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AUSTRALIAN DRUG TRENDS 2007
Findings from the Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 1

AUSTRALIAN DRUG TRENDS 2007

FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS)

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TABLE OF CONTENTS

LIST OF TABLES ..... **XXII**
LIST OF FIGURES ..... **XXIV**
ACKNOWLEDGEMENTS ..... **XXVII**
ABBREVIATIONS ..... **XXIX**
GLOSSARY OF TERMS ..... **XXXI**
Guide to days of use/injection xxxi
EXECUTIVE SUMMARY ..... **XXXII**
1.0 INTRODUCTION **1**
1.1 Study aims 2
2.0 METHOD **3**
2.1 Survey of people who regularly inject drugs (injecting drug users) 3
2.2 Survey of key experts 4
2.3 Other indicators 6
2.4 Data analysis 6
2.5 Methodological considerations 7
3.0 RESULTS **8**
3.1 Overview of the injecting drug user participant sample 8
3.2 Drug use history and current drug use 13
4.0 HEROIN **28**
4.1 Use 28
4.2 Price 31
4.3 Availability 34
4.4 Purity 36
4.5 Jurisdictional trends for heroin 41
4.6 Summary of heroin trends 47
5.0 METHAMPHETAMINE **48**
5.1 Use 49
5.2 Price 57
5.3 Availability 60
5.4 Purity 65
5.5 Jurisdictional trends for methamphetamine 68
5.6 Summary of methamphetamine trends 77
6.0 COCAINE **78**
6.1 Use 78
6.2 Price 82
6.3 Availability 83
6.4 Purity 85
6.5 Jurisdictional trends for cocaine 89
6.6 Summary of cocaine trends 93
7.0 CANNABIS **94**
7.1 Use 94

7.2 Price 98
7.3 Availability....99
7.4 Potency....102
7.5 Jurisdictional trends for cannabis 104
7.6 Summary of cannabis trends 109

8.0 OTHER OPIOIDS 110

8.1 Use of methadone....112
8.2 Use of buprenorphine 118
8.3 Use of buprenorphine-naloxone....123
8.4 Use of morphine 126
8.5 Use of oxycodone 131
8.6 Use of other opioids (not elsewhere specified) 133
8.7 Jurisdictional trends for other opioids 135
8.8 Summary of other opioid trends....145

9.0 OTHER DRUGS.... 147

9.1 Ecstasy and related drugs....147
9.2 Hallucinogens 147
9.3 Benzodiazepines....147
9.4 Pharmaceutical stimulants 151
9.5 Inhalants 152
9.6 Alcohol and tobacco....152
9.7 Summary of other drugs 154

10.0 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE.... 155

10.1 Overdose and drug-related fatalities 155
10.2 Drug treatment....160
10.3 Hospital admissions....165
10.4 Injecting risk behaviours....167
10.5 Mental health problems and psychological distress 174
10.6 Driving risk behaviour....177
10.7 Summary of health-related trends....180

11.0 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE.... 182

11.1 Reports of criminal activity....182
11.2 Reports of police activity towards IDU participants 183
11.3 Arrests....183
11.4 Expenditure on illicit drugs 188
11.5 Experiences with drug detection 'sniffer' dogs 188
11.6 Summary of law enforcement-related trends....190

12.0 IMPLICATIONS AND RECOMMENDATIONS....191

REFERENCES 196

APPENDICES....205

Appendix A: Heroin price, availability and perceived purity, 2006 205
Appendix B: Methamphetamine price, availability and perceived purity, 2006 208
Appendix C: Cocaine price, availability and perceived purity, 2006....214
Appendix D: Cannabis price, availability and perceived potency, 2006....217
Appendix E: Cannabis availability, purchasing patterns and perceived potency among participants who did not differentiate between hydroponic and bush cannabis, 2007 221

LIST OF TABLES

Table 1: Estimated availability, purity and median price of heroin, by jurisdiction, 2006-2007 .xxxv
Table 2: Estimated availability, purity and median price of methamphetamine, by jurisdiction, 2006-2007 xxxvii
Table 3: Estimated availability, purity and median price of cocaine, by jurisdiction, 2006-2007 xxxviii
Table 4: Estimated availability, purity and median price of cannabis, by jurisdiction, 2006-2007 xxxix
Table 5: Demographic characteristics of the national sample, 2000-2007.....9
Table 6: Demographic characteristics of the national sample, by jurisdiction, 2006-2007 11
Table 7: Main sources of needles and syringes in the preceding six months, 2007.....12
Table 8: Previous participation in the IDRS and EDRS and source of participant recruitment, by jurisdiction, 2007 13
Table 9: Drug first injected and age at first injection, by jurisdiction, 2007 13
Table 10: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2007 15
Table 11: Drug use history of the national sample, 2007 19
Table 12: Forms of drugs used in the preceding six months, by jurisdiction, 2007 22
Table 13: Forms of drugs *most often* used in the preceding six months, *among those who had used any form*, by jurisdiction, 2007 24
Table 14: Drugs used the day before interview, by jurisdiction, 2007.....27
Table 15: Heroin use patterns, by jurisdiction, 2000-2007.....29
Table 16: Price of heroin, by jurisdiction, 2007 32
Table 17: Availability and purchasing patterns of heroin, by jurisdiction, 2007 35
Table 18: Perceived purity of heroin, by jurisdiction, 2007 37
Table 19: Recent use of amphetamine liquid, 2007.....54
Table 20: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2007 55
Table 21: Price of methamphetamine, by jurisdiction, 2007.....59
Table 22: Availability of methamphetamine powder, by jurisdiction, 2007 60
Table 23: Availability of methamphetamine base, by jurisdiction, 2007 60
Table 24: Availability of crystalline methamphetamine, by jurisdiction, 2007 61
Table 25: Methamphetamine powder purchasing patterns, by jurisdiction, 2007 62
Table 26: Methamphetamine base purchasing patterns, by jurisdiction, 2007.....62
Table 27: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2007 63
Table 28: Perceived purity of methamphetamine powder, by jurisdiction, 2007 66
Table 29: Perceived purity of methamphetamine base, by jurisdiction, 2007 66
Table 30: Perceived purity of crystalline methamphetamine, by jurisdiction, 2007 67
Table 31: Price of cocaine, by jurisdiction, 2007 83
Table 32: Availability and purchasing patterns of cocaine, by jurisdiction, 2007 84
Table 33: Perceived purity of cocaine, by jurisdiction, 2007.....86
Table 34: Median purity of cocaine seizures, by jurisdiction, 1999/00-2005/06.....88
Table 35: Median price of cannabis and price changes, by jurisdiction, 2007.....99
Table 36: Availability of hydroponic cannabis, by jurisdiction, 2007 100
Table 37: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2007.....100
Table 38: Hydroponic cannabis purchasing patterns, by jurisdiction, 2007 101
Table 39: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2007.....101
Table 40: Perceived potency of hydroponic cannabis, by jurisdiction, 2007.....103
Table 41: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2007 103
Table 42: Mapping IDRS findings onto the work of Larance et al. (submitted) 112

Table 43: Median days injected licitly and illicitly obtained methadone liquid and Physeptone among those who injected, by jurisdiction, 2006-2007 117
Table 44: Median days injected licitly and illicitly obtained buprenorphine among those who injected, by jurisdiction, 2007 123
Table 45: Morphine use patterns, by jurisdiction, 2007 128
Table 46: Oxycodone use patterns, by jurisdiction, 2006-2007 133
Table 47: Main benzodiazepine type used in the six months preceding interview, 2007 150
Table 48: Median days used and injected benzodiazepines (any form) in the last six months, among those who used/injected, by jurisdiction, 2003-2007 151
Table 49: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2007 ... 152
Table 50: Patterns of alcohol and tobacco use in the preceding six months, 2007 153
Table 51: Proportion of recent heroin users reporting heroin overdose in the year preceding interview, by jurisdiction, 2000-2007 156
Table 52: Number of opioid deaths among those aged 15-54, by jurisdiction, 1988-2005 157
Table 53: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2007 ... 162
Table 54: Sharing needles and injecting equipment in last month, by jurisdiction, 2007 168
Table 55: Location of last injection, by jurisdiction, 2007 172
Table 56: Proportion of injection-related issues in last month, 2007 173
Table 57: Injection-related issues due to benzodiazepine, methadone, buprenorphine, and morphine among those reporting injecting these drugs in last month, 2007 174
Table 58: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2007 175
Table 59: K10 scores by jurisdiction (method used in ABS National Health Survey), 2007 177
Table 60: Driving behaviour by jurisdiction, 2007 178
Table 61: Random breath testing among those who had driven a car in the preceding six months, by jurisdiction, 2007 179
Table 62: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2007 182
Table 63: Perceptions of police activity towards participants, 2007 183
Table 64: Expenditure on illicit drugs on the day preceding interview, by jurisdiction, 2007 188
Table 65: Experiences of police drug detection dogs, 2007 188

LIST OF FIGURES

Figure 1: Drug of choice, 2000-2007 16
Figure 2: Drug injected most often in the month preceding interview, 2000-2007 16
Figure 3: Drug use among the national sample in the six months preceding interview, 2007 18
Figure 4: Proportion of heroin users who reported daily use, by jurisdiction, 1997-2007 30
Figure 5: Median price per gram of heroin, by jurisdiction, 1996-2007 33
Figure 6: Weight and number of detections of heroin made at the border by the Australian Customs Service, financial years 1997/98-2006/07 36
Figure 7: Participant reports of current heroin purity among those able to comment, 2000-200737
Figure 8: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 1999-2006 38
Figure 9: Number of state/territory police heroin seizures analysed, by jurisdiction, 1999-2006 .39
Figure 10: Median purity of heroin seizures analysed by AFP in NSW 1999-2006 40
Figure 11: Number of AFP heroin seizures analysed in NSW, 1999-2006 40
Figure 12: Recent use of methamphetamine (any form), by jurisdiction, 2000-2007 50
Figure 13: Recent use of methamphetamine powder (speed), by jurisdiction, 2000-2007 51
Figure 14: Recent use of methamphetamine base, by jurisdiction, 2001-2007 52
Figure 15: Recent use of crystalline methamphetamine (ice/crystal), by jurisdiction, 2000-2007 .53
Figure 16: Proportion of participants who used methamphetamine and reported ice/crystal as the form most used in the past six months, by jurisdiction, 2001-2007 54
Figure 17: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2000-2007 56
Figure 18: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2006 57
Figure 19: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs Service, financial years 1997/98-2006/07 64
Figure 20: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, financial years 1997/98-2006/07 64
Figure 21: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2007 65
Figure 22: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2007 65
Figure 23: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 1999-2006 68
Figure 24: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2007 78
Figure 25: Proportion of participants who reported recent cocaine use in the past six months, by jurisdiction, 1997-2007 80
Figure 26: Median days of cocaine use among participants who had used cocaine in the past six months, by jurisdiction, 2000-2007 81
Figure 27: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, financial years 1997/98-2006/07 85
Figure 28: Participant reports of current purity of cocaine among those who commented, 2000-2007 86
Figure 29: Participant reports of changes in purity of cocaine among those who commented, 2001-2007 87
Figure 30: Recent use of cannabis, by jurisdiction, 2000-2007 96
Figure 31: Median days of cannabis use among those who had used cannabis in the past six months, by jurisdiction, 2000-2007 97
Figure 32: Price of an ounce of cannabis (hydroponic from 2003 onwards), by jurisdiction, 1997-2007 98

Figure 33: Weight and number of detections of cannabis made at the border by the Australian Customs Service, financial years 1997/98-2006/07 102
Figure 34: Recent (last six months) injection of methadone (any form), by jurisdiction, 2000-2007 114
Figure 35: Recent (last six months) injection of licitly and illicitly obtained methadone liquid, by jurisdiction, 2006-2007 115
Figure 36: Recent (last six months) injection of licitly and illicitly obtained Physeptone tablets, by jurisdiction, 2006-2007 116
Figure 37: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2006 118
Figure 38: Recent (last six months) use of licitly and illicitly obtained buprenorphine, by jurisdiction, 2006-2007 119
Figure 39: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2006-2007 120
Figure 40: Recent (last six months) injection of licitly and illicitly obtained buprenorphine, by jurisdiction, 2006-2007 122
Figure 41: Recent (last six months) use of licitly and illicitly obtained buprenorphine-naloxone, by jurisdiction, 2007 125
Figure 42: Recent use of morphine (any form), by jurisdiction, 2001-2007 127
Figure 43: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and morphine as the last drug injected, 2000-2006 130
Figure 44: Recent use of licit and illicit oxycodone, by jurisdiction, 2006-2007 132
Figure 45: Recent use and injection of other opioids (not elsewhere specified), by jurisdiction, 2007 134
Figure 46: Patterns of benzodiazepine use and injection, 2007 148
Figure 47: Use and injection of benzodiazepines (any form) in the preceding six months, by jurisdiction, 2007 148
Figure 48: Recent injection of benzodiazepines (any form), by jurisdiction, 2000-2007 149
Figure 49: Proportion of recent heroin users who reported heroin overdose, 2000-2007 155
Figure 50: Number of accidental deaths due to opioids among those aged 15-54 years, Australia, 1988-2005 157
Figure 51: Rate of accidental deaths due to opioids per million persons aged 15-54 years, Australia, 1988-2005 158
Figure 52: Rates of opioid overdose per million persons aged 15-54, by jurisdiction, 1999-2005 158
Figure 53: National opioid substitution treatment client numbers by financial year, 1986-2006. 161
Figure 54: OST client numbers by financial year 1997-2006, by jurisdiction 161
Figure 55: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2005/06* 163
Figure 56: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2005/06 163
Figure 57: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2005/06 164
Figure 58: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2005/06 165
Figure 59: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06 166
Figure 60: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06 166
Figure 61: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06 167
Figure 62: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2007 168

Figure 63: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2000-2007 169
Figure 64: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2000-2007 169
Figure 65: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 1999-2007....170
Figure 66: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2007 171
Figure 67: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2006 171
Figure 68: Self-reported criminal activity in the month preceding interview, 2000-2007 183
Figure 69: Proportion reporting having been arrested in the preceding 12 months, 2000-2007 .184
Figure 70: Total number of heroin and other opioids consumer and provider arrests, 1995/96-2005/06....185
Figure 71: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2005/06 186
Figure 72: Amphetamine-type stimulants: Consumer and provider arrests, 1999/00-2005/06...186
Figure 73: Total number of cocaine consumer and provider arrests, 1996/97-2005/06....187
Figure 74: Number of cannabis and all drug consumer and provider arrests, 1998/99-2005/06 187

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
AGDHA	Australian Government Department of Health and Ageing
ADHD	Attention Deficit Hyperactivity Disorder
ADIS	Alcohol and Drug Information Service
ATS	Amphetamine-Type Stimulants
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
BBVI	Blood-borne viral infections
Bup.	Buprenorphine
CRUFAD	Clinical Research Unit for Anxiety and Depression
DASSA	Drug and Alcohol Service South Australia
EDRS	Ecstasy and Related Drugs Reporting System (formerly the Party Drug Initiative, or PDI)
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
Hydro	Hydroponically grown cannabis
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s); also known as people who inject drugs (PWID). See *Method* section for further details
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see *Method* section for further details
MDMA	3,4-methylenedioxymethamphetamine
MERIT	Magistrates Early Referral Into Treatment
MSIC	Medically Supervised Injecting Centre
MSM	Methylsulfonylmethane
N	(or n) Number of participants
NEC	Not elsewhere classified
NCHECR	National Centre in HIV and Epidemiology Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NNDSS	National Notifiable Diseases Surveillance System
NSP(s)	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
Pharm. Stim.	Pharmaceutical stimulants
Prescr.	Prescribed
PDI	Party Drug Initiative (former name of the Ecstasy and Related Drugs Reporting System, or EDRS)
PWID	Person/people who inject(s) drugs; also known as injecting drug users (IDU)

QLD	Queensland
QPS	Queensland Police Service
RAH	Royal Adelaide Hospital
SA	South Australia
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Halfweight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner.
Indicator data	Sources of secondary data used in the IDRS (see *Method* section for further details).
Injecting drug user(s)	Also referred to as IDU; persons who inject drugs (PWID). In the context of the IDRS, refers to persons participating in the Injecting Drug User Survey component of the IDRS (see *Method* section for further details).
Key expert(s)	Also referred to as KE; persons participating in the Key Expert Survey component of the IDRS (see *Method* section for further details).
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner.
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing
Participant	In the context of this report, refers to persons who participated in the injecting drug user survey (does not refer to Key Expert participants unless stated otherwise)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing
Use	Use via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

*As appropriate

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with a sentinel group of people who regularly inject drugs (PWID; also known as injecting drug users; IDU[1]), conducted in the capital cities of Australia; interviews with key experts (KE), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs. *Australian Drug Trends 2007* draws largely on the IDU Survey and indicator data components of the IDRS, while key expert data are relied upon to provide contextual information within jurisdictions. As such, this information is reported more fully in the individual state/territory reports, to which the reader is also referred.

The IDRS monitors the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine and cannabis. It is designed to be sensitive to trends, providing data in a timely manner, rather than describing issues in detail. It is important to note that the information from the IDU participants is not representative of illicit drug use in the general population nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring. Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction, where new drug trends are likely to emerge.

Key findings from the 2007 IDRS

1. In 2007, there appeared to be some recovery of the heroin market compared to 2006, 2006 being a year when some of the lowest levels of heroin use were recorded since the national data collection commenced in 2000. In 2007, the prevalence of heroin use increased or remained stable, while the frequency of use among users increased in most states and territories. Heroin remained 'easy' or 'very easy' to obtain except in Tasmania (TAS) and the Northern Territory (the NT) where availability has traditionally been low, and the prices per cap and per gram of heroin remained mostly stable. Heroin purity was reported to be 'low' by the majority of participants, although substantially more participants reported the purity as 'medium' this year as compared to 2006. There was no indication of a return to levels reported prior to the heroin shortage of 2001. Heroin used by participants was typically white/off-white in colour although the use of brown coloured heroin was also noted. The use of homebake heroin in the sample remained largely uncommon outside Western Australia (WA).

2. Methamphetamine is used by many demographic groups, including people who regularly inject drugs, as interviewed in the IDRS. Substantial proportions of IDRS participants continued to use all three of the most common forms of methamphetamine (speed powder, base and ice/crystal), although some declines in use were noted compared to 2006. This was particularly notable in relation to the crystalline form, with proportions reporting recent use of ice/crystal decreasing to varying extents in almost all jurisdictions, despite continued ready availability and prices having generally remained stable. Patterns of use among users remained sporadic and low rates of daily use were reported relative to heroin in most jurisdictions. Reports of ice/crystal purity were more varied than in 2006, although the majority of users continued to report it as 'high'. Some KE reports suggested that low purity methamphetamine was in some instances being sold as ice/crystal, possibly indicating that it was base or speed and potentially including crystalline adulterants, although further information on the extent of this practice is required.

[1] The term 'participants' is used throughout the report to refer to the IDRS IDU participant sample. Participants completing the key expert survey are referred to as KEs, or key experts (see *Glossary*).

Proportions reporting use of 'speed' (methamphetamine powder) tended to have remained stable or had decreased, while frequency of use increased among users in most jurisdictions. Patterns of base use declined to varying extents except in New South Wales (NSW) and the Australian Capital Territory (the ACT) where it remained stable, and frequency of use remained sporadic. As with ice/crystal, prices for base and speed powder methamphetamine remained fairly stable, with some variations within and across jurisdictions. Overall, as in 2006, all three forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain, although few people were able to comment on base, indicating less use/lower availability in many jurisdictions compared to the powder and crystalline forms. Of the three forms, ice/crystal was most often reported to be of 'high' purity; base 'medium' and speed powder was commonly reported to be 'low' or 'medium'.

The proportion of participants in the national sample who nominated methamphetamine as their drug of choice remained stable, with most participants stating heroin was their preferred drug. The decrease in use of methamphetamine among this group therefore may be partly linked to the changes observed in the heroin market, although other factors may have played a part. For example, purity levels and (as suggested by some KE) potential stigma associated with ice/crystal, may also have played a role. Stigma associated with ice/crystal has been anecdotally suggested as having increased but has not been empirically tested as a factor. Regardless, while decreases have been noted, there remains a market for methamphetamine among this group, with polydrug use remaining the norm. Overall, these figures continue to reflect the changing nature of the methamphetamine market in Australia.

3. Findings for cocaine were broadly similar to those reported in 2006. As in previous years (2003-2006), the prevalence of recent cocaine use was substantially higher in NSW than in all other jurisdictions and only small numbers were able to comment on the price, purity and availability of cocaine outside of NSW. The price of a cap of cocaine has remained stable in NSW since 2004. Cocaine was considered 'easy' or 'very easy' to obtain in NSW, and the majority reported availability as stable in the preceding six months.

4. The cannabis market also remained stable, and the use of cannabis was common in all jurisdictions. Hydroponically grown cannabis continued to dominate the market, although recent use of outdoor cultivated (bush) cannabis was also common. Hydroponic and bush cannabis were considered to be 'very easy' or 'easy' to obtain and prices for both forms remained generally stable. The use of hashish (hash) and hash oil was noted in all jurisdictions, and was substantially less common than for the other forms. The potency of hydroponic cannabis was generally perceived as 'high' and bush cannabis to be 'medium'.

5. In the context of continued low heroin purity relative to pre-shortage levels, many participants reported using a broad range of drugs, including illicitly obtained benzodiazepines and other opioids such as morphine, buprenorphine, methadone and oxycodone. In 2007, morphine remained the most commonly injected pharmaceutical, with the use and injection of oxycodone in particular also noted. Typically, the frequency of use of these drugs remained sporadic. As in previous years, participants also reported experiencing injection-related harms that they attributed to injection of these drug types. The extra-medical use of pharmaceutical opioids remains a considerable area of discussion and debate.

Demographic characteristics of the national IDU sample

Nine hundred and nine participants were recruited to the IDU Survey component of the 2007 IDRS. The mean age of the national sample has increased over time and in 2007 was 35.8 years (SD 8.9; range 16-60) and 66% were male. The vast majority of the sample spoke English as their main language at home (94%), and 11% identified as being of Aboriginal and/or Torres Strait

Islander descent. Eight-seven percent identified as heterosexual and about two-thirds of the sample currently resided in their own house or flat (including renting). Half (51%) of the national sample reported that they had previously been imprisoned. The sample had completed a mean of 10 years of schooling and about half (48%) had completed courses after school. Just over three-quarters of the sample were currently unemployed. Two-fifths (43%) of the participants were currently in some form of drug treatment, predominantly methadone, followed by buprenorphine maintenance treatment. Four percent of the sample reported that their main source of income was from sex work.

Patterns of drug use among the IDU participant sample

The mean age of first injection was 19 years. Of the national sample, 47% reported that an amphetamine (including methamphetamine) was the first drug injected, whereas 41% had first injected heroin and 6% morphine. Smaller proportions had first injected other drugs such as cocaine.

At a national level, there was virtually no change in participant reports of their drug of choice compared to 2006. Heroin was nominated by approximately half (52%) of the national sample as their drug of choice, followed by methamphetamine (21%), morphine (10%) and cannabis (6%). These preferences were reflected in the drug last injected and the drug injected most often in the last month categories in the national sample (i.e. heroin was most commonly reported, followed by methamphetamine and morphine; cannabis typically being non-injectable). This represented a change from 2006 when methamphetamine was most commonly reported as the last drug injected. There were differences at the jurisdictional level, however, reflecting differences in drug markets and use patterns around the country. For example, methamphetamine was the drug last injected by the largest proportion of participants in TAS (38%) and Queensland (QLD; 34%), while heroin and methamphetamine were equally as commonly reported in the ACT (39% and 38%, respectively) and South Australia (SA; 36% and 33%, respectively). Heroin remained the drug most likely to have last been injected in Victoria (VIC; 60%) and NSW (56%), and was also last injected by substantial proportions in all jurisdictions except the NT (no reports) and TAS (<1%). In the NT, the drug most likely to have last been injected was morphine (29%), and substantial minorities of participants in TAS (19%), SA (20%) and QLD (29%) also reported last injecting morphine. A notable proportion of participants in TAS had last injected methadone (29%), although this had decreased from 2006 (39%). NSW recorded the highest proportion reporting having last injected cocaine (15%).

The drug injected most often in the last month broadly followed the same pattern. Thirty-six percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine (26%), representing a change from 2006 when methamphetamine was most commonly reported for the first time.

Almost half (46%) of the 2007 national sample reported injecting daily in the month preceding interview, with frequency highest in NSW and VIC (60% each). As in previous years of the IDRS, the majority of participants were polydrug users. There was little difference in the extent of polydrug use across jurisdictions, i.e. the overall number of different drugs used; however, there were some distinct jurisdictional differences in the types of drugs used.

Heroin

Use

Prevalence of heroin use increased or remained stable among IDU participants across jurisdictions, and increases in the frequency of use were seen in all states/territories with established heroin markets, with the exception of QLD where frequency of use declined among users (median 28 days in 2007). Heroin use remained most common in NSW (88%) and VIC

(85%) and substantially less common in TAS (5%) and the NT (7%). Despite reports of increased use, there was no suggestion of a return to levels of use reported prior to the 2001 heroin shortage. Heroin used by participants was typically white/off-white in colour, with 'rock' and 'powder' forms both noted. The use of brown coloured heroin was also reported, a finding that requires further research. The use of homebake heroin in the sample remained largely uncommon outside WA.

Price, perceived purity and availability

Participant reports of heroin price, purity and availability information are summarised in Table 1. Few participants in the NT and TAS, jurisdictions where heroin has traditionally been difficult to obtain, were able to comment on these market characteristics.

