

NSW RESPONDS TO ILLICIT DRUGS

GUEST EDITORIAL

Ian Webster, AO

Professor of Public Health

University of New South Wales

New South Wales is the centre of Australian illicit drug use. Trends in Sydney are followed more or less in other States and regional areas. Heroin use is now visible in Aboriginal communities, as well as in urban and rural settings. Heroin is both cheap and available. Heroin markets develop in places of disadvantage, for instance: in central Sydney, in south-west Sydney, and in rural Aboriginal communities.

To be a 'dealer' has status: a role with a short-term future, where no long-term future exists. For a while there is money in the pocket and Nikes or Reeboks on the feet; and to be someone of account is important to the dispossessed. Ethnographic studies in the south-west Sydney area describe the stories of these young people:

'Vietnamese people, they got skill for dealing. They don't like to do this—to do stealing and go in people's houses. They like to deal heroin. A lot of young people, most of them you know, white people, they break in and armed robbery, you know, to get money to buy heroin. Most Asian they deal heroin than armed robbery... That's why all the Vietnamese they always deal, they didn't do break and enter a lot and armed robbery.'

(Tran, a 22-year old Indo-Chinese male)¹

'People mightn't buy for themselves, they might go out and resell it again so they'll sell it cheap again but they'll double the price on what they paid for it and that's still cheap. So say a thing is worth \$100 and I'll sell it to the bloke for \$30, he'll go out and sell it for \$60. He's doubled his money and the thing's worth \$100 so that's still \$40 cheaper. He'd sell it easy.'

(Harry, a 34-year old Koori male)²

These accounts mirror those of 30 years ago from New York's dispossessed street people: African-Americans, Puerto Ricans, and others on the fringe.

'It's an exciting life, a dangerous life—at the farthest remove from the safety and savings-banks of the middle-classes. Addiction is a poor boy's university. One addict calls it "the Wild West," and "the New Frontier" ... Small wonder that, when asked why they started on heroin, almost every one of them included in his answer the phrase, to kill time.'³

continued on page 46

CONTENTS

- 45 **Guest editorial: NSW responds to illicit drugs**
- 47 **Heroin use and related harm in NSW: results from the National Drug Strategy Household Survey**
- 49 **The illicit drugs reporting system**
- 52 **NSW Drug Summit update**
- 54 **Approaches to injecting drug use in Kings Cross: a review of the last 10 years**
- 55 **Deaths and hospital separations due to illicit drugs, NSW, 1989–1998**
- 57 **Inappropriate prescribing of benzodiazepines by doctors in NSW**
- 58 **HIV infection, AIDS, hepatitis C and sexually transmissible infections in Australia: national surveillance results to December 1998**

- 61 **NSW Health clinical information access program**

- 62 **Erratum**

- 63 **FactSheet: Hepatitis C**

- 65 **Infectious diseases: April**

Time they certainly killed. The obvious measure of heroin-related harm is the number of deaths caused by overdose. These have doubled between 1987 and 1997. The deaths occur mainly among males in their late 20s who are generally not receiving treatment for their addiction.⁴ This, however, is not the public picture of overdose fatalities, which is of the very young.

There is a profound problem among our young people. Thirty percent of deaths in the age group 15–24 years are due to suicide (one in five) and overdose fatalities (one in 11).⁵ Young people are being exposed to suicide and overdose fatalities at earlier ages. The illicit drug reporting system tells us that injecting drug users (IDUs) are becoming younger, injecting more frequently, using larger doses, and that heroin is more often the first drug of use. The system data indicates increasing criminalisation and death. There is evidence of increasing illicit drug use and problems of related harm in regional areas of NSW. The emergency departments, wards, and mental health units of our hospitals contain—or care for—young patients severely damaged by drug use. The burden on health care is high. The potential of these young people is lost.

Compare this with the epidemiology of drug use in the general population. The 1998 National Drug Strategy Household Survey (NDSHS) reports heroin use in the general population as less than one per cent: it is not rising, and in some age groups it is declining.⁶ Heroin poses two tasks for public health: first, innovation to prevent initial uptake; and second, measures to prevent mortality and harm in users. One is fundamental, the other is pragmatic, and both are ethical.

Ingrid van Beek, Medical Director for the Uniting Church's trial of a medically-supervised injecting centre in Sydney, describes the perceived need of IDUs to be:

- safe from overdose
- at reduced risk of blood-borne viral infection
- protected from harassment
- accepting of such a facility.

The idea of a medically supervised injecting centre was acceptable to a majority of local residents in Kings Cross who were surveyed by telephone in 1997–1998.

These are difficult times to implement a public health approach to injecting drug use: an environment of illegality, hazardous and contaminated injections, multiple needle use, and hostility towards new initiatives by vociferous groups. In spite of this, there is humane engagement with the health risk of IDUs and their needs. Initiatives such as needle and syringe programs have shown real benefits for the community.

Public health has never been simply a matter of epidemiology measuring problems. In the 19th century John Snow described cholera deaths in a London borough, took personal action, and advocated that local authorities initiate a response to protect the public. Edwin Chadwick, a lawyer and Poor Law Commissioner who knew nothing about bacteria, blended economic and engineering ideas in his report to Parliament. Since then town sewerage has been separated from the water supply.⁷ In our own century, while there is evidence that the HIV epidemic is being contained, especially among IDUs, there are still risks from unsafe sex in homosexual men; and Aboriginal and Torres Strait Islander women are exposed to heterosexual transmission of HIV. The epidemic of hepatitis C has yet to respond significantly to current public health initiatives.

