

NDARC Technical Report No.56

# ***NSW DRUG TRENDS 1997***

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

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## **LIST OF ABBREVIATIONS**

<b>ADIS</b>	Alcohol and Drug Information Service
<b>CDHFS</b>	Commonwealth Department of Health and Family Services
<b>DEA</b>	NSW Drug Enforcement Agency
<b>ESB</b>	English Speaking Background
<b>IC</b>	Inner city of Sydney
<b>IDRS</b>	Illicit Drug Reporting System
<b>IDU</b>	Injecting drug users
<b>KIS</b>	Key informant study
<b>NESB</b>	Non-English Speaking Background
<b>OTHER</b>	Refers to other (secondary) indicators
<b>SW</b>	South west Sydney

## **EXECUTIVE SUMMARY**

In 1997, the National Drug and Alcohol Research Centre (NDARC) was commissioned by the Commonwealth Department of Health and Family Services to conduct a multi-State trial of the Illicit Drug Reporting System (IDRS), following a successful pilot study of the IDRS in Sydney. The IDRS was intended to provide a co-ordinated approach to the monitoring of data associated with the use of heroin, cocaine, amphetamines and cannabis, and that this information act as an early warning indicator of the availability and use of the main drug categories.

The national trial of the IDRS was conducted in three Australian States: NSW, Victoria and South Australia. This report presents the results of the NSW component from three main sources:

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

### **Survey of injecting drug users (IDU)**

One hundred and fifty-four injecting drug users from inner and south western Sydney were interviewed between April and August 1997. As in 1996, IDU were well placed as a sentinel group to report on trends over a wide variety of drug classes, with analyses confirming subjects had widespread polydrug use.

The influx of younger users into heroin use, detected in 1996, appeared to continue. This was particularly true in Cabramatta, where the median age of users was only 21 years. It should also be noted that the trend for more females to be injecting drugs continued, with approximately half of both samples being female.

The trend of a transition from amphetamine use to heroin use was again evident in 1997. In Cabramatta, however, commencing heroin use without the "stepping stone" of amphetamines was the norm. The smoking of heroin, noted in 1996, continued, more prevalent in the south west region.

The injection of oral preparations (methadone syrup and benzodiazepine tablets) remained a feature of the samples. The use of Rohypnol among SW subjects is worthy of note. It would appear that prescribing habits are changing in south western Sydney. The high levels of exposure to antidepressants is also worthy of note. It is currently unknown whether such high levels of use represents abuse or not.

As in 1996, the reported price of heroin was cheaper in the south west than in the inner city, for both grams and "caps". Different trends emerged in the two samples, however, with the median price of a "cap" of heroin in the city reported to be dearer in 1997.

There was a noticeable increase compared with 1996 in the numbers of IC subjects who could comment on the price, purity and availability of cocaine. This would appear to indicate that there has been substantially more exposure to cocaine in the inner city, a possible indicator of increased

availability.

Amphetamine prices had remained stable since 1996, although more subjects could comment on the price of ounces of amphetamines. This may reflect a tendency to sell in larger quantities than previously. Few subjects in both years regarded the quality of amphetamines as high.

No major new trends emerged in relation to cannabis. The price of gram bags of cannabis remained slightly cheaper in SW Sydney. There was strong agreement in both years that the quality of cannabis was high, and that the drug was easily obtained.

In both 1996 and 1997 overwhelming majorities of SW subjects reported an increase in police activity in that region. This police activity appears to be reflected in the perceived difficulties of obtaining drugs. Nearly a half of SW subjects believed it had become more difficult. It should be noted, however, that the price of the major illicit drugs surveyed in this report had remained stable over this period. Police activity may be related to observations of some IDU that dealers had diffused from Cabramatta to Liverpool and Campbelltown.

### **Key informant study**

A total of 37 key informants, including professionals recruited from health, law enforcement, research and outreach were interviewed on a range of illicit drug use patterns. Most (n=23) reported on the use of heroin, probably a reflection of its greater significance in the current drug market. Fewer trends were noted for the other drug types.

Most key informants agreed that the following trends in illicit drug use had occurred during the previous 6-12 months.

#### *Opiates*

- increased heroin use
- more younger heroin users
- increased heroin smoking, especially among Indo-Chinese
- increased presentations to services for assistance with heroin
- more heroin injecting in public locations
- increased cocaine use among heroin injectors
- variable reports about changes in heroin price, purity and availability
- expansion of the heroin market from Cabramatta to neighbouring suburbs

#### *Stimulants*

- increased use of other drugs among amphetamine users
- increased amphetamine smoking
- more amphetamine users attending a needle exchange
- stable price (\$80-100/gm), fluctuating purity (low-medium) and easy availability of amphetamines
- increased cocaine use among heroin injectors
- more younger cocaine dealers



- continuing popularity of ecstasy injection

### *Cannabis*

- stable price (\$20-25/gm), potency (high) and availability (easy)
- consistent availability of high quality hydroponically grown cannabis
- increased presentations by primary cannabis users to health services in Western Sydney for assistance with heroin problems

### *Other*

- increased police activity, especially in SW Sydney
- less obvious dealing practices

### **Other indicators**

A range of early warning indicators available on an annual basis were sought which would complement and validate the survey and key informant data, including general and special population survey data, and health and law enforcement data. In order to be nationally comparable, these indicators needed to: be available annually, be in an accessible format, not require any special collections, include 50 or more cases, be brief, be collected in the main study site, and include details on the main illicit drug types.

Included in this analysis were: telephone advisory data, police offence data, drug purity data, toxicological data on drug-related deaths, HIV incidence and prevalence data, data from the National Drug Household Survey, data from the 1996 NSW Secondary School Drug Use Survey, and data from specialist surveys of illicit drug users. The source (survey, health or law enforcement data) is specified in brackets at the end of each point.

The following trends emerged from an analysis of this data in NSW.

- more assistance sought for heroin by users (health data)
- increased use of other drugs among amphetamine users (survey data)
- increased amphetamine smoking (survey data)
- stable price (\$80-100/gm), purity (low-medium) and availability (easy) of amphetamines (survey data; law enforcement data)
- increased familiarity with amphetamine ounces (survey data)
- reduced cannabis use among long-term users (survey data)
- increase in morphine and benzodiazepine related overdose (survey data)
- decrease in HIV and Hepatitis C among injecting drug users (survey data)

### **Summary of drug trends in NSW**

The main drug trends identified in the study overall during the past 6-12 months are summarised below. Note that there was a considerable amount of consensus on these trends between methods, which is described in greater detail in section 3.9.

## ***Heroin***

- increased heroin use
- more younger heroin users, especially in SW Sydney
- increased heroin smoking, especially in SW Sydney
- continuing popularity among females
- increased inquiries/help sought for heroin
- more heroin injecting in public locations
- increased cocaine use among heroin injectors, including "speedballs"
- availability of heroin stable & easy
- stable price and purity
- expansion of the heroin market from Cabramatta to neighbouring suburbs

## ***Amphetamines***

- continuing transition from amphetamine to heroin injection
- increased use of other drugs among amphetamine users
- increased amphetamine smoking
- more amphetamine users attending needle exchange
- stable price (\$80-100/gm), purity (low-medium) and availability (easy) of amphetamines

## ***Cocaine***

- some reports of increased cocaine availability in IC
- more frequent cocaine use among IC users
- increased purity of cocaine in SW (medium)
- variable prices since 1996 IDRS survey

## ***Cannabis***

- more frequent cannabis use among IDU
- generally stable price (\$20-25/gm), potency (high) and availability (easy)
- consistent availability of high quality hydroponically grown cannabis
- increased presentations to health services in Western Sydney for assistance with heroin problems
- reduced cannabis use among long-term users

## ***Other drugs***

- an increase in the proportion injecting methdone
- an increase in the use of DMT (hallucinogen)
- continuing popularity of ecstasy injection
- substantial levels of anti-depressant use

### ***Other issues and problems***

- increased police activity, especially in SW Sydney
- more younger cocaine dealers
- continuing high levels of overdose
- more assistance sought for heroin
- less obvious dealing practices

### **Research implications**

These findings suggest the following areas for further investigation:

1. research into factors influencing the current popularity of heroin use and its availability, and interventions to reduce the harms associated with heroin injection, such as overdose;
2. an examination of factors influencing transitions between types of drug use (eg. from amphetamine and cannabis to heroin use) and routes of administration (eg. smoking to injecting heroin, swallowing to injecting ecstasy);
3. research into the nature of and changes in the stimulant market, particularly factors affecting the availability of cocaine, and forms of amphetamine;
4. an examination of the impact of police practices on the availability of heroin and other drugs, and harms among illicit drug users.

Note that some of these issues may have received some research attention to date.



## **1.0 INTRODUCTION**

In 1997, the National Drug and Alcohol Research Centre was commissioned by the Commonwealth Department of Health and Family Services to conduct a multi-State trial of the Illicit Drug Reporting System (IDRS), following a successful pilot study of the methods in Sydney (Hando et al., 1997). It was intended that the IDRS provide a co-ordinated approach to the monitoring of data associated with the use of opiates, cocaine, amphetamines and cannabis, and that this information act as an early warning indicator of the availability and use of the main drug categories. Data from the IDRS needed to be sensitive enough to alert the existence of emerging problems of national importance rather than describe phenomenon in detail. It also needed to suggest areas for more detailed data collection, provide data in a timely manner, collect comprehensive data nationwide, ensure that the data were comparable, have representative coverage of the population, be simple to operate, be linked to a mechanism that could commission the collection of more in-depth data and be cost effective.

The *1997 NSW Drug Trends Report* summarises the information gathered in the NSW component of the national IDRS using three methods: key informant interviews with professionals working in the drug field, a survey of IDU and an examination of existing indicators. The three methods are intended to complement and supplement each other, with each having its various strengths and weaknesses. Results are summarised by drug type in a series of tables designed to provide the reader with an abbreviated picture of the illicit drug scenes and recent trends.

The reader is referred to a national report presenting State comparisons (Hando et al, 1998) and separate South Australian and Victorian Drug Trends Reports (Cormack et al., 1998; Rumbold & Fry, 1998).

### **1.1 STUDY AIMS**

The specific aims of the NSW IDRS were to:

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

## **2.0 METHOD**

As mentioned, information from three main sources was compiled to determine trends in illicit drug use: a survey of injecting drug users, a key informant study of professionals working in the drug field, and examination of existing secondary indicators. While key informants and injectors were asked specific questions about trends during the previous 6 months, information about trends over a longer time period (ie. 12 months) was also collected from these participants, and can also be determined from comparisons with previous IDRS data and other studies (eg. Hando et al., 1997).

### **2.1 INJECTING DRUG USER (IDU) SURVEY**

One hundred and fifty-four regular IDU were interviewed between April and August 1997. The sample was comprised of drug users who inject as it was anticipated they would be well placed as a sentinel group to report on trends over a wide variety of drug classes. Half of the sample were recruited from the inner city (IC) suburbs of Sydney, such as Newtown, Surry Hills, and the remaining half from southwest (SW) suburbs of Sydney, such as Cabramatta and Liverpool.

The IDU were recruited using multiple methods including advertisements in local newspapers, rock magazines and needle exchanges. Upon contacting the researchers the potential subject was screened over the phone on a series of questions regarding their drug use in the preceding six months. Entry criteria was having injected at least monthly in the 6 months prior to the interview and residing in Sydney for the past year. The IDU were interviewed at places convenient to them, such as coffee shops, hotels, parks and at NDARC.

