



**News Release**

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## **Melbourne's Heroin Supply Goes Underground**

### **Melbourne Drug Trends Reported at National Conference**

Heroin, cocaine and amphetamine dealers may have disappeared from Melbourne's streets, but they have not shut down their business. New research findings show that instead of selling drugs in areas, once known as the Melbourne drug hot spots, such as Smith St Fitzroy, the dealers have gone 'underground'.

Melbourne's **Turning Point Alcohol & Drug Centre**, as part of the national Illicit Drug Reporting System (IDRS), has surveyed injecting drug users annually for the past seven years to monitor the changing face of Melbourne's drug trade. Findings on Melbourne's illicit drug trade will be presented at the national conference in Sydney today (Wednesday November 26 2003).

The IDRS survey monitors the emergence of new illicit drugs and changes to existing drug use patterns, as well as trends in drug prices, purity and availability. Coordinator of the Turning Point IDRS research Rebecca Jenkinson said the data is used to create a national picture of what drugs people are using and changes in drug-taking behaviours.

Ms Jenkinson said Victorian survey results show that users find heroin easy to access and the price has remained stable (\$400 per gram) for the past two years. However, only 15% of injecting drug users surveyed now buy their heroin on the streets, compared to 54% in 1999. Most buy their heroin at a dealer's house or through a mobile dealer, who might deliver to their door.

"One of the big differences in heroin use over the past few years is that now you really need to have a dealer's phone number and then you arrange your deal. The lack of street-based selling may have hidden the drug, but it has not gone away," Ms Jenkinson said.

This year's survey also found that:

- An increasing number of users are injecting methamphetamines (particularly ice).
- The diversion and injection of prescription drugs such as morphine, benzodiazepines and buprenorphine is continuing.
- Cannabis remains a very commonly used drug, often used concurrently with a range of other illicit drugs. It is the second most widely used illicit drug.

Trends in methamphetamine use show that 46% of users, compared to 22% last year, are injecting ice. Again, most access this drug through a mobile dealer and only 17% are buying ice from a street dealer.

The IDRS results once again highlight the potential risk of HIV and Hepatitis C spreading in Victoria as injecting drug users continue to share needles and other equipment.

Ms Jenkinson said injecting drug users are continuing to share equipment despite the education campaigns and peer support programs. She said the survey of injecting drug users showed:

- 10% had borrowed a used syringe during the last month.
- 24% had passed on their own used syringe for another person to use.
- 43% had used a range of other used injecting equipment such as spoons and water.

“Further research is needed to investigate the reasons for the continued levels of unsafe injecting,” Ms Jenkinson said.

## **Buprenorphine misuse an emerging problem**

The risk of HIV and hepatitis is further increased by an emerging trend among users to inject drugs, which are meant to be taken orally, including buprenorphine, a treatment (like methadone) for people who are dependent on heroin. Buprenorphine is used by drug treatment services for short-term withdrawal or longer-term maintenance. Its introduction in Victoria two years ago has provided another treatment choice for heroin dependent people seeking help. Drug users access buprenorphine, a prescribed drug, from GPs or pharmacists and according to guidelines the tablet should be placed under the tongue to dissolve.

Last year’s survey revealed that users were accessing buprenorphine and injecting it and this year’s results show that more than a third (39%) of the survey respondents had injected buprenorphine in the last six months.

Ms Jenkinson said injecting buprenorphine is a dangerous practice, which can cause problems with veins and increase risks of bacterial and blood-borne virus infection. She said while figures showed that the injection of buprenorphine was

at the experimental, rather than the dependent stage, it was a trend that needed to be investigated.

“We need to determine how the users are diverting the buprenorphine, instead of appropriate dosing in the clinical setting. Are they injecting their own tablets or are they buying someone else’s tablet, which could lead to all sorts of infections,” Ms Jenkinson said.

**Media contacts: Ms Rebecca Jenkinson, Senior Research Assistant, Turning Point Alcohol and Drug Centre, will be presenting the Melbourne data on Wednesday morning. For interviews contact Ms Jenkinson, mobile (0415 754 944), Craig Fry, Senior Research Fellow (0400 077 911), or Rosie Hoban on 03 9481 8943.**