

**NDARC Technical Report No. 59**

***VICTORIAN DRUG TRENDS 1997***

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

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## EXECUTIVE SUMMARY

In 1995 the Commonwealth Department of Health and Family Services (CDFHS) commissioned the National Drug and Alcohol Research Centre (NDARC) to revise the Illicit Drug Reporting System (IDRS) first implemented in Australia in 1989 and discontinued in 1992. Based on a series of recommendations contained in a CDHFS commissioned report by Wardlaw (Wardlaw, 1994), NDARC conducted a 12 month trial in Sydney of several methods for an IDRS. These included: key informant interviews with professionals and illicit drug users; a survey of injecting drug users; an analysis of existing early warning indicator sources; and ethnographic research among heroin users in southwest Sydney (Maher, 1996; Hando et al., 1997). The first three were recommended for inclusion in an ongoing IDRS. The revised system was designed to provide a timely indication of emerging trends and issues relating to the use of opiates, cocaine, amphetamines and cannabis so that these trends could be further examined and appropriate responses implemented.

In 1997, NDARC was commissioned to conduct the second phase of the project, a multi-State trial of the IDRS. Turning Point Alcohol and Drug Centre Inc. conducted the Melbourne arm of this trial between July and September of 1997. The Melbourne IDRS consisted of:

- C a quantitative survey of 254 current injecting drug users recruited from a number of sites across the Melbourne metropolitan area
- C qualitative interviews with 42 key informants recruited from a variety of professional settings. Participants were selected on the basis of their perceived level of knowledge about illicit drug use, as well as having had contact with illicit drug users over the past 6 months
- C analysis of relevant secondary illicit drug use indicators

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

Two hundred and fifty four injecting drug users were interviewed between May and July 1997. These individuals were recruited from sites located in Fitzroy, Dandenong, Footscray, Frankston, St Kilda and Glenroy. Around two thirds of the participants were male (64%) and their mean age was 29 years.

The results suggest a change in the pattern of initiation into injecting with a relatively high proportion of individuals who have recently commenced injecting reporting that heroin was the first drug they injected, as opposed to amphetamines which has previously been the norm.

A high level of poly drug use was reported with tobacco, cannabis and heroin the most commonly used drugs on a day to day basis. Of particular note was the significant proportion of the sample who report injecting benzodiazepines (40% ever used, 21% in the past 6 months) and the substantial level of anti-depressant use (45% ever used, 24% in the past 6 months).

Heroin was widely purchased in both powder (90%) and rock form (87%). The majority of respondents reported that the price of heroin was stable (58%) while around a third stated that it was decreasing. Individuals who obtained heroin from street dealers reported lower prices than those who purchased the drug from other sources. Heroin was generally regarded as readily

available and of medium to high purity.

Almost all of the respondents reported having used amphetamines, although only 10% nominated the drug as their main drug of choice. The majority regarded the purity of amphetamine as medium to low and reported that the purity had either remained stable or decreased over the past six months. The perceptions of the availability of amphetamine were mixed. Almost one-half stated that amphetamine was very easy to obtain, however, approximately one third indicated that it was difficult. Most of the respondents indicated that the availability had not changed or had become more difficult in the preceding six months. Only a small proportion of the sample (less than 30%) indicated that they were able to comment confidently on the price, purity or availability of cocaine. Those who were able to make such comments reported that there had been little change in the price, purity or availability of the drug.

Cannabis was one of the most commonly used illicit drugs by the sample with almost all of the respondents having used the drug previously. The majority of respondents reported that the price had not changed in the last six months. The potency of the cannabis was rated as high with most respondents stating that the potency had remained stable or was increasing. The overwhelming majority of those surveyed reported that the cannabis was easy to obtain, and that the availability of cannabis had remained stable in the preceding 6 months.

Slightly less than two thirds (62%) reported involvement in some type of criminal activity in the preceding month. The majority of the participants believed that there had been an increase in police activity over this period, and a significant proportion reported that more of their friends had been arrested. However, approximately two thirds ( 65%) reported that police activity had not made it more difficult to score drugs recently.

The survey revealed that heroin overdose is a common occurrence among the group of users who were surveyed. Over half (56%) of respondents who had ever used heroin reported that they had experienced one or more overdoses (including 17% in the past six months) and around three quarters of all respondents had witnessed an overdose.

### **Key informant study**

The following trends were noted by key informants:

#### *Heroin*

- C increased heroin use
- C an increase in younger heroin users
- C an increase in female heroin users
- C the expansion of the street scene
- C a minor increase in heroin smoking
- C increased injection of benzodiazepines among heroin users
- C price of heroin has decreased at the street level
- C increased availability overall but fluctuating in different areas
- C purity was fluctuating at the street level and had increased in the home based scene



### *Amphetamines*

- C increased use of amphetamines among females and male sex workers
- C increase in injection of amphetamines
- C price of amphetamines stable to increasing, purity stable to fluctuating, and variable reports of availability

### *Cannabis*

- C increase in experimentation and regular use among younger people
- C consistent availability of high quality hydroponically grown cannabis
- C little change in price, potency, or availability.

### **Other indicators**

Data from a number of secondary indicators was obtained. This included available data from general population surveys, drug purity data, and police arrests.

The following trends emerged from analysis of this data in Victoria.

- C cannabis was the most common illicit drug used (29%), followed by amphetamine (7%), hallucinogens (6%), cocaine (3%), ecstasy and other designer drugs (2%), and heroin (1.2%)
- C amphetamine purity remains very low, but stable
- C heroin purity stable
- C enquires about drug information, counselling and referral (DIRECT Line), related mostly to heroin and cannabis

### **Summary of drug trends**

The main trends identified in the study overall were as follows:

#### ***Heroin***

- C it was reported that within the context of the street scene prices had decreased in recent times while the purity fluctuated. Heroin bought through other sources (ie. through established contacts) was reported as being generally more expensive but of a more consistent quality
- C the street scene appears to have expanded and become more a more aggressive market.
- C heroin was perceived to be readily available with little change in availability observed in the past 6 months
- C there was a perceived increase in the proportion of younger people and females using the drug
- C a change in the pattern of initiation into injecting was reported with an apparently increasing proportion of users reporting that heroin was the first drug they injected, as opposed to amphetamines

### ***Stimulants***

- C the price of the amphetamines was reported to be stable to increasing
- C purity levels of amphetamines were low and tended to fluctuate
- C the availability of the amphetamines was described variously as being stable to becoming more difficult to obtain
- C amphetamine injection had increased
- C there was a perceived increase in the use of amphetamines among females & male sex workers
- C relatively few key informants or injecting drug users were able to comment on cocaine. The responses of those who were able to provide such information generally indicated
- C little change in the availability and price of cocaine, or patterns of cocaine use (based on information from the few key informants or injecting drug users were able to comment on cocaine)

### ***Cannabis***

- C the situation with regard to cannabis appears to be relatively stable, with little change reported in price, potency, availability or patterns of use
- C cannabis is readily available and the continuing expansion of hydroponic cultivation was reported

### ***Other drugs***

- C there was evidence of a continuing high level of poly drug use among individuals who inject drugs
- C there were reports of increased injection of benzodiazepines
- C high levels of overdose reported among individuals who inject heroin was noted

A high level of congruence was observed between the findings obtained from the survey of injecting drug users and the key informant interviews with regard to trends in illicit drug use in Melbourne. While further research is required in order to confirm the trends that have been identified in the current study, the findings of this trial demonstrate that the IDRS provides a valuable and unique method with which to investigate emerging trends in illicit drug use in Melbourne.

### **Research implications**

The findings suggest the following areas for further investigation:

1. Research into factors influencing the apparent increasing popularity of heroin and the initiation of young people into heroin use.
2. The impact of heroin street markets on patterns of use, price, purity, purchasing decisions, patterns of use, and overdose risk.

3. The relationship between changes in heroin and amphetamine markets on patterns of drug use and in particular on transitions of use from one drug to the other.
4. The high level of anti-depressant use reported by heroin users, the harms associated with such use including an assessment of the extent to which anti-depressant use contributes to the risk of overdose.
5. Factors associated with the high rate of non-fatal heroin overdose among heroin users.



## **1.0 INTRODUCTION**

In 1995, the Commonwealth Department of Health and Family Services (CDFHS) commissioned the National Drug and Alcohol Research Centre (NDARC) to revise the Illicit Drug Reporting System (IDRS) first implemented in Australia in 1989 and discontinued in 1992.

Based on a series of recommendations contained in a report commissioned by the CDHFS (Wardlaw, 1994), NDARC conducted a 12 month trial in Sydney of several methods for an IDRS.

These included: key informant interviews with professionals and illicit drug users; a survey of injecting drug users; an analysis of existing early warning indicator sources; and ethnographic research among heroin users in southwest Sydney (Maher, 1996; Hando et al., 1997). The first three were recommended for inclusion in an ongoing IDRS.

In 1997, the National Drug and Alcohol Research Centre (NDARC) was commissioned to conduct Phase II of the project, a multi-State trial of the IDRS. Turning Point Alcohol and Drug Centre Inc. conducted the Melbourne arm of this trial. The purpose of this trial was to determine the suitability of three methods of monitoring drug use trends, with a view to developing a national annually administered IDRS. It is envisaged that this revised IDRS will provide a more accurate, efficient and standardised means of data collection than previous early warning monitoring systems.

This report summarises the information collected in Melbourne between July and September 1997 using the three methods recommended by NDARC for the revised IDRS: a quantitative survey of current injecting drug users (IDUs) representing a sentinel group of illicit drug users; a qualitative interviews with key informants recruited from a variety of professional settings; and an analysis of secondary illicit drug use indicators. The reader is referred to the national report for information on drug trends in the other participating States (Hando et al., 1998).

## **1.1 STUDY AIMS**

The specific aims of the Melbourne IDRS were to:

- i. trial and evaluate the IDRS in Victoria;
- ii. provide indicators of strategically important trends in illicit drug use from an early warning perspective in Victoria.

## **2.0 METHOD**

There were three components to the IDRS: a survey of persons who inject drugs, key informant interviews with professionals working in the drug field and an examination of available indicators of illicit drug use and harm in the Victorian community.

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

The survey involved quantitative interviews with 254 injecting drug users recruited throughout the Melbourne metropolitan area, between May and July 1997. Inclusion criteria for individuals in the survey were having injected at least monthly in the 6 months prior to the interview and residing in Melbourne for at least 12 months. Subjects were recruited using a variety of methods including advertisements, needle syringe exchanges and snowball methods (recruitment of friends and associates). The interviews took place in needle syringe exchanges, health or outreach services or other locations that were convenient to the participants. The major locations for the interviews and sites for recruitment were in Fitzroy, Dandenong, Footscray, Frankston, St Kilda and Glenroy. The duration of the interviews was approximately 35 minutes and participants were reimbursed \$20 for their time and out of pocket expenses.