Table 1: Estimated availability, purity and median price of heroin, by jurisdiction, 2006-2007

	Median price $ per gram		Median price $ per cap		Availability# 2007	Purity+ 2007
	2006	2007	2006	2007		
NSW	300	300	50	50	Easy or very easy, stable	Low or medium, stable
ACT	340^	300	50	50	Easy or very easy, stable	Medium or low, stable
VIC	350	350	40	50	Easy or very easy, stable	Low or medium, stable to increasing
TAS	-	-	-	50^	*Low numbers reporting (n=1), indicative of low availability*	*Low numbers reporting (n=3)*
SA	400^	390^	50	100	Very easy or easy, stable	Low or medium, stable
WA	550	650^	50^	50^	Easy, stable to more difficult	Low and decreasing
NT	600^	150^	50^	50^	Difficult or very difficult, stable^	Low and mixed reports^
QLD	400	400	50	50	Easy or very easy, stable	Low and decreasing

Source: IDRS IDU participant interviews

+ objective seizure analysis data were unavailable at the time of publication. The electronic version of this report will be updated online at www.ndarc.med.unsw.edu.au when they become available. Participants were asked 'How pure is heroin at the moment?' and 'Has this changed in the last six months?'

participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'

^ reports based on small numbers (n<10), interpret with caution

Note: Dashes represent no purchases.

Health and law enforcement-related trends associated with heroin use are discussed under the relevant sections below.

Methamphetamine

The IDRS distinguishes between methamphetamine powder ('speed'), methamphetamine base, and crystal methamphetamine ('ice' or 'crystal').

Use

In 2007, 21% of participants nominated methamphetamine as their drug of choice, a figure which has remained stable over the past several years. Nationally, recent use of any form of methamphetamine decreased minimally compared to 2006 (74% in 2007; 79% in 2006), while frequency of use among users has remained stable (median 24 days in 2007). There have, however, been some fluctuations across jurisdictions. Proportions reporting use of any form of

methamphetamine are higher than in 2000 with the exception of the NT where use has declined slightly. Frequency of methamphetamine use among users (any form) was highest in WA (median 73 days) and lowest in the NT (median eight days).

Recent use of speed varied by jurisdiction and remained stable or decreased in all jurisdictions except TAS and QLD, where it increased. VIC, TAS, WA and QLD had the highest levels of recent speed use (between 60-65%) and NSW the lowest (35%). Frequency of use among users increased in most jurisdictions and was lowest in the NT (median five days) and highest in WA (median 24 days).

Patterns of recent base use declined to varying extents in the majority of jurisdictions, the exceptions being NSW and the ACT where it remained stable. TAS and QLD recorded the highest level of recent base use in 2007 (48% each) and VIC the lowest (8%). Frequency of use remained relatively sporadic (approximately fortnightly or less often).

In 2007, participant reports of recent ice/crystal use indicated that use by this group had decreased in all jurisdictions except the NT where it remained stable. Recent use of ice/crystal remained highest in ACT (80%) and lowest in the NT (29%). One-third of recent ice/crystal users had smoked the drug in the preceding six months. Frequency of use among those who had used remained relatively sporadic at approximately weekly or less often, with the exception of WA (median 24 days, or once per week).

Price, perceived purity, availability and trends associated with use

Participant reports of methamphetamine price, purity and availability are shown in Table 2. Health and law enforcement-related trends associated with methamphetamine use are discussed under the relevant sections below.

Cocaine

Use

The recent use of cocaine remained most common among IDU participants in NSW (63%), with proportions elsewhere reporting use in the preceding six months remaining at less than 25%. The most notable changes were slight increases in the ACT (from 8% to 18%), WA (from 10% to 16%) and QLD (from 9% to 15%), and a decrease in TAS (from 12% to 5%). The frequency of cocaine use among users remained low and sporadic (on average 1.5 to four days in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine use among those who had used remained stable at 20 days, i.e. just less than once per week.

Price, perceived purity, availability and trends associated with use

Reports of cocaine price, purity and availability were provided by very small numbers of respondents in all jurisdictions except NSW, where substantially larger numbers were able to comment. This in itself is an indication of limited cocaine use in the sample surveyed by the IDRS and may reflect smaller or more hidden markets. Only in NSW has there been a sufficient number of purchases of cocaine to allow price comparisons across the years to be considered without caution, and only the jurisdictions where 10 or more respondents commented have been presented in the summary table (Table 3).

Health and law enforcement-related trends associated with cocaine use are discussed under the relevant sections below.

Table 2: Estimated availability, purity and median price of methamphetamine, by jurisdiction, 2006-2007

	Median price ($) per gram of powder		Median price ($) per point of base and ice/crystal				Availability# 2007	Purity+ 2007
			Base		Ice/crystal			
	2006 (point)	2007 (point)	2006	2007	2006	2007		
NSW	100 (50)	65^ (50)	50	50	50	50	Powder: very easy/easy and stable Base & ice/crystal: easy/very easy and stable	Powder: medium/low and stable Base: medium and stable Ice/crystal: high/mixed reports and decreasing/stable
ACT	175^ (50)	235 (50)	50	50	50	50	Powder & ice/crystal: very easy/easy and stable Base: easy/very easy and stable	Powder: low/medium and decreasing Base: high/medium and decreasing/stable Ice/crystal: medium/high and decreasing
VIC	200 (35)	200 (50)	50^	-	50	50	Powder: easy and stable Base: *low numbers reporting (n=1), indicative of low availability* Ice/crystal: mixed reports and stable	Powder: low and mixed reports Base: *low numbers reporting (n=1), indicative of low availability* Ice/crystal: high and stable
TAS	300^ (50)	300^ (50)	50	50	50	50	Powder & ice/crystal: easy/very easy and stable Base: easy and stable	Powder: low and fluctuating Base: medium or high and fluctuating Ice/crystal: high and fluctuating
SA	150^ (50)	175^ (50)	50	50	50	50	Powder: very easy and stable Base & ice/crystal: easy/very easy and stable	Powder: medium and fluctuating Base: medium/high and fluctuating Ice/crystal: high and mixed reports
WA	300 (50)	400^ (50)	50	50^	50	50	Powder & ice/crystal: easy/very easy and stable Base: mixed reports and stable	Powder: low and decreasing Base: high and stable or fluctuating Ice/crystal: high/medium and decreasing/stable
NT	250 (60)	300 (50)	60	50^	90	100	Powder & base: easy and stable Ice/crystal: mixed reports, stable	Powder: low and stable Base: medium and stable Ice/crystal: high and stable
QLD	200 (50)	200 (50)	50	50	50	50	Powder & base: very easy/easy and stable Ice/crystal: easy/very easy and stable	Powder: medium and decreasing/fluctuating Base: Low/fluctuates and fluctuating Ice/crystal: high and stable

Source: IDRS IDU participant interviews

+ objective seizure analysis data were unavailable at the time of publication. The electronic version of this report will be updated online at www.ndarc.med.unsw.edu.au when they become available. Participants were asked 'How pure is (speed/base/ice/crystal) at the moment?' and 'Has this changed in the last six months?'

participants were asked 'How easy is it to get at the moment?' and 'Has this changed in the last six months?'

^ reports based on small numbers (n<10), interpret with caution

Note: Dashes represent no purchases.

Table 3: Estimated availability, purity and median price of cocaine, by jurisdiction, 2006-2007

	Median price $ per gram		Median price $ per cap		Availability# 2007	Purity+ 2007
	2006	2007	2006	2007		
NSW	300	300	50	50	Easy and stable	Medium and stable
ACT	-	325^	-	55^	Difficult and stable	High/medium and stable
QLD	-	350^	50^	75^	Difficult and stable	Medium/low and stable

Source: IDRS IDU participant interviews

+ objective seizure analysis data were unavailable at the time of publication. The electronic version of this report will be updated online at www.ndarc.med.unsw.edu.au when they become available. Participants were asked 'How pure is heroin at the moment?' and 'Has this changed in the last six months?'

participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'

^ reports based on small numbers (n<10), interpret with caution

Note: Dashes represent no purchases.

Cannabis

Use

As in all previous years of the IDRS, cannabis use was commonly reported by IDU participants, and hydroponic cannabis continued to dominate the market with the majority in all jurisdictions reporting it as the form most used. The use of outdoor crop or bush cannabis in the six months preceding interview was also common (from 42% in NSW to 70% in TAS) while the use of hashish (4% in TAS to 22% in SA) and hash oil (1% in TAS to 11% in SA) in the preceding six months was also reported in all jurisdictions.

Price, perceived potency, availability and trends associated with use

IDU participant reports of cannabis price, potency and availability are shown in Table 4. Health and law enforcement-related trends associated with cannabis use are discussed under the relevant sections below.

Table 4: Estimated availability, purity and median price of cannabis, by jurisdiction, 2006-2007

	Median price $ per gram				Median price $ per ounce				Availability# 2007	Potency+ 2007
	Hydro		Bush		Hydro		Bush			
	2006	2007	2006	2007	2006	2007	2006	2007		
NSW	20	20	20^	20	285	290	200^	200	Hydro: very easy and stable Bush: mixed reports and stable	Hydro: high and stable Bush: medium and stable
ACT	20	20	15	20	300	300	190	240	Hydro: easy/very easy and stable Bush: easy and stable	Hydro: high and stable Bush: medium and stable
VIC	20	20	10^	20	200	240	-	240^	Hydro: very easy and stable Bush: mixed reports and stable	Hydro: high and stable Bush: medium and stable
TAS	25	25	15^	25	250	250	170	200^	Hydro: very easy and stable Bush: very easy/easy and stable	Hydro: high and stable Bush: medium and stable
SA	25^*	25*	25^*	25*	200	200^	160^	180^	Hydro: very easy and stable Bush: easy/mixed reports and stable	Hydro: high and stable Bush: medium and stable
WA	25	22.50^	25^	10^	280	300^	200	225^	Hydro: easy/very easy and stable Bush: very easy and stable	Hydro: high and stable Bush: medium and stable
NT	30	30	25^	30	300	350	200^	200^	Hydro: very easy/mixed reports and more difficult/stable Bush: difficult and stable	Hydro: high and stable Bush: medium and stable
QLD	25	25	20^	20	290	300	250^	200	Hydro: easy/very easy and stable Bush: mixed reports and stable	Hydro: high and stable Bush: medium and stable

Source: IDRS IDU participant interviews

+ objective seizure analysis data were unavailable at the time of publication. The electronic version of this report will be updated online at www.ndarc.med.unsw.edu.au when they become available. Participants were asked 'How pure is (hydro/bush) at the moment?' and 'Has this changed in the last six months?'

participants were asked 'How easy is it to get at the moment?' and 'Has this changed in the last six months?'

^ Reports based on small numbers (n<10), interpret with caution

* Approximately 2.5 grams

Note: Dashes represent no purchases.

Other opioids

The IDRS monitors the extra medical (non-prescribed; illicit) use of opioid medications as these have been associated with a range of public health concerns, including toxicity, mortality and, where injected, injection-related problems such as vein damage and infections. With regard to opioid substitution treatment (OST; i.e. methadone, buprenorphine and buprenorphine-naloxone), it is imperative to note that screening of participants ensured that those sampled had all been active in the illicit drug markets of the area and thus that they were able to provide meaningful data on market indicators. Therefore, although a proportion of those sampled in 2007 were engaged in such treatment at the time of interview, responses presented are not representative of clients in drug treatment. The use of pharmaceutical opioids in ways other than as prescribed is currently an area of considerable debate and readers are encouraged to acquaint themselves with the literature before drawing conclusions or making policy decisions with regard to the prescription of pharmaceutical opioids.

Twenty-five percent of the IDU sample reported the use of illicitly obtained methadone liquid in the six months preceding interview, and 13% of the national sample reported recent use of illicitly obtained methadone tablets (Physeptone). As with many other drugs, substantial variations existed in the use of these opioids. TAS reported the highest rate of recent methadone injection (69%) and VIC the lowest (11%). Nationally, illicitly obtained methadone was injected on a median of seven days compared to 48 days for licit methadone. Findings represent little change from 2006.

Fifteen percent of the national sample reported use of licitly obtained buprenorphine in the six months preceding interview and 18% reported use of illicitly obtained buprenorphine. These represent slight decreases compared to 2006. Seven percent of the national sample reported recent injection of licitly obtained buprenorphine on a median of 30 days and 16% reported injection of illicitly obtained buprenorphine on a median of eight days.

Nationally, 7% of the national sample reported using licitly obtained buprenorphine-naloxone and 8% used illicitly obtained buprenorphine-naloxone in the preceding six months. Small numbers (2% and 6% of the national sample respectively) reported injection of licitly and illicitly obtained buprenorphine-naloxone on a median of six and two days respectively.

Morphine remained the most commonly injected pharmaceutical opioid in the national sample (50% in 2007) and the proportion of participants reporting recent (last six months) morphine use remained stable compared to 2006. However, jurisdictional variations and changes were observed. The use of morphine remained highest in TAS (68%) and the NT (82%), jurisdictions where heroin has traditionally not been freely available, and opioids such as methadone and morphine have dominated the illicit markets.

Three percent of the national sample reported the recent injection of licitly obtained oxycodone and 25% reported the recent injection of illicitly obtained oxycodone. Overall, frequency of injection among those who had recently injected was low at approximately monthly.

Other drugs

As in 2006, use and injection of illicitly obtained pharmaceutical stimulants in the preceding six months was most common in WA, TAS and the ACT (Table 49). Among recent pharmaceutical users in each of these three jurisdictions, the majority reported having injected them (WA 67%; TAS

84%; the ACT 90%). While approximately one-third of participants in WA, TAS and the ACT had used (and one-fifth to one-quarter had injected), frequency of use in the past six months remained low across all jurisdictions.

Consistent with previous years, two-thirds (66%) of the national sample had recently used benzodiazepines on a median of 48 days – approximately twice per week – in the six months preceding interview. Benzodiazepines were typically used orally, with recent benzodiazepine injection reported by 11% of the sample, although this figure was higher in TAS (33%) and the NT (38%). The median frequency of injection was six days, i.e. approximately once per month.

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (68%), recent use (i.e. in the preceding six months) remained fairly low, with less than one-tenth (8%) reporting use in the six months preceding interview. Similarly, one-third of participants had used inhalants in the past but a very low proportion (6%) had used them in the last six months. A fairly large proportion of participants (64%) had used ecstasy in the past, and although approximately one-quarter had used it in the preceding six months (23%), frequency of use by users was sporadic (median three days).

Three-fifths of the sample reported having drunk alcohol in the preceding six months, with those who had consumed alcohol having done so on an average of one day per week. Ten percent of the national sample reported daily use of alcohol (15% of users). Recent injection of alcohol was not reported.

As in previous years, tobacco was widely used among the 2007 sample, with 94% having used it in the preceding six months. The vast majority of participants (91%) were daily smokers.

Health-related trends

Overdose

Approximately one-tenth of IDRS participants had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in NSW and QLD, where, worryingly, 15% of recent heroin users reported having overdosed in the preceding twelve months. Morphine overdose in the past year was reported by 4% of recent users. Just over one-fifth of the national IDRS sample had witnessed another person's overdose in the preceding year, with the highest proportions reported in NSW (32%), the ACT (29%) and VIC (28%). These overdoses were commonly reported to be primarily attributable to heroin (72%). Participants in TAS and the NT who had witnessed an overdose more commonly attributed them to the use of pharmaceutical opioids.

The most recent national figures for fatal opioid overdose in Australia were from 2005; at this time opioid overdose figures had remained relatively stable since 2001. Substantially fewer deaths in Australia were attributable to use of methamphetamine or cocaine during 2005.

Drug treatment

In Australia, indicator data on the total number of clients registered in OST remained relatively stable between 2002 and 2006. The majority of clients were being prescribed methadone, followed by

buprenorphine. This pattern was also reflected among IDRS participants who reported current treatment.

The proportions of clients of treatment services reporting amphetamines, cocaine or cannabis as their primary drug of concern remained relatively unchanged between 2004/05 and 2005/06. There was a slight downward trend in the proportions reporting heroin as their principal drug of concern in the majority of jurisdictions over this time.

Hospital separations

The number of opioid-related hospital separations remained stable between 2003/04 and 2004/05, the most recent data available at the time of publication. As with most indicator data reflecting harms related to opioids, figures remained substantially lower than those reported prior to the 2001 heroin shortage. Separations related to opioid use were higher than for methamphetamine at the national level, and figures for the latter remained relatively stable or decreased between 2003/04 and 2004/05 in most jurisdictions. Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Figures were highest, and increased, in NSW in 2004/05. Cannabis-related separations have steadily increased over time, but remained relatively stable between 2003/04 and 2004/05.

Injecting risk behaviours

Receptive sharing ('borrowing') of needles/syringes was reported by 10% of participants in the month preceding interview, typically on one or two occasions, and usually after a partner or close friend. Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common (37%) – a slight increase from 2006 (33%) – but remained lower than previously (e.g. 51% in 2000). Sterile needles and syringes were predominantly obtained from needle and syringe programs (NSPs), although a range of other sources were also used. In Australia, hepatitis C (HCV) continued to be more commonly notified than hepatitis B (HBV). The prevalence of human immunodeficiency virus (HIV) among injecting drug users in Australia has also remained stable at relatively low rates over the past decade, with HCV more commonly reported.

The majority of IDRS participants reported last injecting in a private location (71%), with approximately one-quarter (24%) reporting that they had last injected in a public location such as on the street, in a car or in a public toilet. Just over two-thirds (70%) of the IDRS sample reported experiencing an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

Mental health problems

Forty percent of the IDRS sample self-reported that they had experienced a mental health problem in the preceding six months, most commonly depression (64% of respondents) and/or anxiety (39%). The majority (82%) of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (51%; 17% of the entire sample) and/or antipsychotics (31%; 10% of the entire sample). Higher levels of psychological distress as measured by the K10 were reported than among the Australian general population, with 28% reporting 'high' distress (this compares to 9% in the general population) and 28% reporting 'very high' distress (this compares to 4% of the general

population; Australian Bureau of Statistics, 2006). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance (Australian Bureau of Statistics, 2006).

Driving risk behaviour

Driving under the influence of alcohol was reported by one-quarter of participants who had driven in the preceding six months. Just over 80% reported driving under the influence of an illicit drug during that time, just over half of whom (53%) believed that it had had no impact on their driving. One-quarter (25%) felt that it had been 'slightly impaired', 5% 'quite impaired', 13% 'slightly improved' and 3% felt that it had 'quite improved' their driving. One-third of those who had driven a car reported having been random breath tested in the preceding six months, of whom 11% were over the legal alcohol limit. A small proportion reported being saliva drug tested (3% of those who had driven), of whom 11% (n=7) had tested positive for cannabis and 11% (n=7) had tested positive for amphetamines. A number of issues have also been identified in relation to saliva drug testing (e.g. the effects of tolerance; the reliability of saliva drug testing) and should be borne in mind.

Law enforcement-related trends

Self-reported criminal activity

Participant reports of criminal activity remained stable compared to previous years, with two-fifths of the national sample reporting engagement in criminal behaviour in the preceding month. The most common types of crime committed were still drug dealing and property crime. Perceptions of police activity were mixed and also remained similar to previous years, usually that it had either remained stable or increased. Approximately one-fifth of the sample reported that police activity had made it more difficult to obtain illicit drugs. Among participants who had spent money on illicit drugs on the day before interview (63%), the median expenditure was $70.

Arrests

Two fifths of the 2007 sample reported having been arrested in the preceding 12 months. The most recent indicator data available on consumer and provider arrests were for the financial year 2005/06. These data indicated that there had been a decline in those reported for heroin and other opioids between 2004/05 and 2005/06, continuing a downward trend since 1998/99. In contrast, the number of arrests for amphetamine-type stimulants (including phenethylamines such as MDMA) increased over the most recent four years of data available. Cocaine arrests declined slightly in NSW and remained low and stable elsewhere. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.

Drug detection 'sniffer' dogs

Nationally, just over one-quarter (28%) of participants had seen a drug-detection dog in the preceding six months, although substantial jurisdictional variations were noted. Just over one-quarter (28%) of those who had seen a dog reported having been searched due to a positive notification, the majority of whom had not been found to be in possession of illicit drugs.

Implications

A number of implications can be identified from the findings of the 2007 IDRS. These include (but are not limited to):

- continued dissemination to users of the potential risks for heroin overdose;
- wider implementation of effective interventions for those experiencing problems with psychostimulant use;
- skills training for frontline workers dealing with psychostimulant users;
- expansion of services for those wishing to cease or reduce cannabis use;
- continued flexibility in harm reduction efforts, including responses to the injection of pharmaceutical preparations and alkaline heroin, as appropriate; and
- increased/continued awareness of mental health issues.

These and others are discussed in greater detail in the *Implications and Recommendations* section.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug system funded by the Australian Government Department of Health and Ageing (AGDHA). The IDRS has been conducted in all states and territories of Australia since 2000. The purpose of the IDRS is to provide a coordinated approach to monitoring the use of illicit drugs – in particular, heroin, methamphetamine, cocaine and cannabis. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS is designed to be sensitive to trends, providing data in a timely manner, rather than to describe issues in detail. Therefore the IDRS can provide direction for more detailed data collection on specific issues.

The IDRS is based on the work of Grant Wardlaw (Wardlaw, 2008). The complete methodology consists of three components: interviews with people who regularly inject drugs (PWID)[2]; interviews with key experts (KE), people who, through the nature of their work, have regular contact with illicit drug users or knowledge of drug trends; and an examination of existing indicator data sources related to illicit drug use, such as opioid overdose data, treatment data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are compared against each other in order to minimise the biases and weaknesses inherent in each one, and to ensure valid emerging trends are documented.

The complete IDRS – i.e. interviews with PWID, KE interviews and collation of indicator data – was trialled in New South Wales (NSW) in 1996, and was expanded to include South Australia (SA) and Victoria (VIC) in 1997. In 1999, the complete IDRS was conducted in the same three jurisdictions, while a 'core' IDRS, consisting of KE interviews and examination of existing indicator data sources, was conducted in all other jurisdictions. From 2000, the complete IDRS was conducted in all jurisdictions. This advance has provided eight years in which standardised, directly comparable data relating to illicit drug use and markets were collected in all jurisdictions. The *Australian Drug Trends 2007* report presents these findings.

Jurisdictional differences

To provide a greater understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC) via the NDARC website: www.ndarc.med.unsw.edu.au. These reports can provide richer data and context around trends in each state/territory, particularly through their incorporation of KE comments and indicator data not available at a national level; NSW (Sindicich & Degenhardt, 2008), the Australian Capital Territory (the ACT) (Campbell & Degenhardt, 2008), VIC (Quinn, 2008), Tasmania (TAS) (de Graaff & Bruno, 2008), SA (White et al., 2008), Western Australia (WA) (Fetherston & Lenton, 2008), the Northern Territory (the NT) (Moon, 2008) and Queensland (QLD) (Richardson & Kinner, 2008).

Ecstasy and related drug use

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among people who regularly inject drugs, it cannot provide information on drug use and harms among all groups of drug users. The Ecstasy and Related Drugs Reporting System (EDRS), which has been funded in every jurisdiction in Australia since 2003, has

[2] Also referred to as injecting drug users, or IDU.

documented patterns and trends in use among regular ecstasy users (Dunn et al., 2007). The EDRS adopts the same methodology as the IDRS, and results are reported elsewhere (see www.ndarc.med.unsw.edu.au for further details). Various other research projects, ongoing and otherwise, also contribute to the body of knowledge and understanding of the public health issues associated with illicit drug use, including the Annual Needle and Syringe Program (NSP) Survey (National Centre in HIV Epidemiology and Clinical Research, 2007).

1.1 Study aims

The primary aims of the 2007 national IDRS were:

1. to document the price, purity, availability and patterns of use of the four main illicit drug classes in this country, primarily focusing on heroin, methamphetamine, cocaine and cannabis;
2. to document risks and harms associated with drug use; and
3. to detect and document emerging drug trends of national significance that require further and more detailed investigation.

2.0 METHOD

The 2007 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA (Hando et al., 1997b; Hando et al., 1998). In 2007, in all Australian jurisdictions, drug trends were monitored through a triangulation of three data sources. In each jurisdiction, data collection consisted of:

1. a quantitative survey of people who inject drugs (injecting drug users; IDU);
2. a semi-structured interview with key experts (KE) who worked with illicit drug users; and
3. analyses of indicator data sources related to illicit drug use.

These data were used to provide an indication of emerging trends in drug use and illicit drug markets. Comparisons of data sources were used to determine convergent validity of illicit drug trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the IDU participant and/or trends suggested by indicator data.

Comparable methodology was followed in each site for individual components of the IDRS. Any differences in methodology have been highlighted. Further information on methodology in each jurisdiction in 2007 can be found in the jurisdictional *Drug Trends 2007* reports, available from the NDARC website.

2.1 Survey of people who regularly inject drugs (injecting drug users)

A total of 909 people who inject drugs (injecting drug users; IDU) were interviewed in 2007. Research has continually demonstrated that patterns of extensive polydrug use are the norm among Australian IDU (McKetin et al., 2000). As such, they can be considered an appropriate 'sentinel' population of drug users who provide information on drug use patterns and trends. The information from the IDU participant survey is not representative of illicit drug use in the general population, nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring.

The 909 IDU who participated in the 2007 IDRS were interviewed between June and August, 2007. The sample sizes in each jurisdiction were: NSW, n=153; VIC, n=150; ACT, n=101; TAS, n=100; SA, n=100; WA, n=80; NT, n=106 and QLD, n=119. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, IDU participants needed to be at least 16 years of age (due to ethical requirements), to have injected at least monthly during the six months preceding interview, and to have been a resident for at least 12 months in the capital city in which they were interviewed. Participants were recruited using multiple methods, including advertisements in street press, newspapers, treatment agencies, needle and syringe programs (NSP) and peer referral. Participants were interviewed in locations convenient to them, such as NSP, treatment agencies, public parks, coffee shops and hotels. The recruitment remained consistent with the methodology used in previous years.

