NSW DRUG TRENDS 2000

Findings from the Illicit Drug Reporting System (IDRS)

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
ATSI	Aboriginal and Torres Strait Islander
BOCSAR	NSW Bureau of Crime Statistics and Research
CDHAC	Commonwealth Department of Health and Aged Care
IC	Inner City
ICPMR	Institute of Clinical Pathology and Medical Research
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users
KIS	Key Informant Survey
NDARC	National Drug and Alcohol Research Centre
NSW	New South Wales
OTHER	Other Indicator Data
WS	Western Sydney

EXECUTIVE SUMMARY

Demographics and use patterns

Several trends in the use patterns of IDU detected in 1999 were confirmed in 2000. New recruits to injecting drug use are initiating injecting at an earlier age. IDU aged 25 years or younger initiated injecting, on average, three and a half years earlier than than older subjects (16.5 v 19.9).

There was a significant age-related difference in first drug injected, a trend first noted in 2000. The younger group of subjects were significantly more likely to report having first injected heroin (83% v 50%). Overall, these results indicate a shift in initial drug use patterns among younger IDU, who are initiating injection at a younger age, and overwhelmingly commencing injecting careers with heroin rather than amphetamines.

Heroin

The price of heroin fell in 2000 ($220 gram) compared to 1999 ($240 gram), a pattern also detected in cap prices ($25 v $30). Heroin purity remained high (62%) and stable. All indications are that the number of heroin users in NSW has increased. Heroin users are purchasing larger amounts of the drug, with quarter gram purchase having replaced caps as the most common amount purchased.

Amphetamines

The price of amphetamine powder has remained stable. The purity of AFP amphetamine seizures in NSW, however, increased substantially between 1999 (14%) and 2000 (36%). The use of crystal methamphetamine ("ice") increased substantially, with 35% of IDU amphetamine users having recently used the drug in 2000, compared to 7% in 1999. For the first time, the sale of 0.1gm "points" of crystal methamphetamine for $50 was reported. There appears to have been an increase in the number of amphetamine users.

Cocaine

The price of cocaine remained stable in 2000 ($200 gram, $50 a cap). The purity of cocaine remained high (51%) and stable. Since 1998, cocaine has stabilised at high levels of use among IDU. Cocaine use

remained strongly associated with injecting heroin use. Cocaine use was associated with substantially more frequent injections than the use of other drugs. Cocaine powder is the predominant form of cocaine in NSW, with availability or use of crack rarely reported.

Cannabis

The price of cannabis declined between 1999 ($350 ounce) and 2000 ($300 ounce). The potency of cannabis remained high, with hydroponically grown cannabis continuing to dominate the market. The age of initiation into cannabis use appears to have declined.

Other drugs

There was a reduction in the injection of methadone syrup in NSW between 1999 and 2000. Similarly, the use of flunitrazepam, a benzodiazepine associated with significant harm among IDU, has remained low since 1998.

Drug-related issues

Recent non-fatal overdose among the IDU samples of the IDRS declined for the second consecutive year (1999:28%, 2000: 19%). In addition, there was a large reduction in the number of suspected heroin overdose deaths referred to the Division of Analytical Laboratories between 1998/99 (491) and 1999/00 (345). All indications are that heroin overdose may be in decline.

The frequency of injecting among IDU has increased since the spread of cocaine use in Sydney from 1998 onwards. Injecting in public places appears to be common among IDU: 50% of IDU reported a public location as their most recent injection location.

The majority of IDU (64%) perceived that there has been an increase in police activity in relation to drugs.

1.0 INTRODUCTION

The IDRS is a CDHAC funded project that has operated in NSW since 1996, and since 1999 in all states and territories of Australia. The purpose of the IDRS is to provide a coordinated approach to monitoring data on the use of opiates, cocaine, amphetamine and cannabis. It is intended to act as a strategic early warning system, identifying emerging drug problems of national concern. It also intends to be timely and sensitive to emerging drug trends rather than describe phenomenon in detail, providing direction for more detailed data collection.

The data described in this report represent a summary of drug trends found by the IDRS in NSW in 2000. Results are summarised by drug type to provide the reader with an abbreviated picture of illicit drug scenes and recent trends. NSW drug trends from previous years can be found in the annual NSW Drug trends reports[1-5].

1.1 STUDY AIMS

The specific aims of the NSW IDRS are to monitor price, purity and availability of heorin, amphetamines, cocaine and cannabis, and to identify emerging drug trends in NSW that require further investigation.

2.0 METHOD

Information from three main sources was compiled to determine drug trends: a survey of injecting drug users, a key informant survey of professionals working in the illicit drug field, and an examination of existing indicator data on drug-related issues. Previous IDRS research has found that injecting drug users are an appropriate sentinel group for detecting illicit drug trends due to their high exposure to many types of illicit drugs. They also have first hand knowledge of the price, purity and availability of the main illicit drugs. Key informant interviews have been found to provide contextual information about drug use patterns and health-related issues, such as treatment presentations. The collection and analysis of indicator data has provided quantitative support for drug trends detected by the IDU and key informant surveys.

Data from these three sources were used to determine the convergent validity of trends detected. Data

sources also complemented each other in the nature of the information they provided. The data source thought to be the best indicator of a particular drug trend was used when summarising drug trends. Data from the 2000 IDRS was compared with IDRS findings from previous years to determine changes in drug trends over time.

2.1 SURVEY OF INJECTING DRUG USERS

The IDU survey consisted of face-to-face interviews with 150 IDU between June and August, 2000. Half of the sample were recruited from the inner city of Sydney (e.g., Kings Cross, Darlinghurst, Newtown, Redfern) and half from the south western region (e.g., Canterbury, Cabramatta).

IDU were recruited from needle and syringe exchanges, and with the assistance of a street-based ethnographer. IDU were also recruited through snowballing. Upon contacting the researchers, the potential participant was screened for suitability. Entry criteria were having injected at least monthly in the six months prior to the interview and residing in Sydney for the past year. IDU were interviewed at places convenient to them.

A standardised structured interview schedule used in previous IDRS research was administered to participants. The interview schedule included sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and general drug trends. Interviews took about 30 minutes to administer and participants were reimbursed up to $30 for out-of-pocket expenses and time. Descriptive analyses were conducted using SPSS for Windows, Release 9.0.1[6].

22.2 KEY INFORMANT STUDY

Sixty key informants, who worked in the field of illicit drugs, were interviewed between July and September 2000. Entry criteria were at least weekly contact with illicit drug users or contact with at least 10 different illicit drug users in the preceding six months. In addition, one law enforcement officer was interviewed, who did not have regular contact with illicit drug users but did have first hand knowledge of drug manufacturing. Three of the key informants provided information on one other drug. Almost all (95%) reported that they felt moderately or very certain of the information they had provided.

Key informants included needle and syringe program/outreach workers (n=16), health workers (n=26), researchers (n=3), police officers (n=4). Forty nine percent (n=30) were male. Key informants were asked to specify the main illicit drug used by the drug users they had the most contact with in the last six months. It was permissible to comment on more than one drug class. Most key informants reported on the use of heroin (n=22). The remainder reported on amphetamine (n=14), cannabis (n=13) and cocaine (n=6) and steroids (n=8).

The interview schedule was a semi-structured instrument used in previous IDRS research that paralleled the structure of the IDU interview. The interview included sections on drug use patterns, drug availability, criminal behaviour and health issues. Most interviews were conducted by telephone and took between 20 and 60 minutes. Several interviews were conducted face-to-face because this was more convenient. Notes were taken during the interview, and transcribed in full after completion of the interview. Content analysis was used to extract common themes from the qualitative data.

2.3 OTHER INDICATORS

To complement and validate data collected from the IDU and key informant surveys, a range of secondary data sources were examined. These included health, survey, and law enforcement data. The pilot study for the IDRS[2] recommended that such data should be available at least annually; include 50 or more cases; be brief; be collected in the main study site (i.e., Sydney or NSW for the present study); and cover the four

main illicit drugs, i.e., heroin, amphetamine, cocaine and cannabis.
Data sources that have been included in this report include:

. Purity of drug seizures made by the AFP, and provided by the Australian Forensic Drug Laboratory courtesy of the ABCI. Data is provided for heroin (n=266), amphetamine and methamphetamine (n=202) and cocaine (n=155).

. Toxicology data from methadone clinics provided by the Pacific Laboratory Medicine Service (PaLMs):Data represents the number of drug positive urine samples received from two government methadone clinics in Sydney: one in the IC and the other in the SW region of Sydney. Urine samples (N=1825) were obtained from patients during the 1999/00 financial year using a non-randomised procedure, and data include multiple tests on individual patients.

. Prevalence of the last drug injected by IDU in NSW, provided by the National Centre for HIV Education and Clinical Research.Data represents the last drug reported to be injected by survey respondents (IDU) in NSW each year from 1995 to 1999 (1995 N=433; 1996 N=499; 1997 N=682; 1998 N=1,001; 1999 N=906).

. The number of confirmed opioid-related fatalities in NSW, provided by the ABS: This data represents the number of drug-related deaths where the cause of death was deemed to be opiate dependence or accidental opiate poisoning, for those aged 15-44 years.

. Toxicology data on intoxicated drivers in NSW, provided by ICPMR: Data represents drugs indicated on the toxicology reports of drivers deemed intoxicated but not testing positive to alcohol, each financial year from 1995/96 to 1999/00 (1995/96 N=598; 1996/97 N=737; 1997/98 N= 820; 1998/99 N=1007; 1999/00 N=1140).

. The 1998 National Drug Strategy Household Survey.

