



Heroin

Principal findings

- ◆ Australian law enforcement agencies seized a record amount of heroin in 1998–99 including a single seizure of 389.9 kilograms by Customs and AFP.
- ◆ The 1998 National Drug Strategy Household Survey and other indicators suggest that heroin use in Australia has increased somewhat since 1995.
- ◆ In 1998–99 estimated opium cultivation and production in the Golden Triangle fell for the second consecutive year. The result may be a reduction in the supply of Southeast Asian heroin to Australia in the short term, although this is difficult to predict.
- ◆ Afghanistan was reported to be the world's largest opium producer in 1999. It produced an estimated 4600 tonnes of raw opium gum, which is more than double the estimated 2100 tonnes in 1998. It remains to be seen whether increased quantities of heroin from this source will be directed towards the Australian market.

Description

Heroin, or diacetylmorphine, is derived from the opium poppy, *Papaver somniferum*, and belongs to the 'opiate group', which refers to natural derivatives of the opium plant—opium, morphine and codeine. The related drugs methadone and pethidine are synthetically produced and so are not opiates. 'Opioids' refers to both the natural and the synthetic substances. Pure heroin is usually a white powder with a bitter taste. Impurities incorporated during the manufacturing process or the presence of additives may cause the drug's colour to vary from white to dark brown (USDEA 1996).

The street names for heroin and other opiates vary greatly; the names most commonly used in Australia are 'white', 'smack', 'H', 'horse', 'hammer', 'slow', 'Harry cone' and 'China white'.

Main forms

There are three main grades of heroin. In most developed countries, in particular Australia, 'No. 4' grade, or Southeast Asian heroin is the most commonly seized; being the purest grade, it is a white powder that is easily dissolved and usually injected. 'No. 3' grade heroin is a tan-coloured granular product referred to as 'brown rock'; it contains impurities introduced during processing and is mostly used by heating and inhaling the vapours. Unprocessed raw heroin or heroin base is known as 'No. 1' and 'No. 2' heroin.

'Home-bake' is a synthetic form of heroin; it is made from codeine extracted from pharmaceutical products in a three-hour, three-stage process. The end product is considered very crude and is not favoured by users in Australia.

Methods of administration

In Australia the most common method of administering heroin is by intravenous injection, often referred to as 'mainlining'. The inside of the forearms and the ankles are the most popular sites, although the drug is also administered directly into the eye, between the toes or into the mouth (Phipps et al. 1991). The second most common practice is inhaling the fumes generated by heating rock or powdered heroin on tin foil; this is often referred to as 'chasing the dragon' or 'tooting' (Chalk 1998). While there are users who inhale the fumes, it is not as common as injecting.

Effects

Upon entering the body heroin is metabolised into morphine, producing analgesia. Most heroin users report an intense feeling of euphoria, beginning soon after injection. For several minutes this euphoric surge, originating in the abdomen, spreads throughout the body. It is followed by three to four hours of reduced sensation accompanied by lethargy and sleep.

The side-effects of heroin withdrawal can be severe but are not particularly life threatening. Abrupt cessation of opiates results in a withdrawal syndrome, the symptoms of which include irritability, anxiety, apprehension, muscular and abdominal pains, chills, nausea, diarrhoea, production of tears, sweating, sniffing, sneezing, general weakness and insomnia (Mattick & Hall 1993). Some of these consequences may be associated with the fact that, because heroin is an illicit substance, users cannot predict or know whether it has been adulterated with other more toxic material or other illicit substances. Symptoms usually appear within 12 hours of last use, reach a peak at two to four days, and subside after seven to 10 days.

The main health effects for opiate-dependent people are collapsed veins; abscesses; tetanus; an increased risk of contracting hepatitis B and C and HIV; heart, chest and bronchial problems (including pneumonia); loss of appetite; irregular menstruation; possible infertility and impotence; chronic constipation; risk of accidents while intoxicated; and overdose.

The international situation

Overview

[Unless otherwise noted, information in this section is derived from the *International Narcotics Control Strategy Report (INCSR) 1998* (Bureau for International Narcotics and Law Enforcement Affairs 1999).]

Although illicit opium poppy cultivation occurs in most parts of the world, the three main areas are the Golden Triangle (Burma, Thailand and Laos), the Golden Crescent (Afghanistan and Pakistan) and Latin America (Colombia and Mexico). Drought in 1998 reduced opium cultivation in the Golden Triangle to its lowest level since 1988, from an estimated 184 950 hectares in 1997 to an estimated 157 750 hectares, a decrease of 15 per cent. The decline was greatest in Burma, where the area planted with opium poppies fell by 16 per cent, to 130 300 hectares, producing the smallest crop since the 1988 explosion in poppy cultivation.

In the Golden Crescent the area given over to opium poppy cultivation rose by a little over 3 per cent in 1998, to 44 750 hectares. Afghanistan was reported to be the world's largest producer of opium in 1998, with an estimated 1350 tonnes of opium gum being produced from approximately 41 720 hectares of poppies.

The figures for Afghani production come from the US Department of State but differ with those provided by the United Nations, which estimates the Afghani production of raw opium for 1999 to be a record 4600 tonnes, more than double the estimated production of 2100 tonnes for 1998 (UNODCCP 1999). Further, the area under cultivation is estimated to have increased by 43 per cent, from 64 000 hectares in 1998 to some 91 000 hectares in 1999. Other countries within these primary regions—for example, Iran—also cultivate limited areas of opium poppy.

It is estimated that 80 per cent of the heroin seized in Australia during 1998–99 came from Southeast Asia and, in particular, the Golden Triangle.

Heroin also imposes significant economic costs on Australia. These arise from law enforcement, legal, health and welfare expenditure and costs related to loss of productivity. In addition, there is probably a significant net outflow of capital associated with the heroin trade.

The Golden Triangle

Burma

Burma (Myanmar) is now the world's second largest opium producer and heroin manufacturer. It produces about 84 per cent of the opium cultivated in Southeast Asia. Opium use has been largely replaced by heroin use and, unlike opium, heroin tends to attract a younger age group because it is convenient, readily available and affordable. Domestic consumption of opium and heroin has continued to increase throughout the 1990s, with the pattern of drug use following trafficking routes.

It is the opinion of the US Department of State that ethnic drug-trafficking armies—such as the United Wa State Army and the Burma National Democratic Alliance Army—with whom the Burmese Government has negotiated ceasefires (but not permanent peace accords) remain armed and heavily involved in the heroin trade. Government eradication efforts increased during 1998 and a campaign was launched in northern Shan State. These efforts, along with a drought in southern Shan State, were responsible for the sharp decline in opium production in 1998. Most heroin is produced in small, mobile laboratories in areas controlled by ethnic insurgencies in Shan State, near the Thai and Chinese borders. One refinery on the border with China is reputedly capable of producing up to 2000 kilograms of pure heroin each year.

The United Nations Drug Control Program estimates that illicit opium production fell to 1200 tonnes during 1999. US authorities estimate that yields were a maximum of 1750 tonnes of opium gum in 1998, and 2365 tonnes in 1997. Once normal rainfall patterns return, it is highly likely that levels of opium production will increase. There is no public evidence that the Burmese Government, on an institutional level, is involved in the drug trade. There are, however, persistent reports that officials, particularly corrupt army personnel, either are involved in the drug business or are paid to allow the business to continue.

In February 1999 the US Government named Burma and Afghanistan as the two nations that had failed to take adequate steps to combat the illicit drugs trade. The White House criticised Burma's tolerance of money laundering and its failure to hand over notorious drug traffickers (US Department of State 1999).

Laos

The People's Democratic Republic of Laos is the world's third-largest producer of opium, after Burma and Afghanistan. Although much Lao opium is exported to world markets, there is a large user group within the local population. Traditionally, opium has been smoked, eaten, or combined with tobacco and smoked. The traditional method of heroin use on the other hand has been to inhale the fumes, but this is steadily being replaced by injecting, which is considered more effective and economical. Opium is estimated to contribute an average 37 per cent of annual income to Lao households selling it. For this reason, the UN Drug Control Program has been trying to encourage alternative agricultural development in the region, providing seed stocks and advice and funding new roads to make markets more accessible.

Continuing economic reform and the opening up of borders may increase the potential for drug smuggling and trafficking, perhaps resulting in a further move from opium to heroin use.

The number of hectares under opium poppy cultivation in Laos has been increasing—from 19 190 hectares in 1992 to 21 601 in 1996 and 26 800 in 1998. The UN Drug Control Program estimates that in 1998 there were 63 000 opium dependent users in the north of Laos, where almost all the poppies are grown, in 32 per cent of villages in the area.