The structured interview schedule based on previous NDARC research (eg. Darke et al., 1992, 1994) was administered to subjects. Sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and general trends were included. Interviews took about 30 minutes to administer and subjects were reimbursed \$20 for out-of-pocket expenses and time. Descriptive analyses were conducted using SYSTAT (Wilkinson, 1990). Results are presented by region (IC and SW).

### **2.2 KEY INFORMANT STUDY**

Thirty-seven key informants who worked in the illicit drug field were interviewed between April and August 1997. Entry criteria was at least weekly contact with illicit drug users in the past 6 months and/or contact with 10 or more illicit drug users in the last 6 months. All key informants satisfied this criteria; the median number of days of contact with illicit drug users in the past 6 months was 120 (range 15-180), and the majority (76%) reported contact with more than 50 illicit drug users. Key informants included health workers (n=17), needle exchange/outreach workers (n=7), police (n=7) and researchers (n=6). Forty-five percent (n=17) were males. Their knowledge was rated as good to excellent by both the key informant (90%) and interviewer (95%). Many worked with special populations, including youth (50%), Aborigines (37%), persons from non-English speaking backgrounds (34%), injecting drug users (79%), prisoners (29%), women (29%) and homosexuals (8%).

Seventeen key informants were recruited from the previous IDRS key informant study in Sydney (Hando et al., 1997) which interviewed 29 key informants, representing a follow-up rate of 59%.

The remainder were recruited from recommendations made by colleagues or supervisors.

Key informants were asked to specify the main illicit drug used by the drug users they had most contact with in the past 6 months. Most key informants reported on the use of heroin (n=23), the remainder reporting on amphetamines (n=3), cocaine (n=2), cannabis (n=3), illicit methadone (n=2), ecstasy (n=2) and steroid use (n=3). One key informant reported on two drug types, ecstasy and steroids.

The interview schedule was a structured instrument which included sections on drug use patterns, drug availability, criminal behaviour and health issues. Interviews were conducted by telephone and took between 20 and 40 minutes to administer. Notes were taken during the interview and transcribed in full afterwards. Open-ended responses were analysed using a word processor. Closed-ended questions were analysed using SPSS for Windows, Version 6.0 (SPSS Inc., 1993).

## **2.3 OTHER INDICATORS**

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

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

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

- telephone advisory data, provided by the Alcohol and Drug Information Service;
- police offence data, provided by the NSW Drug Enforcement Agency;
- drug purity data, collected by the Australian Government Analytical Laboratories and Division of Analytical Laboratories and analysed by the Australian Bureau of Criminal Intelligence;
- HIV incidence and prevalence data, collated by the National Centre in HIV Epidemiology and Clinical Research and published in the quarterly Australian HIV Surveillance Reports;
- data from the National Drug Household Survey, conducted on behalf of the National Drug Strategy, Commonwealth Department of Health and Family Services;
- data from specialist surveys of illicit drug users.

Some indicators in NSW were unavailable at the time of writing this report, or did not meet the above criteria. These included ambulance and emergency room data, urinalysis data and treatment admission data.

Only data from 1996 onwards has been included in this report. The reader is referred to previous IDRS reports (O'Brien, Darke and Hando, 1996; Hando et al., 1997) for indicators of illicit drug use prior to 1996 in NSW.

## **3.0 CURRENT DRUG SCENE AND RECENT TRENDS**

### 3.1 AN OVERVIEW OF THE IDU SAMPLE

The demographic characteristics of the inner city and south western Sydney IDU samples are summarised in Table 1.

**Table 1: Demographic characteristics of Sydney IDU**

	<b>Inner City n=76</b>	<b>South West n=78</b>	<b>Total n=154</b>
<b>Age (median years)</b>	28	27	27.5
<b>Sex (% male)</b>	54	56	55
<b>% Ethnicity:</b>			
<b>ESB</b>	99	78	88
<b>NESB</b>	1	22	12
<b>Aboriginal</b>	3	14	8
<b>Employment (%):</b>			
<b>Not employed</b>	76	86	81
<b>Full time</b>	7	4	5
<b>Part time/casual</b>	13	4	8
<b>Student</b>	3	3	3
<b>Home duties</b>	1	4	3
<b>School education (mdn yrs)</b>	11	9	10
<b>Tertiary education (%):</b>			
<b>None</b>	51	73	62
<b>Trade/technical</b>	32	27	29
<b>University/college</b>	17	0	8
<b>Prison history (%)</b>	24	60	42
<b>Currently in treatment (%)</b>	39	38	39

The median age of IC subjects was 28, and 27 for SW subjects (Table 1). Among IC subjects, primary amphetamine users were younger than primary heroin users (24 v 31 years). Among IC heroin users, women had a lower median age than men (25 v 33 years), as was also the case for primary amphetamine users (21 v 25 years). Women in the SW sample were also younger than males (24 v 30 years). The young age of the females in these samples is consistent with IDRS results from 1996, indicating a trend towards a new generation of younger IDU.

In both the IC and SW samples, there were nearly equal proportions of males and females. This is



further evidence of a rise in the numbers of female IDU, as previous studies have consistently reported approximately two thirds of IDU as males.

There was a large discrepancy in the proportions of IC and SW subjects who had been incarcerated. This difference was not an artefact of the greater number of primary amphetamine users in the IC sample, as 23% IC primary heroin users had prison records.

Of particular note was the extremely young age of the sample drawn from Cabramatta (21 years), which is consistent with previous studies indicating the emergence of a particularly young cohort of heroin users in the SW region. The Cabramatta sample were also more likely to be unemployed (87%), to have less educated (median 9 school years), to have a prison history (63%) and were less likely to have sought drug treatment (21%).

### **3.2 DRUG USE HISTORY OF THE IDU SAMPLE**

The mean age of first injection was 19.0 years (IC 19.6, SW 17.0). The mean age of first injection for the predominantly younger sub-sample of SW Cabramatta subjects was 17.2 years.

Heroin was the first drug injected by 46% of IC subjects, with 42% first having injected amphetamines. Among SW subjects, heroin was the first drug injected by 56% of subjects, with 36% first having injected amphetamines. Among the almost exclusively primary heroin using sample drawn from Cabramatta, 76% first injected heroin, while only 13% reported first injecting amphetamines. When the analysis was restricted to primary heroin users (where heroin was defined by the subject as their drug of choice), amphetamines were the first drug injected by 37% of IC subjects and 33% of SW subjects.

Current drug use and use histories are presented in Tables 2 and 3. Both samples were engaging in a wide variety of polydrug use. Among IC subjects, the median number of drug classes ever used was 11 (last six months=8), with 5 classes having ever been injected. The patterns were similar, although slightly lower among the SW subjects: ever used (9), used in the last 6 months (6), ever injected (4), injected in the last six months (2). Overall, the sample had used 10 drug types in their lifetime, and 7 during the past 6 months. They had injected 4 drug types ever, 2 in the past 6 months.

Use of all four main illicit drugs the IDRS focuses upon (heroin, amphetamines, cocaine and cannabis) was widespread (Tables 2 and 3). More detailed results relating to these drugs are presented in the following sections.

**Table 2: Drug use history of inner city IDU (N=76)**

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	96	96	88	53	12	38	8	24	8	88	90
Methadone	68	47	30					65	53	54	90
Other opiates	79	53	22	40	7	5	0	68	37	47	10
Amphetamines	97	93	62	33	7	82	24	67	15	64	12
Cocaine	83	72	41	25	7	58	15	15	3	47	6
LSD	97	32	4	11	1	4	1	93	32	32	7
Ecstasy	68	36	16	1	0	9	3	65	18	28	3
Benzodiazepines	95	38	16	11	5	0	0	95	76	76	11
Steroids	4	1	1					4	0	1	40
Alcohol	100	11	0							90	28
Cannabis	100									89	85
Anti-depressants	18									17	75
Inhalants	74									24	3
Tobacco	96									88	180
Polydrug use (mdn)	11	5	3							8	

\* Median number of days used in last 6 months by those subjects using the drug class in that period

**Table 3: Drug use history of southwest Sydney IDU (N=78)**

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	92	69	26	21	1	22	12	94	135
Methadone	87	56	31					81	60	68	120
Other opiates	51	28	8	15	3	1	0	44	31	35	10
Amphetamines	77	73	45	15	4	49	5	41	6	46	6
Cocaine	55	42	15	12	1	28	4	9	0	21	2
LSD	69	13	0	4	0	1	0	65	10	10	2
Ecstasy	27	4	3	1	0	1	0	26	9	10	1.5
Benzodiazepines	87	21	10	6	4	0	0	86	72	72	22
Steroids	3	3	0					0	0	0	0
Alcohol	96	4	1							59	12
Cannabis	95									81	120
Anti-depressants	30									10	60
Inhalants	37									6	2
Tobacco	100									100	180
Polydrug use(mdn)	9	4	2							6	

\* Median number of days used in last 6 months by those subjects using the drug class in that period

### 3.3 HEROIN

#### 3.3.1 IDU survey

Heroin had been used in the preceding six months by 91% of subjects (IC 88%, SW 94%) (Tables 2 and 3). Seventy-seven percent indicated that heroin was their drug of choice (IC 67%, SW 85%). Both rock (IC 80%, SW 91%) and powder heroin (IC 84%, SW 78%) had widespread use in both samples, a continuing trend since the 1996 IDRS survey.

Heroin was the first drug injected by 46% and 56% of subjects in the IC and SW samples, respectively. While injection remained the standard route of administration, sizeable proportions of both samples had smoked the drug in the preceding six months (IC 12%, SW 26%, 19% overall), particularly in the SW. Over two-thirds (69%) of SW subjects had *ever* smoked heroin, compared to 57% in the 1996 IDRS. In the past 6 months, heroin had been used on a median of 90 (IC) to 135 (SW) days among those who had used the drug in the present sample (total sample = 120 days), compared to 77 (IC) to 180 days (SW) in the 1996 study. A continued trend towards more females using heroin was evident. The particularly young age of Cabramatta heroin users (mean 21 years) was also noted.

Subjects were asked whether there were any trends that they wished to comment on. Eighteen IC subjects noted trends in heroin use. Here, heroin use was perceived as more widespread, with more younger users entering the market. Several subjects noted the increased use of "speed balls" (a combination of cocaine and heroin injected together) in the IC. Heroin was also mentioned by 17 SW subjects, again with reports of more younger heroin users and more widespread use of heroin.

#### *Price, purity and availability of heroin*

Almost all of both samples could comment on heroin price, purity and availability (IC 67/76, SW 76/78).

Heroin was reported to be cheaper in the SW for both caps (SW \$30 v IC \$50) and grams (SW \$380 v IC \$400), with the majorities of both samples reporting the price as stable (Table 4). Grams in SW Sydney were reported to be slightly cheaper compared to 1996 IDRS figures (\$390). Caps were reported to be more expensive in the IC compared to 1996 figures (\$35).

The purity of heroin was perceived as medium by the largest proportions of both samples. There was no clear concordance on changes in heroin purity over the preceding six months.

Heroin was considered easy or very easy to obtain by the almost all subjects in both samples. While the availability of heroin was considered stable by the largest proportions of both samples, nearly a quarter (23%) of IC subjects thought that it had become easier to obtain in that region. Several people noted that Cabramatta dealers were now operating in Liverpool and Campbelltown, partly as a result of police intervention in Cabramatta.

Users reported obtaining heroin from a number of sources, the most common of which were on the street (40%), dealer's home (16%) and friends (20%).