The structured interview schedule was based upon extensive previous work at NDARC. It was revised following a pilot study conducted in Sydney (Hando et al., 1997), and further amendments and additions were made so as to be appropriate for application in Melbourne. Data analysis was conducted using SPSS (SPSS Inc., 1993).

### **2.2 KEY INFORMANT STUDY**

Participants for the IDRS key informant study were recruited based on targeted sampling methods. Information from previous research on illicit drug use in Melbourne, Turning Point Alcohol and Drug Centre staff, and consultation with other assorted professional contacts was used to identify a variety of agencies and organisations from which suitable key informants could be selected.

A total of 42 key informants (23 males, 19 females) participated in telephone interviews conducted between July and September 1997. Face-to-face interviews were conducted with 3 key informants due to their proximity at the time of the scheduled interview. Key informant interviews were conducted with a variety of professionals including drug treatment workers (n=11), general health workers (n=2), needle exchange workers (n=9), consumer representatives (n=1), outreach workers (n=3), youth workers (n=4), researchers (n=3), ambulance officers (n=3), police officers (n=3), telephone counsellors (n=1) and IDU peer educators (n=1). One amphetamine user was interviewed as a key informant after being anonymously referred to the study by a key informant who had already taken part.

Participants were selected on the basis of their perceived level of knowledge about illicit drug use, as well as having had average weekly contact with illicit drug users over the past 6 months, and/or contact with 10 or more different illicit drug users during that period. All key informants were screened after first receiving a copy of the interview schedule, project information sheet and consent form. This gave potential participants an opportunity to see the interview questions prior

to interview, and make an informed decision as to their suitability as a key informant for the study. More than 60 professionals were identified as potential key informants, of which 14 were excluded due either to full report quotas or lack of suitability. Of the 48 professionals contacted and invited to participate as key informants only 5 declined to do so. In each case the person in question felt that they would not be suitable key informants, and subsequently recommended colleagues as possibilities.

A total of 22 (54%) key informants provided reports on heroin use, 6 provided reports on amphetamine use, 11 reported on cannabis use and 2 reported on ecstasy use. No reports were obtained on cocaine use.

Informed consent to participate was obtained from key informants verbally prior to interview, and written consent was returned to the interviewer at the conclusion of the interview. Key informant interviews took an average of 42 minutes to complete (range 20-60 minutes). The interviewer took detailed notes during the course of the interview, and transcribed these soon after the interview had concluded. A qualitative analysis of key informant reports was conducted via a consensus-driven exploration of the main themes mentioned by participants. Single reports obtained on special areas/issues were also included where the key informant was deemed to be a reliable source either due to extensive experience in the field or contact with 100 or more illicit drug users in the last 6 months.

#### *Illicit drug report sources*

Most key informants based their reports on knowledge/information about illicit drug use which they had obtained either through client contact in their particular work place (78%) or both personal experience and client contact (20%). The sources of key informant information included their own research activities (n=14), the media (n=5), client contact (n=34), personal experience (n=12) and day to day professional activities (n=24). Key informants were generally confident about the quality of their information, with 33 (80%) rating their knowledge levels as good to excellent. Twenty one (51%) of the 32 participants reported having had daily (5 to 7 days per week) contact with a range of client groups over the past 6 months including: injecting drug users (88%), youth (63%), women (66%), NESB (49%), aboriginals (32%) and prisoners (29%). Single key informants also reported contact with the rave/dance party scene, sex workers, young homeless people and clients of the juvenile justice system.

The majority of key informants (56%) reported having had contact with more than 50 different illicit drug users over the past 6 months, with 15 (37%) indicating that they had seen over 100 different illicit drug users in that time. Ten of these 15 people reported on heroin users. Key informants reporting on heroin users saw on average more clients in the last 6 months than key informants reporting on either cannabis or stimulant users. This is consistent with the existence of a greater range of possible services which heroin users may access (NSEPs, methadone clinics, in-patient/out-patient treatment services) compared to those existing for cannabis and amphetamine users.

### 2.3 OTHER INDICATORS

Information from a number of secondary indicators was sought. The objective was to identify key indicators that could be used to complement the information obtained from the key informant and IDU interviews. The current situation with regard to secondary indicators of illicit drug use is one of flux in Victoria. Recent reviews of these indicators have highlighted problems with the quality and scope of the data that is available (for example, Kutin, Rumbold and Dietze, 1997). A number of initiatives are currently underway within the health and law enforcement fields to establish new data sets or improve existing ones. These include information relating to ambulance calls to heroin overdose, laboratory testing of drugs seized by the police, treatment service utilisation, drug offence data and prison data.

In the current study the available indicators were used as required to supplement the information collected from the key informant interviews and survey of injecting drug users.

These indicators included:

- C purity data from police seizures as analysed by the Australian Bureau of Criminal Intelligence;
- C arrest data from the Victoria Police;
- C data from the National Drug Household Survey, conducted on behalf of the National Drug Strategy, Commonwealth Department of Health and Family Services.



### 3.0 CURRENT DRUG SCENE AND RECENT TRENDS

#### 3.1 AN OVERVIEW OF THE IDU SAMPLE

A total of 254 individuals were interviewed. The characteristics of this sample are summarised in Table 1. The majority of the participants were male (64%) and ranged in age from 16 to 52 years, with a mean age of 29 years. The majority were not currently employed. Slightly less than half had acquired trade, technical or university qualifications. Approximately one third (33%) of the respondents had never been in treatment, 37% were not currently receiving treatment but had received it in the past and 29% were currently in treatment.

**Table 1: Demographic characteristics of IDU**

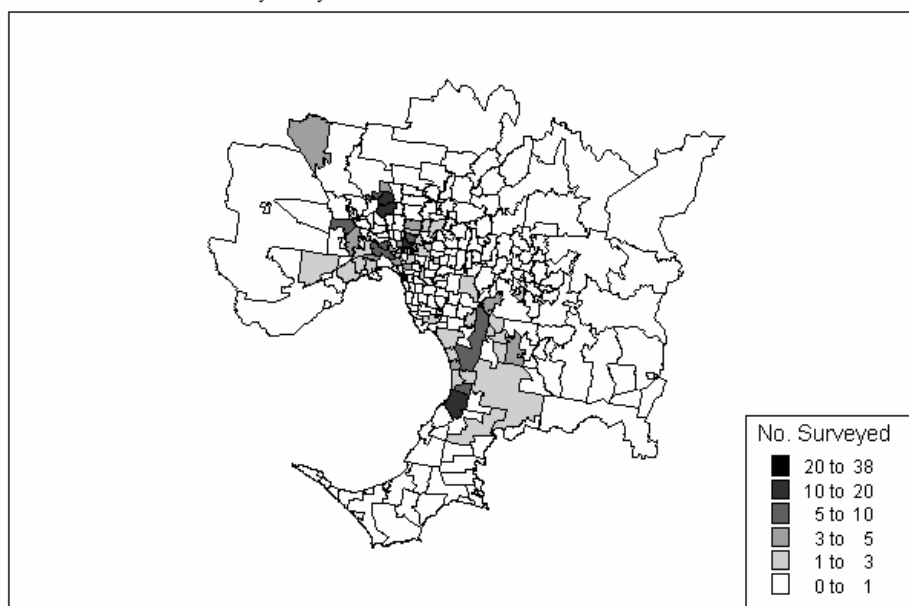
	<b>Melbourne metropolitan n=254</b>
<b>Mean age (years)</b>	29
<b>Gender (% male)</b>	64
<b>Employment: (%)</b>	
<b>Not employed</b>	67
<b>Full time</b>	5
<b>Part time/casual</b>	15
<b>Student</b>	6
<b>Home duties</b>	7
<b>School education (mean years)</b>	10.5
<b>Ethnicity (%):</b>	
<b>ESB</b>	96
<b>NESB</b>	4
<b>Aboriginal</b>	4
<b>Tertiary education: (%)</b>	
<b>None</b>	55
<b>Trade/technical</b>	36
<b>University/college</b>	10
<b>% Prison history</b>	40
<b>Treatment history (%):</b>	
<b>Currently in treatment</b>	29
<b>Never been in treatment</b>	33
<b>Currently not in treatment but</b>	

<b>have previously</b>	37
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As shown in Figure 1, most of the respondents lived in close proximity to the six main recruiting sites of Frankston, Dandenong, St Kilda, Fitzroy, Footscray, and Glenroy. In terms of coverage of geographic areas of Melbourne, the respondents came from 71 suburbs within the western and northern, inner city and outer south eastern areas of Melbourne.

**Figure 1: Postcode of residence of participants of IDU survey**

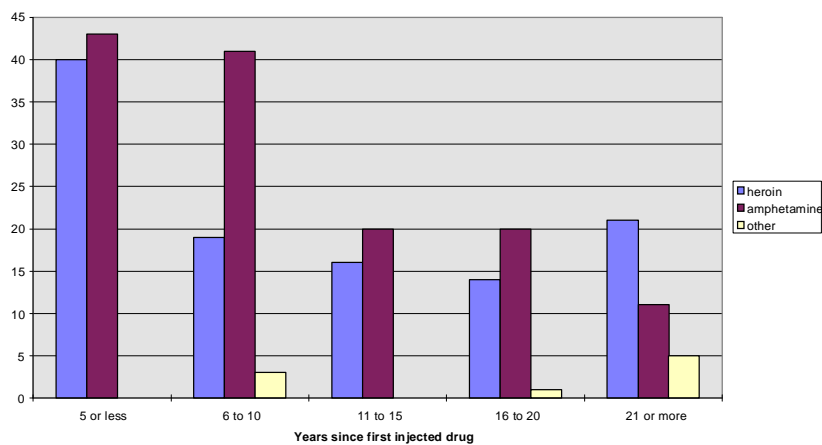
Number of Users Surveyed by Postcode: IDRS Melbourne Arm 1997



### 3.2 DRUG USE HISTORY REPORTED BY INJECTING DRUG USERS

The mean age of first injection was 18 years (range 9-40 years). The two drugs most commonly first injected were amphetamine (53%) and heroin (43%). The finding that 97% of the sample had injected heroin shows that the majority made a transition from injecting amphetamine to injecting heroin. A number of the respondents reported that there had been a recent shift from amphetamine to heroin as the first injected drug. The findings of the present survey support this view. Almost half of those who began injecting within the past five years first injected heroin, compared to 30% of those who began injecting six to ten years ago (see Figure 2). Interesting, most respondents who began injecting 21 or more years ago first injected heroin. If one assumes that these age groups reflect successive cohorts of intravenous drug users, then these findings suggest there have been changes in patterns of initiation into injecting over time.