The US Department of State found that for the 1998 growing season an estimated 140 tonnes of opium was produced, down 33 per cent on the previous year's harvest. This can be attributed to adverse weather conditions, which also affected opium production in Burma and Thailand. Laos' location next to Burma and its borders with other countries that offer important opium markets and ports on trade routes, make it a strategically important point for drug trafficking. As the Lao road infrastructure improves and as law

enforcement efforts on Burma's borders with China and Thailand become more effective, Laos will become even more popular as a route for illicit drug trafficking.

Thailand

Opium grown on the remote 1000 metre hills is said to produce the best heroin in the world with the poppy sap being smuggled down mountain paths to be refined prior to being fed into the international drug trafficking chain. Hill tribe villagers grow poppies on tiny plots alongside vegetables and are producing outside the traditional cool season. The office of the Narcotics Control Board is working with the ministers of education and health on reducing demand among high-risk groups, which include fishermen, labourers, students and truck drivers (East 1999).

The Thai Government's commitment to eradicating opium crops and providing alternative methods of raising income for the villagers continues to bear fruit. In 1998 production declined 36 per cent, to 16 tonnes, forcing traffickers to import opium (mainly from Burma) to meet domestic demand. Heroin injecting is well entrenched in many parts of Thailand; the drug is usually administered in powdered form, mixed with either tap or untreated water.

Activities associated with heroin production—such as refining raw opium into morphine base—continue in northern border areas. Drug producers also often combine heroin operations with manufacturing methamphetamine. Thailand's importance as a source of opiates for the international market continued to decline in 1998. Opiates do, however, continue to be moved into Thailand for consumption and for transshipment to world markets, making the nation a major consumption and trafficking centre for Golden Triangle heroin.

Transit countries

Vietnam

Although it produces minor amounts of opium, Vietnam is mainly a transit country for heroin—and, more recently, for methamphetamine—from the Golden Triangle. Use and trafficking in illicit drugs have increased since the *Doi Moi*, or 'open door', policy announcement of 1986, which has led to a less restricted trade regime and made Vietnam more accessible to world markets. The increased trade and tourism evident during the 1990s opened many new smuggling routes for Southeast Asian heroin. Most heroin and opium entering Vietnam comes via Thailand, crossing through either China or Laos. In some rural areas the social use of opium is sanctioned and the drug is prescribed as a traditional medicine for treating pains and diseases or to alleviate hunger pains during food shortages.

During 1998–99 heroin trafficking through Vietnam continued at a high level; it may be increasing, as indicated by a steady rise in the number of arrests. There was, however, a decline in the area used for opium poppy cultivation, from 6150 hectares in 1997 to 3000 hectares in 1998. Vietnam initiated a new drug-control plan to cover the period 1998–2000, with campaigns to raise awareness and to discourage young people from becoming involved in trafficking and drug abuse. The penalties for possessing and trafficking heroin are also being promoted as a deterrent.¹

On a regional scale, there is considerable evidence linking Vietnamese traffickers with criminal gangs in China, Laos, Hong Kong, Taiwan, Japan, the Philippines, Singapore, Thailand and Australia. They use their cultural and familial links with expatriate Vietnamese to facilitate drug smuggling.

China

The People's Republic of China is not generally regarded as a major heroin source or a potentially major heroin source, but it has become one of the primary transit countries for heroin from Burma and other Southeast Asian nations that is destined for world markets, including Australia. The number of heroin users in China increased in the last decade and will probably continue to increase: unofficial figures estimate the current number of users to be between 2 million and 3 million. Police in China seized 7.41 tonnes of heroin during 1998. Guizhou and Sichuan Provinces reported massive increases in drug use, with tens of thousands of users reported.

The Chinese Government reports that more heroin is being used domestically than is being exported—possibly leading to shortages of supply in export destinations. Although local cultivation would appear to be limited, it may be increasing in response to an increase in domestic demand.

Dependent users in custody undergo rehabilitation as a part of their punishment, but relapse rates are reported to be between 70 and 90 per cent. Methadone treatment has been limited to a small pilot program and has not been adopted as standard treatment (Office of Strategic Crime Assessments 1998). Heroin users in China have followed the broad trend in Southeast Asian countries: they are moving from opium smoking and heroin smoking and inhalation to heroin injection. Injecting equipment is relatively inexpensive, but disposable syringes are not and are less easy to obtain. This situation is contributing to the country's growing HIV problem—60 per cent of those affected are injecting drug users (IDUs).²

Cambodia

As a result of its proximity to one of the world's most prolific opium-growing regions, Cambodia is a leading transit and trafficking country. Although it is not traditionally an opium producer, there are unconfirmed reports of opium cultivation occurring. In 'shop houses' in Phnom Penh opium is smoked and injected.

Taiwan

Taiwan's proximity to China's Fujian Province means it will continue to have an important role as a transit point for contraband of all descriptions. Taiwan does not produce opiates, but it is a commercial transportation and shipping hub for Asia. Forty-two per cent of the heroin seized during the first 11 months of 1998 came into Taiwan from mainland China. Large heroin seizures have led to a sharp increase in the black-market trade in most drugs in Taiwan, and there is a move away from methamphetamine to heroin. The heroin is used on its own or mixed with methamphetamine, as this is considered to be indicative of higher social status.

The Golden Crescent

Afghanistan

As noted, the UN Office for Drug Control and Crime Prevention estimates that Afghanistan increased its production of raw opium to a record 4600 tonnes, and has overtaken Burma as the world's largest opium producer. (It should be noted, however, that US government estimates are somewhat lower.) At the same time there are indications that illicit heroin manufacturing that was formerly carried out in Pakistan has been moved to Afghanistan. Stockpiles are created near the Tajikistan border, to ensure regular and uninterrupted deliveries of opium and heroin from Afghanistan. Traffickers use most of the countries in the region as transit countries to send opiates from Afghanistan or Pakistan mainly to Europe. Precursors are also trafficked (INCB 1999).

Opiate abuse is common and increasing in Afghanistan. Illicit poppy cultivation has been reduced in some areas but has begun to flourish in others that were previously unaffected. The estimated 4600 tonnes of raw opium produced in 1999 was more than double the estimated production for 1998. The area under cultivation increased by 43 per cent, from 64 000 hectares in 1998 to about 91 000 hectares in 1999; it is of note that 97 per cent of cultivation in 1999 was in Taliban-controlled areas. Afghani opium accounted for 75 per cent of global output in 1999, an increase of 25 per cent on the country's 1998 share (UN International Drug Control Program 1999). Laboratories illicitly manufacturing heroin and morphine are thought to be mostly in the Nangarhar and Hellmand areas; the chemicals used in heroin manufacture often come through Pakistan.

The Taliban regime has stressed to foreign authorities that it has taken measures to combat heroin production in Afghanistan but there is no evidence to confirm or deny the success of its efforts. The reports of decreases in production in some areas but increases in others suggest that interdictions merely drive production elsewhere.

Afghanistan has experienced nearly 30 years of continuous war, which has destroyed virtually all forms of industry and in many cases made opium-poppy farming a matter of existence. The Australian Federal Police reports that although Afghani farmers believe growing opium poppies to be against the tenets of Islam they find it less demeaning than being unable to produce any income to support their families.

Pakistan

Pakistan is both a source and a transit country for opiates and cannabis. Preliminary estimates for 1998 suggest an increased poppy harvest in Pakistan compared with 1997.

In keeping with the former government's commitment, Pakistan was expected to strengthen its efforts to achieve complete enforcement of an opium ban by the year 2000. Whether the new military regime will honour this pledge remains to be seen. Pakistani authorities have foiled several attempts to smuggle acetic anhydride (a precursor for heroin) from China into Afghanistan and to countries in Europe via Kuwait and the United Arab Emirates. They have also prevented the re-emergence of heroin and morphine laboratories, although some have simply moved across the border into Afghanistan.

In Australia, seizures of heroin from the Golden Crescent may suggest a trend towards greater, 'supply-prompted' trafficking from this region. In February 1999 the Australian Federal Police seized 26 kilograms of heroin that had come from the Golden Crescent, the biggest seizure ever from the region. It is expected that this trend will continue as exporters intensify their efforts to develop partnerships with distribution groups in Australia. The circumstances leading to seizures of heroin from the Golden Crescent suggest, however, that Pakistani traffickers presently lack the business acumen to develop long-standing arrangements with Australian heroin-distribution networks.

Heroin manufacturers in Pakistan have a surplus of product but, without a reliable trafficking network in Australia, Pakistani entrepreneurs seem to be shipping heroin to Australia in anticipation of sales, rather than on the basis of a particular demand or any pre-arranged deal. The Australian Federal Police reports that Lebanese and Turkish criminal groups, which are also involved in drug trafficking from the Golden Crescent, may be considering the possibility of larger heroin importations into Australia from Afghanistan and Pakistan.

