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

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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

TABLE 1
**HEROIN USE AMONG MALES AND FEMALES AGED 14 YEARS OR OVER:
NSW AND AUSTRALIAN NDSHS DATA, 1995 AND 1998**

Age	Lifetime use				Recent use ^(a)			
	1995		1998		1995		1998	
	Aus	NSW	Aus	NSW	Aus	NSW	Aus	NSW
(%)								
Males								
14-19	0.7	-	1.1	1.0	0.7	-	0.3	1.0
20-29	2.6	5.9	5.9	7.1	0.7	5.9	2.7	3.2
30-39	4.8	2.2	4.2	4.1	0.6	-	1.2	-
40+	1.2	0.6	2.0	0.8	-	-	0.4	0.5
All ages	2.2	1.6	3.1	2.7	0.3	0.9	1.0	1.0
Females								
14-19	-	2.5	2.1	2.7	-	2.5	1.6	0.9
20-29	2.2	1.6	3.4	2.9	0.7	-	1.2	1.4
30-39	0.9	-	2.1	2.1	0.3	-	0.5	-
40+	0.8	-	0.4	0.2	-	-	0.2	-
All ages	1.0	0.5	1.5	1.3	0.2	0.3	0.6	0.3
Persons								
14-19	0.4	1.1	1.6	1.8	0.4	1.1	0.9	1.0
20-29	2.4	3.6	4.6	5.1	0.7	2.8	2.0	2.3
30-39	2.8	1.0	3.2	3.1	0.5	-	0.9	-
40+	1.0	0.3	1.2	0.5	-	-	0.3	0.2
All ages	1.6	1.0	2.3	2.0	0.3	0.6	0.8	0.6

(a) Used in the last 12 months.

(54.9 per cent), Queensland (71.3 per cent) and Tasmania (82.3 per cent).

Most males (95.4 per cent) first obtained heroin from a friend or acquaintance, whereas current sources of supply are commonly obtained from street dealers (39.1 per cent). In comparison, 28.4 per cent of females first obtained heroin from their spouse or partner, and recent users all reported obtaining heroin from a friend or acquaintance, with no reports of street dealing.

Mode and place of administration

Of all respondents who reported recent illicit drug use in 1998, heroin was the drug most commonly administered parenterally (59.8 per cent). Amphetamines were also frequently injected (26.3 per cent). In NSW, recent users of heroin administered the drug through injection (29.3 per cent), smoking (24.3 per cent) or snorting (23.7 per cent). Non-injecting administration of heroin differed from other States where recent users primarily injected heroin: Queensland (82.7 per cent) and Victoria (71.0 per cent).

New South Wales data showed that recent users of heroin were likely to administer the drug in their own home (38.2 per cent), in a car or other vehicle (35.2 per cent), or in

public places such as a park (18.5 per cent).

Non-fatal heroin-related overdoses

New South Wales figures showed 44.7 per cent of recent heroin users reported ever having had one or more overdoses when using heroin, a rate higher than all other States in Australia. In Sydney, the rate of overdose was lower than the rest of NSW with 14.7 per cent experiencing an overdose. Of those people in NSW who had overdosed, the majority were reporting recent events, with 41.3 per cent occurring 6-12 months prior to the survey. For incidents where a respondent was present when someone else overdosed, an ambulance was called in 44.3 per cent of cases. In Sydney, the likelihood of an ambulance being called when someone else overdosed was much higher (69.2 per cent) than the overall State rate.

Public perceptions of heroin

Heroin was the drug most commonly associated with being a 'drug problem' (40.5 per cent), an increase of 42 per cent since 1995. This corresponds with a similar decrease in the proportion of people who associated marijuana with a 'drug problem' (down from 31.3 per cent in 1995 to 19.0 per cent in 1998). Despite growing concerns over heroin as a 'drug problem' the proportion of the NSW population

who support the personal use of heroin being made legal (8.1 per cent) has not changed since 1995.

DISCUSSION

The use of heroin is not widespread in NSW, with less than one per cent of the population reporting recent use. There is also no indication from the NDSHS that recent heroin use is increasing. Indeed, the previously reported high rates of recent heroin use among males aged 20–29 and females aged 14–19 have declined notably.

There are, however, a number of limitations with the NDSHS that must be taken into consideration when interpreting the results presented here. First, the overall survey response rate was 56 per cent, which may have resulted in some selection bias. If illicit drug users were less likely to participate then drug use would be underestimated. Other potential limitations include: a small NSW sample size for low-prevalence behaviours; the exclusion of non-private dwellings, institutional settings (including prisons) and homeless people from the sample; and potential reporting and recall bias when recounting illicit drug use. These limitations have been discussed in more detail elsewhere.^{1,2}

The increased public and government concern about heroin as a 'drug problem' reflects increased coverage and discussion around both patterns in heroin use and trends in heroin-related overdoses. Accordingly, the 1999 NSW Drug Summit primarily concentrated on illicit drugs, especially heroin, in developing new responses to problematic drug use. In response, the NSW Government is providing a significant expansion of—and enhancement to—drug treatment services, supported by innovative approaches to drug education and prevention. The NSW Department of Health is presently developing a five-year Drug Treatment Services Plan that will outline statewide goals and priorities for service delivery and expansion.

Note: With regard to type and source of heroin used, and mode and place of administration, there are differences in the calculation of the percentages in this report. All data relating only to NSW excludes non-responders from the denominator, while data presenting interstate or capital city comparisons includes non-responders. These data were derived from that provided by the AIHW.

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Further information on national statistics, response rates, estimation procedures, reliability of estimates, and comparability to the 1995 survey, are available in the AIHW Drug Statistics Series (1), which can be accessed from the AIHW Web site at www.aihw.gov.au.

THE ILLICIT DRUGS REPORTING SYSTEM

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This article outlines the purpose and methodology of the Illicit Drug Reporting System (IDRS), an initiative funded by the Commonwealth Department of Health and Aged Care; and presents major trends identified by the IDRS in 1999.

PURPOSE AND METHODOLOGY OF THE ILLICIT DRUG REPORTING SYSTEM

The IDRS aims to monitor data on the use of opiates, cocaine, amphetamine and cannabis. It is intended to act as a strategic warning system by identifying problematic drug trends that require further investigation. As such, the IDRS aims to be sensitive to emerging drug trends of national significance. Findings from the IDRS are disseminated to the Commonwealth Department of Health and Aged Care, the Inter-Governmental Committee on