’. No KIS reported on ice as the main illicit drug used or manufactured/supplied.

5.1 Price

The median price of the last gram of speed purchased by IDU was \$100, the same as 2001 (Table 5). The most common amount of speed purchased was a half-gram (median price \$50, the same as 2001). Points were also a common purchase amount (\$50), while fewer IDU (n=7) purchased eightballs of speed compared with 2001 (11). The median price reported for an eightball increased from \$150 in 2001 to \$200 in 2002. Overall, the price of speed appears to have remained relatively stable between 2001 and 2002, and more than half the IDU (61%) reported such stability for the preceding six months. Nineteen percent thought that prices had increased while only 9% reported a decrease.

KIS reports on the price of speed are consistent with those of IDU. Points were estimated to be anywhere between \$50 and \$100 with a median of \$50, while grams were estimated to be between \$90 and \$120 (median \$105). The price of eightballs ranged from \$180 to \$250 (median \$180) and half grams ranged from \$35 to \$120 (median \$50). KIS thought that prices for speed had either remained stable or decreased. Only two KIS thought the price had increased.

The most commonly purchased amount of base was a point, and the median price reported by IDU was \$50 (the same price as 2001 - Table 5). It should be noted that the 2001 IDRS did not distinguish between base and ice). Grams and half grams were also purchased and the median prices reported were \$200 and \$75 respectively. Only one (law enforcement) KIS commented on base, and price

estimates were a little higher than IDU reports as reference was being made to the more pure forms of base confiscated in law enforcement seizures.

The most commonly purchased amount of ice was a point (\$50) (Table 5), and the price remained the same as 2001. Half grams (\$150) and grams (\$300) were also purchased. More than half (67%) of the IDU who commented on ice reported that the price had remained stable in the preceding six months. There were no KIS reports on the price of ice.

Table 5: Price of most recent methamphetamine purchases by IDU, 2002

Amount	Median price* \$	Number of purchasers
<i>Powder(speed)</i> Gram	100 (100)	15
Half gram	50 (50)	18 7
"Eightballs" (3.5 gms)	200 (150)	12
Point (0.1 gram)	50 (N/A)	
<i>Base/point/wax</i> Gram	200 75	9 6 13
Half gram	50 (50)	
Point		
<i>Ice/shabu/crystal</i> Gram	300	4
Half Gram		6
Point (0.1 gram)	150 50 (50)	13

Source: IDRS IDU interviews

* 2001 median prices in brackets (there was no differentiation between ice and base in the 2001 IDRS)

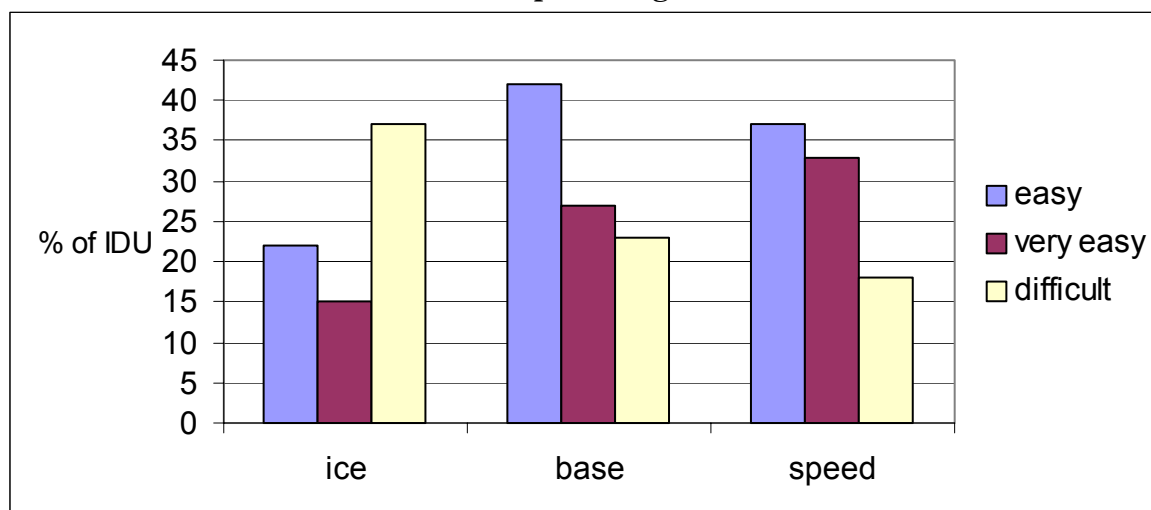
5.2 Availability

Among the IDU who commented on the availability of speed, 70% thought it ‘very easy’ (33%) or ‘easy’ (37%) to obtain (Figure 18). Sixty one percent thought that availability had remained stable in the preceding six months. In 2001 a larger proportion of the IDU sample (52%) thought speed was ‘very easy’ to obtain, while fewer (26%) thought it ‘easy’. Consistent with the 2002 IDU reports, the majority of KIS thought that speed was ‘easy’ to ‘very easy’ to obtain and that it had remained stable or become easier in the preceding six months.

Of the IDU who commented on the availability of base, 42% reported it was ‘easy’ and 26%, ‘very easy’ to obtain (Figure 18). Twenty three percent thought it ‘difficult.’ The majority (73%) reported that the availability of base had remained stable in the preceding six months.

More than half (59%) of the IDU who commented on ice reported that it was ‘difficult’ (37%) or ‘very difficult’ (22%) to obtain. Twenty two percent thought it was ‘easy’ while only 15% thought it ‘very easy’ (Figure 18). The majority (79%) of those commenting thought that the level of availability for ice had remained stable (52%) or become more difficult (22%).

Figure 18: Percentage of IDU reporting on availability of speed, base and ice in the preceding six months



Source: IDRS IDU interviews

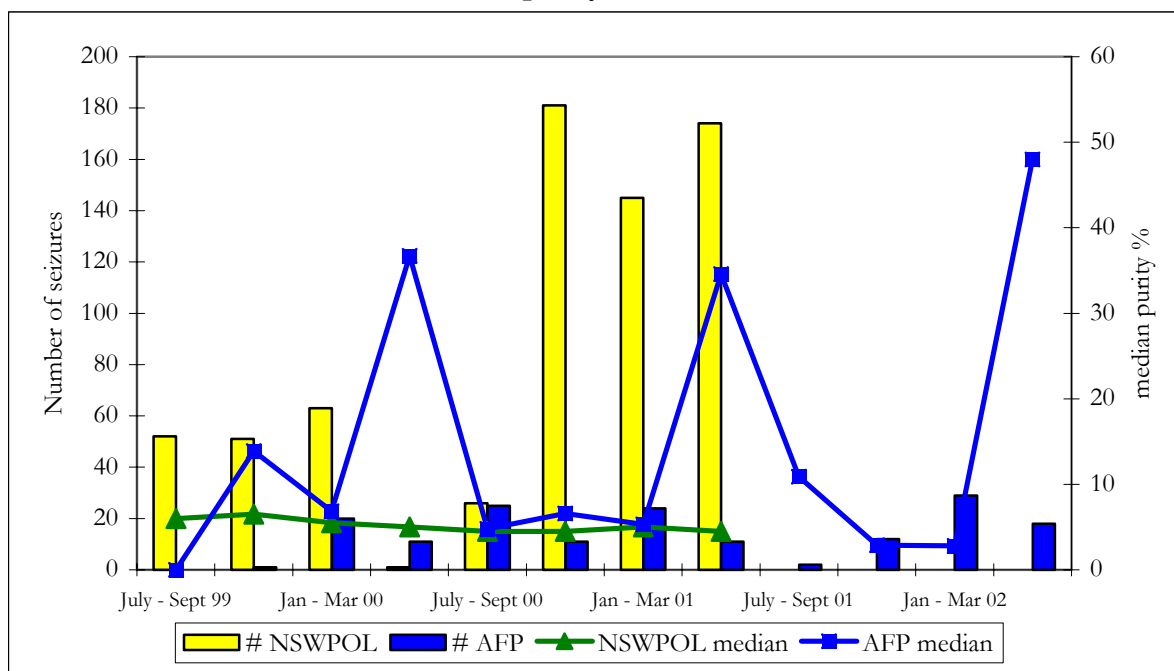
IDU predominantly bought speed from friends (22%), by contacting dealers on mobile phones (20%) and from dealer’s homes (19%). The median time that IDU reported it usually took them to score, and time taken the last time they scored speed was 20 minutes. Equal percentages (23%) of IDU commenting on base reported obtaining it from friends, dealer’s homes and street dealers. The median time that IDU reported it usually took them to score base was 20 minutes, and time taken the last time they scored was 25 minutes.

Equal percentages (22%) of IDU commenting on ice reported obtaining it from street dealers and dealer’s homes, while 19% bought it from friends and 15% by contacting dealers on a mobile phone. The median time that IDU reported it usually took them to score, and time taken the last time they scored ice was 15 minutes.

5.3 Purity

Figure 19 shows that the purity of analysed AFP seizures of methamphetamine in NSW is extremely variable, ranging from less than 10% purity up to 50% (these figures however, are based on small numbers of analysed seizures per quarter). Methamphetamine purity is dependent on many factors including the experience of those manufacturing it, the quality of precursor chemicals used during manufacture, and whether dilutents are added (ACC, 2003). In contrast to the number of AFP seizures, greater numbers of NSW Police seizures have been analysed and the median purity has been consistently low at less than 10% for the period July 1999 to June 2001 (NSW police seizure data for 2001/02 was not available at time of press). Amphetamine purity data are not presented here, as there were far fewer amphetamine seizures than methamphetamine during this period (ABCI, 2002), making meaningful analysis difficult.

Figure 19: Number of methamphetamine seizures analysed and median methamphetamine purity, 1999-2002



Source: Australian Crime Commission

In 2002, IDU who commented on speed thought it was 'medium' (43%) to 'high' (33%) in purity, and 50% considered that the purity had remained stable in the preceding six months. Only 14% of IDU thought speed purity was 'high' in 2001.

Four KIS commented on purity of speed; two believed it was 'low', one 'medium', and one 'high.' Consistent with IDU reports, KIS thought purity had remained stable or had increased in the preceding six months.

Half (50%) of the IDU commenting on base reported purity as 'high,' 19% thought it was 'low' and 15%, 'medium'. Forty six percent of these IDU reported that the purity level had remained stable in the preceding six months. In 2001, 81% of IDU who commented on ice/base considered the purity to be 'high' and only 5% described it as 'low'.

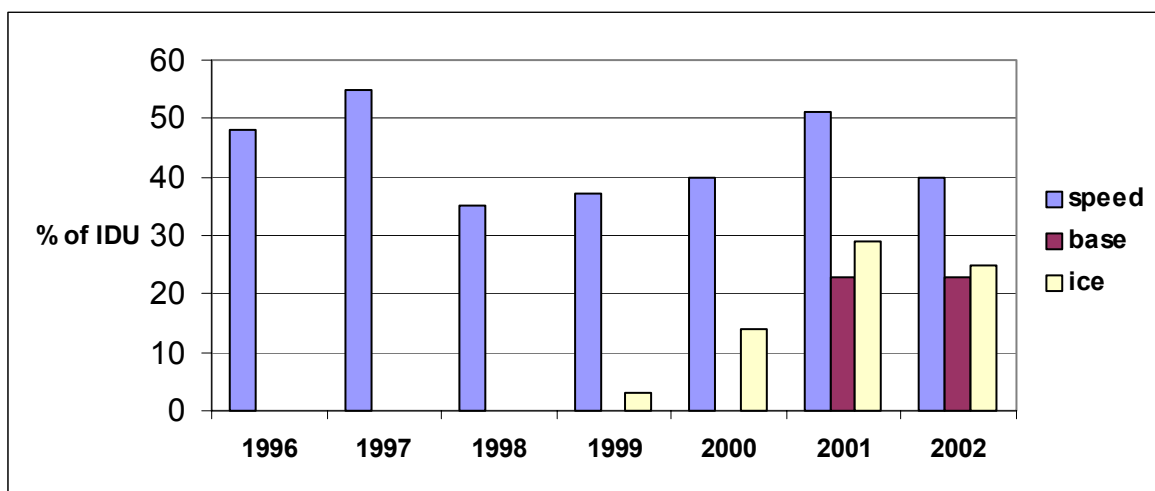
The majority (78%) of IDU commenting on ice thought it was of ‘medium’ (37%) to ‘high’ (41%) purity, and 41% considered that purity had remained stable in the preceding six months.

5.4 Use

5.4.1 Methamphetamine Use among IDU

Forty-eight percent of the IDU had used some form of methamphetamine (speed, base or ice) in the preceding six months, a proportion comparable to that of the 2001 IDRS (51%). Separating out the forms, 39% reported using speed, 23% reported using base and 25% reported using ice during this period. Figure 20 shows that the prevalence of speed use has decreased slightly while the prevalence of base and ice has remained relatively stable. Since 1999, the first year the IDRS collected data on ice, there has been a sustained increase in the prevalence of its use.

Figure 20: Proportion of IDU reporting methamphetamine use in past six months, 1996-2002



Source: IDRS IDU Interviews

Consistent with IDU reports, the majority of KIS reported that the prevalence of methamphetamine use, in particular speed, remained stable in the preceding six months. Three KIS provided reports of recent ice use among their clients, stating that small proportions are using it. Very few KIS made comments about the use of base among their clients.

5.4.2 Current Patterns of Methamphetamine Use

The median number of days on which speed had been used in the preceding six months was 6, while for base it was 7 and ice, 3. Only two IDU reported using speed on a daily basis, two IDU reported using base on every second day or more (i.e. on 90 days or more), and 3 reported using ice on 72 out of 180 days in the preceding six months.

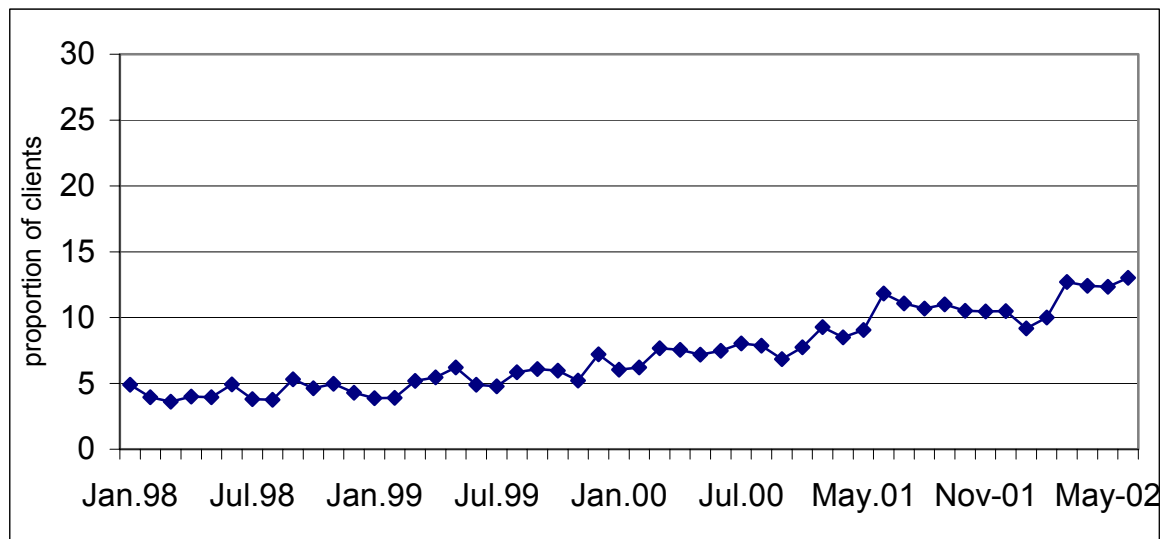
Consistent with IDU reports, KIS generally reported that methamphetamine users were more likely to engage in binge use than daily use. There were few KIS reports of daily methamphetamine use.

Twenty five percent of IDU stated that speed was the form of methamphetamine they had used most often in the preceding six months, 12% said base, and 11% said ice. Smaller percentages of IDU reported using amphetamine liquid (6%) and prescription amphetamines (6%) during this period.

KIS also reported that powder was the most predominant form of methamphetamine used. KIS reports of route of administration of methamphetamine were consistent with IDU reports (refer Table 3): use is mainly intravenous, with smaller proportions snorting and some swallowing (referred to by users as 'bombing').

