Technical Report No. 38

DRUG TRENDS:

Findings from the Illicit Drug Reporting System (IDRS)

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LIST OF ABBREVIATIONS

ADIS	Alcohol and Drug Information Service
AOD	Alcohol and other drugs
CDHFS	Commonwealth Department of Health and Family Services
CDHSH	Commonwealth Department of Human Services and Health
CDHHCS	Commonwealth Department of Health, Housing and Community Services
CDHHLGCS	Commonwealth Department of Health, Housing, Local Government and Community Services
DEA	Drug Enforcement Agency
IC	Inner city
IDRS	Illicit Drug Reporting System
IDU	Injecting drug users
MDMA	3,4-methylenedioxymethamphetamine
SAS	Specialist Advisory Service
SW	South west

EXECUTIVE SUMMARY

In 1995 the National Drug and Alcohol Research Centre was commissioned by the Commonwealth Department of Health and Family Services (CDHFS) to revise the Illicit Drug Reporting System (IDRS) first implemented in Australia in 1989. It was intended that the revised system 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.

As part of a 12 month trial for a revised Illicit Drug Reporting System, NDARC conducted a quantitative survey of injecting drug users (IDU), supplemented with qualitative key informant interviews with professionals working in the drug field and illicit drug users. Issues such as drug of choice, route of administration, type and number of illicit drug users, intensity of illicit drug use, drug-related problems, manufacture and distribution of drugs, price and purity, and reactions to government strategies were considered by both the quantitative IDU survey and qualitative key informant methods. Additional indicators from other surveys, health and law enforcement data bases were also collected. An ethnographic component to the trial is reported elsewhere (Maher, 1996).

Survey of injecting drug users (IDU)

One hundred and fifty-two injecting drug users from inner and south western Sydney were interviewed between October 1995 and February 1996. The IDU were recruited using multiple methods including advertisements in rock magazines, and needed to satisfy the entry criteria of having injected at least monthly in the 6 months prior to the interview. Interviews were conducted at places convenient to the IDU, such as coffee shops and hotels, taking 20-30 minutes to administer.

It was anticipated that IDU would be well placed as a sentinel group to report on trends over a wide variety of drug classes and analysis confirmed subjects were clearly polydrug users, familiar with a range of drugs and drug trends.

Other principal findings include the lower mean age of both the inner city (IC) and south west (SW) samples compared to that reported in previous Sydney studies. This finding was consistent with reports from the IDU themselves that there are more younger heroin users entering the market. The higher proportion of female injectors in the IC sample also deserves mention as traditionally samples of IDU have been approximately two thirds males. The data may indicate a trend toward more female injecting, which is also congruous with the perceptions of the IC sample.

A finding that has major implications is the large proportion of subjects from both geographical areas who had made a transition from amphetamine injecting to heroin injecting. This may well be the source of new and younger heroin users. The high rates of injection of methadone syrup and the use of benzodiazepines among both samples should also be noted.

Key informant study

A total of forty-four key informants, including professionals recruited from health, law enforcement, research and outreach fields, and users from both treatment and non-treatment sources were interviewed as part of the key informant study, representing a range of illicit drug use patterns.

In order to compare the efficacy of techniques, interviews were conducted with key informants in a group setting and, for a proportion of participants, on an individual basis also. The majority of key informants (90%) were contacted following the group discussions for evaluation purposes, as well as being provided with a summary of the group findings to indicate the extent of their agreement with comments made.

Key informants *suggested*, and most agreed, that the following trends in illicit drug use had occurred during the last 12 months:

Opiates

- The average age of heroin users had decreased;
- There had been an increase in heroin smoking in southwest Sydney among both Asian and non-Asian populations;
- Methadone clients and heroin injectors throughout Sydney were using increasing amounts of benzodiazepines, & inner city populations were using more cocaine;
- There was an increased risk of overdose among heroin injectors from concurrent alcohol and other drug use;
- An increase in methadone injection had occurred;
- There was increased risk of HCV transmission;
- The availability of heroin had increased in southwest Sydney;
- More people were travelling to Cabramatta to purchase heroin.

Stimulants

- Amphetamine injection had increased;
- There was an indication that some primary amphetamine users were making a transition to regular heroin use;
- The purity and price of amphetamine had decreased and its availability increased;
- There had been an increase in cocaine injection among some inner city injectors, and intranasal use had increased among inner city professionals;
- There were more cocaine-related problems including health problems and violence;
- The price of cocaine had decreased and its availability had increased;
- The availability of MDMA had increased.

Cannabis

- The popularity of hydroponically grown cannabis had increased, with equipment being cheaper, more available and of a higher quality;
- The quality and supply of cannabis had become more consistent with the increased use of hydroponics.

Other indicators

A range of early warning indicators available on an annual basis were sought which would complement and validate the original data, including general and special population survey data, and health and law enforcement data. Ideally, these indicators needed to also: be nationally available, be in an accessible format, not require any special collections, be collected annually, include 50 or more cases, be brief, be collected in the main study site, and include details on the main illicit drug types. Except for AOD telephone advisory data and law enforcement statistics, few indicators were collected annually, satisfying the early warning criteria. The following summary of indicators was thus expanded to include additional data which met the remaining criteria and improved our understanding of the illicit drug situation.

In terms of previous survey findings, the national household surveys indicate that cannabis and amphetamine have remained the most popular illicit drugs during the 1990s, particularly among males and young adults. Cocaine and heroin were less commonly used by the general population. An increase in MDMA use was noted between 1991-1993. Targeted surveys of homeless and detained youth found that they were large consumers of illicit drugs, more so than secondary school students. Persons from non-English speaking backgrounds were unlikely to use most illicit drugs. Cannabis use was higher among Aboriginal persons compared to the general population. Injecting drug users were consistently found to be large polydrug users, often using most of the four main illicit drugs.

Data on the characteristics of clients presenting to drug treatment agencies in NSW and nationally show significant increases for those with primary cannabis and amphetamine problems. However, opiates remained the most frequently reported illicit drug problem. Heroin overdose, both fatal and non-fatal, was relatively common and was often related to concurrent polydrug use. The Alcohol and Drug Information Service received the most number of phone inquiries relating to cannabis during 1995, followed by heroin then amphetamine. The number of phone calls by clinicians to the Specialist Advisory Service fluctuated during 1995, although cannabis, heroin then amphetamine issues were again the most common purpose of calls. A national review of risk behaviours for HIV infection found that the self-reported rate of IDUs sharing needles remained consistently low (below 50%) since 1989, dropping to below 20% in 1994. The proportion of prisoners reporting a history of injecting was around 50%, and the considerable risk behaviour that occurs in these environments was not declining. Relatively high prevalence and incidence of HCV and HBV was noted, particularly among IDU populations.

From NSW police statistics, large fluctuations in the quantity of cannabis leaf and heroin seized by the DEA were recorded during 1995. Fewer and more consistent seizures were made of cocaine, amphetamine and MDMA. Mean purity levels of around 50% for both cocaine and heroin were recorded during 1995, with some fluctuations. Purity levels were lower and more stable for amphetamine analogues (eg. MDMA) (28%) and amphetamines (5%). According to DEA price statistics, decreases in gram and ounce purchases of heroin, and gram purchases of cannabis heads occurred during 1995. Increases in the price of gram purchases of cocaine, street gram purchases of amphetamine, and ounce purchases of cannabis heads and leaf also occurred.

1.0 INTRODUCTION

In 1995 the National Drug and Alcohol Research Centre was commissioned by the Commonwealth Department of Health and Family Services (CDHFS) (formerly Commonwealth Department of Human Services and Health) to revise the Illicit Drug Reporting System (IDRS) first implemented in Australia in 1989. A number of limitations were evident with the original system and it was eventually discontinued in 1992.

A report commissioned by the CDHFS reviewing options for an improved IDRS (Wardlaw, 1994) made a number of recommendations. A revised system would need to provide a co-ordinated approach to the monitoring of data associated with the use of opiates, cocaine, amphetamines and cannabis. This information would serve as an early warning indicator of the availability and use of the main drug categories and related health problems. It was further agreed that any data from a potential IDRS needed to be sensitive enough to alert the existence of emerging problems of national importance rather than describe phenomenon in detail. It would also need 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.