Other source and production countries

Iran

The Islamic Republic of Iran is an important transit route for opiates smuggled from Afghanistan and Pakistan to Russia and Europe. Although it is no longer a major drug-producing country, drug addiction is a growing problem: in 1998 Iran estimated that there were 1 200 000 drug abusers in the country, although no distinction was made between users and dependent users.

Drug-interdiction programs are aggressive in their efforts to stem the flow of illicit drugs but are only partially successful. Multi-tonne shipments of opiates enter Iran from Pakistan and Afghanistan in truck caravans, often organised and protected by the heavily armed ethnic Baluch from either side of the border. Once inside Iran, the shipments are either concealed in commercial truck cargoes or broken down into smaller consignments. Land routes across Iran constitute the single largest conduit for Golden Triangle opiates en route to European markets.

In the first 11 months of 1998 interdiction efforts by police and the Revolutionary Guard resulted in numerous drug seizures, amounting to 25 tonnes of heroin and 150 tonnes of opium. Punishment for narcotics offences is severe: the death penalty is mandatory for possession of more than 30 grams of heroin or 5 kilograms of opium.

The Balkan route

International police reports suggest that about 80 per cent of heroin smuggled into Western Europe from the Golden Crescent passes through the Balkan route—crossing the Black Sea or the Mediterranean, through Turkey, Bulgaria, parts of the former Yugoslavian Federation, Romania, and Hungary.

Hungary's rapidly developing transport and telecommunications infrastructure, sophisticated financial institutions and historical connections with both East and West make it an inviting proposition for crime syndicates. Since the end of the Balkan wars, new business opportunities have become plentiful, creating the ideal environment for a new generation of highly organised local criminal gangs, who are turning their country into a transit zone for supplying the lucrative drug markets in the West.

Central and South America

Colombia

Trends in illicit opium production and heroin manufacture in Colombia remained unchanged in 1998. Opium poppy cultivation has remained largely stable since 1996, despite an increase in the amount of heroin seized. In contrast with the situation a decade

ago, several countries in the region now report at least some abuse of heroin.

The bulk of the heroin in the eastern United States is high-purity Colombian heroin. In 1998 the area under opium poppy cultivation was 6100 hectares: this represents a decrease of 500 hectares on the 1997 area. It is estimated that the potential heroin yield from the 1998 crop was 61 tonnes of opium gum, or some 6 tonnes of heroin. Although responsible for less than 2 per cent of the world's opium production, Colombia is nonetheless the Western Hemisphere's largest grower of opium poppies.

The Australian Federal Police reports that availability of South American heroin, produced almost exclusively in Colombia, has increased dramatically in the United States. Networks established by major cocaine cartels have been used to facilitate this importation and subsequent distribution of Colombian heroin to the United States. These networks are well entrenched, well connected and extremely sophisticated. South American heroin trafficking is characterised by modest quantities of the drug being produced in small Colombian laboratories and independent traffickers each typically smuggling between 1 and 2 kilograms a trip (USDEA 1999). There are no indications that Colombian heroin is trafficked to Australia.

Mexico

Mexico is Latin America's second largest opium producer, and nearly all the heroin manufactured there is destined for the United States. Several polydrug-trafficking groups oversee the entire production process in Mexico, from opium cultivation to heroin processing and the management of transportation and distribution networks in the United States.

Illicit opium production and heroin processing continued at record levels during 1998. The US Government estimates that 5500 hectares of opium poppy were cultivated in Mexico in 1998, up from 4000 hectares in 1997. The Australian Federal Police reports that the 1998 poppy crop could have potentially yielded 60 tonnes of opium gum, or about 6 tonnes of heroin, up from 4.6 tonnes in 1997. The increase is largely attributable to poor weather conditions, which limited aerial eradication operations in the remote mountain regions where the poppy is cultivated.

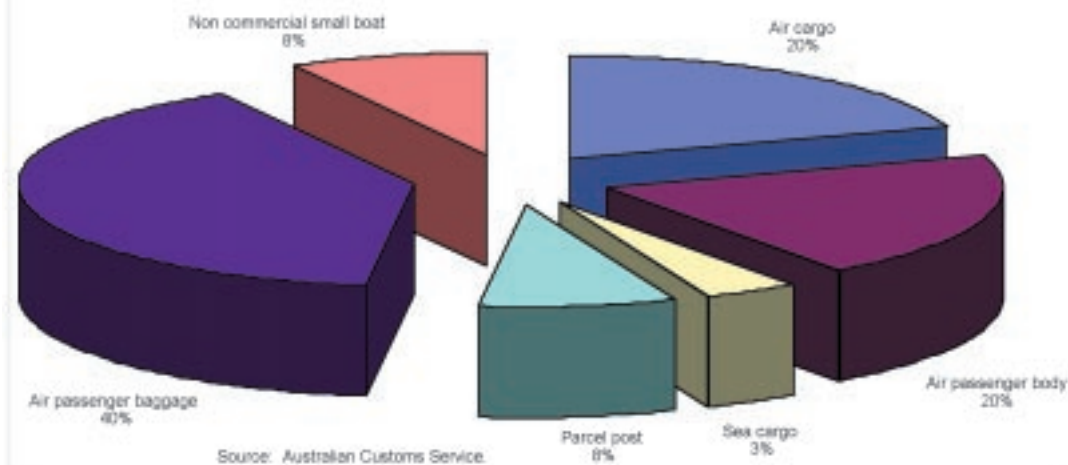
On 19 April 1999 the Australian Federal Police made the first known seizure of 'Mexican tar' in Australia. Also known as 'Mexican heroin', or 'brown' because of its colour, it is derived from insufficiently purified morphine and is often adulterated with procaine and methapyryline hydrochlorides. The 4.2-gram seizure was 25 per cent pure and was made following the arrival in Cairns of an airline passenger from the United States. A similar importation was detected

Table 3.1: Customs border detections of heroin, by weight and number, 1998–99

State	Weight (kilograms)	Number
New South Wales	487.9	13
Victoria	3.83	3
Queensland	16.09	5
Western Australia	.45	3
South Australia	.05	1
Total	508.32	25

Note: No detections were made in Tasmania, the Australian Capital Territory or the Northern Territory.
Source: Australian Customs Service.

Figure 3.1: Heroin importations methods as a proportion of the total number of detections, 1998-99



by Customs in Perth in May 1999, when an airline passenger from Poland was found to have 155 grams of dark heroin concealed in his shoes. In this case, the drugs had a purity of 27.7 per cent but were described as being similar to 'Russian black tar heroin'.

The Australian situation

Importation

During 1998-99 more heroin was seized at the Customs border in New South Wales than in any other State or Territory, which was greatly affected by one large seizure, of 389.9 kilograms, made on 14 October 1998. Table 3.1 provides details of Customs border detections of heroin in 1998-99.

In 1998-99 the importation methods for detected heroin by weight was as follows: non-commercial small craft³ 390.18 kilograms; sea cargo 93.56 kilograms; air passenger (baggage and body) 23.48 kilograms; air cargo 791.7 grams and parcel post 297.2 grams. Figure 3.1 shows heroin importation methods for 1998-99 as a proportion of the total number of detections.

Thirteen detections of heroin were made at the Customs border in New South Wales; there were three in Victoria, five in Queensland, three in Western Australia and one in South Australia. The detections in New South Wales amounted to 96 per cent of the total weight of border detections nationwide.

Forty-two per cent of border detections in 1998-99 were a result of searching air passengers' baggage. The second most common importation method was parcel post, which accounted for 24 per cent of border detections.

The heroin seized at the Customs border came from a number of countries. During 1998-99 among the originating countries were Burma, which accounted for the 389.9-kilogram seizure; Thailand, accounting for five seizures weighing a total of 1.3 kilograms; China, accounting for three seizures weighing a total of 94.06 kilograms; and the United Kingdom, accounting for three seizures weighing a total of 17.35 kilograms.

In 1998-99 there were 15 detections of opium-type substances, such as seeds, poppy plants, poppy resin and opium. The total weight was 1.3 kilograms.

Major border detections

Figure 3.2 shows increased quantities of heroin seized at the Customs border since 1989-90 but a decrease in the number of seizures.

As noted, there were 25 detections, weighing a total of 508.32 kilograms, in 1998-99. This compares with 138.2 kilograms and 51 detections for 1997-98. It must be remembered, though, that there was a seizure of 389.9 kilograms in one operation in 1998-99.

The Australian Customs Service, the Australian Federal Police and the New South Wales Police Service made the 389.9-kilogram seizure and arrested 18 men at Port Macquarie on 14 October 1998. Described as 'one of the most significant operations in our history', the land-sea operation recovered heroin packed into 31 sports bags stowed in the hold of a coastal freighter, the *Uniana*, that had sailed from Burma. The customised coastal drug smuggling freighter had been fitted with long-range fuel tanks and sophisticated communications and radar equipment. The heroin was seized during its transfer from ship to shore. It is perhaps surprising that police services, drug agencies and research institutes around Australia have reported no substantial changes in the drug market to date as a result of this seizure.

