



## Cocaine Use Among a Sample of Police Detainees

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*The use of cocaine in Australia, among both the general population and 'high-risk' groups, has traditionally been low. However, several indicators suggest that use of this drug has increased, especially among 'high-risk' groups during the recent heroin shortage. There have also been increases in the number of arrests related to cocaine over the past few years, which is a cause for concern.*

*This paper examines the use of cocaine among a group of individuals detained by police and interviewed for the AIC's Drug Use Monitoring in Australia (DUMA) program. The analysis shows that while most cocaine use occurs in DUMA's Sydney sites, use also occurs in other areas. Furthermore, cocaine users among this cohort are predominately multiple-drug users. In addition to cocaine, they are also likely to test positive to other drugs, especially heroin. Cocaine users are more likely to have had prior contact with the criminal justice system than non-cocaine users, and to report deriving an income from crime.*

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### When did cocaine first appear in Australia?

First imported into Australia in the late 1800s, cocaine was used not only as a local anaesthetic but also as a treatment for morphine and alcohol addiction, fatigue and depression (Hall & Hando 1993; Campbell 2001). Included in patent medicines and beverages, cocaine was used predominately by the middle class, women, and members of the medical profession during the nineteenth century (Manderson 1993). Throughout the 1920s and 1930s, Australia's per capita consumption of cocaine was the highest in the world (Hall & Hando 1993). The subsequent ban on selling cocaine without a prescription (during the 1920s) significantly reduced levels of use among the general population.

### Where does it come from and how does it get here?

All of the illicit cocaine found in Australia comes from South America (ACC 2003). Colombia, Peru and Bolivia are the largest sources and producers of cocaine, with Colombia producing more than 80 per cent of the world's cocaine in 2001–02 (ACC 2003). The two most significant transport routes from Colombia to Australia are through the north and south of South America. The main entry point into Australia, and the distribution centre, is Sydney, despite the fact that the two largest seizures by weight were detected in Western Australia and South Australia (ACC 2003). The number of cocaine detections in Australia have been on the increase since 1998 (ACC 2004). The most recent data from the Australian Customs Service show that the number of cocaine detections rose substantially between 2001–02 (100 detections) and 2002–03 (421 detections) (ACS 2003; ACC 2004). The most commonly detected route of importation is through the post,

ISSN 0817-8542

ISBN 0 642 53840 9

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For a complete list and the full text of the papers in the Trends & issues in crime and criminal justice series, visit the AIC web site at: <http://www.aic.gov.au>

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with parcels sent directly from source countries. However, these detections are usually of small quantities. Large commercial quantities of cocaine are typically detected in seafaring vessels (both commercial and non-commercial) as well as sea cargo (ACC 2003).

### Current purity and price of cocaine

Not all seized cocaine is subject to forensic analysis; thus purity figures are unrepresentative of all cocaine seized. According to the latest Illicit Drug Data Report (IDDR):

- median purity levels ranged between two per cent and 72 per cent in 2002–03; and
- this equated to a continued downward trend in median purity levels since 1997–98 (ACC 2004).

Purity levels can indicate substantial differences between the supply and demand for a drug. If the supply level cannot match the demand for a drug, then the drug may be 'cut' by diluting with other substances to increase the supply, therefore reducing the purity. Most drugs are cut after importation. Large differences, like that seen for cocaine, between the purity level at importation and street level may show a need by dealers to further cut the drug to increase domestic supply (ACC 2003). The latest Illicit Drug Reporting System (IDRS) report shows the price of cocaine has remained relatively stable within each jurisdiction over the past few years (Breen et al. 2004). Prices vary across states, ranging from \$200 per gram in New South Wales to \$300 in QLD. A 'cap' (0.25 grams) of cocaine was reportedly being sold in the Sydney area for \$50 (ACC 2004).

### How many people use cocaine?

Prevalence of cocaine use among the general population has remained low over a number of years. The 2001 National Drug Strategy Household Survey (n=26,744) reported a lifetime prevalence rate of 4.4 per cent (AIHW 2002a). Cocaine use in the past 12 months was reported as

one per cent, while 0.4 per cent of the sample had used cocaine in the past month (AIHW 2002a). The age breakdown shows that prevalence rates were highest among people in their twenties, with 10 per cent of respondents reporting lifetime use. Use of cocaine among secondary school students is reportedly rare. The most recent published data from the Australian Secondary Schools Alcohol and Drug Survey (White 2001) found that four per cent of all students surveyed had ever tried cocaine and one per cent had used cocaine in the past month or week. Results from the individual states mirrored the national trends. Approximately four per cent of students in Western Australia, South Australia and Queensland had tried cocaine (see Stanton et al. 2000; DASC 1999; DAO 2003). However, only one per cent of students in each state had used cocaine in the previous week.