. Arrest data provided by the NSW Bureau of Crime Statistics and Research: Data represent the number of arrests for illicit drug use and/or possession (cocaine, narcotics, cannabis) in NSW.

4.0 OVERVIEW OF THE IDU SAMPLE

The demographic characteristics of the IDU sample are presented in Table 1. The mean age of subjects was 29.6 years (SD 7.8, range 16-50), and 64% were male. The majority of the sample (63%) were not currently in any form of drug treatment, 37% were in methadone maintenance and one was maintained on naltrexone. Three percent of subjects had used naltrexone in the previous six months, all obtained through legitimate sources.

The had a mean of 9.3 years (SD 2.1, range 0-12) of school education, and the majority (77%) were currently unemployed. The majority (72%) had no tertiary qualifications, with 26% reporting trade/technical qualifications and 2% university or college qualifications. Sixty one percent of subjects had a history of imprisonment.

Table 1: Demographic characteristics of IDU sample

Characteristic	**N=150**
Age (yrs)	29.6
Sex (% male)	64
Employment (%): Not employed Full time Part time/casual Student Home duties	 77 7 4 2 4

Sex worker	6
School education (yrs)	9.3
Tertiary education (%): None Trade/technical University/college	 72 26 2
Currently in drug treatment (%)	37
Prison history (%)	61

4.1 DRUG USE HISTORY AND CURRENT DRUG USE

The mean age of first injection was 18.9 years (SD 5.5, range 10-42). The 1999 IDRS and other recent studies[7] have indicated that there has been a fall in the age of initial injection among new recruits to injecting. To investigate this further, the sample was dichotomised into those aged 25 years or younger, and those older than 25 years. The younger group were, on average, three years younger at initial injection than the older subjects (16.5 v 19.9, t_{150}=3.6, p<.001). Overall, there was a significant correlation between age and age at initial injection (r=0.42, p<.001).

Heroin was the first drug injected by 60% of subjects, 37% reported amphetamines, 1% respectively reported other opiates, cocaine, and methadone. As with age of initial injection, there was a significant age-related difference in first drug injected. The younger group of subjects were significantly more likely to report having first injected heroin (83% v 50%, OR 4.97, 95% CI 2.12-11.67). Conversely, initial injection of amphetamines was more likely among older subjects (46% v 17%, OR 4.09 95% CI 1.74-9.61). Overall, these results are consistent with those of the 1999 IDRS in indicating a shift in initial drug use patterns among younger IDU, who are initiating injection at a younger age, and overwhelmingly commencing injecting careers with heroin rather than amphetamines.

Heroin was the drug of choice among 81% of subjects, with cocaine (10%) being the next most popular drug. Other preferred drugs were amphetamines (5%), cannabis (3%) and methadone (1%). Heroin was reported as the drug most often injected in the preceding month by 79% of subjects, with 9% reporting

cocaine, 5% amphetamines, 4% methadone syrup and 2% cocaine/heroin. Seventy five percent of the sample had injected on a daily basis over the preceding month, and 32% had injected more than three times a day.

The IDU sample engaged in extensive polydrug use. Subjects had used an average of 9.3 (SD 2.1, range 2-13) drug classes in their lives, and 5.9 (SD 1.9, range 2-11) in the preceding six months. An average of 3.7 drug classes had been injected over their lifetimes (SD 1.7, range 1-8), and 2.4 (SD 1.3, range 1-8) in the preceding six months.

The drug use histories of IDU, and routes of administration, are presented in Table 2. As in all previous years, recent use of the four main drugs monitored by the IDRS was widespread: heroin (93%), amphetamines (40%), cocaine (63%) and cannabis (72%).

Table 2: Drug use history of IDU sample (N=150)

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
1. Heroin	100	99	93	56	16	15	1	19	7	93	180
2. Methadone	77	45	13					76	49	55	95
3. Other opiates	39	24	12	11	1	0	0	31	16	23	7
4. Amphetamines	83	77	36	9	5	47	7	26	5	40	6.5
5. Cocaine	89	83	62	13	7	34	9	5	3	63	12
6. Hallucinogens	68	8	1	0	0	0	0	65	3	3	3.5
7. Ecstasy	44	8	1	0	0	1	1	43	13	13	2
8. Benzodiazepines	78	26	13	1	1	1	1	78	59	61	20
9. Alcohol	96	3	1							54	6

10. Cannabis	97		72	120
11. Anti-depressants	24		17	90
12. Inhalants	31		4	9.5
13. Tobacco	99		97	180

5.0 HEROIN

Nearly all IDU (140/150) could comment on aspects of price, purity and availability of heroin. Twenty one key informants reported on the use of heroin and one reported on supply.

The majority of key informants described heroin users who had a average age of mid-20s to early 30s. Most had completed 9 to 10 yrs of schooling and were unemployed. These key informant reports were consistent with the demographics of the IDU sample (see section 3.0), 99% of whom had recently used heroin.

5.1 PRICE

Prices paid by IDU on the last occasion of purchase within the preceding six months are presented in Table 3. The median price of a gram of heroin in Sydney in 2000 was $220, a fall from $240 the previous year. As in previous years heroin was cheaper in south western Sydney then in the inner city ($200 v $240 per gm). It should be noted that the modal price paid for a gram, i.e. the price most often paid, was $200. The price of a "cap" of heroin ($25) and of a half gram ($100) has also fallen since 1999. Overall, the price of heroin has fallen consistently since 1997 onwards (Figure 1). IDU overwhelmingly believed the price of heroin to be either stable (50%) or decreasing (44%). Only 2% of IDU commenting on heroin believed the price had been increasing.

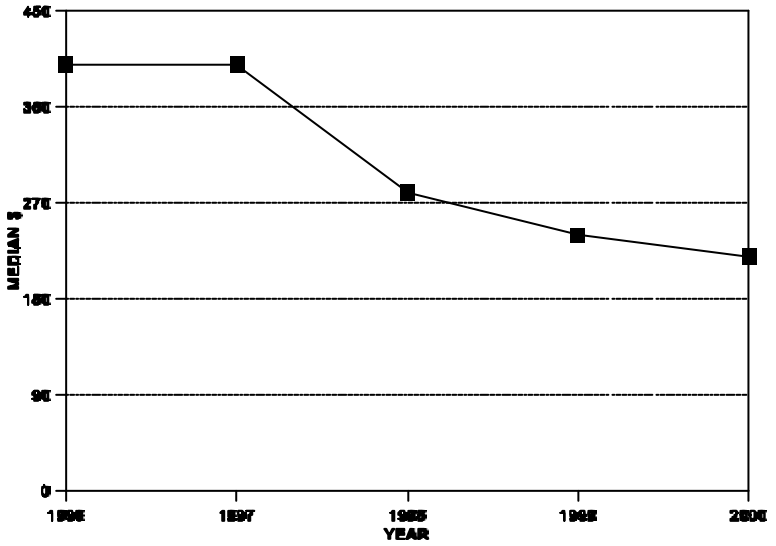
Key informants. estimates of the price of a heroin gram were consistent with those reported by IDU ($200 gm). Most key informants reported that the price of a heroin cap was $20 to $25. Consistent with IDU reports, key informants also reported heroin being sold in quarter grams ($50-$70) and half grams ($140-$150).

Table 3: Price of most recent heroin purchases, 2000

Amount	Median Price* $	Number of purchasers
Gram	220 (240)	35
Cap	25 (30)	66
Half gram	100 (130)	76
Quarter gram	70 (70)	93
Eighth of gram	35	15
"Rock"	30	7

** 1999 median prices in brackets*

Figure 1
Median price of a gram of heroin from IDU estimates, 1996-2000



As was first noted in 1999, quarter grams were the most commonly purchased amount of heroin, with half grams the next most common purchase amount (Table 3). The trend away from caps toward a range of other purchase quantities continued, with caps only the third most common quantity in which heroin was purchased.

5.2 AVAILABILITY

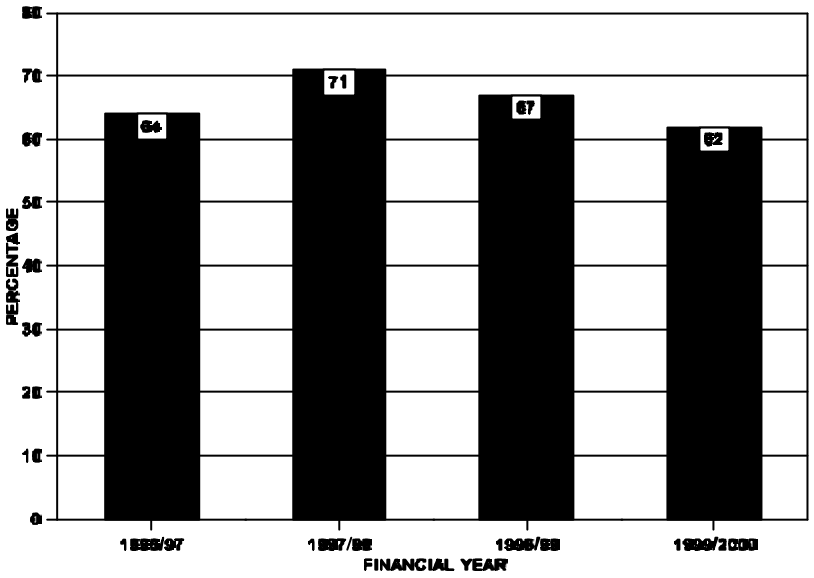
Heroin was considered easy or very easy to obtain by 99% of IDU able to comment on heroin, and availability was considered stable (77%). Consistent with IDU reports, all key informants considered heroin easy to obtain, and the majority (16/22) considered availability to be stable.

