

THE COURSE AND CONSEQUENCE OF THE HEROIN SHORTAGE IN NSW.

NDLERF MONOGRAPH No. 4

Degenhardt and Day (Eds) 2004.

Plain English summary and implications for police prepared by Roger Nicholas.

Methodology

The authors examined the results from published research into the heroin shortage in NSW, together with information from the Illicit Drug Reporting System, and drug seizure data. They also conducted interviews with 51 heroin users who entered treatment either prior to, or during, the heroin shortage, as well as 73 key informants from the health and law enforcement sector. In addition, they examined a range of other publications including research literature, briefing papers and agency reports.

Key findings:

- During the 1990s there was a steep rise in heroin use in NSW, which was predominantly supplied by South East Asian trafficking groups. Heroin was relatively freely available, purity was high and the price comparatively low.
- This was reflected in steep increases in heroin use among regular injecting drug users (IDUs), in opioid¹ overdose deaths, and in the numbers of people entering treatment for heroin-related problems.
- Early in 2001, there was a sharp decrease in the supply of heroin in NSW and the peak period of the shortage was January to April of that year. The market then appeared to stabilise although it has not returned to pre-2001 levels.
- Heroin users did appear to substitute other drugs (such as cocaine) for heroin to some extent.
- There was a sustained drop in the number of needles and syringes provided to illicit drug users following the reduction in heroin supply.
- There was an increase in risky behaviour associated with the use (in particular the injection) of cocaine and benzodiazepines². The number of notifications of Human Immunodeficiency Virus (HIV) and hepatitis B appeared unaffected by the shortage, however the number of hepatitis C notifications appeared to decrease somewhat.
- The number of regular male and female heroin users probably decreased in equal proportions during this period but there was a greater reduction among younger people. This does not imply that the total number of illicit drug users declined, although the total amount of injecting drug users did appear to decline. Users probably switched to a range of other drugs including benzodiazepines, cocaine and methamphetamine (perhaps administering these drugs via non-injecting routes).

¹ Opioids are the group of drugs that includes heroin, morphine, methadone, oxycodone.

² Benzodiazepines are a group of sedative drugs commonly prescribed for conditions such as insomnia and anxiety. Included in this group are drugs such as Valium™ (diazepam), Serapax™ (oxazepam), and Normison™ (temazepam).

Funded by the Australian Government Department of Health and Ageing as part of its commitment to the National Drug Strategy.

- There was a large and persistent decrease in the number of non-fatal heroin overdoses and in the number of deaths in which heroin was detected. There was a greater reduction in overdoses among younger heroin users compared with older users. There was no measurable increase in attendance by heroin users at health services, although there was an increase in emergency department presentations for cocaine overdose and a short term increase in drug induced psychosis³.
- There was an increase in the number of young people seeking treatment for psycho-stimulant⁴ use and a decrease in the number of people who had not previously been in treatment, seeking treatment for heroin problems. There was no increase in the number of people seeking treatment for opioid problems who had previously been in treatment for these problems.
- Following the heroin shortage, there was probably an increased level of collaboration among the organised crime groups involved in the supply of different drugs to the NSW market. Among mid-level distributors, there was a change in emphasis from heroin to methamphetamine, ecstasy and cocaine distribution. Low level dealers changed patterns of distribution towards mobile and less overt methods of dealing.
- There were significant decreases in the incidents of heroin use/possession reported to police particularly in the Fairfield-Liverpool area, and there was an increase in incidents of cocaine possession and use.
- For those who continued to use heroin and other drugs, the heroin shortage was associated with increased levels of crime and aggression among users. Increases in illicit sex work and acquisitive crime were also very likely to have been related to the reduced availability of heroin and an increase in the use of cocaine.
- No fundamental change occurred in the aims of drug law enforcement at either the Local Area Command level or at the State level. The shortage provided a valuable insight into the nature of the heroin market, the extent to which other drugs come to the fore when heroin is not available, and the ways in which some criminal groups are able to shift their activities to different commodities.
- There was some reallocation of law enforcement resources previously committed to the policing of the heroin market. This provided opportunities to impact on other drug markets.
- Health services experienced increased numbers of clients presenting for problems associated with withdrawal from benzodiazepines, cocaine and methamphetamine, increased incidents of drug psychosis, and increased levels of aggression and violence. They also required more assistance from mental health services and police.

Implications for police

The heroin shortage that occurred in Australia in early 2001, provided the law enforcement sector with a unique insight into the workings and impacts of the heroin markets in Australia. It also provided a good opportunity to better understand the ways in which the results of drug supply reduction activities can impact on illicit drug users, on policing and health organisations, and on the broader community.

Enhancing the knowledge base in this area allows police to better target supply reduction initiatives so as to impact upon the most harmful facets of the heroin market. This understanding will provide opportunities to work with other agencies to ensure that an appropriate balance of measures from different organisations are put into place to address the changing patterns of drug-related problems.

A full copy of this report is available on the NDLERF website at www.ndlerf.gov.au

³ Psychosis is a mental state characterized by a loss of contact with reality and an inability to think rationally. A psychotic person often behaves inappropriately and is incapable of normal social functioning.

⁴ Psycho-stimulant drugs are those which elevate mood and arousal and include cocaine and methamphetamine and ecstasy.

Funded by the Australian Government Department of Health and Ageing as part of its commitment to the National Drug Strategy.

www.ndlerf.gov.au