The interview schedule was administered to participants by research staff in all jurisdictions. Interviews took approximately 30 to 50 minutes to complete. Participants in all jurisdictions were

reimbursed up to $30 for their time and expenses incurred. Informed consent to participate was obtained prior to interview. All participants were assured that all information they provided would remain confidential and anonymous.

The structured interview schedule administered to participants was similar to that administered in the 2006 IDRS (O'Brien et al., 2007), which was based on previous NDARC studies of heroin and amphetamine users (Darke et al., 1992; Darke et al., 1994). Survey items included: demographics, drug use history, market characteristics (including price, perceived purity and perceived availability) of the main drugs investigated by the IDRS, health-related trends associated with drug use (including injection-related harms, risk behaviours, overdose and mental health) and law enforcement-related harms associated with drug use (including recent criminal activity and perceptions of police activity). In 2007, amendments were made to the questionnaire in an attempt to collect more detailed information on experience of psychological distress as measured by the K-10, developed by Kessler and colleagues (2002), use of the newly listed pharmacotherapy buprenorphine-naloxone (Suboxone), and driving under the influence of drugs/alcohol.

Each jurisdiction obtained ethics approval to conduct the study from the appropriate Ethics Committees in their jurisdiction.

2.2 Survey of key experts

A total of 270 KE were interviewed, either by telephone or in person, between June and early October 2007. Criteria for entry to the KE component of the IDRS were at least weekly contact with illicit drug users in the six months preceding interview, or contact with at least 10 illicit drug users during the same timeframe. Some law enforcement personnel were interviewed who did not have regular contact with illicit drug users, but they were able to supply information about drug importation, manufacture and/or dealing.

Participants in the KE component had either participated in the IDRS in previous years, or were referred by colleagues, supervisors or former KE. They were screened for eligibility prior to interview. The purpose and methodology of the IDRS were described to KE prior to interview, and they were given the opportunity to obtain more information about the study before deciding whether to participate.

The numbers of KE recruited in each jurisdiction were: NSW, n=50; QLD, n=57; TAS, n=31; SA, n=28; VIC, n=55; WA, n=19; ACT, n=21; and the NT, n=9. KE included nurses, drug dealers, staff of drug treatment agencies, residential rehabs and therapeutic communities (e.g. counsellors, psychologists, clinical nurses, drug treatment workers, general health workers), outreach workers, hospital emergency department staff, NSP staff, researchers, forensic scientists, user representatives, law enforcement agencies, Magistrates Early Referral Into Treatment (MERIT) workers, legal agencies, youth services, mental health professionals, paramedics, youth workers, and general/community health agencies.

As in previous years, the majority of KE recruited were most knowledgeable about heroin/opioids or methamphetamine/amphetamines, and it was very difficult to find KE who were able to talk about cocaine, reflecting the differences in use and presentations to services. The number of KE recruited by drug type that they mainly focused on were:

- NSW: 17 KE focused on heroin, 15 on methamphetamine, 13 on cannabis and five on cocaine use or supply;
- The ACT: seven KE focused on heroin, seven focused on methamphetamine, five on cannabis, one on other opioids (morphine) and one on cannabis and ice/crystal methamphetamine;
- VIC: 37 KE commented mainly on heroin, five on methamphetamine, two on cannabis, two on opioids (buprenorphine), one on steroids, one on benzodiazepines and seven did not focus on a particular drug.
- TAS: 12 KE focused on methamphetamine, 10 on cannabis, five on other opioids (methadone), two on other opioids (morphine) and two on groups of users who regularly consumed different opioids dependent on availability.
- SA: 15 KE focused on methamphetamine, four on heroin and other opioids, one on cannabis, two on methamphetamine and cannabis, one on heroin and methamphetamine, and five did not focus on a particular drug.
- WA: 10 focused on methamphetamine, six on cannabis and three focused on other opioids.
- The NT: five KEs focused on other opioids (morphine), four on methamphetamine/ amphetamines and four on cannabis.
- QLD: 21 mainly commented on methamphetamine/amphetamines; 11 on other opioids (morphine and oxycodone); 10 on heroin; nine on opioid replacement treatments (methadone, buprenorphine and/or buprenorphine-naloxone); one on cannabis, one on cocaine, three on alcohol and one on inhalants (paint).

KE interviews took approximately 45 minutes to administer. The 2007 KE interview schedule was very similar to KE interviews administered in previous years, which were based on previous NDARC research for the World Health Organisation (WHO) (Hando et al., 1997a). The interview schedule was a semi-structured instrument that included sections on: demographic characteristics of illicit drug users; drug use patterns; the price, purity and availability of drugs; criminal activity; and health issues.

The interview schedule consisted of open-ended and closed-ended questions, and the interviewers took notes during the interview that were later transcribed into a variety of data analysis formats that differed across jurisdictions. Once the interviews were transcribed, basic content analysis (Kelleher, 1993) was used to identify recurring themes within drug classes.

KE reports are particularly useful in providing a context within which the IDU participant data may be understood, e.g. in providing an indication of the extent to which trends in key drug markets may be extending to groups of users in other areas. Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report: NSW (Sindicich & Degenhardt, 2008), the ACT (Campbell & Degenhardt, 2008), VIC (Quinn, 2008), TAS (de Graaff & Bruno, 2008), SA (White et al., 2008), WA (Fetherston & Lenton, 2008), the NT (Moon, 2008) and QLD (Richardson & Kinner, 2008).

2.3 Other indicators

A number of secondary data sources were examined to supplement and validate data collected from the IDU and KE surveys. These included data from survey, health, research and law enforcement sources. The pilot study for the IDRS (Hando et al., 1997b) recommended that such data should:

1. be available at least annually;
2. include 50 or more cases;
3. provide brief details relating to illicit drug use;
4. be collected in the main study site (i.e. in the city or jurisdiction of the study); and
5. include details on the four main illicit drugs under investigation.

Data sources that are included in the national IDRS report were obtained as part of the National Illicit Drug Indicators Project (NIDIP) and include:

- Drug purity data provided by the Australian Crime Commission (ACC). This includes the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- Data on consumer and provider arrests by drug type provided by the ACC;
- Data from the National Hospital Morbidity Database (NHMD) provided by the Australian Institute of Health and Welfare (AIHW). The ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments contribute to this database;
- Data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the Australian Institute of Health and Welfare (AIHW);
- Drug injection prevalence data and HIV/HCV seroprevalence data from the annual Australian NSP Survey, conducted by the National Centre for HIV Epidemiology and Clinical Research (NCHECR);
- Pharmacotherapy statistics provided by the AIHW;
- National notifiable diseases surveillance data provided by the AGDHA National Notifiable Disease Surveillance System (NNDSS);
- Opioid, cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- Data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs Service (ACS).

Indicator data reported in the individual state/territory reports may contain data from different sources than reported in this national overview. In addition, due to different reporting periods, the most up-to-date data are not always available across all data collections at the time of publication.

2.4 Data analysis

The IDU participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the ACC is an objective indicator of drug purity, and data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in IDU

participant data may be contextualised. Key expert data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the IDU surveys.

Categorical variables were analysed using χ^2. All data were analysed using SPSS for Windows, Version 14.0.2 (SPSS inc, 2006). More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website, www.ndarc.med.unsw.edu.au.

2.5 Methodological considerations

The IDRS is not designed to provide information regarding illicit drug use in the general population[3], nor does it provide information that is representative of all illicit drug users because it deliberately recruits a 'sentinel' population of people who regularly inject drugs and who are current and active participants in illicit drug markets (Wardlaw, 2008). The IDRS does, however, provide directly comparable data relating to illicit drug use and markets, collected in every Australian jurisdiction from a sentinel group of people who regularly inject illicit drugs in an attempt to detect emerging trends in illicit drug markets. The survey is a key component of the IDRS, providing the most accurate data available on drug prices and availability, data that cannot be collected as efficiently in any other way. Its inclusion in all Australian jurisdictions since 2000, and the examination of comparable data over time, represents continued progress in the monitoring of illicit drug trends and related issues.

The IDRS is designed to detect emerging trends; it therefore cannot and does not intend to answer detailed research questions such as the harms associated with a particular drug or the extent of diversion of pharmaceutical supplies. However, the IDRS can provide background information on issues related to illicit drug markets, such as levels of use of a certain drug among a group of regular injecting drug users, harms associated with that use and changes over time. It is also flexible such that, from year to year, brief additional items on arising areas of interest can be included, and therefore can provide direction as to where further in-depth research may be required.

[3] For information about drug use in the Australian general population, see the National Drug Strategy Household Survey (AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2005) National Drug Strategy Household Survey 2004 - detailed findings. Canberra, Australian Institute of Health and Welfare.)

3.0 RESULTS

3.1 Overview of the injecting drug user participant sample

A total of 909 injecting drug user participants were interviewed for the 2007 IDRS. Demographic details of the national sample over the past few years have remained stable with the exception of a gradual increase in age, a finding consistent with other monitoring systems (National Centre in HIV Epidemiology and Clinical Research, 2002, 2007), a slight increase in those reporting a prison history and proportions in current drug treatment. A slight increase in the proportion reporting that they were of no fixed address or homeless was also observed between 2006 and 2007 (Table 5). The demographic characteristics of the 2007 sample are similar to those of the national sample of IDU participants recruited for the IDRS in previous years.

About three-quarters (79%) of the sample were unemployed, 9% were employed on a part-time or casual basis, 5% were employed full time, 3% were engaged in home duties and <1% were students, reflecting little change compared to 2006 figures. Four percent of the sample reported that their main source of income over the preceding month had been from sex work (2% in 2006).

Just over two-fifths (43%) of the participants were currently in some form of drug treatment, with 27% reporting that their main treatment was methadone, 10% buprenorphine (Subutex), and 3% buprenorphine-naloxone (Suboxone) maintenance treatment respectively. Over the last six months, 54% of the sample had been in some form of drug treatment; 31% having been in methadone maintenance, 14% in buprenorphine maintenance, 7% in buprenorphine-naloxone maintenance, 8% in drug counselling, 4% in detoxification, 1% in narcotics anonymous and <1% each in a therapeutic community and naltrexone treatment.

Fifty-one percent of the sample had previously been imprisoned; as in previous years, males were significantly more likely to report previous imprisonment (60% of males versus 34% of females; OR=2.9; 95% CI 2.19, 3.91).

Table 5: Demographic characteristics of the national sample, 2000-2007

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943	2006 N=914	2007 N=909
Mean age in years (SD; range)	28.8 (8.0; 14-64)	30.1 (8.4; 14-58)	30.1 (8.2; 15-57)	32.9 (8.6; 16-62)	33.1 (8.6; 16-56)	34.1 (8.9; 16-63)	34.5 (8.9; 16-63)	**35.8 (8.9; 16-60)**
% male	68	67	64	64	66	64	64	**66**
% English speaking background	94	95	96	97	95	97	97	**95**
% Aboriginal and/or Torres Strait Islanders	11	14	14	14	10^	12	13	**15**
Sexual identity*								
% Heterosexual						86	86	**87**
% Gay male						2	2	**2**
% Lesbian						2	1	**2**
% Bisexual						9	9	**7**
% Other						1	2	**2**
Mean years school education (SD; range)	10.4 (1.7; 0-16)	10.3 (1.8; 0-14)	10.3 (1.7; 0-13)	10.1 (1.6; 1-13)	10.1 (1.7; 2-13)	9.9 (1.8, 0-12)	9.9 (1.5; 3-12)	**10.0 (1.6; 0-12)**
% completed trade/technical qualification	31	37	37	49	37	36	39	**36**
% completed university/college	12	9	10	10	10	11	9	**11**
Accommodation*								
% own home *(inc. renting)*		56	63	67	62	69	69	**65**
% parents'/family home		15	14	11	11	11	9	**10**
% boarding house/hostel		8	8	10	14	11	11	**11**
% no fixed address		9	7	6	8	6	6	**11**
% unemployed/on a pension	68	73	73	76	77	73	77	**79**
% students	5	4	3	2	2	3	2	**<1**
% prison history	43	44	45	43	46	50	51	**51**
% currently in drug treatment	34	36	37	40	46	48	44	**43**

Source: IDRS IDU participant interviews (see also Topp et al., 2002; McKetin et al., 2000; Topp et al., 2001; Stafford et al., 2005b; Stafford et al., 2006a; Breen et al., 2003; Breen et al., 2004b; O'Brien et al., 2007)

^ information not obtained in NSW for 2004

* survey items first included in 2001and 2005, respectively

Demographic information by jurisdiction in the 2007 sample is shown in Table 6. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders, ranging from 5% in VIC to 24% in NSW and QLD; completion of a trade or technical qualification (ranging from one-third in most jurisdictions through to 40% in the NT and 50% in SA); and completion of a university or college qualification (from 5% in NSW and TAS to 22% in VIC). Proportions reporting having no fixed address also varied and were highest in QLD (29%) and VIC (17%), while unemployed status ranged was lowest in SA (66%) and highest in VIC (86%). There was substantial

variation in those reporting a prison history, from 30% in TAS to 63% in NSW, and proportions reporting current drug treatment ranged from 22% in the NT to 59% in the ACT.

As in previous years, participants recruited in NSW were significantly more likely to have a history of imprisonment than those recruited in other jurisdictions (64% vs. 49%; OR=1.8, 95% CI 1.26, 2.60), while participants in TAS were less likely to have a prison history (30% vs. 54%; OR=0.36, 95% CI 0.23, 0.57). Participants in SA were also less likely to report a prison history than those elsewhere (38% vs. 53%; OR=0.54, 95% CI 0.35, 0.83), as were those in the NT (61% vs. 50%; OR=1.56, 95% CI 1.03, 2.37).

With the exception of the NT, substantial proportions of all samples were currently in treatment (usually pharmacotherapy treatment such as methadone or buprenorphine programs). However, it should be noted that the IDRS deliberately recruits a 'sentinel' population of regular injecting drug users who are current and active participants in illicit drug markets; as a result, participants who reported being in treatment may be unrepresentative of treatment populations more generally.

Table 6: Demographic characteristics of the national sample, by jurisdiction, 2006-2007

	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Mean age (years)	37 (35)	38 (36)	32 (31)	30 (30)	36 (37)	37 (37)	41 (38)	35 (34)
% Male	71 (61)	68 (74)	63 (61)	59 (65)	66 (53)	61 (66)	66 (70)	74 (68)
% English speaking background	86 (92)	99 (100)	91 (93)	100 (99)	95 (98)	100 (99)	98 (99)	98 (96)
% Aboriginal and/or Torres Strait Islander	24 (22)	11 (10)	5 (7)	14 (14)	9 (8)	7 (15)	21 (16)	24 (13)
Sexual identity								
% Heterosexual	84 (84)	86 (91)	89 (85)	85 (91)	85 (78)	84 (85)	90 (87)	91 (88)
% Gay male	2 (1)	86 (3)	<1 (1)	2 (1)	3 (4)	1 (1)	3 (3)	3 (2)
% Lesbian	2 (2)	1 (0)	5 (3)	1 (0)	1 (2)	4 (2)	1 (0)	0
% Bisexual	9 (13)	11 (5)	5 (8)	9 (7)	8 (11)	9 (10)	5 (6)	4 (9)
% Other	2 (<1)	1 (1)	0 (3)	3 (1)	3 (5)	3 (2)	1 (4)	2 (<1)
Mean grade at school completed	10 (9)	10 (10)	10 (10)	10 (10)	11 (10)	10 (10)	10 (10)	10 (10)
% completed trade/tech qualification	33 (39)	30 (23)	35 (41)	33 (35)	50 (43)	38 (44)	40 (30)	36 (58)
% completed university/college	5 (3)	13 (12)	22 (7)	5 (10)	7 (17)	6 (10)	17 (12)	8 (9)
Accommodation*								
% own home *(inc. renting)*	65 (65)	75 (76)	47 (51)	75 (78)	71 (85)	68 (74)	84 (80)	46 (59)
% parents'/family home	12 (11)	5 (1)	15 (15)	9 (11)	11 (3)	9 (10)	3 (2)	9 (12)
% boarding house/hostel	11 (11)	11 (12)	15 (21)	5 (2)	11 (4)	15 (11)	7 (12)	15 (12)
% no fixed address	10 (5)	4 (9)	17 (7)	8 (6)	7 (3)	4 (1)	4 (3)	29 (13)
% Unemployed	81 (82)	77 (84)	86 (89)	76 (71)	66 (71)	78 (72)	85 (76)	77 (66)
% Full-time students#	<1 (3)	2 (1)	1 (0)	0 (1)	1 (2)	0 (6)	0 (0)	<1 (<1)
% prison history	63 (63)	55 (48)	53 (59)	30 (31)	38 (52)	46 (48)	61 (52)	56 (45)
% currently in drug treatment	53 (56)	59 (50)	40 (40)	57 (57)	46 (52)	36 (45)	22 (13)	29 (37)

Source: IDRS IDU participant interviews

***** comparable data from 2006 presented in brackets

question wording changed in 2007 to include only full-time students

Access to needles and syringes

Needle and syringe programs (NSPs) were by far the most common source of needles and syringes in the preceding six months, followed by chemists. NSP vending machines were used by one-fifth of participants in NSW and the ACT, and proportions reporting friends, partners and/or dealers varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 7).

Table 7: Main sources of needles and syringes in the preceding six months, 2007

% Accessing from	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
NSP	93	95	92	97	95	87	90	91	94
NSP Vending machine*	6	16	19	<1	0	0	1	0	3
Chemist	22	31	25	11	23	11	15	20	34
Partner	4	5	0	3	10	0	0	4	4
Friend	14	10	9	10	26	3	1	20	29
Dealer	5	4	5	1	7	1	1	7	10
Hospital	1	3	0	<1	0	0	0	<1	3
Outreach/peer worker	2	5	1	5	0	2	0	2	0

Source: IDRS IDU participant interviews
Note: Multiple responses allowed.
* vending machines not available in all jurisdictions

Recruitment

Participants were asked if they had taken part in the IDRS or another monitoring system, the EDRS, in previous years, as shown in Table 8. The smallest cities (Hobart, TAS; Darwin, the Northern Territory; and Canberra, the ACT) reported the greatest proportions of participants who had taken part in previous years. Only small proportions of participants reported having been interviewed for the EDRS previously. Across all jurisdictions, the most common way in which participants had been recruited was via advertisements placed in needle and syringe programs, followed by word of mouth (Table 8).

Table 8: Previous participation in the IDRS and EDRS and source of participant recruitment, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Participated in IDRS in previous year(s)	31	22	44	13	60	16	36	56	13
Where found out about IDRS survey recruitment									
% NSP	70	67	82	51	79	86	63	64	79
% Treatment provider	3	0	0	15	1	1	1	2	0
% Advert in street press	<1	<1	0	0	0	0	4	0	0
% Word of mouth	24	31	17	33	18	13	27	25	20
% Participated in EDRS in previous year(s)	6	2	9	5	8	9	6	14	<1

Source: IDRS IDU participant interviews

3.2 Drug use history and current drug use

Participants were asked a range of questions about their drug use history and recent patterns of use. These included age at first injection, first drug injected, drug of choice (i.e. favourite or preferred drug), last drug injected, drug injected most often last month and injection frequency last month (see Tables 9 and 10). The mean age of first injection of the overall sample was 19 years (SD 5.9; range 7-50). Overall, amphetamines followed by heroin were most commonly reported as the drug first injected, with smaller proportions nominating other drugs.

Table 9: Drug first injected and age at first injection, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Mean age first injected	19	19.6	18.9	19.2	18.8	19.4	19.3	20.1	19.1
Drug first injected (%)									
Heroin	41	61	46	47	11	39	43	39	34
Amphetamines*	47	33	50	49	58	55	43	45	53
Morphine	6	1	1	1	16	1	10	13	5
Cocaine	2	5	2	1	0	2	0	0	2
Methadone	<1	0	1	0	4	0	0	<1	0
Buprenorphine**	<1	0	0	0	0	0	1	0	0
Other drugs	3	0	1	1	11	3	3	2	6

Source: IDRS IDU participant interviews

* refers to 'amphetamines' rather than 'methamphetamine' as a proportion of participants may have first injected prior to methamphetamine dominating the market. See *Methamphetamine* section for further explanation

** excludes buprenorphine-naloxone (Suboxone)

Heroin was nominated by approximately half of the national sample as the drug of choice, followed by methamphetamine, morphine and cannabis. The majority preference for heroin was reflected to varying extents in all jurisdictions but TAS, where the proportion nominating methamphetamine was approximately equal. Proportions nominating morphine and cocaine also varied by jurisdiction, the former being most commonly reported in the NT and QLD, and the latter most commonly reported in NSW. A substantial minority of participants in TAS reported methadone as their drug of choice, and the highest proportion nominating cannabis as their drug of choice was in the NT sample. Heroin is not as widely available in the NT and TAS and this may influence the reports of drug of choice; however, despite this, the data suggests that the majority of participants in most jurisdictions preferred opioids (Table 10).

These preferences were reflected in the drug last injected and the drug injected most often in the last month in the national sample (i.e. heroin was most commonly reported, followed by methamphetamine and morphine; cannabis typically being non-injectable). There were differences at the jurisdictional level, however, reflecting differences in drug markets and use patterns around the country. For example, methamphetamine was the drug last injected by the largest proportion of participants in TAS and QLD, while heroin and methamphetamine were equally as commonly reported in the ACT and SA. Heroin remained the drug most likely to have last been injected in VIC and NSW, and was also last injected by substantial proportions in all jurisdictions except the NT and TAS. In the NT, the drug most likely to have last been injected was morphine, and substantial minorities of participants in TAS, SA and QLD also reported last injecting morphine. A notable proportion of participants in TAS had last injected methadone, although this had decreased from 2006. NSW recorded the highest proportion reporting having last injected cocaine (Table 10).

The drug injected most often in the last month broadly followed the same pattern. Thirty-six percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine, representing a change from 2006 when methamphetamine was most commonly reported for the first time (Table 10). Thirty-eight percent of participants had injected a drug other than their drug of choice most often in the past month; these participants were asked for the main reason behind this. As might reasonably be expected, the reasons for this varied, with the most commonly reported reasons being availability (40%), price (15%), being in drug treatment (10%), that their drug of choice was not injectable (generally cannabis; 10%) or caused undesirable health effects (6%).

Almost half of the 2007 national sample reported injecting daily in the month preceding interview, with frequency highest in NSW and VIC (Table 10).

Table 10: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Drug of choice (%)									
Heroin	52	67	55	69	27	55	54	38	42
Methamphetamine*	21	17	30	16	30	24	15	13	24
Morphine	10	0	1	3	15	8	10	26	20
Cocaine	3	11	1	0	2	1	1	3	<1
Methadone	3	<1	7	0	13	0	5	2	2
Buprenorphine**	<1	0	1	1	0	0	1	0	<1
Cannabis	6	2	5	5	6	7	7	13	6
Other drugs	4	2	1	5	7	5	5	6	5
Last drug injected (%)									
Heroin	34	56	39	60	0	36	35	<1	24
Methamphetamine*	28	22	38	17	38	33	29	18	34
Morphine	19	3	2	7	19	20	11	68	29
Cocaine	3	15	1	0	0	0	0	2	0
Methadone	7	3	13	1	29	6	11	2	2
Buprenorphine**	4	<1	5	11	3	2	0	0	4
Buprenorphine-naloxone	1	0	0	<1	0	0	8	0	3
Other drugs	4	<1	3	3	10	3	5	9	5
Drug injected most often last month (%)									
Heroin	36	57	47	61	0	37	36	3	31
Methamphetamine*	26	19	31	17	37	31	33	25	34
Morphine	18	4	1	5	21	18	9	64	31
Cocaine	3	16	1	0	0	0	0	0	0
Methadone	8	1	14	<1	30	7	10	4	2
Buprenorphine**	4	<1	5	11	4	3	3	0	2
Other drugs	5	1	2	5	8	4	9	6	5
Injection frequency last month (%)									
Not in last month	<1	1	0	<1	0	1	1	0	0
Weekly or less	17	10	25	14	19	26	11	17	18
More than weekly (but less than daily)	36	29	49	25	61	40	31	27	36
Once daily	18	24	12	23	9	13	29	19	16
2-3 times daily	22	27	12	30	9	16	18	31	25
> 3 times a day	6	9	3	7	2	4	10	6	6

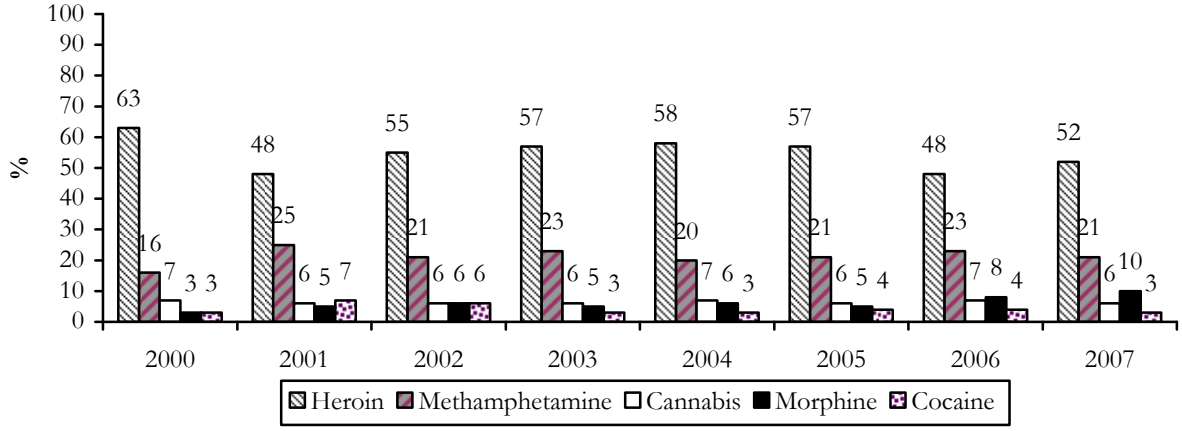
Source: IDRS IDU participant interviews

* includes speed powder, base, ice/crystal and liquid methamphetamine

** excludes buprenorphine-naloxone (Suboxone)

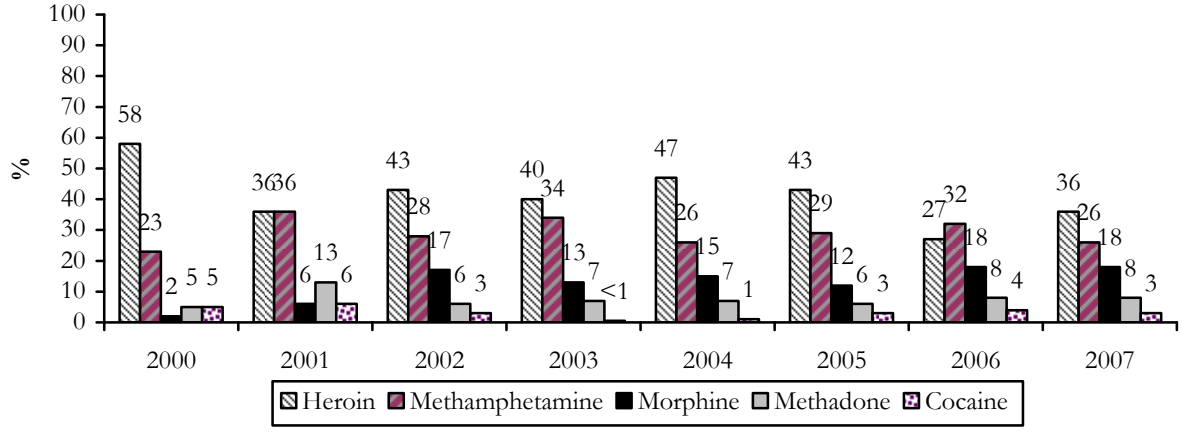
Similar proportions of the 2002-2005 national samples nominated heroin as their drug of choice at between 56% and 58%, and in 2006 this figure had decreased to that reported in 2001, a year when there was a pronounced heroin shortage. There was little change to this figure in 2007 (Figure 1). This preference was reflected in patterns of use, with increases observed in reports of heroin as the last drug injected (26% in 2006; the lowest level recorded since the national IDRS commenced in 2000). Interestingly, following an increase between 2005 and 2006, there was little change in the proportions reporting morphine as the last drug injected (12% in 2005, 20% in 2006, 19% in 2007), while methamphetamine has fluctuated between approximately one-quarter to one-third of participants over time (32% in 2003, 26% in 2004, 30% in 2005, 30% in 2006 and 28% in 2007; data not shown). Heroin also replaced methamphetamine as the most frequently injected drug in the month preceding interview, indicating a return to pre-2006 levels (Figure 2).