**Table 4: IDU estimates of heroin availability**

	<b>Inn er Cit y n=6 7</b>	<b>South West n=76</b>
<b>Purchase amount</b>	\$50 /cap \$40 0/g m	\$30/ca p \$380/g m
<b>Δ in price over last 6 months</b>	Sta ble (75 %)	Stable (63%)
<b>Purity</b>	Hig h (28 %) Me diu m (53 %) Lo w (19 %)	High (26%) Mediu m (49%) Low (24%)
<b>Δ in purity over last 6 months</b>	Incr easi ng (21 %) Sta ble (33 %) Dec reas ing (18 %) Flu ctu atin g	Increas ing (21%) Stable (29%) Decrea sing (36%) Fluctua ting (15%)

	(28 %)	
<b>Availability</b>	Eas y to obt ain (99 %)	Easy to obtain (99%)
<b>Δ in availability over last 6 months</b>	No cha nge (69 %)	No change (84%)

Note: only the largest proportions are recorded here.

### 3.3.2 Key informant study

#### *Current heroin patterns*

Twenty three key informants reported on the use of heroin, including 15 health workers, 4 police, 3 outreach workers and 1 researcher. Key informants were familiar with heroin users in the inner city, inner western and eastern suburbs of Sydney (n=7), western and south western Sydney (n=6) and throughout Sydney/NSW (n=10) (Table 5). Their ages ranged from 10 up to 70 years, the youngest ages reflecting those detained in juvenile institutions or contacted by outreach workers. Key informants agreed, however, that most were aged in their teens (n=10), 20s (n=15) or 30s (n=7). Forty percent to all of them were male, excluding heroin users from a women's only (pregnancy) service.

Sixteen key informants described heroin users who were primarily from English-speaking backgrounds throughout Sydney, four described non-English speakers, primarily Indo-Chinese from western/south western Sydney, and three described mainly Aboriginal heroin users from the inner city. Most heroin users were reported to have completed before or up to year 10 at school, with minorities having tertiary qualifications. Most were also unemployed, with minorities employed in casual work which was often unskilled. Less than half of the key informants (n=11) could report on sexual preference, which was usually heterosexual. Current treatment status varied; 10 to 100 percent of the heroin users key informants had contact with were in treatment which included methadone, counselling, detoxification and residential programs. Prison status also varied from 0 to 100%, although the majority were thought to have prior criminal convictions.

The use of both rock and powder heroin was reported throughout Sydney. Most heroin users were reported to inject heroin on a daily basis, with minorities using less frequently than this (eg. weekly). Two key informants reported on Indo-Chinese heroin smokers from western/south western Sydney. Polydrug use was common; most used tobacco, cannabis and alcohol on a regular basis, a minority were reported to have an alcohol problem, most used benzodiazepines to varying degrees (either by injection or oral use), amphetamine and cocaine use was variable, some illicit methadone use was noted, and some inhalant use among younger users.

### *Heroin trends*

A few trends in heroin use were reported during the past 6 months. Fourteen of the 23 key informants noted increases in the number of primary heroin users presenting to their service for assistance, including methadone clinics, detoxification programs, counselling services, prison health services, needle exchanges and other outreach services. This trend was noted throughout Sydney. The younger age of these clients than in previous years, and the increases in heroin smoking, particularly among Indo-Chinese populations, was also noted by several key informants.

An increase in cocaine use among heroin users in both the inner city and western/south western Sydney was noted by two key informants. Six key informants spontaneously mentioned the more varied locations these heroin users chose to inject, particularly in public places such as on the street.

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

**Table 5: Key informant estimates of heroin use and trends**

<b>Who's using</b>  <b>Δ in user Demographics</b>	Reside throughout Sydney Most aged teens to 30s Males and females Most unemployed Most educated below or up to Year 10 Diverse ethnic backgrounds Most prison history Most heterosexual  Increase in younger heroin users
<b>Routes of administration</b>	Most inject Smoking among Indo-Chinese and others
<b>Δ in routes of administration</b>	Increased smoking among Indo-Chinese
<b>Other drug use</b>	Polydrug use common, particularly tobacco, cannabis and alcohol Variable levels of other illicit Increased cocaine use
<b>Other trends</b>	Increased presentations to range of services More injection in public locations

### *Price, purity and availability of heroin*

Two key informants reported the price of heroin grams as \$300/gram throughout Sydney (Table 6). Heroin caps were reported to range from \$15-50/cap by 19 key informants, with average prices slightly lower in south west and western Sydney (\$30/cap) compared to the inner city (\$40/cap). Most thought that prices were either stable (n=9) or had decreased (n=8) during the

past 6 months. Only 12 key informants could comment on the purity of heroin, with most (n=8) rating it as high, compared to medium (n=3) or low (n=1). Most thought purity had remained stable (n=8) or had increased during the past 6 months (n=6). All considered heroin easy to very easy to obtain, and that this situation had remained stable (n=11) or had become easier in the past 6 months (n=11).

During the past *12 months*, three key informants reported that heroin had become cheaper. An expansion of the heroin market to suburbs neighbouring Cabramatta was noted by two key informants. An increase in the number of female heroin users was also noted by two key informants.

**Table 6: Key informant estimates of heroin availability**

<b>Purchase amount</b>	\$30/cap (SW) \$40/cap (IC) \$300/gram
<b>Δ in price</b>	Stable or decreased
<b>Purity</b>	Mostly high
<b>Δ in purity</b>	Stable or increased
<b>Availability</b>	Easy to very easy
<b>Δ in availability</b>	Stable or easier

### 3.3.3 Other indicators

#### *Survey data*

The 1995 National Drug Household Survey (Commonwealth Department of Health and Family Services, 1996) which sampled 600 NSW residents found that 1% had ever used heroin, and less than 1% had used it in the 12 months prior to interview. These low rates and a small sample size of illicit drug users make it difficult to detect trends from this data over time, or to analyse the data by gender or age.

A survey of 222 heroin users (Ross and Darke, 1997) was conducted in Sydney during 1996. The sample was recruited from throughout Sydney. Over half (59%) were males and the mean age was 29.8 years. The number of days heroin had been used in the past 6 months was 64 (compared to 90-135 days in present IDU sample). This sample differed from the IDU reported in the present study, possibly due to different recruitment strategies which accessed a broader range of heroin users in the Ross and Darke survey.

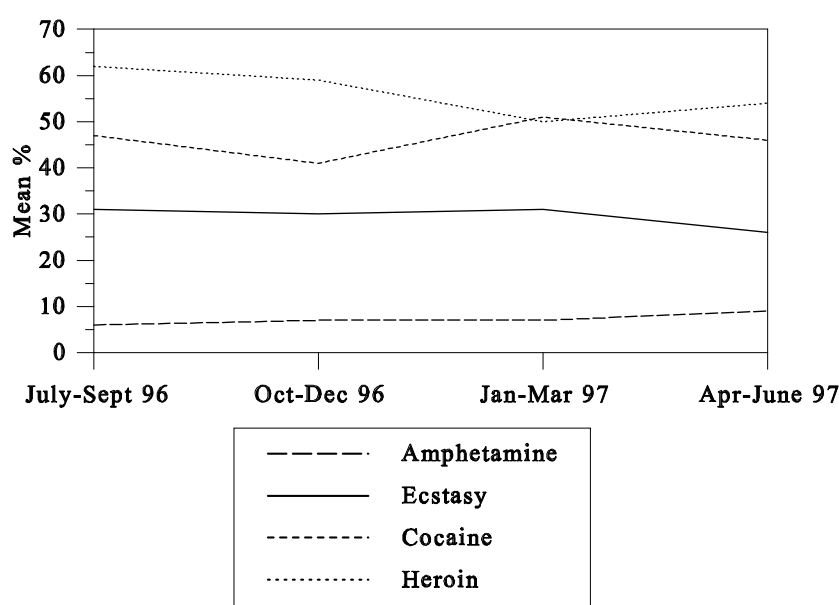


### *Law enforcement data*

Government analytical laboratories analyse most drugs seized by police agencies in NSW. The present figures represent the purity of drugs received at the laboratory within the relevant quarter. Few differences were noted between the purity of small (street) seizures of 2 grams or less and larger seizures (>2 grams) of heroin. Combined results are therefore presented.

Of the 187 seizures analysed between July 1996 and June 1997, a mean purity level of 55% was recorded (range 3-87%), with some fluctuation occurring between quarters (12%) (see Figure 1). These figures are consistent with 1995 levels. Most of the seizures analysed were greater than 2 grams (63%) rather than 2 grams or less (37%).

**Figure 1: Purity of NSW seizures, 1996-97**



### **3.3.4 Summary of heroin trends**

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

- increased heroin use (IDU; KIS);
- more younger heroin users, especially in SW Sydney (IDU; KIS);
- increased heroin smoking, especially in SW Sydney (IDU; KIS);
- continuing popularity among females (IDU);
- increased inquiries/help sought for heroin (KIS; OTHER);
- more heroin injecting in public locations (KIS);
- increased cocaine use among heroin injectors, including "speedballs" (IDU; KIS);
- availability of heroin stable & easy (KIS; IDU);
- price and purity (IDU; OTHER);
- expansion of the heroin market from Cabramatta to neighbouring suburbs (IDU; KIS).

### 3.4 AMPHETAMINES

#### 3.4.1 IDU survey

Two thirds (64%) of IC subjects and nearly a half (46%) of SW subjects had used amphetamines in the preceding six months (Tables 2 and 3). Fifteen percent indicated that amphetamines were their drug of choice. Amphetamine use was almost exclusively of powder, with minorities reporting the use of prescription amphetamines (3-9%) or liquid (1-3%).

Amphetamines were the first drug injected by 36-42% of subjects in the IC and SW samples, respectively. Most of the subjects (SW 73%, IC 93%) had injected amphetamines, although sizeable proportions had also snorted it (SW 49%, IC 82%), swallowed it (SW 44%, IC 67%) and smoked it (SW 15%, IC 33%), particularly in the inner city. An increase from 17% to 33% of IC subjects who had ever smoked amphetamines was noted since the 1996 IDRS survey. A continuing trend towards transitions from amphetamine to heroin injection was evident in the present sample, also noted in the 1996 IDRS survey.

During the past 6 months, amphetamines had been used on a median of 6 (SW) to 12 days (IC), approximating fortnightly to monthly use. These levels were similar to that reported in the 1996 IDRS survey. No comments were made by users about other trends in amphetamine use.

#### *Price, purity and availability of amphetamines*

Large proportions of both samples were able to comment on amphetamine price, purity and availability (IC 47/76, SW 32/78).

The median price per gram of amphetamines was reported to be \$100 in both regions (Table 7). Ounces of amphetamines were reported in the inner city to cost a median of \$1000 and \$900 in the south west, although fewer subjects could comment on this (IC 10/76, SW 13/78). The price was reported as having been stable in the preceding six months, as well as since the 1996 IDRS survey. However, more subjects in the present survey could comment on the price of ounces of amphetamines, compared to 1996. This may reflect a tendency to sell in larger quantities than previously.

There was disagreement over the purity of amphetamines among both samples in the present survey. The largest proportions of both samples reported the purity as medium (IC 46%, SW 42%) and stable (IC 36%, SW 50%) during the past 6 months.

Amphetamines were reported to be easy or very easy to obtain. Availability was considered to be stable.