Heroin was most commonly bought by contacting dealers on mobile phones (38%), at the dealer's home (31%) and from street dealers (29%). Only 1% reported commonly purchasing from friends.

5.3 PURITY

The mean purity of AFP heroin seizures analysed during the 1999/00 financial year was 62% nearly identical to the 67% purity of seizures in the 1998/99 financial year (Figure 2). Heroin purity in NSW has remained high in all five years in which the IDRS has been conducted (1996-2000), ranging from 62% to 71%. Over all years there were no meaningful differences in the purity of large and small seizures, indicating minimal dilution of heroin subsequent to importation into Australia. It should also be noted that studies of both NSW heroin seizures[7] and heroin-related fatalities[8] have shown the presence of dangerous adulterants such as quinine to be rare. Heroin in NSW is typically "cut" with inert substances such as sucrose and caffeine[7].

Figure 2



Mean purity of AFP heroin seizures in NSW, 1996/97-1999/2000

The majority of IDU (53%) believed heroin to be of medium purity, while 34% described it as of low purity. There was substantial disagreement among IDU about whether purity had changed in the

preceding six months: 37% reported that it had decreased, 31% reported purity had been stable, 10% stated purity had increased, and 22% believed it had fluctuated.

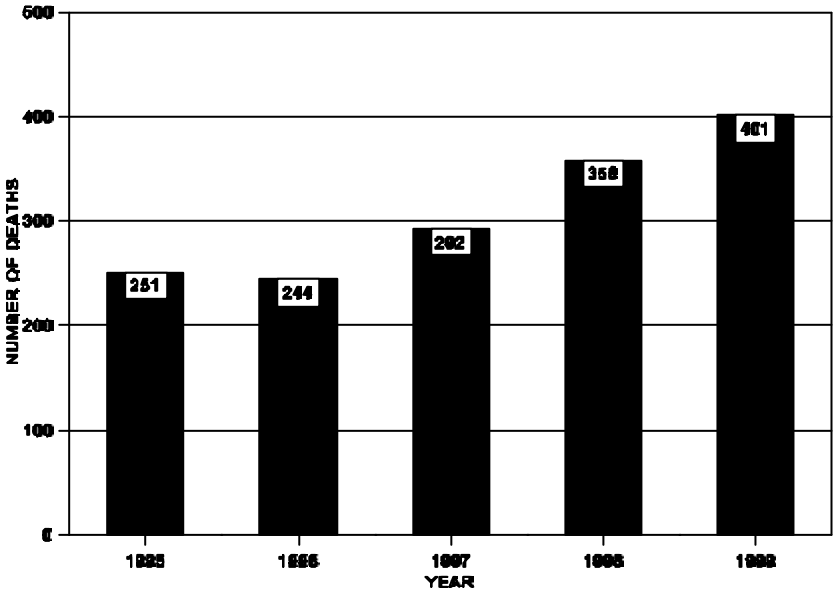
In summary, evidence regarding purity of heroin suggests that there has been no discernable change in the purity of heroin since 1999.

5.4 USE

5.4.1 *Prevalence of Heroin Use*

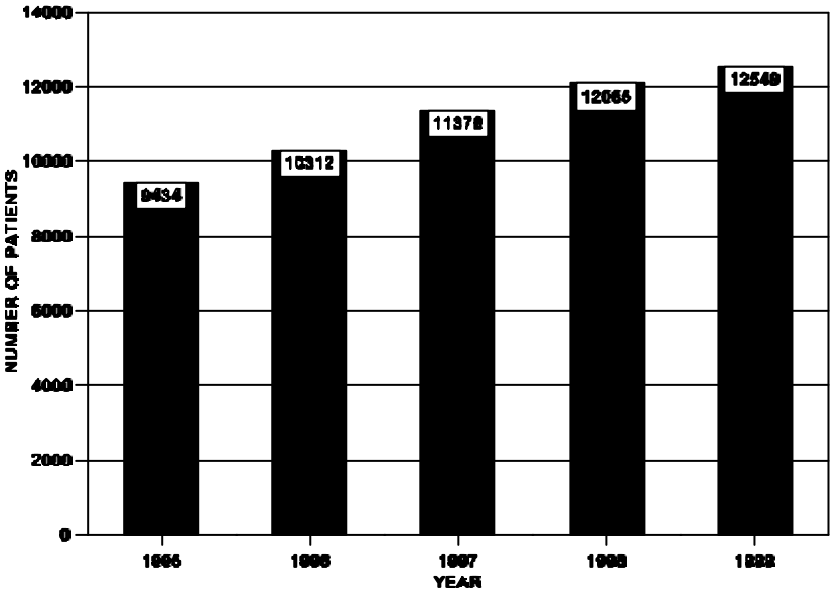
The use of heroin appeared to have increased in NSW over the period of the IDRS. A consistent finding from the comments of both IDU and key informants in all years has been that there have been increases in the number of heroin users. The perceived increases in heroin use reported in these two arms of the IDRS are consistent with other, independent indicators. Firstly, the number of opioid-related deaths among 15-44 year olds in NSW increased from 251 in 1995 to 401 in 1999 (Figure 3). There was a substantial increase in the number of opioid-related deaths between 1998 (358) and 1999 (401).

Figure 3
Number of opioid overdose deaths among 15-44 year olds in NSW, 1995-1999



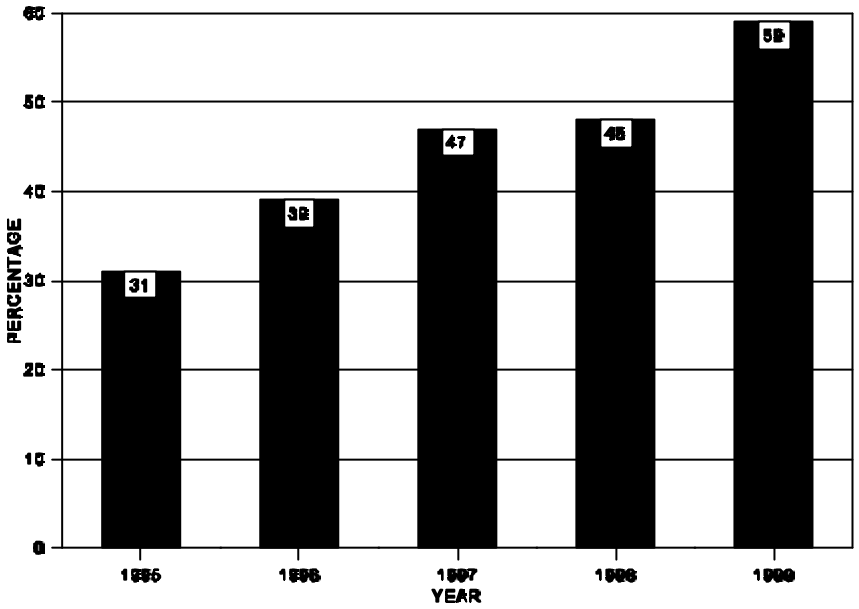
Similarly, the number of patients enrolled in NSW methadone maintenance programs increased each year between 1995 and 1999, including an increase of 464 enrolments between 1998 and 1999 (Figure 4). The steady increase in the number of opioid-related deaths and methadone maintenance enrolments are consistent with increasing numbers of heroin users in NSW.

Figure 4: Number of patients enrolled in methadone maintenance in NSW, 1995-1999



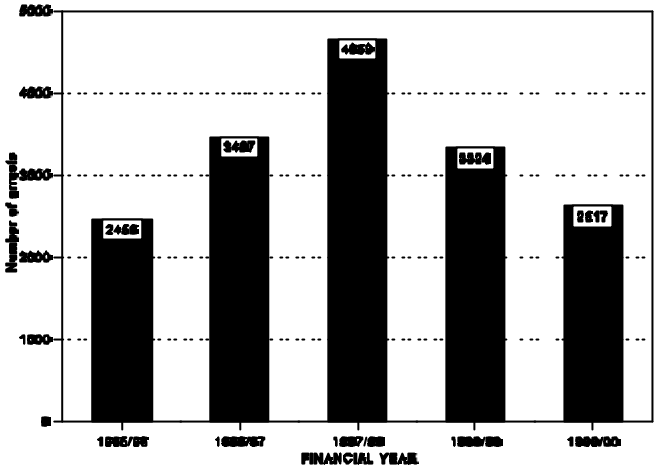
Similarly, the proportion of clients of needle and syringe programs interviewed for the annual Australian Needle and Syringe Program Survey who reported heroin to be the drug most recently injected increased from 31% in 1995 to 59% in 1999 (Figure 5)[9].

Figure 5
Prevalence of heroin as last drug injected in NSW among clients of needle and syringe programs, 1995-1999



In contrast, the number of arrests for narcotic use and possession in NSW has declined each year since 1997/98 (Figure 6).

Figure 6
Number of arrests for narcotic use and possession in NSW, 1996/7 to 1999/2000



Overall, with the exception of arrest data, which may reflect changes in police practices, all indications are that the number of heroin users in NSW has continued to increase.

5.4.2 *Current Patterns of Heroin Use*

One of the themes raised by both IDU and key informants from 1998 onwards was that heroin users were using more of the drug, and using it more often. Consistent with these observations, the proportion of heroin using IDU who had used heroin daily over the preceding six months was 53%, comparable to the 58% reported in 1999 and 59% reported in 1998. These figures represent a substantial increase over those reported in 1996 (38%) and 1997 (29%).

Similarly, the most common purchase amount of heroin between 1996-1998 was the "cap" (approximately 0.10-0.15gm). In 1999 and 2000, quarter grams replaced caps as the most common amount purchased by IDU.

