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Key findings

- Recent¹ use of cocaine among people who inject drugs has been characterised by a general downward trend over the past 4 years
- The frequency of cocaine use among this sample has remained low over the last 4 years with use less than once a week.
- The median price of a 'cap', the most frequently purchased amount by PWID, has remained stable at \$50 for the past 11 years.
- An upward trend has been over the past 5 years in the perceived purity and availability of cocaine
- There has been a steady downward reduction in the number attendances nominating cocaine to the Medically Supervised Injecting Centre (MSIC).
- The NSW Bureau of Crime Statistics and Research (BOCSAR) noted 77% increase in arrests for use/possession of cocaine from 2008/09-2009/10.

Eleven years of cocaine trends among people who inject drugs in Sydney: price, purity and availability 2000-2010.

Introduction

Sydney is Australia's most populous city and the focal point for the cocaine market in Australia (Australian Crime Commission 2010). Over the past few years there have been an increased number of arrests for both use/possession and trafficking of cocaine, a large number of which have been highly publicised, suggesting the cocaine market in Australia may be increasing in size (Australian Crime Commission 2010; United Nations Office on Drugs and Crime 2010). Previous studies have identified two distinct groups of cocaine users in Sydney; people who inject drugs (PWID) and less-frequent users whose preferred route of administration is intranasal and are defined as more socially and economically integrated (Shearer, Johnston et al. 2005; Shearer, Johnston et al. 2007). Cocaine trends among people who inject drugs in Sydney is explored in this bulletin to gain a more detailed overview in changes in price, purity, availability and frequency of cocaine use over the past decade.

Methods

The Illicit Drug Reporting System (IDRS) has been collecting data on drug market trends in each capital city in Australia since 2000. Data on the price, purity and availability of heroin, methamphetamines, cocaine and cannabis is routinely collected in order to monitor trends over time. An analysis of 11 years of NSW IDRS data is presented to document trends in cocaine use in Sydney from 2000-2010.

In June each year, pre-determined quotas of approximately 150 people from metropolitan Sydney are recruited as part of the IDRS. The eligibility criteria is based at least monthly ('regular') injection of illicit drugs or pharmaceuticals (n=150). Participants must be a minimum of 17 years old and have resided in Sydney for the last 12 months. People

¹ Recent use refers to any use in the 6 months prior to interview

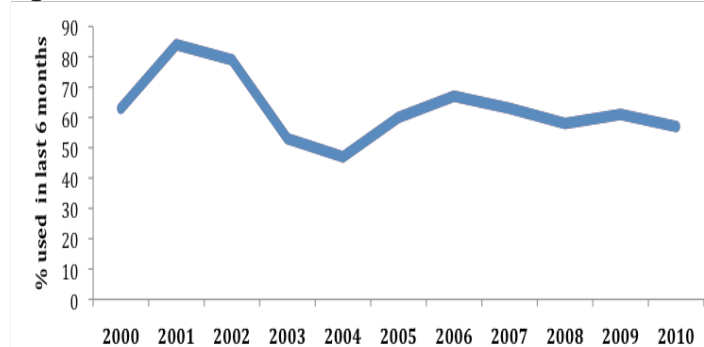
who inject drugs (PWID) are recruited through various needle and syringe programs (NSPs) across key drug markets across the city. Structured interviews are performed face-to-face in locations convenient to the participant and collect information on drug market characteristics of price, purity and availability. The IDRS sample are targeted and it is not intended to be representative of all PWID. Cross sectional survey data and indicator data was analysed using PASW statistical software (PASW 2009).