Figure 1: Drug of choice, 2000-2007



Source: IDRS IDU participant interviews

Figure 2: Drug injected most often in the month preceding interview, 2000-2007



Source: IDRS IDU participant interviews

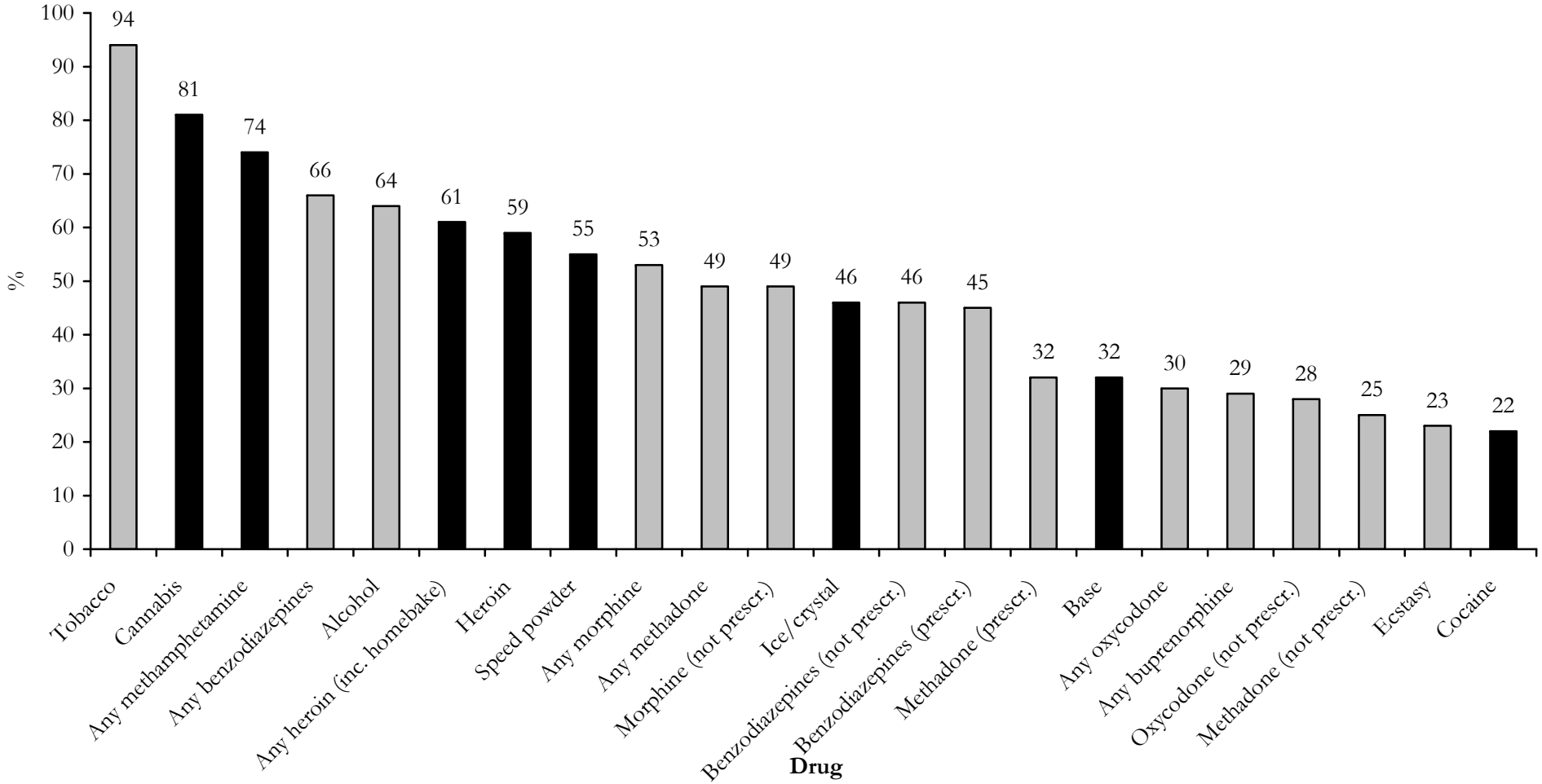
As in previous years, IDRS participants sampled were polydrug users. Figure 3 shows the prevalence of drug use by the national sample in the past six months for the most commonly used drugs investigated by the IDRS (20% or greater prevalence in the preceding six months). Use of tobacco, benzodiazepines and alcohol was common, with over three-fifths of the sample using each of these drugs in the last six months. Substantial proportions of the sample reported recent use of three of the four main drugs monitored by the IDRS: heroin (59%), cannabis (81%) and methamphetamine (any form; 74%). The majority of participants in all jurisdictions had used a minimum of three of the following five drugs: heroin, cocaine, methamphetamine (any form), cannabis and any other opioid (i.e. licit and illicit, including all pharmaceutical opioids and homebake) in the last six months. As such, the IDRS participants are well placed to provide information on drug use patterns and trends.

Overall, there was little difference in the extent of polydrug use across jurisdictions, although there were some distinct jurisdictional differences in the types of drugs used. For example, the prevalence of recent cocaine use was substantially higher in NSW compared to all other jurisdictions, while the use of illicitly obtained opioids was considerably higher among participants in the NT and TAS compared to the other jurisdictions. Further discussion of the use of these drugs may be found under the relevant section headings elsewhere in the report.

Patterns of lifetime (i.e. ever having used a drug) and recent (last six months) use by participants of all drugs monitored in the IDRS are shown in Figure 3. Routes of administration, including injecting, swallowing, snorting and smoking/inhaling are also provided in some detail. For example, 89% of the national sample reported ever having used heroin by one or more routes of administration, 88% had ever injected it, and 58% had injected it on one occasion or more in the preceding six months. Participants who had injected heroin in the preceding six months had done so on a median of 72 days, i.e. on an average of three days per week, during that time. Fifty-nine percent of participants reported use by one or more routes of administration in the preceding six months, with those who had done so having used on a median of 72 days.

Please refer to the footnotes contained beneath Figure 3 for information on interpretation of findings. Key findings are discussed by relevant drug type (heroin, methamphetamine, cocaine, cannabis, other opioids, other drugs) in the sections that follow.

Figure 3: Drug use among the national sample in the six months preceding interview, 2007



Source: IDRS IDU participant interviews

Note: Key drugs investigated in the IDRS (i.e. heroin, methamphetamine, cocaine and cannabis) shown in black. 'Any heroin' includes heroin and homebake heroin. 'Any methamphetamine' includes speed powder, base, ice/crystal and liquid amphetamine. 'Any methadone' includes licit (prescr.) and illicit (not prescr.) methadone liquid and Physeptone. 'Any morphine', 'any buprenorphine', 'any oxycodone', 'any form pharmaceutical stimulants' and 'any form bup.-naloxone' include licit and illicit forms of the drug in any formulation unless otherwise specified. 'Other opioids' refers to opioids not elsewhere classified. 'Use' refers to any form of administration and does not necessarily imply injection. For further information on routes of administration, please refer to Table 11. Buprenorphine-naloxone was first listed on the Pharmaceutical Benefits Scheme (PBS) in April 2006, two months prior to participant interviewing.

Table 11: Drug use history of the national sample, 2007

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months [a]	Ever smoked %	Smoked last six months %	Ever snorted %	Snorted last six months %	Ever swallowed[b] %	Swallowed last six months[b] %	Used last six months [c] %	Median days in treatment last six months [a, d]	Median days used in last six months [a, c]
Heroin	89	88	58	72	40	4	17	1	16	2	59		72
Homebake heroin	35	34	12	6	3	<1	<1	<1	2	<1	12		7
Any heroin (inc. homebake)	*90*	*89*	*61*	*72*	*41*	*4*	*18*	*1*	*17*	*2*	*61*		*72*
Methadone (licit/prescribed)	58	31	12	48					56	31	32	180	180
Methadone (illicit/not prescribed)	52	39	20	7					27	10	25		6
Physeptone (licit/prescribed)	13	8	2	24	<1	0	<1	0	9	2	3	22	25
Physeptone (illicit/not prescribed)	34	28	11	4	<1	0	0	0	15	4	13		4
Any methadone (inc. Physeptone)	*80*	*57*	*30*	*20*					*68*	*38*	*49*		*168.5*
Buprenorphine (licit/prescribed)	36	17	7	30	<1	<1	0	0	34	14	15	150	120
Buprenorphine (illicit/not prescribed)	34	28	16	8	1	<1	<1	<1	12	5	18		8
Any buprenorphine (exc. buprenorphine-naloxone)	*55*	*37*	*21*	*12*	*2*	*<1*	*<1*	*<1*	*40*	*17*	*29*		*50*
Buprenorphine-naloxone (licit/prescribed)	11	4	2	2	<1	<1	0	0	10	7	7	90	60
Buprenorphine-naloxone (illicit/not prescribed)	10	8	6	6	<1	<1	<1	0	4	3	8		3
Any buprenorphine-naloxone	*19*	*10*	*7*	*6*	*<1*	*<1*	*<1*	*0*	*12*	*9*	*14*		*24*
Morphine (licit/prescribed)	22	18	8	90	<1	0	<1	0	13	6	10		90
Morphine (illicit/not prescribed)	72	68	47	20	1	<1	<1	0	27	13	49		17.5
Any morphine	*78*	*73*	*50*	*24*	*2*	*<1*	*<1*	*0*	*33*	*16*	*53*		*24*
Oxycodone (licit/prescribed)	12	7	3	24	<1	0	<1	0	8	3	5		30
Oxycodone (illicit/not prescribed)	47	40	25	5.5	<1	<1	<1	<1	14	5	28		5
Any oxycodone	*51*	*42*	*27*	*6*	*<1*	*<1*	*<1*	*<1*	*19*	*8*	*30*		*6*
Other opioids (not elsewhere classified)	30	8	3	6	2	<1	<1	<1	22	12	16		6

Source: IDRS IDU participant interviews

[a] Among those who had used/injected (as applicable).

[b] Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone).

[c] Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting.

[d] Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week.

Table 11: Drug use history of the national sample, 2007 (continued)

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months [a]	Ever smoked %	Smoked last six months %	Ever snorted %	Snorted last six months %	Ever swallowed %	Swallowed last six months %	Used last six months [c] %	Median days used last six months [a, c]
Speed powder	92	88	52	12	17	5	41	5	35	8	55	12
Base/point/wax	54	52	32	10	5	2	4	1	11	4	32	10
Ice/shabu/crystal	72	69	45	10	28	15	4	1	8	4	46	10
Methamphetamine liquid	26	23	4	6					5	<1	5	5
Any methamphetamine [e]	*96*	*94*	*73*	*22*	*37*	*19*	*43*	*7*	*41*	*11*	*74*	*24*
Pharmaceutical stimulants (licit/prescribed)	8	2	<1	7	<1	0	<1	0	7	1	2	166
Pharmaceutical stimulants (illicit/not prescribed)	34	21	10	6	<1	<1	1	<1	21	7	14	5
Any pharmaceutical stimulants	*38*	*21*	*10*	*6*	*<1*	*<1*	*1*	*<1*	*25*	*8*	*15*	*6*
Cocaine	62	46	19	6	10	1	32	6	8	1	22	5
Hallucinogens	68	10	<1	2	2	<1	1	<1	65	8	8	2
Ecstasy	64	29	10	1	1	<1	7	2	55	18	23	3
Benzodiazepines (licit/prescribed)	62	13	4	8.5	2	<1	<1	0	61	44	45	90
Benzodiazepines (illicit/not prescribed)	63	17	9	5	1	<1	<1	<1	59	43	46	12
Any benzodiazepines	*81*	*21*	*11*	*6*	*2*	*<1*	*<1*	*<1*	*78*	*63*	*66*	*48*
Alcohol	94	4	0	n.a.					93	64	64	24
Cannabis	97										81	175
Inhalants	28										6	2
Tobacco	97										94	180

Source: IDRS IDU participant interviews

[a] Among those who had used/injected (as applicable). Maximum number of days, i.e. daily use = 180. See page xxxi for guide.

[c] Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting.

[e] Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Prior to 2006, the 'methamphetamine' category also included pharmaceutical stimulants in this table. Pharmaceutical stimulants have comprised their own category since 2006.

3.2.1 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most in that time. Table 12 depicts the proportion of participants in each jurisdiction who reported having used different forms of the drug in the preceding six months, in the columns headed 'used'. Table 13 refers to the specific form of the drug class participants reported having used the most in the preceding six months. For example, 76% of participants in the ACT sample (n=100) reported use of hydroponic cannabis in the preceding six months, 69% reported use of outdoor-grown 'bush' cannabis, 13% reported use of hashish and 5% the use of hash oil (Table 12). Among those who had used cannabis in the ACT, the majority (80%) stated that hydroponic cannabis was the form they had used most often during that time; about one-fifth stated bush (19%) was the form most used, and no participants reported using hashish or hash oil most often (Table 13).

These findings are further discussed by relevant drug type (heroin, methamphetamine, cocaine, cannabis, other opioids, other drugs) in the sections that follow.

Table 12: Forms of drugs used in the preceding six months, by jurisdiction, 2007

Form of drug	National n=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Heroin† (%)									
Powder – white/off-white	42	65	62	53	2	43	40	<1	48
Rock – white/off-white	32	65	26	55	0	22	18	0	42
Powder – brown	14	27	9	19	0	8	15	2	20
Rock – brown	14	24	13	21	4	6	9	<1	27
Any white/off-white heroin (rock and/or or powder)	*54 (87% of users)*	*82 (92% of users)*	*69 (91% of users)*	*82 (97% of users)*	*2 (33% of users)*	*60 (88% of users)*	*44 (61% of users)*	*<1 (9% of users)*	*59 (92% of users)*
Any brown heroin (rock and/or powder)	*21 (35% of users)*	*36 (40% of users)*	*19 (25% of users)*	*33 (39% of users)*	*4 (67% of users)*	*12 (18% of users)*	*16 (23% of users)*	*3 (27% of users)*	*32 (50% of users)*
Homebake	12	13	28	4	4	6	44	2	6
Methadone (%)									
Liquid, licit	32	42	44	38	44	23	28	17	13
Liquid, illicit	25	22	33	19	52	22	24	17	18
Physeptone, licit	3	0	1	2	4	4	1	9	2
Physeptone, illicit	13	3	7	3	37	16	19	26	8
Buprenorphine (%)									
Licit	15	22	18	21	8	22	6	6	9
Illicit	18	16	28	26	6	11	19	5	31
Buprenorphine-naloxone (%)									
Licit	7	<1	7	15	1	11	4	5	14
Illicit	8	<1	6	13	0	3	15	2	24
Morphine (%)									
Licit	10	6	9	7	5	6	9	33	7
Illicit	49	34	53	37	67	41	45	73	55
Oxycodone (%)									
Licit	5	5	3	3	9	6	5	2	6
Illicit	28	26	23	28	36	20	44	11	38
Other opiates (%)									
Licit	8	19	6	17	10	1	0	2	<1
Illicit	7	8	7	2	18	4	3	<1	13

Source: IDRS IDU participant interviews

Note: Proportions among those who had used shown in parentheses. Percentages in each form may not total 100% as more than one form may have been used in the last six months.

† conclusions based on these colour descriptions (such as the geographical origin, purity or preparation method required for injection) should not be made based on these data alone. See *Heroin* section for details

Table 12: Forms of drugs used in the preceding six months, by jurisdiction, 2007 (continued)

Form of drug	National n=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Methamphetamine (%)									
Methamphetamine powder (speed)	55	35	55	65	63	42	61	58	62
Amphetamine liquid (oxblood)	5	3	2	3	0	8	4	5	11
Base methamphetamine (base/point/wax)	32	41	32	8	48	42	23	20	48
Crystalline methamphetamine (ice/crystal)	46	50	80	43	38	41	56	29	39
Prescription stimulants (%)									
Licit	2	<1	2	0	0	3	1	5	3
Illicit	14	5	28	6	31	9	29	10	9
Cocaine (%)									
Powder	19	56	14	21	3	6	14	8	13
Crack	3	5	3	3	1	1	3	<1	3
Hallucinogens (%)									
LSD	5	1	5	5	10	13	6	3	3
Mushrooms	4	0	2	5	13	6	0	0	5
Ecstasy (%)									
Pills	22	13	24	25	29	26	23	20	22
Powder	1	<1	2	1	1	1	0	0	3
Other (e.g. capsules)	<1	0	1	0	0	0	0	2	0
Benzodiazepines (%)									
Licit	45	42	39	53	50	48	59	34	37
Illicit	46	48	51	49	76	35	34	33	39
Cannabis (%)									
Hydro	75	78	76	79	75	75	65	74	77
Bush	56	42	69	47	70	59	58	48	66
Hashish (hash)	12	5	13	9	4	22	13	11	19
Hash oil	6	3	5	6	1	11	8	7	8

Source: IDRS IDU participant interviews

Note: Percentages in each form may not total 100% as more than one form may have been used in the last six months.

Table 13: Forms of drugs *most often* used in the preceding six months, *among those who had used any form*, by jurisdiction, 2007

Form of drug	National n=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Heroin† (%)	*	*		*			*		
Powder – white/off-white	43	35	79	27	17	53	47	9	43
Rock – white/off-white	31	41	9	52	0	25	5	0	29
Powder – brown	5	8	3	3	0	4	2	18	7
Rock – brown	7	7	3	3	33	7	0	9	18
Any white/off-white heroin (rock and/or or powder)	*74*	*75*	*88*	*79*	*17*	*78*	*53*	*9*	*72*
Any brown heroin (rock and/or powder)	*12*	*15*	*5*	*6*	*33*	*12*	*2*	*27*	*25*
Homebake	5	<1	5	0	50	7	26	9	0
Methadone (%)	*							*	
Liquid, licit.	58	74	76	70	57	50	53	9	42
Liquid, illicit	23	20	24	17	28	28	25	9	42
Physeptone, licit	2	0	0	3	3	8	3	4	0
Physeptone, illicit	9	2	0	6	9	15	13	28	9
Buprenorphine (%)	*								
Licit	46	62	43	38	57	78	17	46	26
Illicit	49	33	58	53	43	19	67	27	71
Buprenorphine-naloxone (%)	*								
Licit	50	50	58	51	100	71	20	43	49
Illicit	42	50	42	43	0	21	73	0	46
Morphine (%)	*							*	
Licit	11	14	12	13	2	9	13	17	9
Illicit	80	86	84	86	99	86	80	45	88
Main brand	*MS Contin*	*MS Contin*	*MS Contin*	*MS Contin*	*MS Contin*	*Kapanol*	*MS Contin*	*MS Contin*	*MS Contin*
Oxycodone (%)	*							*	
Licit	10	10	12	7	19	22	8	0	4
Illicit	84	88	89	89	79	74	87	39	91
Main brand	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*
Other opiates (%)	*					^	^	^	
Licit	51	73	43	78	32	20	0	40	6
Illicit	41	23	50	9	68	80	50	20	94
Main brand	*Codeine*	*Wide range*	*Wide range*	*Wide range*	*Wide range*	*Wide range*	*Wide range*	*Wide range*	*Wide range*

Source: IDRS IDU participant interviews

Note: Percentages in each drug type may not round to 100 due to missing data. This may be due to 'other' responses such as a participants reporting use of a different form of the drug not listed (e.g. other hallucinogens); use of two or more forms of the drug equally as often (i.e. they could not name a form most used); being unable to specify which form had been used most often.

^ small number of respondents (n<10); interpret with caution

* denotes instances where the number of missing cases is greater than five

† conclusions based on these colour descriptions (such as the geographical origin, purity or preparation method required for injection) should not be made based on these data alone. See *Heroin* section for details

Table 13: Forms of drugs *most often* used in the preceding six months, *among those who had used any form*, by jurisdiction, 2007 (continued)

Form of drug	National n=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Methamphetamine (%)	*			*	*	*		*	
Methamphetamine powder (speed)	43	16	21	72	46	37	52	43	50
Amphetamine liquid (oxblood)	<1	0	0	0	0	1	0	0	2
Base methamphetamine (base/point/wax)	19	24	5	3	35	28	4	11	36
Crystalline methamphetamine (ice/crystal)	31	56	73	17	14	27	43	10	12
Prescription stimulants (%)	*								
Licit	7	11	3	0	0	25	4	8	23
Illicit	88	89	93	100	100	75	96	39	85
Main brand	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Ritalin*	*Dexamphet-amine*
Cocaine (%)	*	*							
Powder	85	89	78	88	60	86	85	78	83
Crack	7	3	17	9	20	14	8	0	11
Hallucinogens (%)	*								
LSD	52	67	83	36	30	73	100	50	38
Mushrooms	37	0	17	57	60	13	0	0	63
Ecstasy (%)	*								
Pills	93	100	92	97	97	89	82	87	100
Powder	<1	0	4	0	0	4	0	0	0
Benzodiazepines (%)	*							*	
Licit	55	54	49	69	47	60	68	22	66
Illicit	38	44	49	27	52	34	18	36	34
Main brand	*Diazepam*	*Diazepam, oxazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Alprazolam, diazepam*	*Diazepam*
Cannabis (%)									
Hydro	79	91	80	83	52	72	86	82	84
Bush	15	9	19	9	38	20	11	8	14
Hashish (hash)	<1	0	0	2	0	0	0	0	1
Hash oil	0	0	0	0	0	0	0	0	0

Source: IDRS IDU participant interviews

Note: Percentages in each drug type may not round to 100 due to missing data. In some cases this may be due to 'other' responses such as a participant reporting use of a different form of the drug (e.g. hallucinogens); use of two or more forms of the drug equally as often (i.e. they could not name a form most used); being unable to specify which form had been used most often.

* denotes instances where the number of missing cases is greater than five

3.2.2 Drugs used the day before the interview

Table 14 presents the drugs used by participants on the day preceding interview for each jurisdiction. Small proportions in all jurisdictions had not used any drugs on the day preceding interview. Nationally, the percentage reporting heroin use on the day prior to interview increased, a finding reflected across a number of jurisdictions. The exceptions were VIC, TAS and the NT, where proportions remained stable compared to 2006, and QLD, where they decreased (the 2006 figures were NSW, 38%; the ACT, 19%; VIC, 37%; TAS, 0%; SA, 10%; WA, 12%; NT, 1%; and QLD, 27%). As in previous years, rates of heroin use on the day preceding interview were highest in NSW, followed by VIC, and no (or low) levels of heroin use were reported in TAS and the NT.