Indicator data are also consistent with IDU reports of methamphetamine use. Figure 21 shows the proportion of NSP clients that reported amphetamines (this includes all forms of methamphetamine) as the last drug injected. While they make up a small proportion of this particular group of users, there has been a relatively steady increase in numbers over the last four years.

Figure 21: Proportion of NSP clients reporting amphetamines as the last drug injected, 1998 - 2002



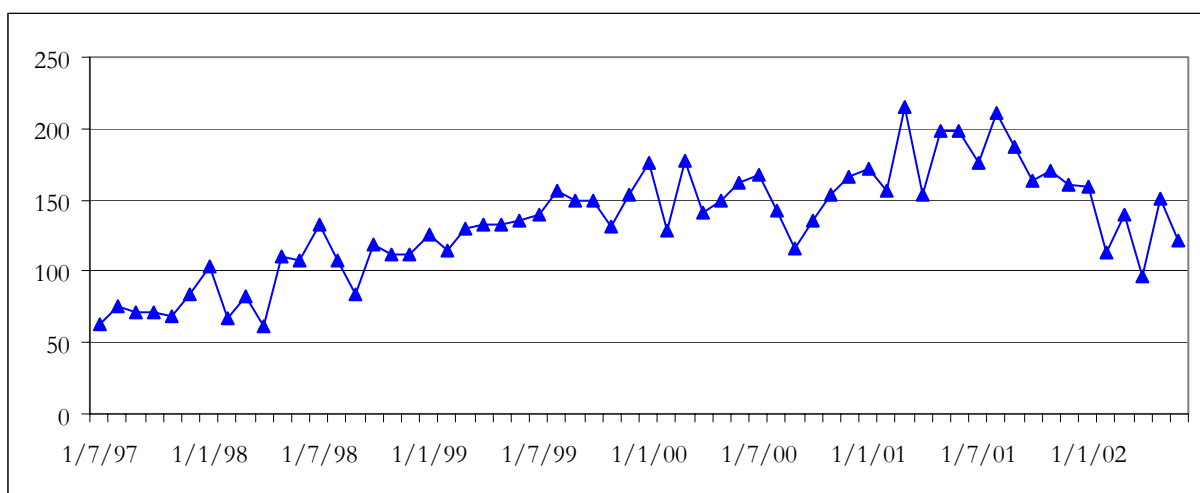
Source: Inner city needle exchange

5.5 Methamphetamine related harms

5.5.1 Law Enforcement

Figure 22 shows there were several sharp increases in the number of incidents recorded for possession/use of amphetamines early in 2001 (NSW Bureau of Crime Statistics and Research, 2002), during the peak of the heroin shortage. A similar pattern is also evident in the number of cocaine incidents for possession/use, with increases occurring in early 2001 (Figure 28), and not surprisingly, incidents for possession/use of heroin declined around this time (Figure 6, page 13).

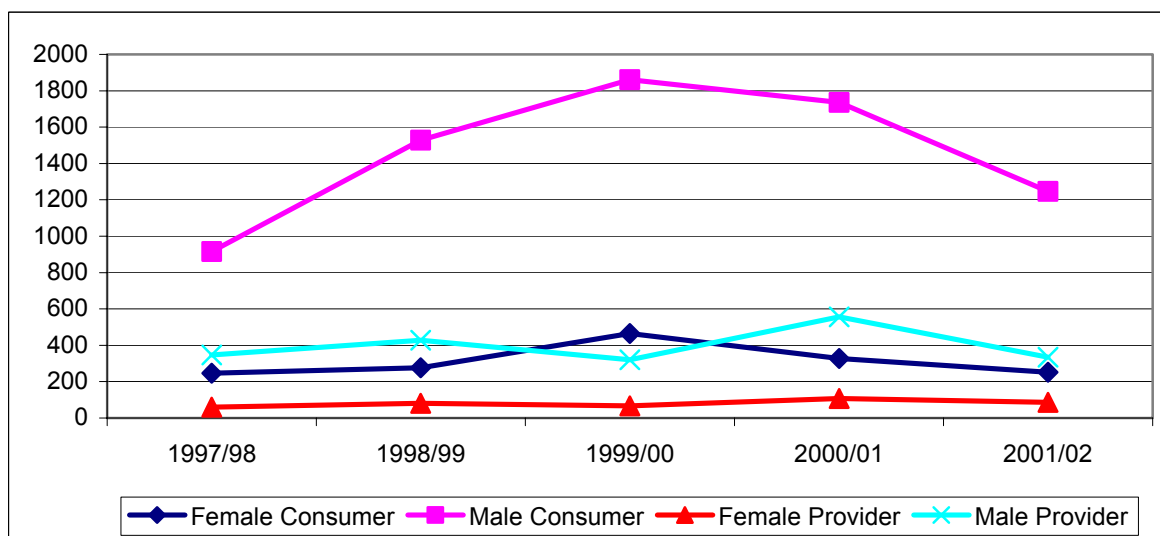
Figure 22: Number of police incidents recorded for amphetamine possession/use 1997 to 2002



Source: NSW Bureau of Crime Statistics and Research

Figure 23 shows that the number of males arrested for possession or use of amphetamines increased steadily from 915 in 1997/98 to 1,861 in 1999/00 (ACC, 2003). Figures have since dropped to 1,247 in 2001/02. There was a peak in both the number of males (556) and females (108) arrested for supply offences in 2000/01.

Figure 23: Number of arrests for amphetamines by gender, 1997- 2002

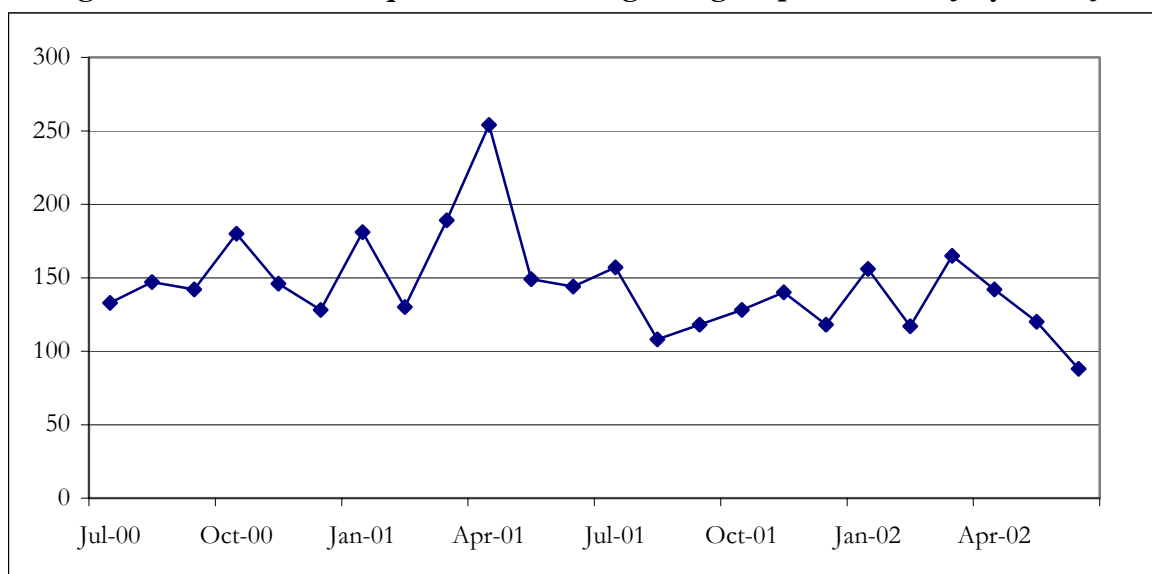


Source: Australian Crime Commission

5.5.2 Health

The number of calls to the ADIS (Figure 24) regarding amphetamines increased sharply between March and May 2001 during the height of the heroin shortage. While calls to ADIS have since decreased, they remained relatively stable at 100 to 150 calls per month for the first half of 2002.

Figure 24: Number of inquiries to ADIS regarding amphetamines, July 2000- June 2002



Source: Alcohol and Drug Information Service

While there were no major changes in drug-related health problems reported by IDU in the IDRS sample or KIS, three KIS reported an increase in drug-induced psychosis, two reported an increase in abscesses and infections from injecting, and three voiced concerns over methamphetamine users continuing to share injecting equipment, an issue that is addressed in greater detail in Section 10 ‘Associated Harms.’

5.6 Flashcard Analysis

Churchill and Topp (2002) grouped photographs into three categories, which they hypothesised *a priori* to correspond to the three types of methamphetamine. Category A types were thought to represent speed, category B represented base, and category C represented ice. Those participants who reported using speed, base or ice were shown a flashcard containing photos from the three categories, and asked to identify the picture(s) that resembled what they had used. There were a number of pictures in each category, and participants could nominate any number of photos from any category. In the sections that follow, the most commonly identified pictures are shown.

Table 6 shows the reports from users of each of the forms of methamphetamine. Only those persons who reported use in the past 6 months are included in the table. For each form of methamphetamine, those who reported *any* use within the past 6 months, and those who reported *primarily* using each form, are presented. Notably, numbers reporting *primarily* using base and *primarily* using ice are small, so the results should be interpreted with caution.

5.6.1 Speed

Of the participants who had used speed in the last six months, the majority (86%) identified pictures from the A class photographs (Table 6). Half of the participants reported A1, and around one third identified samples from A2 (34%). Only 16% identified pictures from the B class photographs, and 14% identified pictures from the C class photographs.

Table 6: Reports from speed, base and ice users regarding the form of these drugs

	Speed		Base		Ice	
	Any ¹ N = 62	Primary form used ² N=39	Any ¹ N = 36	Primary form used ² N=19	Any ¹ N = 39	Primary form used ² N=17
% any A	86	82	22	-	3	5
% any B	16	-	70	53	8	5
% any C	14	2	24	21	90	76

Note that percentages are not additive as persons could nominate more than one picture.

Note that percentages do not add to 100 due to missing data.

Source: IDRS IDU interviews

When asked about which form of methamphetamine they had primarily used in the preceding six months, participants were again asked to identify which picture resembled that form.

Among participants who had primarily used speed in the preceding six months (n=39), 82% identified pictures from the A class, with A1 and A2 being the most identified photographs (31% each). None of the B class photographs were identified and only one participant identified pictures from the C class photographs.

A Class photographs

A1



A2



A3



A4



5.6.2 Base

Of the participants who had used base in the last six months, three quarters (70%) identified pictures from the B class photographs as resembling the base they had used. Within that category, B3 was the photograph most identified (34%), followed by B6 (17%). Notably, significant proportions identified samples from photographs in the C class (24%) and A class (22%), suggesting that base was less clearly identified as being from the one category of methamphetamine types.

Among participants who had primarily used base in the last six months (N=19), half of them (53%) identified pictures from the B class, with B3 being the most identified photograph (32%). While these percentages are based on small numbers, findings are consistent with those of participants who had used base in the last six months. None of the A class photographs were identified, while 21% identified pictures from the C Class photographs.

B Class Photographs (most identified)

B3



B6



5.6.3 Ice/crystal meth

Of the participants who had used ice in the last six months, the overwhelming majority (90%) identified pictures from the C class photographs as resembling the ice they had used. Within that category, C2 was the photograph most identified (69%), and a third (31%) identified C1. Only three participants (8%) identified pictures from the B class photographs and one person (3%) identified a photograph from the A class.

Among participants who had primarily used ice in the last six months (N=17), three quarters (76%) identified pictures from the C class photographs, with C2 being the most identified photograph (35%). Again, these figures are based on small numbers, however findings are consistent with those of participants who had used ice in the last six months.

C Class Photographs (most identified)

C1



C2



5.6.4 Summary

This analysis provides empirical support for the methamphetamine categories ascribed by Churchill and Topp (2002). As they hypothesised, the majority of speed users identified pictures from the A class photographs, and the majority of ice users identified C class photographs. There was greater ambiguity among base users with respect to its visual identification, with significant numbers identifying pictures from both the A class and C class photographs. This may be indicative of suppliers' use of the term "base" for a variety of forms of methamphetamine, and perhaps of the use of this term for methamphetamine products that may not be easily characterised as either powder ("speed") or crystal ("ice") methamphetamine.

5.7 Trends in Methamphetamine Use

The 2001 IDRS documented a strong trend of reports from IDU regarding a shift to the more potent forms of methamphetamine - base and ice - however few such reports were documented in 2002. Last year's trend may, in part, be attributable to the heroin shortage, during which many IDU moved from heroin to other drugs including cocaine and methamphetamine. The absence of such a trend this year is reflected in KIS reports that they have heard little about base or ice in the past twelve months and IDU reports of availability of ice and base. The majority of IDU commenting reported that ice was 'difficult' (37%) or 'very difficult' (22%) to obtain and 23% of IDU commenting thought base was 'difficult' to obtain.

Despite the reduced availability of both base and ice, KIS reports of increased incidence of drug-induced psychosis among methamphetamine users continues to be of concern.

5.8 Summary of Methamphetamine Trends

- Prices have remained relatively stable over time for all three forms of methamphetamine
- Speed remains readily available, while base and ice are more difficult to obtain
- The purity of analysed AFP and NSW Police seizures of methamphetamine has remained relatively low over time and has not exceeded 50%
- In contrast to police purity data, the majority of IDU thought that base and ice was of 'medium' to 'high' purity
- Prevalence of methamphetamine use remains relatively stable in comparison with 2001, however the use of ice has increased since 1999 when data was first collected.
- Frequency of methamphetamine use appears to be sporadic, and the majority of KIS report that users tend to engage in 'binge' rather than daily use. IDU reports are consistent with KIS reports, with only two reporting daily use of speed
- Indicator data closely mirror the trends occurring in cocaine data, with an increase in number of calls to the ADIS regarding amphetamines occurs at the height of the heroin shortage, and in conjunction with decreases in the number of calls regarding heroin, and increases in calls regarding cocaine.
- Speed continues to be the most predominant form of methamphetamine used
- Despite the prevalence of methamphetamine use remaining stable, KIS continue to report concerns about the incidence of drug-induced psychosis, abscesses and infections from injecting, and the continued sharing of injecting equipment among methamphetamine users

6 COCAINE

Seventy five percent (118/158) of IDU commented on the price, purity and availability of cocaine. Nine KIS commented on the availability and purity of cocaine while fewer commented on price.

6.1 Price

The median price of the most recent purchase by IDU of a gram of cocaine was \$200, a half gram was \$100 and a quarter gram, \$50 (Table 7). There was no difference in the median reported price of a gram of cocaine in south-western Sydney compared with the inner city. The price of the most recently purchased cap of cocaine was \$50. The only purchase amount that increased in 2002 was a quarter gram, up by \$20 from 2001. IDRS data collected in NSW since 1998 has shown the price of cocaine has remained stable, and 67% of IDU in the 2002 IDRS reported stable prices for the six months preceding interview. Caps continued to be the most commonly reported purchase amount followed by grams and half grams (Table 7).

Table 7: Price of most recent cocaine purchases by IDU, 2002

Amount	Median price* \$	Number of purchasers
Gram	200 (200)	39
Cap	50 (50)	84
Half gram	100 (100)	33
Quarter gram	70 (50)	12

Source: IDRS IDU interviews

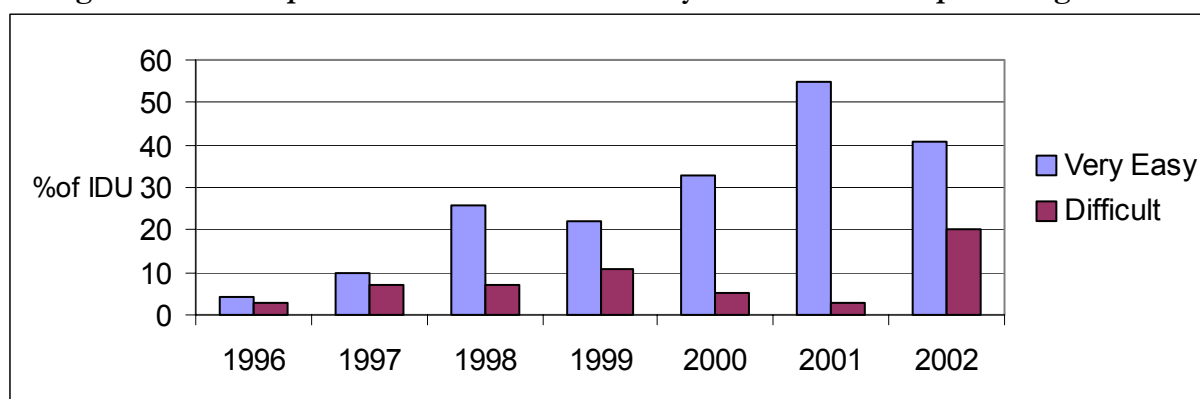
* 2001 median prices in brackets

Only a few KIS reported on the price of cocaine, and prices were consistent with IDU reports. KIS felt that the price of cocaine had either remained stable or increased in the preceding six months.