Results

Patterns of Use

Any use of cocaine in the 6 month prior to interview ('recent use') peaked in 2001 (Figure 1) during the heroin shortage [see: (Roxburgh, Degenhardt et al. 2004)]. Similarly, the frequency of use peaked in the same period at a median of 90 days of use over the prior 6 months, equivalent to use every 2nd day. One-third (34%) of all participants nominated cocaine as the drug injected most often the past month at the height of the heroin shortage in 2001 (Figure 3). Two years later in 2003, the frequency of cocaine use had dropped to a median of 5 days (approximately monthly use), less than half (47%) reported recent use and only 2% of the sample were reporting cocaine as the drug most injected in the past month (Figures 1, 2, 3). From 2006 onwards recent use of cocaine among PWID in Sydney has been characterised by a general downward trend, while the frequency of use in the same period has remained relatively stable at less than once a week. Similarly, since 2006 the proportion of people nominating cocaine as the drug most injected in the past month has also remained stable at around 11% of participants.

Figure 1: Recent use of cocaine



NB: recent refers to any use in the 6 months prior to interview

Figure 2: Frequency of use

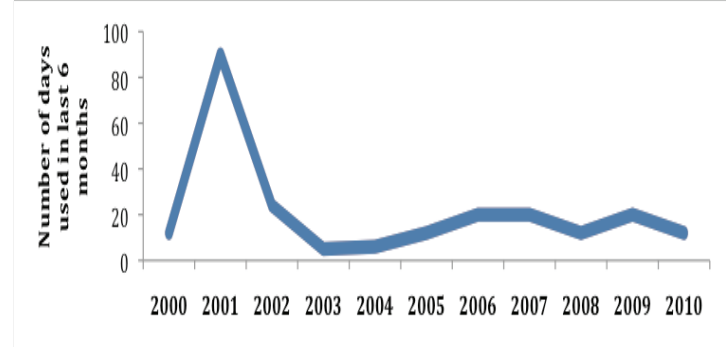
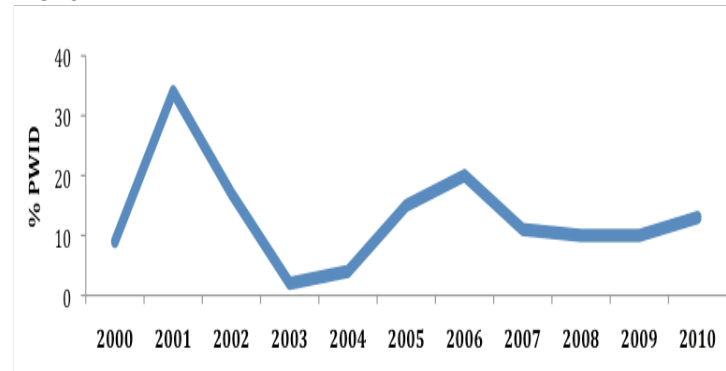


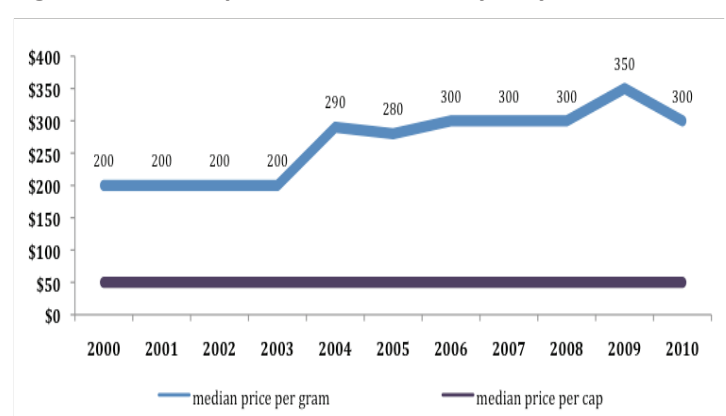
Figure 3: Cocaine as drug injected most often in the last month



Price

The median price of a 'cap', the most frequently purchased amount, has remained stable at \$50 for the past 11 years. A 'cap' of cocaine refers to 0.1 gram (Shearer, Johnston et al. 2008), or one 'point' of a gram and is typically enough for one injection (Darke, Topp et al. 2002). The median price of a gram of cocaine increased by \$90 in 2004 and has averaged \$300 (range: \$280-\$350) a gram since (Figure 4).