**Figure 2: Relationship between the number of years since the initiation of**



#### **injecting drug use and the type of drug that was first injected**

There was considerable variation in the length of experience of injecting drug use among those surveyed. Some respondents first began injecting drugs less than a year ago, the longest was 33 years, and mean length of time since first injecting was 10 years.

The sample reported using of a wide variety of illicit and licit drugs (shown in Table 2). There was a high level of polydrug use among this group. Almost all of the sample had used heroin, amphetamine, alcohol, tobacco, cannabis and benzodiazepines. The median number of drug classes ever used was ten, with eight used in the preceding six months. Tobacco, cannabis and heroin were the drugs most frequently used on a daily basis. A wide variety of drugs had been injected, with a median of two types in the preceding six months. Of particular note is the significant proportion of the sample who reported injecting benzodiazepines (40% ever, 21% in the past six months). The prevalence and incidence of methadone injection was somewhat lower

than that observed for a sample of injecting drug users in Sydney (Hando et al., 1997).

**Table 2: Drug use history of respondents (n=254)**

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	97	97	95	48	19	29	4	31	15	95	105	
Methadone	61	21	2					60	35	35	30**	
Other opiates	67	50	19	21	5	5	1	45	26	35	10	
Amphetamines	95	88	45	12	4	71	13	54	26	47	10	
Cocaine	58	42	5	13	2	39	5	8	2	10	2	
Hallucinogens	82	21	3	4	0	0	0	80	23	23	3	
Ecstasy	43	12	5	2	1	2	1	41	18	18	20	
Benzodiazepines	94	40	21	14	6	2	1	93	74	77	20	
Steroids	8	6	2					4	2	3	24	
Alcohol	97	9	1						95	80	24	
Cannabis	99										82	150
Anti-depressants	45										23	30
Inhalants	39										8	2
Tobacco	96										92	180
Polydrug use (mdn)	10	4	2								6	

\* median number of drugs used in the past 6 months

\*\* for those not currently in treatment

### 3.3 HEROIN

#### 3.3.1 IDU survey

Over three quarters of the injecting drug users who were surveyed (78%) reported heroin as their main drug of choice. A total of 95% of the sample reported having injected the drug in the preceding six months, with users reporting using the drug on a median of 105 days in this period (approximately four times per week).

Heroin was widely purchased in both powder (90%) and rock form (87%). The most common route of administration was injection, although a significant minority (19%) reported having smoked the drug in the preceding six months.

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

Almost all of the sample (96%) were able to comment confidently on the price, purity and availability of heroin. Median prices are shown in Table 3. The median price was \$450 per gram and \$40 per cap (small amounts of heroin wrapped in foil). Some individuals gave prices for amounts other than a cap or gram. Other purchase sizes were 1/2 gram, with prices ranging from \$100 to \$250, and 1/4 gram, with prices of \$140 to \$150. The majority of respondents reported that the price of heroin was stable (58%) while around a third stated that it was decreasing.

There was evidence of some considerable variation in price reported by the respondents depending on the source of purchase. When asked what is the main place that they usually score heroin, 39% of those who had used in the last 6 months reported obtaining it from a street dealer, 25% from a dealer's home, 22% from a prearranged meeting or mobile phone contact, and 16% from a friend. Those reporting street dealers as their main source of heroin generally paid less for a cap of heroin (mean of \$35) than those buying from other sources (mean of \$49) ( $\chi^2_{(df=30)} = 34.8$ ,  $p < .001$ ). These findings correspond with the comments of a number of respondents who reported that the price varied according to whether the heroin was obtained on the street or through regular contacts. They reported that the street price for a cap was around \$25 to \$40, and \$50 to \$100 from other sources.

Purity was considered medium to high by the majority of respondents, the largest proportion rating purity as medium. There did not appear to be any clear changes in purity reported by the respondents, with 31% describing it as stable, and 26% describing it as fluctuating. Almost all of the respondents regarded heroin as either easy or very easy to obtain (97%), with the majority reporting no change in availability (63%), and slightly more than a quarter stated that it was easier to obtain.

**Table 3: IDU estimates of heroin availability**

<b>Purchase amount (median price)</b>	\$40 per cap \$450 per gram
<b>Δ in price over last 6 months</b>	Stable (60%) Decreased (33%)
<b>Purity</b>	Medium (59%)
<b>Δ in purity over last 6 months</b>	No change (33%) Fluctuating (27%)
<b>Availability</b>	Very easy to obtain (79%)
<b>Δ in availability over last 6 months</b>	No change 63%)

### 3.3.2 Key informant study

#### *Current patterns of heroin use*

Twenty-two key informants reported on heroin use. Key informant perceptions of heroin use and trends have been summarised in Table 4. Key informant reports indicated that heroin use occurs in a diversity of areas throughout Melbourne including both the inner city and outer suburban areas. However, there was a perception that not all heroin users purchased the drug within the suburb in which they reside. Many often travelled to entirely different suburbs/localities to access different illicit drug market places. Reports on the apparent patterns of heroin use within particular suburbs must therefore be interpreted with caution.

Evidence suggests there are a number of geographically distinct street-level heroin market places in Melbourne where heroin is purchased and used. These areas are unique in terms of characteristics and behaviour of the users who reside there, and those who travel there from other areas. Further, evidence obtained from key informants suggests that Melbourne=s illicit drug street market is a fluid and highly organised market place. The fluid nature of the illicit drug market in Melbourne was evident in reports about street-level illicit drug market places which had contracted in some areas due to police efforts, but expanded in other new areas.

A number of examples were commonly cited as evidence for these claims:

- C The street scene in and around Fitzroy Street St Kilda was cited as an example of a one-time major illicit drug street market which had contracted in recent times. The most common reason given for this apparent shift was the emergence of competitive and highly organised street scenes in the central business district (CBD), Footscray and Springvale.



- C Police activity focused on the street-level heroin market in Footscray during late 1995 to 1996 (linked to media coverage and public interest in the Premier's Drug Advisory Council), was cited as the main reason for the recent emergence of the street-level heroin dealing scene in the CBD.
- C Key informants also referred to the emergence of street-level heroin markets in areas such as Box Hill, Frankston, Springvale, Dandenong and Geelong which had been targeted sporadically by police. Such police action was thought to either momentarily suppress dealing (which often returned shortly thereafter), or result in a shift of the scene to a viable location nearby (eg. neighbouring suburbs).
- C Key informant reports suggest that currently active street-level heroin markets operate in a number of areas including Collingwood, the CBD, St Kilda, Box Hill, Footscray, Springvale, Dandenong, Frankston and Geelong. Reports were also provided on the existence of relatively stable home-based illicit drug markets that were used primarily by older users and/or well-connected users who had been repeatedly accessing the same dealer.

The age of heroin users was reported to range from 12 to the late 50s, with the average age estimated to be around the late teens and late 20s. Estimates of age tended to vary according to the area reported on. Heroin users were typically reported as being younger in areas in where recognised street-level illicit drug market places existed. Varying proportions of male and female heroin users were reported, with the majority of informants agreeing that they had greater contact with male heroin users. Key informants agreed that there were more male than female heroin users overall, but that there were probably more female users than suggested by presentation and service access. In seeking to explain this pattern, key informants referred to the greater level of flexibility often enjoyed by many male heroin users compared to females who often had childcare issues restricting their ability to access services. Key informants also made reference to a power imbalance commonly favouring many males in co-using relationships, whereby the acquisition of both the drug and the requisite injecting paraphernalia was often controlled by males. Again this was explained by the relative flexibility enjoyed by many males, as well as a desire on the part of many males to keep their partner away from the street heroin scene.

A diverse range of ethnic backgrounds were reported (eg. European, Asian, Aboriginal and North African), however, the majority of heroin users in Melbourne were thought to be of English speaking background. Key informant reports indicated that different patterns of ethnic demography could be seen in particular main areas of heroin use. Areas such as Frankston, Preston, Reservoir, Heidelberg and St Kilda were characterised by a predominance of users from English speaking backgrounds; whereas Springvale, Dandenong, Noble Park and Footscray were characterised by a predominance of heroin users from Vietnamese or Asian backgrounds. The CBD / inner city area was reported to have equal proportions of NESB and Anglo-origin heroin users.

Most heroin users had lower secondary school education levels, however higher secondary and

tertiary level education was also noted. Reports indicated that many heroin users had left school in the early part of secondary school, but users still enrolled at both the secondary and tertiary level. The majority of heroin users were unemployed, with those in employment working a variety of mostly unskilled jobs. Professionally employed heroin users were also noted, as were sex workers and people who traded sex for drugs.

Key informants reported that the proportion of heroin using people seeking treatment for heroin-related issues varied from 5% to 50% depending on the population they were reporting on. The main types of treatment reported were methadone maintenance, in-patient withdrawal and out-patient withdrawal, counselling, self-help and home withdrawal. Many heroin users were said to only be in treatment because of court pressure, however key informants also indicated a lack of treatment services existed to cater for both younger heroin users and Vietnamese/Asian users (less than 16 years of age). Significant numbers of mainly male heroin users were reported to have previous prison histories (5-10%) and/or non-custodial criminal records (20-80%).

Key informant reports suggested that the majority of heroin users used heroin intravenously. Heroin users from Asian backgrounds were thought to smoke heroin more than users from other backgrounds. Most heroin used was thought to be powder-form, with some reporting the existence of rock-form which was thought to be reconstituted powder, rather than true heroin rock. The quantities of heroin used and the frequency of such use was said to vary depending on the user's level of dependence, contacts and available funds. However, the range was thought to be around half cap to 7 caps per day, which may often be shared among two or more users. Key informants indicated that many heroin users would use as often and as frequently as possible if circumstances permitted.

Polydrug use was reported to be common among heroin users, with a noted preference for the >slow= substances (eg. benzodiazepines) rather than stimulants. There was some suggestion that heroin users from English-speaking backgrounds had greater levels of polydrug use when compared to those from Asian backgrounds. Few heroin users were thought to use heroin alone, with many also using cannabis (smoking heads in bonges daily), and a range of benzodiazepines (Rohypnol, Valium, Serapax, Normison, Temazepam) obtained both licitly and illicitly. The use of benzodiazepines was said to be mainly oral with occasional intravenous use. Benzodiazepines were used more frequently when people were unable to get heroin or were trying to avoid withdrawal. Little significant alcohol use was reported.

The heroin using prison population was said to also use cannabis heads (mainly smoked in joints or ingested orally), and benzodiazepines (oral use because it was quicker than intravenous use). Prison users were reported to use heroin intravenously via typically old/used injecting equipment. The sharing of injecting equipment with other users was thought to be common, and typically small amounts of heroin were often shared amongst many people (up to twice weekly or more if possible).