6.2 Availability

The majority (74%) of IDU who commented on cocaine reported that it was 'easy' (33%) to 'very easy' (41%) to obtain, figures comparable to those reported in 2001 (Figure 25). Twenty percent thought it 'difficult' to obtain, representing an increase from 3% who thought so in 2001. Again, the majority (64%) of those commenting on cocaine reported that availability had remained stable in the preceding six months however, 25% thought it had become more difficult to obtain.

Figure 25: IDU reports of the ease of availability of cocaine in the preceding six months



Source: IDRS IDU Interviews

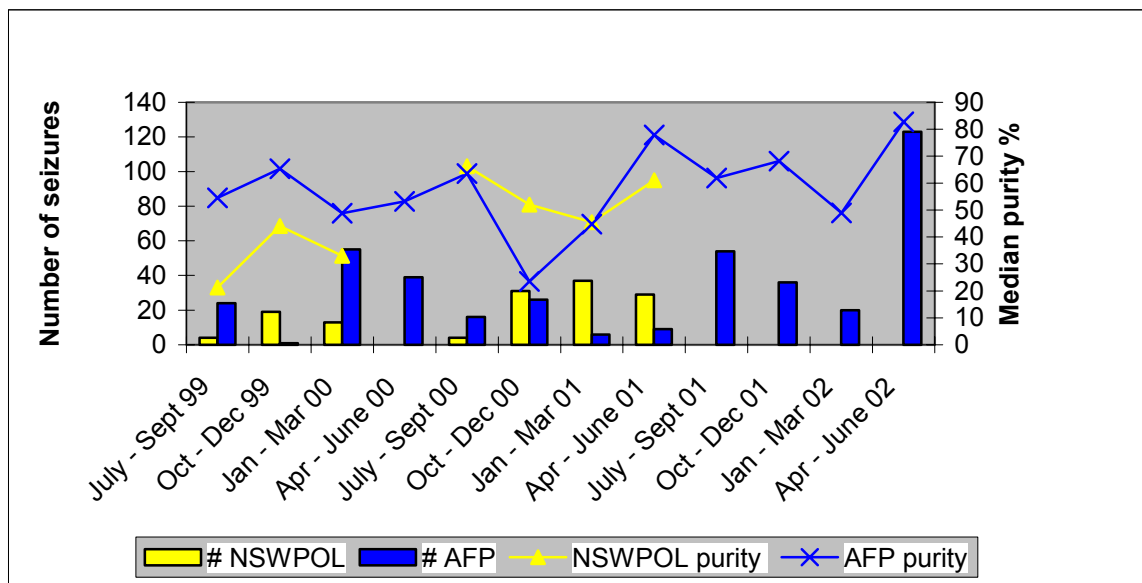
IDU predominantly purchased cocaine through contacting dealers on a mobile phone (38%) and from street dealers (36%). Thirteen percent purchased cocaine from a dealer's home. The median time IDU reported it usually took them to score cocaine was 12.5 minutes, and time taken the last time they scored was 11 minutes.

The majority of KIS reported that cocaine was 'difficult' to obtain and that availability had become more difficult in the preceding six months. These reports were consistent with those of a quarter of IDU who thought cocaine was 'difficult' to obtain and had become more so during this period.

6.3 Purity

Figure 26 shows that the purity of (analysed) AFP cocaine seizures in NSW was approximately 80% in the June 2002 quarter (ACC, 2003). A sharp decline in purity is evident in the September 2000 quarter from 60% to 23% in December 2000, the same time that the purity of AFP heroin seizures declined (Figure 4). Since June 2001, cocaine purity has fluctuated between 50 and 80%, with the June 2002 quarter recording relatively high (80%) purity. In 1999, purity of (analysed) NSW Police seizures (20%) was much lower than AFP seizures (80%) however, those (NSW Police seizures) analysed in 2000 and 2001 (2001/02 NSW Police purity data was not available at the time of press) had a higher median purity, at approximately 60%. Once again, purity figures should be interpreted with caution as some are based on very small numbers of seizures, and are not representative of all cocaine seizures in NSW (ACC, 2003).

Figure 26: Number of cocaine seizures analysed and median cocaine purity, 1999-2002



Source: Australian Crime Commission

More than half (52%) the IDU commenting on cocaine reported purity as being 'low', and 32% reported purity as 'medium'. Only 10% considered cocaine purity to be 'high'. These findings are in contrast to the 2001 IDRS in which IDU reported that cocaine was of 'medium' (43%) to 'high' (30%) purity. Consistent with this downward trend, 47% of the 2002 IDU thought purity had decreased in the preceding six months, 31% thought purity had remained stable, and 11% thought it fluctuated. Only 3% thought it had increased. The majority of KIS believed that cocaine was of 'low' purity and that purity had decreased in the preceding six months.

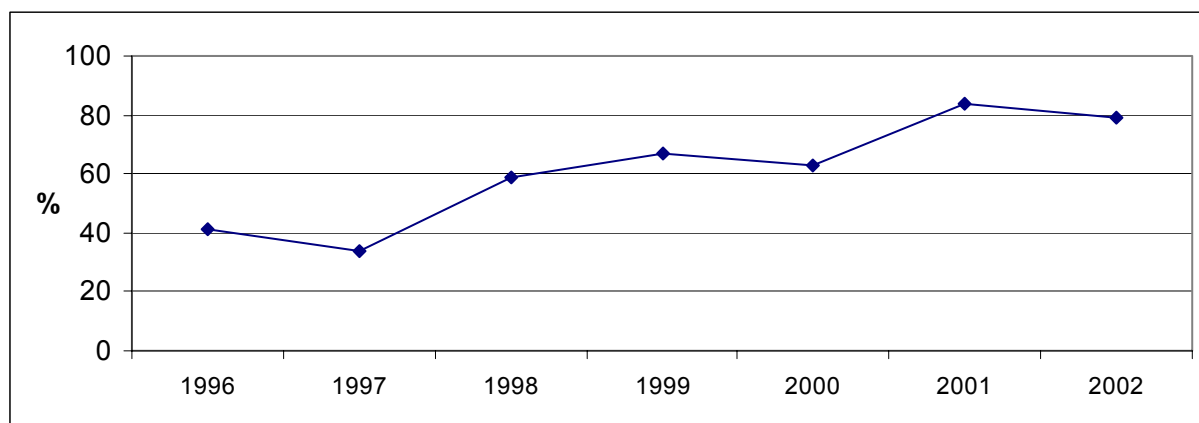
6.4 Use

6.4.1 Cocaine Use among IDU

The proportion of IDU reporting cocaine use in the preceding six months dropped slightly from 84% in 2001 to 79% in 2002, however this proportion is still larger than previous years of the IDRS (Figure 27). There was a substantial decrease in the proportion of IDU reporting cocaine as the last drug injected (from 37% in 2001 to 16% in 2002), and that cocaine was the drug most often injected in the last month (34% in 2001 to 17% in 2002). This represents a significant shift (between 2001 and 2002) from cocaine use in the month preceding interview to heroin ($\chi^2=7.814$, $df=3$, $p<.01$).

KIS also reported a decrease in the prevalence of cocaine use, with several commenting on the shift among IDU from cocaine back to heroin.

Figure 27: Proportion of IDU reporting cocaine use in the preceding six months, 1996-2002



Source: IDRS IDU interviews

6.4.2 Current Patterns of Cocaine Use

Frequency of cocaine use among IDU decreased in 2002, with the median number of days in the preceding six months dropping from 90 days in 2001 to 24 days in 2002. Only 10% of IDU (13% of cocaine users) reported daily cocaine use in the preceding six months compared with 29% of IDU (34% of cocaine users) in 2001. Sixteen percent reported cocaine use on the day prior to interview compared with 48% in 2001.

Once again KIS reports were consistent with those of IDU, with the majority reporting a decrease in both frequency and quantity of cocaine use.

As previously documented in the IDRS, the majority (97%) of IDU reported that cocaine powder was the form used most often in the preceding six months. While 7% (n=12) of respondents reported recent use of crack cocaine, it is unclear whether they were referring to real crack cocaine (i.e. smokeable crystals) (Topp et al, 2002), as only a third of this group (n=4) reported smoking as a route of administration. Crack cocaine, a rocky crystalline substance created by heating cocaine hydrochloride to remove its hydrochloride base, is only bioavailable when smoked. Continued monitoring is required to ascertain whether crack cocaine is available and being used in NSW. There were no reported seizures of crack cocaine in Australia in 2001/02 (ACC, 2003).

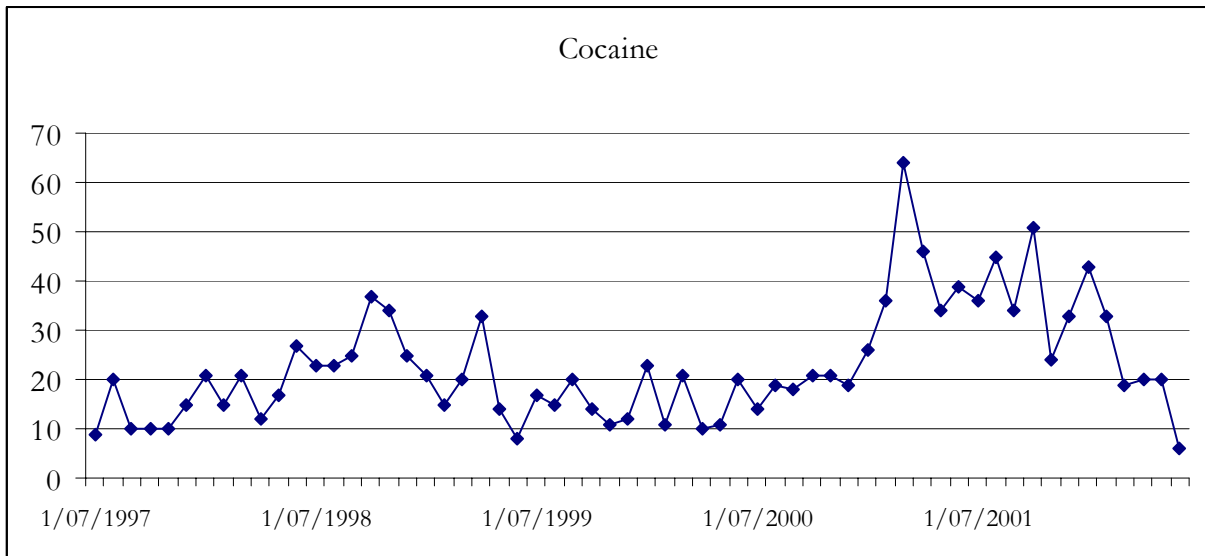
Law enforcement KIS reported powder as the only form of cocaine they had heard about, with no documentation of crack cocaine being imported into Australia. They also reported that there is some confusion among IDU about crack cocaine. All other KIS reported cocaine powder as the form predominantly used although one KIS did report that a couple of clients were converting cocaine powder into crack.

6.5 Cocaine related harms

6.5.1 Law Enforcement

Figure 28 shows that the number of incidents recorded for cocaine possession/use peaked at 64 in March 2001 and remained high throughout the year. Figures have since declined in 2002 (NSW Bureau of Crime Statistics and Research, 2002).

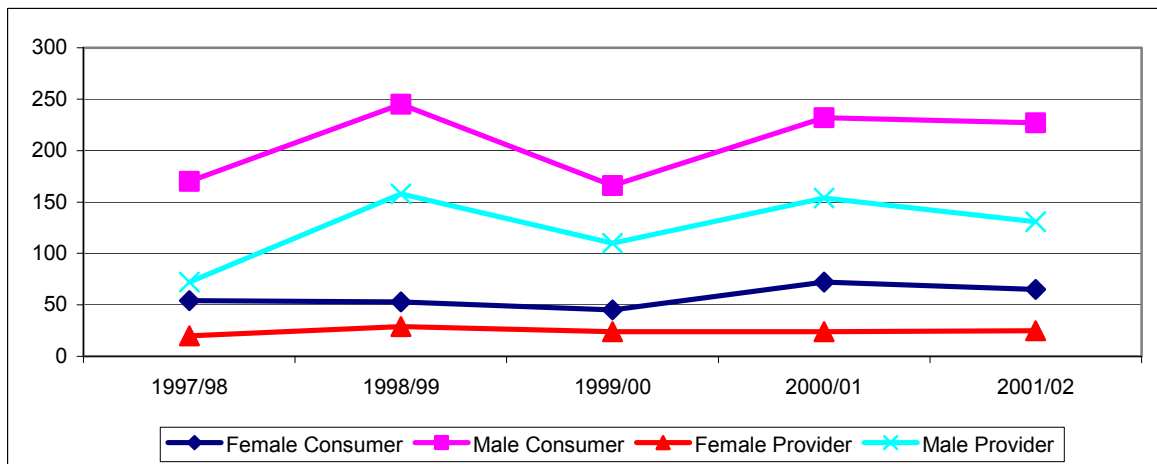
Figure 28: Number of recorded police incidents recorded for cocaine possession/use, 1997 - 2002



Source: NSW Bureau of Crime Statistics and Research

A similar trend is also evident in Figure 29, which shows the number of arrests for cocaine. There was an increase in the number of males arrested for use or possession (from 166 in 1999/00 to 232 in 2000/01), and the number of females arrested for possession and use (from 45 in 1999/00 to 72 in 2000/01) (ACC, 2003).

Figure 29: number of arrests for cocaine by gender, 1997 - 2002

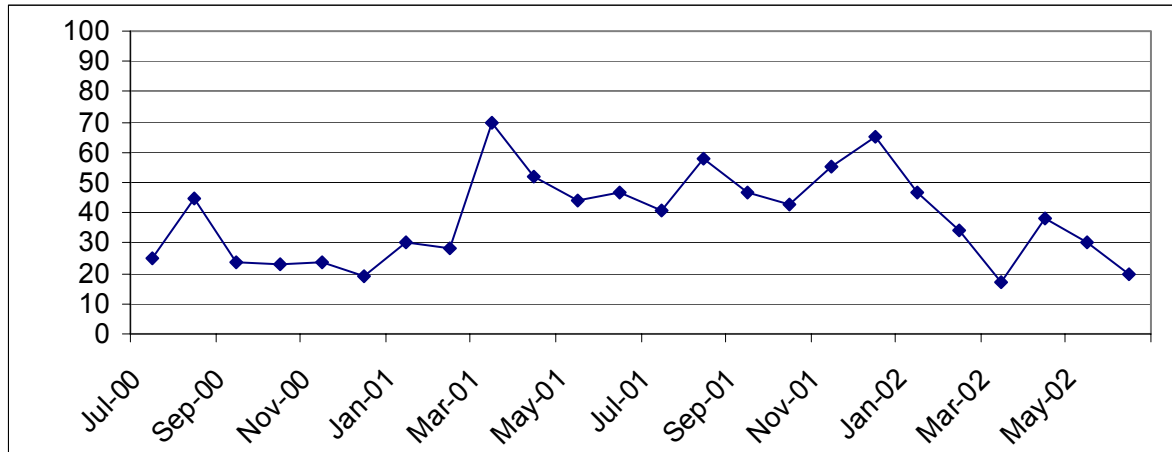


Source: Australian Crime Commission

6.5.2 Health

Figure 30 shows the number of calls the ADIS received regarding cocaine for the period July 2000 to June 2002. Calls peaked in March 2001 (during the height of the heroin shortage) at 70 calls per month and remained higher than 200 levels throughout 2001. Since January 2002, there has been a downward trend in monthly calls, and in June 2002 numbers returned to levels recorded prior to the heroin shortage.