Cocaine use among drug using populations, while low in comparison to other illicit drugs such as amphetamines and heroin, is higher than that reported in the general population. Several drug use indicators showed that following the heroin shortage in 2000/01 cocaine use increased, especially amongst high risk populations.

Data from the Australian Needle and Syringe Program Survey (MacDonald, Zhou & Breen 2002) found that:

- reporting in New South Wales of cocaine use, or the use of cocaine with another substance, increased from 2000 to 2001; and
- cocaine injection increased from three per cent in 2000 to 21 per cent in 2001.

The IDRS findings also saw an increase in the proportion of injecting drug users reporting use of cocaine in the preceding 6 months from 24 per cent in 2000 to 25 per cent in 2001. However, more recent results have shown that the increase in cocaine use has been relatively short lived with the proportion of injecting drug users reporting cocaine use dropping to 18 per cent in 2003 (Breen et al 2004). The IDRS results have continually shown the availability and use of cocaine to be low in most jurisdictions, especially outside of New South Wales. While Sydney appears to be the main market for cocaine the latest data from 2003 also showed that both the availability and use of cocaine had decreased in New South Wales (Breen et al. 2004).

Consistent with these sources, data from DUMA also showed an increase in cocaine use during 2001 and into 2002, with the number of police detainees testing positive to cocaine rising, however by the end of 2002 the proportion testing positive had dropped off (Makkai & McGregor 2003).

The proportion of substance users

### What is cocaine?

Derived from the coca leaf, cocaine is the most potent natural stimulant in the world (Campbell 2001). It exerts its effects by manipulating the normal function of the nervous system (Chesher 1993). Administration of the drug—either by snorting, injecting or smoking—creates an almost instant rush of euphoria and exhilaration. Users become energetic and talkative and, often experience an increase in their sex drive, coupled with a loss of inhibition (Campbell 2001). Adverse effects can also occur. For example, snorting can lead to the perforation of nasal membranes and loss of smell, while injecting cocaine can lead to the collapse or blockage of veins, ulcers and abscesses. Heavy cocaine users can also experience a number of psychological and social problems. This includes violent behaviour, depression, anxiety, psychosis and hallucinations (Campbell 2001). Due to the short duration of its effects, cocaine induces rapid psychological and physical dependence as well as tolerance. This dependence often leads to what is known as cocaine 'bingeing' where several high doses are used in succession over a number of hours. Bingeing can last up to two days or more and is usually followed by a 'crash' where users may consume other drugs, such as heroin, to alleviate the effects of coming down (Campbell 2001).

**Table 1: Self-reported and urinalysis results for cocaine use among detainees, 1999–2003 (%)**

	Adelaide		Brisbane		Elizabeth		Southport	Total
	Bankstown		East Perth		Parramatta			
Ever used	42	47	40	35	29	48	41	40
Used in past 12 months	10	23	10	12	4	21	12	13
Used in past 30 days	2	13	3	4	1	10	5	6
Tested positive	<1	8	<1	<1	<1	5	1	2
Total (n)	(838)	(1,157)	(1,300)	(2,371)	(830)	(1,134)	(1,880)	(9,510)

Note: Missing data are excluded from analysis  
 Source: Australian Institute of Criminology DUMA collection 1999–2003 [computer file]

participating in treatment principally for cocaine is very low. Both the Clients of Treatment Service Agencies (COTSA) census and the National Minimum Data Set on Alcohol and Treatment Services (NMDS-ATS) collect information on the main or principal drug of concern for participants. In the 2001 COTSA census (Shand & Mattick 2002) cocaine was included in the ‘other drug’ category, which only accounted for 1.4 per cent of substance users surveyed. The NMDS-ATS (AIHW 2002b) did categorise cocaine separately and found that 0.4 per cent of substance users’ principal drug of concern was cocaine. When broken down by jurisdiction, New South Wales had the highest level at 0.8 per cent.

While there appears to be a low proportion of substance users attending treatment primarily for cocaine abuse, a recent study found that in a group of substance users in treatment for heroin, 91 per cent had a lifetime history of cocaine use and 40 per cent reported using cocaine in the preceding month (Williamson et al. 2003). Thus, while rates of treatment for cocaine as the main drug of concern are low, the level of actual cocaine use may be higher among treatment groups.