Importation concealment methods

During 1998-99 new concealment methods for importing heroin were uncovered and methods used in previous years were refined.

One previously undetected concealment method was uncovered on 7 May 1999, when 7.37 kilograms of heroin was found hidden in 17-inch computer monitors. The monitors were dismantled and blocks of heroin were found inside each one. Two men of Vietnamese origin were arrested by National Crime Authority officers.

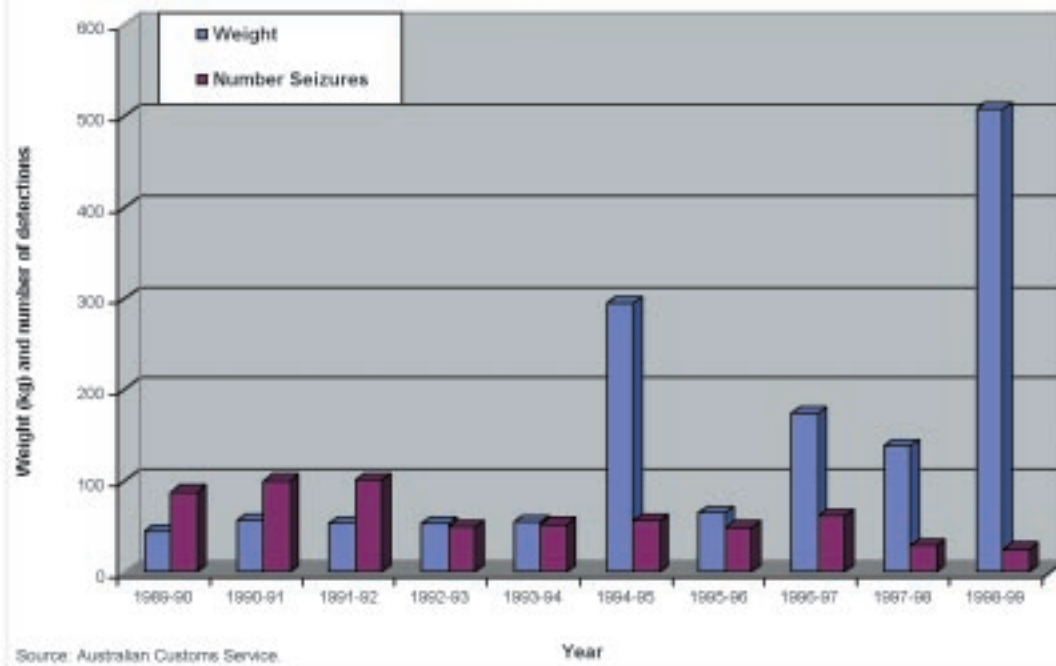
During 1998-99 other large detections used the following concealment methods:

- 1.91 kilograms inside bottles of hair and body lotion;
- 1.9 kilograms strapped to the body of an international airline passenger;
- 13.4 kilograms inside wooden plaques;
- 93.5 kilograms inside a consignment of commercial bread ovens;
- 389.9 kilograms stowed in the hold of a customised coastal freighter.

Distribution

Although it is difficult to characterise the typical heroin distributor—most races and age groups are represented—Australian law enforcement agencies have identified some common traits. Distributors are predominantly from lower socio-economic

Figure 3.2: Heroin: Customs border detections, by weight and number, 1989-90 to 1998-99



groups and have Anglo-Celtic, Romanian, Lebanese, Laotian, and Vietnamese origins. Hong Kong and mainland Chinese groups appear to be the two main groups involved in the importation and wholesale distribution of heroin in Australia.

Distributors are usually male, but younger people and some females are also involved. The New South Wales Police Service claims that organised crime syndicates are enlisting school students and juveniles to courier heroin between States. Police arrested a 17-year-old who had flown from Sydney to Melbourne and then to Surfers Paradise for this purpose.

The National Crime Authority reports that the bulk of heroin available in Queensland continued to be sourced from persons of Southeast Asian origin in Sydney, regardless of the ethnicity of persons involved in Queensland (although persons of Romanian and Vietnamese extraction continue to be active in terms of heroin trafficking within southeast Queensland). Heroin is transported from Sydney to Brisbane and the Gold Coast via both personal courier on domestic air flights and driven by personal courier in motor vehicles. Whereas entrenched groups and identities in the larger cities have traditionally had control of the heroin market, there is an upsurge of women and people from varied backgrounds becoming more involved. Such diversity may reflect a burgeoning market.

In New South Wales it is not unusual for street-level suppliers to commute to supply areas such as Cabramatta, spend \$3000 to \$4000 to buy heroin, then return to their own area to make \$50 street-level deals.

Victoria Police reports that Chinese criminals in Sydney are supplying large quantities of heroin to Melbourne-based Vietnamese and Romanian dealers. Similarly, the Western Australia Police Service has reported that Romanian groups in Perth are obtaining heroin from Romanian and Asian groups in Sydney.

Heroin is distributed throughout the country using a variety of transportation methods. Private vehicles are still the main method; other popular methods are the postal service, courier companies, shipping vessels, hire cars, buses and coaches, train, and domestic air services. Use of taxis to distribute heroin has also been noted in the city areas.

Users most commonly obtain their heroin by contacting their supplier or by buying it on the street, but other methods are also used. The New South Wales Police Service has reported the use of motel rooms booked in fictitious names to facilitate transactions: a syndicate arranges for the heroin (usually less than 1 kilogram) to be sent directly from the overseas source to the fictitious recipient who is residing temporarily at the motel.

All sorts of telecommunication methods are used to facilitate heroin distribution. For Southeast Asian dealers the mobile telephone has become an essential 'tool of trade', although they will still use public telephone booths to make calls.

New South Wales and Victorian police provided examples of highly organised transactions taking place at pre-arranged meeting points, in open areas and in busy shopping centres where heroin has been placed for collection.

Western Australian police report that rental properties are being used as distribution points. Buyers use nearby public telephones to make contact with the occupant and arrange to meet to buy small amounts of heroin. Once the limited stocks are depleted, the occupant will arrange to receive another small delivery of heroin, thus reducing the amount of heroin at risk of being seized or stolen at any time.

In some instances users form cooperatives to buy heroin. They pool their money in order to buy larger amounts and guarantee a purer product. In this way a regular and reliable source is established and the users are able to dilute the heroin themselves, use a quantity at no cost, and resell the remainder for profit.

Domestic concealment methods

Oral and nasal storage and transfer of heroin between dealers and users has become commonplace. At the time of purchase, the dealer simply spits the cap, which is contained within a small balloon, into their hand and passes it to the customer in exchange for cash. Such transfers happen so quickly that they are very difficult to detect. In some circumstances the cap may be passed directly from mouth to mouth. As police have become more alert to these concealment and transfer methods dealers have begun storing caps

in their noses before passing them to users, who may then place the caps in their own nose or mouth. As well as risking disease, people involved in transactions of this kind are at greater risk of overdose because they may swallow the heroin in order to avoid detection (Dixon 1999).

Most users are very concerned about being apprehended while in possession of heroin and as a result many choose not to conceal it but instead use or trade it at the earliest opportunity.

The National Crime Authority has reported incidents where heroin has been buried while being stored.

Police in Queensland and New South Wales report heroin being concealed in aluminium foil, in plastic bags and in cigarette packets; small balloons are now used in preference to magazine and paper wrappings. Of particular interest were concealments in plastic containers similar to those found in children's 'Kinder Surprise' chocolate eggs, soft toys, and mobile telephones. Victoria Police reports heroin being concealed in the bottom of cigarette lighters and, in one case, in dog excrement. In vehicles heroin can be hidden in the rubber couplings surrounding gear sticks and inside rubber door seals. Police in South Australia report an instance of heroin being transported to the Northern Territory in a tin of car polish that was in a bus passenger's luggage.

Trafficking networks

Heroin is imported at a number of places around Australia but in recent years the majority has been brought into Sydney and, to a lesser extent, Melbourne before being brokered and distributed. This distribution pattern continued during 1998–99 and is expected to persist because Sydney and Melbourne remain the primary international and domestic transportation hubs. The cities' sheer size brings good opportunities for people to arrange heroin importations with a degree of anonymity.

The distribution of heroin around Australia is made possible by well-established networks that have been fine-tuned over the years to develop processes and routes that offer a relatively low risk of detection and involve minimal overheads. Multiple-block heroin transactions are the norm. The Queensland Police Service maintains that to substantially reduce the profitability of drug trafficking through supply reduction strategies alone, at least 75 per cent of shipments would have to be intercepted. A sustainable impact on supply through law enforcement operations in isolation is limited, as the availability of heroin will fall only until alternative sources of supply are established.