### *Trends in heroin use*

Key informants reported that there had been an increase in the number of people injecting heroin in Melbourne over the last 6 to 12 months. Key informants also reported that the street-level heroin market in Melbourne (traditionally based in St Kilda) had expanded over the last 12 months or longer to include areas of the CBD, Collingwood /Fitzroy, Footscray, Springvale, Box Hill, Geelong and Frankston. A gradual increase in the amount of street-based dealing and use was noted, along with a perceived higher degree of organisation of the street market. The key informants commented on the change in marketing of heroin, noting that it was more aggressive

and open than previously. Several cited the increasing use of communications technology (mobile phones, pagers) to facilitate transactions.

Key informants reporting increased numbers attending their services (NSEPs and treatment agencies). Increased service attendance was inferred from funding changes, staff efforts and other organisational factors, rather than reference to an actual increase in the numbers of users.

Initiates to heroin use were thought to be younger now than in the past, with more males overall, but an increase in female heroin injectors from both Asian and English speaking backgrounds. The increasing experimental use of heroin as a recreational/party drug was also noted in both the general illicit drug user and rave/dance party populations.

These trends were explained with reference to increased availability and purity of heroin, in the context of the reduced price of heroin in the street scene.

**Table 4: Key informant estimates of heroin use and trends**

<b>Users</b>	<p>Aged 12-50 years of age  Males &amp; females (mostly male)  Diversity of areas throughout Melbourne (a number of distinct street-level illicit drug market places)  Ethnically diverse (mostly English speaking backgrounds)  Low education levels and high rate of unemployment  Varied numbers in treatment (mainly methadone, in-patient/out-patient/home detoxification)  Non-custodial sentence history more common than custodial sentence history</p>
<b>Δ in user demographics</b>	<p>More heroin users  More younger users  Street scene has expanded and become more highly organised  Increase in females using heroin</p>
<b>Form, route, quantity and frequency of use</b>	<p>Primarily injected (mostly powder-form)  Smoking amongst users (higher among Asian users)  Quantities and frequencies depend on level of dependence, contacts and money (mostly in cap multiples)</p>
<b>Δ in routes of administration</b>	<p>Minor increase in heroin smoking across all groups</p>
<b>Other licit and illicit Drugs</b>	<p>Polydrug use very common  Preference for &gt;slower= drugs: cannabis, licit and illicit</p>

	benzodiazepines
<b>Other trends</b>	Increased injection of benzodiazepines by heroin users

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

Key informant estimates of the price, purity and availability of heroin are reported in Table 5. Most key informants (with the exception of police) could not provide price estimates for the purchase of large quantities of heroin (greater than a gram) because their contact was with users who mostly bought cap multiples. The cap amount of heroin was widely reported as the main unit sold at the street level, typically for around \$30-40. Key informant reports generally indicate that heroin prices had dropped, while its purity and availability had increased relative to 12 months ago. Many key informants however offered important qualifications of these general observations.

There was general agreement that the price, purity and availability of heroin depended on who and where it was bought from, and how much was purchased (ie it is cheaper when bought in greater quantities). Police key informants reported that tests conducted at the Victorian Forensic Science Centre had shown the street level purity to be around 10-30% (rarely greater than 30%), whereas drugs seized from dealers were often 50 -70% pure heroin. Key informants suggested that although the cost of heroin was generally cheaper on the street compared to home-based deals, the purity was often suspect on the street. It was also noted that participation in the street-level heroin market was accompanied by certain risks, such as arrest, getting ripped off, and blood-borne virus transmission due to less opportunities for safe use.

Key informants reported an increase in the numbers of people travelling to recognised street-level market places (particularly Springvale) to purchase heroin due to reported lower prices, increased availability and purity. However, there was some indication that a significant number of users chose to pay generally higher prices through home-based, or smaller street-based market places because they were assured of good quality heroin, and fewer associated risks compared to the street market place. The choice to opt out of the street-level scene was noted in key informant reports on the southern bayside (eg Frankston) and northern suburban areas (eg Preston, Reservoir, Heidelberg). Both of these regions are proximally located to the alleged major street-level heroin market places in Springvale and Footscray. However, key informants from the southern bayside and northern areas indicated that significant numbers of heroin users chose to pay the generally higher prices in those areas, rather than risk getting heroin from the street.

Some key informants hypothesised that increased media attention on specific street-level heroin dealing localities served to advertise these areas widely, and usually resulted in an influx of users to that area and a subsequent upsurge in street heroin dealing. The perceived impact of the recent media attention on Springvale, and past media attention on Footscray at the time at which the Premier=s Drug and Alcohol Advisory Council was sitting during 1996 were cited as cases in point.

There was a reported increase the number of males, especially males of Vietnamese/Asian origin, involved in the street dealing of heroin caps. Key informants also reported that Asian dealers often sold heroin at cheaper prices to Asian users than to users from English-speaking backgrounds. Key informants acknowledged a home-based dealing scene still existed in various localities throughout Melbourne, despite the expanding street dealing scene. The home-based

dealing market was characterised by generally higher prices compared to the street. However, it was also acknowledged that users had less chance of being ripped off by a home-based dealer, and that the purity of heroin purchased via home-based networks was often better than that available on the street.

Price, purity and availability of heroin in prison was said to fluctuate overall, depending on the particular market place. The majority of key informants were not able to comment on heroin manufacturing or importation.

**Table 5: Key informant estimates of heroin availability**

<b>Purchase amount</b>	\$30-40/cap (range = \$15-75) \$200/half-gram (range = \$200-300) \$380/gram (range = \$200-600) Generally cheaper on the street
<b>Δ in price</b>	Stable in the home-based scene Decreased at the street-level
<b>Purity</b>	High purity in the home-based scene Fluctuating purity at the street-level
<b>Δ in purity</b>	Increased purity in the home-based scene Fluctuating purity at the street-level
<b>Availability</b>	Widely available
<b>Δ in availability</b>	Increased overall but fluctuates in certain areas

### 3.3.3 Other indicators

#### *Survey data*

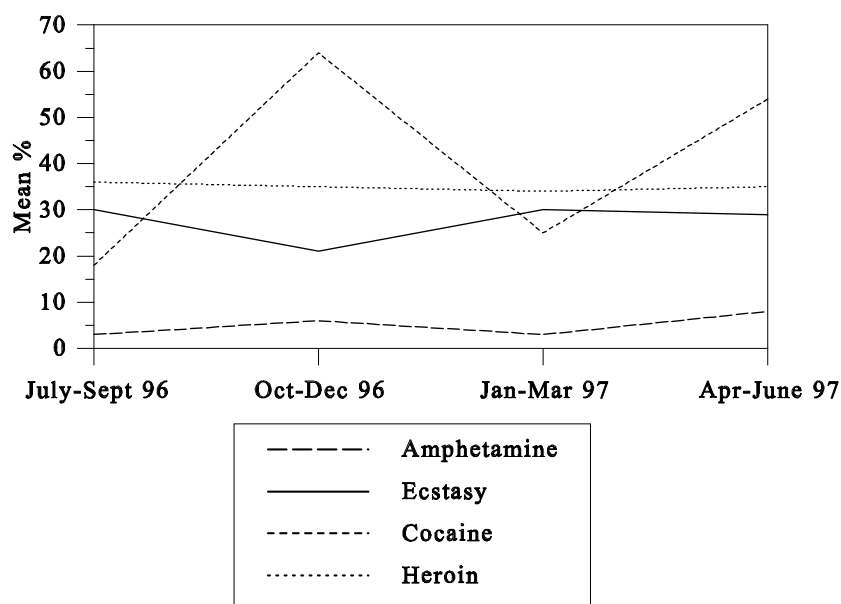
According to the 1995 National Drug Household Survey, 1.2% of Victorians aged 15 or over had ever used heroin, with less than one percent using the drug in the last 12 months. However, these figures should be interpreted with caution as general population surveys are not regarded as providing reliable estimates of the prevalence of illicit drug use (Kutin et al, 1997).

#### *Law enforcement data*

Figure 3 presents data relating to purity obtained from tests of police seizures made between July 1996 and June 1997. The mean purity of 165 heroin seizures in Victoria between July 1996 and June 1997 was 35% (range 2%-85%) which remained stable across quarters (see Figure 3). The

majority of seizures (75%) were small street seizures of two grams or less, which had a mean purity of 33%. The average purity level of seizures of two grams or less was stable across the year (range 32%-36%), however, the purity varied substantially from 2% to 62%. Larger seizures had a slightly higher mean purity of 40% (range 12%-82%). This is to be expected as these larger seizures are more likely to represent wholesale amounts, which are often >cut= or diluted with other substances prior to being sold to users. The average purity level of seizures during the 1996/97 fiscal year in Victoria were somewhat lower than for seizures in the previous year (Australian Bureau of Criminal Intelligence, 1996).

**Figure 3. Purity level data obtained from police seizures in Victoria 1996/97**  
(Source: Australian Bureau of Criminal Intelligence)



### 3.3.4 Summary of heroin trends

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

- C there was a perceived increase in the proportion of younger people and females using the drug;
- C it was reported that within the context of the street scene prices had decreased in recent times while the purity fluctuated. Heroin bought through other sources (ie through established contacts) was reported as being generally more expensive but of a more consistent quality;
- C the street scene appears to have expanded and become more a more aggressive market;
- C active street markets are evident in a number of areas across Melbourne;



- C heroin was perceived to be readily available with little change observed in the past 6 months;
- C there was a high level of polydrug use among many people who use heroin.

### 3.4 Amphetamines

#### 3.4.1 IDU survey

Almost all of the respondents reported having used amphetamines (95%), although only 10% nominated amphetamine as their drug of choice. Slightly over half (54%) reported swallowing the drug in the preceding 6 months and 45% reported having injected the drug in this period. Those who had used the drug reported a median of ten days of use in the last 6 months. Amphetamine used in the last 6 months was nearly all powder (97%), with only a few users reporting use of liquid amphetamine (6%) or prescription amphetamine (16%).

The majority of all respondents were able to comment confidently on the price, purity and availability of amphetamines (59%). The perceptions of those respondents who felt able to comment on these aspects of amphetamines are summarised in Table 6. The median price was estimated at \$50 per gram with most users reporting that the price was stable in the preceding 6 months. The majority regarded the purity of amphetamine as medium to low. The majority of those able to comment believed that the purity had either remained stable or decreased over the past 6 months.

The perceptions of the availability of amphetamines were mixed. Almost one-half stated that amphetamines were very easy to obtain, however approximately one third indicated that it was difficult. Most of the respondents indicated that the availability had not changed or had become more difficult in the preceding 6 months.