5.5 TRENDS IN HEROIN USE

IDU were asked whether there were any trends in heroin use that they had noticed. As in 1999, IDU stated that there were substantially more younger heroin users than previously, that there were more heroin users, and that there was more use among more "mainstream" people. The comments of key informants mirrored those of IDU, with an increase in the number of younger users, and of more mainstream users the two major trends noted.

A pattern of earlier initiation into injecting was noted from the IDU surveys, key informant reports, and general comments of IDU. Overall, there was a 0.42 ($p<.001$) correlation between age at interview and age of initial injection. In 2000, for instance, the mean age of initiation into injecting was 19.9 years for IDU aged over 25, and 16.5 years for those 25 or younger. This is consistent with analyses of initiation into injecting from the National Household Surveys[10]. Comments from IDU and key informants that there are more younger users of heroin appear well founded.

A concomitant trend over the five years of the NSW IDRS was an increase in the proportion of IDU nominating heroin as the first drug injected (see section 4.1 above). In 1996, 45% of IDU reported heroin as the first drug injected, while 46% reported amphetamines. By 2000, the corresponding figures were 60% and 37%. These results are also consistent with the findings from the Australian Needle and Syringe Program Survey cited above[9].

5.6 SUMMARY OF HEROIN TRENDS

- The price of heroin continued to fall in 2000
- Heroin purity remained high and stable

- The number of heroin users in NSW appears to have increased
- The age of initiation into heroin use has fallen, and the injection of other drugs prior to the injection of heroin has declined.
- Heroin users are purchasing larger amounts of the drug, with quarter gram purchases having replaced "caps" as the most common purchase amount

6.0 AMPHETAMINES

Comment on aspects of price, purity and availability of amphetamines was made by 38/150 of the IDU sample, and by 14 key informants.

6.1 PRICE

The median price of last purchased amphetamine was $90 (Table 4), a slight increase on the median price of $80 reported in 1999. Other purchase amounts were half grams and "eightballs" (an eighth of an ounce or 3.5 gms). The latter is a purchase amount previously unreported by IDU. For the first time there were anecdotal report of smokable crystal methamphetamine ("ice", "shabu") being sold in 0.1gm amounts ("points") for $50. The price of amphetamines was estimated to be stable by 69% of those able to comment upon it.

Key informants. estimates of the price of amphetamines were broadly with those reported by IDU. Most key informants reported that the price of a gram of amphetamine was between $80-$100. heroin cap was $20 to $25. Key informants also reported amphetamine being sold in half grams ($35-$60), quarter grams ($20-$25) and "eightballs" ($150-$220).

Table 4: Price of most recent amphetamine purchases by IDU, 2000

Amount	Median Price $	Number of purchasers
Gram	90	12
Half gram	50	16

"Eightballs" (3.5 gms)	150	11

6.2 AVAILABILITY

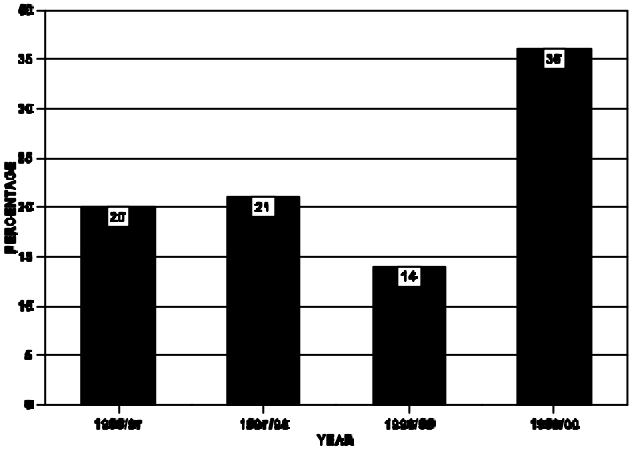
Ninety percent of subjects who could comment thought amphetamines were easy or very easy to obtain. Seventy percent of those able to comment stated that availability was stable, with 19% stating it was easier to obtain, and 11% that it was more difficult. Overall, the availability of the drug was considered easer to obtain than in 1999. All key informants believed amphetamine to be easy to obtain. All but one key informant believed availability to be stable, the dissenting key informant believing availability had increased.

The sources of amphetamines were distinct from the heroin market. Thirty four percent of amphetamines users purchased predominantly from friends, 28% from a dealer's home, and 31% by mobile phone. In distinction to heroin, purchase of amphetamines from street dealers was not reported by any users of amphetamines.

6.3 PURITY

There was a substantial increase in the average purity of AFP amphetamine seizures in NSW between 1998/99 (14%) and 1999/00 (36%) (Figure 7).

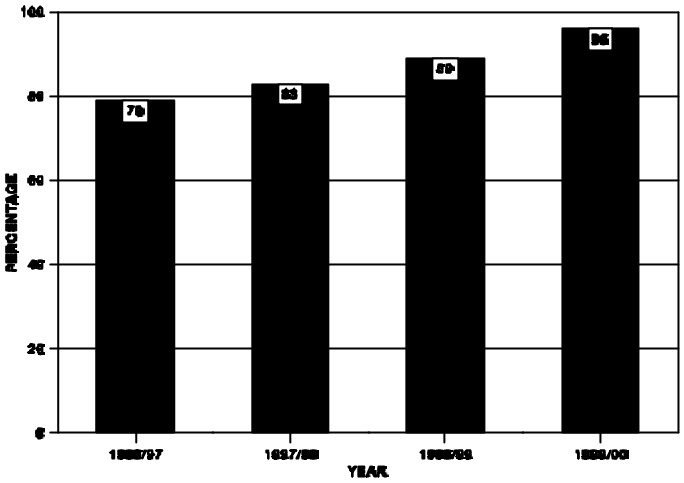
Figure 7: Mean purity of AFP amphetamine seizures in NSW, 1996/97-1999/2000



Consistent with the rise in purity, IDU perceived that there had been an increase in the purity of amphetamine. In contrast to all other years of the IDRS, the purity of amphetamines was considered to be high (41%), compared to 38% describing it as medium, and 21% as low. In all other years, purity has been described as low to medium. Again, in distinction to previous years, a large proportion of amphetamines users believed the purity of the drug had increased (30%), with 36% believing it to be stable, and only 9% thought it had decreased. A large proportion believed the purity fluctuated sharply (24%).

The increase in the purity of amphetamine in NSW is also consistent with the trend in the type of amphetamine that is being seized. In 1996/97, 79% of amphetamine seizures in NSW were methamphetamine, as opposed to amphetamine sulfate (Figure 8). By 1999/00, this proportion had risen to 96%. This is of relevance, as methamphetamine is a more potent form of the drug than amphetamine sulfate.

Figure 8: Proportion of amphetamine seizures in NSW that were methamphetamine, 1996/97-1999/2000

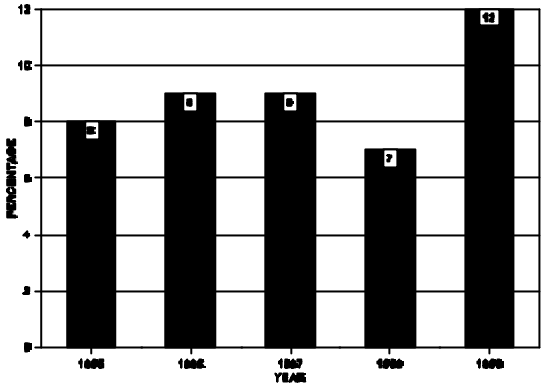


6.4 USE

6.4.1 *Prevalence of Amphetamine Use*

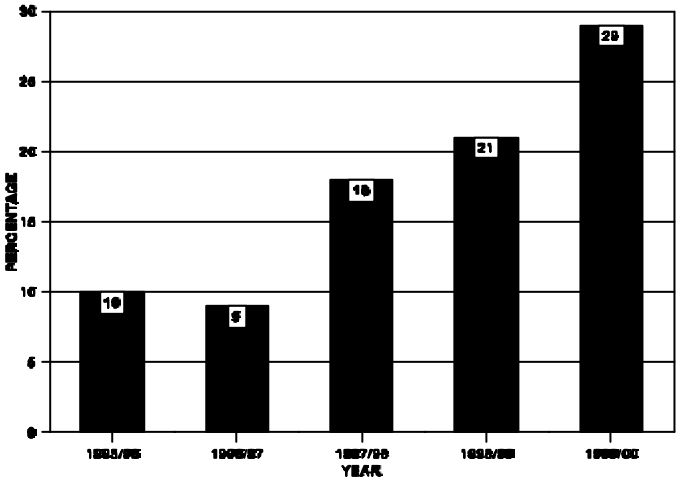
A number of key indicators suggest an increase in the use of amphetamine in NSW between 1998/99 and 1999/00. The proportion of needle and syringe exchange clients who reported amphetamine as the most recent drug injected increased from 7% in 1998/99 to 12% in 1999/00, the highest proportion in the history of the NSP survey (Figure 9).

Figure 9: Prevalence of amphetamine as last drug injected in NSW among clients of needle and syringe exchange programs, 1995-1999



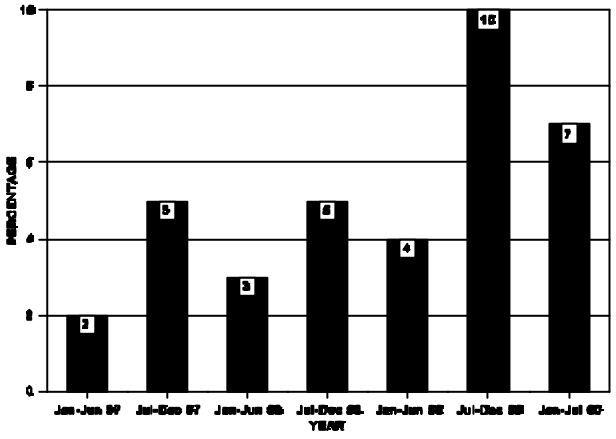
Consistent with the NSP Survey data, there was an increase in the proportion of intoxicated drivers who tested positive for amphetamine from 21% in 1998/99 to 29% in 1999/00 (Figure 10).