**Table 7: IDU estimates of amphetamine availability**

	<b>Inner City n=47</b>	<b>South West n=32</b>
<b>Purchase amount</b>	\$100/gm \$900/oz	\$100/gm \$1000/oz
<b>Δ in price over last 6 months</b>	Stable (72%)	Stable (84%)
<b>Purity</b>	High (30%) Medium (46%) Low (25%)	High (15%) Medium (42%) Low (39%)
<b>Δ in purity over last 6 months</b>	Stable (36%) Decreasing (24%) Fluctuating (27%)	Stable (50%) Decreasing (19%) Fluctuating (19%)
<b>Availability</b>	Easy (85%)	Easy (88%)
<b>Δ in availability over last 6 months</b>	Stable (50%)	Stable (73%)

Note: only the largest proportions have been reported here

### 3.4.2 Key informant study

The following results should be interpreted with caution due to the small number of key informants (n=2) who provided this information, although information from one key informant was obtained from structured interviews with 200 regular amphetamine users in Sydney during 1996 (see also Hando, Topp and Hall, 1997; Hando and Hall, 1998; Section 3.4.3).

#### *Current amphetamine patterns*

Two key informants, one researcher and one needle exchange worker, reported on amphetamine users who resided throughout Sydney, especially the inner city, inner west and eastern suburbs (Table 8). Amphetamine users were aged from 14 to 53, but most were in their 20s and 30s. The majority were males. Both heterosexuals and gay males were represented. Most were from an English-speaking background, although a minority of persons from non-English speaking backgrounds and Aboriginals were included. Most had completed up to Year 12 at school, with substantial minorities also having completed tertiary studies. Most were employed in a range of jobs, or students. A minority were in treatment for a drug problem, mostly methadone. Few had any experience of prison.

One key informant (needle exchange worker) who described a sample of gay males reported that this group usually injected amphetamines, from a daily to monthly basis, usually at dance parties or other social occasions. Forty percent also injected heroin on a daily basis, 60% smoked cannabis daily, 60% used benzodiazepines and ecstasy, 30% used cocaine in binges and most were

social drinkers.

The other key informant (researcher) who had contact with a wider range of users reported injection practices among two-thirds of amphetamine users, usually 1-2 days per week. Most used powder, although some prescription amphetamine was noted. They were large polydrug users, who frequently used alcohol, tobacco and cannabis on a regular basis, although had tried most drug types.

#### *Amphetamine trends*

More people (10-15%) were now using the needle exchange. The researcher noted increases in "ice" and heroin use among amphetamine users during the past 6 months.

Other trends over the past few years included increased use of prescription amphetamines and "snow-cones", more frequent amphetamine use, and increased benzodiazepine, cocaine and hallucinogen use among amphetamine users.

**Table 8: Key informant estimates of amphetamine use and trends**

<b>Who's using</b>	<p>Majority male  Most aged 20s and 30s  Most ESB  Most employed  Most completed Year 12, minority tertiary studies  Heterosexual and homosexual  Few in treatment or prison history</p>
<b>Δ in user demographics</b>	No change
<b>Routes of administration</b>	Majority inject
<b>Δ in routes of administration</b>	No change
<b>Other drug use</b>	<p>Polydrug users  Tobacco, alcohol and cannabis most common  Increased use of "ice" and heroin  Increased use of other drugs (past few years)</p>
<b>Other trends</b>	
	More people presenting to needle exchange

#### *Price, purity and availability of amphetamines*

Amphetamine was reported to cost between \$80 and \$100 per gram, a price which was seen to have remained stable during the previous 6 months (Table 9). Informants agreed that the purity of amphetamine was perceived to fluctuate between medium and low levels. They thought that amphetamine was easy to very easy to obtain, and that this had remained stable or had become

more difficult during the past 6 months.

**Table 9: Key informant estimates of amphetamine availability**

<b>Purchase amount</b>	\$80-100
<b>Δ in price</b>	No change
<b>Purity</b>	Low to medium
<b>Δ in purity</b>	Fluctuating
<b>Availability</b>	Easy to very easy
<b>Δ in availability</b>	Stable to more difficult

### **3.4.3 Other indicators**

#### *Survey data*

The 1995 National Drug Household Survey (Commonwealth Department of Health and Family Services, 1996) which sampled 600 NSW residents found that 5% had ever used amphetamine, and 3% had used it in the 12 months prior to interview.

A survey of 200 amphetamine users recruited throughout Sydney was conducted during 1996 (Hando, Topp and Hall, 1997). The mean age of this sample was 24.8 years and the majority (62%) were males. They had used amphetamine on a median of 36 days during the past 6 months, the equivalent of once or twice a week. While amphetamines were the drug of choice for just under half the sample (46%), they were characterised by their polydrug use, having used a mean of 10 drug classes during their lifetime and 7 drug classes during the past 6 months. The majority (65%) had injected amphetamines, although like the present sample, many had also experimented with other routes, including smoking. More frequent amphetamine use was reported compared to previous surveys, as well as more frequent other drug use.

#### *Law enforcement data*

Few differences were noted between the purity of small (2 grams or less) and larger (>2 grams) seizures of amphetamines. Of the 260 seizures analysed between July 1996 and June 1997, a mean purity level of 7% was recorded (range <1-82%), with very little fluctuation occurring between quarters (3%) (see Figure 1). These figures are consistent with 1995 levels. Most of the seizures (86%) weighed over 2 grams.

### **3.4.4 Summary of amphetamine trends**

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

- continuing transitions to heroin injection (IDU);

- increased use of other drugs among amphetamine users (KIS; OTHER);
- increased amphetamine smoking (KIS; IDU; OTHER);
- more amphetamine users attending needle exchange (KIS);
- stable price (\$80-100/gm), purity (low-medium) and availability (easy) of amphetamines (KIS; IDU; OTHER).

### **3.5 COCAINE**

#### **3.5.1 IDU survey**

Cocaine use was common, although more so in the inner city. Cocaine had been used in the preceding six months by 47% of IC subjects, and 21% of the SW sample. Use was, however sporadic, having been used on a median of 6 days in the preceding six months by IC users, and only 2 days among SW users. Only 1% indicated that cocaine was their drug of choice. While similar proportions of IC samples had used cocaine in the preceding six months in both the 1996 and 1997 surveys (40% v 47%), 1997 users had used on more days (6 v 3).

Among those who had used cocaine in the present survey, injection was the most common route of administration in the past 6 months. Very few reported smoking cocaine during this time, particularly in the SW (IC 7%, SW 1%). As in the 1996 survey, use was almost exclusively of powder (IC 43%, SW 19%) compared to crack-cocaine (IC 5%, SW 3%), reports of which were verified with the subject.

Subjects were asked whether there were any trends that they wished to comment on. Several subjects noted the use of "speed balls" in the IC, a combination of cocaine and heroin.

#### *Price, purity and availability of cocaine*

A larger proportion of IC subjects could comment on cocaine availability than among their counterparts in the SW (31/76 v 13/78). In addition, the proportion of IC subjects who could comment on cocaine increased since the 1996 IDRS survey, indicating a greater exposure to cocaine in the inner city, and possibly increased availability.

Cocaine was reported to be slightly cheaper in the IC than in the SW for both a gram (\$200 v \$240) and a cap (\$75 v \$80) (Table 10). While the price of a gram of cocaine in the IC decreased since 1996 (\$210 to \$200), it increased in the SW (\$200-\$240).

The largest proportions of both samples believed cocaine to be of medium purity. There were distinct differences between the two samples over changes in purity over the preceding six months, with 50% of SW subjects believing purity had increased in that period, compared with only 13% of IC subjects.

Cocaine was reported to be easy or very easy to obtain by a larger proportion of IC than SW subjects (81% v 62%). While most thought that availability had remained stable during the past 6 months, a quarter of each sample reported increases in availability.

**Table 10: IDU estimates of cocaine availability**

	<b>Inner City n=31</b>	<b>South West n=13</b>
<b>Purchase amount</b>	\$75/cap \$200/gm	\$80/cap \$240/gm
<b>Δ in price over last 6 months</b>	Stable (83%)	Stable (92%)
<b>Purity</b>	High 27%) Medium (50%) Low (23%)	High (20%) Medium (70%) Low (10%)
<b>Δ in purity over last 6 months</b>	Stable (30%) Decreasing (22%) Fluctuating (35%)	Increasing (50%) Stable (40%)
<b>Availability</b>	Easy (81%)	Easy (62%)
<b>Δ in availability over last 6 months</b>	Easier (29%) Stable (61%)	Easier (23%) Stable (54%)

### 3.5.2 Key informant study

The following results should be interpreted with caution due to the small number of key informants (n=3) who provided this information, all of whom worked in the law enforcement area.

#### *Current cocaine patterns*

Three police officers identified two distinct groups of cocaine users (Table 11). The first were young (aged between 20 and 30) and lived in the inner city, inner west and eastern suburbs of Sydney. They were predominantly from an English speaking background, although a minority of Aboriginals were represented. About half were male. Most were unemployed, and had completed up to Year 10 of high school. They often sold drugs or conducted property crimes such as break and enters to fund their drug use. About 60% had a prison history. Most injected cocaine on a daily basis, and often used heroin with the cocaine, and cannabis.

The second group of cocaine users were aged between 18 and 73, although most were in their 30s or older. These users lived in the more affluent eastern and north shore suburbs of Sydney, and other parts of Australia. The majority were male and from an English-speaking background, although some non-English speaking backgrounds were represented. They were generally well-educated, wealthy professionals who had completed some form of tertiary education. Some were involved in cocaine importation and distribution. Few had any experience of drug treatment. Prison histories varied - those involved in importing and distributing cocaine were more likely to have been in prison, while those just using cocaine were unlikely to have a prison history. Most used cocaine intranasally in varying amounts (up to daily), usually in a social situation. Alcohol, tobacco, and cannabis use were reported to be common, and some also used amphetamine.

#### *Cocaine trends*

No trends in patterns of cocaine use were noted by two of the three police officers during the past 6 months. One police officer noted seasonal changes in cocaine use over the past 12 months.

**Table 11: Key informant estimates of cocaine use and trends**

<b>Who's using</b>	Most aged 20s or older Reside inner city, east, north Most English-speaking background Half to majority males Range education levels and occupations
<b>Δ in user demographics</b>	No change
<b>Routes of administration</b>	Intranasal and injection
<b>Δ in routes of administration</b>	No change
<b>Other drug use</b>	Tobacco, alcohol and cannabis most common Some use of heroin and/or amphetamines
<b>Other trends</b>	Seasonal

*Price, purity and availability of cocaine*

The price of cocaine was reported to be between \$40 and \$80 per cap, or between \$3,000 and \$4,800 per ounce, with disagreement about changes in price. Cocaine was seen to be easy to obtain, and its purity was perceived as between 25 and 35%, although higher when obtained from the source (Table 12).

**Table 12: Key informant estimates of cocaine availability**

<b>Purchase amount</b>	\$40-80/cap \$3,000-4,800/oz
<b>Δ in price</b>	No consensus
<b>Purity</b>	25-35%
<b>Δ in purity</b>	No consensus
<b>Availability</b>	Easy
<b>Δ in availability</b>	No consensus



### **3.5.3 Other indicators**

#### *Survey data*

The 1995 National Drug Household Survey (Commonwealth Department of Health and Family Services, 1996) found that 4% of a stratified random sample of 600 NSW residents had ever used cocaine, and 1% had used it in the 12 months prior to interview.

No specialist surveys have been conducted among cocaine users in NSW since 1995. Surveys of heroin and amphetamine injectors show that while most have tried cocaine, it continues to be on an infrequent basis (ie. median 2-3 days in the past 6 months) (Ross and Darke, 1997; Hando, Topp and Hall, 1997).