In light of these objectives, NDARC conducted a 12 month trial in Sydney of several methods for an IDRS. These included: (1) key informant interviews with professionals and illicit drugs user; (2) a survey of injecting drug users; (3) ethnographic research among heroin users in southwest Sydney; and (4) an analysis of existing early warning indicator sources.

Drug Trends summarises the information gathered in Sydney using three of these methods: the key informant interviews, the survey of IDU and the examination of existing indicators. 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. 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 which provide a more objective profile. The two methods are intended to complement and supplement each other, with each having its various strengths and weaknesses. Further details of the ethnographic study (Maher, 1996) can be found elsewhere. For a complete discussion of methodological issues and recommendations for a revised IDRS refer to the final report of the IDRS trial (Hando et al., 1996).

1.1 STUDY AIMS

The specific aims of the IDRS were:

i To monitor trends in illicit drug use from an early warning perspective;

ii To identify strategically important trends in the use of heroin, amphetamines, cocaine and cannabis that require further investigation.

2.0 METHOD

2.1 INJECTING DRUG USER (IDU) SURVEY

One hundred and fifty-two regular IDU were interviewed between October 1995 and February 1996[1]. 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.

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[2]. The IDU were interviewed at places convenient to them, such as coffee shops, hotels, parks and at NDARC. Interviews took 20-30 minutes to administer and subjects received $20 for participating in the study. Descriptive analyses were conducted using SYSTAT (Wilkinson, 1990).

2.2 KEY INFORMANT STUDY

Key informant interviews were conducted with illicit drug users and professionals possessing intimate and above average knowledge of current trends in illicit drug use. The methods developed in the World Health Organisation key informant study of cocaine use (Hando & Flaherty, 1993) were adapted to this task.

A targeted sampling framework was used to recruit key informants, where information from secondary data sources, previous research on illicit drug use in Sydney and consultation with researchers currently in the field were used to identify areas from which key informants should be selected.

In total, forty-four key informants participated in one of five group discussions conducted in September 1995. The majority of key informants were screened beforehand and selected on the basis of their knowledge of illicit drug use patterns and first-hand contact with illicit drug users in the previous four months. They included opiate users (20%), cannabis users (14%) and professionals working with opiate (30%), cannabis (16%) and stimulant users (20%). No stimulant users attended their pre-organised group discussion.

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[1] 150 subjects were injecting drug users (IDU) and 2 were regular heroin smokers from southwest Sydney who had not injected.

[2] Entry criteria for the heroin smokers was smoking heroin at least monthly in the preceding six month period.

The discussion groups included: professionals from health, law enforcement, research and outreach, and users from both treatment and non-treatment sources. The majority of key informants were of an English speaking background and 63% were male. Similar to the IDU sample, key informants were drawn from both the inner city and southwest Sydney as two of the main areas where illicit drug use is likely to occur.

Professionals were recruited into the study via referral from their peers or supervisors (52%), direct contact from an NDARC research officer (31%) or advertisements (17%) in AOD newsletters/magazines (Centrelines/Connexions). Drug users were recruited through NDARC personnel currently conducting research among illicit drug users (50%) and AOD services (50%). The format of the groups involved a semi-structured discussion on the main topics of interest. An attempt was made to validate key informant responses by asking them to specify: the time period they were referring to, an approximation of the number of users involved, the source of their knowledge, how common the behaviour or trend was and how significant they felt it was. Groups were facilitated by two researchers. They were taped and later transcribed.

Over a quarter (29%) of the key informants were also interviewed on an individual basis by phone prior to participating in the group in order to compare the efficacy of both techniques. The same questions were asked as in the group discussions and responses recorded by hand. All data were analysed using the computer data analysis program Q.S.R. NUD-IST Version 3.0 (Weitzman and Miles, 1995). Most participants (90%) were contacted in the two week period following the groups to provide feedback on the study. In addition, a copy of the group findings were sent out to 37 participants who were able to be recontacted to determine their extent of agreement with the comments made. Two-thirds (n=24) responded to this request. Key informants were asked to report trends in the previous four months. However, changes occurring over different periods within the last 12 months were often reported.

2.3 OTHER INDICATORS

A range of early warning indicators available on an annual basis were sought which would complement and validate the original data, including general and special population survey data, health and law enforcement data. This information also needed to: be nationally available, be in an accessible format (preferably computerised), not require any special collections, include 50 or more cases, provide brief details of illicit drug use, be collected in the main study site (ie. Sydney or NSW in the present study) and include details on the four main illicit drugs.

As few early warning indicators are collected on an annual basis (exceptions are AOD telephone advisory data and law enforcement data), additional indicators have been included when they meet the remaining criteria and improve our understanding of the illicit drug situation. These include: 2-3 yearly surveys of drug use among the general population, secondary school students and AOD treatment admissions; single surveys of drug use among prisoners, juvenile detainees, illicit drug users, non-English speaking persons, Aboriginal and Torres Strait Islanders, homeless youth, MDMA users, cocaine users, regular amphetamine and heroin users; and surveys of the prevalence and incidence of HCV and HBV and HIV risk-taking. Some relevant early warning indicators were unavailable at the time of writing this report, including urinalysis results from public methadone clients and prisoners, ambulance and emergency room data and the number of drug-related arrests.

3.0 CURRENT DRUG SCENE AND RECENT TRENDS

3.1 AN OVERVIEW OF THE IDU SURVEY

The general findings of the IDU survey are summarised in Table 1. These findings are further expanded upon in the main body of the report by drug type. The purpose of this summary is to alert the reader to the issues of significance and to promote comparison between the IDU survey and the key informant findings.

As shown in Table 1, the IDU were clearly polydrug users, familiar with a wide range of drugs. The majority of IDU reported heroin as their main drug of choice, followed by amphetamines. One of the major differences between the IC and SW sample is the existence of primary amphetamine users among the IC group whereas almost all of the SW subjects were primary heroin users. Only a few users reported cannabis as their main drug of choice and there were no primary cocaine users in either the IC or SW sample, which should be kept in mind when comparing the IDU survey results to key informants' perceptions concerning these drugs. Other main findings of the survey were the lower mean age of both samples than has been recorded in previous studies, the higher proportion of female injectors in the IC sample and the finding that a substantial proportion of both samples had made a transition from amphetamine injecting to heroin injecting. These points are elaborated further throughout the report under the relevant drug headings.

Table 1: An overview of the IDU survey findings

	Inner City (n=76)	**South West (n=76)**
Who's Using	Male (47%) Females (53%) Average age: 27 Most completed Year 12 (65%) Majority unemployed (59%) One fifth currently on methadone (22%)	Males (62%) Females (38%) Average age: 25 Few completed Year 12 (11%) Majority unemployed (87%) Small proportion on methadone (11%)
Δ^3 in Users	Users younger and a greater proportion of female users compared to previous studies	Users younger than reported in previous studies
Drug of Choice	66% Heroin 22% Amphetamines 8% Cannabis 3% Other opiates 1% Alcohol	95% Heroin 4% Cannabis 1% Alcohol
% Who Used in the last 6 months	86% Heroin 67% Amphetamine 40% Cocaine 87% Cannabis	100% Heroin 29% Amphetamines 42% Cocaine 84% Cannabis

[3] Δ=Change

Table 1: (cont)

	Inner City	**South West**
Routes of Administration (in last 6 months)	Predominantly injection of heroin (86%), some smoking (13%); Predominantly injection of amphetamines (62%) & cocaine (33%); Cannabis smoked	Predominantly injection of heroin (96%), some smoking as well (24%); Predominantly injection of amphetamines (25%) & cocaine (37%); Cannabis smoked.
Δ Drug Use (in last 6 months)	20% injected methadone syrup; High use of benzodiazepines (75%), a substantial minority injected them (13%); Most common benzodiazepine Valium.	21% injected methadone syrup; High rate of benzodiazepine use (66%), minority injected them (7%); Most common benzodiazepine Rohypnol.
User Perceptions of Trends	Users believed heroin was: more common, more fashionable, more appealing to younger users & females.	Users believed: police presence & activity increased in Cabramatta, more users coming into Cabramatta to buy heroin, heroin use more common, users becoming younger.

