

Brown heroin reignites drugs worry - 31 Jan 2009

OPINION: Robert Ali, 31 January 2009



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AS stories of a "heroin flood" in Australia again start sporadically to appear in the media, it is worth revisiting where heroin supply and use sits today in Australia and in the world generally.

Since around 2001 there have been dramatic declines in heroin overdose deaths in Australia. In the 1990s, tragically, three to four people were dying every day. While today's rate is a scarcely less tragic average of one death a day, things have been far worse. This welcome decline in deaths reflects law enforcement efforts in reducing supply, increased investment, and availability of treatment and innovative peer-based education work by users themselves.

At the same time we saw a steady decrease in the number of people using heroin, which was partially offset by a temporary rise in people using methamphetamines, including "ice". This was a phenomenon also seen globally. In fact methamphetamines are the most widely used illicit drug after cannabis, but there are still an estimated 15.6 million people who using opium-based drugs, with 11 million using heroin and more than half of them living in Asia.

So is there a heroin flood on the way to Australian streets?

First we need to look at what has been happening to reduce the supply of heroin. Over the years there have been substantial efforts to reduce the area that can be used for illegal crop production, particularly in the Golden Triangle of South East Asia, which has traditionally been the source for heroin in Australia and where we have seen significant reductions in poppy growing.

However, improvements in production techniques coupled with the breakdown of law and order in South West Asian areas now sees over 90 per cent of the world's heroin coming from Afghanistan. As a consequence, Australia is at risk of increasing quantities of Afghani brown heroin appearing on Australian streets.

What is difficult to know is whether the recent appearance of brown heroin on the streets of Australia is the start of a real and sustained rise in heroin supply, or -- as has happened a few times since 2001 -- just a small surge in heroin availability that then settles back to the somewhat lower levels. It is also difficult to know with certainty the origin of its supply.

Nevertheless, reports of increased heroin use and then possible increases in heroin addiction are a serious cause for concern.

Brown heroin is said by some users to be cheaper and of higher purity. It is also easy to smoke, causing concern that a new generation may be lured into believing it is safe to try as it doesn't involve injection.

Regrettably, international experience shows that with an increasing tolerance to the drug, there also comes a risk of transition to injecting -- with all the consequences that can arise from using needles.

If we look at the problem from a global perspective, then the threat that is causing the most concern is the risk

of HIV. There are now 128 countries that have detected HIV amongst injecting drug users. In fact one-third of all new HIV infections now occur outside of sub-Saharan Africa, and one third of these are due to injecting drug use.

Reports from some countries that 40 per cent or more of their injecting drug users are HIV positive are not uncommon. Australia has been spared from the HIV epidemic amongst injecting drug users through the early introduction of effective treatments for heroin addiction such as methadone and harm-reduction interventions such as the clean needle programs.

However, Australia needs to be ever vigilant and engaged with what is happening around us if the results of our good work over many years are going to be maintained into the future.

Regrettably, many of our neighbouring countries do not have the same privilege of working within a low HIV infection rate environment as that opportunity has passed. As a result, there is an urgent need to build their capacity to introduce effective HIV reduction and prevention programs for drug users, as well as providing safe and effective drug addiction treatments that are linked to HIV prevention, treatment and care.

This is an area in which Australia can provide assistance, given our high level of technical skills and expertise developed over the years. By doing this we may also potentially improve our border security by reducing the demand for these drugs, reduce the level of HIV infections in our region, and reduce the likelihood of these drugs being shipped to our country.

It will of course also reduce the risk of HIV infection for Australians travelling and working in the region. We have a great reservoir of professional ability in Australia in the areas of supply, demand and harm reduction programs. Now is the time to mobilise this expertise so that we can assist our neighbours in building their capacity to effectively address these problems.

Australia not only has a vested interest in doing this, but arguably also has a real obligation to share its expertise and assist.

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