Nationally, the proportion using methamphetamine the day before interview remained stable at 17% (18% in 2006), with stability in proportions reported across most jurisdictions. Notable exceptions were TAS and WA, where increases were observed (14% and 18% in 2006, respectively), and the NT, where it reduced somewhat (12% in 2006). The highest proportion of participants reporting methamphetamine use on the day prior to interview was in WA, and the lowest in the NT. Cocaine use on the day preceding interview was reported by 1% or less in all jurisdictions except NSW (16%). Cannabis use on the day preceding interview increased nationally, a finding reflected in across several jurisdictions while it remained stable in others (2006 figures were: NSW, 38%; the ACT, 47%; VIC, 44%; TAS, 61%; SA, 42%; WA, 25%; the NT, 39%; and QLD, 37%).

Methadone use on the day before interview varied by jurisdiction, ranging from one-tenth in QLD to just over two-fifths in TAS, while buprenorphine and buprenorphine-naloxone use was reported by 20% or less, respectively. The use of morphine on the day preceding interview decreased in a number of jurisdictions (2006 figures were: NSW, 7%; the ACT, 7%; VIC, 6%; TAS, 22%; SA, 15%; WA, 22%; the NT, 61%; and QLD, 14%). The use of other opioids was low.

Nationally, the use of benzodiazepines on the day preceding interview increased (19% in 2006), a finding that was reflected across the majority of jurisdictions (2006 figures were: NSW, 15%; the ACT, 14%; VIC, 18%; TAS, 39%; SA, 21%; WA, 24%; the NT, 11%; QLD, 12%). Alcohol use on the day prior to interview was reported by between one-fifth and just under one-third of participants across jurisdictions.

Table 14: Drugs used the day before interview, by jurisdiction, 2007

Drug (%)	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
No drugs	4	3	7	7	3	1	6	6	3
Heroin	25	48	26	40	0	21	29	0	19
Methamphetamine*	17	17	21	11	21	24	25	5	18
Cocaine	3	16	0	<1	0	0	1	1	<1
Cannabis	51	51	58	42	62	50	43	49	56
Methadone+	24	30	35	17	44	17	28	14	10
Buprenorphine+	10	11	14	12	7	20	5	2	8
Buprenorphine-naloxone+	4	0	3	3	0	7	8	0	11
Morphine+	16	2	1	9	11	16	9	60	26
Other opioids (nec)+	2	3	2	3	2	3	3	1	3
Benzodiazepines+	27	19	25	32	45	37	38	12	19
Alcohol	23	23	27	21	22	19	20	21	29

Source: IDRS IDU participant interviews

* includes powder, base and ice/crystal (there were no reports of liquid methamphetamine use on the day prior to interview in 2007)

+ includes licitly obtained (i.e. prescribed) medication

4.0 HEROIN

This section contains information about heroin use by the IDRS IDU participant sample, followed by data on market characteristics (including price, perceived purity and availability). The use of homebake heroin is also discussed. Data on harms (health and law enforcement- related) associated with drug use, including heroin use and injecting drug use more generally, are discussed under the relevant sections later in this report. Comparable findings on price, availability and perceived purity are shown in Appendix A. Estimates of the prevalence of heroin use (current regular users; problematic heroin users) may be found in work conducted by Degenhardt and colleagues and Dietze and colleagues (Dietze et al., 2005; Degenhardt et al., 2004b).

4.1 Use

4.1.1 Recent use among IDU participants

In 2007, heroin was the drug of choice for almost half of the sample (52%, representing little change from 2006 (48%), while increases were observed in nominations of heroin as the last drug and drug most injected over the preceding month (Table 10). These figures represent some slight increases from 2006 when they were 48%, 26% and 27%, respectively (Table 10). The largest increases in heroin being nominated as the drug last injected were observed in NSW and VIC, while figures remained relatively stable or decreased elsewhere (Table 15).

From 2000 to 2001, there was a decrease in the proportion of the national sample who reported heroin use in the preceding six months (79% to 66%). Following this, the proportion reporting recent use remained relatively stable from 2002 to 2005 at 65% to 69%. In 2006, recent use decreased to 56%, the lowest proportion recorded since national monitoring began, and has subsequently increased to 59% in 2007. Consistent with previous years, the highest proportions of participants reporting heroin use resided in NSW, VIC and the ACT, while TAS and the NT reported lower proportions (Table 14).

The proportion of participants reporting recent heroin use is not a highly sensitive indicator of changes in availability, as a single occasion of use in the preceding six months will be counted. A more sensitive indicator of availability is the frequency of use. Between 2000 and 2001, there was a considerable reduction in the frequency of heroin use in all jurisdictions, most notably in VIC and the ACT. The median number of days on which participants reported using heroin fluctuated but remained low from this time, and in 2006 decreased to the lowest level reported since commencement of the national IDRS. Following this, an increase in the median days of use among users was noted in 2007 across the majority of jurisdictions compared to 2006. A slight overall increase in the proportion of daily heroin users in the national sample was also reported (Table 14; Figure 4).

Table 15: Heroin use patterns, by jurisdiction, 2000-2007

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Drug of choice – heroin (%)									
2000	63	81	78	78	36	56	57	44	62
2001	48	62	61	61	33	43	34	39	42
2002	56	72	69	64	40	30	48	46	63
2003	57	84	73	69	40	48	40	43	47
2004	58	78	68	63	38	48	47	44	61
2005	57	72	67	68	32	57	63	34	45
2006	48	49	46	59	36	63	46	31	49
2007	52	67	55	69	27	55	54	38	42
Last injection – heroin (%)									
2000	58	78	81	92	4	56	54	9	62
2001	35	57	49	62	0	32	20	7	34
2002	42	74	74	63	2	25	25	2	45
2003	41	77	67	65	4	35	28	1	32
2004	44	80	71	63	0	36	36	3	39
2005	41	64	61	68	0	31	38	3	39
2006	26	42	30	45	1	24	18	0	32
2007	34	56	39	60	0	36	35	1	24
Used last six months (%)									
2000	79	95	92	97	38	73	80	56	86
2001	66	96	83	90	24	65	55	36	62
2002	68	96	89	94	21	48	64	22	81
2003	65	97	88	90	26	55	63	16	64
2004	69	95	91	86	19	60	69	34	79
2005	66	88	86	89	19	61	69	24	64
2006	56	81	71	76	9	60	53	12	63
2007	59	88	72	85	5	67	57	7	65
Days used* (median)									
2000	120	180	160	176	5	60	90	28	100
2001	60	158	50	65	3.5	30	30	6	70
2002	60	180	48	60	6	24	24	2	80
2003	72	170	93	76	4.5	72	20	5	49
2004	72	120	72	90	4	48	48	5	26
2005	70	96	60	81	6	28	60	4	52
2006	40	72	24	56	6^	19	20	13	52
2007	72	96	48	90	4^	48	72	30^	28
Daily users (%)+									
2000	29	49	40	47	0	14	25	10	27
2001	13	41	15	13	0	10	2	3	9
2002	18	53	18	24	0	5	3	0	18
2003	19	47	32	20	1	17	9	0	13
2004	18	38	24	25	0	13	11	<1	16
2005	18	36	20	19	0	7	16	12	14
2006	9	25	5	16	0	1	6	0	10
2007	14	24	4	26	0	12	16	<1	15
Daily users* (%)									
2000	29	49	47	47	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13
2004	25	38	24	25	0	13	16	1	16
2005	24	42	23	22	0	11	23	12	22
2006	17	31	7	21	0	2	11	0	16
2007	23	27	6	31	0	18	29	14	24

Source: IDRS IDU participant interviews

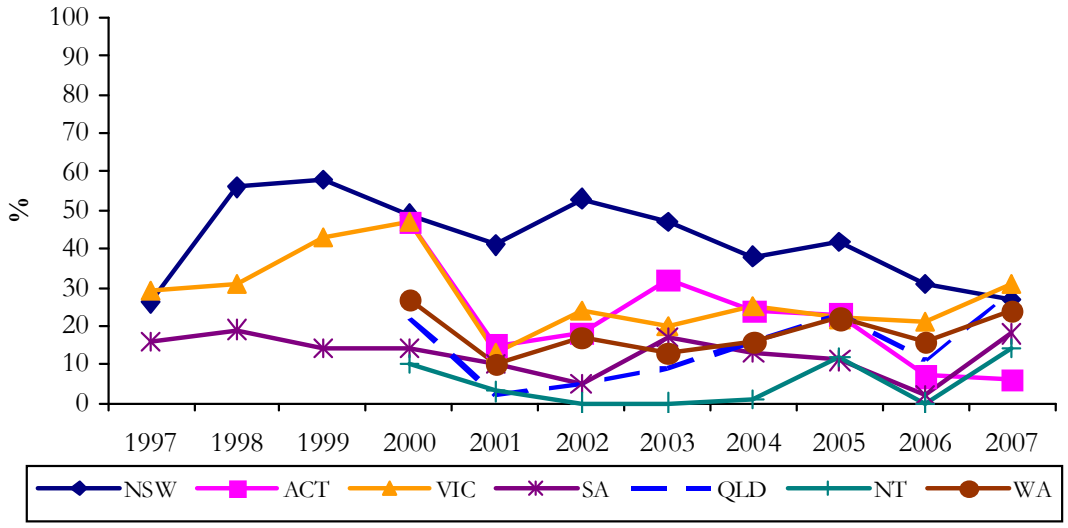
^ small numbers reporting (n<10); interpret with caution

+ among the entire sample

* among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xxxi for guide

Figure 4 shows the proportion of heroin users reporting daily use in the six months preceding interview. Daily use among users decreased in every jurisdiction between 2000 and 2001 (except TAS, where there were no reports of daily heroin use). Following this change, in 2002 figures increased once more in many jurisdictions, although often remaining lower than previously. Figures have continued to fluctuate, with increases noted in a number of jurisdictions (VIC, SA, QLD and WA; NT figures should be interpreted with caution due to small numbers reporting). Figures remained stable in NSW and the ACT compared to 2006.

Figure 4: Proportion of heroin users who reported daily use, by jurisdiction, 1997-2007



Source: IDRS IDU participant interviews

Note: TAS not presented in graph as the proportion of daily heroin users has remained at 1% or less over time.

Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remains uncommon among the national IDRS sample and remained stable compared to 2006, with 12% reporting use on a median of seven days over the past six months. Twelve percent reported injection on a median of six days in the preceding six months. Homebake was most commonly used in WA (44% had used on a median of 14 days), followed by the ACT (29% had used on a median of four days). As the use of homebake has remained uncommon since the commencement of the IDRS, information on market characteristics such as price, perceived purity and availability were not obtained.

4.1.2 Heroin forms used

Changes in the colour of heroin, and the preparation methods required for injection, were noted by a small number of KE, and by the Sydney Medically Supervised Injecting Centre in 2006. Consequently, in addition to asking whether participants had used heroin of rock and/or powder texture in the preceding six months, the 2007 IDRS also asked whether they had used heroin that they would describe as white/off-white, brown and/or another colour in this time. Participants were also asked which forms they had used most during this period. It remains to be seen whether heroin 'rock' is anything other than compressed powder.

Traditionally, heroin originating from the Golden Triangle, from where Australia's heroin has predominantly originated in the past, has been white or off-white in colour. This form of heroin had an acidic (acetone/hydrochloride) base, was relatively easy to prepare for injection, being more refined and easy to dissolve in water. In contrast, heroin produced in the Golden Crescent, a region producing heroin that has traditionally been seen very rarely in Australia, was traditionally brown in colour and was less refined. It required the use of heat and often an acid to prepare for injection and was also more amenable to smoking as a route of administration.

More recently, however, the picture has become less clear, with at least one documented instance of white acidic heroin production occurring in Afghanistan (Zerell et al., 2005). Furthermore, information from border seizures indicates that it is not possible to determine the geographic origin of the drug based on colour alone (Australian Federal Police [AFP], personal communication). Therefore, while the following information provides an indication of the appearance of heroin used by participants of the IDRS at the street level, it is not possible to draw conclusions about its geographic origin, purity or preparation method required for injection based on these data alone. Further research into this area is required before firmer conclusions can be drawn. The reader is also directed to the individual state/territory reports for KE comments on these data, where available and applicable.

Approximately half the participants in the national IDU sample (representing 87% of recent heroin users) reported use of white/off-white heroin in the preceding six months, while one-fifth reported use of 'brown' heroin. Use of white/off-white heroin powder was more commonly reported than white/off-white rock, while equal proportions of participants reported the use of powder and rock forms of brown heroin (Table 12). The vast majority of heroin users reported that they had used white/off-white heroin (mainly in powder form) most often in the preceding six months, with minimal proportions stating that they had mainly used brown heroin during this time (Table 13).

The use of homebake heroin was noted in all jurisdictions, but remained at 13% or less in the preceding six months. As noted previously, the exceptions were WA (where 44% reported recent use) and the ACT (where 22% reported recent use; Table 12). Five percent of heroin/homebake users in the national sample reported that homebake heroin was the form of heroin that they had most used in the preceding six months, a finding largely accounted for by participants in WA (26%; Table 13).

4.2 Price

The median price of a gram of heroin was cheapest in NSW and the ACT ($300), although in NSW this remained higher than that reported in 2000 ($220; the ACT figure was $300). Heroin was most expensive per gram in WA (note: small numbers reporting; interpret with caution) and QLD (Table 16).

The median price of a 'cap' of heroin (a small amount typically used for a single injection) remained at $50 in all jurisdictions except VIC (where it increased from $40) and SA (where it increased to $100). Small numbers reported purchasing caps in TAS, WA and the NT, indicating low availability.

Figure 5 shows participant estimates of the median price of a gram of heroin over the several years of data collection of the IDRS in NSW, VIC and SA and since 2000 in all other jurisdictions. Since 1996, heroin prices have remained stable or decreased every year until 2001, when the cost increased in jurisdictions with established heroin markets (i.e. excludes TAS and the NT). In subsequent years, prices returned to those reported before the heroin shortage of 2001; however, they have tended to remain somewhat higher in 2007 compared to 1999/2000 prices. The median gram prices reported in 2007 for SA, WA and the NT were based on fewer than 10 reports so these should be considered with caution. There were no gram purchases in TAS in 2007.

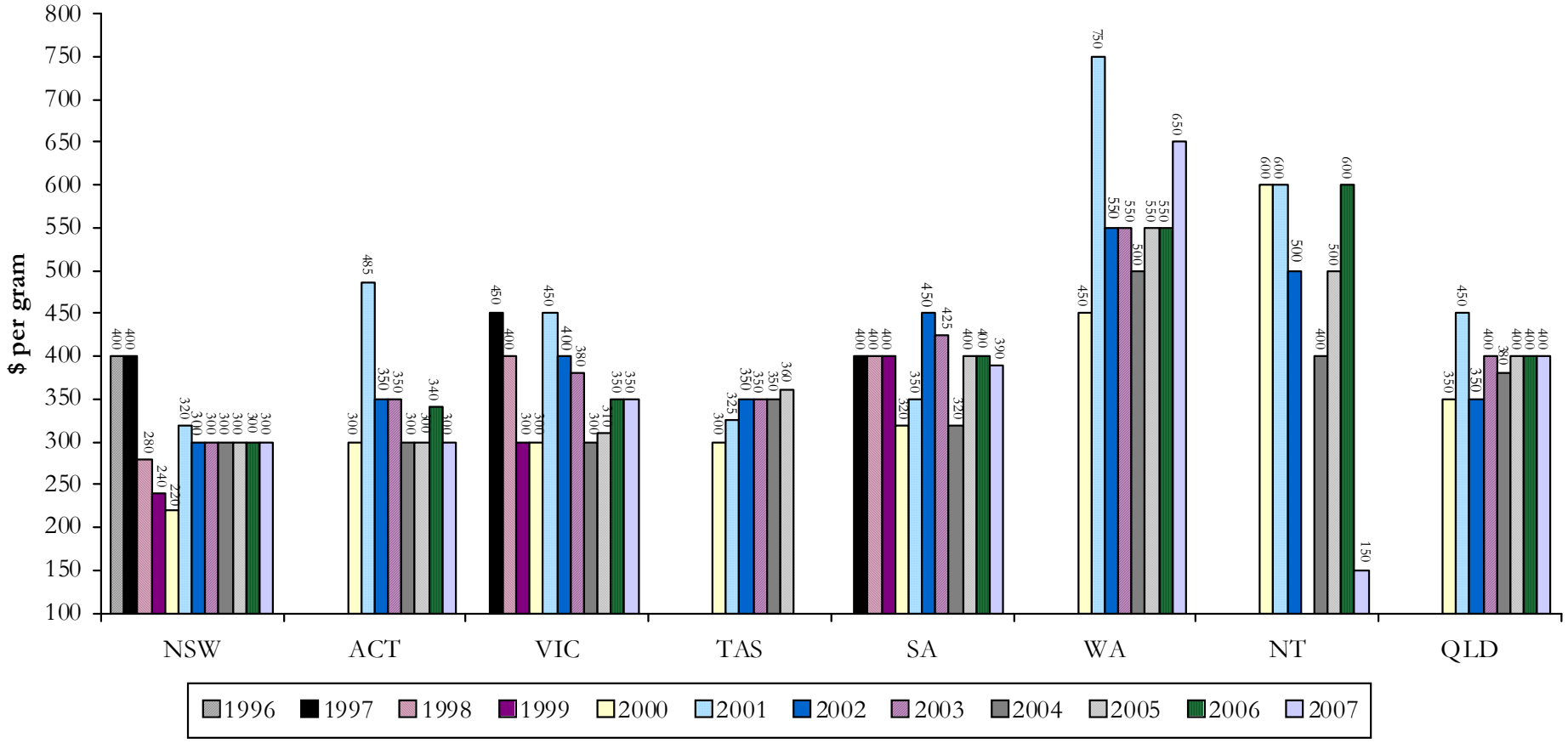
Table 16: Price of heroin, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Median Price ($)									
Per gram	-	300	300	350	-	390^	650^	150^	400
Per cap	-	50	50	50	50^	100	50^	50^	50
Price changes									
% Did not respond	41	6	24	22	97	42	36	93	37
Of those who responded	n=533	n= 144	n=177	n=117	n=3	n=58	n=51	n=8	n=75
(% of the entire sample)	*(59)*	*(94)*	*(76)*	*(78)*	*(3)*	*(58)*	*(64)*	*(8)*	*(63)*
% Don't know	7 (4)	8 (7)	7 (5)	6 (5)	0	2 (1)	6 (4)	13 (<1)	11 (7)
% Increased	13 (8)	14 (13)	8 (6)	3 (3)	0	10 (6)	35 (23)	25 (2)	19 (12)
% Stable	69 (40)	69 (65)	82 (62)	68 (53)	100 (3)	85 (49)	41 (26)	50 (24)	60 (38)
% Decreased	4 (2)	4 (3)	1 (1)	8 (6)	0	0	4 (3)	0	5 (3)
% Fluctuated	8 (5)	6 (5)	3 (2)	15 (11)	0	3 (2)	14 (9)	13 (<1)	5 (3)

Source: IDRS IDU participant interviews

^ small numbers reporting (n<10), interpret with caution

Figure 5: Median price per gram of heroin, by jurisdiction, 1996-2007



Source: IDRS IDU participant interviews

4.3 Availability

To collect information on the availability of heroin, participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?' Fifty-nine percent of the national sample commented on the availability and the majority reported that heroin was 'easy' (45%; representing 26% of the entire sample) or 'very easy' (40%; 23% of the entire sample) to obtain (Table 17).

In late 2000/early 2001, there was an unexpected and dramatic reduction in the availability of heroin in all Australian jurisdictions where heroin had previously been freely available. This has been the subject of further research and debate (e.g. Topp et al., 2003; Degenhardt et al., 2004a; Degenhardt & Day, 2004; Dietze et al., 2004; Harrison et al., 2004; Degenhardt et al., 2005b; Degenhardt et al., 2007; Weatherburn, 2003; Wood et al., 2006; Maher et al., 2007). IDRS data indicate that there was an increase in the availability of heroin in most jurisdictions in 2002 (Breen et al., 2003).

In 2007, as in previous years, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain. The exceptions were the NT and TAS where few participants were able to comment. At a jurisdictional level, the largest proportions reporting heroin as 'difficult' and 'very difficult' to obtain were recorded in the NT and WA (Table 17).

The majority of those commenting on heroin availability (66%) reported that it had remained stable in the last six months, a finding recorded in all jurisdictions, although notable proportions in WA reported that it had become more difficult. Nationally, this represented an increase from 2006, when 48% of those commenting reported stability, and a return to levels recorded between 2003 and 2005 (63% in 2005, 62% in 2004 and 65% in 2003). Proportions reporting stability in 2002 and 2001 were 44% and 50%, respectively. A corresponding decrease was observed in the proportion reporting that it had become more difficult to obtain heroin in the last six months as compared to 2006 (29% of those commenting in 2006; Table 17).

Participants were also asked 'Who have you bought heroin from in the last six months?' and 'What venues (locations) do you normally score (buy) heroin at?' Multiple responses to a range of categories were allowed. Of those who had bought heroin, the most common source was a known dealer or a friend. The most common place of purchase was at an agreed public location. One-fifth of participants nationally reported obtaining heroin from a street market, most commonly in NSW, VIC and QLD, in contrast to low rates in the ACT and SA. As in previous years, purchase of heroin was uncommon among participants in the NT and TAS, with less than 10% in these jurisdictions reporting they bought heroin recently (Table 17).

Table 17: Availability and purchasing patterns of heroin, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Availability									
% Did not respond	42	6	24	22	97	42	36	93	37
Of those who responded	n=532	n=144	n=77	n=117	n=3^	n=58	n=51	n=7 ^	n=75
(% of the entire sample)	*(59)*	*(94)*	*(76)*	*(78)*	*(3)*	*(58)*	*(64)*	*(7)*	*(63)*
% Don't know	3 (2)	2 (2)	5 (4)	3 (2)	0	0	2 (1)	0	4 (3)
% Very easy	40 (23)	43 (41)	40 (31)	44 (34)	0	50 (29)	28 (18)	0	32 (20)
% Easy	45 (26)	42 (39)	47 (36)	48 (37)	100 (3)	45 (26)	43 (28)	0	47 (29)
% Difficult	12 (7)	13 (12)	8 (6)	6 (4)	0	5 (3)	20 (13)	57 (4)	17 (11)
% Very difficult	1 (<1)	0	0	0	0	0	8 (5)	43 (3)	0
Availability changes									
% Did not respond	42	6	24	22	97	42	36	93	37
Of those who responded	n=532	n=144	n=77	n=117	n=3^	n=58	n=51	n=7^	n=75
(% of the entire sample)	(59)	(94)	(76)	(78)	(3)	(58)	(64)	(7)	(63)
% Don't know	6 (4)	4 (4)	10 (8)	4 (3)	0	3 (2)	8 (5)	14 (<1)	9 (6)
% More difficult	14 (8)	15 (14)	5 (4)	11 (9)	33 (1)	10 (6)	28 (18)	0	16 (10)
% Stable	66 (38)	67 (63)	74 (56)	72 (56)	67 (2)	69 (40)	39 (25)	71 (5)	60 (38)
% Easier	10 (6)	8 (8)	9 (7)	9 (7)	0	16 (9)	14 (9)	14 (1)	8 (5)
% Fluctuates	5 (3)	6 (5)	1 (1)	4 (3)	0	2 (1)	12 (8)	0	7 (4)
Purchased from#									
% Had not bought	46	15	30	25	97	46	41	96	42
Of those who had bought	n=591	n=130	n=71	n=113	n=3^	n=54	n=47	n=4^	n=69
(% of the entire sample)	(54)	(85)	(70)	(75)	(3)	(54)	(59)	(4)	(58)
% Street dealer	27 (15)	38 (32)	20 (14)	21 (16)	0	26 (14)	9 (5)	50 (2)	36 (21)
% Friend	39 (21)	30 (26)	44 (31)	29 (22)	100 (3)	41 (22)	53 (31)	25 (<1)	51 (29)
% Gift from friend	9 (5)	5 (4)	9 (6)	8 (6)	0	13 (7)	9 (5)	0	16 (9)
% Known dealer	53 (29)	43 (37)	55 (39)	69 (52)	0	54 (29)	51 (30)	0	51 (29)
% Workmate	<1 (<1)	0	1 (1)	0	0	0	2 (1)	0	1 (<1)
% Acquaintance	17 (9)	5 (5)	13 (9)	23 (17)	0	19 (10)	23 (14)	25 (<1)	25 (14)
% Unknown dealer	10 (6)	5 (4)	7 (5)	13 (10)	33 (1)	19 (10)	2 (1)	0	17 (10)
% Mobile dealer	20 (11)	20 (17)	24 (17)	15 (11)	0	30 (16)	2 (1)	0	28 (16)
Places of usual purchase#									
% Had not bought	46	15	30	25	97	46	41	96	42
Of those who had bought	n=591	n=130	n=71	n=113	n=3^	n=54	n=47	n=4^	n=69
(% of the entire sample)	(54)	(85)	(70)	(75)	(3)	(54)	(59)	(4)	(58)
% Home delivery	28 (15)	27 (23)	30 (21)	19 (14)	33 (1)	48 (26)	19 (11)	25 (<1)	33 (19)
% Dealer's home	22 (12)	19 (16)	21 (15)	22 (17)	0	32 (17)	26 (15)	25 (<1)	21 (12)
% Friend's home	18 (10)	11 (9)	20 (14)	13 (10)	33 (1)	28 (15)	34 (20)	25 (<1)	18 (10)
% Acquaintance's house	7 (4)	2 (2)	1 (1)	8 (6)	0	13 (7)	6 (4)	0	13 (8)
% Street market	17 (9)	29 (25)	4 (3)	20 (15)	33 (1)	6 (3)	0	50 (2)	22 (13)
% Agreed public location	61 (33)	45 (39)	59 (42)	70 (53)	0	59 (32)	60 (35)	50 (2)	85 (48)
% Work	0	0	0	0	0	0	0	0	0

Source: IDRS IDU participant interviews

multiple responses allowed

^ small numbers reporting (n<10); interpret with caution

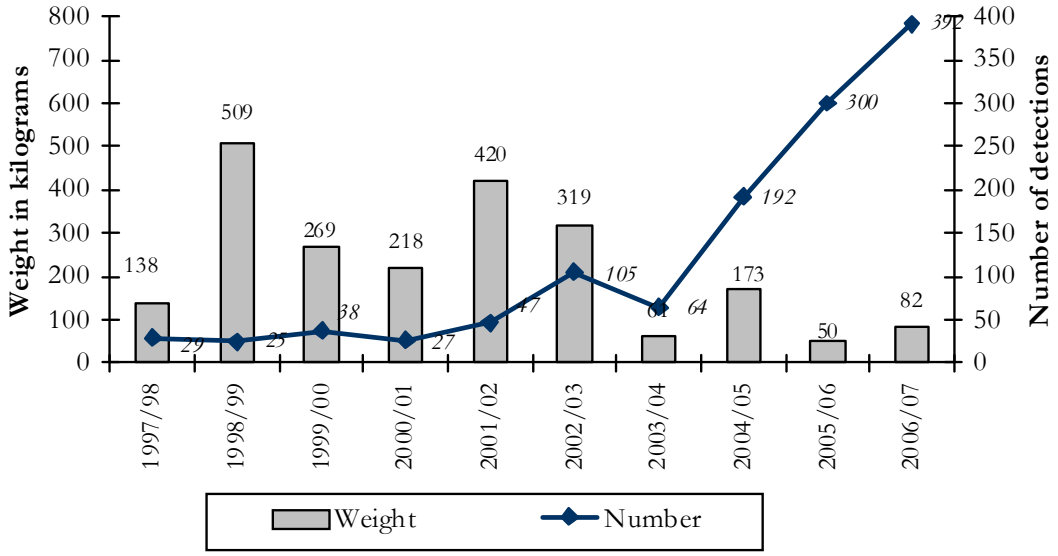
4.3.1 Heroin detected at the Australian border

Figure 6 presents the weight and number of heroin detections by Customs at the Australian border over the past 10 years.