Figure 10: Proportion of intoxicated drivers who tested positive for amphetamine



The proportion of drug-related deaths in which amphetamine was detected increased substantially in the second half of 1999, and was maintained at a higher level than in previous years in the first half of 2000 (Figure 11). It should be noted that these figures do not indicate that amphetamine was the cause of death. Rather, they are a marker for more widespread use of the drug among illicit drug users.

Figure 11: Percentage of NSW drug-related deaths that tested positive for amphetamine, January 1997-July 2000



6.4.2 *Current Patterns of Amphetamine Use*

Amphetamines powder was the most common form used in the preceding six months by IDU who had used amphetamines (80%). However, the use of smokable crystal methamphetamine (`ice', `shabu'), increased markedly in 2000. Thirty five percent of those who had used amphetamines in the preceding six months reported having used shabu, compared to 7% in 1999. Overall, 14% of the entire IDU sample had used this form of amphetamines in the preceding six months, compared to 3% in 1999. The use of liquid (3% of amphetamines users) and prescription (2%) amphetamines were rare.

Six key informants also reported that they had noticed a recent increase in the availability and use of crystal methamphetamine, known by terms such as "ice", "shabu" and "crystal meth", although this was currently being used by a minority of the amphetamine market. Few key informants had contact with users of liquid or prescription amphetamines, and availability of these forms was considered low and declining. These reports accord well with the use patterns of IDU.

6.5 TRENDS IN AMPHETAMINE USE

When asked to comment whether there were any noticeable changes in the drugs their peers were using, the most common response given concerned the use of shabu. The perceptions of the IDU were thus consistent with the data on forms of amphetamines reported above. Crystal methamphetamine was mentioned in the 1999 IDRS as a potential trend in the drug market[5]. The data from the 2000 IDRS indicate that the drug has emerged in the Sydney drug scene.

6.6 SUMMARY OF AMPHETAMINE TRENDS

- The purity of amphetamine in NSW increased
- There appears to have been an increase in the number of amphetamine users

- The use of smokable crystal methamphetamine increased substantially
- Introduction of the sale of 0.1gm "points" of crystal methamphetamine

7.0 COCAINE

Comment on aspects of price, purity and availability of cocaine was made by 84/150 (56%) of the IDU sample. This proportion is nearly identical to the 58% commenting in 1999 and the 59% who commented in 1998. The proportions of IDU who could comment on cocaine since 1998 represents a substantial rise from 1996 (15%) and 1997 (29%). This is consistent with wider exposure to the drug since 1998. Seven key informants commented on the use of cocaine.

7.1 PRICE

The median price of the most recent purchase of a gram of cocaine was $200, with half and quarter grams being proportional in cost (Table 5). The median price of the most recently purchased cap of cocaine was $50. The price of cocaine has been stable since 1998, although there was more variability in cap prices than in previous years. The price of cocaine was overwhelmingly estimated by IDU to be stable (81%). As in 1998 and 1999, caps continued to be the most commonly reported purchase quantity. Half and quarter gram purchases were more commonly reported than grams.

Key informants gave a price of $200 a gram for cocaine, 120 for a half-gram, and a range of $20-$80 for caps.

Table 5: Price of most recent cocaine purchases by IDU, 2000

Amount	Median Price $	Number of purchasers
Gram	200	10
Cap	50	51
Half gram	100	24

Quarter gram	50	14

7.2 AVAILABILITY

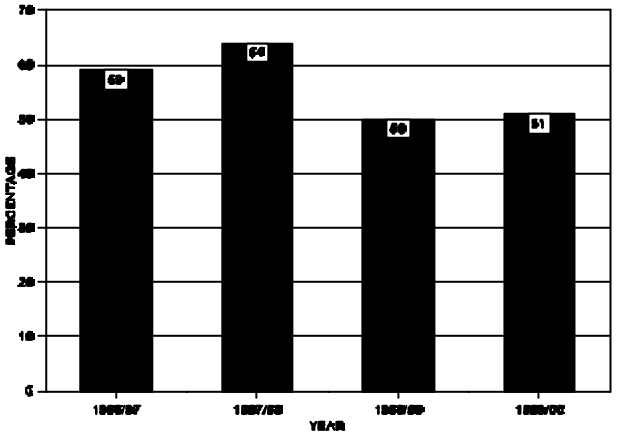
Cocaine was estimated to be easy or very easy to obtain by 91% of IDU who could comment, and considered to have remained stable (70%) or become easier (16%) to obtain. All key informants reported cocaine as easy to obtain, and the majority believed that availability had remained stable.

The pattern of purchasing was similar to heroin, with 43% predominantly purchasing cocaine from street dealers, 31% by mobile phones, 23% purchasing from dealers' homes and 3% from friends.

7.3 PURITY

The purity of AFP cocaine seizures remained stable, with an average purity of seizures from 1999/00 of 51% (Figure 12).

Figure 12: Mean purity of AFP cocaine seizures in NSW, 1996/97-1999/2000



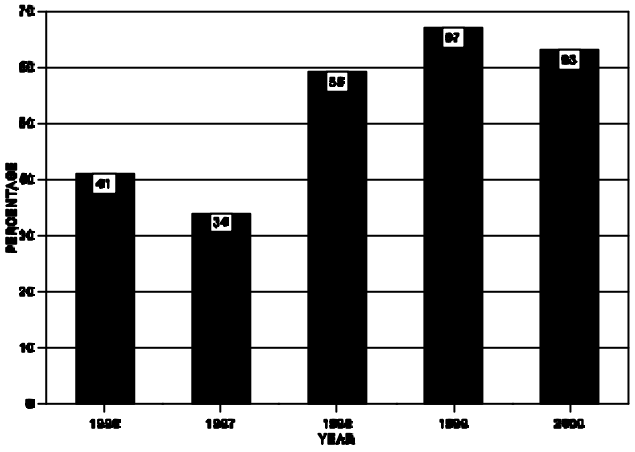
As in 1999, the purity of cocaine was estimated by IDU to be medium (49%) to low (34%). There was substantial disagreement about whether purity had changed in the preceding six months: stable (36%), decreasing (36%), fluctuating (23%) and increasing (5%).

7.4 USE

7.4.1 *Prevalence of Cocaine Use*

The figures from the IDU survey relating to cocaine confirm the entrenchment of cocaine in the Sydney drug market since 1998. Sixty three percent of IDU had used cocaine in the preceding six months, compared to 67% in 1999 (Figure 13).

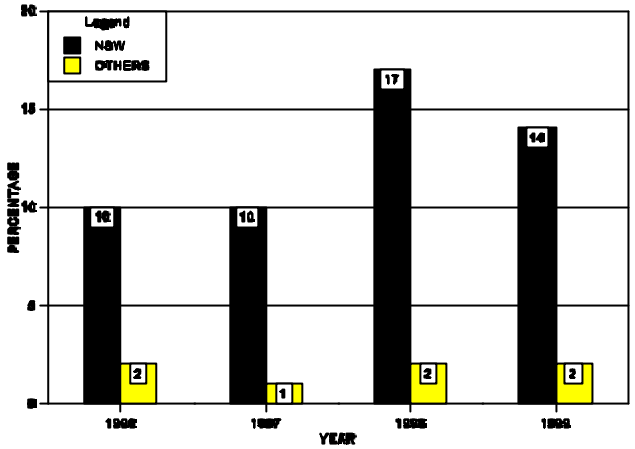
Figure 13: Proportion of IDU who had used cocaine in the preceding six months



Data from the NSP surveys are consistent with the IDU data presented above (Figure 14). The NSP survey also documented a large increase in the use of cocaine between 1997 and 1998, and a subsequent stabilisation of the market. Figure 14 also indicates that the widespread use of cocaine by IDU is essentially a NSW phenomenon, with low levels of cocaine injection reported in other

jurisdictions.

Figure 14: Prevalence of cocaine as last drug injected in NSW and other jurisdictions among clients of needle and syringe exchange programs, 1995-1999



Similar patterns indicating an increase in cocaine use in NSW during 1998, and the subsequent stabilisation of use, can be seen in figures for the proportion of intoxicated drivers testing positive for cocaine (Figure 15) and the number of arrests for cocaine use and possession in NSW (Figure 16).