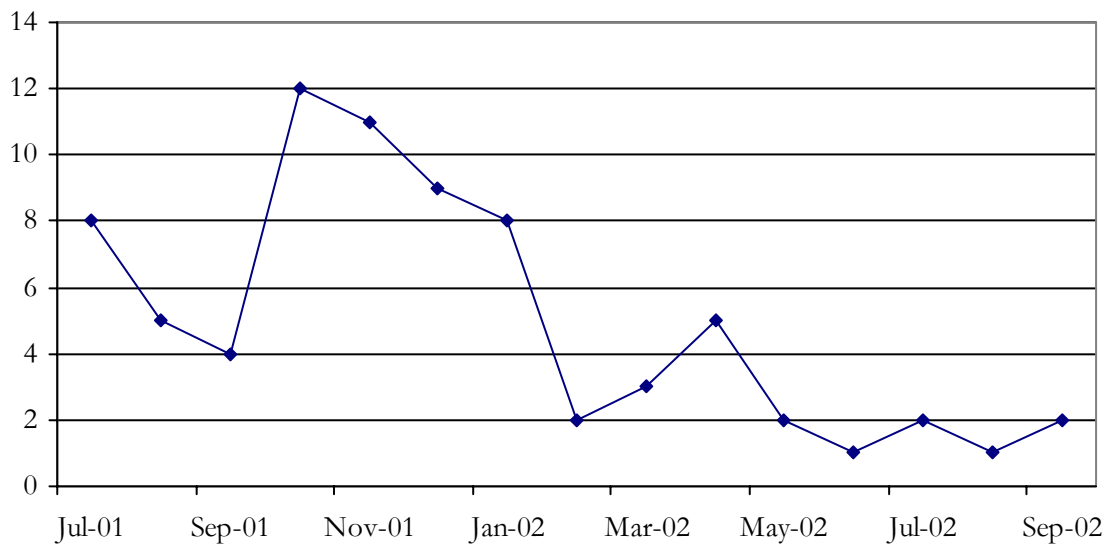
Figure 30: Number of inquiries to ADIS regarding cocaine, July 2000 - June 2002



Source: Alcohol and Drug Information Service

Figure 31 shows a decline in the number of cocaine-related visits to NSW emergency departments from 12 per month in October 2001 to 2 per month in February 2002, and figures have remained low throughout 2002 (NSW Department of Health).

Figure 31: Cocaine related presentations to NSW emergency departments, July 2001-September 2002



Source: NSW Department of Health

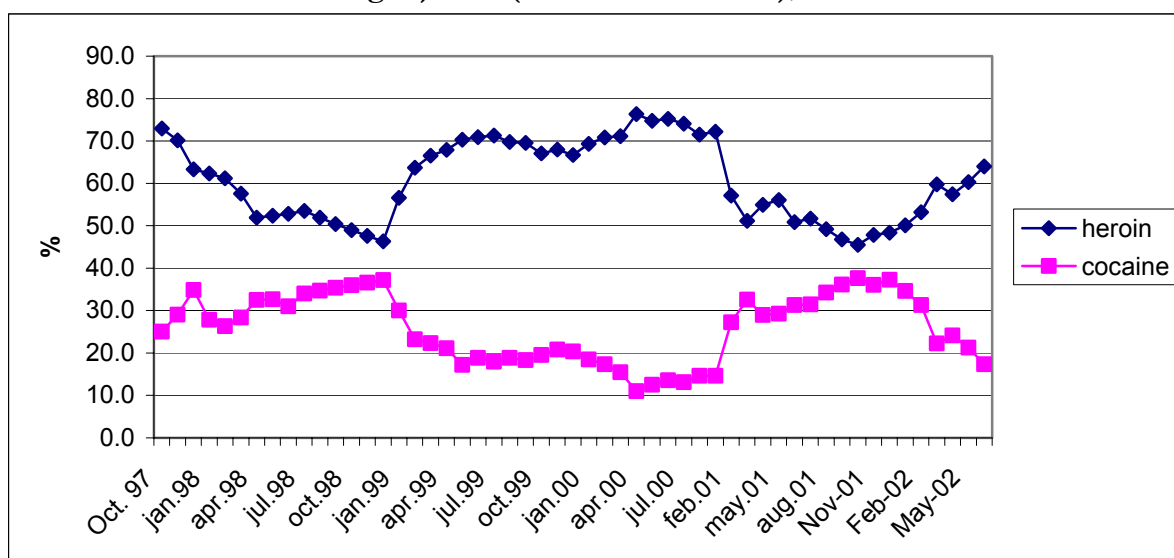
The majority of KIS reported that concomitant with a decrease in the frequency of cocaine use, there was a decrease in health problems associated with cocaine use. In particular KIS reported fewer clients presenting with drug induced psychosis and violent or aggressive behaviour.

6.6 Trends in Cocaine Use

A small proportion of IDU reported that cocaine use was still widespread even after the return of heroin availability, and this trend is apparent in the prevalence levels of cocaine use, which remained relatively stable from 2001 to 2002. However, frequency of cocaine use appears to have decreased, with the median number of days used in the preceding six months dropping from 90 days in 2001 to 24 days in 2002.

Consistent with reports in the 2001 IDRS that many existing heroin users transferred to injecting cocaine, an inner city needle exchange service documented a close relationship between cocaine and heroin use among their clients. Figure 32 shows that where an increase is documented in reports of cocaine as the last drug injected, there is a concomitant decrease in heroin. Also apparent is the increase in the proportion of IDU reporting heroin as the last drug injected in January 2002 (suggesting a return in heroin availability), as the proportion reporting cocaine starts to decrease.

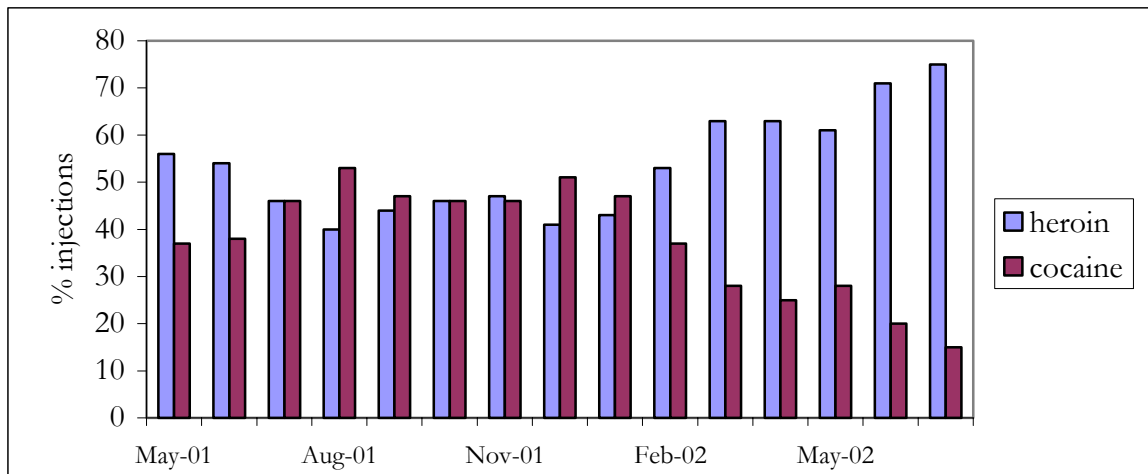
Figure 32: Proportion of respondents attending an inner city needle exchange reporting last drug injected (heroin and cocaine), 1997 - 2002



Source: Inner city needle exchange

Likewise, data from the Medically Supervised Injecting Centre (MSIC) in Kings Cross (Figure 33) show that the proportion of visits per month in which heroin was injected increased from 43% in January 2002 to 75% in July 2002, while cocaine injections dropped from 47% in January to 15% in July 2002 (MSIC, 2002).

Figure 33: Proportion of MSIC visits where cocaine or heroin was injected, 2001-2002



Source: Medically Supervised Injecting Centre

6.7 Summary of Cocaine Trends

- The price of cocaine has remained stable since 1998
- Cocaine was not as readily available in 2002, with 20% of IDU reporting it was 'difficult' to obtain
- The purity of analysed AFP seizures in NSW was relatively high (80%) in June 2002
- The majority of IDU reported that cocaine was of low (52%) to medium (32%) purity and a third felt that purity had remained stable in the preceding six months
- There has been a significant shift from cocaine use back to heroin
- Frequency of cocaine use has not been sustained at 2001 IDRS levels although prevalence of use remains stable
- Indicator and KIS data reflect these patterns, with fewer calls to drug and alcohol services, fewer recorded incidents of possession and use, and fewer clients presenting with drug-related health problems
- The use of crack cocaine, if it occurs, remains very rare

7 CANNABIS

7.1 Price

The median prices for the most recent purchase of an ounce of cannabis (\$300), a half-ounce (\$160), and a quarter ounce (\$90) all decreased slightly from 2001 prices (Table 8). The median price for an ounce of cannabis has steadily decreased from \$400 in 1996 to \$300 in 2002 (Figure 34), while the price for a gram has remained stable at \$20 since 1998. As in previous years, grams and quarter ounces were the most common purchase quantities among IDU. Twenty IDU reported buying ‘sticks’ at a median price of \$20 however, it remains unclear what amount of cannabis constitutes a ‘stick’. The majority (82%) of IDU who commented on cannabis thought that the price had remained stable in the preceding six months. Despite the apparent decrease in cannabis prices since the 2001 IDRS, only 5% of IDU thought that prices had decreased in the preceding six months.

Table 8: Price of most recent cannabis purchases by IDU, 2002

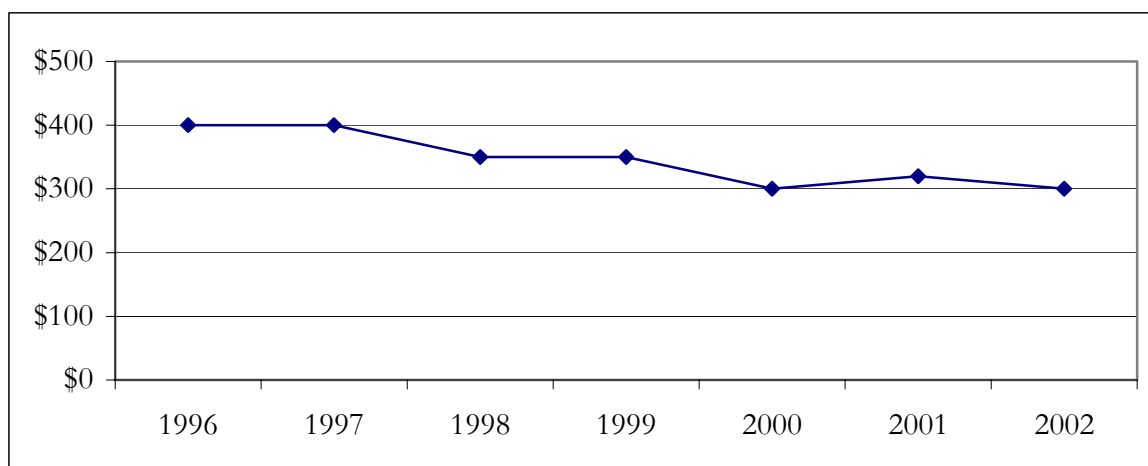
Amount	Median price* (\$)	Number of purchasers
Ounce	300 (320)	8
Half ounce	160 (180)	9
Quarter ounce	90 (100)	31
Gram	20 (20)	43

Source: IDRS IDU Interviews 2002

**2001 median prices are in brackets*

KIS estimates of the price of 20 grams of cannabis were consistent with IDU reports, and ounces were estimated to be between \$300 and \$500, the median being \$330. Also consistent with IDU reports, the majority of KIS reported that cannabis prices had remained stable.

Figure 34: Median price of an ounce of cannabis estimated from IDU purchases, 1996-2002



Source: IDRS IDU Interviews

One of the shortcomings of this price data is that there is no differentiation made between the price for hydroponic (indoor cultivated) cannabis and the price for leaf (outdoor cultivated cannabis), and prices for each are likely to vary greatly. This issue will be addressed in the 2003 IDRS as data will be collected on whether IDU are referring to indoor or outdoor cultivated cannabis.

7.2 Availability

As in previous years the overwhelming majority (94%) of IDU commenting on cannabis thought it 'easy' to 'very easy' to obtain, with 86% reporting that availability had remained stable in the preceding six months. IDU purchased cannabis predominantly from street dealers (28%), dealer's homes (21%), mobile dealers (21%) or friends (16%). The median time that IDU reported it usually took them to score, and time taken last time they scored cannabis was 10 minutes.

The overwhelming majority of KIS also reported that cannabis was 'very easy' to obtain and that availability had remained stable.

7.3 Potency

The majority (78%) of IDU commenting on cannabis regarded it as being of 'high' potency. Seventeen percent thought the potency level was 'medium' and only 2% thought it was 'low'. Eighty two percent thought the potency level had remained stable in the preceding six months. KIS reports were consistent with those of IDU; potency was reported as 'high' and stable.

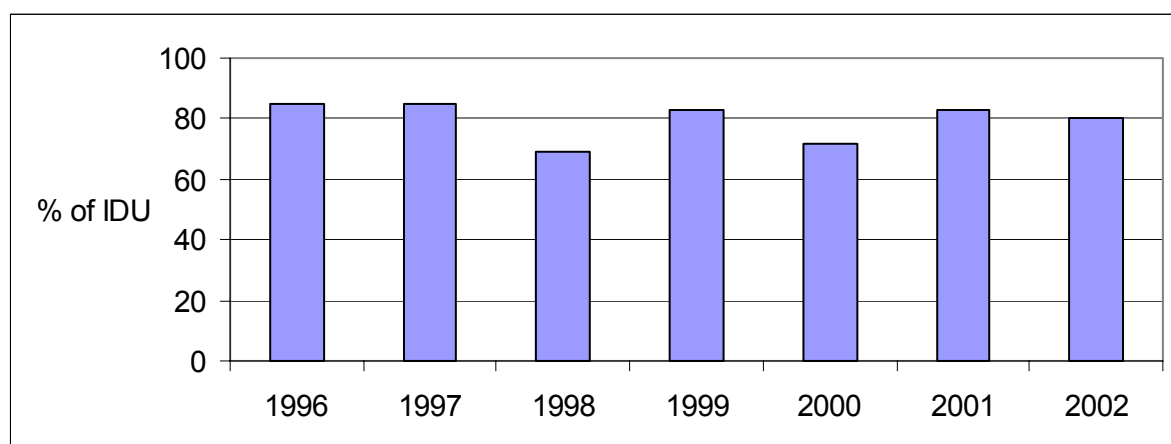
7.4 Use

7.4.1 Cannabis Use among IDU

There was little change in the prevalence of cannabis use among IDU in 2002 compared to 2001. Ninety seven percent of the sample had ever used cannabis and 80% had used it in the last six months, compared to 83% in 2001 (Figure 35). Prevalence has remained stable in NSW since the inception of the IDRS in 1996.

KIS were divided on the issue of the prevalence of cannabis use, with half reporting stable prevalence rates, and the other half, an increase. Among the KIS who reported an increase, two reported that users were getting younger, and one reported a significant increase in problematic cannabis use.

Figure 35: Proportion of IDU reporting cannabis use in the preceding six months, 1996 - 2002



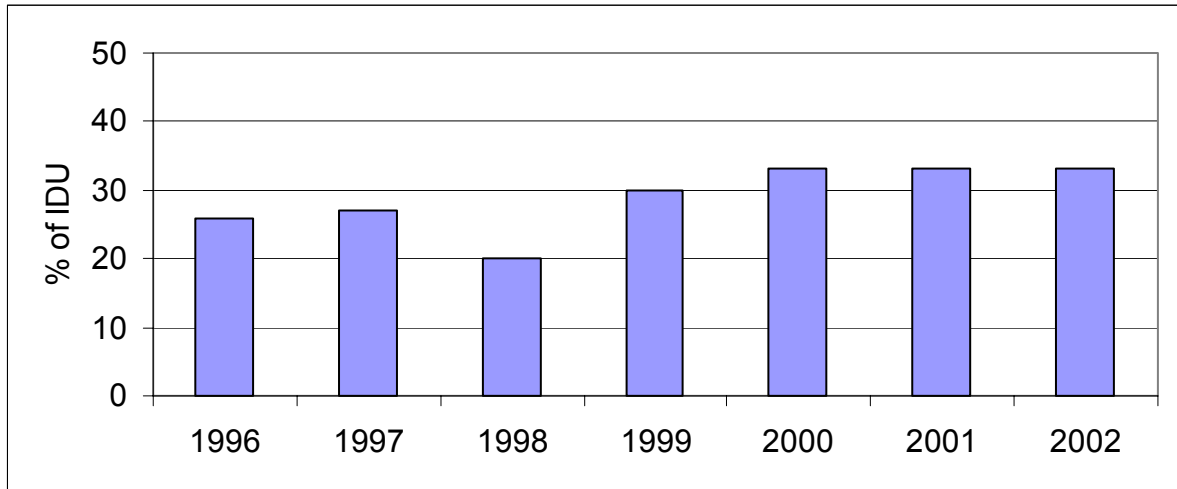
Source: IDRS IDU Interviews

7.4.2 Current Patterns of Cannabis Use

Ninety five percent of IDU who had used cannabis in the preceding six months reported using hydroponically grown 'heads' and 88% reported 'heads' as the primary form used. Sixty eight percent of cannabis users reported using outdoor cultivated cannabis ('leaf') and 11% stated that this was the main form of cannabis used in the preceding six months. Eighteen percent of cannabis users reported the use of hash (representing a decrease from a third in 2001), however none reported hash as the predominant form used. Six percent of cannabis users reported using hash oil and again, none reported it as the predominant form used.