In the financial year 2006/07 there was a record number (392) of heroin detections at the Australian border, representing an increase from 300 detections in 2005/06, and the highest number recorded for the ten-year period. Numbers of detections have been steadily increasing since 2003/04, while weights remain much lower. The total weight of

detections in 2006/07 was 81.76kg, indicating a continuing trend towards smaller amounts of heroin coming in via postal methods and air passenger/crew concealment. In 2006/07, the Australian Customs Service (ACS) detected an increased number of passengers attempting to import heroin into the country via internal concealment (Australian Customs Service, 2007), which is of concern not only for law enforcement, but also from a harm reduction perspective.

Figure 6: Weight and number of detections of heroin made at the border by the Australian Customs Service, financial years 1997/98-2006/07



Source: Australian Customs Service (2007)

4.4 Purity

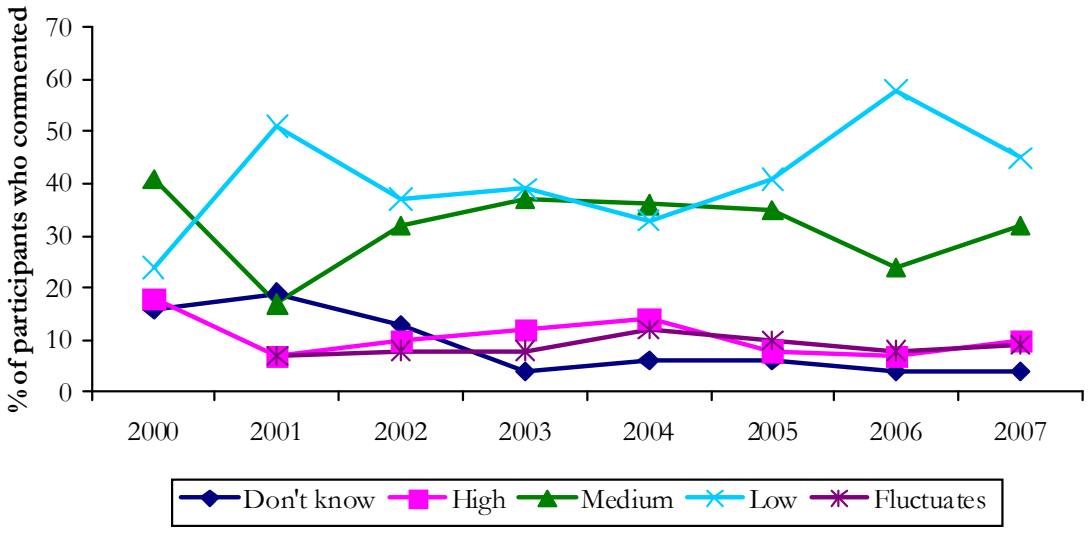
Participants were asked about their perception of current heroin purity or strength and if there had been any change in purity in the six months preceding interview. The majority of participants commenting (n=533) reported that heroin was of 'low' or 'medium' purity. This pattern of results was broadly seen across all jurisdictions except the ACT, where similar proportions reported that it was of 'medium' and 'low' purity, and TAS where few participants were able to comment. Overall, this finding may reflect a slight increase in purity compared to 2006, when greater proportions (58%) reported it to be of 'low' purity. Purity was most commonly reported to have remained stable across the majority of jurisdictions, except in the NT and QLD where it was perceived to have decreased. Overall, these findings may represent some recovery of the heroin market following 2006, but do not reflect those recorded in 2000 (Figure 7).

Table 18: Perceived purity of heroin, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Current Purity									
% Did not respond	41	6	24	22	97	42	36	93	37
Of those who responded	n=533	n=144	n=77	n=117	n=3^	n=58	n=51	n=8^	n=75
(% of the entire sample)	*(59)*	*(94)*	*(76)*	*(78)*	*(3)*	*(58)*	*(64)*	*(8)*	*(63)*
% Don't know	4 (3)	4 (3)	8 (6)	3 (2)	33 (1)	3 (2)	0	13 (<1)	7 (4)
% High	10 (6)	4 (3)	16 (12)	13 (10)	33 (1)	14 (8)	12 (8)	0	7 (4)
% Medium	32 (19)	35 (33)	36 (28)	35 (27)	33 (1)	35 (20)	28 (18)	13 (<1)	20 (13)
% Low	45 (26)	47 (44)	31 (24)	41 (32)	0	45 (26)	47 (30)	75 (6)	56 (35)
% Fluctuates	9 (6)	11 (11)	9 (7)	9 (7)	0	3 (2)	14 (9)	0	11 (7)
Purity changes									
% Did not respond	42	6	24	22	97	42	36	93	37
Of those who responded	n=532	n=144	n=77	n=117	n=3^	n=58	n=51	n=7^	n=75
(% of the entire sample)	*(59)*	*(94)*	*(76)*	*(78)*	*(3)*	*(58)*	*(64)*	*(7)*	*(63)*
% Don't know	9 (5)	9 (9)	12 (9)	7 (5)	67 (2)	9 (5)	6 (4)	14 (<1)	8 (5)
% Increasing	18 (10)	13 (12)	17 (13)	26 (20)	0	22 (13)	18 (11)	14 (<1)	12 (8)
% Stable	33 (19)	38 (35)	34 (26)	37 (29)	0	36 (21)	16 (10)	43 (3)	25 (16)
% Decreasing	24 (40)	22 (20)	22 (17)	14 (11)	0	17 (10)	41 (26)	0	44 (28)
% Fluctuating	17 (10)	19 (18)	16 (12)	17 (13)	33 (1)	16 (9)	20 (13)	29 (2)	11 (7)

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10)

Figure 7: Participant reports of current heroin purity among those able to comment, 2000-2007



Source: IDRS IDU participant interviews

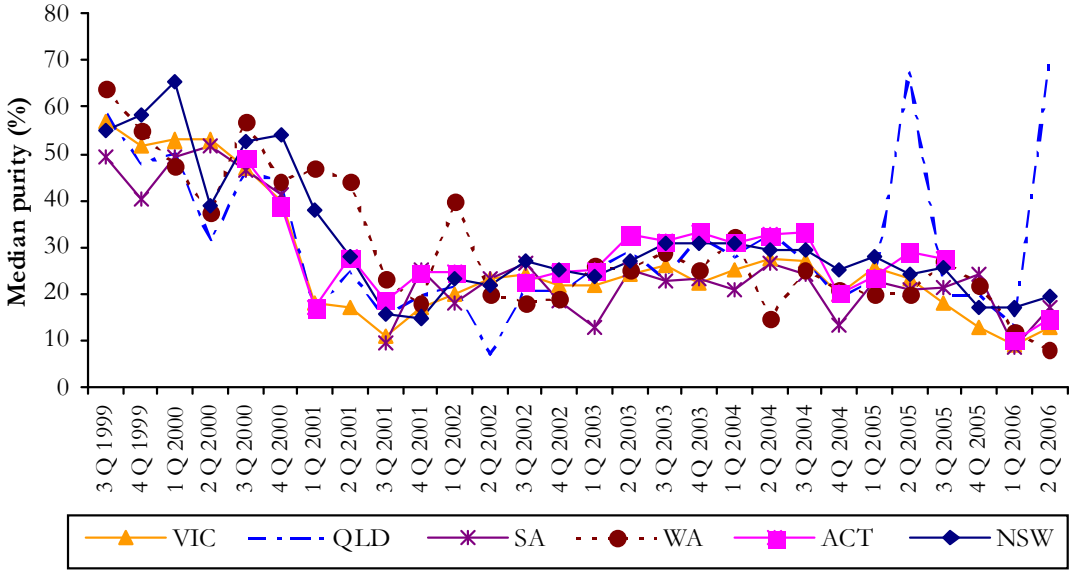
Participant reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. However, there are some important issues to consider

when examining purity measures. Not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures reported, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and this should be considered when drawing conclusions from the purity data presented. These data are provided by the Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence or ABCI).

Figures reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 8 through to Figure 11: figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for WA (and TAS) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of heroin received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of heroin seized by state/territory police in the relevant quarter. The period between the date of seizure by state/territory police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police. No heroin seizures were analysed for purity in the NT or TAS in 2005/06.

The median purity of analysed AFP and state/territory police heroin seizures in 1999/00 to 2005/06 financial years (displayed quarterly) by jurisdictions is displayed in Figure 8 and Figure 9. The overall total median purity of seizures analysed by state/territory police in 2005/06 was highest in SA and NSW (20.1% and 20% respectively) and lowest in the ACT (16.4%). Purity levels have continued to decline over the past six years from a peak of 65.5% in NSW in early 2000 to a low of 8% in WA in mid-2006. The 2006/07 ACC seizure data were unavailable at the time of publication.

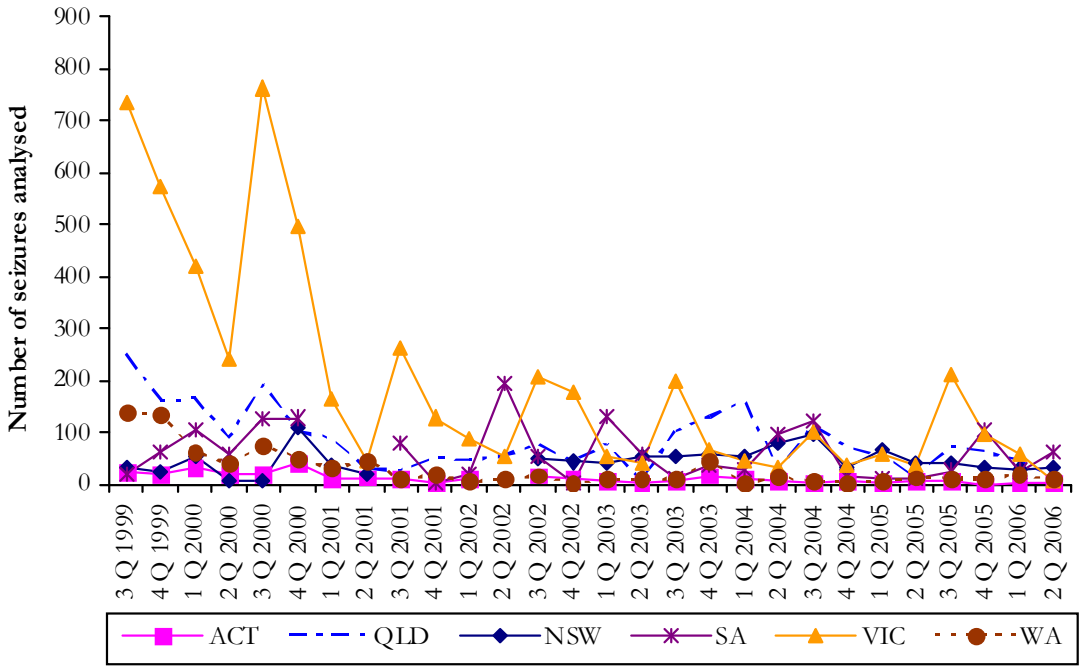
Figure 8: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 1999-2006



Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: Seizures ≤2g and >2g combined. Note: Data for 2006/07 were not available at the time of publication.

The numbers of state/territory police heroin seizures analysed for purity are presented in Figure 9. Given that not all seizures are analysed, these data do not provide an indication as to whether there have been changes in the number of seizures made; rather, they provide an indication of how many seizures contribute to the median purity presented in Figure 8.

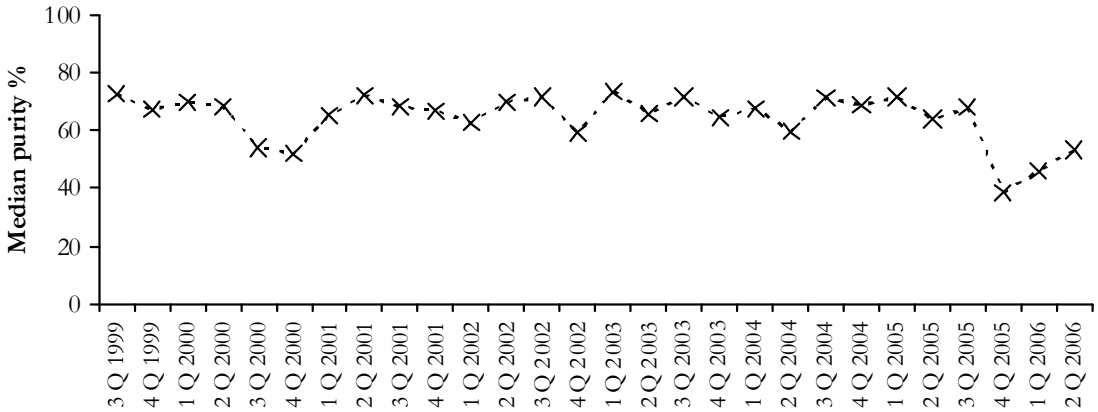
Figure 9: Number of state/territory police heroin seizures analysed, by jurisdiction, 1999-2006



Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were not available at the time of publication.

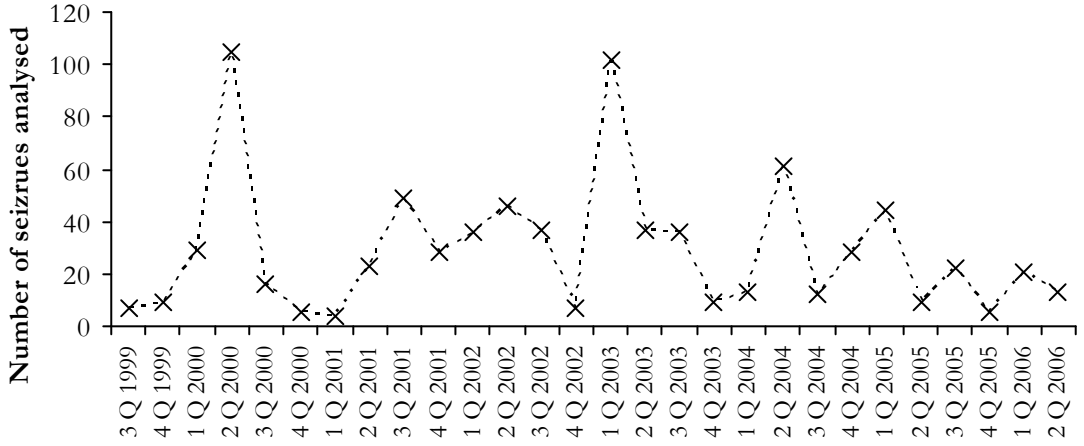
The median purity and number of AFP seizures for NSW are presented in Figures 10 and 11. Only NSW data are presented as there were fewer than ten seizures analysed in all other jurisdictions during 2005/06, with no seizures analysed for many quarters. The median purity of these seizures is relatively higher than those seized by jurisdictional police, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of state/territory police agencies. There has been a considerable decrease during 2005/06, with median purity declining to 38.5% in the last quarter of 2005, the lowest it has been in the past seven years. It should be noted, however, that this purity figure is only based on five seizures (Figure 11). Data for 2006/07 were not available at the time of publication.

Figure 10: Median purity of heroin seizures analysed by AFP in NSW 1999-2006



Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were not available at the time of publication.

Figure 11: Number of AFP heroin seizures analysed in NSW, 1999-2006



Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were not available at the time of publication.

4.5 Jurisdictional trends for heroin

Below follow summaries of trends for heroin provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW (Sindicich & Degenhardt, 2008); ACT (Campbell & Degenhardt, 2008); VIC (Quinn, 2008); TAS (de Graaff & Bruno, 2008); SA (White et al., 2008); WA (Fetherston & Lenton, 2008); NT (Moon, 2008) and QLD (Richardson & Kinner, 2008).

4.5.1 New South Wales

Eighty-eight percent of NSW IDRS participants reported use on one or more occasions in the six months preceding interview. The median days of recent heroin use increased from 72 days (i.e. three times per week) to 96 days (i.e. approximately every two days) in 2007. Despite this increase in overall frequency of use, 2007 was also the year in which the lowest proportion of daily heroin users were reported since the IDRS began (24%, comparable with 25% in 2006). As in 2006, the median number of days on which heroin was used differed by geographical area. While 2006 saw a stabilising of days of use in the south west (from 67 days in 2005 to 65 in 2006) and a halving in the days of use in central Sydney (from 180 days, or daily, use in 2005 to 90 days in 2006); 2007 saw a substantial increase in median days use in south west (112.5 days) and a drop in central Sydney use (80 days).

The median price for a gram ($300) and a cap of heroin ($50) continued to remain stable in 2007, and prices remained higher than those reported prior to the heroin shortage in 2001. Heroin remained accessible in 2007, with 85% of those who commented reporting that it was either 'easy' or 'very easy' to obtain. This large percentage of participants that commented on ease of availability, along with the decrease in reporting availability as 'difficult' and 'very difficult' (28% in 2006; 13% in 2007) would suggest a change in relative ease in heroin availability. Most participants tended to report availability as having remained 'stable' (67%) with a smaller proportion having reported it as 'more difficult' (15%).

Participant reports (among those who commented) on heroin purity were mixed. Just under half of the participants who commented reported current purity as 'low' (47%), and just over a third (37%) reported purity as 'medium'. The majority of participants (38%) considered the purity level to have remained 'stable' over the preceding six months. KE comments on price, purity and availability were relatively consistent with IDU participant reports, with indications that heroin quality was generally low to medium. KE and IDU participant comments on heroin use typically characterised users as engaging in polydrug use, using other drugs such as illicit opioids, benzodiazepines and stimulants in response to continued low heroin availability/purity. Participant use of homebake remained low and comparable to 2006, and KE reports of client use of this drug indicated that it remained uncommon and infrequent.

Due to the mention by some KE in 2006 of the appearance of brown alkaline heroin, predominantly in central Sydney for a short period, participants in 2007 were asked about the colour of heroin they mostly used. Brown heroin is noted to require different injection preparation methods and therefore is an important issue to investigate for the purpose of harm reduction. However, similar to last year, both KE and participant reports found that the predominant form (75% of those that commented) remained to be white/off-white powder (believed to be sourced from South East Asia). It is

important to note that country of origin and purity level cannot be deduced from only the reported colour of the heroin.

Indicator harms related to heroin use remained stable or decreased over the past year, and remained considerably lower than figures recorded prior to 2001. The NSW heroin market has not returned to pre-shortage levels of use or associated harm.

4.5.2 The Australian Capital Territory

The proportion of ACT participants reporting use of heroin in the six months preceding interview remained stable at 72% (71% in 2006), though this was still lower than previous years (86% in 2005 and 2004). In terms of the frequency of use, heroin use patterns varied from less than monthly to daily use. In the six months preceding interview, the median days of heroin use was 48 (approximately twice a week); this was up from a median of 24 days (approximately once a week) in 2006, though again, still markedly down from previous years (60 days in 2005, and 73 days in 2004). In terms of the frequency of heroin injection, 22% of recent heroin users had injected on a monthly or less frequent basis, 19% had injected heroin on a more than monthly to a weekly basis, 53% had injected heroin weekly to less than daily, and 6% injected on a daily basis.

In 2007, participants were asked about different forms of heroin. The most common forms used were white/off white heroin powder (82%), followed by homebake (36%) and white/off white rock (34%). A significant minority reported that they had used either brown heroin powder (12%), or brown heroin rock (17%). This may require an additional step, involving citric acid, in the preparation for injection. The usual form used was predominantly white/off-white powder heroin (79%).

The median price of heroin remained relatively stable in 2007. The reported price for a cap of heroin remained stable from 2006 to 2007 at $50; the reported price for a gram of heroin decreased slightly from $340 in 2006 to $300 in 2007. Respondents reported heroin to be 'very easy' (40%) to 'easy' (47%) to obtain in the ACT; this was an increase relative to the previous year, when 30% of participants reported heroin to be 'very easy' to obtain and 36% reported heroin to be 'easy' to obtain. There was a decrease in participant reports of heroin purity being 'low' from 60% in 2006 to 31% in 2007. In 2007, 36% reported heroin purity to be 'medium', and 16% reported purity to be 'high'.

KE reports were consistent with the reports of IDU participants. They reported that most IDU with whom they had had contact had used heroin in the six months preceding interview. However, most did note that there had been a general decline in availability and purity of heroin since 2005.

4.5.3 Victoria

Over two-thirds (69%, n=103) of the VIC IDU survey respondents reported that heroin was their main drug of choice, and 85% (n=127) reported having used and injected heroin during the preceding six months. As in previous years, a higher proportion of the Melbourne IDU sample who had recently used heroin reported that they had most commonly used heroin rock (62%), compared to powder (38%) during that time.

Respondents reported using heroin on a median of 72 days during the past six months, with just over one-quarter (26%, n=39) reporting using heroin on a daily basis during

that time. As with prevalence of recent heroin use, frequency of use also increased in 2007 (compared to 56 days in 2006).

In 2007, respondents reported paying (median price): $50 for a cap, $100 for a quarter-gram, $200 for a half-gram, and $350 for a gram (on the last occasion of purchase). The reported price of heroin remained relatively stable in 2007, although the median reported price for a cap increased slightly. The most popular purchase amount of heroin was once again a half-gram (n=58), followed by a cap (n=38).

Current heroin purity was reported as 'low' (41%, n=48) to 'medium' (35%, n=41) by the majority of IDU respondents who commented (n=114). Of the KE who commented on heroin purity (n=21), the majority (n=17) reported that it was 'fluctuating' (n=12) or 'high' (n=5).

The majority of IDU respondents who commented on the availability of heroin (n=114) reported it as either 'easy' (49%, n=56) or 'very easy' (45%, n=51) to obtain at the time of interview, and that availability had been 'stable' over the past six months (74%, n=84). Most participants who commented on where they usually sourced their heroin (n=113) reported that they usually purchased from known dealers (69%, n=78), friends (29%, n=33), acquaintances (23%, n=26), or street dealers (21%, n=24). These participants also commented on the venues (locations) where they normally scored heroin, with most reporting an agreed public location (70%, n=79), dealer's home (22%, n=25), street market (20%, n=22), or home delivery (19%, n=21). KE confirmed that heroin was 'very easy' or 'easy' to obtain, and that mobile dealing was more common than street dealing in many areas.

Seven percent of IDU respondents (n=11) reported having experienced a heroin overdose within the previous six months, and 4% (n=6) had received Narcan during that time, an increase since 2006. While most KE indicated that overall rates of non-fatal and fatal heroin overdoses had remained stable in the last six months, five reported that heroin-related overdose rates had recently decreased.

4.5.4 Tasmania

Consistent with patterns seen in previous studies, only a small proportion of the TAS cohort (5%) reported using heroin in the preceding six months, with this use being very infrequent (four of the previous 180 days), despite a high preference for heroin as a drug of choice. The prevalence of recent heroin use among Tasmanian IDU cohorts has decreased dramatically from 38% in 2000 to 5% in the current study.

Very few of the IDU participants interviewed in the 2007 Tasmanian IDRS could report on local trends in price, purity, or availability of heroin. Only one participant was able to provide information regarding price paid for recent heroin purchases. This purchase was one 'cap', at a cost of $50. Similarly, in 2006, just one participant commented on price for heroin, reporting purchasing two to three 'points' for $200. In previous years, when greater proportions of local IDRS IDU cohorts reported recent heroin use, information regarding price was more common. In 2005, four participants commented on buying a 'cap' of heroin, reporting a modal price of $100. Three participants commented on purchasing a gram of heroin, reporting a median price of $360. Given these extremely sparse reports, it is difficult to infer trends in the price of heroin locally.

Participants predominantly used brown, rock-form heroin and considered the drug as either 'high' or 'medium' in subjective purity in the preceding six months.