#### *Law enforcement data*

Few differences were noted between the purity of small (2 grams or less) and larger (>2 grams) seizures of cocaine. Of the 106 seizures analysed between July 1996 and June 1997, a mean purity level of 46% was recorded (range <1-87%), with some fluctuation occurring between quarters (10%) (see Figure 1). These figures are lower than 1995 levels, which recorded a mean purity of 50%. Most of the seizures (85%) weighed over 2 grams.

### **3.5.4 Summary of cocaine trends**

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

- some reports of increased cocaine availability in IC (IDU; KIS);
- more frequent cocaine use among IC users (IDU);
- increased use of "speedballs" (heroin and cocaine) (IDU);
- increased purity of cocaine in SW (medium) (IDU);
- variable prices since 1996 IDRS survey (IDU).

## 3.6 CANNABIS

### 3.6.1 IDU survey

Cannabis had been used in the preceding six months by 89% of IC subjects and 81% of SW subjects, with use tending to be regular (median 85-120 days) (Tables 2 and 3). More frequent cannabis use among both the IC and SW subjects was noted, compared to 1996 results (median 51-60 days). Most subjects in the present samples had used cannabis leaf in the past 6 months (IC 91%, SW 80%), with minorities reporting the use of hash (10-30%) and hash oil (5-8%). Minorities reported cannabis as their drug of choice (4%).

#### *Price, potency and availability of cannabis*

Cannabis availability was able to be commented upon by majorities of both samples (IC 66/76, SW 57/78).

The median price of an ounce of cannabis was \$400 (Table 13). The median price of a gram of cannabis was slightly cheaper in the SW (\$20) than in the IC (\$25). The majority of both samples reported the price as stable over the preceding six months. The majority of both samples reported the potency of cannabis as high. Potency was reported to be either stable, or increasing. Only very small percentages (2-5%) regarded quality as decreasing.

Cannabis was reported to be easy or very easy to obtain by the majority of both samples. Availability was considered to be stable.

**Table 13: IDU estimates of cannabis availability**

	<b>Inner City n=66</b>	<b>South West n=57</b>
<b>Purchase amount</b>	\$25/gm \$400/oz	\$20/gm \$400/oz
<b>Δ in price over last 6 months</b>	Stable (72%)	Stable (61%)
<b>Potency</b>	High (70%) Medium (27%)	High (66%) Medium (29%)
<b>Δ in potency over last 6 months</b>	Increasing (27%) Stable (55%)	Increasing (27%) Stable (52%)
<b>Availability</b>	Easy (86%)	Easy (95%)
<b>Δ in availability over last 6 months</b>	Stable (64%)	Stable (73%)

No major trends emerged since the 1996 IDRS survey. The price of gram bags of cannabis remained slightly cheaper in SW Sydney than the IC, the same median prices reported in 1996.

There was strong agreement in both years that the quality of cannabis was high, and that the drug was easily obtained.

### **3.6.2 Key informant study**

The following results should be interpreted with caution due to the small number of key informants (n=3) who provided this information, although one of these key informants reported information from structured interviews with 200 cannabis users (see also Swift, Hall and Copeland, 1997; Section 3.6.3).

#### *Current cannabis patterns*

A researcher and two health workers reported on primary cannabis users with whom they had contact during the previous 6 months (Table 14). These cannabis users were reported to reside throughout Sydney. While ages ranged from 12 to 58, a younger group (aged 12-25) from Western Sydney and an older group (late 20s -early 30s) from throughout the Sydney metropolitan area were reported. Half to two-thirds were males. Most were from an English-speaking background, with substantial minorities from a range of non-English speaking backgrounds. Most of the younger Western Sydney users had not completed up to Year 10 at school and were unemployed or students. The slightly older group were usually employed in a wide range of occupations and were better educated (ie. had completed high school or tertiary education). Most were not currently in treatment for a drug problem, although one key informant from a counselling service reported that up to 40% of the cannabis users she saw were receiving counselling. Most were not in prison and 10-40% had a previous prison history, this being more common among the younger Western Sydney cannabis users.

All were regular cannabis users, ranging from daily use (among the younger, unemployed group) to several times per week (among the older, more educated group). Most were reported to use bongs. Tobacco and alcohol were the most common other substances used, with minorities reporting the use of heroin, amphetamines and benzodiazepines. Up to half of the younger cannabis users in Western Sydney were reported to use inhalants. Ecstasy and LSD were also more common among this group.

#### *Cannabis trends*

Two key informants from Western Sydney noted an increase in the number of primary cannabis users presenting to their services with heroin problems in the past 6 months. Increased feelings of hopelessness about their present situation and future over the past 12 months or longer were also noted among this group. The researcher noted that up to half of the older sample had reduced their cannabis use in the past 12 months for a variety of reasons, one of which arose after discussions with the researcher. See also Section 3.8.2.

**Table 14: Key informant estimates of cannabis use and trends**

<b>Who's using</b>	Aged teens to 30s Reside throughout Sydney Variable education levels and occupations Most English-speaking background Half to two-thirds male Some treatment and prison history
<b>Δ in user demographics</b>	No change
<b>Routes of administration</b>	Most use bongs
<b>Δ in routes of administration</b>	No change
<b>Other drug use</b>	Tobacco and alcohol most common Some use of other illicit
<b>Other trends</b>	More cannabis users seeking assistance for heroin problems Substantial proportion reducing cannabis use

*Price, potency and availability of cannabis*

Cannabis was considered to be very easy to obtain, and could be purchased for between \$400-500 per ounce or \$20-25 per gram bag (Table 15). Two of the three key informants reported that the price had increased during the previous 6 months, and that this varied according to whether it was grown hydroponically or not, with hydroponics being stronger and therefore more expensive. There was a belief among key informants that the supply of hydroponically grown cannabis had increased, contributing to a consistent availability of high quality cannabis.

**Table 15: Key informant estimates of cannabis availability**

<b>Purchase amount</b>	\$20-25/gram \$400-500/oz
<b>Δ in price</b>	Stable or increased (due to hydroponics)
<b>Potency</b>	High
<b>Δ in potency</b>	No change

<b>Availability</b>	Easy
<b>Δ in availability</b>	No change

### 3.6.3 Other indicators

#### *Survey data*

The 1995 National Drug Household Survey found that 30% of a sample of NSW residents had ever used cannabis, 13% had used cannabis in the past 12 months and 13% reported weekly use of cannabis (Makkai and McAllister, 1997). Use in the past 12 months and weekly use was more common among those aged 14-19 (17%, 14%) and 20-39 (16%, 11%), compared to those over 40 years (2%, 9%). Bongs (63%) were the most common method of consumption. Most used cannabis at parties (61%) or friend's houses (70%). Prevalence of use had remained relatively stable since 1993.

A survey of 200 long-term cannabis users in Sydney was conducted during 1995-96 (Swift, Hall and Copeland, 1997). The sample had a mean age of 28 years and more than half (58%) were male. They had used cannabis for 11 years, on average, usually beginning when they were 15 years old. The majority (56%) currently used cannabis on a daily basis. Alcohol and tobacco were the most common other drugs used, with less than half reporting the recent use of other illicit drugs. Like the National Household Survey, most smoked bongs and used at home or in friend's homes.

Other surveys of injecting drug users show that most use cannabis on a frequent basis (Ross and Darke, 1997; Hando, Topp and Hall, 1997).

### 3.6.4 Summary of cannabis trends

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

- more frequent cannabis use among IDU (IDU);
- generally stable price (\$20-25/gm), purity (high) and availability (easy) (IDU; KIS);
- consistent availability of high quality hydroponically grown cannabis (KIS);
- increased presentations to health services in Western Sydney for assistance with heroin problems (KIS);
- reduced cannabis use among long-term users (OTHER).

## 3.7 OTHER DRUGS

### 3.7.1 IDU survey

The use of pharmaceuticals by these samples deserves attention. Methadone syrup had been injected in the preceding six months by 30% IC and 31% of SW subjects, an increase since the 1996 IDRS survey (20-21%). The use of physeptone tablets was rare, with 4% of IC and 6% of SW subjects having used physeptone in the preceding six months. The opioid other than heroin and methadone most used by subjects was *Panadeine Forte*, which contains 30mg of codeine per tablet.

Benzodiazepines had widespread use in the preceding six months (IC 76%, SW 72%), and had been injected in that period by substantial minorities (IC 16%, SW 10%). The most commonly used benzodiazepine in the IC sample was Valium (diazepam) while in the SW it was Rohypnol (flunitrazepam), a similar finding as in the 1996 IDRS survey. When asked about drug trends, a number of subjects in both the IC and SW samples commented on the injection of methadone syrup and benzodiazepines tablets. SW subjects also noted that Rohypnol was becoming popular again.

The use of anti-depressants was at surprisingly high levels in both samples. Among IC subjects, 18% had ever used anti-depressants, 17% in the preceding six months. Similar figures were found among the SW sample for both lifetime (30%) and recent (10%) use. The median number of days anti-depressants had been used in the previous 6 months ranged from 60 (SW) to 75 (IC), approximating 2-3 times per week. It is unknown at this stage whether the use of these drugs was abuse or not. No clear preference emerged among anti-depressant users, with both tricyclic (eg. amitriptyline) and SSRI (eg. prozac) drugs being reported. No comments can be made about trends because anti-depressants were not inquired into in the 1996 survey.

The use of LSD was common among the IC sample, with 32% having used the drug in the preceding six months, compared to 10% of SW subjects. A similar pattern was seen for ecstasy (IC 28%, SW 10%). IC subjects were both more likely to have ever injected ecstasy (36% v 4%) and to have injected it during the previous 6 months (16% v 3%) than SW subjects. A rise in the use of the hallucinogen DMT was noted by 5 IC subjects.

Inhalant use was common in the IC sample (24%), but rare in the SW (6%). Inhalant use was almost exclusively amyl nitrate ("rush"). Few subjects reported the use of steroids, (3-4%).

### 3.7.2 Key informant study

#### *Ecstasy*

Two key informants who were both researchers reported on the use of ecstasy (see also Topp, Hando and Dillon, 1998; Hando, Topp and Dillon, 1998). The majority of these users resided in Sydney's inner city, eastern suburbs or inner west. They were seen to be a generally young (age range 16-45), well educated group, who had completed at least 12 years of high school, and who were usually employed full-time in a broad range of professions. Forty to 75% were males, and both homosexuals and heterosexuals were represented. Most were from an English-speaking

background. None had a drug treatment or prison history.

Most of these ecstasy users took it orally, with a minority injecting it. Use was weekly to monthly, although more frequent during party seasons. Ecstasy was often used in association with dance parties and other social events. Ketamine ("Special K") powder, taken intranasally, and MDA, were reported to be the main illicit drugs used by inner city gay users. Key informants noted that cannabis, alcohol, tobacco, amphetamines, benzodiazepines, LSD and some cocaine were also used.

In terms of trends, an increase in the number of younger ecstasy users in the past 6 months was noted by one key informant, as well as increases in ketamine, benzodiazepine and MDA use among this group. Gay users who took ecstasy regularly were also reported to have increased their quantity of ecstasy use due to the development of tolerance.

The price of ecstasy tablets was reported to vary according to how many tablets were purchased. For example, in batches of 50 or 100 the price per tablet could be as low as \$35, whereas individually purchased tablets could cost as much as \$70 each. On average the tablets were estimated to be about \$60 each. This price was reported as stable over the previous 6 months, and very easy to obtain.