3.2 HEROIN

3.2.1 IDU survey

Two thirds (66%) of the IC users surveyed reported heroin as their main drug of choice (Table 1). In the last six months, heroin was the most commonly used injectable among the IC sample (86%), with users reporting a median of 77 use days for that period, approximately three times per week. Heroin was also the most commonly used injectable among SW users. The SW sample displayed more of a preoccupation with heroin than the IC sample in that substantially more reported heroin as their drug of choice, more using the drug and using it more frequently. All of the SW group had used heroin in the preceding six months, reporting a median of 180 days use, ie. daily usage.

The dominant route of administration for both user groups was injection, although the popularity of smoking heroin should be noted, with 13% (IC) and 24% (SW) having smoked the drug in the preceding six months (Table 1).

Price, purity and availability of heroin

The majority of the users surveyed were able to confidently comment on the price, purity and availability of heroin (Table 2). Only a small difference was evident in the cost of heroin as reported by the IC compared to the SW users ($400 vs $390 per gram, $30 vs $35 per "cap"[4]). It should be borne in mind, however, that many of the IC subjects reported travelling to the southwest suburb of Cabramatta to purchase heroin. It shouldn't be assumed their comments regarding heroin allude only to inner city heroin. This issue will be addressed in future IDRS surveys.

When discussing the price of heroin, the users typically referred to purchasing heroin in units of caps or "half-weights"[5]. All of the SW users reported that they had purchased "rock" heroin in the preceding six months, compared to 79% of the IC sample.

In general, users thought the price of heroin had remained stable in the last six months. However, one quarter of the SW users reported the price as decreasing, a number specifically referring to the fact that they could now buy heroin caps for around $30 whereas previously they would pay around $40.

The majority of both the IC and SW samples thought the purity of heroin was "medium", although

[4] "Caps" are small units of heroin packaged for individual sale, they are typically wrapped in a small piece of foil and sealed in small plastic water balloons (Maher, 1996).

[5] The amount of heroin in a "half-weight" can vary, ranging anywhere from 0.2 to 0.5 grams depending on the buyer and dealer (Maher, 1996).

a substantial percentage of the SW users thought the current purity "low" (33%) and that it had decreased in the last six months (51%). Only 8% of the SW users believed the current purity of heroin was "high" which is somewhat at odds with the popular perception of heroin purity in the SW area of Sydney.

Neither group of users had difficulty buying heroin, both reporting that heroin was widely available and that this had not changed in the last six months.

Table 2: IDU estimates of heroin availability

	Inner City (n=61)	**South West (n=76)**
Purchase Amount	$35/cap $400/gram	$30/cap $390/gram
Δ in price over last 6 months	No change (72%)	No change (47%) Decreased (27%)
Purity	Medium (48%)	Medium (57%) Low (33%)
Δ in purity over last 6 months	No change (44%)	Decreased (51%)
Availability	Easy to obtain (94%)	Easy to obtain (96%)
Δ in availability over last 6 months	No change (71%)	No change (74%)

Note: only the largest proportions are recorded here

3.2.2 Key informant study

Current heroin patterns

Key informants reported that heroin was the main injectable drug used in SW Sydney (eg. Cabramatta, Bankstown), with its use also noted in inner suburbs such as Newtown and Kings Cross. Varying proportions of males and females were noted to use heroin (Table 3), although professionals agreed that males were more likely than females to present to services such as residential treatment and needle exchanges. The majority of IC users were believed to be of English speaking background, with a minority of Aboriginal users identified. Similar to the IDU survey, greater ethnic diversity was reported among SW heroin users, although Vietnamese users were reported to predominate (Table 3). Most heroin users were reported as having low education levels (year 10 & less) and unemployed. However, some IC heroin users employed as professionals were reported to use heroin on a recreational basis.

The majority of users were thought to inject heroin, although a substantial minority of SW Asian users "chased the dragon" (ie. inhalation of heroin vapours). Polydrug use was reported as

common (Table 3).

Heroin trends

As noted in Table 3, the most salient trend reported in terms of the demographics of heroin users was a perceived reduction in their average age to the early-mid twenties over the last 6 to 24 months. This trend was noted among SW injectors, prisoners and residential treatment clients with primary heroin problems. This suggested trend is consistent with the findings of the IDU survey, where the average age of both the IC and SW sample was lower than reported in previous studies. The key informants' views were also congruous with the perceptions of the IDU themselves that there are more younger heroin users entering the market (Table 1). Several key informants also suggested an increase in heroin use among IC Aboriginals.

A general increase in heroin smoking in the SW was reported, particularly among non-Asian people having contact with Asian smokers. This trend was thought to be partly related to an increased purity of heroin which reduced the need to inject, and was considered a safer route than injecting in terms of reducing the transmission of blood borne viruses.

Key informants also reported an increase in the use of benzodiazepines by methadone clients and heroin injectors to regulate heroin withdrawal. This was perceived to have resulted in increased crime and health problems. Increased cocaine use was also reported among some IC heroin injectors and methadone clients, believed to result in more erratic and unsafe injecting practices. The issue of increased methadone injection throughout Sydney was also discussed. Methadone clients were reported as becoming younger in the SW and many were thought to be diverting their methadone.

Table 3: Key informant estimates of heroin use & trends

Who's Using	Males & females; Aged mid teens-forties; Ethnicities: Vietnamese & other Asians, Eastern European, Pacific Islander, Arabic, English-speaking, Aboriginal; Low education levels; Majority unemployed
Δ in User Demographics	Reduction in average age to early-mid twenties;
Routes of Administration	Primarily injection; Smoking among SW Asian users
Δ in Routes of Administration	Increased heroin smoking in SW Sydney among both Asian & non-Asian people
Other Drug Use	Polydrug use common: Cocaine (mostly in IC), illicit benzodiazepines, cannabis, amphetamine, alcohol, street methadone
Other Trends	Increased use of benzodiazepines by heroin users & methadone clients; Increased use of cocaine in IC; Increased methadone injection

Price, purity and availability of heroin

The key informants' estimates of the price, purity and availability of heroin are summarised in Table 4. In comparison to the IDU survey (Table 2), key informants reported differences between IC and SW heroin prices and purity, with IC heroin perceived as more expensive and less pure. It should be kept in mind that only a small number of key informants (generally police) were able to report on these issues. More comprehensive and standardised statistics regarding the price, purity and availability of the major illicit drugs are listed in the `Other indicators' sections of this report.

Key informants believed heroin to be widely available and that its availability had increased in SW Sydney. Similar to the IDU survey, most key informants also reported an increase in the number of people travelling to Cabramatta from other areas to purchase heroin and felt that this was partly related to increased media attention on the area.

Table 4: Key informant estimates of heroin availability

Purchase Amount	IC prices: $50-60/cap, $150/quarter gram, $400/weight; Cheaper in Cabramatta: $30-40/cap, $140-220/half-gram, $300/gram, $5,000-7,500/ounce
Δ in Price	-
Purity	Varies: 40-50% in the IC; Purer in Cabramatta (70-75%)
Δ in Purity	-
Availability	Widely available
Δ in availability	Increased in SW Sydney (over last 12 months); Increase in people coming to Cabramatta to buy heroin

3.2.3 Other indicators

Survey data

The prevalence of heroin use was not common among the general population, with 1% of the 1995 sample having tried it, slightly lower than in 1993 (2%) (CDHHLGCS, 1993; CDHFS, 1996). However, these figures should be interpreted with caution as they are probably too low to be reliable. Use was similarly low among persons from non-English speaking backgrounds, including Greek, Vietnamese, Spanish and Chinese speakers (1% or less)[6] (Everingham et al., 1994; Bertram and Flaherty, 1992a, 1992b; Everingham and Flaherty, 1995). Three percent of Aboriginal and Torres Strait Islanders reported ever using heroin in a national household survey (CDHFS, 1996). Use was higher among young illicit drug users (25%) (Spooner et al., 1993), homeless youth (45%) (CDHHCS, 1992), detained youth (19%) (Zibert et al., 1994), prisoners (40%) (Stathis et al., 1991) and regular amphetamine users (68%) (Darke et al., 1994a). Rutter et al., (1996) noted that 95% of their sample of 219 Sydney injectors had used heroin in the past month. Secondary school students in NSW were only slightly more likely than the general population to use heroin (4%) (Cooney et al., 1993).