In contrast to previous years, all three participants who commented on availability of heroin reported it to be 'easy' to access, and that this situation had either remained 'stable' or had become 'more difficult' in recent months. In previous years, the majority of IDU participants considered heroin as 'difficult' or 'very difficult' to access, and that this situation had not changed in recent months. However, the clear majority of indicators – such as the continuing low prevalence of heroin use among clients of the state's NSP and the low median rate of use of heroin (four days in the last six months among those who had used the drug) and that, of the 27% of the IDU sample that reported heroin as their drug of choice, only 5% had recently used heroin – indicate that the low availability of heroin in the state, identified in earlier IDRS studies, has continued in 2007.

4.5.5 South Australia

In 2007, the proportion of SA participants who reported recent use of heroin increased compared to 2006, and there was an increase in the frequency of use of heroin. Heroin users continued to supplement or substitute their heroin use with other opioid substances such as morphine and methadone, and also methamphetamine.

The price of heroin remained stable from 2006 to 2007, and it was still considered 'easy' or 'very easy' to obtain by most participants, with availability reported as 'stable' in the preceding six months. According to participants, heroin purity remained 'low' to 'medium' levels in 2007; however there was an increase in those participants reporting heroin purity as 'medium' with the current levels of purity perceived as 'stable'. Consistent with 2006, there was again an increase in the proportion of participants obtaining heroin from a mobile dealer, and from friends.

Experience of recent heroin overdose among the participants in the sample increased. Other available treatment services and hospital data indicate that, over the last few years, heroin-related numbers have been stable to decreasing, while other opioid numbers have been stable to increasing.

In general, it seems that the ease of availability of heroin for most participants, the perception of increased purity of heroin for an increasing proportion of the participants and the predominance of heroin as the drug of choice among this year's sample was reflected in increased frequency of use among participants in 2007. Over the long term, indicators (such as treatment services and hospital data, police offences and seizure data) suggest stability or decline in the heroin market; contrary to this, KE and participant reports suggest this situation may be changing with heroin use increasing. However this has not returned to pre-shortage conditions in Adelaide.

4.5.6 Western Australia

Heroin remained the most commonly cited drug of choice in the 2007 WA IDU sample, nominated by 54% compared with 46% the previous year. It was also the drug most injected in the month prior to interview, albeit by a narrow margin, with 37% citing heroin, and 33% citing methamphetamine in this context. Numbers of recent users of the drug remained stable with 56% of participants reporting its use in the six months preceding interview. There was, however, a substantial increase in both the mean numbers of days used from 47 in 2006 to 87 in 2007 and also in numbers reporting

heroin use on a daily basis with 29% of all heroin users doing so compared with 11% the previous year. This is reflected in user reports of increased availability with 71% of those responding reporting the drug as 'easy' or 'very easy' to obtain compared with 54% in 2006. User perceptions of heroin purity continue to suggest that the majority of those responding (47%) viewed current purity as being 'low'. The mean price of recent purchases of a gram of heroin was $690 which appears substantially higher than the 2006 mean of $532; however, the very small number of reported purchases of a gram render this difficult to demonstrate with formalised statistical testing. Overdoses among the IDU sample in the 12 months preceding the survey remained rare with just two reports of this compared with six reports of overdose in the 2006 sample.

4.5.7 The Northern Territory

The proportion of survey participants in the NT reporting recent heroin use declined for the fourth year in a row to 7%, although median days of use increased to 30 from 13 in 2006. A move away from powder and towards rock as the main form used was seen between 2003 and 2006 but the small number of participants able to comment this year means that additional interpretation of this trend is not possible. KE continue to report that powder is the main form used.

One participant reported paying $50 for a cap of heroin and one paid $150 for a gram; four participants (50% of those able to comment) reported that prices had been 'stable' over the six months before interview. Heroin was rated as having 'low' purity and being 'difficult' or 'very difficult' to obtain, with both these characteristics being 'stable' over the six months before interview.

As in previous years, more participants nominated heroin as their drug of choice than any other drug. However, most participants who preferred heroin had injected morphine most often in the previous month and attributed this to poor availability of heroin in the NT. KE comment and participant responses suggest that – as has been the case in the NT for some time – heroin availability is low for most participants but readily available to some.

4.5.8 Queensland

In 2007, there was some evidence that the incidence and frequency of recent heroin use among the QLD sample had decreased. Compared to 2006, in 2007, smaller proportions of participants nominated heroin as their preferred drug (42% vs. 49% in 2006), as the last drug injected (24% vs. 32% in 2006) and as the drug most often injected in the previous month (31% vs. 32% in 2006). Nonetheless, the proportion nominating daily heroin use (24%) was more than double the proportion in 2006 (10%). Participants continue to nominate white/off-white heroin as the predominant form of heroin used in the previous six months, although approximately half the proportion of recent users also indicated using brown powder or rock heroin during this time.

Heroin prices remained stable at $50 a point and $400 a gram in 2007. Compared to 2006, heroin was perceived as slightly more accessible in 2007; 33% of those who commented reported that heroin was 'very easy' to obtain (vs. 25% in 2006), 49% reported that it was 'easy' (vs. 52% in 2006), and 18% rated availability as 'difficult' (vs. 22% in 2006). KE continue to observe that the purity of heroin in south-east Queensland remains low and variable, although fewer participants identified heroin as low in purity in 2007 (60%), compared to the previous year (73%).

The number of heroin use/possession arrests made by Queensland Police Service (QPS) has decreased steadily since 2003/04, with the majority of arrests occurring in metropolitan areas. QPS made 91 arrests for heroin use/possession during the 2006/07 financial year.

4.6 Summary of heroin trends

- Heroin remained the most commonly reported drug of choice among participants. Prevalence of use in this group increased or remained stable across jurisdictions, and increases in the frequency of use were seen in all jurisdictions with established heroin markets, with the exception of QLD where frequency of use declined. The highest proportions of daily users were reported in NSW and VIC. Figures remained lower than those reported prior to the 2001 heroin shortage.
- Heroin use remained most common in NSW and VIC, while use remained low in TAS and the NT.
- Heroin used by participants was typically white/off-white in colour, with 'rock' and 'powder' forms both noted. The use of brown coloured heroin was also reported, a finding that requires further research. The use of homebake heroin in the sample remained largely uncommon outside WA.
- Heroin was typically $50 per cap across the jurisdictions and remained relatively stable compared to 2006, with the exception of SA where it increased to $100. The median prices per gram remained fairly stable in each jurisdiction in 2007 and ranged from $300 in NSW and the ACT to $400 or more in QLD and WA.
- As in previous years, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain. The exceptions were the NT and TAS where few participants were able to comment.
- The majority of participants commenting reported that heroin was of 'low' or 'medium' purity. This may reflect a slight increase in purity compared to 2006, when greater proportions reported it to be of 'low' purity. Heroin purity has typically been reported as of 'medium' or 'low' purity since the commencement of the IDRS, which may in part be a reflection of participants' tolerance in addition to a genuine reflection of low street-level purity.
- Health and law enforcement-related harms, including those associated with heroin use, are discussed under the relevant sections later in the report.

5.0 METHAMPHETAMINE

This section contains information about methamphetamine use by the IDRS IDU sample, followed by data on market characteristics (including price, purity and availability). Data on harms (health and law enforcement-related) associated with drug use, including methamphetamine use and injecting drug use more generally, are provided under the relevant sections later in this report.

Prior to 2001, IDRS reports used the overarching term 'amphetamines' to refer to both amphetamine and methamphetamine[4]. 'Amphetamine' refers to amphetamine sulphate which, throughout the 1980s, was the form of illicit amphetamine most available in Australia (Chesher, 1993). As a result of the legislative controls introduced in the early 1990s on the distribution of the main precursor chemicals (Wardlaw, 1993), illicit manufacturers were forced to rely on different recipes for 'cooking' amphetamine. Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulphate) steadily increased, until methamphetamine dominated the market such that in the financial year 2000/01, the vast majority (91%) of all seizures of amphetamine were methamphetamine (Australian Bureau of Criminal Intelligence, 2002). Methamphetamine continues to dominate the market in Australia, the majority of which is produced domestically (Australian Crime Commission, 2007).

In Australia, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, crystal, shabu, crystal meth, base, pure and paste, identified by the 2000 IDRS as becoming more widely available and used in all jurisdictions (Topp et al., 2001), are also methamphetamine. Therefore, the term methamphetamine was used from 2001 to refer to the drugs available that were previously termed 'amphetamines'[5].

The 2001 IDRS distinguished between the powder form of methamphetamine that has traditionally been available in Australia ('speed'), and the more potent forms (shabu, ice/crystal, crystal meth, base and paste). From 2002, a further distinction was made between methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('ice') in an attempt to collect more comprehensive information on the use, price, purity and availability of each of the different forms. 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure) is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base is reported to be difficult to dissolve for injection without heating. Base is also thought to be manufactured in Australia. 'Ice' (also called shabu, crystal or crystal meth) is a crystalline or coarse powder that ranges from translucent to white but may also have a green, blue or pink tinge. Ice/crystal is thought to be manufactured in Asia and imported (Topp & Churchill, 2002), although it may also be produced within Australia, the extent to which is unclear (McKetin et al., 2005a). A fourth form, liquid methamphetamine (also known as 'oxblood') is also available; however, as prevalence

[4] Methamphetamine may also be referred to as methylamphetamine.

[5] Note: Indicator data are presented using the terminology employed by the data providers and therefore may vary between sources.

and frequency of use remain infrequent, further details on price, purity and availability are not sought.

As it became apparent that these methamphetamine forms were marketed differently and sold at differing price scales, the IDRS commenced collecting data to provide information on the different forms accordingly. As there is still some uncertainty among both users and researchers as to the characteristics of the different forms of methamphetamine that are marketed as 'speed', 'base', and 'crystal' (ice), the 2002 and 2003 IDRS interviews incorporated the use of flashcards with colour photographs (Topp & Churchill, 2002). The results of this approach are discussed in the National IDRS 2002 and 2003 reports.

Detailed research has been conducted on methamphetamine markets in an attempt to gain a better understanding of this area (McKetin & McLaren, 2004; McKetin et al., 2005a). These authors have also estimated the number of regular and dependent methamphetamine users in Australia (McKetin et al., 2005b).

5.1 Use

5.1.1 Recent use among IDU participants

In 2007, 74% of the national sample reported using one or more forms of methamphetamine (speed, base, ice/crystal or liquid amphetamine) in the six months preceding interview, reflecting a slight decrease from 2006. The proportion of participants reporting recent use of methamphetamine varied across the jurisdictions. Proportions reporting use are higher than in 2000 with the exception of the NT where use has declined slightly (Figure 12).

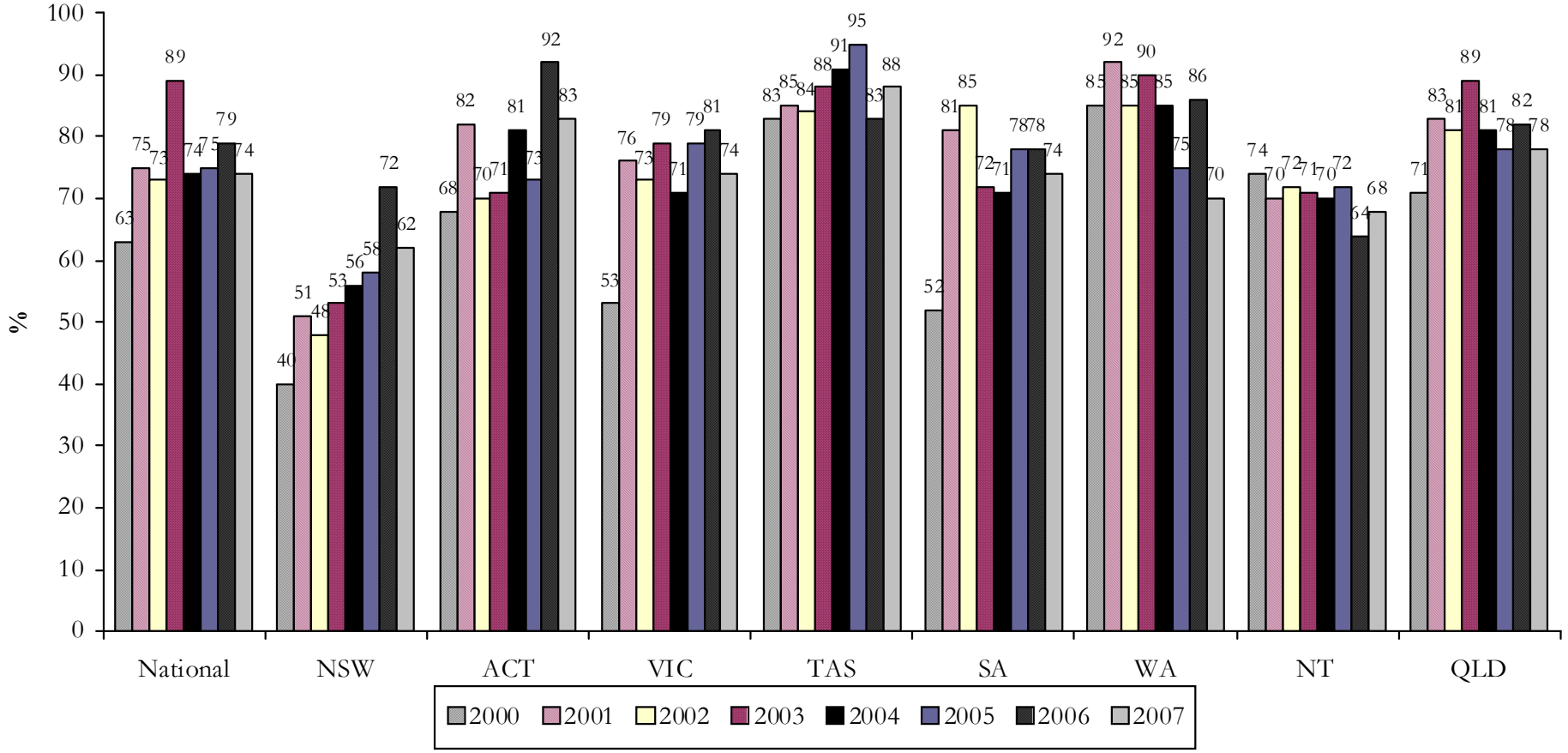
Figures 13, 14 and 15 show that the proportion of participants who reported using the three predominant, different forms of methamphetamine varied across jurisdictions. Recent use of speed varied by jurisdiction and remained stable or decreased in all jurisdictions except TAS and QLD, where it increased. VIC, TAS, WA and QLD had the highest levels of recent speed use and NSW the lowest.

Patterns of recent base use declined to varying extents in the majority of jurisdictions, the exceptions being NSW and the ACT where it remained stable. TAS and QLD recorded the highest level of recent base use in 2007 and VIC the lowest.

In 2007, participant reports of recent ice/crystal among users indicated that use by this group had decreased in all jurisdictions except the NT where it remained stable. Recent use of ice/crystal remained highest in ACT and lowest in the NT. One-third of recent ice/crystal users had smoked the drug in the preceding six months.

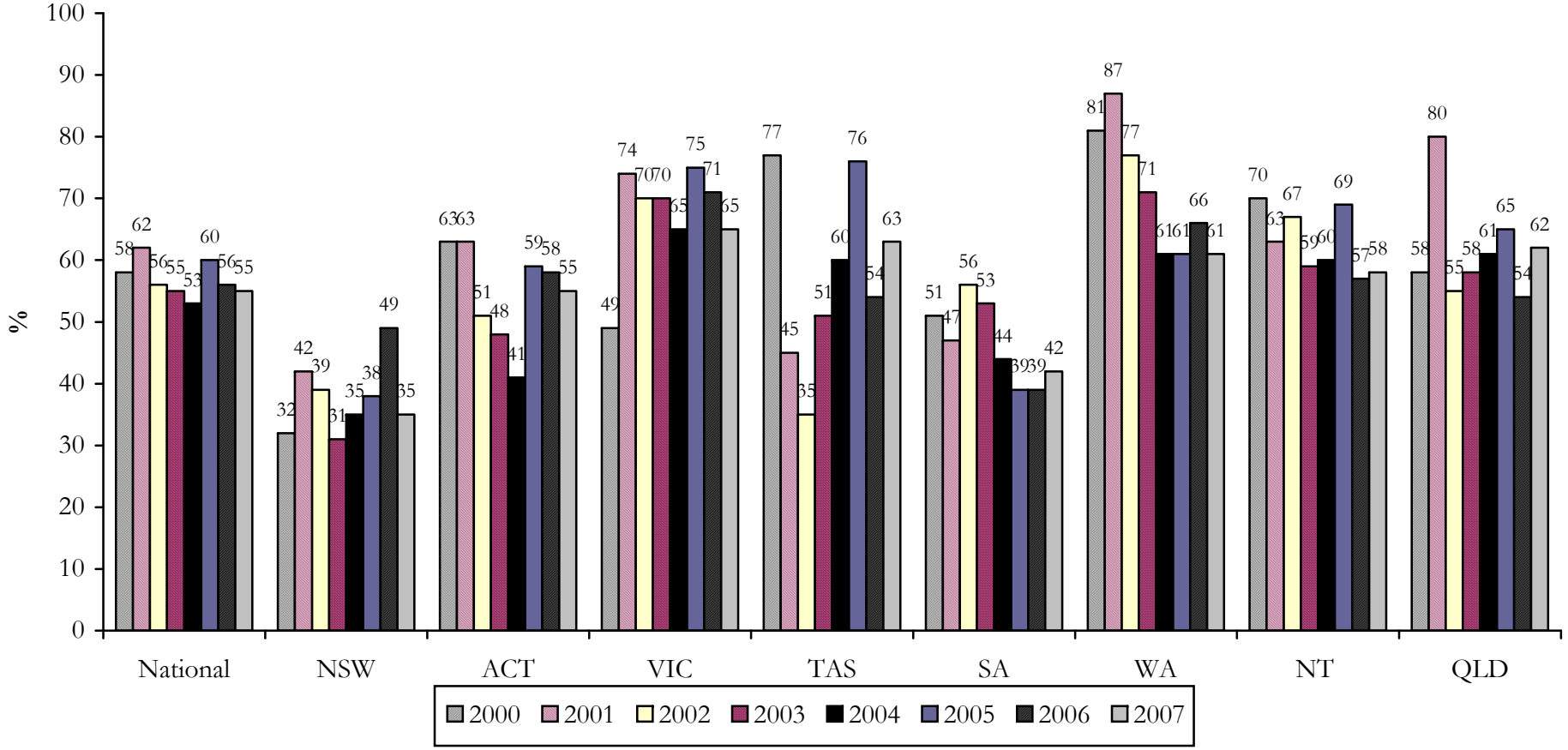
Injection is typically the route of administration used by this group for many drugs, including methamphetamine, it is interesting to note that 32% of ice/crystal users had smoked the drug in the preceding six months (96% used injection instead of, or as well as, another route of administration). This ranged from 8% in TAS to 48% in VIC. Figures for the other jurisdictions were: NSW 35%; the ACT 26; SA 37%; WA 42%; the NT 23% and QLD 28%.

Figure 12: Recent use of methamphetamine (any form), by jurisdiction, 2000-2007



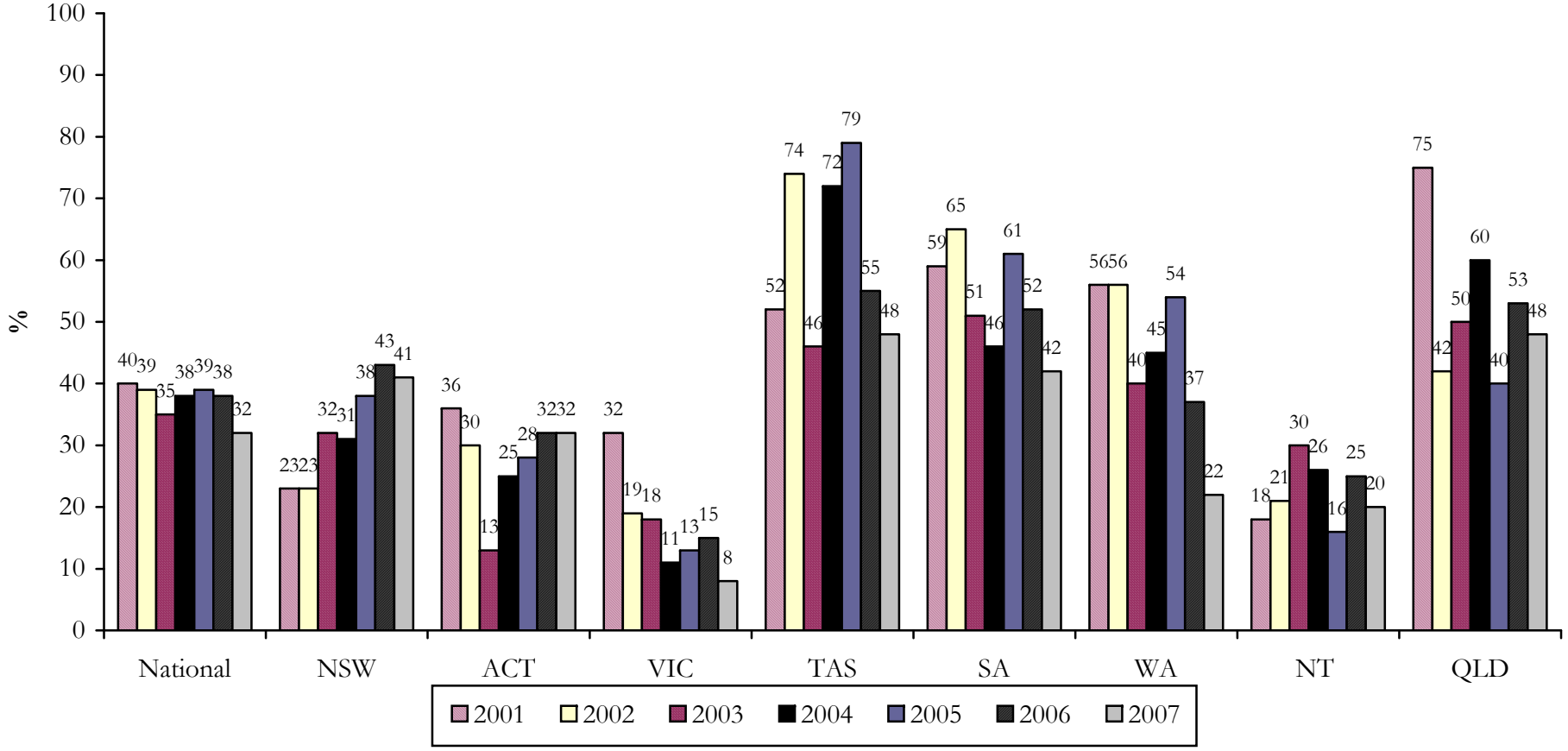
Source: IDRS IDU participant interviews

Figure 13: Recent use of methamphetamine powder (speed), by jurisdiction, 2000-2007



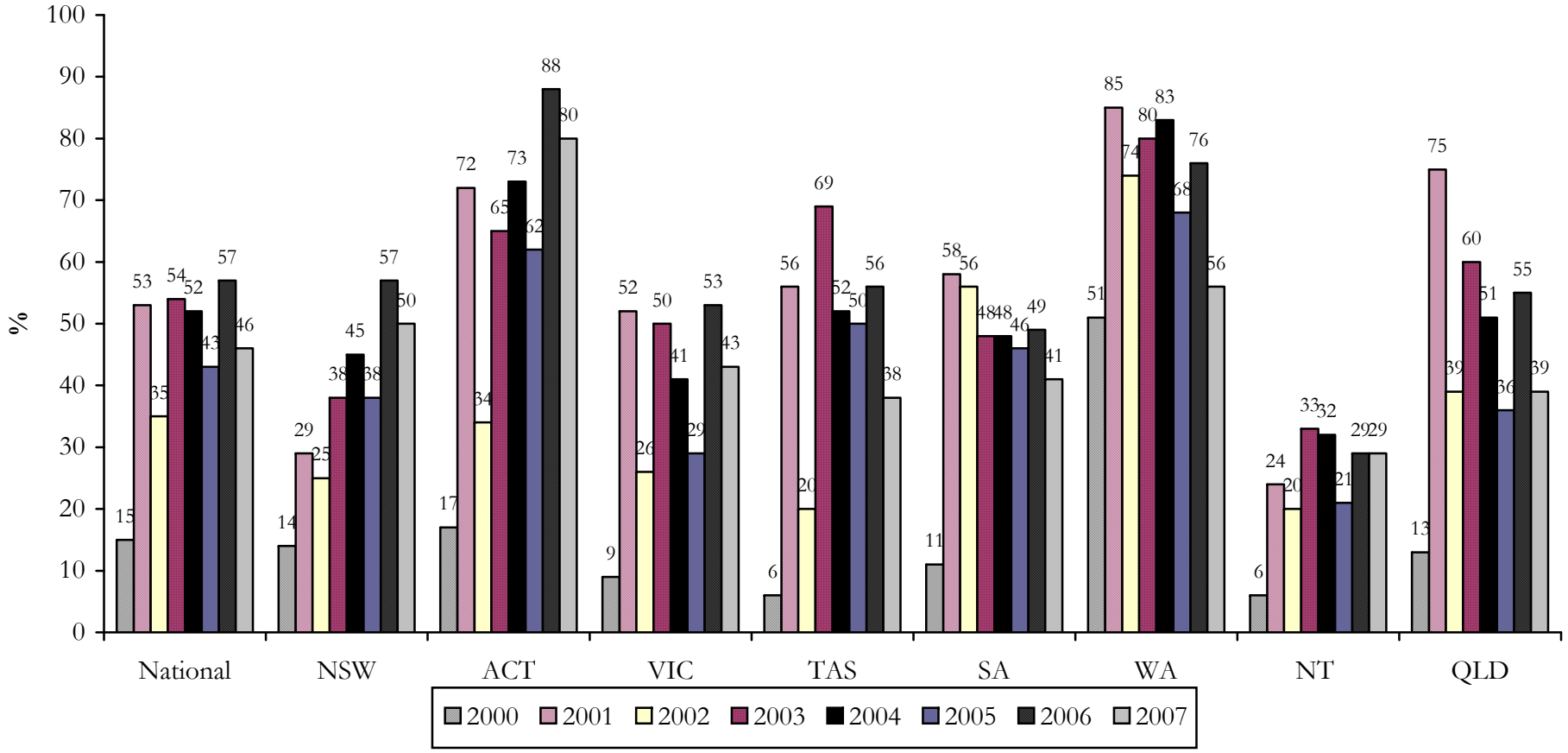
Source: IDRS IDU participant interviews

Figure 14: Recent use of methamphetamine base, by jurisdiction, 2001-2007



Source: IDRS IDU participant interviews
* Data not collected in 2000

Figure 15: Recent use of crystalline methamphetamine (ice/crystal), by jurisdiction, 2000-2007



Source: IDRS IDU participant interviews

Recent use of liquid amphetamine was not commonly reported, with 7% of the national sample reporting having used it in the six months preceding interview. The proportions varied across jurisdictions, ranging from none in TAS to 11% in QLD (Table 19).