### *Steroids*

Three key informants (2 researchers, 1 health worker) reported on the use of steroids (see also Peters et al., 1997). Steroid users were aged from 17 to 52 yrs, although most were seen to be between 18 and 35. Residing throughout Sydney suburbs (and indeed, across NSW), nearly all were reported to be males from English speaking backgrounds, who were well educated (Year 12 or higher) and employed in a variety of positions including in the fields of law, finance, and the fitness industry. They were perceived as earning above average wages. Key informants identified minority groups of Mediterranean, Middle Eastern and Polynesian steroid users. None of the steroid users reported on were in treatment for their steroid use. Very few of this population was believed to have any history of incarceration, and they were not seen as a criminally active group.

There were about 30 different steroid types used by this group. They reportedly chose three or four steroids to use in a "cycle", which usually lasted for a duration of 8 - 12 weeks. The amount and frequency of use within cycles varied widely, and the majority of users injected their steroids intramuscularly, although many users combined oral (daily) steroid use with injecting. For the homosexual steroid users, the timing of cycles often coincided with the party seasons around Christmas and the Mardi Gras. For the heterosexuals, cycle timing revolved around body building competition schedules.

This group were reported to be mainly social drinkers and non-smokers. Apart from cannabis (which may be used socially), they were generally not users of illicit drugs apart from performance enhancers. The homosexual members of the group were the exception, using MDMA tablets on a regular basis. Other performance enhancing drugs reportedly used included hCg (injected), Clenbuterol (a powdered bronchodilator used for fat burning), insulin (injected), human growth hormone (injected), and diuretics (taken orally).

Key informants agreed that this population was extremely "health conscious", attending gyms to lift weights, and spending substantial amounts of money on their health. They were reported to be fastidious about their diets.

Recent trends reported by key informants included an increase in the use or demand for insulin and an increase in the amount of "counterfeit" steroids and liquid steroids "cut" with oil.

#### *Illicit methadone*

Illicit or "street" methadone was reported by two outreach workers to be used by persons who resided in a range of Sydney suburbs, and were aged in their late 20s to mid 30s. The form of illicit methadone used by this group was a syrup, either purchased on the street (for between \$0.50 to \$1.00 per mg), or taken home from a methadone maintenance clinic. Key informants revealed that daily injection was not uncommon, and was achieved using butterfly clips and bacterial filters. They agreed that heroin injection was common amongst this group.

No changes in the price, purity or availability of illicit methadone were noted by key informants, nor did they note any changes in the types or numbers of people using methadone. Key informants did comment that methadone users had recently complained about being physically searched by police for no apparent reason.

### **3.7.3 Other indicators**

#### *Survey data*

A specialist survey of 213 ecstasy users conducted in Sydney during 1997 found that they were typically young adults (mean age 22 yrs) who were often well educated and employed or students (Topp et al., 1998; Hando et al., 1998). They resided throughout the Sydney metropolitan area and included equal proportions of males and females. They had used ecstasy on a median of 12 days during the past 6 months, approximating fortnightly use. While oral use was the primary route of ecstasy administration, a substantial minority reported injecting ecstasy (13%). While most had a preference for ecstasy (53%), the sample was characterised by their polydrug use, having tried an average of 10 drug types during their lifetime. Some trends in the use of ecstasy were noted since an earlier survey conducted in 1990 (Solowij, Hall and Lee, 1992); users were now younger, more residentially diverse, included more females, and engaged in increased injection practices and concurrent polydrug use.

Peters et al. (1997) conducted a survey of 100 anabolic-androgenic steroid users in New South Wales (n=97) and the Australian Capital Territory (n=3). The majority of steroid users were male (94%), and 27% of the sample were homosexual. They tended to be well educated (Mean years of education = 14.2, SD =3.3) and had a low rate of unemployment (5%). Most of the sample were 'body-image' users (61%), or competitive body builders (22%). Only 11% of the sample were competitive athletes, and 6% used for occupational reasons. Use of other illicit drugs was reasonably common (cannabis 70%, amphetamines 51%, cocaine 43%, ecstasy 49%, hallucinogens 36%, heroin 9%), however, few had ever injected these substances (1-6%) or used weekly or more (cannabis 10%, other illicit 1-3%). Steroids were usually obtained from friends (54%), dealers (32%), and doctors (21%). Most of the sample (97%) had injected steroids (intra-



muscular injection), with the majority (83%) injecting from commencement of their steroid use. Steroids were most commonly injected into the buttocks (87%), the shoulder (35%) and thigh (30%) regions. Steroids use occurred in cycles of 9-10 weeks, and involved taking either a single steroid preparation (31%), or a combination of 2 or more preparations (69%). Numerous different preparations were used (see Peters et al. 1997), the most common being stanazolol, testosterone propionate (and other synthetic testosterone derivatives), and nandrolone decanoate. Common self-reported harms associated with steroid use in males included shrinking of the testicles (55%) and gynecomastia (34%). Side effects associated with steroid use in women were clitoral enlargement (100%), facial hair (83%), menstrual irregularities (67%) and smaller breasts (67%). Psychological changes attributed to steroid use included increased aggression (42%), which was associated with loss of temper, loss of patience and irritability. "Roid-rage" was reported by 26% of the sample, occurring on a median of 2.5 occasions, however, descriptions of roid-rage were highly variable.

#### *Law enforcement data*

A total of 152 seizures of ecstasy and related analogues (ie. MDEA, MDA, MBDB and PMA) were analysed during the 1996/97 financial year. The mean purity was 29% (range <1-80) with little fluctuation between quarters (see Figure 1).

### **3.7.4 Summary of other drug trends**

Significant minorities continued to report methadone and benzodiazepine injection since the last IDRS survey. The use of steroids and anti-depressants were examined for the first time, making it difficult to determine trends. Other trends in ecstasy use were noted from a comparative study conducted 7 years ago and have not been included in this summary. Trends in other drug use evident during the past 6-12 months included:

- an increase in the proportion injecting methadone (IDU);
- an increase in the use of DMT (hallucinogen) (IDU);
- continuing popularity of ecstasy injection (IDU; KIS);
- substantial levels of anti-depressant use (IDU);
- substantial levels of benzodiazepine injection (IDU).

### **3.8 DRUG-RELATED ISSUES**

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

#### **3.8.1 IDU survey**

The overall mean number of health symptoms was 18.7 (SD 8.2, range 0-43; IC mean 18.0, SD 9.1; SW mean 19.3, SD 7.2), slightly higher than the number reported among amphetamine users (mean 17.4, SD 7.1, range 0-39) (Hando, Topp and Hall, 1997) and normative data for Australian heroin injectors (mean 12.6, SD 7.6, range 0-42) (Darke et al., 1992).

A lifetime history of heroin overdose was common among both samples (IC 55%, SW 49%), with 29% of IC subjects and 21% of SW subjects having overdosed in the preceding year (Table 16). These figures are similar to that reported in the 1996 IDU survey and specialist studies of overdose among injectors in Sydney (Darke et al., 1996).

The sharing of injection equipment was not the norm, with minorities reporting having lent (IC 17%, SW 26%) or borrowed (IC 16%, SW 14%) used equipment in the preceding month. Again, these figures are comparable to other recent studies of injecting drug users (eg. Hando, Topp and Hall, 1997).

Recent criminal activity was common among both samples, although more common among the SW subjects (IC 48%, SW 64%). As expected, the two most common types of crime were property crime (IC 21%, SW 37%) and dealing (IC 29%, SW 41%). The present sample were less likely to have committed a crime compared to the 1996 IDU sample (IC 59%, SW 85%). The proportion of property crimes conducted by the SW sample almost halved (76% v 37%) since 1996. This is probably a reflection of a change in the recruitment strategy of SW subjects between surveys, whereby the most recent survey attempted to sample a broader range of injectors from SW Sydney, rather than just Cabramatta injectors who appear more criminally involved.

There was a substantial difference in perceived changes in police activity over the preceding six months. Nearly three quarters (72%) of SW subjects thought police activity had increased, compared to 34% of IC subjects. A half of SW subjects believed more of their acquaintances had been arrested in the preceding six months, compared to 30% of IC subjects. There were also regional differences in whether police activity had made it more difficult to obtain drugs, with substantially more SW subjects believing this to be so (SW 44%, IC 27%).

**Table 16: IDU estimates of drug-related issues**

<b>Drug type</b>	<b>Issue</b>
<b>Health</b>	<p>Mean OTI Health score = 18.7</p> <p>51% ever overdosed on heroin 24% overdosed during past year</p> <p>21% lent a used needle (past month) 15% borrowed a used needle (past month)</p>
<b>Crime</b>	<p>55% committed crime during past month</p> <p>Property crimes (29%) and dealing (35%) most common</p>
<b>Police activity</b>	<p>Increased activity in SW (72%) compared to IC (34%)</p> <p>More arrests in SW (53%) compared to IC (30%)</p> <p>More difficulty obtaining drugs in SW (44%) than IC (27%)</p>

### 3.8.2 Key informant study

#### *Heroin*

The poor health and nutrition of primary heroin users was noted by eight key informants (Table 17). There was some disagreement about changes in heroin-related overdoses during the past 6 months; six key informants reported an increase in the number of overdoses, particularly more severe ones that resulted in death or serious injury, while two key informants from the inner city reported reductions in overdoses. An increase in the number of heroin users presenting to a range of services for assistance was noted during the past 6 months.

Most key informants could not report on the criminal activity of heroin users. Among those who could, increases in property crimes during the last 6 months were noted by five key informants, and increases in fraud by four key informants. Four key informants reported younger heroin dealers throughout Sydney, four said that dealing had become less obvious now due to increased police activity, although one key reported that it had become more obvious. There was little consensus about changes in violent crimes.

Most key informants (n=12; including most police) thought that police activity had increased in particular areas in the past 6 months, although three key informants reported decreases.

#### *Amphetamines*

An increase in the number of amphetamine users seeking treatment, and a reduction in needle sharing behaviours was reported by one key informant during the past few years. No trends in crime or police activity were noted.

### *Cocaine*

No information about the health problems of cocaine users was provided. The only change in crime during the past 6 months was an increase in the number of younger cocaine dealers, reported by one police officer. Two key informants noted decreases in police arrests and seizures due to changes in police policy, and increases in other areas of police activity.

### *Cannabis*

The health of the younger Western Sydney cannabis users (aged 12-25) was rated as poor, and many had problems with sexuality, suicidal thoughts, unemployment, depression and eating disorders. Some were perceived as still uninformed about HIV risk-taking behaviours. An increase in the number of these cannabis users presenting to health services with heroin problems in the past 6 months was noted. Increased feelings of hopelessness about their present situation and future over the past 12 months or longer were also noted among this group.

Up to a third of the older group of 200 cannabis users (mid 20s-early 30s) from throughout Sydney perceived their cannabis use to be a problem, and half had reduced their cannabis use in the past 12 months.

The only changes in criminal activity were increases in the number of young people on assault charges, and dealing cannabis, in Western Sydney. No changes in police activity were noted.

### *Other drugs*

A range of acute effects from ecstasy use were noted. Younger, newer users were drinking more alcohol with ecstasy, and were unclear about fluid consumption, side effects and harm reduction strategies. Importers of ecstasy were now considered to be better organised and more "business-like". While a substantial proportion of ecstasy users were user/dealers, not much other crime was committed by this group. An increase in the number of ecstasy-related arrests at dance parties was also reported.