Eighteen Australian law enforcement agencies continue to participate in the National Crime Authority's Blade National Task Force. This is the endorsed national coordinated effort to disrupt and deter Southeast Asian organised crime (primarily heroin trafficking), in Australia. In its most recent review of the performance of the Task Force, the Assistant Commissioners of all participating agencies noted that significant further progress had been made by the Task Force and resolved to continue their commitment to this effort.

Market indicators

Prices

The National Crime Authority reports that criminals of Southeast Asian background sell cheaper heroin than any other group. It is also cheaper to buy heroin in Sydney than in other major cities. An ounce of heroin will cost between \$2000 and \$4000 in Sydney, while in South Australia dealers obtain heroin from New South

Wales suppliers for between \$4000 and \$7000 an ounce. These figures are comparable with those provided by South Australia Police, which quoted \$6500 to \$8000 for an ounce. South Australian dealers resell the Sydney heroin in street-weight measurements, with a purity level of between 63 and 80 per cent, for \$400. Current domestic wholesale prices in Sydney have declined by as much as 24 to 37 per cent compared with prices reported for the last quarter of 1997–98. The wholesale price of a 700-gram Asian unit (*catti*) of heroin was \$150 000 in the last quarter of 1997–98 but fell to \$92 000 in November 1998 and \$70 000 in June 1999. Half-weight units, or 350-gram blocks, which have seldom previously been reported by Australian law enforcement agencies, are fetching wholesale prices in Sydney of between \$37 500 and \$52 000, depending on market availability (ABCI 1999b).

In mid-1999 a cap of heroin was priced at between \$40 and \$80 in Kings Cross and was cheaper in Cabramatta. The National Drug and Alcohol Research Centre has found that gram prices in Sydney have declined in the past four years: 1 gram of heroin bought in Cabramatta cost an average of \$400 in 1996; in 1998 the price was \$280 and in 1999 it was from \$200 to \$240. The Centre also reports there is a new street measurement of quarter-grams, which sell for \$70 to \$80 in the city and for less in the suburbs.

Law enforcement, academic and health agencies in Queensland all report significant decreases in heroin prices in Brisbane and Surfers Paradise because of increased availability, which causes organised syndicates to compete for market share. Prices in Cairns, however, have increased, partly as a result of intensified targeting by police, which has pushed the average price of a full gram of heroin as high as \$500.

Victoria Police reports relative stability in heroin pricing, although other agencies report fluctuations. The Victorian State Parliament's inquiries during 1998–99 revealed that a cap of heroin could cost as little as \$20. A big increase occurred, however, in the first two weeks of June 1999, when average prices soared from the typical \$20 or \$25 to as much as \$90; this was accompanied by a decrease in purity and coincided with a shortage of street-level heroin, prices have since stabilised: a cap sells for \$50 and a full gram fetches \$360.

Victoria Police also reports an increase in the incidence of heroin being sold at schools, perhaps as a result of its high availability. The Maroondah Social and Community Health Centre in the Melbourne suburb of Ringwood East reported a recent case of a minor who travelled to the Melbourne city centre to buy cannabis but, not having enough money, bought a cap of heroin instead and fatally overdosed.

The Western Australia Police Service reports that a street weight (0.6 to 0.8 grams) costs \$650, while an ounce can fetch between \$9000 and \$11 000. In South Australia, the average price of a cap is \$50. Chapter 11 provides details of prices in the various Australian jurisdictions.

Purity

Although most jurisdictions have reported increases in heroin purity since the early 1990s, statistical analysis suggests that, although the purity of individual seizures may fluctuate greatly, only gradual increases in overall purity have occurred. In 1998–99 the 3711 samples analysed showed mixed results. The national average purity level of 65 per cent was higher than in 1997–98 which was 57 per cent but the general pattern was for high levels during the first two or three quarters, then a decline of some 7 per cent in the last one or two quarters. Purity levels in the Australian Capital Territory and Western Australia showed slight increases over the 12 months. In Queensland, South Australia and Victoria there were

Table 3.2: Heroin: consumer and provider arrests, by jurisdiction and per 100 000 population, 1998-99

State/Territory	Consumer arrests	Provider arrests	Total arrests	Arrests per 100 000 population
New South Wales	3 597	1 062	4 659	72.9
Victoria	6 117	2 036	8 153	173.8
Queensland	363	403	766	22.3
Western Australia	239	75	314	17
South Australia	205	135	340	22.8
Tasmania	24	1	25	5.3
Australian Capital Territory	61	22	83	29.4
Northern Territory	1	0	1	0.5
Total	10 607	3 734	14 341	

Note: Excludes arrests related to other opioids.
Source: ABCI.

decreases, particularly in the last quarter. The sample sizes in New South Wales, the Northern Territory and Tasmania were too small to be statistically reliable. Chapter 11 provides further information about average purity levels in each State and Territory.

Although laboratories in New South Wales were unable to provide sufficient information to constitute a statistically reliable database, in a separate exercise conducted between October 1998 and March 1999 the National Drug and Alcohol Research Centre examined the purity of 33 street seizures of heroin from Cabramatta, with a total of 80 samples. Average purity was 67 per cent; 15 per cent of the seizures had a heroin content over 90 per cent, a situation similar to that experienced in South Australia.

Heroin is now appearing undiluted throughout much of Australia, although paracetamol is being used as a new cutting agent in many States and Territories. The South Australian forensic laboratory has identified various diluents, among them the cleaning agent Ajax™, caffeine and coffee. In general terms, local dealers initiate business using high-purity heroin to build their clientele. Once the dealing relationship becomes established, though, quality may deteriorate. On the other hand, some major dealers have shown an unwillingness to sell poor-quality heroin they have acquired.⁴

Availability

The increasing availability of heroin at street level is of growing concern to law enforcement and health agencies in Australia. The increase is evident in all States and Territories but New South Wales continues to experience the highest level of availability and of trafficking in bulk high-grade heroin, from Sydney to other centres and jurisdictions.

In Sydney in 1998-99 the price of an ounce, half and full units were generally low in comparison with the preceding two years, although street prices for caps remained relatively stable. Half units appear to be gaining popularity among intermediate buyers because they are favourably priced and easier to conceal than full units (ABCI 1999b).

The New South Wales Police Service reports an increase in heroin use among Aboriginal communities in the Shoalhaven region, south of Sydney. Other reports note an increase in the exchange of heroin among methadone patients.

The National Crime Authority reports that traffickers in a number of States are primarily sourcing their heroin from Sydney and, to a lesser extent, Melbourne.

During 1998 the National Centre for Research into the Prevention of Drug Abuse surveyed 40 young people in Perth 85 per cent of whom had used heroin at least once. The respondents had been recruited from six suburbs known to be associated with overdose among drug users and were asked about the current price and availability of heroin. The normal price was \$50 for a taste, or cap, although some dealers would occasionally sell the same measure for \$25 as a 'special favour'.

The researchers were told that heroin is readily available at street level. One respondent gave an example of a door-to-door service, where a dealer would deliver heroin to users by using a different user as a driver each day in exchange for 'shots' of heroin. Clinical and anecdotal evidence in a number of States and Territories suggests that heroin has largely replaced amphetamine as the drug of choice for many teenagers who inject drugs. This is supported by (or is perhaps a response to) increases in heroin availability and purity and decreases in its price (National Centre for Research into the Prevention of Drug Abuse 1999).⁵

There have been very few reported cases of heroin available in tablet form. Tablet or capsule heroin first came to the attention of authorities in Australia when a Chinese-Malaysian couple were apprehended at Brisbane Airport in 1997; they were carrying \$2.1 million worth of the product (Oberhardt 1998). During 1998-99, 12.3 grams of pure heroin in tablet form were seized from inside the shoes of an Indonesian student arriving in Perth.

Arrests

The number of heroin consumer and provider arrests (excluding arrests related to 'other opioids') in Australia rose from 10 167 in 1997-98 to 14 341 in 1998-99, an increase of 38 per cent. Victoria recorded the largest increase, from 5537 in 1997-98 to 8153 in 1998-99 (47 per cent); New South Wales recorded 1323 more arrests in 1998-99 than in 1997-98. Queensland recorded an increase of 343; South Australia, 148; and Tasmania, 24. Western Australia, the Northern Territory and the Australian Capital Territory reported decreases of 272, five and three respectively.

Table 3.2 shows heroin consumer and provider arrests, by jurisdiction and per 100 000 population, for 1998-99.

Compared with 1997-98, the number of consumer arrests increased substantially, from 7088 to 10 607. The largest increase was in Victoria, where there were 2481 more consumer arrests in 1998-99. New South Wales recorded 946 additional consumer

arrests; South Australia and Tasmania reported increases of 69 and 23 respectively. In contrast, Western Australia and Queensland recorded decreases of 154 and of 37 respectively.