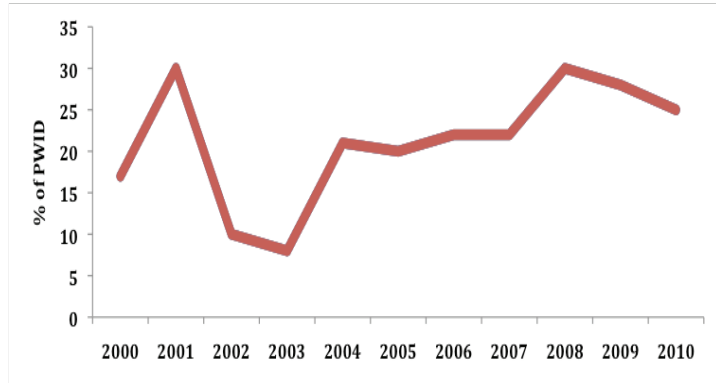
Figure 4: Median prices of cocaine in Sydney



Purity

Participants have annually reported their perceived purity of cocaine. Whilst these responses are impacted by tolerance and frequency of use the data is still useful in gaining a broad snapshot of those reporting cocaine to be high, medium, low or fluctuating. The majority of reports on purity have been 'medium' or 'high' since 1998, peaking in 2001 during the heroin shortage and again in 2008 where approximately one-third (30%) of recent users reporting it as 'high' (Figure 5).

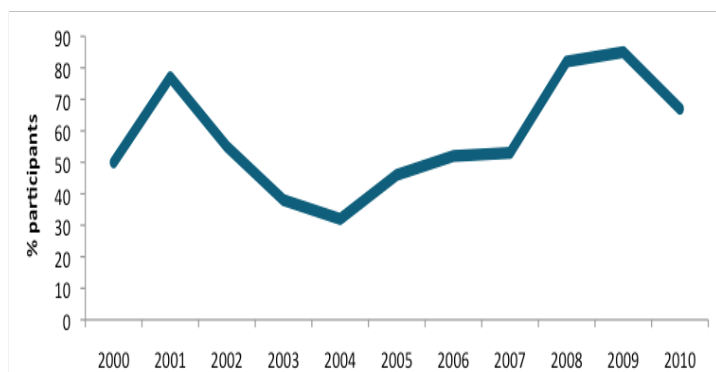
Figure 5: Self-report cocaine purity as 'high'



Availability

Participants have annually reported on the perceived availability of cocaine. Whilst these responses are self-reported and dependant on social networks, the data is still useful in gaining a broad snapshot of those reporting cocaine to availability to be very difficult, difficult, easy or very easy. Since 2004 there has been an upward trend in those reporting availability as 'very easy' or 'easy'. This may indicate an increased availability of cocaine over the past three years (Figure 6).

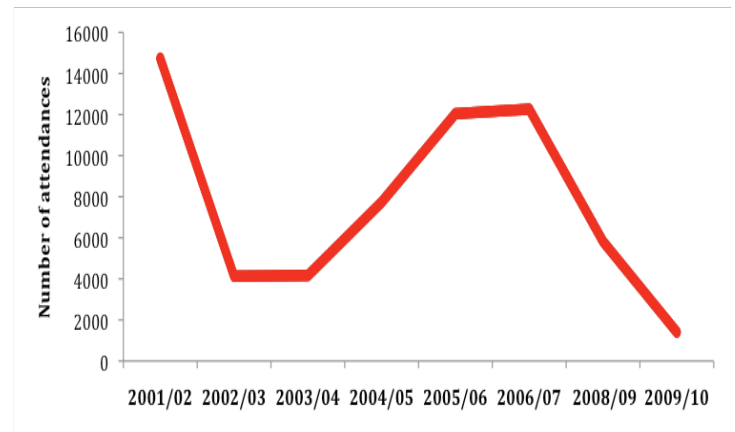
Figure 6: Self-report cocaine availability as 'very easy' or 'easy'