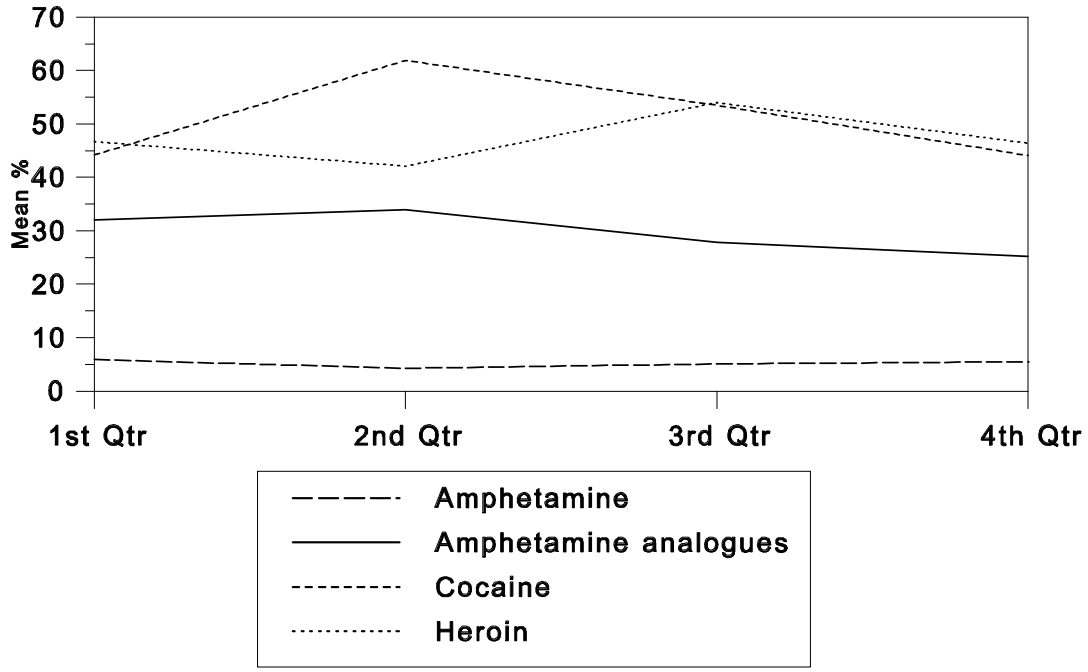
[6] Unless otherwise specified, data refers to the proportion who had ever used the particular drug

Law enforcement data

Government analytical laboratories provided quarterly purity details on most of the drugs seized in NSW during 1995[7]. Few differences were noted between imported and street seizures of heroin and they have therefore been combined. Of the 231 heroin seizures analysed, a mean purity level of around 50% was recorded (range 2-80%), with some fluctuation (12%) occurring between quarters (Figure 1). According to DEA price statistics[8], there was a decrease in the average price of heroin powder when purchased in street grams ($375 to $325), grams (from $450 to $375) and ounces (from $9100 to $7850) during 1995 (Figures 2-3). The prices for larger quantities are listed elsewhere (Hando et al., 1996). Heroin was the most expensive drug per gram or ounce compared to the other drug types.

FIGURE 1:

Purity of NSW seizures 1995



[7]Does not include information on adulterants or cutting agents; not all local seizures were analysed

[8]Based on information from arrests, seizures, covert operations and police informants

FIGURE 2:

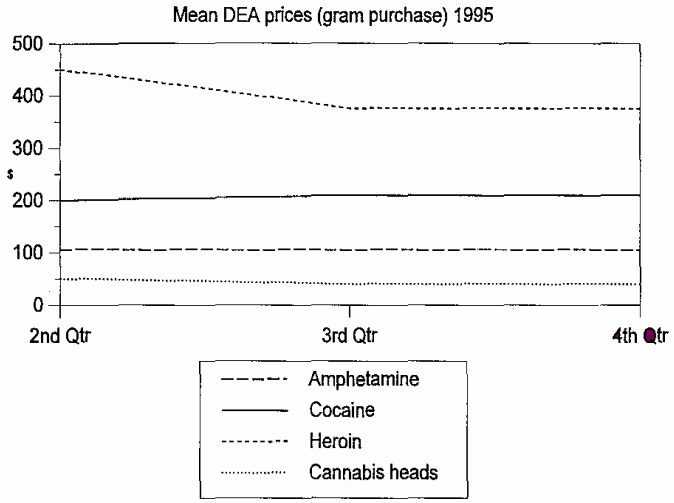
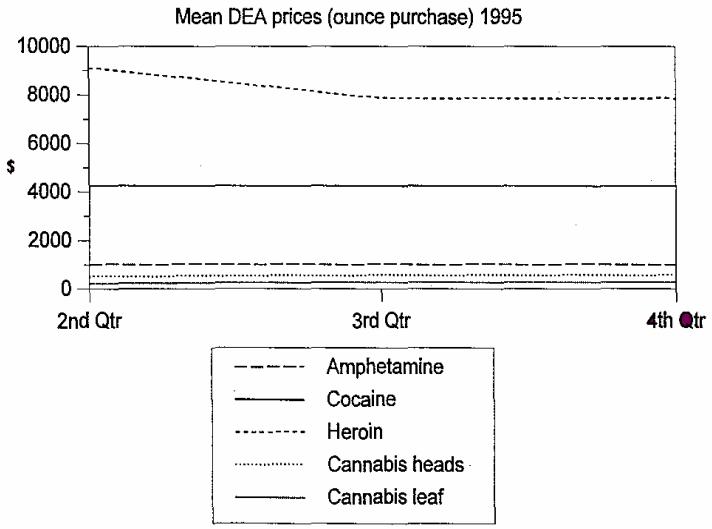


FIGURE 3:



3.3 AMPHETAMINES

3.3.1 IDU survey

Almost all of the IDU surveyed had tried amphetamines. However, whereas 22% of the IC sample reported amphetamine as their main drug of choice, none of the SW IDU reported amphetamine as theirs (Table 1). Accordingly, in the last six months, the use of amphetamine was considerably more common among the IC sample (67%) than the SW sample (29%), with IC IDU recording a median of 12 use days compared to 3.5 by the SW IDU. This may partly be a reflection of the sampling procedures which did not access western Sydney amphetamine users identified by other research.

The most common route of administering amphetamine in the last six months was by injection, with some snorting and swallowing also reported. The amphetamine used in the last six months was overwhelmingly in a powder form, with only a few users reporting they had used liquid amphetamine in that period.

Price, purity and availability of amphetamines

Considerably more IC users were able to comment confidently on the price, purity and availability of amphetamines than their SW counterparts[9] (Table 5). Based on the comments of the IC users (n=32), the current median price of amphetamine was $100 per gram, the majority (87%) reporting no price change over the last six months. The quality of amphetamine, however, was judged poor and unpredictable, with the current purity of amphetamine rated as "low" (59%) or "fluctuating" (22%) by most of those able to comment. The majority also thought that the purity of amphetamine had fallen in the last six months (50%), 31% believing it had fluctuated.

Most of the users (81%) agreed that amphetamines were "very easy" or "easy" to obtain and that this had not changed in the last six months (63%).

[9]Only three SW users were able to report on the purity and availability of amphetamine and therefore these responses are not reported.

Table 5: IDU estimates of amphetamine availability

Purchase Amount	$100/gram
Δ in price over last 6 months	No change (87%)
Purity	Low (59%)
Δ in purity over last 6 months	Decreased (50%)
Availability	Easy to obtain (81%)
Δ in availability over last 6 months	No change (63%)
Other/Comments	A number of users commented they have had to use larger amounts of amphetamine to get similar effects

3.3.2 Key informant study

Current amphetamine patterns

Key informants agreed that amphetamine users were a demographically diverse group residing throughout Sydney, with a range of ages (from early teens upwards), ethnic backgrounds and sexual identities (Table 6). Different groups of users included young offenders, homeless youth, adult prisoners, IC amphetamine injectors, primary heroin injectors, methadone clients, sex workers, gay stimulant users, bikers and primary cannabis users.