**Table 6: IDU estimates of amphetamine availability**

<b>Purchase amount</b>	\$50 per gram
<b>Δ in price over last 6 months</b>	No change (85%)
<b>Purity</b>	Low (43%) Medium (41%)
<b>Δ in purity over last 6 months</b>	Decreased (32%) No change (31%)

<b>Availability</b>	Very easy (46%) Difficult (33%)
<b>Δ in availability over last 6 months</b>	No change (53%) More difficult (32%)

### 3.4.2 Key informant study

#### *Current patterns of amphetamine use*

Reports from key informants (n=7) suggest that police activity directed mainly at speed/amphetamine labs in Melbourne (Operation Paradox) may have reduced both the availability and use of this drug.

Table 7 contains summaries of key informant estimates of amphetamine use and trends. It should be noted that four of the six reports on amphetamine use were obtained from key informants who had initially nominated heroin as the primary drug used by the users which they had contact with. One of the five reports was obtained from a current amphetamine user who was referred anonymously to the interviewer by another key informant.

Key informants indicated that amphetamine use occurs in a diverse range of localities throughout Melbourne. Reports were received on the inner city, southern bay suburbs (including the Mornington Peninsula) and the northern suburbs (encompassing Preston, Reservoir and West Heidelberg). The age of amphetamine users was said to range from early teenage years to 40s. Amphetamine users from the southern bay suburbs extending to the Mornington Peninsula were thought to be generally older than those from inner city and other suburbs.

Key informants generally agreed that the majority of amphetamine users were male and predominantly of English speaking background, however a recent increase in speed-using NSEP clients was reported in some parts of the northern region (Preston, Reservoir, West Heidelberg). The amphetamine users of the Mornington Peninsula were characterised as exclusively of English speaking background.

Education levels were generally reported as being low. Most users were thought to have left school at some stage during the lower secondary years. A report on gay amphetamine users from the inner city areas indicated that education levels were generally high, with many having completed or still enrolled in tertiary studies. Unemployment was a common feature overall, with some users employed in mainly blue-collar or casual unskilled positions. A report was obtained that indicated the existence of a group of amphetamine using male sex workers.

Involvement in formal treatment was consistently reported as low, however, some amphetamine users were thought to regularly undergo self-detoxification using benzodiazepines as an aid. Amphetamine users were thought to generally have more of a non-custodial sentence history compared to custodial sentence history, except for the Mornington Peninsula and northern regions, where 50% to the majority were thought to have a previous prison history.

The majority of amphetamine use was reported to occur intravenously with a small proportion of users engaged in snorting. Powder-form amphetamines were most common, typically of poor quality/purity, and usually purchased in one gram deals for recreational use on the weekend. Key informants also identified a group of users who use amphetamines daily and binge-use during the weekend. The reported amount and frequency of amphetamine use was said to depend on the

amount of money available to the user, the user's level of dependence and whether or not use was connected to an event (eg. party, rave, dance party). The use of other forms of amphetamines (for example dietary pills) was reported as a substitute.

The existence of two distinct using scenes in which polydrug use was common emerged from key informant reports. One scene was defined as a predominantly >party-based= scene centred around the inner city suburbs, and the other scene was defined as a suburban scene (northern and southern bay suburbs). Key informants indicated that the vast majority of amphetamine users in both >scenes= smoke cannabis heads regularly. The users within the >party-based= scene were reported to also use >party drugs= such as ecstasy. There was also an indication that some users used heroin (intravenously) and benzodiazepines (orally) to assist them in coming down after amphetamine use. However, this was more common in the party-based scene because users in the suburbs deliberately avoided the heroin market place, indicating that they did not like that scene. Some reports indicated a link between speed use and alcohol due to a perception that speed facilitates the consumption of large amounts of alcohol.

Reports were obtained which suggested the existence of young amphetamine users (aged 15-18) who actively shared injecting equipment despite the existence of a variety of safe-using messages, and the efforts of peer educators and NSEP staff.

#### *Trends in amphetamine use*

Reported trends in amphetamine use over the last 6 to 12 months are summarised in Table 7. There was a reported increase in the numbers of amphetamine users starting to inject, with a noted increase in popularity amongst females linked to the slimming effects of amphetamines. More sex workers were reported to be using amphetamines than in the past.

Key informants reported an increase in the number of users contracting Hepatitis C, and an increase in the level of risk taking while injecting. Reference was made to the greater average number of injections among users compared to dependent heroin users and that speed users take bulk supplies of injecting equipment that are used quickly. An increase in males with amphetamine-related drug induced psychoses was reported, as was a continuing level of amphetamine related health problems. Some key informants reported that amphetamine use was seasonal, seeming to be more popular during summer. Most key informants reported that the major recent trends in illicit drug use in Melbourne had occurred in relation to heroin, and that amphetamine use in Melbourne had probably remained at a stable level recently.

A high proportion of amphetamine users from the southern bay suburbs were reported to be on community based orders including drug and alcohol treatment conditions. Other key informants, reporting on inner city areas, indicated that street sex work was the main crime in which amphetamine users were involved.

**Table 7: Key informant estimates of amphetamine use and trends**

<p><b>Users</b></p>	<p>Aged early teens to 40s  Males and females (mostly male)  Diversity of areas throughout Melbourne (reports on distinct groups)  Evidence of a &gt;party-based= scene (inner city) and suburban-based scene  Mostly of English speaking background  Low education levels and high unemployment (evidence of higher levels of education and employment in some groups)  Mostly heterosexual (significant number of gay male users)  Non-custodial sentence history more common than custodial sentence history  (except in southern bayside and northern regions)</p>
<p><b>Δ in user demographics</b></p>	<p>Increased popularity with females and male sex workers  Reported 30% increase in NSEP outreach contact by Vietnamese speed users in Preston area</p>
<p><b>Form, route, quantity and frequency of use</b></p>	<p>Primarily injected (mostly powder-form)  Small number of snorters  Typically purchased in 1 gram multiples for recreational use on weekends  Quantities and frequencies depend on available money, level of dependence, and connection to event (eg. party, rave)</p>
<p><b>Δ in routes of administration</b></p>	<p>More speed users starting to inject</p>
<p><b>Other licit and illicit drugs</b></p>	<p>Polydrug use common in party-based and suburban group  Majority smoke cannabis heads regularly  Party-based (inner city) users also use ecstasy and LSD  Use of heroin and benzodiazepines to assist in coming down after speed use (more common in party-based scene)</p>

*Price, purity and availability of amphetamines*

Key informant estimates of the price, purity and availability of amphetamines are reported in Table 8. It should be noted that the trends reported below are based on the reports of six key informants, and supplementary reports on amphetamine use obtained from other key informants. The information is to be interpreted with due caution.

The only change reported relating to price, purity and availability of amphetamines was that the people selling it were thought to be younger than in the past. The amphetamine market place was characterised as a predominantly home-based illicit drug market that had become more organised in recent times. No key informants were able to reliably report on any trends relating to the manufacture or importation of amphetamines in Melbourne. Amphetamine purity was suspected as being typically poor due to the common practice of cutting it heavily with other substances. Amphetamine availability was said to fluctuate according to the number of manufacture-related arrests made by police.

**Table 8: Key informant estimates of amphetamine availability**

<b>Purchase amount</b>	\$50/gram (range = \$40-60) \$260/quarter (range = \$200-300) \$800/ounce
<b>Δ in price</b>	Stable to increasing price
<b>Purity</b>	Medium to low purity
<b>Δ in purity</b>	Stable to fluctuating
<b>Availability</b>	Easy to very easy to get
<b>Δ in availability</b>	Stable to more difficult

### 3.4.3 Other indicators

#### *Survey data*

According to the 1995 National Drug Household Survey, 7% of Victorians aged 15 years and above had used amphetamines in their lifetime, with 2% having used the drug in the past 12 months. As discussed previously in this report, these results should be interpreted with some caution.

#### *Law enforcement data*

Figure 3 shows the purity of police seizures of amphetamine made between July 1996 to June 1997. The average purity level of seizures in this period was 5% (range 1%-64%), with average purity levels of less than 10% in each quarter. These figures are consistent with data from seizures made prior to this period that indicated most amphetamine was very low in purity.

Forty seven percent of amphetamine seizures were small street seizures (less than or equal to two grams). The purity of street seizures (mean purity 5%, range 1%-41%) did not differ from larger

seizures (mean purity 5%, range 1%-64%).

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

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

- C the price of the amphetamines was reported to be stable to increasing;
- C purity levels of amphetamines were low and tended to fluctuate;
- C the availability of the amphetamines was described variously as being stable to becoming more difficult to obtain;
- C there was an increase in the injection of amphetamines;
- C there was a perceived increase in the use of amphetamines among females and male sex workers.



## 3.5 COCAINE

### 3.5.1 IDU survey

Although a majority of respondents had reported the use of cocaine in their lifetime (58%), only 1% identified cocaine as their main drug of choice. Only a small proportion reported having injected (5%) or snorted (5%) the drug in the past 6 months and those who had used the drug did so very infrequently. Of the small number of respondents who reported having used the drug in the last 6 months, almost all reported using it in powder form. Only 2 respondents reported using crack in the preceding 6 months.

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

Only a small proportion of the sample (less than 30%) indicated that they were able to comment confidently on the price, purity or availability of cocaine. This may be taken as an indication of small number of regular cocaine users in the sample of injecting drug users. Due to the small number of respondents who were able to comment of the price, purity and availability of the drug the information provided should be interpreted with caution. This information is summarised in Table 9.

Of the respondents who were able to comment on price, the median price given for a gram was \$300. The majority of these respondents believed the price had remained stable, that the purity was medium to high and had not changed, that the drug was difficult to obtain and that this had remained stable over the past 6 months.

**Table 9: IDU estimates of cocaine availability**

<b>Purchase amount (median price)</b>	\$300 per gram
<b>Δ in price over last 6 months</b>	No change (87%)
<b>Purity</b>	High (50%) Medium (42%)
<b>Δ in purity over last 6 months</b>	No change (62%)
<b>Availability</b>	Difficult (45%)
<b>Δ in Availability over last 6 months</b>	No change (73%)

### 3.5.2 Key informant survey

None of the key informants were able to confidently report on trends in cocaine availability, price,

purity or patterns of use.

### **3.5.3 Other indicators**

#### *Survey data*

According to the 1995 National Drug Household Survey, approximately 3% of the Victorian population aged 15 years and over had used cocaine in their lifetime, 1% in the last 12 months. However, as noted previously, estimates obtained from general population surveys should be treated with caution.

#### *Law enforcement data*

There were only ten cocaine seizures in Victoria between July 1996 and June 1997, with a mean purity of 37% (range <1-64%). Purity levels fluctuated greatly between quarters (see Figure 3), variation probably due to the small number of cocaine seizures on which purity data was based.