### Characteristics of cocaine users

The apparent increase in the use of cocaine by injecting drug users in Sydney from 1996 to 1998 prompted further research into the prevalence, patterns and harms of cocaine use among drug users (Kaye, Darke & McKetin 2000).

Conducted in 1999–2000, the study of 188 illicit drug users in Sydney, of which 102 were injecting cocaine users (ICUs) and 35 were non-injecting cocaine users (NICUs), found that:

- of the total number of ICUs interviewed, 90 per cent were unemployed, compared to only nine per cent in the NICU group;
- none of the NICUs had a prison history, yet over half of the ICUs did; and
- ICUs were also significantly more likely to engage in sex work.

Despite the bias towards injecting drug users in the study, the description of injecting cocaine users mirrored the picture of the low socioeconomic cocaine user described in earlier works by Hando (1995a; 1995b) and Hall et al. (1991).

Another group of cocaine users has also been identified in prior research. This group consists of people who are better educated, of a higher socioeconomic

status, and more likely to administer cocaine intra-nasally (Hando 1995a; 1995b). Little is known about cocaine use in this group as they rarely come to the attention of law enforcement officials or health care workers.

### Arrest data

Trend data show an overall increase of 85 per cent: from 330 arrests in 1995–96 to 612 arrests in 2001–02 (ACC 2003; ABCI 2000). However, the latest IDDR found a significant decrease in the number of cocaine arrests in 2002–03 (ACC 2004). The majority of arrests were for consumer-related offences (that is, using) as opposed to dealing. Overall, cocaine-related offences accounted for only 0.3 per cent of all drug arrests in 2002–03 (ACC 2004). The majority of both consumer and provider arrests occurred in Sydney (see ABCI 2002; ACC 2003; ACC 2004). For the period 2002–03, 59 per cent of all cocaine arrests occurred within New South Wales (ACC 2004).

### Incarcerated offenders

The Drug Use Careers of Offenders study (Makkai & Payne 2003) surveyed 2,135 adult male prisoners in Queensland, Western Australia, Tasmania and the Northern Territory. The report found that 32 per cent of the total sample had used cocaine, while seven per cent were considered regular users of cocaine. Regular fraud offenders were more likely to have tried cocaine (58 per cent) and were also more likely to be current cocaine users (21 per cent) than any other group.

**Table 2: Sociodemographic profile of detainees by self-reported use in past 30 days, 1999–2003 (%)**

	Recent cocaine users	Non-cocaine users
Male*	81	84
Under 30 years of age*	68	57
Year 10 or less of education	46	49
No fixed address in past 30 days*	13	6

\* Pearsons chi-square p<0.05. N=9,498  
 Note: Multiple responses possible (columns will not sum to 100).  
 Missing data excluded from analysis  
 Source: Australian Institute of Criminology DUMA collection 1999–2003 [computer file]

Despite small numbers, homicide offenders were more likely to have used cocaine rather than heroin in the preceding six months prior to arrest. This trend was not found among any other offender type.

### What do we know about the links between cocaine and crime?

The relationship between drug use and criminal activity is complex. In general terms there is a belief that the rise in crime is associated with the rise in illicit drug use. Despite diverging views as to the degree of actual association, there is evidence both within Australia and internationally that illicit drug use can lead to an escalation in offending behaviour (Makkai 2002).

Specific research into the effect of cocaine use on the offending patterns of users is practically non-existent in Australia. While studies sometimes make reference to the prior criminal histories of users, most are predominately concerned with the prevalence of cocaine use in the sample. To date, almost all research into cocaine use in Australia has been among drug-using populations in Sydney. This has meant the characteristics of cocaine users in other jurisdictions remains relatively unknown. Furthermore, the effect of cocaine on criminal behaviour, and the extent of cocaine use among those involved in crime, are largely unknown. By analysing data on police detainees collected from the DUMA project, these issues can be explored further.

### Prevalence levels

A substantial proportion of detainees in the DUMA sample across each site self-reported lifetime use of cocaine (Table 1). Almost half of the sample from Bankstown (47 per cent) and Parramatta (48 per cent) had tried cocaine. Aggregated across sites, 40 per cent of the total sample self-reported trying cocaine at least once. Levels of reported use in the past 12 months are much lower, ranging from between four and 23 per cent, and they reduce even further for use in the previous 30 days. As with data from the IDRS

**Table 3: Forms of income in the past 30 days for detainees by self-reported use in past 30 days, 1999–2003 (%)**

	Recent cocaine users	Non-cocaine users
Full-time work *	18	25
Government/welfare benefit	71	68
Family or friends*	37	27
Sex work*	8	2
Shoplifting*	24	9
Drug dealing/other drug crimes*	30	11
Other illegal activities*	39	14

\* Pearsons chi-square  $p < 0.05$ .  $N = 9,406$

Note: Multiple responses possible (columns will not sum to 100).