Figure 15: Proportion of intoxicated drivers who tested positive for cocaine, 1995/96-1999/00

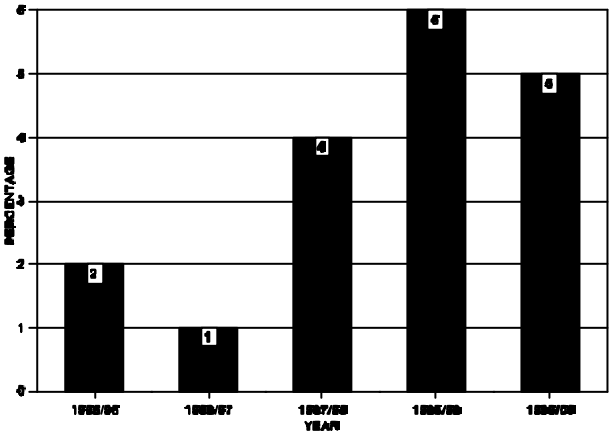
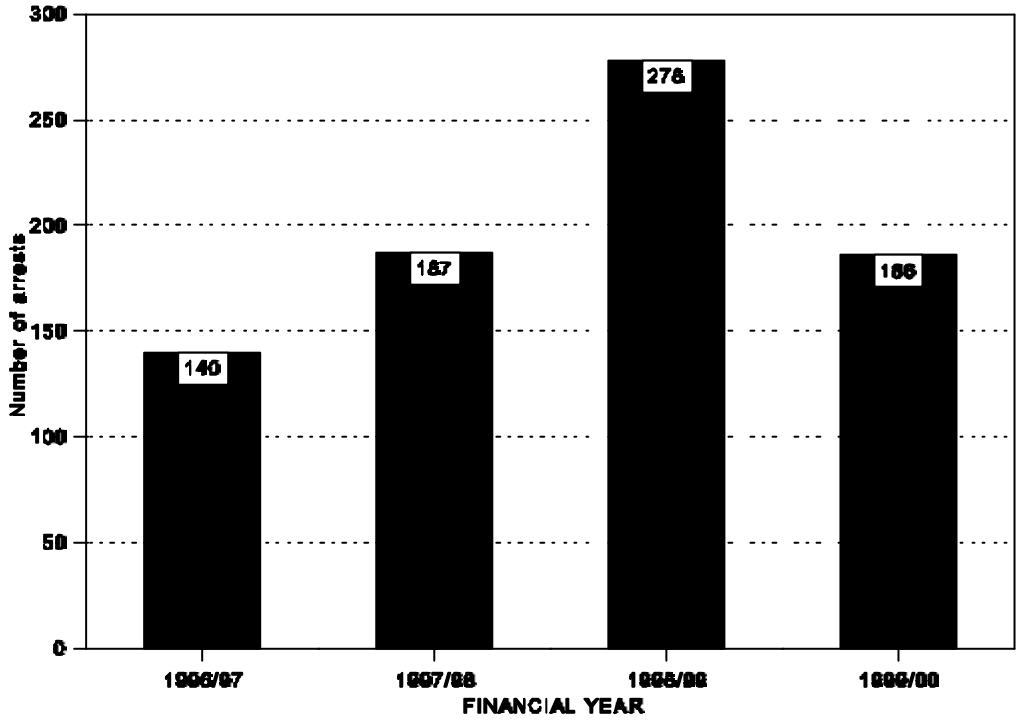


Figure 16: Number of arrests for cocaine use and possession in NSW, 1996/7 to 1999/2000



7.4.2 *Current Patterns of Cocaine Use*

The use of cocaine by IDU was almost exclusively of powder, with 100% of IDU who had used cocaine in the preceding six months having used cocaine powder, and only 5% reporting use of crack. This pattern has not altered since the emergence of cocaine in Sydney in 1998.

Key informants reported that the major increase in cocaine use that occurred in Sydney was primarily

among existing heroin users. This is consistent with comparisons of users of ecstasy and other party drugs recruited in Sydney in 1997 and 2000, in which there was no difference in the proportions using cocaine[11]. The drug was primarily being injected by heroin users, with combinations of cocaine and heroin ("CCs", "speedballs"), or rapid sequential injection of heroin and cocaine, increasingly common according to IDU and key informants[12].

It is worthy of note, considering the substantial harms associated with regular cocaine use[12], that 9% percent of IDU who had recently used cocaine reported daily use over the preceding six months, representing 5% of the entire sample (Table 6).

Table 6: Cocaine use patterns among IDU, 1996-2000

Year	Median Days used (6 mths)*	Daily use (6 mths)*
1996	3	2%
1997	4	2%
1998	25	17%
1999	12	14%
2000	12	9%

** Among those who had used cocaine in the preceding six months*

The higher frequency of injection documented among cocaine users in the 1999 IDRS (Kaye et al, 2000) was noted again among the current sample. Eighty five percent of cocaine users were injecting drugs daily, compared to 59% of other IDU (OR 3.98, 95% CI 1.83-8.67). This is even more marked when proportions of cocaine users and other IDU injecting three or more times a day are examined (42% v 16%, OR 3.70, 95% CI 1.63-8.43).

7.5 TRENDS IN COCAINE USE

When IDU were asked to comment whether there were any noticeable changes in the drugs their peers were using, the most common response given after the use of ice concerned the increasing use of cocaine among IDU. Two key informants also reported that they believed there had been an increase in the number of cocaine users, that there had been an increase in injection-related problems.

7.6 SUMMARY OF COCAINE TRENDS

- The price of cocaine remained stable in 2000
- The purity of cocaine remained high and stable
- Cocaine use remained strongly associated with injecting heroin use
- Cocaine use was associated with substantially more frequent injections
- Cocaine powder is the predominant form of cocaine in NSW, with availability or use of crack rarely reported

8.0 CANNABIS

Comments on the price, purity and availability of cannabis was made by 91/150 IDU, and by 13 key informants.

8.1 PRICE

The median price paid for the most recent purchase of an ounce of cannabis was $300 (Table 7), a fall form the $350 reported in 1998 and 1999. A gram of cannabis was reported to cost $20, identical to the amount reported in 1999. Smaller purchases were the most common, with grams and quarter ounces the most common recent purchase amount.

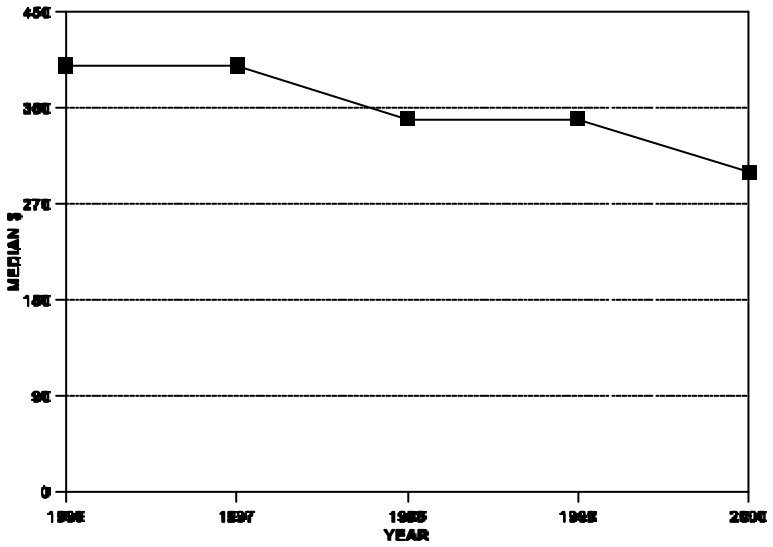
The reports of key informants on cannabis prices were consistent with those of the IDU: once ($250-$350), half ounce (approximately $200), quarter ounce ($80-$100) and a gram ($20-$25).

Table 7: Price of most recent cannabis purchases by IDU, 2000

Amount	Median Price $	Number of purchasers
Ounce	300	12
Half ounce	180	13
Quarter ounce	100	35
Gram	20	54

Overall, the estimated price of an ounce of cannabis had declined from $400 in 1996 to $300 in 2000 (Figure 17).

Figure 17: Median price of an ounce of cannabis from IDU estimates, 1996-2000



8.2 AVAILABILITY

Cannabis was described as easy or very easy to obtain by 98% of IDU who could comment, with availability being perceived as stable (88%). Without exception, key informants reported that cannabis is easy to obtain, and that availability had remained stable.

Cannabis was reported by IDU to have been predominantly obtained from street dealers (35%), dealer's homes (32%) and friends (13%).

8.3 POTENCY

The THC content of cannabis seizures is not routinely conducted in NSW, so it is not possible to present objective data on this issue. The potency of cannabis was reported by IDU to be high (80%), and stable (71%). There was a high degree of consistency between the reports of key informants and IDU in relation to cannabis potency, with all but one key informant regarding potency to be high, and most believed potency to be stable.

8.4 USE

8.4.1 *Prevalence of Cannabis Use*

Cannabis is by far the most common illicit drug used in NSW. According to the 1998 National Drug Strategy Household Survey 39% of the NSW population had ever tried cannabis, and 17% had used it in the last year. Recent use was much higher among teenagers (14-19 yrs, 36%) and

young adults (20-29 yrs, 32%) than older adults (10%).

The number of criminal incidents relating to cannabis use and/or possession in NSW remained high relative to other illicit drugs (Figure 18). The number of intoxicated drivers who tested positive for cannabis has also remained steady since 1996-97 (Figure 19).

Figure 18: Number of arrests for cannabis use and possession in NSW, 1996/7 to 1999/2000

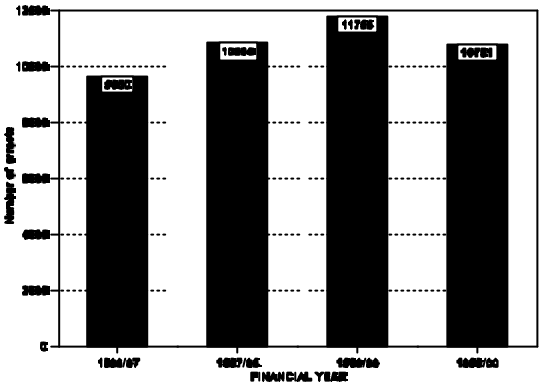
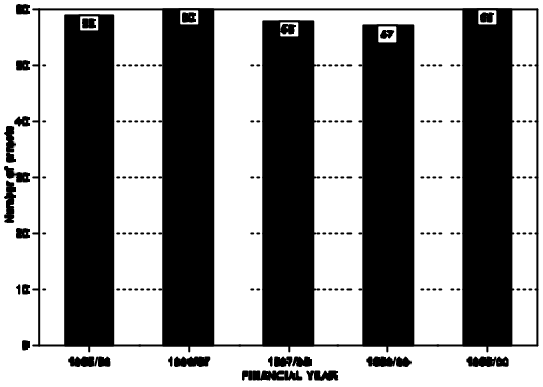


Figure 19: Proportion of intoxicated drivers who tested positive for cannabis, 1995/96-1999/00



8.4.2 *Current Patterns of Cannabis Use*

Ninety five percent of IDU who had used cannabis in the preceding six months had used heads. In contrast, the use of marijuana leaf was uncommon (10%). The proportion of cannabis users reporting the use of hash had risen substantially since 1999 (43% v 15%), while the use of hash oil remained rare among cannabis users (5%).