New South Wales recorded the largest increase in provider arrests, from 685 in 1997–98 to 1062 in 1998–99. A total of 3734 provider arrests were made in all States and Territories, with Victoria (2036) and New South Wales recording the highest numbers.

The variance in statistical data for 1998–99 may have occurred for a number of reasons. For example, increases can occur because of specific targeting by law enforcement agencies. The Australian Federal Police established a network of mobile ‘strike teams’ to target and reduce the operations of high-level trafficking syndicates. Teams in Sydney, Melbourne, Perth and Brisbane are operational following the announcement of a package of anti-drug measures as part of the Federal Government’s National Illicit Drug Strategy.

Age group and gender

A much higher proportion of males were arrested for heroin offences than females: 11 268 males were arrested in 1998–99, as opposed to 2673 females. Figure 3.3 shows that, of the males arrested, the majority were aged between 15 and 29 years.

Seizures

Heroin remains widely available in Australia, its prices have fallen, and its purity remains high.

There were 9037 heroin seizures in Australia during 1998–99, weighing a total of 722.4 kilograms; this compares with 6915 seizures in 1997–98, weighing a total of 298.7 kilograms. New South Wales and Victoria recorded the highest number of seizures: New South Wales agencies made 4428 seizures, weighing 599.7 kilograms, and Victorian agencies made 2988 seizures, weighing 108.5 kilograms.

During 1998–99 there were 197 seizures of opiates other than heroin, weighing a total of 14.2 kilograms.

Patterns of use

Although it is difficult to determine the number of heroin users in Australia, the 1998 National Drug Strategy Household Survey yielded figures that give an indication of the estimated proportion of Australians living in households who have used heroin. The proportion of people aged 14 years or older who had ever tried heroin increased by over 50 per cent between 1995 and 1998, from 1.4 per cent to 2.2 per cent (AIHW 1999). It is estimated that in 1998 over 100 000 people in Australia had used heroin during the preceding 12 months. When comparing those who had used heroin during the preceding 12 months with those who have experienced lifetime use, approximately 70 per cent of both males and females who had used heroin at some time in their life were no longer using it in 1998. The 1998 Survey also showed that the 20–29 and 30–39 year age groups had the highest proportions of people ever having used heroin; in these age groups males were more likely than females to have ever used.

In addition, the Survey revealed that the initial source of heroin for first-time users is friends and acquaintances and that there is little movement away from this source during the course of drug use. Eighty-three per cent of heroin users obtained their first supply of the drug from this source. Table 3.3 provides estimates of the number of people who had used heroin in the 12 months preceding the Survey, by age and gender.

Among the trends identified around the country was an increase in the practice of ‘chasing the dragon’—inhaling the smoke of burning heroin. Most heroin users inject, but the increase in heroin smoking has been observed among middle and upper class professional groups in Sydney’s south-west and in Perth, and also among young Asian males. Although being a dangerous practice in itself, it eliminates the immediate health hazards associated with injecting drug use and is thus more attractive to affluent recreational users, who are able to finance such ‘uneconomical’ use and who do not want the tell-tale marks caused by injecting.

Figure 3.3: Heroin arrests by age group and gender, Australia, 1998–99

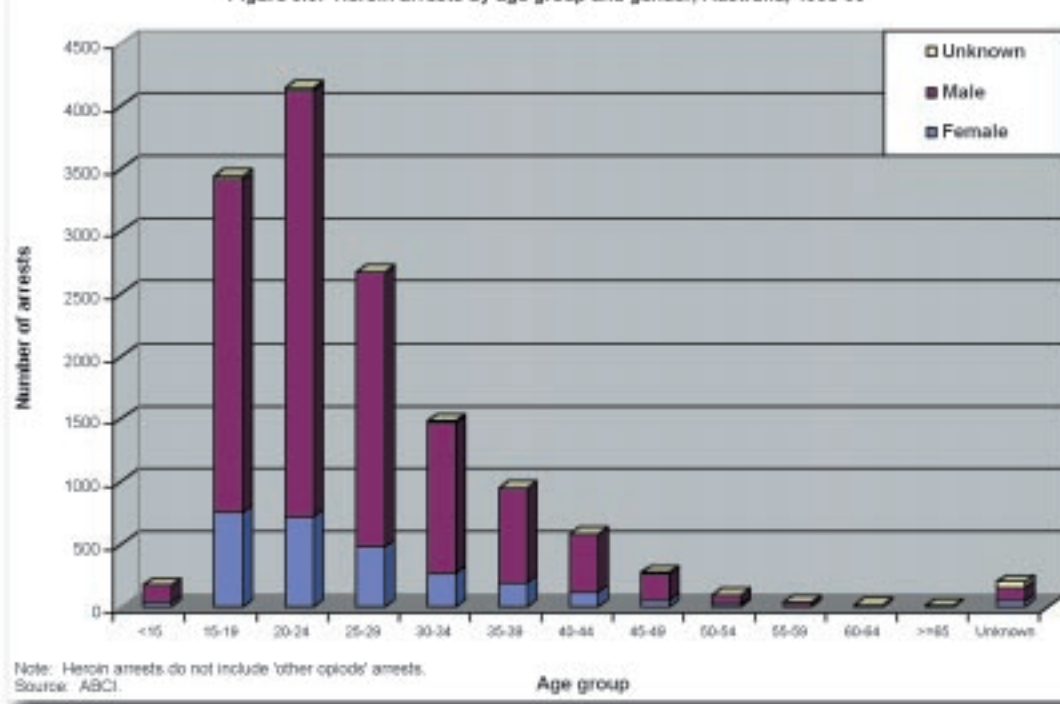


Table 3.3: National Drug Strategy Household Survey: estimated number of people who had used heroin in the preceding 12 months, by age and gender, 1998

Age group/gender	Number
Age group	
14-19	15 500
20-29	60 500
30-39	16 600
40+	19 900
All ages	112 600
Gender	
Males	73 500
Females	39 100

Source: 1998 National Drug Strategy Household Survey.

Mixing heroin with cannabis—‘snow coning’—is considered a ploy by dealers to tempt younger people into using heroin so as to expand the dealers’ market share. Another disturbing trend concerns the fact that heroin is acquiring a degree of ‘respectability’ among drug users as a result of occasional glamorous representations in the media and the arts.

The Alcohol and Drug Foundation Queensland (1999) claims that, with naltrexone available in Queensland and achieving impressive results⁶, dependent users are regaining confidence while undergoing treatment and as a result are injecting amphetamine, thus increasing the likelihood of overdose and fatality. Naltrexone is not registered for detoxification purposes in this country and as a result, is used for detoxification purposes in limited experimental conditions only.

The National Drug and Alcohol Research Centre found that for some young people the ‘normalisation’ of heroin use has been facilitated by it being mixed with tobacco and cannabis and then smoked. The fact that heroin can be smoked rather than injected circumvents the ‘needle barrier’ for some young people, allowing them to experiment with the drug. Many in the community do not perceive smoking heroin to be associated with risks of developing tolerance and dependency.

The Centre’s 1998 Illicit Drug Reporting System survey found that heroin use among injecting drug users was high in Adelaide, and particularly so in Melbourne and Sydney, where nine in 10 IDUs had used heroin in the six months preceding the survey. The frequency of heroin use among IDUs was higher in Sydney and Melbourne (six to seven days a week) than in Adelaide (about three days a week). There was also an increase in the number and types of heroin users in all States and Territories; of particular note is the increase in the number of young users and in the number of female users in Melbourne. In Adelaide concern was expressed about the impact of increasing heroin use among Indigenous and Vietnamese communities (NDARC 1998a).

The National Centre for Research into the Prevention of Drug Abuse reports that during the early 1990s many Perth-based users were using ‘home-bake’ heroin, which was often made in domestic kitchens using rudimentary and easily portable laboratory equipment. The use of home-bake is diminishing and is rarely heard of now at street level. Some older long-term users still use this method, usually within a small, stable market of like-minded

people. The decline in home-bake use has coincided with the increase in the street availability of high-grade white powder heroin, in a market previously characterised by a restricted supply of powder heroin of low purity and high cost. Users prefer to use the high-grade commodity.

The Alcohol and Drug Foundation in Queensland reports that the age of first-time heroin users in Brisbane and the Gold Coast is decreasing: people aged 14 years are experimenting with the drug. The Queensland Alcohol and Drug Service corroborates this, reporting ‘a perceptible decrease in the age of heroin users’ to 15, 16 and 17 years (Queensland University of Technology 1998). The National Drug and Alcohol Research Centre found that the age of first-time intravenous drug users in Sydney had decreased to 17 years (NDARC 1998a).