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

Relatively few key informants or injecting drug users were able to comment on cocaine. The responses of those who were able to provide such information generally indicated little change in the availability, price of the drug and patterns of use of the drug.

## 3.6 CANNABIS

### 3.6.1 IDU Survey

Cannabis was one of the most commonly used illicit drugs by the sample with almost all of the respondents having used the drug previously. Current users reported using the drug on a median of approximately six times per week. The main form of cannabis used in the past six months was marijuana (82% of respondents), followed by hash (32%) and hash oil (15%)

The majority of the samples were able to comment on cannabis (see Table 10). The median price reported for an ounce of cannabis was \$350, and \$23 for a gram. The majority of respondents reported that the price had not changed in the last six months. The potency of the cannabis was rated as high with most respondents stating that the potency had remained stable or was increasing.

The overwhelming majority of both samples reported that the cannabis was easy or very easy to obtain, and that the availability of cannabis had remained stable in the preceding 6 months.

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

<b>Purchase amount (median price)</b>	\$23 per gram \$350 per ounce
<b>Δ in price over last 6 months</b>	No change (61%)
<b>Potency</b>	High (74%)
<b>Δ in potency over last 6 months</b>	No change (54%)
<b>Availability</b>	Very easy to obtain (55%)
<b>Δ in Availability over last 6 months</b>	No change (76%)

### 3.6.2 Key informant study

#### *Current patterns of cannabis use*

Table 11 contains the summary details of key informant (n=11) perceptions of recent trends in cannabis use in Melbourne. Reports contained here are derived mainly from contact with the treatment population, however, all key informants were able to provide information about cannabis use in the wider community. Supplementary information was also obtained from most other key informants reporting on either heroin or amphetamine use.

These reports indicate that cannabis use spans all areas of Melbourne including inner city, suburban and rural regions. Cannabis users were characterised as mostly male with an average age of 25, and an age range of 12 to 50. The greater visibility of male cannabis users was explained with reference to their predominance in corrections drug and alcohol treatment referral orders, and the fact that many female users may be unable to present to services due to the constraints and demands of childcare. Further to this, females were described as a typically clandestine cannabis using group, compared to the more social orientation of cannabis using males (ie. group use).

Cannabis users were described as being of predominantly English speaking background, with very few NESB users presenting to services. A mixture of educational levels was reported and included all levels of secondary school, as well as tertiary educated people. Some key informants categorised cannabis users according to two broad groups: those who commenced cannabis use young, many of whom had dropped out of secondary school, and; those who had commenced use at a relatively older age, many of whom were professionally employed.

Key informant reports suggested that the majority of primary cannabis users identified as heterosexual. As indicated earlier, the majority of reports received were for groups of primary cannabis users in treatment. Other forms of treatment commonly sought by this group included psychiatric and psychological treatment and self-help groups. The group was typically characterised as containing many drug and alcohol treatment order referrals from corrections (between 50-80% of clients) and few having a prior prison history.

Primary cannabis users mostly smoke head variety cannabis (often referred to as >skunk=) in bong. Few were thought to ingest orally, or use hash oil or leaf variety. The frequency of use is often daily particularly with dependent users, and the amount was thought to typically range from 1 gram or less daily up to 28 grams per week. Key informants reported that primary cannabis users were commonly polydrug users who experimented with a range of drugs. Many older users also used benzodiazepines (mostly oral, some injection) prescribed to them for anxiety/aggression resulting from chronic cannabis use. Primary cannabis users also were said to use benzodiazepines and tobacco as substitutes when attempting to cut down their cannabis use. The use of hallucinogens, intravenous use of heroin (when available), and alcohol, were reported as a substitutes, particularly during summer. Heroin smoking was reported amongst the primary cannabis using group, and inhalant use (eg. glue, petrol, etc) was noted among younger people.

#### *Trends in cannabis use*

Overall, most aspects of cannabis use were considered stable over the past 6 to 12 months. However, one key informant reported the existence of a new using technique developed in Queensland where cannabis vapours were inhaled after being produced via a super-heated, smokeless burning system.

Key informants consistently reported that the prevalence of cannabis use was very high among younger, mainly male, secondary school students. The number of younger people experimenting with cannabis was thought to have increased overall, and the average age of regular cannabis

users was thought to have dropped. Key informants interpreted this trend as a slight movement from alcohol to cannabis use in younger people. Some suggested that the availability and price of cannabis make it a viable alternative to alcohol for young people. An associated increase in the number of cannabis related health problems was also noted. Key informants perceived a general reluctance on the part of cannabis users to see cannabis use as a problem, even when presenting for cannabis related problems/issues. The general perception of cannabis reported is that its use does not lead to significant problems.

They also reported that the use of benzodiazepines and heroin had increased amongst primary cannabis users, but qualified this by adding that this mostly occurred when cannabis was not available. The number of primary cannabis users presenting to treatment services was perceived to have fluctuated recently, with no identifiable trends. Most informants reported that more people were presenting to treatment services with heroin related issues.

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

<b>Users</b>	Wide variety of users; Aged 12-50s Males and females (mostly male) Diversity of areas throughout Melbourne Mostly English speaking background (few NESB presenting to services) Varied education and employment levels (evidence of both unemployed and professional users) Treatment group (psychiatric, psychological, self-help) Few with prior prison history, significant numbers on Drug And Alcohol treatment referrals from corrections
<b>Δ in user demographics</b>	Increase in younger group (secondary school age mostly male) experimenting and using regularly
<b>Form, route, quantity and frequency of use</b>	Chronic users primarily smoke in bongs (mostly heads) Few ingest orally (in food/drink preparations); Dependent/chronic users often use daily (quantities vary)
<b>Δ in routes of administration</b>	Stable overall
<b>Other licit and illicit drugs</b>	Polydrug use is common Many use benzodiazepines prescribed for mood/anxiety/aggression issues, and when cutting down on cannabis use Heroin used intravenously when available, and smoked less often
<b>Other trends</b>	Crime patterns stable Police activity stable

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

Key informants indicated that there had been no significant trend changes in the demographics of those people selling cannabis. Many agreed that the Melbourne cannabis market could be characterised as being made up of many small networks, and that there were more people selling cannabis than in the past. Cannabis cultivation was thought to have moved increasingly to hydroponic techniques, which many cited as the reason for the high potency, and subsequent problems encountered by many chronic users.

The advent and expansion of hydroponic techniques to cultivate cannabis was reported to have extended the >season= in which users could access cannabis. It was also thought to have resulted in a definite preference amongst users for cannabis heads, so much so that many will wait until heads become available rather than purchase cannabis leaf or other poorer quality cannabis. The increased use of such systems was also thought to have resulted in the emergence of a cashless bartering /trading system between users and growers.

The price of cannabis was said to be stable, however, relative to heroin, cannabis was now more expensive (see Table 12). Key informants suggested that some primary cannabis users had recently been motivated to choose heroin as an alternative to cannabis because the price was competitive and the intensity of the high better.

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

<b>Purchase amount</b>	\$25/gram of head (range = \$20-30) \$140/quarter of head (range = \$110-180) \$375/ounce of head (range = \$350-400)
<b>Δ in price</b>	Stable
<b>Potency</b>	High purity (due to hybridisation through hydroponic cultivation)
<b>Δ in potency</b>	Stable
<b>Availability</b>	Easy
<b>Δ in availability</b>	Stable to more difficult

### **3.6.3 Other indicators**

#### *Survey data*

According to the 1995 National Drug Household Survey approximately 29% of Victorians aged

15 years and over had used cannabis during their lifetime and approximately 12% had used the drug within the past 12 months. These findings demonstrate that cannabis is by far the most widely used illicit drug within the Victorian community.

### **3.6.4 Summary of cannabis trends**

The following trends were noted:

- C an increase in experimentation and regular use among younger people;
- C the consistent availability of high quality hydroponically grown cannabis;
- C little change in price, potency, or availability.

### **3.7 OTHER DRUGS**

#### **3.7.1 IDU survey**

Over a third of injecting drug users reported the use of other opiates in the preceding 6 months, mainly morphine or *Panadeine forte* (which contains 30 mg of codeine per tablet). Only a small proportion of those surveyed reported injecting methadone (2%) or the use of physeptone tablets (6%) in the preceding 6 months.

A high proportion (79%) had used benzodiazepines in the last 6 months, with 21% reporting having injecting benzodiazepines during this period. The most commonly used benzodiazepines were *Valium* (diazepam) and *Rohypnol* (flunitrazepam). When asked to comment on recent drug trends a number of respondents referred to an apparent increase in the prevalence of injecting benzodiazepines.

A surprisingly high proportion of respondents reported using anti-depressants. Slightly less than half (45%) had ever used these drugs and 24% had used in the last 6 months. The median number of days that anti-depressants had been used in the previous 6 months was 30. Prozac and Zoloft were the brands most frequently used.

Slightly less than a quarter of the sample (23%) reported having used LSD in the previous 6 months, while 10% reported having used hallucinogenic mushrooms within this period. A total of 18% of respondents reported the use of ecstasy within last 6 months, while only a small proportion had used either inhalants (6%) or steroids (2%) during this period.

#### **3.7.2 Key informant study**

Few new or emerging drugs were mentioned by key informants. Instead, most referred to existing drugs being used in different ways. The most notable example was the perceived increase in intravenous benzodiazepine use. One key informant mentioned the use of khat among Somali and middle eastern immigrants in the Northern suburbs.

*Benzodiazepines*



Key informant reports indicated that the use of a wide range of benzodiazepines (*Rohypnol*, *Valium*, *Serapax*, *Normison*) was common among primary heroin, primary amphetamine and primary cannabis users. Reports suggested that both licitly obtained (via prescription) and illicitly obtained benzodiazepines were used by these groups. The reasons for and the routes of administration of benzodiazepines were thought to vary, however, trends were identified by key informants in each case. The main reasons for using benzodiazepines were to aid "coming-down" after amphetamine use, or avoid heroin withdrawal when heroin became less available. The main route of administration for all groups was oral, with small numbers of illicit drug users thought to regularly inject benzodiazepines.

### *Ecstasy*

Two key informants reported on trends in the use of ecstasy in Melbourne. Supplementary reports on ecstasy use were also obtained from key informants reporting primarily on other illicit drugs. Two main groups of primary ecstasy users were identified: a group residing in the outer eastern and south-eastern suburbs (eg. Doncaster, Dandenong, Frankston) and; a group residing in the inner city area (eg. Fitzroy, Carlton, Richmond, Footscray). The suburban group were thought to mainly still live in their parent=s/guardian=s home, whereas the inner city group were thought to live mainly in share-house arrangements. The average age of primary ecstasy users was thought to be around 18 years, with a range of 16-25 years. Suburban ecstasy users were reported as being younger (14-20) and more male dominated (60-70%), compared to the slightly older (18-35 years) and balanced (40-50% male) inner city group. The reason offered for the apparent gender imbalance among suburban ecstasy users, was that male members of that age group who are still living at home typically have more freedom than their female counterparts. Both groups were further characterised as being mainly of English speaking backgrounds, and if under the age of 18 years, mostly still at school (secondary and tertiary level). The older inner city group were thought to have higher rates of unemployment, with a small number enrolled at tertiary institutions, and a small number holding a range of jobs.