All key informants reported that the great majority of cannabis users smoke the drug using a "bong" (water pipe). Key informants also reported that the majority of cannabis users mix cannabis with tobacco prior to smoking. The majority (10/13) of key informants reported that locally produced, hydroponically grown cannabis continued to dominate the market.

8.5 TRENDS IN CANNABIS USE

Recent analyses of National Household Survey data indicates that the age of initiation into cannabis use has fallen consistently for each succeeding birth cohort[13]. For the cohort born between 1970-1974, the average age of initiation into cannabis use was 18 years. In contrast, the cohort born on the period

1975-1979 had an average age of initiation of 16 years. Three key informants commented that there had been an increase in the number of younger people smoking cannabis, while five reported an increase in the number of younger users selling cannabis to support their use.

It is worthy of note that six key informants reported increase in the incidence of physical and psychological symptoms among chronic cannabis users, particularly depression, anxiety and respiratory problems.

8.6 SUMMARY OF CANNABIS TRENDS

- The price of cannabis had declined since 1999
- The potency of cannabis remained high
- Hydroponically grown cannabis continued to dominate the market
- Most cannabis users smoke the drug through bongs
- The age of initiation into cannabis use has declined

9.0 OTHER DRUGS

9.1 ECSTASY AND OTHER PARTY DRUGS

In 2000, trends in the use of ecstasy and other party drugs formed a separate, specialised component of the IDRS, and are reported elsewhere[11].

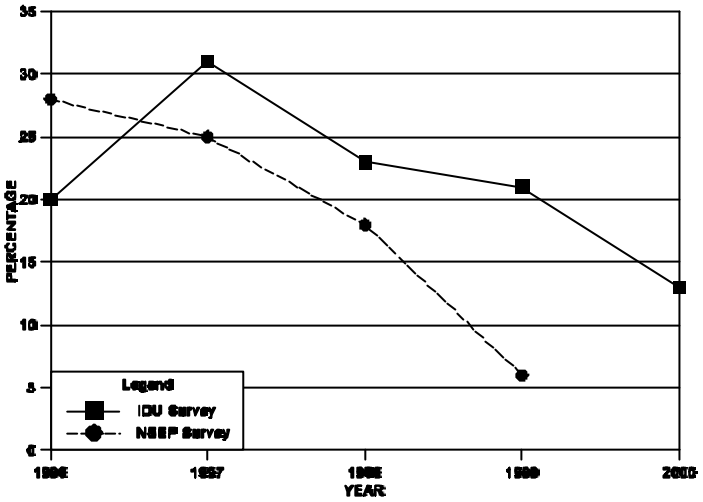
9.2 METHADONE

Methadone had been used by 55% of IDU in the preceding six months, including 28% of subjects who were not enrolled in methadone maintenance, indicating that substantial leakage of prescribed methadone to untreated heroin users still occurs. The use of methadone was almost all of methadone syrup: 54% of IDU had used methadone syrup in the preceding six months, compared to 1% who had used physeptone tablets.

Encouragingly, the prevalence of recent methadone injecting continued to decline (Figure 20). Thirteen percent of IDU had injected methadone in the preceding six months, compared to 21% in 1999 and 23% in 1998. These figures are consistent with the downward trend in methadone

injecting detected by the NSP Survey (Figure 20).The withdrawal from distribution of in NSW large barrel syringes may be having an effect on this behaviour.

Figure 20: Recent methadone injecting by IDRS IDU samples and NSEP Survey samples, 1996-2000



9.3 ANTIDEPRESSANTS

Consistent with a recent study of antidepressants use among IDU[14], the use of antidepressants by the IDU was common. A quarter (24%) of the sample of IDU had used antidepressants, and 17% had used them in the preceding six months. These figures are almost identical to those reported in 1998 and 1999. In contrast to 1999, when the tricyclic antidepressant Sinequin. was most commonly

used, the most commonly used antidepressant in 2000 was Zoloft. (sertraline), a serotonin specific reuptake inhibitor (SSRI). If confirmed, this shift is of potential significance, as SSRIs are substantially less toxic than tricyclics, which have been found to be related to an increased rate of heroin overdose[14].

9.4 OTHER OPIOIDS

The use of opioid preparations other than heroin and methadone remained common, although showing slight declines since 1999. A quarter (23%) of IDU reported having used such preparations on the preceding six months (1999=34%), with 12% having injected them in this period. As in previous years, the most commonly used preparations were Panadeine Forte. (12%) (which contains 30mg of codeine per tablet) and morphine preparations (7%).

9.5 BENZODIAZEPINES

As in all previous years, the use of benzodiazepines was a prominent feature of the polydrug use of IDU. Over three quarters (78%) of IDU had used benzodiazepines, with 61% having used them in the preceding six months. The most commonly used brand of benzodiazepine was Valium. (diazepam) which, in addition to other diazepam preparations, had been used in the preceding six months by 28% of IDU. Flunitrazepam (Hypnovel., Rohypnol.) had been rarely used (9%).

Although key informants agreed that diazepam was the most commonly used benzodiazepine, they also reported that flunitrazepam remains sought after among illicit drug users who use benzodiazepines.

The injection of benzodiazepines remained high, with 26% having injected benzodiazepine tablets, and 13% having done so in the preceding six months.

9.6 SUMMARY OF OTHER DRUGS

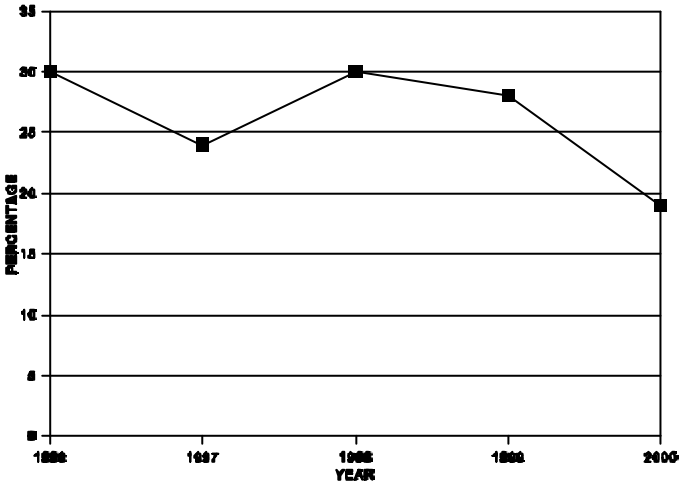
- The injection of methadone syrup continued to decline
- Antidepressant use remained high among IDU
- There was a decline in the use of other opioid preparations
- The use of flunitrazepam remained low

10.0 DRUG-RELATED ISSUES

10.1 HEROIN OVERDOSE

The proportion of IDU who had experienced a heroin overdose in the preceding 12 months declined for the third consecutive year (Figure 21). In 2000, 19% of IDU had overdosed in the preceding year, compared to 28% in 1999 and 30% in 1997. Naloxone had been administered to 15% of IDU in the preceding 12 months. The decline in reported non-fatal overdose is consistent with figures on suspected heroin overdose deaths presenting to the ICPMR who conduct the toxicological analyses on all suspected drug overdose deaths in NSW. The ICPMR reported that the number of suspected drug overdose deaths in which morphine (the metabolite of heroin) was detected declined from 491 in 1998/99 to 345 in 1999/00. It is possible that official ABS statistics of fatal opioid overdose deaths for 2000 will reflect this decline.

Figure 21: Recent non-fatal heroin overdose among NSW IDRS IDU samples, 1996-2000



10.2 INJECTION FREQUENCY AND INJECTION-RELATED PROBLEMS

Daily injections over the preceding month were reported by 75% of IDU, with 61% reporting more than one injection per day (Table 8). The high frequency of daily injecting is similar to 1999 (80%). The high frequency of injecting may be related to the wider availability of cocaine in Sydney, as cocaine is associated with more frequent injections than heroin[10]. The comparable figure for 1997, prior to the increase in cocaine in Sydney was 44%.

The shift to more frequent injecting is more marked when injecting more than once a day is considered. In 1997, 26% of subjects reported injecting more than once a day, compared to 70% in 1999 and 61% in 2000. A major and sustained shift towards more frequent injections appears have occurred, particularly among younger IDU.

There was substantial reporting of injection-related problems among IDU, with 69% reporting at least one such problem in the preceding month (Table 8). The most commonly reported problems were scaring/bruising of injection sites and difficulty injecting (indicating vascular damage). As noted in 1999, an increase in the proportion of subjects reporting injection-related problems would be expected as the frequency of injecting increases.