Missing data excluded from analysis

Source: Australian Institute of Criminology DUMA collection 1999–2003 [computer file]

(Breen et al. 2004) the highest levels of cocaine use among detainees are in the Sydney sites. The levels of cocaine use in the past 30 days for police detainees in all sites is still substantially higher than the levels found in the general population (0.4 per cent), however they are still relatively low at six per cent.

Metabolites of cocaine can be detected two to three days after use, indicating very recent use (see Makkai 2000 for further details). The proportion of detainees in each site testing positive to cocaine was low, particularly outside of the NSW sites. Bankstown and Parramatta had the highest rates of positive urinalysis results (eight and five per cent respectively). All other sites recorded positive cocaine results under one per cent.

### Sociodemographic profiles of recent cocaine users

Tables 2 and 3 present the sociodemographic profile of recent cocaine users from the DUMA data—those who self-reported using cocaine in the past 30 days, compared to non-users of cocaine. Among the DUMA sample there were no significant differences in the level of educational attainment between recent cocaine users and non-cocaine users. There were, however, significant differences for gender, age, housing status and income in the past 30 days between

recent users and non-users.

Recent cocaine users were significantly more likely than non-users to be younger, to report having no fixed address in the past 30 days and to report income in the past 30 days from:

- sex work (eight per cent versus two per cent);
- shoplifting (24 per cent versus nine per cent);
- drug dealing/other drug crimes (30 per cent versus 11 per cent); and
- other illegal activities such as burglary, robbery and handling (39 per cent versus 14 per cent).

Female cocaine users were significantly more likely to report income from sex work than male cocaine users. There were no gender differences in the proportion reporting income from shoplifting, drug dealing or other illegal activities. Detainees who were recent cocaine users were also less likely to be in full-time employment compared to non-users. These data are consistent with prior profiles that show cocaine users are likely to be involved in the sex industry, unemployed and often homeless (Hando 1995a, 1995b).

### Other drug use

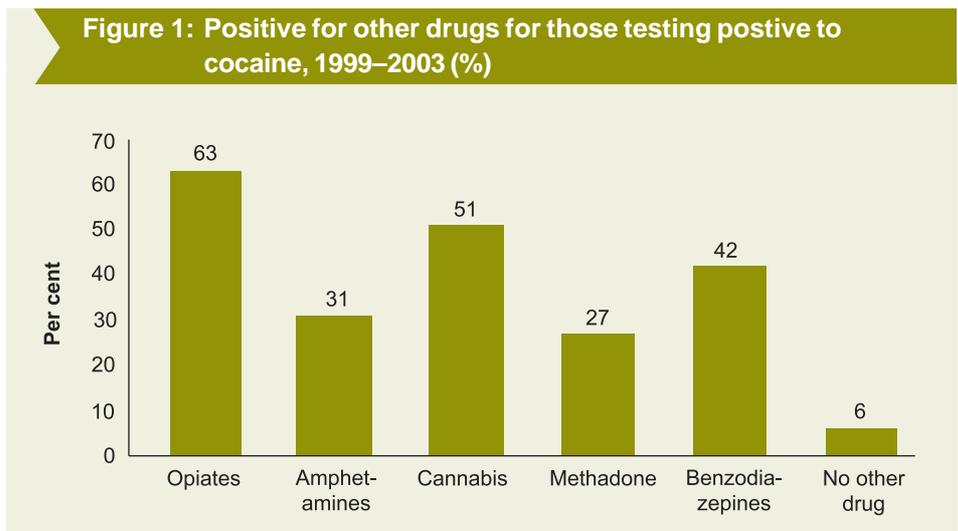
The vast majority of cocaine users in the DUMA sample are multiple-drug users. Figure 1 illustrates the extent to which

detainees who have tested positive to cocaine (n=172) also tested positive to other drugs. The majority (63 per cent) of detainees who tested positive to cocaine also tested positive to opiates. Positive tests for cannabis (51 per cent) and benzodiazepines (42 per cent) were also high. Only six per cent of those testing positive to cocaine did not test positive to anything else. Given the short half-life of most illegal drugs, it is possible that a substantial proportion of those who tested positive to cocaine used other drugs concurrently.