**Table 17: Key informant estimates of drug-related issues**

<b>Drug type</b>	<b>Issue</b>
<b>Heroin</b>	General poor health and nutrition of users Increase users presenting to services for assistance Increased property crimes and fraud Less obvious dealing practices Increased police activity
<b>Stimulants</b>	Younger cocaine dealers Changes in police policy
<b>Cannabis</b>	Some with multiple health and social problems Some with increased heroin problems past 6 months Some reduced cannabis use past 12 months More users on assault and dealing charges in West
<b>Other</b>	Younger ecstasy users unclear about effects More ecstasy-related arrests at dance parties

### 3.8.3 Other indicators

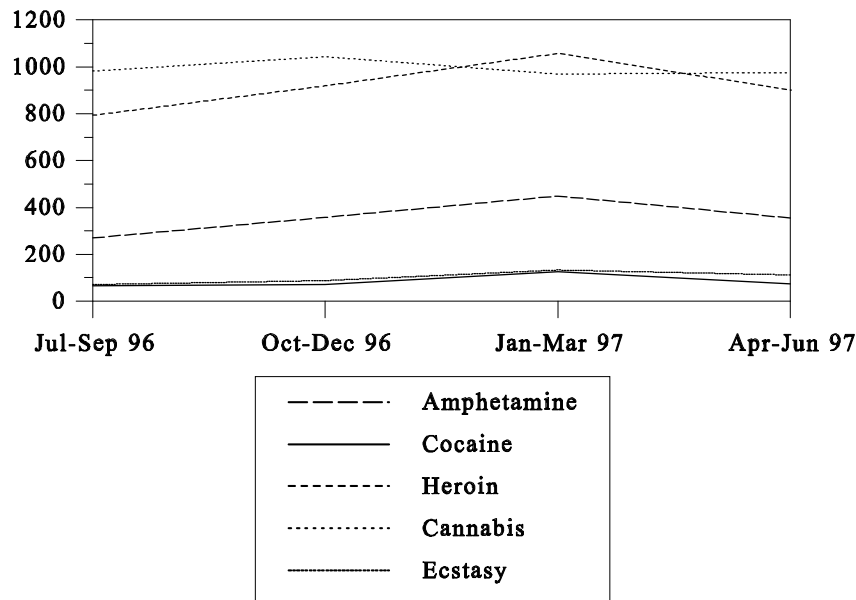
#### *Health data*

Standard data on clients presenting to specialist drug treatment services is not collected in NSW. The latest available information on the characteristics of clients was collected in a national census of treatment agencies in 1995 (Torres et al., 1996). This shows that, of a sample size of 2187 NSW clients, 39% had a primary heroin problem, 6% a primary cannabis problem, 5% a primary amphetamine problem and 1% a primary cocaine problem.

The NSW Alcohol and Drug Information Service (ADIS) received 43,534 phone inquiries during the 1996/97 financial year (Figure 2). Up to three drug mentions were recorded per call. The number of cannabis mentions were highest (n=3970), followed by heroin (n=3670), amphetamines (n=1432), ecstasy (n=404) then cocaine (n=336). These figures were consistent with 1995 figures, except for heroin which recorded a 33% increase in inquiries (from 2774).

During 1996, drivers who displayed symptoms of intoxication not caused by alcohol ingestion were tested for the incidence of other drug use. This data has been analysed by the NSW Division of Analytical Laboratories (DAL, 1997). A breakdown of drugs found in the analysis of 687 blood specimens found 53% to contain cannabis, 31% opiates, 25% benzodiazepines, 10% amphetamines, 1% ecstasy and 1% cocaine. Only 10% of the samples did not have any drugs present. Note that percentages do not equal 100 due to multiple drug taking. The relative incidence of illicit drugs in drivers mirrors that of illicit drug seizures (DAL, 1997).

**Figure 2: ADIS drug mentions, 1996-97**



Lynskey and Hall (1997) reported that opioid-related overdose fatalities in NSW showed a large increase from 62.5 per million in 1988 to 77.4 per million in 1995, for persons aged 15-54 years. Overdose deaths in the same age range showed a small decline in 1996, to 72.7 per million. The mean age of death was 31.5 years, which was not greatly different from the preceding six years (range: 27.8 to 32.4 years).

The National Centre in HIV Epidemiology and Clinical Research survey of HIV prevalence among injecting drug users (1998) showed a decrease in the number of HIV cases among injecting drug users in NSW, from 2.4% in 1995, to 2.2% in 1996, and 1.1% in 1997. Similarly, the prevalence of Hepatitis C dropped from 85% in 1995, to 83% in 1996, and 69% in 1997 (Australian Needle Exchange Survey: data provided by Margaret MacDonald, National Centre in HIV Epidemiology and Clinical Research).

#### *Toxicology of overdose fatalities*

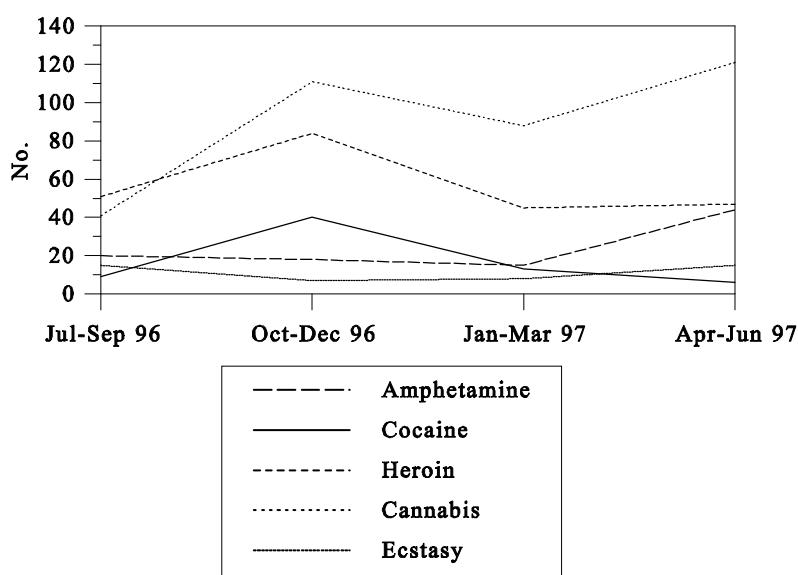
In 1997 the number of overdoses increased to 285 (IC 178, SW 107), 24% more than the 229 in 1996 (IC 153, SW 76). The increase in overdose fatalities occurred in both the IC and SW regions of Sydney, but was proportionally larger in the SW (41%) compared to the IC (16%). Morphine was the most prevalent drug found in overdose fatalities in 1997 (86%). There was no regional difference in the prevalence of morphine-related fatalities (IC 85%, SW 86%), however, prevalence showed a steady increase from 1994 to 1997 (79%, 82%, 83% and 86%, respectively) which occurred in both the IC and SW regions of Sydney. The next most common drug found in overdose fatalities was benzodiazepines (25%, IC 24%, SW 26%). This was a large increase from 1996 (13%), but not greatly different from 1994 and 1995 (21% and 22%, respectively). Methadone was found in 11% of overdoses (IC 10%, SW 12%), a lower prevalence than found in

previous years (1994 18%, 1995 15%, 1996 19%). The prevalence of cocaine in overdose fatalities was greater in the IC than the SW (8% vs 0%), a finding which is consistent with the IDU report of more cocaine use in the IC region than in the SW. Earlier years showed the same trend toward greater prevalence of cocaine in the IC compared to the SW (1996, 6% vs 1%; 1995, 5% vs 1%; 1994, 6% vs 0%). Amphetamine was found in only 3.5% of overdoses in 1997, and was more common in the SW (6%) than the IC (2%). This trend was consistent with overdoses in previous years, (1994-96, IC 1-5%, SW 4-8%). (Toxicology data provided by the Division of Analytical Laboratories, NSW Department of Health)

### *Law enforcement data*

Figure 3 presents the number of drug-related charges by the NSW DEA during the 1996/97 financial year. The highest number of drug charges were for cannabis (n=361) and heroin (n=227), followed by amphetamines (n=97), cocaine (n=68) then ecstasy (n=45). There was some fluctuation between quarters, especially for cocaine, heroin and cannabis. A total of 338 persons were arrested, with relatively consistent findings between quarters (Q1=79; Q2=105; Q3=71; Q4=83). The number of arrests by drug type was not available.

**Figure 3: Drug charges by DEA, 1996-97**



### **3.8.4 Summary of other issues**

The following trends were noted during the previous 6-12 months:

- increased police activity, especially in SW Sydney (KIS, IDU);
- more younger cocaine dealers (KIS);
- continuing high levels of overdose (IDU);
- increase in morphine and benzodiazepine related overdose (OTHER);
- decrease in HIV to 1.1% among injecting drug users (OTHER);
- high but decreasing levels of Hepatitis C (69%) among injecting drug users (OTHER);
- more assistance sought for heroin (KIS, OTHER);
- less obvious dealing practices (KIS).



### 3.9 SUMMARY OF TRENDS BY DRUG TYPE

Finally, Table 18 summarises the key drug trends by drug type and indicates the main source of this information (X). This indicates that there was considerable consensus on drug trends between the different methods.

**Table 18: Trends by drug type**

	<b>IDU survey</b>	<b>Key informant study</b>	<b>Other indicators*</b>
<b>Heroin:</b>			
Increased heroin use	X	X	
More younger heroin users, esp. in SW	X	X	
Increased heroin smoking, especially in SW	X	X	
Increased presentations to services		X	H
Continuing high levels of overdose	X		S
More heroin injecting in public locations		X	
Increased cocaine use	X	X	
Availability of heroin stable & easy	X	X	L
Variable reports on price/purity changes	X	X	L
Expansion of the heroin market to Cabramatta's neighbouring suburbs	X	X	
<b>Amphetamines:</b>			
Continuing transition to heroin use	X		S
Increased use of other drugs		X	S
Increased amphetamine smoking	X	X	S
More amphetamine users attending a NSEP		X	
Stable price (\$80-100/gm), purity (low-medium) and availability (easy)	X	X	S, L
<b>Cocaine:</b>			
Increased cocaine availability in IC	X	X	
More frequent cocaine use in IC	X		
Increased use of "speedballs"	X		
Increased purity of cocaine in SW	X		
Variable prices since 1996 survey	X		
More younger cocaine dealers		X	
<b>Cannabis:</b>			
More frequent cannabis use among IDU	X		



## **4.0 DISCUSSION**

### **4.1 SUMMARY OF MAIN FINDINGS**

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

#### *Heroin*

- increased heroin use (IDU; KIS)
- more younger heroin users, especially in SW Sydney (IDU; KIS)
- increased heroin smoking, especially in SW Sydney (IDU; KIS)
- continuing popularity among females (IDU)
- increased presentations to services for assistance with heroin (KIS; OTHER)
- more heroin injecting in public locations (KIS)
- increased cocaine use among heroin injectors, including "speedballs" (IDU; KIS)
- availability of heroin stable & easy (KIS; IDU; OTHER)
- variable reports about changes in heroin price and purity (KIS; IDU; OTHER)
- expansion of the heroin market from Cabramatta to neighbouring suburbs (IDU; KIS)

#### *Amphetamines*

- continuing transitions to heroin injection (IDU; OTHER)
- increased use of other drugs among amphetamine users (KIS; OTHER)
- increased amphetamine smoking (KIS; IDU; OTHER)
- more amphetamine users attending needle exchange (KIS)
- stable price (\$80-100/gm), purity (low-medium) and availability (easy) of amphetamines (KIS; IDU; OTHER)

#### *Cocaine*

- some reports of increased cocaine availability in IC (IDU; KIS)
- more frequent cocaine use among IC users (IDU)
- increased use of "speedballs" (heroin and cocaine) (IDU)
- increased purity of cocaine in SW (medium) (IDU)
- variable prices since 1996 survey (IDU)
- more younger cocaine dealers (KIS)

#### *Cannabis*

- more frequent cannabis use among IDU (IDU)
- generally stable price (\$20-25/gm), purity (high) and availability (easy) (IDU; KIS)
- consistent availability of high quality hydroponically grown cannabis (KIS)
- increased presentations to health services in Western Sydney for assistance with heroin problems (KIS)

- reduced cannabis use among long-term users (OTHER)

#### *Other drugs*

- an increase in the proportion injecting methadone (IDU)
- an increase in the use of DMT (hallucinogen) (IDU)
- continuing popularity of ecstasy injection (IDU; KIS)

#### *Other issues*

- increased police activity, especially in SW Sydney (KIS; IDU)
- less obvious dealing practices (KIS)

## **4.2 COMPARISONS WITH 1996 IDRS IDU DATA**

The influx of younger users into heroin use, detected in 1996, appeared to continue. This was particularly true in Cabramatta, where the median age of users was only 21 years. It should also be noted that the trend for more females to be injecting drugs continued, with approximately half of both samples being female. This stands in contrast to studies conducted prior to 1996, where approximately two thirds of IDU were males.