Table 8: Drug-related problems of IDU

Risk-taking behaviour	**N=150** **%**
Frequency of injection	
# Weekly	6
More than weekly	19
Once a day	14
2-3 times a day	29
>3 times a day	32
Needle sharing	
Borrowed used needles	10
Lent used needles	17
Injection-related health problems	
Scarring/bruising	54
Difficulty injecting	35
"Dirty hit"	17
Infections/abbesses	5

Overdose	2
Location of last injection	
Home	50
Street/park	31
Public toilet	6
Car	3
Shooting room	3
Other public place	6

10.3 NEEDLE SHARING BEHAVIOUR

Sharing of injecting equipment remained low among IDU (Table 8). In the month preceding interview 10% of IDU had injected with syringes that had already been used previously by another, with 17% having passed on a used syringe. Almost all (14/15) of those who had injected with a used syringe reported that only one other person and used the syringe, the remainder reporting two people having used the syringe. People who had used the syringe previously were reported primarily to be the regular sexual partner (n=9), family members (n=4) and close friends (n=2).

Sharing of other equipment used for injection was common (51%). Spoons that had already been used for mixing up drugs had been used by 49% of IDU in the preceding month, water by 33%, filters by 32% and tourniquets by 12%.

10.4 LOCATION OF INJECTIONS

The injection of drugs in public places was common among the IDU sampled (Table 8). A half (50%) of IDU reported that their most recent injection was in a home environment, while 50% of subjects had injected in a public place (e.g. street, toilet, car) on the most recent injecting occasion. The high prevalence of public injecting is consistent with a recent study on injecting locations[15]. It should be noted that injection in public places is associated with higher rates of injection-related problems and overdose[15].

10.5 EXPENDITURE

As would be expected, given the frequency of injecting behaviours, there was substantial expenditure on drugs among IDU. Seventy nine percent of IDU had spent money on drugs the day prior to interview, having spent a median of $70 (range $15-$900). A third of IDU (36%) spent more than $100 on that day, and 15% having spent more than $200. Cocaine users had a significantly higher median expenditure on drugs on the preceding day ($70 v $50, U=2025.5, p<.05).

There were significant correlations between the amount spent on drugs and frequency of reported crime (r=0.31, p<.001) and frequency of injecting (r=0.42, p<.001).

10.6 CRIMINAL AND POLICE ACTIVITY

Over a half (58%) of IDU interviewed reported having committed a crime in the preceding month, a similar figure to that reported in 1998 (51%) and 1999 (51%) (Table 9). As in previous years, the most commonly reported crimes were drug dealing and property crime. A half (49%) of IDU had been arrested in the previous twelve months. The most common grounds for arrest were property crime (22%), possession of a prohibited drug (9%) and dealing (7%).

There was a perception amongst the majority of IDU (64%) that there was more police activity in the preceding six months. Only 3% reported that there had been less activity. Twenty eight percent of IDU reported that police activity had made it more difficult to obtain drugs. Forty percent of IDU believed that more of their friends had been arrested recently, with only 1% reporting fewer arrests.

In view of the data indicating a rise in amphetamine use, it is worthy of note that a senior law enforcement official reported that there had been an increase in the number of break, enter and steal offences committed on pharmacies to obtain pseudoephidrine, a precursor chemical used in amphetamine production.

Table 9: Criminal and police activity as reported by IDU

	N=150 **%**

Crime (last month):	
Property crime	26
Dealing	37
Fraud	9
Violent crime	9
Any crime	58
Arrested last 12 months	49
Police activity	
Don't know	6
More activity	64
Stable	27
Less activity	3
More difficult to obtain drugs	
Don't know	3
Yes	28
No	69
Arrests	
Don't know	0
More arrests	40
Stable	59
Less arrests	1

10.7 SUMMARY OF DRUG-RELATED ISSUES

- There was a reduction in both the number of non-fatal heroin overdoses among IDU and of suspected heroin overdose deaths
- The frequency of injecting among IDU has increased
- Injecting in public places is common among IDU
- IDU perceive that there has been an increase in police activity in relation to drugs

11.0 SUMMARY

The 2000 NSW IDRS confirmed several important changes in both the onset and use of illicit drugs. Firstly, new recruits to injecting drug use are initiating injecting at an earlier age. IDU in the 2000 IDRS who were 25 years old or younger initiated injecting, on average, three and a half years earlier than older IDU. Furthermore, the trend towards heroin as the first drug injected was marked. In addition, the frequency of injecting has increased over the five years of the IDRS, particularly since the increase in cocaine use observed in Sydney from 1998 onwards.

In terms of specific drug classes, the price of heroin continued to decline in NSW, while purity remained high. Moreover, heroin users appear to be using the drug more frequently than previously. All evidence indicates that the use of heroin in NSW has increased in recent years.

In 1999, it was suggested that the use of crystal methamphetamine may be an emerging trend. The results of the 2000 IDRS confirmed this. There was a large increase in recent use of "ice" among the IDU sample. The drug is so potent that it is sold in 0.1gm amounts for $50, compared to a median of $90 a gram for amphetamine powder. After several years of relative quiet, the use of amphetamines appears to have increased. Also, the purity of seizures has increased substantially, with almost all seizures being of methamphetamine.

An upsurge in the use of cocaine was first noted by the IDRS in 1998. Since then cocaine use has remained at high levels among IDU, although the market appears to have stabilised. The price of cocaine remained stable in 2000, while purity remained high and stable. Cocaine use remained strongly associated with injecting heroin use. It is important to note that cocaine powder is the predominant form of cocaine in NSW, with availability or use of crack rarely reported.

The price of cannabis had declined since 1999, while potency of cannabis remained high. Hydroponically grown cannabis continued to dominate the NSW market in 2000. One trend of concern that requires monitoring was that the age of initiation into cannabis use has declined.

The major trends of note that emerged in other drug use concerned prescribed drugs. There was a continued reduction in the injection of methadone syrup in NSW. Given the harm associated with this practice, a reduction in the prevalence of methadone injecting has potential public health

benefits. Similarly, the use of flunitrazepam, a benzodiazepine associated with significant harm among IDU, has remained low since 1998.

The major trend detected in relation to drug-related issues was the apparent reduction on the number of heroin overdoses in NSW. Recent non-fatal overdose among the IDU samples declined for the second consecutive year. In addition, there was a large reduction in the number of suspected heroin overdose deaths referred to ICPMR. The ABS figures for 2000 will clarify this issue, but all indications are that heroin overdose may be in decline.

Overall, the regular monitoring of illicit drug trends by the IDRS has revealed major changes in NSW illicit drug markets over a five year period that would not have been readily quantifiable without the existence of such a system. The analysis and integration of multiple sources of regularly collected information increased the confidence in the trends detected by the IDRS. Details of national trends detected by the IDRS over the period 1996-2000 have been published elsewhere[16].

12.0 REFERENCES

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

2. Hando, J., O'Brien, S., Darke, S., Maher, L. and Hall, W. (1997) *The Illicit Drug Reporting System Trial: Final Report.* National Drug and Alcohol Research Centre Monograph No. 31. Sydney, National Drug and Alcohol Research Centre.

3. Hando, J. & Darke, S. (1998) *NSW Drug Trends. Findings from the Illicit Drug Reporting System (IDRS)*. National Drug and Alcohol Research Centre Monograph 56. Sydney, National Drug and Alcohol Research Centre.

4. McKetin, R., Darke, S. & Godycka-Cwirko, C. (1999) *New South Wales Drug Trends 1998. Findings from the Illicit Drug Reporting System (IDRS)*. National Drug and Alcohol Research Centre Technical Report No. 72. Sydney, National Drug and Alcohol Research Centre.

5. McKetin, R., Darke, S. and Kaye, S. (2000) *NSW Drug Trends 1999. Findings from the Illicit Drug Reporting System (IDRS).* National Drug and Alcohol Research Centre Technical Report No. 86. Sydney, National Drug and Alcohol Research Centre.

6. SPSS inc. (1999) *SPSS for Windows, 9.0* (Chicago, SPSS inc).

7. Maher, L., Swift, W., & Dawson, M. (In press) Heroin purity and composition in Sydney, Australia. *Drug and Alcohol Review*.

8. Darke, S., Ross, J., Zador, D. & Sunjic, S. (2000) Heroin-related deaths in New South Wales, Australia, 1992-1996. *Drug and Alcohol Dependence, 60,* 141-150.

9. Lynskey, M.T. & Hall, W. (1998) Cohort trends in age of initiation to heroin use. *Drug*

and Alcohol Review, 17, 289-297.

10. McDonald, M. (2000) *Drug use trends among injecting drug users (IDU): Findings from the Australian Needle and Syringe Program (NSP) Survey, 1995-1999*. Drug Trends Bulletin, October 2000. Sydney, National Drug and Alcohol Research Centre. Sydney, University of New South Wales.

11. Topp, L. & Darke, S. (2001) NSW Party Drug Trends 2000. Findings of the Illicit Drug Reporting System (IDRS) Party Drugs Module. *National Drug and Alcohol Research Centre Technical report No. 113.*

12. Kaye, S., Darke, S. & McKetin, R. (2000) The prevalence, patterns and harms of cocaine use among injecting and non-injecting drug users in Sydney. *National Drug and Alcohol Research Centre Monograph No. 99*.

13. Degenhardt, L., Lynskey, M. & Hall, W. (2000) Cohort trends in the age of initiation of drug use in Australia. *Australian and New Zealand Journal of Public Health*, 24, 421-426.

14. Darke, S. & Ross, J. (2000) The use of antidepressants among injecting drug users in Sydney, Australia. *Addiction*, 95, 407-417.

15. Darke, S., Kaye, S. & Ross, J. (20001) Geographical injecting locations among injecting drug users in Sydney, Australia. *Addiction*, 96, 241-246.

16. Darke, S., Hall, W. & Topp, L. (2000) The Illicit Drug Reporting System (IDRS) 1996-2000. *National Drug and Alcohol Research Centre Technical Report No. 101*.