The majority of KIS also reported hydroponic cannabis as the main form used. Figure 36 shows that there has been little change over time in frequency of cannabis use among IDU, with 33% reporting daily use in the preceding six months (the same figure as 2001).

Figure 36: Proportion of IDU reporting daily cannabis use in preceding six months, 1996 - 2002



Source: IDRS IDU Interviews

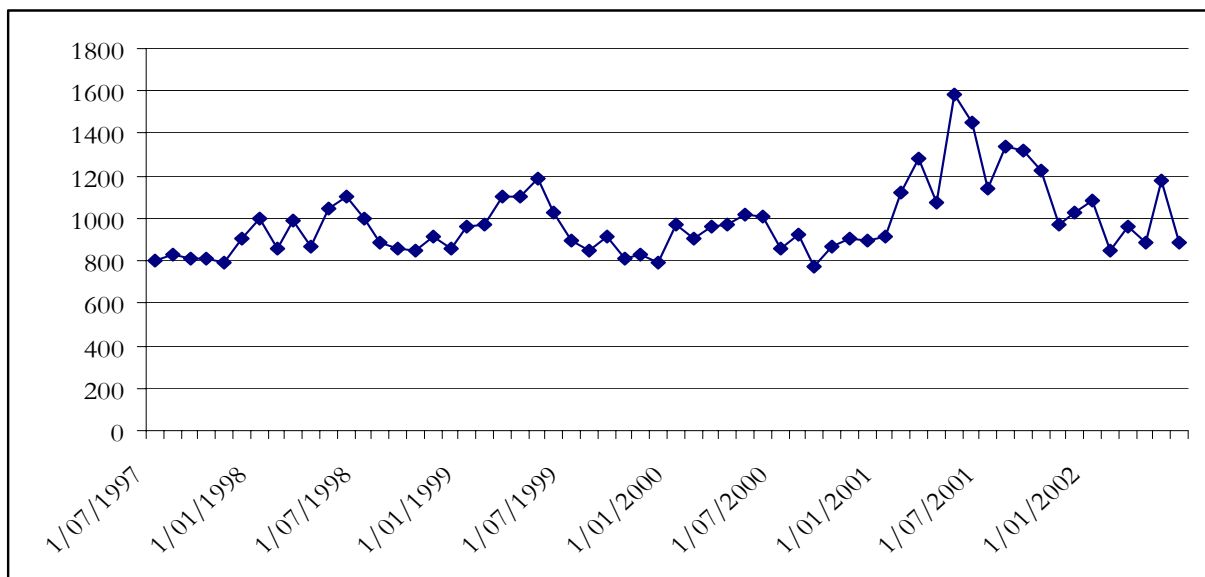
KIS reports differ from those of IDU, with the majority reporting daily, heavy and sustained use of cannabis. This is not surprising, given that many of the KIS were treatment workers reporting on clients whose primary drug of choice is cannabis. Accordingly, it is a slightly different group than the IDRS IDU.

7.5 Cannabis related harms

7.5.1 Law Enforcement

Figure 37 shows that there was an increase in the number of police incidents recorded for cannabis possession and use throughout 2001, with a high of 1,336 recorded in August. Figures have since decreased to 888 in June 2002.

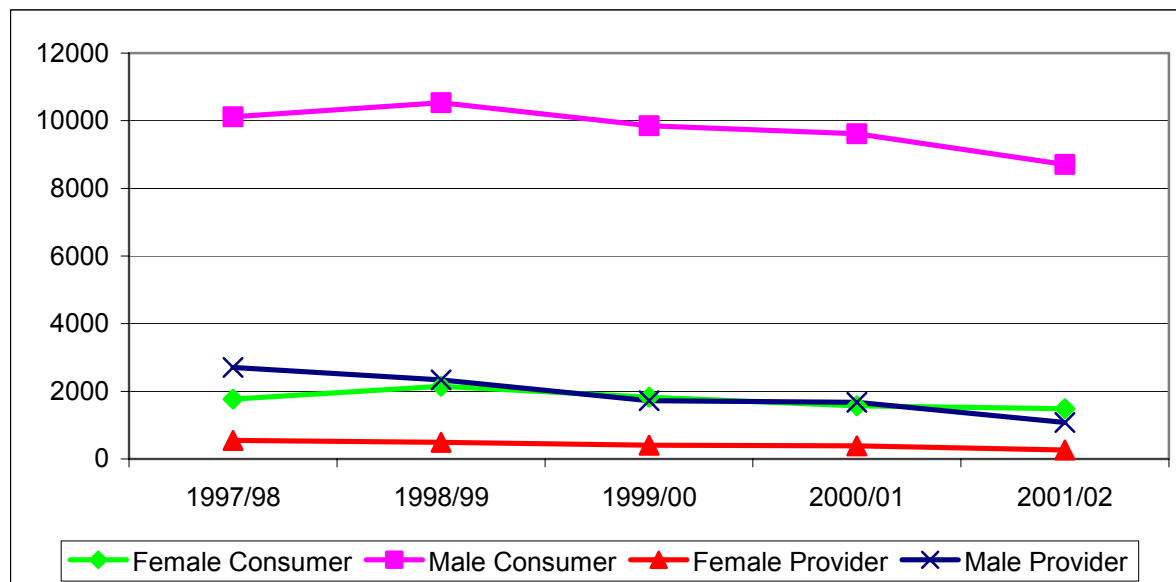
Figure 37: Number of police incidents recorded for cannabis possession/use, 1997-2002



Source: NSW Bureau of Crime Statistics and Research

Figure 38 shows arrests for cannabis supply and possession offences. The pattern in this data is somewhat different, with arrests for both types of offences declining steadily since the 1998/99 financial year (ACC, 2003). The decrease in possession offences may be attributable to the operation of the cannabis cautioning scheme in NSW, where the offence does not result in arrest.

Figure 38: Number of cannabis arrests by gender, 1997 - 2002



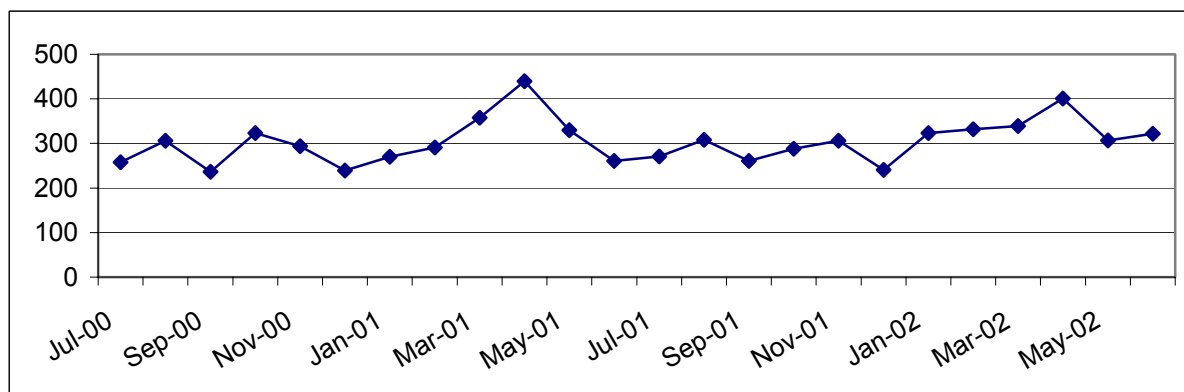
Source: Australian Crime Commission

7.5.2 Health

Contrary to IDU reports about their cannabis use, some indicator data suggest that the prevalence of cannabis use in the general population has increased.

Figure 39 shows that the number of inquiries to the ADIS regarding cannabis has increased over the last 12 months, from 241 calls in December 2001 to 322 in June 2002. Calls remained above 300 per month for the first half of 2002.

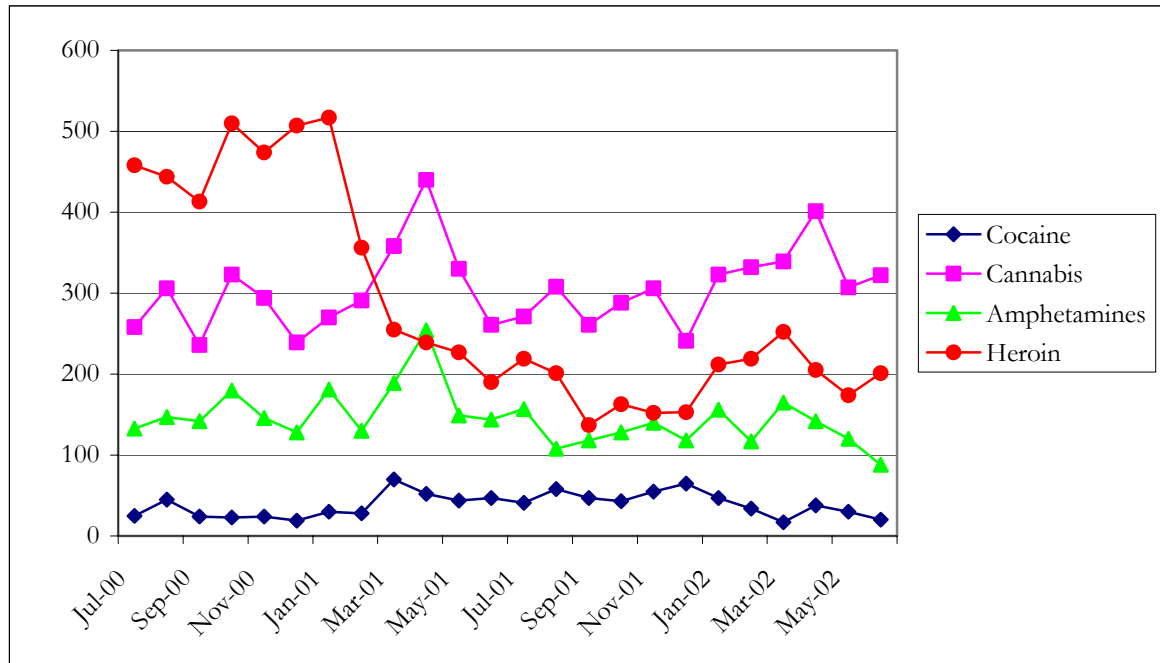
Figure 39: Number of inquiries to ADIS regarding cannabis, July 2000 - June 2002



Source: Alcohol and Drug Information Service

Figure 40 shows the number of inquiries to ADIS across the different drug groups (cannabis, cocaine, amphetamines and heroin) and while heroin dominated the number of calls received prior to the heroin shortage, cannabis has dominated the number of calls since early 2001.

Figure 40: Number of inquiries to ADIS by drug type, July 2000-June 2002



Source: Alcohol and Drug Information Service

Several KIS voiced concerns regarding the increase in number of clients presenting with drug-induced psychosis and depression, which KIS attributed to sustained and heavy cannabis use.

7.6 Trends in Cannabis Use

Prevalence of cannabis use has remained stable among IDU, with 80% of the IDRS sample reporting cannabis use in the past six months. Frequency of use has also remained stable over time with one third of IDU reporting daily use. However, some indicator sources suggest that there has been an increase in problematic cannabis use, with the ADIS receiving a higher numbers of calls per month regarding cannabis in the first half of 2002. KIS statements also reflect an increase in problematic use. It is likely however, that these indicators reflect patterns of cannabis use across a broader range of drug users (i.e. non injecting drug users – non-IDU) suggesting the need for further research into patterns of cannabis use among non-IDU.

7.7 Summary of Cannabis Trends

- Prices for larger amounts of cannabis have dropped fairly steadily since the inception of the IDRS in NSW in 1996, while prices for smaller amounts have remained relatively stable
- Cannabis remains readily available
- The potency of cannabis remains high
- Hydroponic cannabis continues to dominate the market although some IDU continue to use leaf
- Prevalence and frequency of cannabis use among IDU remained relatively stable
- KIS reported an increase clients presenting for problematic cannabis use, and some reported an increase in mental health problems associated with such use
- ADIS data suggest an increasing number of calls about problematic cannabis use; with cannabis now comprising the most commonly cited drug of concern for ADIS calls

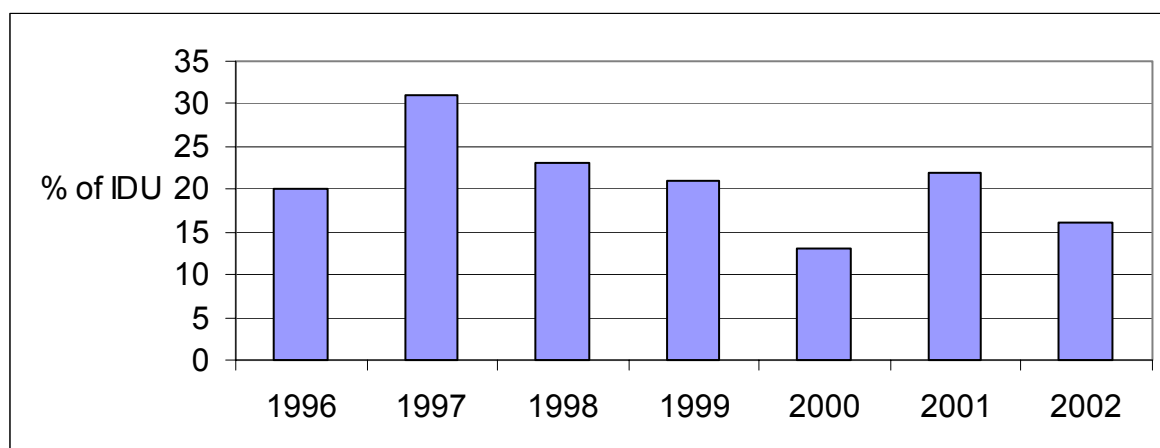
8 OPIOIDS

8.1 Use of Illicit Methadone

Of the 43% of IDU who had used methadone in the preceding six months, 10% had not been registered in methadone maintenance treatment during this period. In 2001, 23% of methadone users were not in treatment, indicating that there was substantially more methadone being diverted to untreated users last year, which is consistent with the reduced availability of heroin at that time. Overall, 20% of IDU (47% of methadone users) reported the use of illicit methadone in the preceding six months (25% reported illicit use in 2001), 11% of whom were engaged in methadone treatment during this period and 9% who weren't. This finding is indicative that diversion of prescribed methadone to both treated and untreated heroin users continues to occur. Eleven percent of IDU (25% of methadone users) stated that methadone from illicit sources was primarily used in the preceding six months. Methadone syrup continued to be the predominant form used, with only 3% of IDU (6% of methadone users) reporting use of physeptone tablets, all of which were obtained illicitly in the preceding six months.

Figure 41 shows the proportion of IDU who reported injecting methadone in the preceding six months. Sixteen percent of IDU had injected methadone during this period, a slight decrease from 22% in 2001, and a continuation of the decrease from a high of 31% in 1997. The slight decrease from 2001 is consistent with the finding of increased heroin injection among this sentinel group, and suggests that IDU may be returning from illicit methadone to heroin injection with the slight increase in heroin availability. Of those injecting methadone, over half (56%) reported being in current methadone maintenance treatment, a third (36%) reported receiving no treatment, and the remaining 8% were in other forms of treatment.

Figure 41: Proportion of IDU injecting methadone in the preceding 6 months, 1996 - 2002



Source: IDRS IDU Interviews

IDU data indicate a slight decrease in numbers injecting methadone, a decrease in the numbers reporting illicit use and a decline in the diversion of methadone to untreated heroin users. However, diversion of methadone to both treated and untreated heroin user continues to occur.

8.2 Use of Illicit Buprenorphine

Only 3% of IDU had used buprenorphine illicitly in the preceding six months, none of whom reported receiving buprenorphine treatment during this period. Only 1 IDU in NSW had ever injected buprenorphine, and there was no recent intravenous use reported. These findings indicate that there is currently very little diversion of buprenorphine occurring among this group.