In terms of routes of administration, both injectors and intranasal users were reported by key informants. Polydrug use was perceived as common and varied according to particular preferences. Some participants thought that while IC users often combined amphetamine with designer drugs, those from the western suburbs tended to use it with alcohol (Table 6).

Amphetamine trends

A general increase in the number of people injecting amphetamine was agreed upon by informants (Table 6). Amphetamine was referred to as a "worker's drug" used by IC sex workers to stay awake and several key informants reported increases in amphetamine injection among this group, some as young as 13. The resulting poor health of these workers was commented upon by most. Key informants also agreed that there had been increased injecting among gay males (aged 16-30) in the last two years due to its greater social acceptance among this group.

An increase in the number of people in their late teens/early 20s making a transition from injecting amphetamine to injecting heroin was noted by some key informants (Table 6). This observation corresponds with the finding that a large proportion of both IC and SW IDU interviewed in the survey had made a transition from amphetamine injecting to heroin injecting. This may be the

source of new, younger heroin users.

Table 6: Key informant estimates of amphetamine use & trends

Who's Using	Demographically diverse group of users; Aged from early teens upwards; Range of ethnicities, education levels, occupations & sexual identities
Δ in User Demographics	-
Routes of Administration	Injection & snorting
Δ in Routes of Administration	Increased injection
Other Drug Use	Polydrug use common
Other Trends	Some primary amphetamine users switching to regular heroin use

Price, purity and availability of amphetamines

Table 7 outlines the price, purity and availability of amphetamines as reported by the key informants. Again, few had detailed knowledge of the price of amphetamine. However, key informants agreed that it was cheaper in western Sydney compared to the IC, with one person noting that it could be bought for as little as $50 there. Overall, prices were believed to have decreased over the last 12 months, becoming comparable to Melbourne prices, particularly for larger purchases.

Similar to the IDU survey, those key informants able to comment believed the current purity of amphetamine was low and that it had decreased considerably over the last five years. This was attributed by a police officer to changes in the chemical dilutants used to manufacture amphetamine and the addition of caffeine to increase the stimulant effect. Some key informants commented that users were now purchasing and subsequently injecting larger quantities of amphetamine due to the low purity. It was agreed that amphetamine was widely available throughout Sydney and that availability had increased over the last 12 months.

Table 7: Key informant estimates of amphetamine availability

Purchase Amount	$800-1000/ounce $8,000/pound in western Sydney
Δ in Price	Decreased (over last 12 months)
Purity	Poor quality (mean 2%)
Δ in Purity	Decreased substantially over last five years
Availability	Widely available
Δ in availability	Increase in availability (over last 12 months)

3.3.3 Other indicators

Survey data

Amphetamines remained the second most commonly used illicit substance (after cannabis) among the general population, with 6% having tried the drug in the latest national household survey (compared to 8% in 1993) (CDHHLGCS, 1993; CDHFS, 1996). Males were more likely to use amphetamine (7%) than females (4%). Use was also more prevalent among those aged 20-34 years (19%). Two percent of the total sample reported amphetamine use in the past year. While 6% of Aboriginal and Torres Strait Islanders had used this drug (CDHFS, 1996), use was lower among persons from a range of non-English speaking backgrounds, including Greek (>1%), Vietnamese (0%), Spanish (3%) and Chinese (1.5%) speakers (Everingham et al., 1994; Bertram and Flaherty, 1992a, 1992b; Everingham and Flaherty, 1995). Use was typically higher among young people, such as secondary school students (6%) (Cooney et al., 1993), young illicit drug users (75%) (Spooner et al., 1993), homeless youth (82%) (CDHHCS, 1992) and detained youth (33%) (Zibert et al., 1994). Adult prisoners were also more likely to have ever used amphetamine (43%) (Stathis et al., 1991), as were other illicit drug users such as cocaine users (74%) (Hall et al., 1991), MDMA users (83%) (Solowij et al., 1992) and heroin injectors (95%) (Darke et al., 1994b). Rutter et al. (1996) noted that 32% of a sample of 219 Sydney injectors had used amphetamine in the past month.

Law enforcement data

Mean purity levels of around 5% (range >1-69%) were recorded for amphetamine[10] during 1995, with little fluctuation (2%) between quarters (Figure 1). Of the 187 seizures analysed, most were methamphetamine (79%) and street seizures (96%). Mean purity levels were the same for imported and street seizures of amphetamine, and street seizures of methamphetamine. One imported seizure of methamphetamine which was 69% pure was noted. No change in the average price of gram or ounce purchases were recorded by the DEA (grams: mean $105/gram, range $90-120; ounces: mean $1000/ounce, range $800-1200) during 1995 (Figures 2-3). However, an increase in the mean price of street grams was noted (from $80 to $105).

[10] Includes methamphetamine unless otherwise noted

3.4 COCAINE

3.4.1 IDU survey

Although substantial proportions of both the IC and SW sample of IDU had used cocaine in their lifetime (83% versus 68%), none identified cocaine as their main drug of choice (Table 1). While approximately 40% of both samples had used cocaine in the last six months, use was sporadic (medians: IC 3 days, SW 3.5 days). A number of the IC subjects reported using cocaine "only on special occasions", "when it is given to me", and "only rarely as it is expensive". Again, this is probably partly a reflection of the sampling procedures which did not access regular cocaine users known to reside in the inner city.

In the preceding six months, those who used cocaine were most likely to have injected it. The overwhelming majority of those using cocaine in the last six months used it in a powder form, only six subjects reporting using crack (5%) in the preceding six months to interview.

Price, purity and availability of cocaine

Only eight IC users could confidently report on the price of cocaine, the median being $210 per gram (Table 8). Even less were able to report on the purity and availability of cocaine and therefore these cannot be reported with any confidence.

More SW users were able to report on cocaine (n=15), the median price being $200 per gram. The price of cocaine was also often reported in terms of a "cap", the median price of which was $80. The majority believed that the price of cocaine had remained stable (79%) over the preceding six months, 21% reporting the price had increased.

Opinion varied regarding the current purity of cocaine, with as many SW users (40%) reporting that the purity was "high" as said it was "low". There was also disagreement on changes in cocaine purity, with the largest proportion of users (40%) stating that it had remain stable in the preceding six months, 33% that it had increased and 20% that it had decreased.

Two thirds (66%) of the users responding thought that cocaine was either "very easy" or "easy" to obtain, with 27% reporting it as "difficult" to obtain. The majority reported that the availability of cocaine had not changed in the last six months (57%) 29% stating it had become more difficult to obtain. The small number of subjects commenting on these issues should be considered before any conclusions are drawn based on these results.

Table 8: IDU estimates of cocaine availability

Purchase Amount	$200-210/gram (IC & SW) $80/cap (SW)
Δ in price over last 6 months	No change (79%)
Purity	High (40%) Low (40%)
Δ in purity over last 6 months	No change (40%)
Availability	Easy (66%)
Δ in availability over last 6 months	No change (57%)
Other/Comments	Mostly opportunistic use of cocaine

3.4.2 Key informant study

Current cocaine patterns

The majority of cocaine injectors discussed by key informants resided in the inner city, including female sex workers, methadone clients and primary heroin injectors (Table 9). A group of IC professionals who snort cocaine were also identified. There were fewer reports of cocaine use and availability in western Sydney, although some inner west and western Sydney stimulant users in their teens and 20s were mentioned as using cocaine, as were bikers and young male prisoners (aged 19-25 years).

In general, key informants perceived IC users as being predominantly male, aged 14-50 years and from an English speaking background, with some Aboriginal users noted. Excluding the group of professionals, education levels were generally low (eg year 10), most were unemployed, sex workers or drug dealers.

The predominant route of administering cocaine was by injection, although the IC professionals were reported to snort exclusively, on a recreational basis. Key informants agreed that cocaine was often used intermittently and in conjunction with other substances, with sex workers described as often "cocktailing" or mixing their drugs.

Cocaine trends

Key informants agreed that there had been an increase in the use of cocaine in the IC among methadone clients, heroin injectors and, in particular, sex workers (Table 9). This was thought to be related to the increased availability and purity of cocaine, as well as a reduced price reported by the majority of key informants. Many methadone clients were reported to use cocaine to override

their methadone dose and obtain a euphoric effect. An increase in cocaine-related problems among other IC users was also identified, and are outlined in more detail in the drug-related problems section of this report.