Comment was made in the 1996 IDRS report of the high proportion of subjects who had made a transition from amphetamine use to heroin use. This trend was again evident in 1997. In Cabramatta, however, commencing heroin use without the "stepping stone" of amphetamines was the norm.

The trend towards smoking heroin, noted in 1996, continued. This continues to be more prevalent in the SW, where 26% of subjects had smoked the drug in the preceding six months, compared to 12% of IC subjects. Over two thirds (69%) of SW subjects had ever smoked heroin, compared to 57% in 1996.

Polydrug use remained the norm, and slightly more extensive among IC subjects. The injection of oral preparations (methadone syrup and benzodiazepine tablets) remained a feature of the samples, with a third of subjects having injected methadone syrup in the preceding six months, and substantial minorities reporting having recently injected benzodiazepines.

The use of Rohypnol among SW subjects is a trend worthy of note. Rohypnol has been difficult to obtain in recent years, as prescribers became more aware of its high abuse potential. The fact that it was the most often used benzodiazepine in the south west is cause for concern. Given that this was not the case among IC subjects, where Valium remained the most common benzodiazepine, it would appear that prescribing habits are changing in the south western Sydney.

The extremely high levels of exposure to antidepressants (IC 18%, SW 30%) is worthy of note. This was not inquired into in 1996, so no comment on trends can be made. It is currently unknown whether such high levels of use represents abuse or not.

As in 1996, the reported price of heroin was cheaper in the south west than in the inner city, for

both grams and "caps". Different trends emerged in the two samples. The median price of a gram of heroin was reported to be \$380 in the south west, slightly lower than the \$390 reported in 1996. In contrast, the median price of a "cap" of heroin in the city was reported to be dearer in 1997 than in 1996 (\$50 v \$35). Heroin had remained easily obtainable since 1996.

There was a noticeable increase compared with 1996 in the numbers of IC subjects who could comment on the price, purity and availability of cocaine (31/76 v 8/76). This would appear to indicate that there has been substantially more exposure to cocaine in the inner city, a possible indicator of increased availability. While similar proportions has used cocaine in the preceding six months in both 1996 and 1997 (40% v 47%), 1997 users had used on more days (median 6 v 3). It should be noted that cocaine continues to be in powder form, rather than crack.

Amphetamine prices had remained stable since 1996, at \$100 per gram, although subjects could comment on the price of ounces of amphetamines, which no-one could in 1997. This may reflect a tendency to sell in larger quantities than previously. Few subjects in both years regarded the quality of amphetamines as high.

No major new trends emerged in relation to cannabis. The price of gram bags of cannabis remained slightly cheaper in SW Sydney (\$20 v \$25), the same median prices reported in 1996. There was strong agreement in both years that the quality of cannabis was high, and that the drug was easily obtained.

In both 1996 and 1997 overwhelming majorities of SW subjects reported an increase in police activity in that region. In contrast to 1996, where two thirds of IC subjects reported more police activity, only a third stated this in 1997. This police activity appears to be reflected in the perceived difficulties of obtaining drugs. Nearly a half of SW subjects believed it had become more difficult, compared to a quarter of IC subjects. It should be noted, however, that the price of the major illicit drugs surveyed in this report had remained stable over this period. Police activity may be related to observations of some IDU that dealers had diffused from Cabramatta to Liverpool and Campbelltown.

#### **4.3 STUDY LIMITATIONS**

It should be kept in mind that while attempts were made to substantiate key informant reports, these reports are still a subjective profile of drug use and availability based on the perceptions of key informants only, compared to the IDU survey findings and other indicator data which provide a more objective profile. The combination of the three methods seemed to provide an efficient and complementary way to monitor trends in illicit drug use over time. The IDRS can be further enhanced by the development of supplementary secondary data sets (eg. ambulance data) and specialist studies of illicit drug users.

#### **4.4 IMPLICATIONS FOR RESEARCH**

These findings suggest the following areas for further investigation. Note that some of these issues have already received some research attention to date.

1. Research into factors influencing the current popularity of heroin use and its availability,

and interventions to reduce the harms associated with heroin injection, such as overdose;

2. An examination of factors influencing transitions between types of drug use (eg. from amphetamine and cannabis to heroin use) and routes of administration (eg. smoking to injecting heroin, swallowing to injecting ecstasy);
3. Research into the nature of and changes in the stimulant market, particularly factors affecting the availability of cocaine, and forms of amphetamine;
4. An examination of the impact of police practices on the heroin and other drug markets, and harms among users.

## 5.0 REFERENCES

- Commonwealth Department of Health and Family Services (1996). *1995 National Drug Household Survey*. Canberra, Australian Government Publishing Service.
- Cooney, A., Dobbinson, S. and Flaherty, B. (1993). *Drug use by NSW secondary school students: 1992 survey*. Drug and Alcohol Directorate, New South Wales Health Department Report Series. No. 93-98. Sydney, NSW Health Department.
- Cormack, S., Faulkner, C., Foster Jones, P. and Greaves, H. (1998). *South Australian Drug Trends 1997. Findings from the Illicit Drug Reporting System (IDRS)*. National Drug and Alcohol Technical Report. Sydney, University of NSW.
- Crofts, N., Webb-Pullman, J. and Dolan, K. (1996). *Trends in HIV risk behaviour among IDU and prison inmates*. Evaluation of the National HIV/AIDS Strategy 1993-94 to 1995-96, Technical Appendix 4. Commonwealth Department of Human Services and Health. Canberra, Australian Government Publishing Service.
- Darke, S., Hall, W., Wodak, A., Heather, N., and Ward, J. (1992). Development and validation of a multi-dimensional instrument for assessing outcome of treatment among opiate users: The Opiate Treatment Index. *British Journal of Addiction*, 87, 733-742.
- Darke, S., Cohen, J., Ross, J., Hando, J. and Hall, W. (1994). Transitions between routes of administration of regular amphetamine users. *Addiction*, 89, 1077-1083.
- Darke, S., Ross, J. and Hall, W. (1996). Overdose among heroin users in Sydney, Australia: I/ Prevalence and correlates of non-fatal overdose. *Addiction*, 93, 405-411.
- Division of Analytical Laboratories (1997). Drugs and driving. *Forensic Info*, April.
- Donald, A., Collins, L. MacDonald, M. and van Beek, I. (1997). *Needle exchange client information needs*. Proceedings from the First Australasian Conference on Hepatitis C, 16-18th March, 1997.
- Hando, J. & Hall, W. (1998). Drug availability and crime among amphetamine users in Australia: Implications for law enforcement. In: Australian Bureau of Criminal Intelligence. *Australian Illicit Drug Report 1996-97*. Australian Federal Police, Canberra.
- Hando, J., O'Brien, S., Darke, S., Maher, L. and Hall, W. (1997). *The Illicit Drug Reporting System Trial: Final Report*. NDARC Monograph. Sydney: UNSW.
- Hando, J., Topp, L. & Hall, W. (1997). Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, Australia. *Drug and Alcohol Dependence*, 46, 105-113.
- Hando, J., Topp, L. and Dillon, P. (1998). *Ecstasy use in Sydney II: Associated harms and risk-taking behaviour*. Proceedings from the 1997 NDARC Annual Symposium, Sydney, 14 November 1997. National Drug and Alcohol Research Centre Monograph. Sydney, University of

NSW.

Lynskey, M. and Hall, W. (1997). *Jurisdictional trends in opioid overdose deaths, 1988-1996*. NDARC Technical Report No. 54. Sydney: UNSW.

Makkai, T. and McAllister, I. (1997). *Marijuana in Australia: Patterns and Attitudes*. National Drug Strategy Monograph Series No. 31. Canberra: AGPS.

National Centre in HIV Epidemiology and Clinical Research (1998). *Australian HIV Surveillance Report 14(1)*. Sydney, National Centre in HIV Epidemiology and Clinical Research.

O'Brien, S., Darke, S. & Hando, J. (1996). *Drug Trends: Findings from the Illicit Drug Reporting System (IDRS)*. National Drug and Alcohol Research Centre Technical Report No. 38. University of NSW, Sydney.

Peters, R., Copeland, J., Dillon, P. and Beel, A. (1997). *Patterns and correlates of anabolic-androgenic steroid use*. National Drug and Alcohol Research Centre Technical Report No. 48. Sydney: University of NSW.

Ross, J. and Darke, S. (1997). *Benzodiazepine dependence and psychopathology among heroin users in Sydney*. National Drug and Alcohol Research Centre Technical Report No. 50. Sydney: University of NSW.

Rumbold, G. and Fry, C. (1998). *Victorian Drug Trends 1997. Findings from the Illicit Drug Reporting System (IDRS)*. National Drug and Alcohol Research Centre Technical Report. Sydney, University of NSW.

Solowij, N., Hall, W and Lee, N (1992). Recreational MDMA use in Sydney: A profile of Ecstasy users and their experiences with the drug. *British Journal of Addiction*, 87, 1161-1172.

SPSS Inc. (1993). *SPSS: SPSS Base System Syntax Reference Guide, Release 6.0* Chicago: Author.

Swift, W., Hall, W. and Copeland, J. (1997). *Cannabis dependence among long-term users in Sydney, Australia*. National Drug and Alcohol Research Centre Technical Report No. 47. Sydney: University of NSW.

Topp, L., Hando, J. and Dillon, P. (1997). *Ecstasy use in Sydney I: Patterns and context of use*. Proceedings from the 1997 NDARC Annual Symposium, Sydney, 14 November 1997. National Drug and Alcohol Research Centre Monograph. Sydney, University of NSW.

Torres, M.I., Mattick, R.P., Chen, R. and Baillie, A. (1996). *Clients of treatment service agencies: March 1995 census findings*. Canberra, Australian Government Publishing Service.  
Wilkinson, L. (1990). *SYSTAT: The System for Statistics*. Evanston IL., SYSTAT Inc.

van Beek, I. and Kaldor J. (1997). *The public health effect of Hepatitis C Virus status on*



*injecting risk behaviour among injecting drug users.* Proceedings from the First Australasian Conference on Hepatitis C, 16-18th March, 1997.