8.3 Morphine

Twenty-two percent of IDU reported using morphine in the preceding six months, 18% of whom had injected it. These figures represent an increase from the 2001 IDRS in which 13% reported recent use and 12%, recent injection. Morphine was predominantly obtained from illicit sources, with 80% of morphine users reporting having done so and only 17% reporting licit obtainment in the past six months. Among morphine users, the most common type used was MS Contin (26%) followed by Kapanol (15%). Frequency of morphine use has remained relatively stable with the median number of days used in the past 6 months being 5 (median days used in 2001 was 4).

8.4 Other opioids

Twenty-three percent of IDU reported using other opioids such as Panadeine forteTM, pethidine etc in the preceding six months (compared with 13% in 2001), 6% of whom had injected them (2% reported intravenous use in 2001). The most commonly used opioid was Panadeine ForteTM (15%) followed by pethidine (4%).

9 OTHER DRUGS

9.1 Ecstasy and Other Party Drugs

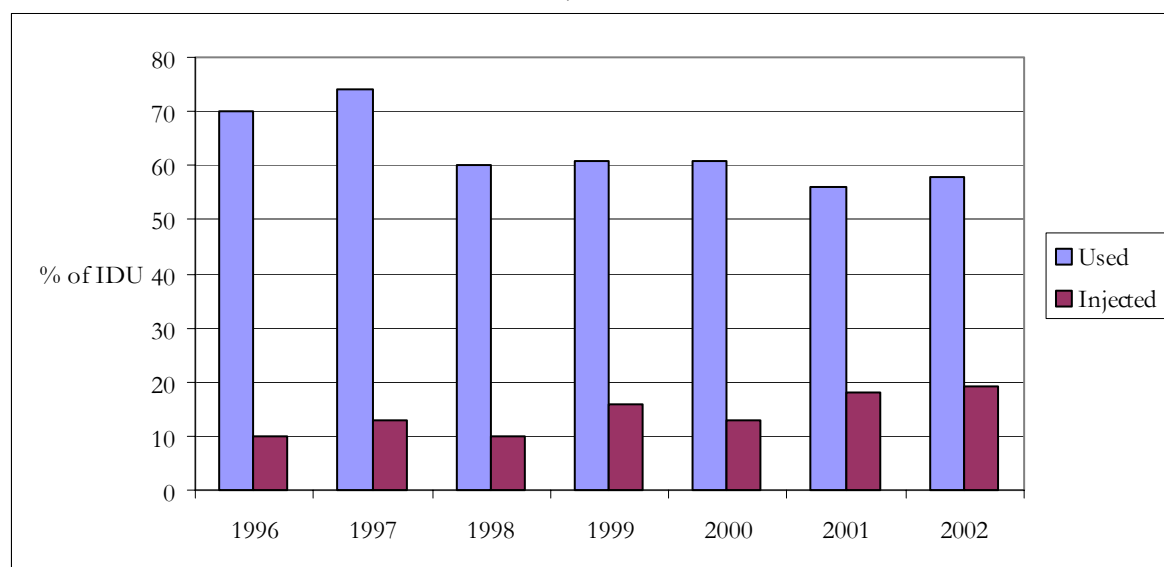
As in 2001, trends in the use of ecstasy and other party drugs formed a separate research component of the 2002 IDRS, and will be reported elsewhere.

9.2 Benzodiazepines

In response to increasing concerns about the health risks associated with benzodiazepine injection, the Australian Pharmaceutical Advisory Council (APAC) recommended that the availability of capsules be restricted under the Pharmaceutical Benefits Scheme (PBS). The Pharmaceutical Benefits Advisory Committee (PBAC) accepted the recommendation and from May 1st 2002, temazepam 10mg capsules (Euhypnos, Nocturne, Normison, & Temaze) required Authority prescription (prior approval from the Health Insurance Commission). Temazepam 10mg tablets remained an unrestricted PBS benefit. Temazepam 20mg capsules are still available without authority as a non-PBS item.³

Fifty eight percent of IDU reported using benzodiazepines in the preceding six months. Nineteen percent reported injecting benzodiazepines during this period, a proportion comparable to 2001 (18%), and 54% reported oral use, a slight decrease from 59% in 2001 (Figure 42). The percentage of IDU obtaining benzodiazepines from licit sources in the preceding six months dropped from 39% in 2001 to 30% in 2002. The same proportion as in 2001 (39%) reported obtaining their benzodiazepines from illicit sources during this period. The most commonly used benzodiazepine in the preceding six months was Valium (20%) followed by Serepax (12%) and then Normison (11%). Thirteen percent of IDU reported benzodiazepine use on the day prior to interview, a figure similar to that reported in 2001 (12%).

Figure 42: Proportion of IDU using and injecting benzodiazepines in the preceding six months, 1996 - 2002



Source: IDRS IDU Interviews

³ The Commonwealth Department of Health and Ageing commissioned the National Drug and Alcohol Research Centre (NDARC) to coordinate research to assess the impact of this restriction on patterns of use, and the results of the first of two studies are reported elsewhere.

There was a decrease in the median number of days benzodiazepines were used in the six months prior to interview, from 20 in 2001 to 12 in 2002. There was also a slight decrease in the proportion of IDU reporting daily use from 9% in 2001 to 6% in 2002. Decreases may partially be attributable to the increased availability of heroin in 2002 in comparison with 2001.

Overall, it seems that prevalence and frequency of benzodiazepine use has remained relatively stable. The findings of the second of two studies (commissioned by the CDHA) reviewing the impact of temazepam restrictions on patterns of benzodiazepine use will be reported in 2003.

9.2.1 Doctor Shopping

Given that a significant proportion of IDU use pharmaceutical drugs (refer Table 3, polydrug use histories of the IDU sample), specifically benzodiazepines, patterns of doctor shopping were reviewed in NSW for the period 1995/96 to 2000/01 (2001/02 data was not available at the time of press). It is important to note that it is not known what proportion of the IDU community obtain their benzodiazepines licitly (via doctor shopping) or illicitly (via the black market), however the results of the study commissioned by the CDHA to assess the impact of benzodiazepine (in particular temazepam) prescription restrictions on patterns of obtainment and use among IDU should provide some clarification on this issue. The results of this study will be reported in 2003.

The Health Insurance Commission (HIC) identifies people as “doctor shoppers” if, in one year, a person:

- sees 15 or more different general practitioners
- has 30 or more Medicare consultations
- obtains more PBS prescriptions than appears to be clinically necessary

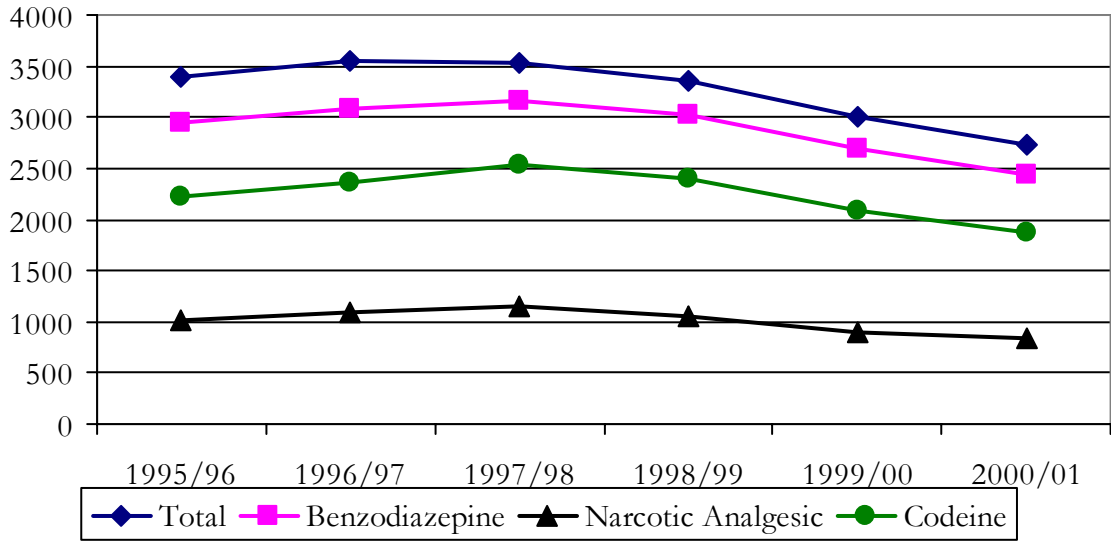
HIC 1999/2000 data⁴ showed that:

- The drugs that are most often accessed by doctor shoppers include benzodiazepines (35.5%), codeine compounds (14.6%) and narcotic analgesics (8.4%).
- 77% of doctor shoppers are in capital cities, 8% in other major cities, and the remainder in other rural or remote areas.
- The majority (57%) of doctor shoppers are aged between 30 and 49 years, with the 15 to 29 year group being the next largest (20%).
- 58% of doctor shoppers are female.
- The NSW patient residential postcode with the greatest doctor shopper activity was Kings Cross, (for each postcode, doctor shoppers obtained in excess of 6,500 PBS prescriptions)

Figure 43 shows the number of doctor shoppers overall, and for each of the three main drug classes identified by the HIC doctor shopper program, from 1995/96 to 2000/01. The total number of doctor shoppers has steadily declined over the past 5 financial years from 3,402 in 1995/96 to 2,736 in 2000/01 (a decrease of 20%). Similarly, the total number of doctor shoppers accessing benzodiazepines has decreased over time, from 2,942 in 1995/96 to 2,442 in 2000/01 (a 17% decrease). The same pattern is evident for both the narcotic analgesic, and the codeine doctor shoppers.

⁴http://www.hic.gov.au/providers/publications_guidelines/program_review_fact_sheets/doctor_shopping.htm

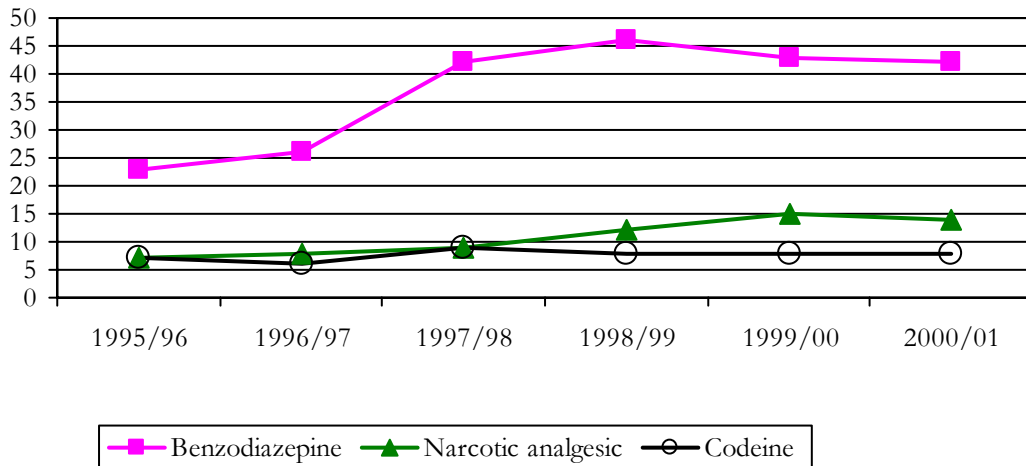
**Figure 43: Total number of doctor shoppers and for three main drug classes
95/96 - 00/01**



Source: Health Insurance Commission

Figure 44 shows the trends in the median number of scripts per doctor shopper for each of the main drug classes. While the number of benzodiazepine doctor shoppers has steadily decreased over the past 4 years (Figure 43), Figure 44 shows that the median number of scripts accessed by this group has almost doubled since the beginning of the program (n=23), and has stabilised over the past 4 years to approximately 40 scripts per doctor shopper. A similar pattern is apparent for narcotic analgesic doctor shoppers (numbers have steadily declined) and their median number of scripts (doubled and stabilised). The median number of scripts per codeine doctor shopper has remained stable over time.

**Figure 44: Median number of scripts per doctor shopper for three main drug classes,
95/96 - 00/01**



Source: Health Insurance Commission

9.2.2 Summary

This data indicate that while there were fewer (20% less) doctor shoppers in 2000/1, the median number of scripts per doctor shopper for both benzodiazepines and narcotic analgesics increased substantially between 1995/6 and 2000/1. This may suggest that either the remaining doctor shoppers are a more committed group of benzodiazepine and narcotic users, or that there is greater diversion of pharmaceuticals to illicit markets.

Data on HIC-defined doctor shoppers for 2001-2002 will identify whether this trend has continued following the prescription restrictions imposed on benzodiazepine preparations (i.e. the temazepam 10mg gel capsules), and with the introduction of programs designed to assist dependent benzodiazepine users to moderate and reduce their benzodiazepine use.

Likewise, results from the benzodiazepine module of the 2002 IDRS will further delineate patterns of benzodiazepine use among IDU and related harms resulting from benzodiazepine injection, as well as documenting any potential change in these patterns as a result of the prescription restrictions introduced in May 2002.

9.3 Anti-depressants

Sixteen percent of IDU had used anti-depressants in the preceding six months, a slight increase from 10% in 2001. Six IDU reported illicit use of anti-depressants during this period compared with only one in 2001. The most commonly used anti-depressants were selective serotonin reuptake inhibitors (SSRIs) such as Zoloft (7%), Cipramil (3%) and Prozac (2%). Eight percent of IDU had used anti-depressants for the entire six months preceding interview. The median number of days anti-depressants were used increased from 90 in 2001 to 180 in 2002. Fifteen percent of IDU reported attending a health professional for some form of depression in the past six months.

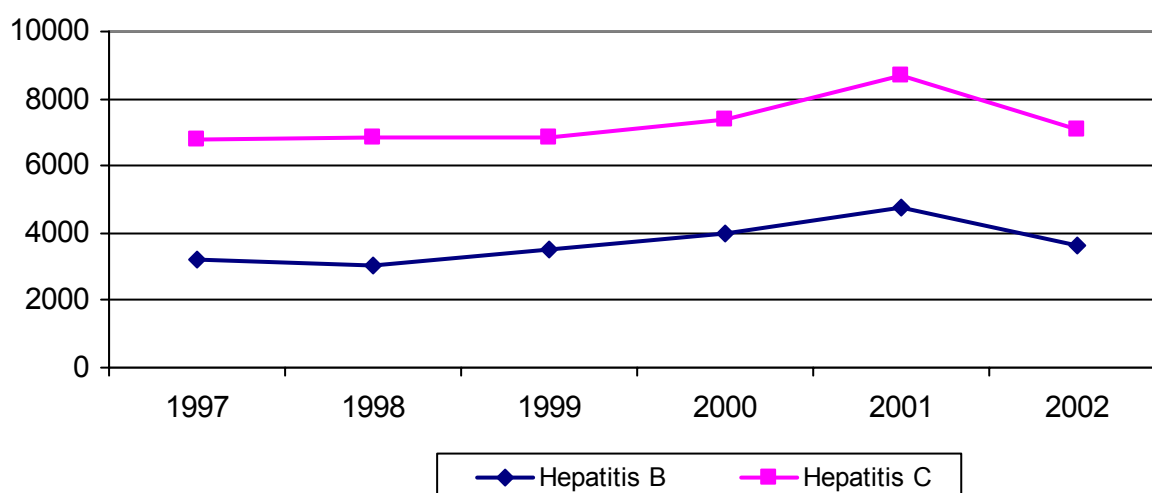
10 ASSOCIATED HARMS

10.1 Blood Borne Viruses

People with a history of injecting drug use are at significantly greater risk of acquiring hepatitis B (HBV), hepatitis C (HCV) and HIV than the general population (2002, National Centre for HIV Epidemiology and Clinical Research – NCHECR - annual report). This is because blood borne viruses (BBV) can be transmitted via the sharing of needles, syringes and equipment. Notification data for 2000 suggests that injecting drug use is the most common mode of transmission for HBV (newly acquired) infections (50-100%) and HCV (newly acquired) infections (60-86%) in Australia (2000, National Notifiable Diseases Surveillance System – NNDSS - annual report). State and territory health departments report viral hepatitis notifications to the NNDSS and HIV notifications to the NCHECR for monitoring purposes. State health departments also record information on BBV risk factors, such as history of injecting drug use. Both the NNDSS and the NCHECR differentiate between incident infections (i.e. newly acquired infections) and unspecified infections (i.e. those where the timing of disease acquisition is unknown).