An increase in the occasional snorting of cocaine among some IC professionals was also identified, problems such as nose bleeds and reduced work performance occurring as a result. Other increases of cocaine use were reported among prisoners, the biker population and primary cannabis users.

Table 9: Key informant estimates of cocaine use & trends

Who's Using	Predominantly IC injectors of ESB; Majority unemployed, sex workers or dealers, Some professionals; Low education levels;
Δ in User Demographics	-
Routes of Administration	Predominantly injection; Some IC professionals who snort cocaine
Δ in Routes of Administration	-
Other Drug Use	Cocaine often used intermittently & in conjunction with other drugs
Other Trends	Increased cocaine injection among IC users; Increased intranasal use among professionals; More cocaine-related health problems & violence

Price, purity and availability of cocaine

Table 10 outlines the price, purity and availability of cocaine as estimated by key informants. Good quality cocaine was reported to cost as little as $150 per gram in the IC by one key informant, with others reporting a price decrease over the last 12 months and longer. A police key informant noted that current street cocaine is approximately 40-50% pure, 75% if purchased in ounces, as opposed to only 10-20% a year ago. Cocaine was perceived as very easy to obtain in the inner city, with availability increasing over the last 4 to 12 months.

Key informants were generally unable to comment on cocaine price or purity in SW Sydney, perhaps reflecting the limited availability of cocaine in this area.

Table 10: Key informant estimates of cocaine availability

Purchase Amount	-
Δ in price	Decrease in last 12 months
Purity	Street cocaine 40-50%; Ounces approximately 75%
Δ in purity	Increased (over last 12 months)
Availability	Easy to obtain in IC
Δ in availability	Increasing in IC, especially Kings Cross

3.4.3 Other indicators

Survey data

The prevalence of cocaine use was low among the general population, with 3% having tried the drug (compared to 2% in 1993) (CDHHLGCS, 1993; CDHFS, 1996). Again, caution is needed when interpreting these figures as they are generally too low to be reliable. The latest national household survey also found that males were slightly more likely to use the drug (4%) than females (3%). Use was also more prevalent among those aged 20-34 years (6%). Figures were slightly higher in NSW (4%), compared to nationally. One percent of the total national sample reported using cocaine in the past year. Up to one percent of persons from non-English speaking backgrounds reported ever using cocaine (Everingham et al., 1994; Bertram and Flaherty, 1992a, 1992b; Everingham and Flaherty, 1995). Two percent of a national household survey of Aboriginal and Torres Strait Islanders reported cocaine use (CDHFS, 1996). As for amphetamine, use was typically higher among young people, including young illicit drug users (40%) (Spooner et al., 1993), homeless youth (59%) (CDHHCS, 1992) and detained youth (15%) (Zibert et al., 1994). Five percent of NSW secondary school students reported using cocaine (Cooney et al., 1993). Over a quarter of adult prisoners had tried cocaine (27%) (Stathis et al., 1991), and over half of other illicit drug users, such as regular amphetamine, MDMA and heroin users (66-100%) (Darke et al., 1994a, 1994b; Solowij et al., 1992). Rutter et al. (1996) noted that 30% of a sample of Sydney injectors had used cocaine in the past month.

Law enforcement data

Of the 64 seizures of cocaine which were analysed during 1995, mean purity levels of around 50% were recorded (range 2-85%), with some fluctuation (18%) between quarters (Figure 1). Little difference in mean purity was found between imports (57%) and street seizures (46%). A small increase in the average price of a street gram and gram of cocaine was recorded by the DEA (from $200 to 210 for both) during 1995. No change in the mean price of ounce purchases were noted (mean $4250, range $4000-4500) (Figures 2-3).

3.5 CANNABIS

3.5.1 IDU survey

Cannabis emerged as a staple drug, being one of the most commonly used illicit drugs by the two samples. In fact, 87% and 84% of the IC and SW samples had used cannabis in the last six months respectively (Table 1), using approximately 2-3 times per week.

The main form of cannabis used in the last six months was marijuana. The use of hash in that period was considerably less common with 24% and 12% of the IC and SW groups respectively reporting any use.

The majority of users could confidently report on cannabis, and there was little difference in opinion between the IC and SW samples (Table 11). The median cost of cannabis was reported as $400 per ounce by both groups. When purchased by the gram, usually in plastic resealable bags, the SW users reported a slightly cheaper price of $20 compared to $25 by the IC users. The majority of the users believed that the price of cannabis had not changed over the last six months, although a third of each group thought the price had increased.

Most subjects reported that the cannabis available at the moment was of "high" quality, many spontaneously commenting that this was due to the increasing availability of hydroponically grown cannabis. While the majority believed that the strength of cannabis had not changed over the preceding six months, substantial percentages of both groups believed that it had become stronger. It was generally agreed upon by the users that cannabis was "very easy" or "easy" to obtain and that the availability had not changed in the last six months.

Table 11: IDU estimates of cannabis availability

Purchase Amount	$20-25/gram $400/ounce
Δ in price over last 6 months	No change (60-70%)
Strength	High (65-74%)
Δ in purity over last 6 months	No change (56-64%)
Availability	Easy to obtain (83%)
Δ in availability over last 6 months	No change (60-77%)
Other/Comments	High quality of cannabis due to hydroponics.

3.5.2 Key informant study

Current cannabis patterns

Cannabis users were perceived by key informants as a demographically diverse group residing throughout Sydney (Table 12). Types of users included IC female sex workers using cannabis as part of their "staple diet" of drugs, prisoners and IC methadone clients using cannabis as an alternative to alcohol. About two-thirds of users were reported to be male, with some key informants suggesting that women were less likely than men to maintain heavy, regular cannabis use over time.

Occupations of users ranged from secondary school students and unemployed to employment in a wide range of jobs. Most users were believed to be of an English speaking background, although a minority of users from middle Eastern and other backgrounds were noted. Education levels ranged from HSC to tertiary.

Smoking cannabis with a "bong" (a water pipe) was reported as the most common method of use among regular users. Sometimes users smoked cannabis in a "joint" (a marijuana cigarette), particularly if in a more public setting.

When discussing other drug use, most key informants agreed that younger cannabis users usually had some intermittent experience with amphetamine, trips, MDMA and sometimes cocaine. Older users were reported to have smoked cannabis for ten or more years, often with few problems. They had sometimes experimented with other illicit drugs (heroin excepted) but most only used cannabis regularly. Tobacco and alcohol consumption was common among older users.

Cannabis trends

The most notable trend perceived by the key informants was the increased popularity of hydroponically grown cannabis over the last 2 years (Table 12). Hydroponic equipment was identified as better quality, cheaper and more widely available, with increased knowledge regarding how to use it. Hydroponic equipment was reported as being more commonly used for personal growing.

Key informants believed THC levels (the active component in cannabis) of hydroponically grown cannabis had increased and that both the quality and supply of cannabis had become more consistent using hydroponics as there were no seasonal variations.

Table 12: Key informant estimates of cannabis use & trends

Who's Using	Wide variety of users; More males; Aged from teens upwards; Variety of occupations, education levels etc; Majority of users of ESB
Δ in Users	-
Routes of Administration	Primarily smoked using a "bong"; Sometimes smoked in a "joint"
Δ in Routes of Administration	-
Other Drug Use	Varied
Other Trends	Increased popularity of hydroponically grown cannabis, equipment more advanced, cheaper and more available

Price, potency and availability of cannabis

There was general agreement between the IDU survey (Table 11) and key informant interviews regarding the price of cannabis, with key informants reporting price variations depending on whether purchasing cannabis leaf or heads, the latter considered more potent and hence more expensive (Table 13).

Key informants stated that the strength of cannabis varied according to where and how it was grown, although overall the current strength of cannabis was rated as high. Cannabis quality was reported as becoming more consistent due to the increased use of hydroponics.

Key informants agreed that cannabis was widely available and that supply was also becoming more consistent with the continued development of hydroponics.