It was estimated that 30% of ecstasy users identified as bisexual females, and that 25-30% of the younger suburban group identified as either being gay male, lesbian or bisexual. The older inner city group of ecstasy users was said to contain more lesbian members than gay males (gay males reported to be more interested in the underground raves/dance parties). Ecstasy users were typically not in treatment, except if they had issues relating to their concurrent heroin use. Very few were thought to have prior prison histories, with some ecstasy users having criminal records (usually via Community Based Orders) relating to dealing and or use/possession.

The majority of ecstasy used was reported to be of tablet form, with much less powder-form (sought mainly by ecstasy injectors) and cap-form ecstasy used. This was said to cost between \$40-70 per tablet (commonly \$70 at raves/parties), with the average price being \$60. Key informants indicated that ecstasy price depended on the source as well as the amount purchased (ie. usually cheaper if from regular supplier and in large amounts). Ecstasy was thought to be mainly taken orally and used recreationally on the weekends, or more frequently if the user is dependent or binge using in the context of big parties/raves. Small numbers of people were said to smoke ecstasy (mixed with cannabis) mostly when they had large quantities or enough money

to pay for it. Ecstasy purity was perceived to have increased recently (a key informant reporting on a recent analysis which had indicated 100% purity). One police key informant reported that ecstasy sold is not always ecstasy and that laboratory tests have revealed it as methamphetamine or amphetamine based. Polydrug use was said to be common amongst primary ecstasy users. The majority of users also smoking cannabis heads regularly (mainly through bongs), and also using benzodiazepines. Use of heroin (intravenously) and benzodiazepines (oral) was said to be common for the purpose of coming down after ecstasy use. Some ecstasy users were also thought to inject amphetamine habitually. Alcohol use was reported as infrequent.

A general picture emerged of a highly planned, precise and organised culture surrounding the use of party drugs amongst primary ecstasy users. Key informants indicated that many primary ecstasy users participate in sustained polydrug use over the course of 12 to 18 hours, during which different substances are taken according to strictly planned times or stages of the night. A typical pattern reported was that of initial ingestion (usually oral) of ecstasy (sometimes taken with LSD and/or amphetamines) to augment the experience of the particular event, which is often followed some time later with the use of substances for the purpose of coming down (cannabis, benzodiazepines and heroin).

Key informants reported that there had recently been a trend towards more ecstasy injecting (evidenced by an increase in the numbers of people seeking information about how to inject ecstasy safely), that the demographics of users had remained stable, and that there had been a recent emergence of a street-level ecstasy market. Minor use of GBH was reported, as well as a noted increase in the use of >slower= drugs such as heroin and benzodiazepines in this group. It was suggested that the move to heroin use in this group had been the result of a gradual process of experimenting with different substances, with few people using heroin as their first drug. A reported consequence of the increase in heroin use was that more people were noted to have experienced heroin related problems (health, increased overdose risk due to polydrug use, criminal charges, etc) previously not seen within this group. Another reported trend was that more people had moved away from amphetamine use to ecstasy and heroin use. This was due mainly to a preference for their effects, and the perception that heroin represented better value for money compared to low purity amphetamine. One key informant suggested that the recent increase in heroin use among traditionally primary ecstasy users, necessitated a redefinition of categories that distinguish >heroin users= from >ecstasy users=. This key informant proposed that a fluid relationship existed between these two populations such that it had become increasingly difficult to define groups of illicit drug users in this way.

Key informants suggested that ecstasy users could be characterised as mostly young recreational users, who did not need to engage in criminal activity to support their habit. A stable level of petty property crimes (eg. shoplifting) and dealing/trafficking charges was reported. Police activity relating to ecstasy was perceived to have remained stable, relative to a notable increase in efforts directed at the street-level heroin market (this was confirmed by police key informants). The number of both undercover and uniform police attending raves was reported to have decreased recently.

### *Steroids*

One reliable report was received on steroid use in Melbourne. This key informant reported that steroids were used in a diversity of areas throughout Melbourne. Steroids were said to be used intravenously by a mostly male group aged between 17-60, and coming from a diverse range of ethnic and educational backgrounds. The quantity and frequency of steroid use was said to vary according to the cycle that a particular user was on. Steroid users were employed in a range of occupations, and none were reported to be in treatment for their use. Few steroid users were reported to have previous prison histories.

### **3.7.3 Other indicators**

#### *Survey data*

According to the 1995 National Drug Household Survey, approximately 6% of the Victorian population aged 15 years and over had ever used hallucinogens (approximately 1% in the past 12 months), and 2% had ever used ecstasy or other designer drugs (less than 1% in the past 12 months).

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

Trends in other drug use evident during the past 6-12 months included.

- C evidence of a continuing high level of poly drug use among individuals who inject drugs
- C reports of increased injection of benzodiazepines
- C substantial levels of anti-depressant use among individuals who are injecting drugs

## **3.8 DRUG-RELATED ISSUES**

### **3.8.1 IDU survey**

#### *General Health status*

The mean general health score for the IDU sample was 18.4 (SD 8.3), indicating that the respondents are experiencing a number of health problems. This general health score is higher than normative data for Australian heroin injectors (mean 12.6, SD 7.6)(Darke et al, 1992).

#### *Heroin overdose*

The survey revealed that heroin overdose is a common occurrence among the group of users who were surveyed (see Table 13). Over half (56%) of respondents who had ever used heroin (n=246) reported that they had experienced one or more overdoses, 37% had been administered Narcan, and 76% of all respondents (n=254) had witnessed an overdose (median =2). In the previous six months, 17% had experienced an overdose and 10% had been administered Narcan. These findings are comparable to those obtained in the IDU survey component of the IDRS trial in Sydney (Hando et al, 1997).

The respondents who had previously experienced an overdose reported a median of 18 months since they last overdosed, and a median of three overdoses in total. Those who been administered Narcan reported a median period of 18 months since they were last administered the drug.

#### *Needle Sharing*

The sharing of needles and syringes and other equipment associated with the preparation or injection of drugs is important with respect to the risk of exposure to blood borne viruses such as HIV, and hepatitis B and C (HBV, HCV). Twenty-six percent of the respondents lent a used needle in the past month, while 22% borrowed a used needle. In 20% of cases, the borrowed needle had been used by only one other person.

#### *Criminal activity*

The majority of the respondents (62%) reported involvement in some type of criminal activity in the preceding month. As shown in Table 14, property crimes and dealing were the most common crimes reported, with relatively few respondents reporting involvement in violent crime or fraud.

#### *Perception of police activity*

Respondents were asked a number of questions regarding their perceptions of changes in police activity the past 6 months, and the impact of these changes. Fifty-seven percent of the respondents believed that there had been an increase in police activity, and a significant proportion (40%) reported that more of their friends had been arrested. However, approximately two thirds (65%) reported that police activity had not made it more difficult to score drugs recently.

It appears that for many of the users, police activity has only a limited and short term impact upon their access to illicit drugs. This view was expressed by one of the respondents as follows:

*"Sometimes for short periods it's hard to score - everyone just disappears when the police come so you go to the street to score and there's no-one else around but they're back again in a few hours, or the next day, as soon as the cops leave."*

**Table 13: IDU estimates of drug-related issues**

<b>Drug type</b>	<b>Issue</b>
<b>Health</b>	<p>Mean OTI Health score = 18.4</p> <p>56% ever overdosed 17% overdosed during the 6 months</p> <p>26% lent a used needle 22% borrowed a used needle</p>
<b>Crime</b>	<p>62% committed crime in the past month Property (36%) and dealing (40%) crimes most common</p>
<b>Police activity</b>	<p>Increased activity (57%) Increase in arrests (44%) More difficult to obtain drugs (33%) No change in difficulty obtaining drugs (65%)</p>

### 3.8.2 Key informant study

#### *Heroin*

Key informants reported an increase in the number of fatal and non-fatal heroin overdoses. These occurred mainly among male users in their mid-20s to 30s, and typically involved a combination of heroin and benzodiazepine use. There was a general concern that the current level of polydrug use amongst illicit drug users placed them in constant danger of overdose. Ambulance officers (Springvale and city branches) reported that overdose victims were usually either left on their own or accompanied by a friend/acquaintance who claims to know little of the circumstances surrounding the overdose event. Others reported increases in overdose through the use of heroin alone. Most overdoses attended occur in public places (such as in toilets) rather than in private residences. Ambulance service key informants also reported that the vast majority of overdoses they attend are non-fatal (they estimated that 10% or less were fatal). One ambulance officer reported that the city branch was starting to see more overdoses in the young homeless (>street

kid=) group, which they attributed to affordable street-level heroin.

There was some contention between key informants regarding levels and awareness of safe injecting practice among heroin injectors. Some key informants reported that client levels of safe injecting had improved, however others indicated that risk taking (particularly amongst younger street users and heroin using couples) had increased recently. Hepatitis C infection rates amongst users were perceived to have increased. Key informants reported a general perception that drug-related health, financial, social and other problems were a constant and continuing feature among many heroin users. The heroin related problems experienced by Vietnamese/Asian users were perceived to be exacerbated by previous refugee experiences, family breakdown, isolation and lack of access to community support networks.

A general increase in petty crimes (such as break-and-enters) among younger heroin users, and a specific increase in shoplifting among female heroin users, was reported. Increases in the numbers of heroin using clients with charges of dealing, trafficking, possession and use, were noted. There was also an increase in user-to-user violence, street rip-offs.

Key informants reported that the level of police activity related to heroin users typically fluctuates, but has increased overall. Increases were particularly noted in street dealing areas such as those in Springvale, Footscray, Box Hill and the CBD, where police were reported to have expanded their level of activity (foot patrols, undercover activity, searches, etc). Informants reported an emergence of surveillance cameras in the CBD street and public toilet areas, and indicated that the feasibility of surveillance cameras had been investigated in other areas in which street dealing had been identified. Such efforts were perceived by some key informants as being counter-productive, serving only to shift street dealing from locales under surveillance to areas/suburbs that were not.

There was also a perception that the increased police focus on heroin users caused problems with client access to NSEPs, and increased unsafe disposal of used needles/syringes (because many heroin users were fearful of being arrested for self-administration of an illicit drug). Key informants also reported client allegations of police harassment and violence towards heroin users.