True to the spirit of public health—as a coordinated effort of informed public policy, planned implementation, education and community involvement—the May 1999 NSW Drug Summit was a remarkable democratic and public event. Citizens and their politicians worked together across the spectrum of related issues, from law enforcement to health; the fundamental needs of young people, their opportunities for development and education; and on responses to their problematic use of drugs.

The State of New South Wales now understands that the 'drug problem' is a 'whole of government' problem. Ministers needed the evidence on which to base good policy; they wanted to know what would work; gut feelings were set aside. In health, this will mean a wider engagement with outside sectors and agencies. It will mean innovation in the health system. Area Health Services must see the 'drug problem' as core business. There is no doubt that the community expects that of them.

REFERENCES

1. Maher L, Dixon D, Lynskey M and Hall W. *Running the Risks: Heroin, Health and Harm in South West*. Sydney: National Drug and Alcohol Research Centre, University of New South Wales, NDARC Monograph No. 38, 1998; 21.
2. *ibid.* p.87.
3. Larner J and Tefferteller R. *The Addict in the Street*. Harmondsworth: Penguin Books, 1966; 14.
4. Zador D, Sunjic S and Darke S. *Toxicological Findings and Circumstances of Heroin Caused Deaths in New South Wales, 1992*. Sydney: National Drug and Alcohol Research Centre, University of New South Wales, NDARC Monograph No.22, 1995.
5. Hall W, Degenhardt L and Lynskey M. *Trends in Opioid Overdose and Suicide Mortality in Young Australian Adults 1964–1997*. Sydney: National Drug and Alcohol Research Centre, University of New South Wales, NDARC Technical Report No. 67, 1999.

6. Australian Institute of Health and Welfare. *1998 National Drug Strategy Household Survey: First Results*. Canberra: AIHW, Cat. No. PHE 15 (Drug Statistics Series), 1999.

7. Chadwick E. *Report on the Sanitary Condition of the Labouring Population of Great Britain*. Flynn MW (editor). Edinburgh: Edinburgh University Press, 1965. ❏

HEROIN USE AND RELATED HARM IN NSW: RESULTS FROM THE NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY

Sarah Thackway

*NSW Public Health Officer Training Program
NSW Department of Health*

Anton Poder

*NSW Drug Programs Bureau
NSW Department of Health*

INTRODUCTION

This article describes heroin use and related harm in NSW, using data from the National Drug Strategy Household Survey (NDSHS). It is the second in a series of articles that provide information and commentary on drug and alcohol use.¹

The National Drug Strategy Household Survey

The NDSHS explores community general knowledge and attitudes about drug and alcohol issues, as well as consumption and related behaviours. The most recent NDSHS was carried out between June and September 1998 with 10,030 Australians—including 1,486 residents of NSW. Details of the NDSHS methodology have been published elsewhere.²

Heroin-related harm

Recently there has been much attention and community discussion about illicit drug use in NSW, and in particular heroin use. At the NSW Drug Summit, held in May 1999, heroin was identified as a drug of particular concern, and one where the Government's central response has been to increase the provision of integrated and comprehensive treatment services in NSW.³

In NSW the number of overdose fatalities has been steadily increasing over the past decade, with 128 deaths reported in 1987, rising to 264 deaths reported in 1997.⁴ While the majority of these deaths are linked with the concurrent use of other depressants of the central nervous system—such as alcohol and benzodiazepines—the use of heroin is a major concern for government and community alike.

RESULTS FROM THE NDSHS

Prevalence of heroin use

Among the NSW population aged 14 years and older, two per cent reported using heroin at least once in their lifetime, compared to 2.3 per cent of the Australian population (Table 1). This is an increase from the 1995 survey, where one per cent and 1.6 per cent reported heroin use in NSW and Australia, respectively.

In NSW during 1998, age-specific rates of lifetime use of heroin were lower than the rest of Australia, except for males in the 20–29 age group who were 20 per cent more likely to have tried heroin than their national counterparts. Males in NSW were at least twice as likely to have tried heroin than females (2.7 per cent compared to 1.3 per cent). This gender differential was consistent across most age groups, with the exception of females in the 14–19 age group, where the reported rate of lifetime heroin use was 2.7 times higher than for males of the same age.

There has been no increase from 1995 to 1998 in the proportion of the NSW population who reported using heroin in the previous 12 months (0.6 per cent) despite marginal increases at the national level. Males aged 20–29 years were most likely to report recent use of heroin (3.2 per cent); however, this rate represents a 46 per cent decrease in use among this age group since 1995. Unlike the prevalence of lifetime use of heroin, there was no difference in the rates for males and females among 14–19 year olds (1.0 per cent compared to 0.9 per cent). The changing pattern between lifetime and recent heroin use among this age group can be partly attributed to a notable decline since 1995 in the proportion of young girls recently using heroin: that is, a 64 per cent decrease from 2.5 per cent to 0.9 per cent.

Type of heroin used and source of heroin supply

Of those respondents reporting recent heroin use in NSW, the most frequently used type of heroin was in powder form (43.4 per cent) followed by rock (32.9 per cent). In comparison, heroin rock was the preferred type in Victoria