The Inner City AIDS Prevention Centre, in the Melbourne suburb of Collingwood, reported that during 1998 in inner Melbourne 90 per cent of illicit drug users used heroin as their primary drug; this compares with 63 per cent in 1995.

The Western Australia Police Service reported that the practice of mixing heroin with flunitrazepam (Rohypnol), other sedatives and alcohol is widespread.

Legislation

As a consequence of increases in the availability of heroin in Australia and the growing number of deaths attributed to heroin overdoses, the 32nd meeting of the Australasian Police Ministers Council in June 1998 determined that a National Heroin Supply Reduction Strategy be directed at providing persuasive and comprehensive reasons for legislative change. Such change would improve relations between relevant agencies, allowing better access to and use of information.

On 7 August 1998 the *Drug Misuse and Trafficking Amendment (Ongoing Dealing) Act 1998* was proclaimed in New South Wales. It makes provision for inclusion of new, indictable offence of ‘supplying prohibited drugs on an ongoing basis’ in the *Drug Misuse and Trafficking Act 1985*. Under the new section, a person will be guilty of an offence if they supply a prohibited drug (other than cannabis) for financial or material reward on three or more occasions during any period of 30 days. The maximum penalty is \$3500 or imprisonment for 20 years, or both.

The New South Wales Drug Summit

The New South Wales Drug Summit took place between 17 and 21 May 1999 at Parliament House in Sydney. Drug experts, families, representatives of interest groups, community leaders and politicians came together to examine existing approaches to the drug problem. As a result of the Summit, the reform of State drug laws and treatment policies is under review and more than \$100 million will be channelled into the education, health and court systems to help deal with the problem. Among other reforms are the proposed establishment of medically supervised injection facilities, a program encouraging doctors and pharmacists to assist with methadone programs, and strict new licensing rules for methadone clinics and other treatment facilities.

Licit opium production

Australia produces almost a quarter of the world's legal opium straw. Tasmania is the only Australian State in which opium poppies are legally grown. The industry is economically important: it continues to expand and is at the forefront of world opium poppy-related research and development.

Codeine and morphine are the primary products obtained from poppy straw. Small amounts of thebaine are also present, and growing demand for this substance has led to a focus on high thebaine-producing strains. The Tasmanian Department of Community and Health Services reports that many poppies now contain very high levels of thebaine, which increases morphine yields but has very different effects from those produced by morphine or codeine. If ingested, thebaine can cause life-threatening convulsions, extreme sensitivity to light, sound and touch, and rapid muscle tremors. Signs are posted around the crops, warning that consumption of this strain would result in death through poisoning. Approximately 25 per cent of Tasmania's poppy crops now have a high thebaine content. Expected production increases will continue to boost the industry during the 1999–2000 season.

Forty-seven thefts of poppy products were recorded in Tasmania during the 1998–99 season; of these, there were seven thefts of more than 500 'caps' (opium flower pods). A total of 66 013 caps were stolen, an increase on the 35 thefts totalling 28 930 caps in 1997–98. Whilst any leakage of opiate raw material is of concern, the industry is subject to constant review and in 1998–99 seven people were arrested and charged with 24 offences relating to thefts of poppy products (Tasmania Police 1999), moreover, this crop loss needs to be placed in a context that has seen the rapid expansion in the number of growers and the total hectares harvested.

Social and law enforcement concerns

The National Drug and Alcohol Research Centre made the following findings as a result of its 1998 Illicit Drug Reporting System survey:

There have been heightened concerns in Australia recently about the use of heroin and the harms associated with its use. These concerns have been motivated, at least in part, by evidence of a dramatic increase in the rate of fatal opiate overdoses in recent years and concern that this may reflect an increase in the prevalence of heroin use and dependence within the community. There is, however, relatively little evidence to support the conjecture that there has been an increase in heroin use. This lack is due in part to the difficulties associated with obtaining accurate estimates of the prevalence of behaviours which have a relatively low base-rate, are illegal and therefore liable to be

concealed. There is an increase in the willingness of young people to experiment with heroin and an increased availability of the drug. Additionally, there has been increased amounts of heroin being detected entering Australia and an increased demand for treatment of opiate dependence, suggesting that Australia is experiencing a rapid increase in the use of heroin, particularly among our youth. (NDARC 1998a)

The question of police intervention in drug markets remains a matter for debate in some quarters.

The University of New South Wales recently completed a detailed three-year study of the impact of street-level law enforcement of heroin use and distribution. It was concluded that crackdowns by uniformed police resulted in counter-productive effects, among them public health risks, threats to community safety (as a result of geographical, social and substance displacement) and harm to the relationship between the police and the community—in turn resulting in lowered police efficiency. Increasing attention by law enforcement authorities has forced users to leave public business areas and go to private and semi-private areas such as cars and abandoned houses. This dispersal of users and locations over a wider geographical area is spreading the problem further into the community.⁷ More members of the public are being exposed to discarded syringes, while emergency services are having greater difficulty getting to and dealing with overdose situations in isolated areas. Heroin is now available in neighbourhoods where it was previously hard to obtain and drug-related property offences have increased in those neighbourhoods (Dixon 1999).

Evidence has shown that law enforcement activity has a range of consequences on the actions and behaviour of illicit drug users. This was highlighted in 1999 by the New South Wales Bureau of Crime Statistics and Research who conducted a survey of 511 heroin users in central and south-western Sydney (Weatherburn et al. 1999). High proportions of those interviewed were involved in some form of illegal activity to raise money to buy heroin: involvement in drug sales, shoplifting and burglary was common. In relation to methadone maintenance treatment, respondents stated that drug law enforcement activity was an important factor in influencing their decision to enter treatment. The researchers found that police activity actually encouraged some users to seek treatment.

In Australia detoxification, drug treatment and incarceration for drug-related offences interrupt periods of daily heroin use. The proportion of users who achieve enduring abstinence from opioid drugs after any treatment episode is small, although the proportion who become abstinent gradually increases with age (NSW Bureau of Crime Statistics and Research 1996).

Heroin analysis and the Heroin Signature Program

The Australian Federal Police's Heroin Signature Program received funding of \$300 000 a year for three years as a part of the Commonwealth Government's 'Tough on Drugs' Strategy. The first year of the Program, where the emphasis was on further development of analytical methodologies and the establishment of a scientific drug intelligence team, was completed in June 1999. The drug intelligence team is a standing group of the Joint Drug Intelligence Team. Collection and analysis of heroin samples continued in 1999 and initial results of the Signature Program should be available early in 2000. Two meetings between the Australian Government Analytical Laboratories and the Joint Drug Intelligence Team were held in Sydney and Canberra in 1998 and another was planned for late 1999.

The Heroin Signature Program does not have funding to analyse heroin seizures at the State and Territory level. The Australian Federal Police is, however, willing to consider analysis of small samples provided by States and Territories seeking to target higher level distributors and potentially leading to multi-agency investigations.

The Program proposes to survey street-level heroin samples during a limited period of four months, starting in late 1999 or early 2000. In this way it is proposed to build a scientific picture of street samples during a 'window' in time. At the end of the collection phase all samples will be analysed by the Australian Forensic Drug Laboratory of the Australian Governmental Analytical Laboratories. The Program will achieve its full potential only if samples are received from all jurisdictions, but some financial, legal and security problems await resolution before the States and Territories are able to participate.

To facilitate international cooperation, samples from the 389.9 kilograms of heroin seized at Port Macquarie in October 1998 were sent to the US Drug Enforcement Administration laboratories for comparative analysis. Colombian police have also offered samples of locally produced heroin, and the Australian Federal Police sought permission from the Minister for Justice and Customs to import 100 grams of it for study under the Heroin Signature Program.

Health and drug law enforcement

The number of deaths caused by heroin-related overdoses in Australia continues to rise and is a serious concern. During 1997, the most recent year for which national data is available, there were 636 deaths attributable to opiate use. Of these, 86.4 per cent were persons dependant upon opiates. Dependent users in the 20–29 age group were at greatest risk of death from opiate use, whilst those aged between 30 and 39 years were most frequently represented as being at risk of opioid poisoning (that is, overdoses caused by self-administration).

A high number of hospital admissions related to opiate use and abuse were also recorded: 4154 people were admitted to hospital as a direct consequence of using opiates; this represents 37 per cent of the total number of people hospitalised for reasons associated with illicit drug use. Of the opiate-related admissions, people aged between 20 and 29 years were again the main group. In Victoria there were 268 heroin overdose deaths in 1998, an increase of 56 per cent on 1997. A major contributing factor to these overdoses would appear to be the degree of polydrug use: victims often have three or more different drugs in their body (ABCI 1999c). Non-fatal heroin overdoses are also common.