### *Amphetamine*

Key informants reported an increase in the number of users contracting Hepatitis C, and an increase in the level of risk taking while injecting. An increase in males with amphetamine related drug induced psychoses was reported (linked to chronic use), and a continuing level of amphetamine related health problems.

Key informants generally reported a stable level of police activity related to amphetamine users over the last 6 to 12 months, however those reporting on southern bay suburbs indicated that there was a consistently high level of police activity in these areas. All key informants agreed that the main focus of police activity recently has been upon the street-level heroin market place. It was suggested that 12 months ago and longer, police were more focused on the amphetamine market.

## *Cannabis*

Many key informants indicated that there had been a perceived increase in cannabis related respiratory problems (bronchitis and asthma), as well as more people presenting with anxiety/mood and aggression issues (eg. bipolar disorder, borderline personality disorder, drug induced psychoses). There was a perceived increase in the numbers of 17 to 18 year old primary chronic cannabis users presenting to services with social phobias, panic disorders, behavioural problems and serious cognitive impairment. Some key informants hypothesised that this later trend was indicative of sustained chronic use over a period of 2-4 years, and also related to the increased purity of cannabis products due to the expansion of hydroponically grown cannabis. Others suggested that these personality disorders and psych problems may be pre-existing.

Key informants generally reported stable patterns in petty crime which had continued for some time. Cannabis users were typically characterised as involved in minor crimes. Female cannabis users engaged in mostly petty shoplifting, and males participated in break-and-enters. However, some key informants perceived an increase in the number of police charges of dealing, trafficking and cultivation upon young people. Others noticed an increase in the level of violence, aggression and anxiety experienced by chronic users who had attempted to come off cannabis. This was again attributed to the availability of generally high potency, hydroponically cultivated cannabis.

Cannabis-related police activity was said to fluctuate depending on the timing of major operations, however no significant change was reported overall. Some suggested that police were not deliberately targeting cannabis users as much, and that their activity was associated mostly with opportunistic busts (ie. related to other issues) and large-scale cultivation. This was confirmed by reports from police key informants which indicated a shift away from minor possession, use, trafficking charges due to increased focus on heroin. Police reported targeting larger cultivation operations. Recently there has been a shift in policing practice in relation to cannabis. This is evident in the >Cannabis Caution Program= operating in I district (the Northern suburbs of Melbourne) for a 6 month period. This allows police to issue a caution notice to people caught using or possessing up to 50 grams of cannabis and is designed to keep minor drug offences out of the Criminal Justice System. Cautions are issued when the offender has no prior drug offences; no other offence is involved; the amount of cannabis is 50 grams or less and is for personal use only; and the offender admits to the offence and consents to the caution.

## *Other drugs*

A consistent feature across all groups of illicit drug use was polydrug use. The recent inclusion of heroin to the substances that many illicit drug users take simultaneously may increase risk of overdose. Heroin has become increasingly popular within the rave/dance party scene.



**Table 14: Key informant estimates of drug-related issues**

<b>Drug type</b>	<b>Issue</b>
<b>Heroin</b>	Increased in overdoses Inconsistent reports about safe injecting practises Increase in Hepatitis C Increase in property crime Increase in user-to-user violence and street rip-offs Increase in arrests Increase in police activity (including surveillance cameras)
<b>Stimulants</b>	Increase in Hepatitis C Increase in risky injecting practices Increase in amphetamine psychosis Continuing health-related problems Police activity stable
<b>Cannabis</b>	Increase in respiratory problems Increase in psychological problems Increase in police charges for drug-related crime Police activity stable, focussed on large cultivation seizures
<b>Other</b>	Increase in heroin use among ecstasy and other polydrug users may increase overdoses

### 3.8.3 Other indicators

#### *Health data*

Data relating to recent trends on clients presenting to specialist drug treatment services was not yet available for inclusion in this report, although a new data collection system (ADIS) has been established and will provide such information in the future.

DIRECT Line, the 24-hour statewide telephone alcohol and drug information, referral and counselling service received 70,178 calls between 1994 and 1996. With respect to calls relating to illicit drugs, the majority of enquiries concerned heroin (11.2% of all calls) and cannabis (9.5% of all calls).

The Australian Needle Exchange Survey found that HIV prevalence among injecting drug users decreased in 1997 to 1.2% (n=530) compared to 1996 (1.6%). Both 1996 and 1997 showed higher HIV prevalence rates than 1995 (0.8%). A similar trend was seen in Hepatitis C prevalence among injecting drug users. Half (51%) of injecting drug users were Hepatitis C

positive compared to 70% in 1996 and 53% in 1995. (Data provided by Margaret MacDonald, National Centre in HIV Epidemiology and Clinical Research.)

### *Law enforcement data*

A total 3396 arrests were made in Victoria in 1996/1997 relating to heroin or related opiates. The majority of those arrested (72%) were defined as consumers or users of the drug, as opposed to suppliers or traffickers (Source, ABCI). There was a modest decline in the total number of arrests made in comparison to the 3811 arrests made in previous fiscal year (ABCI, 1996).

There were 29 arrests in Victoria relating to cocaine in the year 1995/96, slightly less than the 36 made in the previous 12 months (Australian Bureau of Criminal Intelligence, 1997). The cocaine market in Melbourne appears small in comparison to cannabis, heroin, and amphetamines; although, police have reported an apparent increase in availability, including some evidence that the drug is marketed at street level (Australian Bureau of Criminal Intelligence, 1997).

A total of 9121 arrests relating to cannabis made in Victoria during 1996/97. This is substantially less than the 19120 arrests made in the preceding 12 months. This probably reflects changes in law enforcement practices rather than changes in patterns of use (see Section 3.8.2).

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

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

- C high levels of overdose;
- C increase in police activity with regard to heroin;
- C increase in arrests among heroin users;
- C increase in property crime among heroin users;
- C increase in psychological and physical health problems, and drug-related crime among cannabis users;
- C increased psychological problems among amphetamine users.

## 4.0 DISCUSSION

The trial of the IDRS in Melbourne has provided a unique insight into many aspects of illicit drug use within the city. These findings reported here should be treated with some degree of caution as the purpose of the IDRS is to gather information about emerging trends in a timely manner that may be used to guide more detailed investigations (Wardlaw, 1994). Within this context the IDRS would appear to be a useful tool by gathering information that is not readily obtained from existing sources.

### 4.1 SUMMARY OF MAIN FINDINGS

The most striking trend identified in the IDRS was the continuing development of aggressive heroin street-markets in a variety of locations across Melbourne. This appeared to be associated with a decrease in the price of street heroin, an increase in younger heroin users, and changes in attitude toward heroin. Clear differences were identified in the price and purity of heroin depending on whether it was bought on the street (low prices, varying purity levels) or through existing networks (higher prices, less fluctuation in purity). These different markets appeared to be associated with different types of users, with the younger users tending to favour the street scene. Some users chose to purchase the drug through known contacts at a higher cost in order to avoid problems associated with the street scene, such as, quality of the drug and risk of violence or police arrest. There were some reports of a recent increase in heroin use in Melbourne although such a trend is difficult to verify. There was a trend toward heroin becoming more popular and as the first drug injected, compared to amphetamine.

Of particular concern is the continued high level of polydrug use reported by injecting drug users, which may be related to the high level of overdose among this group.

There appeared to be some recent changes in amphetamine use in Melbourne. There was evidence of an increase in price and reduction in availability of amphetamine, although this was not consistently reported. This apparent reduction in availability may be due to police closing down manufacturing laboratories. However, it is also likely that the use of amphetamine has been influenced by shifts in preference towards heroin by some users.

Cannabis remains the most widely used illicit drug in Melbourne, and apart from a reported increase in hydroponic cultivation (which continues the trend evident over recent years), there appear to be relatively few changes evident in patterns of cannabis use or the cannabis market.

Limited information was obtained regarding trends in cocaine use in Melbourne.

The main trends identified in the study have been summarised by drug type as follows.

#### *Heroin*

C there was a perceived increase in the proportion of younger people and females using heroin

- C it was reported that within the context of the street scene the price of heroin had decreased in recent times while the purity fluctuated. Heroin bought through other sources (ie through established contacts) was reported as being generally more expensive but of a more consistent quality
- C the street scene appears to have expanded and become more a more aggressive market which is evident in a number of areas across Melbourne
- C heroin was perceived to be readily available with little change observed in the past six months
- C there was a high level of polydrug use among many people who use heroin

### *Stimulants*

- C the price of the amphetamines was reported to be stable to increasing
- C purity levels of amphetamines were low and tended to fluctuate
- C the availability of the amphetamines was described variously as being stable to becoming more difficult to obtain
- C amphetamine injection had increased
- C there was a perceived increase in the use of amphetamines among females and male sex workers
- C the few key informants or injecting drug users who were able to comment on cocaine indicated little change in the availability, price and patterns of cocaine use

### *Cannabis*

- C the situation with regard to cannabis appears to be relatively stable, with little change reported in price, potency, availability or patterns of use
- C cannabis is readily available and the continuing expansion of hydroponic cultivation was reported

### *Other drugs*

- C evidence of a continuing high level of poly drug use among individuals who inject drugs
- C reports of increased injection of benzodiazepines
- C substantial levels of anti-depressant use among individuals who are injecting drugs

### *Other issues and problems*

- C high prevalence of overdose reported by individuals who inject heroin

## **4.2 STUDY LIMITATIONS**

A high level of congruence was observed between the findings obtained from the survey of injecting drug users and the key informant interviews with regard to trends in illicit drug use in Melbourne. This provides some level of confidence regarding the reliability of these subjective

assessments of recent trends in illicit drug use in Melbourne. Ideally, the validity of these findings should be tested using information from other sources. At present it is difficult to validate these findings using available indicator data. However, the quality and range of the available secondary indicators should improve substantially in the future as a result of a number of initiatives that are currently underway in the health and justice sectors in Victoria. Although further research is required to confirm the trends that have been identified in the current study, the findings of this trial demonstrate that the IDRS provides a valuable and unique method with which to investigate emerging trends in illicit drug use in Melbourne.

### **4.3 IMPLICATIONS FOR RESEARCH**

The findings suggest the following areas for further investigation:

1. Research into factors influencing the apparent increasing popularity of heroin and the initiation of young people into heroin use;
2. The impact of heroin street markets on patterns of use, price, purity, purchasing decisions, patterns of use, and overdose risk;
3. The relationship between changes in heroin and amphetamine markets on patterns of drug use, and in particular, on transitions of use from one drug to the other;
4. The high level of anti-depressant use reported by heroin users, the harms associated with such use, including an assessment of the extent to which this drug use contributes to the risk of overdose;
5. Factors associated with the high rate of non-fatal heroin overdose among heroin users.



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