Table 13: Key informant estimates of cannabis availability

Purchase Amount	$20-25/bag (0.5-1.0 gram) $25/gram $350-500/ounce depending on if heads or leaf
Δ in price	-
Strength	Varies: Rated "high" overall
Δ in strength	Improving, becoming more consistent (over last 12 months)
Availability	Widely available & easy to obtain
Δ in availability	Generally stable, becoming more consistent (over last 12 months)
Other/Comments	More consistent quality and supply of cannabis with the increased use of hydroponics

3.5.3 Other indicators

Survey data

Cannabis remained the most commonly used illicit substance among the general population, with 31% having tried the drug (compared to 34% in 1993) (CDHHLGCS, 1993; CDHFS, 1996). In the latest national household survey, males were more likely to use cannabis (37%) than females (24%), as were those aged 20-34 years (56%). Eleven percent of the total sample reported cannabis use in the past year. Surveys of persons from non-English speaking backgrounds found lower levels of use among Greek (12%), Vietnamese (4%), Spanish (17%) and Chinese (4%) speakers (Everingham et al., 1994; Bertram and Flaherty, 1992a, 1992b; Everingham and Flaherty, 1995). In comparison, Aboriginal and Torres Strait Islanders reported higher levels of use (48% ever used, 21% past year use) than the general population (CDHFS, 1996). Use was also relatively high among various groups of young people, such as secondary school students (25%) (Cooney et al., 1993), young illicit drug users (98%) (Spooner et al., 1993), homeless youth (96%) (CDHHCS, 1992) and detained youth (90%) (Zibert et al., 1994). Adult prisoners commonly used cannabis (77%) (Stathis et al., 1991), as did groups of other illicit drug users (89-100%) (Darke et al., 1994a, 1994b; Hall et al., 1991; Solowij et al., 1992).

Law enforcement data

Figures on the potency of cannabis were not available from the government analytical laboratories. A small decrease in the mean price of cannabis heads when purchased in grams was recorded by the DEA during 1995 (from $50 to $40), and an increase for ounce purchases (from $500 to $550) (Figures 2-3). As expected, cannabis leaf was cheaper at $30-35/gram. An increase in ounce purchases of cannabis leaf was noted ($225 to $275). The price of cannabis plants stayed stable at $2,000 each.

3.6 OTHER ILLICIT DRUGS

3.6.1 IDU survey

Increased methadone injecting was a trend identified by key informants, confirmed by the high rates of methadone syrup injection revealed among IDU survey participants. Approximately one fifth of both the IC and SW samples had injected methadone in the last six months, indicating that this practice is not confined to one particular area of Sydney.

An increase in the use of benzodiazepines among methadone clients and heroin injectors was also identified by key informants. Again, both the IC and SW IDU were found to have high levels of benzodiazepine use in the last six months (75% and 66% respectively), with 13% of the IC sample having injected benzodiazepines in that period. The most common benzodiazepine used by the IC sample was Valium, compared to Rohypnol among the SW sample.

The popularity of hallucinogens among the IC sample should also be noted, with 54% of the sample using `trips' (42%) and/or ecstasy (38%) in the last six months, and 21% injecting an hallucinogen during this time, most likely ecstasy. Approximately one third (29%) of the SW sample had used hallucinogens in the last six months, `trips' (25%) considerably more popular than ecstasy (9%) among this group. Inhalants were used by 30% and 9% of the IC and SW samples, respectively, in the past 6 months.

3.6.2 Key informant study

Key informants agreed that the availability of ecstasy had increased, along with the number of marketing ploys used by dealers to promote the drug (eg. "white dove E's", "Californian E's"). Some key informants noted a trend toward injecting ecstasy, which was confirmed in the IDU survey.

One key informant discussed inner city, eastern suburbs and inner west steroid users, identifying them as a clearly distinct group from the other illicit drug users discussed in this report. Most of this group were identified as heterosexual, and an increase in steroid use was noted among gay men preparing for large dance parties. No steroid users were recruited into the IDU survey. Given that they are a little known subpopulation of illicit drug users, data may be best collected via specialist studies concerning this group.

3.6.3 Other indicators

Survey data

Regular surveys of the general population provide estimates of the use of other illicit drugs such as MDMA, LSD, inhalants and steroids. In the 1995 survey, 2% had tried MDMA, compared to 3% in 1993 (CDHHLGCS, 1993; CDHFS, 1996). Males (3%) and those age 20-34 years (7%) were more likely to use MDMA in the latest survey. Figures were also slightly higher in NSW (3%) and among a sample of secondary school students (4%) (Cooney et al., 1993).
The prevalence of hallucinogen use (such as LSD) was similar to amphetamines, with 7% of the general population reporting the use of this drug. Again, rates were higher among males (9%) and

those aged 20-34 years (16%). Nine percent of NSW secondary school students had also tried hallucinogens (Cooney et al., 1993).

Inhalants were used by 2% of the general population (3% males; 5% 20-34 years), representing a decline since 1993 (4%). Their use was more prevalent among NSW secondary school students (25%) (Cooney et al., 1993). Finally, one percent of the general population had tried steroids, compared to 2% of secondary school students.

Overall, these other illicit drugs were more commonly used by at-risk groups such as young illicit drug users, homeless and detained youth and regular amphetamine users.

Law enforcement data

Only data on the purity of amphetamine analogues (such as MDMA, MDA, MEA, MDEA and MBDB) has been included. Analyses conducted on 54 seizures found mean purity levels of around 28% during 1995 (range 4-57%), with some fluctuation (9%) between quarters (Figure 1). Little difference in mean purity was noted for imports (31%) compared to street seizures (25%). Just over half of the seizures analysed were imports (59%). The mean price of MDMA remained stable during 1995, at $85 per tablet (range $70-100). LSD tablets were cheaper, at $15 per tablet (range $10-20).

3.7 DRUG-RELATED PROBLEMS

3.7.1 IDU survey

Many of the IDU surveyed had committed crime in the month preceding the interview. The SW sample were, however, more likely than their IC counterparts to have committed any crime (85% vs 59%), including property crime (76% vs 35%), drug dealing (38% vs 28%) and violent crime (13% vs 3%). These figures are consistent with the higher levels of prior imprisonment of the SW sample (63% SW vs 8% IC). Fraud was the only type of crime committed by greater numbers of IC subjects that SW subjects (36% vs 20%), primarily covering such crimes as social security fraud.

Consistent with previous research (Darke et al, 1996a), overdose was common among both samples. Of those who had used heroin in the IC sample (72/76), 43% reported having experienced a heroin overdose, on a median of 3 occasions. Among the SW sample, 51% had experienced heroin overdose, also on a median of 3 occasions. Whereas the opioid antagonist Narcan® had been administered to only 19% of the IC sample, it had been administered to 45% of the SW sample. This finding possibly indicates a greater severity of overdose experienced by the SW sample.

3.7.2 Key informant study

Discussion of current problems for heroin users identified concurrent alcohol and heroin use as a major issue throughout Sydney as it increased the risk of overdose (Table 14). While few increases in HIV cases among IDU were noted, key informants believed the risk of hepatitis C (HCV) infection was increasing.

Key informants in both the heroin and cocaine discussion groups reported an increase in the use of cocaine in the inner city due to increased availability, purity and reduced prices. This was noted as occurring among methadone clients, heroin injectors and sex workers, particularly street sex workers. Among the latter, the risks of HIV and hepatitis infections were thought to have increased as had health problems due to erratic behaviours while using cocaine. Two informants noted an increase in violent behaviour (eg. bashings and sexual assaults) towards methadone clients associated with their use of cocaine. Several agreed that there had been an increase in the number of "messy arms and abscesses" resulting from the adulterants in the cocaine.

Problems such as a lack of motivation and concentration, paranoia and cannabis dependence were noted as consequences of long-term, heavy use of cannabis. Lung problems were also reported among long term cannabis smokers.

Table 14: Key informant estimates of drug-related problems

Drug Type	Related Problems for Users
Heroin	Increased risk of overdose among heroin injectors due to concurrent alcohol & other drug use; Increased risk of HCV transmission
Stimulants	More cocaine-related problems, including health problems & violence
Cannabis	Lack of motivation and concentration, paranoia, lung problems & cannabis dependence from long-term, heavy use of cannabis

3.7.3 Other indicators

Health data

Data on the characteristics of clients presenting to drug treatment agencies in NSW and nationally show significant increases for those with primary cannabis and amphetamine problems during the last few years (Darke et al., 1996b; Torres et al., 1996) (Table 15). Overall, however, opiates remained the most frequently reported illicit drug problem. Specific studies in NSW of heroin overdose found that both fatal and non-fatal overdose was relatively common and often related to concurrent polydrug use (Darke et al., 1996a; Zador et al., 1996).