Self-reported drug use data is consistent with the urine positive data, with only eight per cent of recent cocaine users stating they had not used any other drugs (excluding cannabis) in the past 30 days. Recent cocaine users were significantly more likely than those who had not used cocaine in the past 30 days to use:

- amphetamines (62 per cent versus 33 per cent);
- heroin (55 per cent versus 18 per cent); and
- cannabis (77 per cent versus 58 per cent).

Both the urine and the self-report data are consistent with prior research into 'high-risk' groups, which suggests cocaine users in Australia are mainly multiple-drug users (Hall et al. 1991; Kaye, Darke & McKetin 2000). For instance, in the study by Hall and colleagues (1991) it was



Source: Australian Institute of Criminology DUMA collection 1999–2003 [computer file]

noted that those who had tried cocaine were distinguished by a history of experimentation with other illicit drugs. More recently a study into injecting cocaine users found extensive histories of multiple-drug use (Kaye, Darke & McKetin 2000). Cocaine users, at least among 'high-risk' groups such as police detainees, are not a unique group. Instead, the use of cocaine is an indication of heavy and varied illicit drug use.

### Cocaine use and self-reported criminal activity

Detainees who were recent cocaine users were significantly more likely than other illicit drug users and non-drug users to have been arrested in the past 12 months

(70 per cent) and to have spent time in prison for any offence in the past 12 months (31 per cent). Given that cocaine users are more likely to be multiple-drug users, it is not surprising to find they were significantly more likely to have spent time in prison in the past year for a drug offence (13 per cent) than other illicit drug users (six per cent) or non-drug users (one per cent).

Detainees were asked whether or not they had used any drugs, including medication, prior to their arrest. Recent cocaine users were significantly more likely to have used drugs prior to arrest (62 per cent) compared with illicit drug users (56 per cent). Of the recent cocaine users who had used an illicit drug, nine per cent reported using cocaine just prior to their arrest. Nineteen per cent of recent cocaine users reported looking to buy or sell drugs prior to their arrest, significantly higher than other illicit drug users (13 per cent). Cocaine users also tended to have higher rates of involvement in the sale and/or production of drugs, with 64 per cent stating they had been involved compared with 52 per cent for other drug users and 14 per cent for non-drug users.

### Conclusions

This overview indicates that recent self-reported cocaine use is low in the general population (0.4 per cent). Rates of use among secondary school children are also extremely low, with only four per cent

	Recent cocaine users	Recent other illicit drug users	Non-recent drug users
Arrested*	70	63	35
In prison*	31	25	10
Arrested for drug offence*	17	13	2
In prison for drug offence*	13	6	1
Mean number of arrests	3	2	1
Total (n)	(536)	(6,193)	(2,766)

\* Pearson's chi-square p<0.05. N=6,474  
 Note: Multiple responses possible (columns will not sum to 100).  
 Missing data excluded from analysis  
 Source: Australian Institute of Criminology DUMA collection 1999–2003 [computer file]

reporting lifetime use of cocaine. However, prior research into 'high-risk' groups has found much higher rates of lifetime and recent cocaine use than those seen in the general population. Increases in cocaine use were noted following the heroin shortage among injecting drug users and police detainees in Sydney (Breen et al. 2004; Makkai & McGregor 2003). Lifetime prevalence rates of cocaine use among incarcerated offenders are also relatively high (Makkai & Payne 2003). The evidence to date shows that cocaine use remains a larger issue in Sydney than other parts of Australia.

The current analysis of police detainees from the DUMA data provides further evidence that cocaine use among 'at-risk' groups is problematic. Recent cocaine users in the sample were likely to be younger, have no fixed address and be involved in generating income from illegal sources, such as shoplifting, drug dealing and other associated activities. Female cocaine users were also likely to report income from sex work. Recent cocaine users were predominately multiple-drug users. Their self-reported drug use mirrored this picture with only eight per cent stating they had not used any other illicit drug in the past 30 days (excluding cannabis).

Given the high level of multiple-drug use among recent cocaine users, it was not surprising to find that they reported more prior contact with the criminal justice system, as well as involvement in income-generating crime. It is the issue of multiple-drug use that creates difficulties for both law enforcement and health care workers, as cocaine users that come to their attention are likely to be involved in other

drug use and this needs to be taken into consideration. It also presents difficulties for illicit drug use research, as it is almost impossible to distinguish between the effects of specific drugs on crime. What this paper has shown is that cocaine use among police detainees is an indicator of heavy and varied illicit drug use, which in itself is associated with high levels of involvement in criminal activity.

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