Other indicators

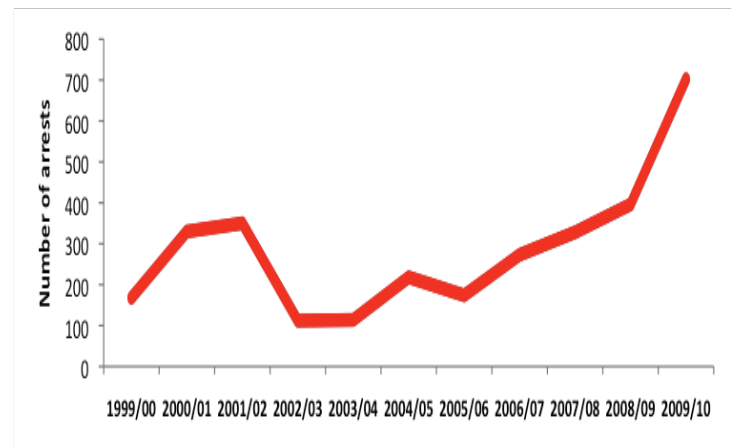
The number of attendances to the Medically Supervised Injecting Centre (MSIC) in Kings Cross where cocaine was the drug nominated has fluctuated since it opened in 2001. Since June 2007 there has been a steady downward reduction in the number attendances, with the 12 months to June 2010 recording the lowest number of attendances since the Centre opened (Figure 7).

Figure 7: Number of attendances to Sydney MSIC where cocaine was injected: 2001/02-2009/10



The NSW Bureau of Crime Statistics and Research (BOCSAR) noted an average annual increase of 15.4% in arrests for use/possession over the last 11 years and a 77.3% increase from 2008/09-2009/10 (Figure 8) (NSW Bureau of Crime and Statistics Research 2011). The 2010 Sydney Gay Community Periodic Survey (GCPs) has also noted a significant ($p < 0.01$) increase in men reporting recent cocaine use over time, since 2004 (Lee, Holt et al. 2010).

Figure 8: Arrests for use/possession of cocaine: Sydney



Discussion

The mainstream media, citing the US Drug Enforcement Administration (DEA) and the Australian Federal Police (AFP), have suggested that a Mexican cartel may have established a franchise in Australia over the past 2 years (Weintraub and Wood 2010; Welch 2011) which may in turn have contributed to an increased availability of cocaine. While there has been an upward trend over the past 5 years in the perceived purity and availability of cocaine among PWID in Sydney, this has not translated to an increase in recent use, frequency of use or cocaine being reported the drug most injected in the past month. Hence, it appears that cocaine in Sydney is not primarily being consumed by PWID, despite perceived increases in purity and availability. As has been suggested by previous research (Shearer, Johnston et al. 2005; Shearer, Johnston et al. 2007) cocaine in Sydney still appears to be used by a socially and economically diverse range of individuals, many whom have limited interactions with the law enforcement or health services. This suggests a need for targeted cocaine research to determine if usage has increased in other subgroups of the population.

Limitations

There are several limitations of the IDRS that need to be acknowledged. The IDRS is concerned with a sentinel group of people who currently inject drugs and is not representative of all people who inject drugs; rather the IDRS seeks to act as a snap-shot and accordingly further research is required for detailed assessment of trend data. Purity data is self-reported can be impacted by tolerance and frequency of cocaine use and unfortunately there is no systematic, forensic analysis of purity data in NSW from drug seizures. While 'caps' provide the most profitable return for cocaine dealers (Shearer, Johnston et al. 2008) there is no clear consensus on the weight and if it has changed over the past decade. In 2003 the IDRS asked the 'weight of a cap'. Only 14% of participants could comment, of this half (54%) believed it was 0.1 gram and rest believed it ranged between 0.025-0.25 grams (Breen, Degenhardt et al. 2004). Further analysis of the weight of 'caps' of heroin highlights the uncertainty of the actual weight and found the range was as wide as 0.03-0.2 grams per cap (Moore, Caulkins et al. 2005). Data from MSIC is only representative of clients attending the service and changes in the number of recorded arrests noted by BOSCAR may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both.

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