The overall trends in the total number of notifications (i.e. unspecified and incident) for HBV and HCV in NSW are shown in Figure 45. While HCV and HBV both show an increase in the total number of notifications up until 2001 (approx. 8,500 and 5,000 cases respectively), the increases are likely to reflect changes in surveillance practices rather than a true change in disease activity. This data highlights that HCV is the most commonly notified BBV in Australia (2000, NNDSS annual report).

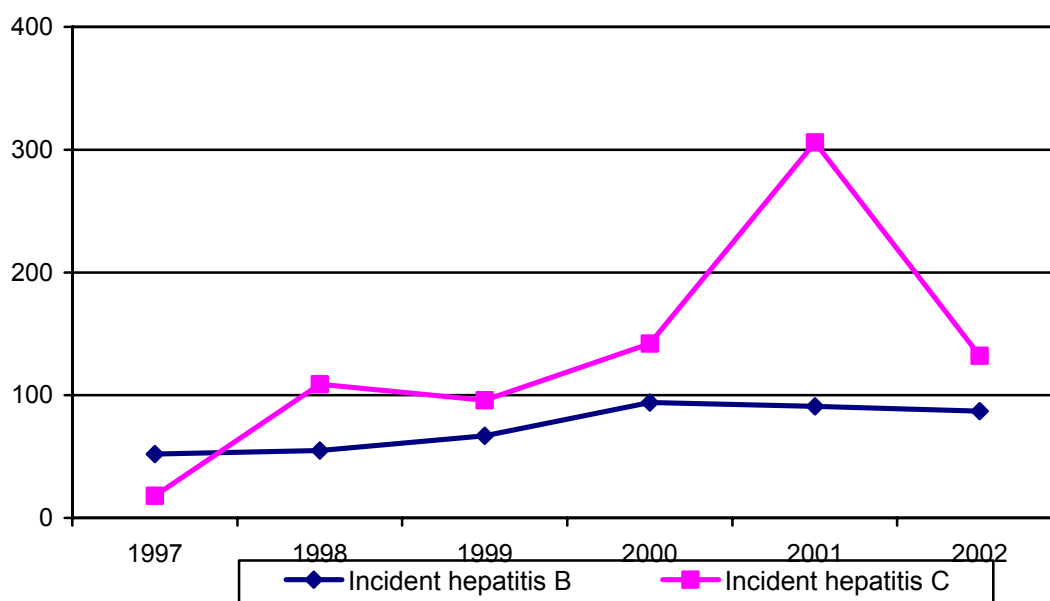
Figure 45: Total notifications for HBV and HCV (unspecified and incident) Infections, 1997 - 2002



Source: Communicable Diseases Network – Australia - National Notifiable Diseases Surveillance System

Trends on the number of incident notifications for HBV and HCV in NSW are shown in Figure 46. HBV incident reporting has remained stable (approx. 87 cases notified in 2002) over the past few years. There was a substantial increase in HCV cases from 142 in 2000 to 306 in 2001, which may be a product of improved surveillance, increased awareness, and more widespread testing rather than evidence of increasing transmission in the community. Conversely, numbers of HCV incident infections dropped markedly to 132 in 2002 and this may be due to a cohort effect, in which many of the IDU likely to come to notice for HCV have already been identified and accordingly, the rate of notification has slowed considerably. It is important to note however, that the number of HCV notifications vastly underestimates the true incidence of HCV in Australia (NCHECR, 2002).

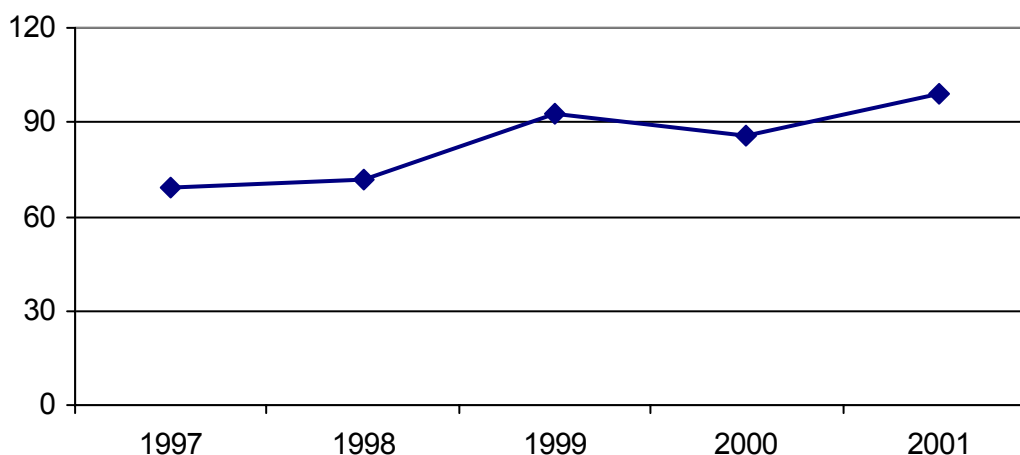
Figure 46: Total notifications for HBV and HCV incident infections, 1997 - 2002



Source: Communicable Diseases Network – Australia - National Notifiable Diseases Surveillance System⁵

Trends on the number of incident notifications for HIV in NSW from 1997-2001 are shown in Figure 47. This data shows that HIV reporting has remained relatively stable (approx. 100 cases) over time in NSW. Transmission of HIV in Australia continues to be mainly through sexual contact between men, accounting for more than 85% of incident HIV cases from 1997-2001. Relatively small percentages of incident HIV were attributed to a history of injecting drug use (3.4%) for the same period in Australia (2002, NCHECR).

Figure 47: Number of notifications of incident HIV infections, 1997 - 2002



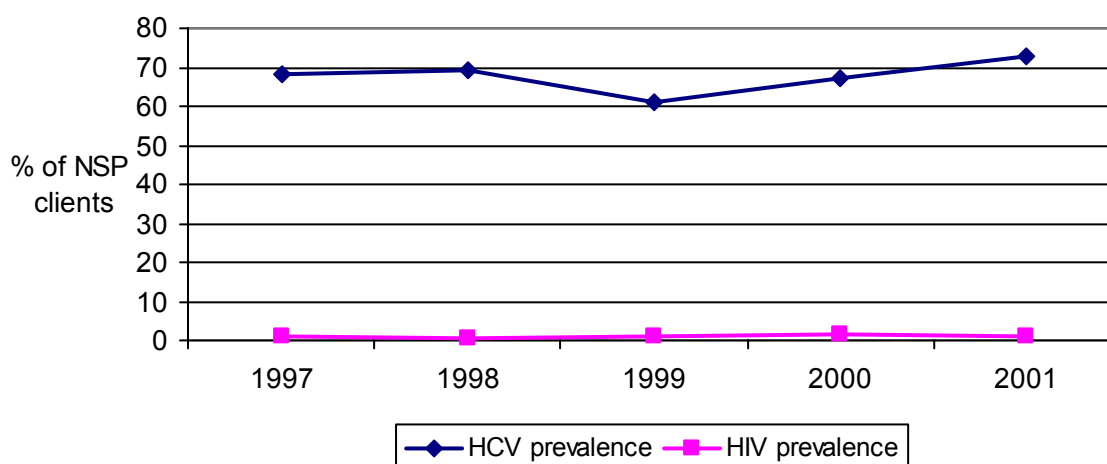
Source: National Centre for HIV Epidemiology and Clinical Research (2002 HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report, page 40 - Table 1.2.3)

⁵ **Notes on interpretation**

There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time (NNDSS Annual Report, 2000).

Trends in the prevalence of HCV and HIV infections among clients attending NSPs in NSW (as part of the Australian NSP survey) for the period 1997 to 2001 are shown in Figure 48. The finding that 68% to 73% of clients attending NSPs in NSW from 1997-2001 tested positive to HCV supports data from state health authorities that injecting drug use is the main risk factor for HCV, and that observed increases in notifications of HCV are likely to be due to enhanced surveillance, since HCV infections appear to be remaining stable within this sentinel group. Similarly, the evidence of stable rates of HIV infection over time and low rates of HIV infection among IDU are also supported by the results from the Australian NSP Survey which found that between 1997 and 2001 between 1.1-0.9% of clients attending NSPs in NSW tested positive to HIV.

Figure 48: Prevalence of HCV and HIV infection among NSP clients, 1997 - 2001



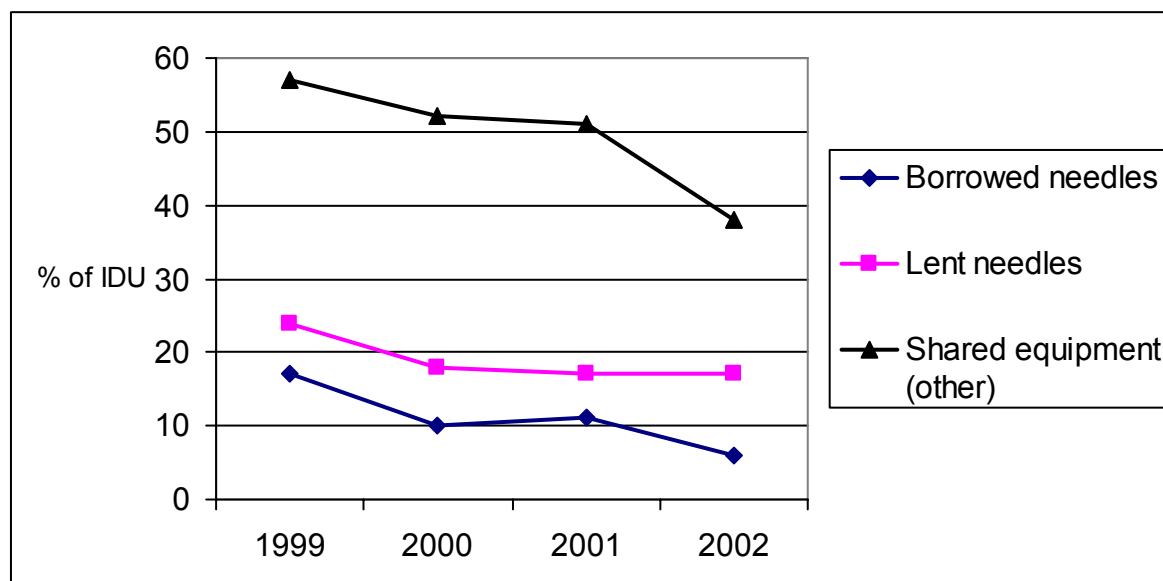
Source: National Centre for HIV Epidemiology and Clinical Research (Prevalence of HIV, HCV and injecting and sexual behaviour among IDU at Needle and Syringe Programs: Australian NSP Survey National Data Report 1995-2001, 2002).

10.2 Sharing of Injecting Equipment Among IDU

In the month preceding interview 6% (n=9) of the 2002 IDRS IDU had injected with syringes that had already been used ('borrowed needles' - Figure 49), representing a decrease from 11% in 2001. Most (n=5) of those who had injected with a used syringe reported that only one other person had used the syringe first. Three people reported that two people had used the syringe first and only one reported that more than 6 people had used it first before they did. People who had used the syringe previously were reported to be regular sexual partners (n=6), close friends (n=1), acquaintances (n=1) and family members (n=3). The percentage passing used needles on to other IDU ('lent needles' - Figure 49) has remained relatively stable over time, with 17% (the same as 2001) reporting that they had done so in 2002.

Sharing of other injecting equipment in the month preceding interview was more common (38%). Thirty seven percent of IDU reported using spoons that had already been used by someone else, 23% reported using water after someone else, 17% reported filters, and 8%, tourniquets. 2001 figures were 48% sharing spoons, 28% water, 25% filters and 10% tourniquets. While the 2002 IDRS figures for sharing other injecting equipment represent a decrease from those reported in 2001, they are still rather high, and continue to be of concern in relation to BBV, in particular, HBV and HCV.

Figure 49: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 1997 - 2002



Source: IDRS IDU Interviews

Note: Other injecting equipment includes spoons, water, filters and tourniquets

10.2.1 Summary

Relatively stable rates of reporting of incident (i.e. newly acquired) HBV, HCV⁶ and HIV to health authorities along with the prevalence of BBVs among a sentinel group of IDU from the Australian NSP Survey and the IDU self-report on sharing of injecting equipment from the IDRS, all suggest that there is a high prevalence of HBV and HCV in IDU, that these groups continue to engage in risky behaviours (e.g. sharing equipment) and that they are at greater risk of developing BBVs. Therefore there is a continued need for strategies aimed at decreasing risky needle and equipment sharing behaviour among injecting drug users.

10.3 Location of Injections

Fifty percent of IDU reported that their most recent injection was in a private home, and 51% reported 'private home' as the usual location of injection in the month preceding interview (Table 9). Thirty four percent of IDU reported usually injecting in a public place (e.g. street, toilet, car, or train), with 37% reporting they last injected in a public place. The proportion of IDU who usually injected in public places in the month preceding interview in 2002 (34%) represents a decrease from 42% in 2001. In contrast, there was an increase in the proportion of IDU reporting the supervised injecting room as the usual location for injection in the month preceding interview (from 3% in 2001 to 12% in 2002). These figures are not surprising given that the injecting centre opened in May 2001, just prior to the interviews conducted in that year. Four percent of IDU reported that their last injection occurred at the supervised injecting room, the same figure as in 2001.

⁶ As discussed previously, despite the apparent increase and sudden decrease in HCV notification rates between 2000 and 2002, these trends are more likely to be artefacts of the increased surveillance efforts having reached their limits rather than an accurate reflection of rates of transmission.

Table 9: Location of injections in the month preceding interview, 2001 - 2002

	2001 N=163 (%)	2002 N=158 (%)
<i>Location of usual injection in past month</i>		
Home	55	51
Street/park	36	25
Public toilet	4	4
Car/train	2	5
Supervised injecting facility (MSIC)	3	12
Shooting room	2	0
Squat	0	1

Source: IDRS IDU Interviews

10.4 Injection Related Health Problems

Sixty six percent of IDU reported at least one injection-related problem in the month preceding interview and 38% reported two or more problems during this period (76% reported at least one problem in 2001, and 45%, two or more). As in previous years, the most commonly reported problems were prominent scarring/bruising of injection sites (48%) and difficulty injecting (41%) (Table 10). These figures are comparable to 2001 findings (55% and 46% respectively).

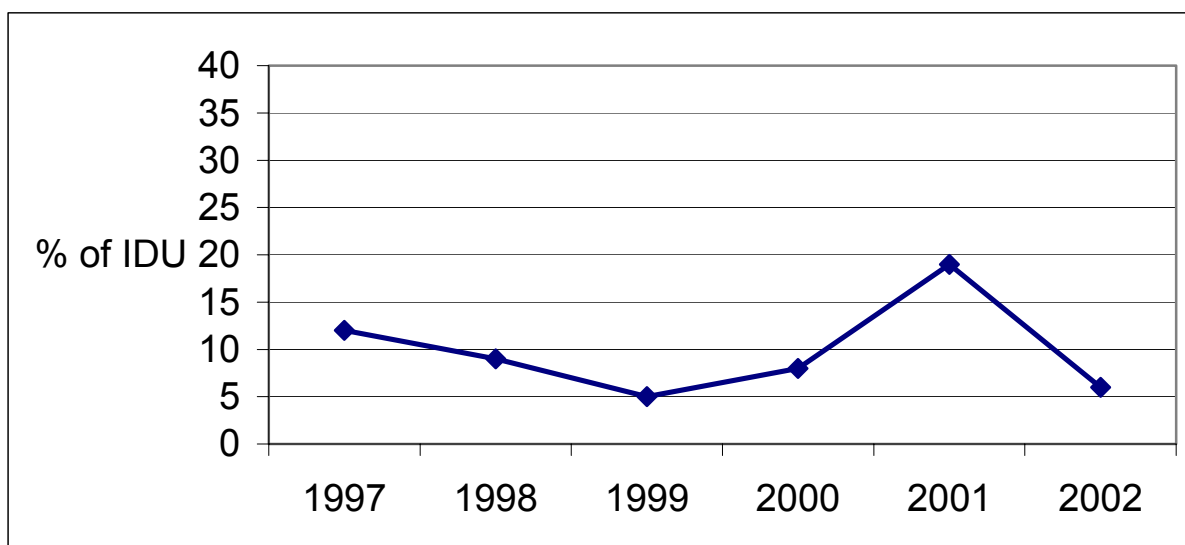
Table 10: Injection related health problems in the month preceding interview, 2001 – 2002

	2001 N=163 (%)	2002 N=158 (%)
<i>Injection-related health problems in past month</i>		
Scarring/bruising	55	48
Difficulty injecting	46	41
'Dirty hit'	18	17
Infections/abscesses	12	13
Overdose	3	2

Source: IDRS IDU Interviews

One of the more obvious trends among injection-related harms was the proportion of IDU reporting thrombosis in the month preceding interview. Figure 50 shows an increase in numbers reporting thrombosis from 8% in 2000 to 17% in 2001, with a subsequent decrease to 6% in 2002. This pattern may be attributable to the heroin shortage, during which many IDU reported injecting cocaine frequently along with other non-injectable substances such as methadone and benzodiazepines.