Most deaths attributable to heroin overdose occur in the company of other people, usually other users, and witnesses to fatal overdoses rarely call an ambulance or seek help, often because they fear police involvement. Almost one in five Australians who witnessed overdoses but did not call for an ambulance or seek other assistance stated that one reason for not doing so was their fear that the police would become involved. The most common reason for not seeking help was that the witness did not want to become involved; the next most common reason was victims' belief that they were capable of handling the overdose themselves. Research suggests that instant death following injection is rare: there are more cases where users have died more than three hours after injection.

Naloxone has become an important form of treatment for overdose victims. The hydrochloride (manufactured as Narcan) is an injectable narcotic antagonist that reverses the respiratory, sedation and hypertension effects of acute narcosis (National Centre for Research into the Prevention of Drug Abuse 1998). Dixon (1999) found that users are increasingly reluctant to carry injecting equipment for fear of detection. The result is that they are less likely to have access to clean equipment and more likely to engage in high-risk practices such as picking up used needles from the street.

In summary, the National Drug and Alcohol Research Centre (1998b) have identified four key factors associated with opioid overdose fatalities.

- Overdose fatalities are overwhelmingly male—males are over-represented even after allowing for the fact that more males use opioids than females.
- Overdose fatalities occur typically among older, more experienced users.
- Overdose fatalities overwhelmingly occur among long-term dependent users, rather than recreational users.
- The majority of opioid overdose deaths also involve use of other drugs, most commonly alcohol and benzodiazepines.

Crime

Heroin users who come to the attention of the legal system and drug treatment services typically engage in high rates of criminal activity such as drug dealing, robbery, burglary, forgery and shoplifting. The New South Wales Bureau of Crime Statistics and Research (1996) has reported that there is no doubt that heroin use and crime are associated but that there is disagreement about why they are associated. The interpretation most often favoured in public discussion is that heroin users commit property crimes to finance their heroin use. There are, however, two other possible explanations. One is that people who commit property crime are more likely to become dependent heroin users. The other is that crime and heroin use have common causes, such as multiple social disadvantages or a criminal subculture that encourages heroin use and crime.

Heroin sells in Cabramatta for between \$30 and \$50 a cap, most of this cost being in the nature of risk compensation for dealers. This may not seem to be a large amount of money, but for dependent heroin users it can mean having to find more than \$55 000 a year, to fund their addiction. When heroin users enter methadone treatment the amount of money they spend on heroin falls dramatically, as does the amount of crime they commit and the health risks associated with using heroin.

Research conducted by the National Drug and Alcohol Research Centre in 1998 revealed that 69 per cent of users interviewed in Cabramatta reported the onset of criminal behaviour before the onset of regular heroin use (NDARC 1998a). Indo-Chinese users (30 per cent of those interviewed) were less likely than users from other ethnic groups to report involvement in crime before the onset of heroin use. The study was, however, able to show a process of initiating or escalating involvement in acquisitive property crime following the onset of regular use. Regular heroin use tends to increase both the frequency of and the commitment to illegal activity, rather than to initiate involvement in criminal careers.

The Drug Use Monitoring in Australia Trial is producing further data on the association between drug use and crime (see Chapter 7).

Safe injecting rooms

A safe injecting room is a legally designated place where heroin injectors can inject in a relatively clean and safe environment (ABCI 1999a). Safe injecting rooms have been established in the Netherlands, Switzerland and Germany as a way of tackling the increasing levels of fatal heroin overdose, blood-borne diseases and public nuisance. There are, however, a range of political, social, cultural and legal differences between the European situation and that applying in Australia, and there is no suggestion that the model that has been adopted in Europe can simply be duplicated here. Some experts argue that, given the advantages and disadvantages of safe injecting rooms and on the basis of the available evidence, such facilities should be trialled in Australia and their effectiveness evaluated. In this way it would be possible to assess their value as a means of redressing the problems associated with illicit drug use.

Any decision to conduct a trial of safe injecting rooms can be expected to require changes in legislation and operational procedures and specific education for people responsible for law enforcement in the vicinity of the rooms. Safe injecting rooms would offer users access to basic health care and education services along with more intensive drug-treatment programs. Such establishments have been proposed for Melbourne, Sydney and Canberra. It is claimed that they would lower the death rate because users would be much more likely to be revived if they took a fatal overdose (Ferrari 1999).

Heroin-prescription trials

There has been much debate about the viability of prescribing heroin to dependent users and, in particular, about the desirability of undertaking a trial heroin-prescription program. Such a trial could involve supplying, under controlled conditions, measured heroin doses to dependent users, with the aim of stabilising their use and reducing the health risks involved in taking heroin. Some political leaders and senior law enforcement officers support the idea of a trial; others would prefer to see government resources directed into education initiatives and improved treatment methods (ABCI 1999a).

Responding to concern in many sectors of the Australian community, in 1997 the Commonwealth Government withdrew its support for a trial in the Australian Capital Territory although moves to initiate a trial have since been made again.

Conclusions

In 1998–99 the Golden Triangle experienced its third year of drought, causing the cost of opium production to double. The added cost was not passed on to Australasian markets, but was instead absorbed by the importers.

The drought, eradication measures and increased drug enforcement by Thai authorities along the border have affected the heroin trade in Burma, which is traditionally the source for most of the heroin imported into Australia. Although UN and US authorities' estimates differ, it can be said that Burma's production of opium fell further during 1998–99. Afghanistan has overtaken Burma as the world's largest producer of raw opium, but until now heroin from the Golden Crescent has gone mainly to Europe.

In Australia there appears to be growing acceptance of heroin use. The drug continues to be readily available, despite reports of temporary shortages in some major cities. Prices throughout the country have varied in the last 18 months, although in some major markets, such as Sydney, both wholesale and retail prices have tended to decline. There is no evidence that the economic instability in Asia affected the price of heroin from Southeast Asian source countries in 1998–99.

There is a reported increase in the practice of smoking heroin. A combination of users' anxiety about contracting hepatitis and HIV from intravenous injection and marketing ploys on the part of suppliers keen to attract a younger group of first-time users has led to this increase.

Indicators such as the results of the 1998 National Drug Strategy Household Survey suggest that there has been some increase in heroin use since 1995. The number of fatal overdoses has continued to rise, while the age of first use of heroin appears to be falling—children as young as 14 are reportedly using the drug.

Governments in Australia have endorsed new supply-reduction strategies. Increased resources for Commonwealth law enforcement agencies have enabled more effective targeting of heroin importers and produced some notable successes, such as the record seizure of 389.9 kilograms imported by sea. The number of seizures and arrests for heroin offences also rose across Australia in 1998–99, particularly in Victoria and New South Wales.

Outlook

The outcome of the fall in the Golden Triangle's opium production is difficult to predict. Much will depend on whether production recovers in future growing seasons. Meanwhile, demand in China will probably grow and consequential shortages may occur in Australia. Whether any shortfall will be made up by increased supplies from the Golden Crescent is uncertain. New networks would have to be established or some accommodation reached between syndicates from Southeast Asia and Southwest Asia.

Demand in Australia is still strong (and growing), so there will still be significant monetary incentives for syndicates to risk importing heroin from wherever they can.

Results from the National Heroin Signature Program, expected in 2000, will contribute to law enforcement's understanding of the heroin market.

Notes

- ¹ The possession and trafficking of amounts of heroin over 100 grams is punishable by death in Vietnam: 49 people were condemned to death in 1998.
- ² The Office of Strategic Crime Assessments reports that according to the Chinese Government, there are 10 000 registered cases of AIDS in China, out of an official estimate of 100 000 HIV-positive people in China. Other estimates put the figure at 300 000 HIV-positive residents.
- ³ One of the two non-commercial small craft was a transfer vessel to shore from a larger coastal freighter which actually transported the 389.9 kilograms of heroin.
- ⁴ If buyers are well known or loyal to particular suppliers, they may obtain a product that is purer than what is normally available.
- ⁵ The evidence is supported by research by the Gold Coast Drug Council and reported in the Mirikai annual service agreement report for 1998–99. In a study of 209 injecting drug users, 84 of them (or 40.19 per cent) stated that heroin (including polysubstance and other opioids) was their drug of choice.
- ⁶ A 12-month study at Sydney's Westmead Hospital revealed that 60 per cent of the 120 dependent heroin users treated with naltrexone were still abstaining six months after detoxification (*The Australian*, 12 August 1999).
- ⁷ 'Operation Puccini', which concluded its second year of activity in July 1998, highlighted this. The New South Wales Police Service claims that crime was significantly reduced in Cabramatta as heroin dealers moved out of the business centre to fortified apartments 1 kilometre away. The business district was made unwelcoming for dealers by police foot patrols, transit police on trains and closed-circuit television surveillance (*Sydney Morning Herald*, 20 July 1999).

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