Table 15: Primary drug problems among AOD treatment admissions

	Year	Sample size	Heroin	Cocaine	Amphet-amine	Cannabis
% Drug problem:						
NSW [1]	1988	854	81	>1	8	4
NSW [1]	1992	1311	65 *	2	16 #	9 #
NSW [2]	1995	2187	39	1	5	6
National [2]	1992	5259	33	>1	4	6
National [2]	1995	4775	33	>1	7 #	7 #

1 Clients at Residential Agencies (Darke et al., 1996b)
2 Clients of Treatment Service Agencies (Torres et al., 1996)
* Represents a significant decrease from the previous survey
# Represents a significant increase from the previous survey

The NSW Alcohol and Drug Information Service (ADIS) received 51,017 phone inquiries during 1995, mostly from the general public. The number of cannabis mentions were highest (total=4155), followed by heroin (2774), amphetamines (1816), cocaine (396) and MDMA (332) (Figure 4).[11] Of the 141 phone inquiries by clinicians to the NSW Specialist Advisory Service (SAS) during 1995, 38% were for cannabis, 37% for heroin, 22% for amphetamines and 3% for cocaine problems (Figure 5).

A national review of risk behaviours for HIV infection found that the self-reported rate of IDUs sharing needles remained consistently low (below 50%) since 1989, dropping to below 20% in 1994 (Crofts et al., 1996). This review also noted that while men who had sex with men and inject drugs were less likely to share injecting equipment than equivalent heterosexual IDU, rates of HIV were higher among this group because of their sexual behaviour. The proportion of prisoners reporting a history of injecting was around 50%, and the considerable risk behaviour that occurs in these environments was not declining

As less than 50 new cases of HIV relating to injecting drug use are reported in NSW each year, the reader is referred to quarterly summaries of the Australian HIV Surveillance Report for further details (National Centre in HIV Epidemiology and Clinical Research, 1996). Other research (Crofts et al., 1993; CDHSH, 1995) suggests that the prevalence and incidence of HCV and HBV is higher than for HIV, particularly among IDU populations. For example, during the last quarter of 1995, the national prevalence of HCV among methadone clients was 63%, compared to 2.6% for HIV and 48% for HBV (CDHSH, 1995).

[11] Up to three drug mentions could be recorded per call

FIGURE 4:

ADIS drug mentions, 1995

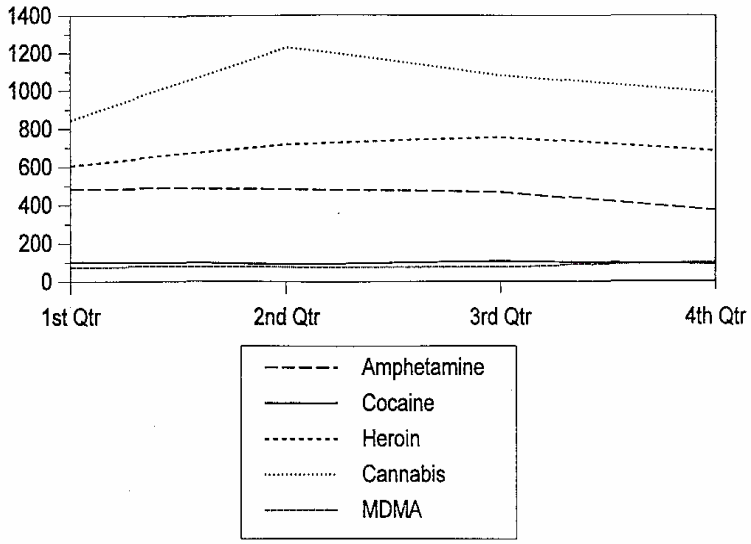
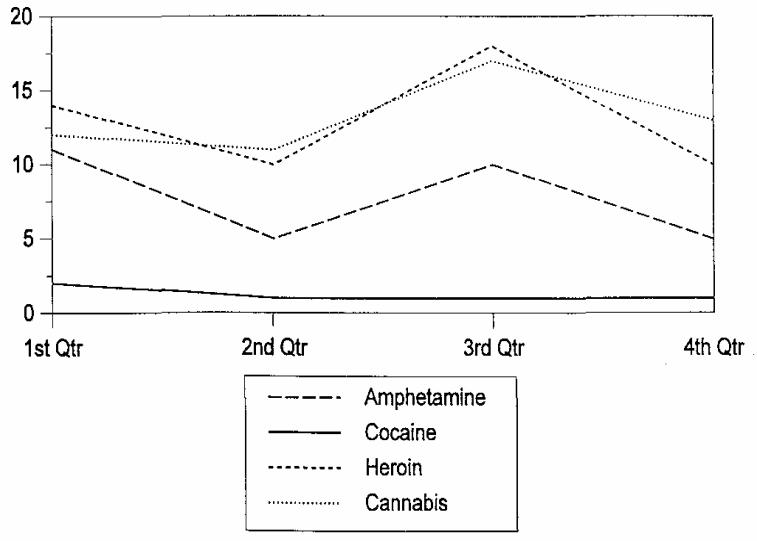


FIGURE 5:

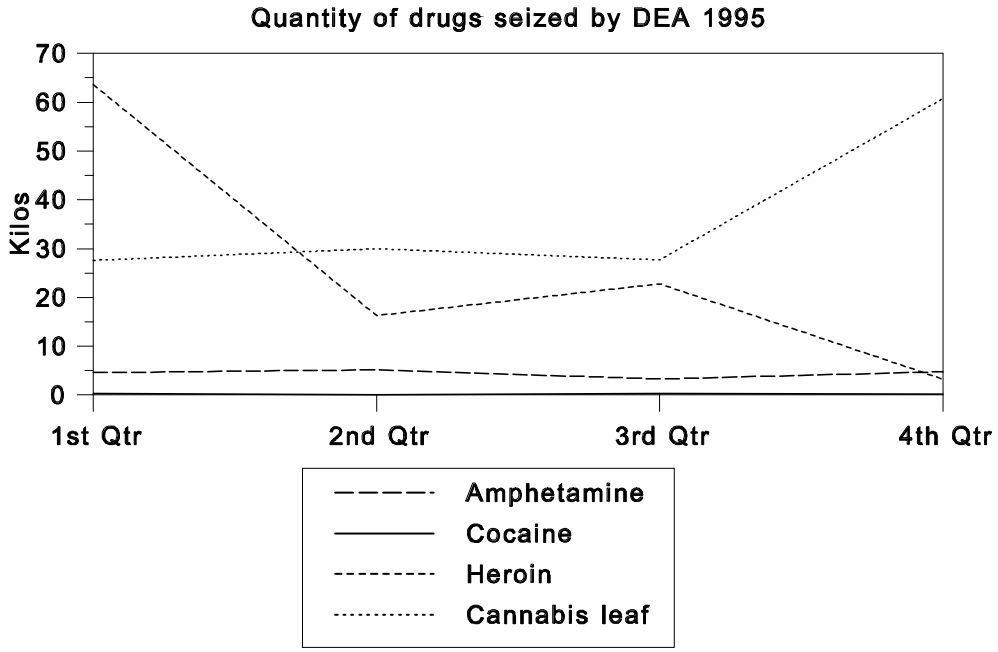
Phone inquiries to SAS, 1995



Law enforcement data

Large fluctuations in the quantity of cannabis leaf (a total of 146 kilos) and heroin (106 kilos) seized by the DEA occurred during 1995 (Figure 6). Less cocaine (1 kilo), amphetamine (18 kilos) and MDMA (>1 kilo) were seized. Other seizures for 1995 included cannabis seeds (12.4g), cannabis resin (3.4 kilos), cannabis plants (50716 plants), cannabis oil (360ml) and LSD (13237 trips). Complete data on the quantity of drugs seized by other NSW police agencies, or on the number of DEA seizures by drug type were not available.

FIGURE 6:



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