Figure 50: Proportion of IDU reporting thrombosis in the past month, 1997 - 2002



Source: IDRS IDU Interviews

A significantly higher proportion of benzodiazepine injectors than other IDU reported at least one injection-related problem (87% v 61%, $X^2 = 6.05, p < .05$). Benzodiazepine injectors also reported a significantly higher number of injection-related health problems than other IDU (Median=2 v 1, Mann Whitney U= 1142.5, $p < .01$).

10.5 Expenditure on Illicit Drugs

Eighty two percent of IDU had spent money on drugs the day prior to interview. The median amount spent was \$100 (range \$10-\$800). More than half (52%) of the sample spent more than \$100 or more on that day, and 31% had spent \$200 or more. Compared to 2001, there was a slight decrease in the median expenditure by IDU (\$150 v \$100) on the day prior to interview. Lower expenditure may be attributed to the decrease in frequency of cocaine use and relatively stable prices reported for heroin in the preceding six months. There were significant correlations between the amount spent on drugs the day before interview and frequency of injecting (Spearman's $r=0.56, p < .001$), and the frequency of reported crime (Spearman's $r=0.20, p < .01$).

10.6 Mental Health Problems

Nineteen percent of IDU reported seeing a health professional for a mental health problem other than drug use in the preceding six months. Mental health problems included depression (13%), anxiety (5%), and schizophrenia (4%), and health professionals consulted include general practitioners (10%), counsellors (9%), psychiatrists (8%), and psychologists (3%). Other mental health problems reported were paranoia (n=1), manic depression (n=2), personality disorder (not antisocial – n=1), drug induced psychosis (n=1) and attention deficit disorder (n=1).

10.7 Criminal and Police Activity

As in 2001, more than half (58%) the sample reported engaging in criminal activity in the month preceding interview (Table 11). Also similar to previous years, the most commonly reported crimes were drug dealing (32%) and property crime (31%). Only 9% of IDU reported engaging in violent crime. Cocaine users were more likely to have engaged in criminal activity in the preceding month than non-cocaine users ($\chi^2=6.110$, $df=1$, $p<.05$), which isn't surprising given that their expenditure on drugs is likely to be greater than for IDU who don't use cocaine.

Table 11: Criminal and police activity as reported by IDU, 2001 – 2002

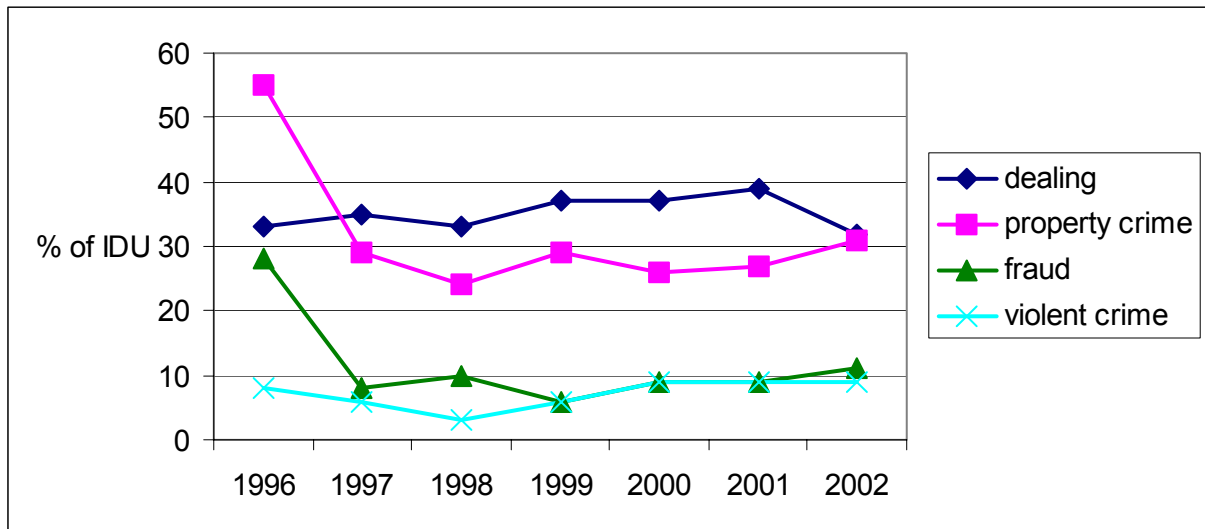
	2001 N=163 %	2002 N=158 %
<i>Criminal activity in last month:</i>		
Dealing	39	32
Property crime	27	31
Fraud	9	11
Violent crime	9	9
Any crime	58	58
<hr/>		
Arrested in last 12 months	45	41
<hr/>		
<i>Police activity in last 6 months</i>		
More activity	71	63
Stable	25	29
Less activity	1	0
Don't know	4	8
<hr/>		
<i>More difficult to obtain drugs recently</i>		
Yes	39	35
No	61	61

Source: IDRS IDU Interviews

Forty one percent of IDU had been arrested in the previous twelve months and the most common grounds for arrest were property crime (11%), possession of a prohibited drug (6%), and drug dealing (5%). There was no significant difference between the proportions of males and females reporting involvement in criminal activity in the last month (61% v 53%), or the proportion of males and females that had been arrested in the last twelve months (39% v 44%).

Figure 51 shows that in 1996 larger proportions of IDU (55%) were engaging in property crime than any other offence. The proportion engaging in property crime decreased dramatically in 1997 to 29%, and has remained relatively stable through to 2002. Since 1997, larger proportions of IDU have reported dealing offences compared to other offences and rates have remained stable at approximately one third of the sample. There was also a sharp decline in the proportion of IDU engaging in fraud from 28% in 1996 to 8% in 1997 and again, rates have remained stable across time. There has been little change in the proportion of IDU engaging in violent crime between 1996 and 2002.

Figure 51: Proportion of IDU engaging in criminal activity (self report) by offence type, 1996 - 2002



Source: IDRS IDU Interviews

Sixty three percent of IDU reported a perceived increase in police activity in the preceding six months (Table 11), a slight decrease from 71% in 2001. There was no difference between the proportions of IDU from the inner city and the south west of Sydney reporting an increase in police activity (51% v 49%). Twenty nine percent thought police activity remained stable (25% thought so in 2001) and none thought activity had decreased. Types of police activity reported on included increased street patrols (41%), increased use of sniffer dogs (13%), more police on trains (3%) and more arrests (35%). Fifty two percent of IDU reported that more of their friends had been arrested recently compared with 58% in 2001, and again there was no difference in the proportion of city recruits (51%) and south west Sydney recruits (49%) reporting more arrests among their friends.

The majority (61%) of IDU reported that police activity had no impact on their ability to score drugs. Among those reporting that police activity had made drugs more difficult to obtain (35%), 57% were recruits from the inner city and 43% from the south west of Sydney. There was no significant difference in these proportions.

While more than half the IDU thought that police activity had increased in the last 6 months, KIS were divided on this issue, with half reporting an increase and half reporting no change. Given that many KIS interviewed were treatment workers, very few were able to comment on their clients' involvement in criminal activity, as this issue is often not relevant to a treatment program.

10.7.1 Summary

There has been little change in the proportion of IDU engaging in criminal activity compared to the 2001 IDRS, and dealing and property crime continue to be the more common offence types. Likewise, there has been little change in perceived levels of police activity.

11 DISCUSSION

2002 represented a unique year for the IDRS and illicit drug trends in NSW given that it followed the year that Sydney experienced a reduction in the availability of heroin. The 2002 IDRS presented an opportunity to examine longer-term consequences of the heroin shortage as well as the impact that a possible return of heroin availability had on patterns of drug use. While this was clearly not the sole focus of the 2002 IDRS, some of these consequences will be discussed in relation to the findings.

11.1 Heroin

According to IDU reports, heroin availability appeared to be returning in 2002 however, it had not returned to levels reported prior to the heroin shortage. In the 2000 IDRS, the overwhelming majority (91%) of IDU reported that heroin was 'very easy' to obtain compared with only 56% in 2002. Likewise, the price of heroin had decreased slightly to \$300 per gram but remained higher than the price for a gram (\$220) reported in 2000. Despite the apparent return of availability, the majority (84%) of IDU reported that heroin was of 'low' purity and many felt that frequency of use had increased as a result of this. The median purity of analysed NSW Police heroin seizures also showed a decline from 65% in the March 2000 quarter to 38% in the June 2000 quarter, and dropping as low as 28% in the June 2001 quarter however, the absence of the 2001/02 data (which was not available at time of press) makes meaningful analysis difficult.

Law enforcement and health indicator data also reflect downward trends, with both arrest and overdose numbers at levels considerably lower than prior to the shortage. Treatment numbers generally stabilised, however there have been increases in the number in pharmacological treatments for heroin (methadone and buprenorphine) in 2002. Ambulance callouts to suspected overdoses and ED visits for heroin related problems, both which may be more sensitive indicators of heroin related harm than overdose deaths (due to their higher numbers), have increased in the first half of 2002, supporting a slight return of availability.

There was a significant shift from cocaine to heroin as the drug of choice in the 2002 IDRS, with 72% preferring heroin in 2002 compared with 61% in 2001. Once again however, the preference for heroin has not returned to levels reported (81%) in 2000.

Overall, trends in heroin price, purity, availability and use remain atypical in comparison with patterns recorded in 2000, indicative of the ongoing impact of the heroin shortage.

11.2 Methamphetamine

Despite the 2001 IDRS signalling an increase in use of the more potent forms of methamphetamine (base and ice), 2002 results suggested that prevalence and frequency of base and ice remained relatively stable, while the prevalence of speed decreased slightly. Speed remains the most common form of methamphetamine used, which may be attributable to lower levels of base and ice availability; IDU reported that these forms of methamphetamine were more difficult to obtain. Prices across all three forms of methamphetamine remained stable. Analysed police seizures recorded variable median purity, which is not surprising given that purity depends on many things, including the experience of those involved in the manufacture process, precursor chemicals used to manufacture methamphetamine, and whether dilutents are used (ACC, 2003).

Law enforcement and health indicator data also recorded increases in amphetamine-related harms during the heroin shortage, with subsequent decreases in harms in 2002.

Overall, the 2002 trends in methamphetamine use suggested that such use has remained stable. The 2001 increase may have been a consequence of the heroin shortage; 2002 trends indicate the ongoing influence of the shortage on methamphetamine use. Despite stable trends in use reported by IDU, KIS continued to voice concerns regarding methamphetamine-related harms.

11.3 Cocaine

The 2001 IDRS documented a sharp increase in the use of cocaine due to the heroin shortage with 84% reporting use in the preceding six months (compared to 63% in 2000). The prevalence of cocaine use among IDU dropped slightly in 2002 (79%), however it remains higher than levels recorded prior to the heroin shortage. This suggests that IDU have largely maintained their cocaine use, but at a reduced frequency (median days use dropped from 90 days in 2001 to 24 days in 2002) despite returning to heroin as the preferred drug (29% nominated cocaine as their drug of choice in 2001 compared with 19% in 2002).

Cocaine availability appeared to diminish in 2002, with 20% reporting that it was difficult to obtain (compared with only 3% in 2001) and 25% reporting that it had become more difficult in the preceding six months. KIS also reported reduced availability of cocaine. Despite fluctuations in the availability of cocaine over time, the price of a gram has remained stable at \$200 since 1998. Purity of cocaine was generally considered by IDU to be 'low,' despite analysed police seizures showing median purity ranging from 50% to 80%. The use of crack cocaine remains rare and law enforcement data indicate there have been no seizures of crack cocaine imports into Australia.

Law enforcement and health indicator data relating to cocaine reflected similar patterns as the amphetamine data, with related harms increasing during the shortage and subsequently decreasing in 2001-2002.

IDRS data collected since 1996 indicate that the prevalence of cocaine use has increased steadily among IDU and despite the return of heroin availability, the prevalence of cocaine use has been maintained. Despite the decrease in injection-related health problems in the 2002 IDRS, which are often associated with cocaine injection (Topp, Day and Degenhardt in press), criminal activity was higher among cocaine users than among those who reported no cocaine use.

11.4 Cannabis

As in previous years, patterns of cannabis use among IDU remained stable with 80% reporting use in the preceding six months and approximately a third reporting daily use during this period. Hydroponic cannabis was the predominant form used although a small proportion of IDU (11%) continued to use 'leaf'. The median price for an ounce of cannabis has steadily decreased from \$400 in 1996 to \$300 in 2002, and it remains readily available.

Despite stable rates of cannabis use among IDU, several other indicators suggest that cannabis use in the broader community is a significant issue. Calls received by ADIS regarding problematic cannabis use peaked at over 400 for the month of April 2001 (during the height of the heroin shortage) and while they have since declined, cannabis calls have remained higher than calls regarding heroin, amphetamines or cocaine. KIS also voiced concerns about the increase in number of clients presenting with drug-induced psychosis and depression, which they attributed to sustained and heavy cannabis use.

11.5 Other Opioids

The use of illicit morphine increased slightly in 2002, with 22% reporting use in the preceding six months (compared with 13% in 2001) and 18% reporting recent intravenous use (12% in 2001). Twenty three percent of IDU reported using other opioids such as pethidine and Panadeine Forte, (13% in 2001), and 6% had injected them.

Illicit use of methadone decreased in 2002, with only 10% of recent methadone users not enrolled in treatment compared to 23% in 2001. Likewise, the proportion of IDU reporting the use of methadone obtained illicitly decreased from 25% in 2001 to 20% in 2002. These decreases may be partially attributable to the heroin shortage, during which higher levels of diversion to both treated and untreated heroin users occurred. The proportion of IDU injecting methadone was also down in 2002 and again this likely to be related to the return of heroin availability. Illicit use of buprenorphine was rare, with only 3% of IDU reporting they had done so in the preceding six months. There were no reports of intravenous buprenorphine use during this period.

11.6 Benzodiazepines

Benzodiazepine use remained relatively stable in 2002 although there was a slight decrease in the proportion of IDU getting them from licit sources (from 39% in 2001 to 30% in 2002). Intravenous use also remained stable. The study commissioned by the CDHA, to assess whether prescription restrictions have had any impact on patterns of benzodiazepine use and obtainment should provide some interesting data.

11.7 Associated Harms

Data on incident cases of blood borne viruses revealed that HCV and HBV reporting has increased over the past few years, probably due to increases in the quality of surveillance and testing for these viruses rather than changes in incident infections. In contrast, trends in HIV have suggested a stable pattern of incident infections.

Interviews with IDU from the 2002 IDRS revealed slightly lower rates, compared to 2001 rates, of self-reports of borrowing needles from other users. Decreases observed in 2001 (relative to 2000) in self-reported thrombosis related to injection were maintained in 2002. Benzodiazepine injectors were more likely than other IDU to report injection related problems in the past month.

There appears to have been little changes in self-reported criminal activity among IDU in 2002, relative to 2001. There also appears to have been little change in perceptions of police activity in this time.

12 IMPLICATIONS

The findings of the 2002 NSW IDRS indicate several areas of illicit drug use that require further investigation including:

- More detailed analyses of the changes in drug use since the heroin shortage was documented in 2001, including patterns of other drug use particularly cocaine, benzodiazepines and other opioids. Given the continued lower rates of fatal overdose, and indications of only a limited return of heroin supply, it would be of interest to examine the effect (if any) of the heroin shortage on the estimated number of dependent heroin users.
- Further research into the characteristics of “base” and “ice”. Analysis conducted on photograph identification provided some empirical support for differences between substances marketed as ice and base, but further clarification is required.
- Further research into drug trends and associated harms of methamphetamine users through the study of a group of primary methamphetamine users.
- Further examination of harms associated with cocaine and benzodiazepines injection.

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