Table 19: Recent use of amphetamine liquid, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Amphetamine liquid	5	3	2	3	0	8	4	5	11

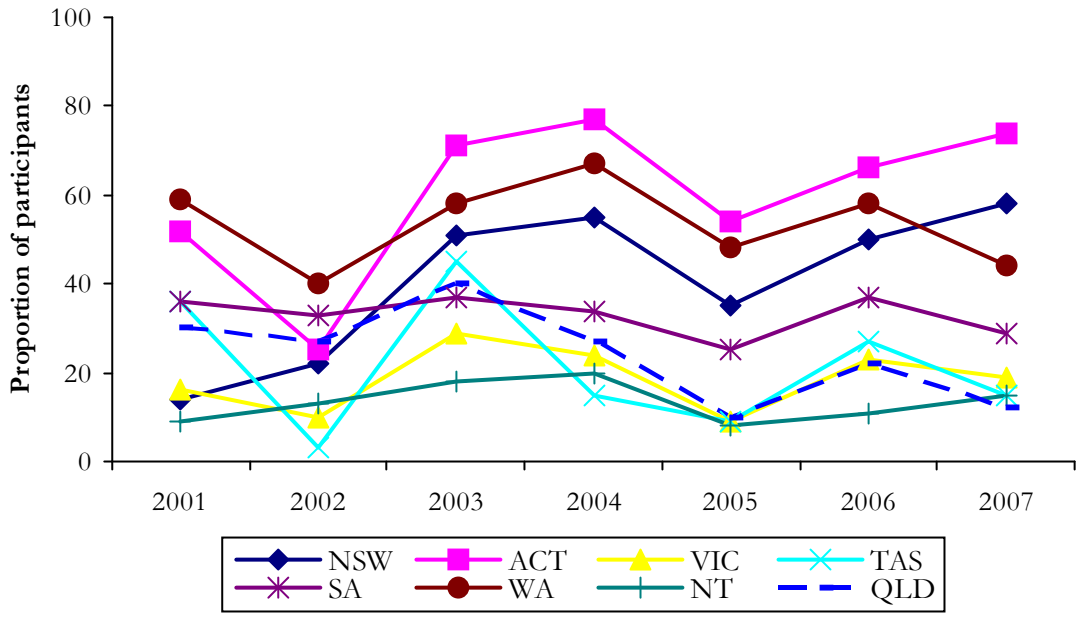
Source: IDRS IDU participant interviews

5.1.2 Methamphetamine form most used

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. Similar to previous years, the form of methamphetamine reported as the form used most in the past six months was speed (43%), followed by ice/crystal (31%) and base (19%; Figure 16). For comparison, in 2006, these figures were: speed (42%), ice/crystal (37%) and base (19%).

However, as can be seen from Figure 16, there was some jurisdictional variation in these findings. Following increases from 2002 to 2004, a drop of varying extents was noted across all jurisdictions, with figures tending to increase or fluctuate from 2005. Similar to the preceding four years, the ACT reported the highest proportion using ice/crystal in 2007; increasing from 66% of methamphetamine users in 2006 to 74% in 2007.

Figure 16: Proportion of participants who used methamphetamine and reported ice/crystal as the form most used in the past six months, by jurisdiction, 2001-2007



Source: IDRS IDU participant interviews

5.1.3 Frequency of use

In 2007, the median number of days any form of methamphetamine was used by the national sample was 24 days, which reflects approximately weekly use (Table 20).

Table 20: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2007

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Speed	12	11	10	10	12	17	24	5	12
Base	10	5	6	15	12	14	7	5	14
Ice/crystal	10	14	15	6	3	12	24	3	8
Liquid	5	25^	3^	2^	-	21^	7^	1^	6
Any form**	24	30	30	13	24	31	73	8	24

Source: IDRS IDU participant interviews

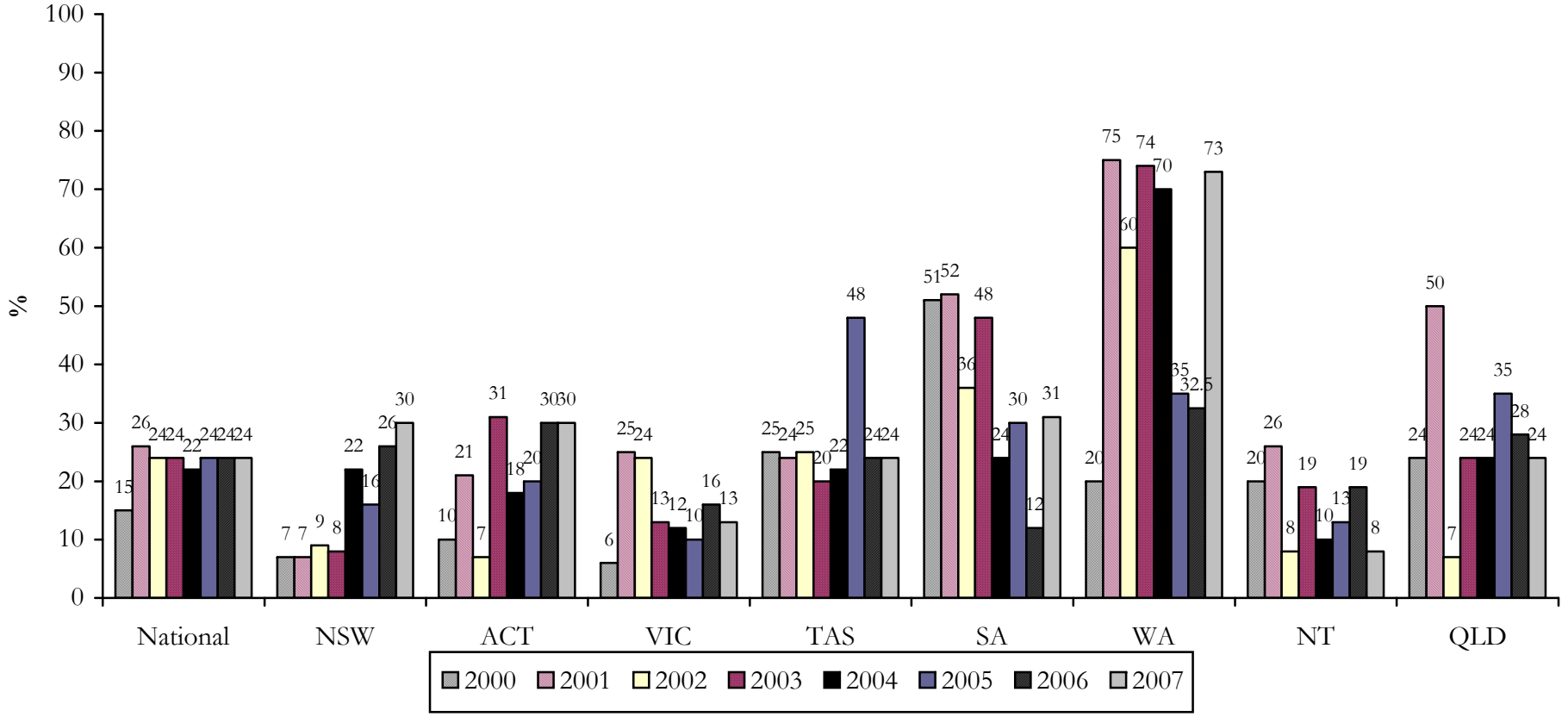
Note: Maximum number of days, i.e. daily use = 180. See page xxxi for guide.

^ very small numbers reporting (n<10)

** includes speed powder, base, ice/crystal and liquid forms

Figure 17 shows the median number of days of methamphetamine use (any form) among those who used it in the six months preceding interview over the past eight years. There has been variation in the frequency of methamphetamine use across time and between jurisdictions, being highest in WA at 73 days (approximately three times per week) and lowest in the NT at eight days (just over monthly use). Compared to 2006, figures remained fairly stable, with the exceptions of SA and WA where they increased, and NT where they decreased.

Figure 17: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2000-2007



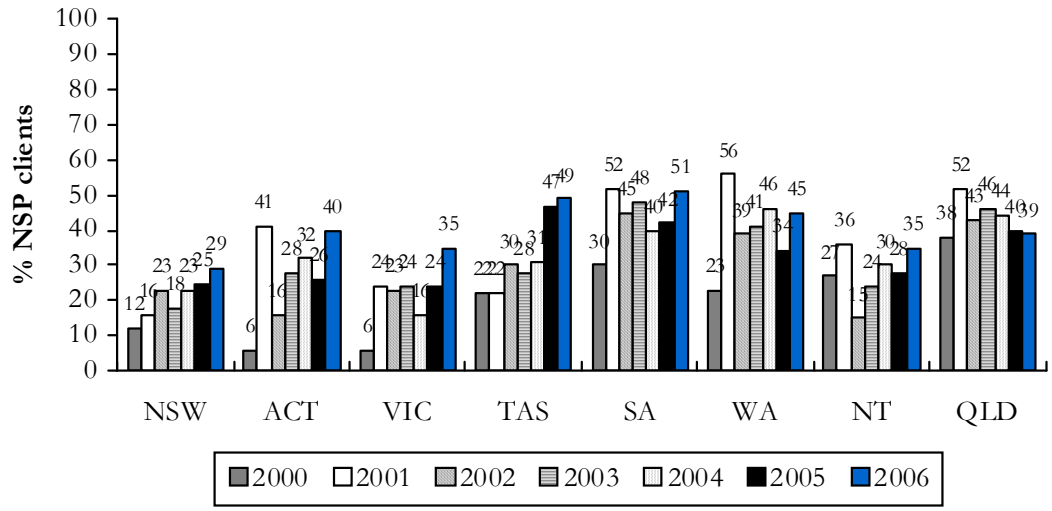
Source: IDRS IDU participant interviews

Note: 2003, 2004 and 2005 data – 'any form' includes pharmaceutical stimulants and liquid amphetamine. From 2006, data include liquid amphetamine and exclude pharmaceutical stimulants. Maximum number of days, i.e. daily use = 180. See page xxxi for guide.

Daily use of methamphetamine was reported by 6% of the national sample (7% of recent methamphetamine users). This figure ranged from 3% of the entire sample in VIC, TAS, SA and the NT to 11% in WA (figures elsewhere were: NSW: 9%; the ACT: 6%; the NT: 6%). Daily use of the crystalline form was reported by 2% of the national sample (4% of recent ice/crystal users) and ranged from no daily use in VIC, TAS and SA to 5% in NSW. Figures elsewhere were: the ACT, 3%; WA, 3%; the NT, less than 1%; and QLD 3%.

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent NSP survey available (provided by NCHECR) provides data from 2000 to 2006 (Figure 18)[6]. The graph depicts the proportion of NSP clients who report amphetamine as the drug they had last injected, by jurisdiction, and the differences are clearly evident. Consistent with the 2006 IDRS findings (O'Brien et al., 2007) the ACT, VIC and WA recorded the largest increases in proportions between 2005 and 2006 (ACT, 26% to 40% in 2006; VIC, 24% to 35% in 2006; WA, 34% to 45% in 2006), with SA recording a slight increase (from 42% to 51% in 2006). Proportions were stable in all other jurisdictions.

Figure 18: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2006



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002, 2007)[7]

5.2 Price

The median price of the last purchase of speed, base and ice/crystal are presented in Table 21.

[6] For a comparison of key findings from the IDRS and the NSP Survey, a surveillance system which monitors HIV and hepatitis C among people who inject drugs, including behavioural indices of risk, see Fetherston et al. (2007).

[7] Respective sample sizes for the NSP Survey were: 2000, 2,694; 2001, 2,454; 2002, 2,445; 2003, 2,495; 2004, 2,035; 2005, 1,800; 2006, 1,961 (NCHECR, 2002, 2007)

5.2.1 Methamphetamine powder (speed)

Participants had typically bought speed as points, then half grams. A 'point' (0.1 gram) of speed cost $50 in all jurisdictions. Fewer participants had bought grams, with fewer than 10 participants in NSW, TAS, SA and WA having done so in the past six months. Half grams of speed were cheapest in VIC and most expensive in WA. Two-thirds (66%) of those who commented reported that the price of speed remained stable over the last six months (Table 21).

Past IDRS national reports (Stafford et al., 2006a; O'Brien et al., 2007) have noted that previously, grams of speed were more commonly purchased than points. These authors have suggested that smaller quantities purchased in more recent years may reflect local manufacturers trying to compete with imported methamphetamine by selling in the same quantities as the more potent forms of methamphetamine (base and ice).

5.2.2 Base

Purchase of a 'point' (0.1 gram) of base was most commonly reported in NSW (n=33), TAS (n=30), QLD (n=21) and SA (n=17), with small numbers reporting purchase in WA and the NT (n<10). There were no reports of purchase in VIC. As in previous years, overall, a point was the most popular purchase amount and was a median of $50 in all jurisdictions (except VIC). Fewer than 10 participants purchased half grams in all jurisdictions except QLD (n=28), TAS (n=23) and the ACT (n=11), while purchase of a gram was uncommon, with fewer than 10 participants in all jurisdictions having done so in the preceding six months. Seventy-two percent of those who commented (or 19% of the entire sample) reported that the price of base had remained stable over the last six months (Table 21).

5.2.3 Crystal methamphetamine (ice)

As in previous years and as with other methamphetamine forms, a 'point' (0.1 gram) was the most popular purchase amount, typically being reported as costing $50 per point except in the NT where it was $100. Fewer than ten participants purchased half grams in NSW, VIC, SA and the NT, with the greatest number of purchase reports in the ACT (n=26). Purchase of a gram was uncommon, with fewer than 10 participants in all jurisdictions having done so. The median price of purchase among these small numbers of participants varied quite widely across the jurisdictions. The majority of those commenting (61% or 23% of the entire sample) reported that the price had remained 'stable' over the last six months, with the exception of the NT where the largest proportion stated that it had increased (Table 21).

Table 21: Price of methamphetamine, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Price ($) SPEED									
Per point	-	50	50	50	50	50	50	50	50
Per ½ gram	-	150	150	100	150	100^	200	150	100
Per gram	-	65^	235	200	300^	175^	400^	300	200
Price ($) BASE									
Per point	-	50	50	-	50	50	50^	50^	50
Per ½ gram	-	180^	150	-	150	100^	200^	150^	100
Per gram	-	200^	100^	150^	300^	200^	175^	300^	200
Price ($) ICE/CRYSTAL									
Per point	-	50	50	50	50	50	50	100	50
Per ½ gram	-	200	250	195^	150	150^	200	250^	150
Per gram	-	350^	380	350^	340^	220^	400^	400^	275
Price changes									
Methamphetamine powder (speed)									
Did not respond %	49	43	38	59	37	72	48	52	42
Of those who responded	n=464	n=87	n=63	n=61	n=63	n=28	n=42	n=51	n=69
(% of the entire sample)	(51)	(57)	(62)	(41)	(63)	(28)	(53)	(48)	(58)
% Don't know	10 (5)	26 (15)	5 (3)	12 (5)	3 (2)	7 (2)	7 (4)	8 (4)	6 (5)
% Increased	14 (7)	7 (4)	11 (7)	3 (1)	5 (3)	14 (4)	36 (19)	39 (19)	15 (8)
% Stable	66 (34)	60 (34)	67 (42)	77 (31)	78 (49)	79 (22)	52 (28)	45 (22)	70 (40)
% Decreased	4 (2)	2 (1)	8 (5)	7 (3)	8 (5)	0	0	0	4 (3)
% Fluctuated	5 (3)	5 (3)	10 (6)	2 (<1)	6 (4)	0	5 (3)	8 (4)	60 (3)
Methamphetamine base (base)									
Did not respond %	74	54	75	99	55	76	81	89	61
Of those who responded	n=240	n=71	n=25	n=1^	n=45	n=24	n=15	n=12	n=47
(% of the entire sample)	(26)	(46)	(25)	(<1)	(45)	(24)	(19)	(11)	(40)
% Don't know	9 (2)	13 (6)	8 (2)	0	7 (3)	4 (1)	7 (1)	8 (<1)	11 (4)
% Increased	10 (3)	9 (4)	12 (3)	0	2 (1)	13 (3)	33 (6)	17 (2)	11 (4)
% Stable	72 (19)	72 (33)	64 (16)	100 (<1)	84 (38)	71 (17)	53 (10)	75 (9)	70 (28)
% Decreased	4 (1)	6 (3)	16 (4)	0	0	4 (1)	0	0	2 (<1)
% Fluctuated	4 (1)	1 (<1)	0	0	7 (3)	8 (2)	7 (1)	0	6 (3)
Crystalline methamphetamine (ice/crystal)									
Did not respond %	62	42	19	85	68	77	55	81	67
Of those who responded	n=344	n=89	n=82	n=23	n=32	n=23	n=36	n=20	n=39
(% of the entire sample)	(38)	(58)	(81)	(15)	(32)	(23)	(45)	(19)	(33)
% Don't know	10 (4)	10 (6)	4 (3)	26 (4)	9 (3)	17 (4)	6 (3)	5 (<1)	15 (5)
% Increased	21 (8)	9 (5)	22 (18)	17 (3)	25 (8)	22 (5)	25 (11)	45 (9)	28 (9)
% Stable	61 (23)	72 (42)	67 (55)	44 (7)	56 (18)	61 (14)	64 (29)	35 (7)	51 (17)
% Decreased	4 (1)	2 (1)	7 (6)	9 (1)	3 (1)	0	0	5 (<1)	0
% Fluctuated	4 (2)	7 (4)	0	4 (<1)	6 (2)	0	6 (3)	10 (2)	5 (2)

Source: IDRS IDU participant interviews

^ small numbers reporting (n<10), interpret with caution

5.3 Availability

As in previous years, among those who commented, all three forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain in all jurisdictions and this was reported to have remained stable. Exceptions were in VIC, where low numbers able to comment on base (itself indicative of low availability) and where reports of ice/crystal availability were mixed, and in WA, where reports on base availability were mixed. Mixed reports of ice/crystal availability were also reported in the NT (Tables 22, 23 and 24).

Table 22: Availability of methamphetamine powder, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Availability									
Did not respond %	49	43	38	59	36	72	48	52	42
Of those who responded	n=465	n=87	n=63	n=61	n=64	n=28	n=42	n=51	n=69
(% of the entire sample)	(51)	(57)	(62)	(41)	(64)	(28)	(53)	(48)	(58)
% Don't know	5 (3)	12 (7)	5 (3)	5 (2)	2 (1)	0	2 (1)	6 (3)	3 (2)
% Very easy	38 (20)	30 (17)	40 (25)	26 (11)	44 (28)	71 (20)	43 (23)	26 (12)	45 (26)
% Easy	42 (22)	36 (26)	41 (26)	54 (22)	47 (30)	21 (6)	36 (19)	53 (26)	42 (24)
% Difficult	13 (6)	20 (11)	13 (8)	15 (6)	8 (5)	4 (1)	17 (9)	12 (6)	7 (4)
% Very difficult	2 (1)	3 (2)	2 (1)	0	0	4 (1)	2 (1)	4 (2)	3 (2)
Availability changes									
Did not respond %	49	44	38	59	36	72	48	53	42
Of those who responded	n=463	n=86	n=63	n=61	n=64	n=28	n=42	n=50	n=69
(% of the entire sample)									
% Don't know	8 (4)	16 (9)	8 (5)	8 (3)	3 (2)	0	10 (5)	6 (3)	7 (4)
% More difficult	11 (6)	12 (7)	11 (7)	12 (5)	6 (4)	4 (1)	17 (9)	18 (9)	12 (7)
% Stable	65 (33)	59 (33)	67 (42)	62 (25)	75 (48)	75 (21)	62 (33)	56 (26)	70 (40)
% Easier	9 (4)	5 (3)	8 (5)	12 (5)	11 (7)	18 (5)	10 (5)	6 (3)	7 (4)
% Fluctuates	7 (3)	8 (5)	6 (4)	7 (3)	5 (3)	4 (1)	2 (1)	14 (7)	4 (3)

Source: IDRS IDU participant interviews

Table 23: Availability of methamphetamine base, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Availability									
Did not respond %	73	53	75	99	55	76	81	88	61
Of those who responded	n=242	n=72	n=25	n=1^	n=45	n=24	n=15	n=13	n=47
(% of the entire sample)	(27)	(47)	(25)	(<1)	(45)	(24)	(19)	(12)	(40)
% Don't know	5 (1)	6 (3)	4 (1)	0	4 (2)	4 (1)	7 (1)	15 (2)	2 (<1)
% Very easy	34 (9)	38 (18)	32 (8)	0	20 (9)	38 (9)	33 (6)	0	49 (19)
% Easy	44 (12)	46 (22)	36 (9)	100 (<1)	62 (28)	46 (11)	20 (4)	46 (6)	34 (13)
% Difficult	16 (4)	10 (5)	28 (7)	0	13 (6)	8 (2)	40 (8)	31 (4)	13 (5)
% Very difficult	2 (<1)	1 (<1)	0	0	0	4 (1)	0	8 (<1)	2 (<1)
Availability changes									
Did not respond %	73	53	75	99	55	76	81	88	61
Of those who responded	n=242	n=72	n=25	n=1^	n=45	n=24	n=15	n=13	n=47
(% of the entire sample)	(27)	(47)	(25)	(<1)	(45)	(24)	(19)	(12)	(40)
% Don't know	10 (3)	7 (3)	12 (3)	0	7 (3)	4 (1)	13 (3)	15 (2)	17 (7)
% More difficult	12 (3)	6 (3)	16 (4)	0	9 (4)	25 (6)	33 (6)	31 (4)	6 (3)
% Stable	65 (17)	74 (35)	48 (12)	100 (<1)	73 (33)	58 (14)	53 (10)	46 (6)	66 (26)
% Easier	9 (2)	13 (6)	16 (4)	0	4 (2)	8 (2)	0	0	9 (3)
% Fluctuates	4 (1)	1 (<1)	8 (2)	0	7 (3)	4 (1)	0	8 (<1)	2 (<1)

Source: IDRS IDU participant interviews

^ small numbers reporting (n<10), interpret with caution

Table 24: Availability of crystalline methamphetamine, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Availability									
Did not respond %	62	41	19	85	68	77	55	81	67
Of those who responded	n=345	n=90	n=82	n=23	n=32	n=23	n=36	n=20	n=39
(% of the entire sample)	(38)	(59)	(81)	(15)	(32)	(23)	(45)	(19)	(33)
% Don't know	6 (2)	8 (5)	2 (2)	4 (<1)	9 (3)	4 (1)	0	0	13 (4)
% Very easy	41 (16)	49 (29)	44 (36)	26 (4)	31 (10)	57 (13)	44 (20)	25 (5)	31 (10)
% Easy	37 (14)	36 (21)	42 (34)	30 (5)	31 (10)	26 (6)	39 (18)	35 (7)	41 (13)
% Difficult	14 (5)	6 (3)	11 (9)	35 (5)	19 (6)	9 (2)	17 (8)	35 (7)	15 (5)
% Very difficult	3 (1)	2 (1)	1 (1)	4 (<1)	9 (3)	4 (1)	0	5 (<1)	0
Availability changes									
Did not respond %	62	41	19	85	68	77	55	81	67
Of those who responded (n)	n=345	n=90	n=82	n=23	n=32	n=23	n=36	n=20	n=39
(% of the entire sample)	38	59	81	15	32	23	45	19	33
% Don't know	8 (3)	10 (6)	4 (3)	9 (1)	13 (4)	9 (2)	6 (3)	0	10 (3)
% More difficult	17 (6)	13 (8)	20 (16)	22 (3)	22 (7)	4 (1)	22 (10)	15 (3)	13 (4)
% Stable	53 (20)	56 (33)	54 (44)	48 (7)	50 (16)	57 (13)	47 (21)	55 (10)	49 (16)
% Easier	16 (6)	17 (10)	13 (11)	9 (1)	9 (3)	17 (4)	19 (9)	25 (5)	21 (7)
% Fluctuates	8 (3)	4 (3)	10 (8)	13 (2)	6 (2)	13 (3)	6 (3)	5 (<1)	8 (3)

Source: IDRS IDU participant interviews

Participants purchased speed from a variety of sources, most commonly from friends (46%) and known dealers (41%). The presence of a street market was noted in the majority of jurisdictions, with one-fifth to one-third of participants in NSW, the ACT, the NT and QLD reporting purchasing from a street dealer in the preceding six months. Speed powder was purchased from a range of locations. Nationally, the most common responses were at an agreed public location (45%), a friend's home (27%) and/or a dealer's home (27%). As in 2006, there were some jurisdictional variations, for example, in NSW purchase at a street market was reported by one-fifth (a decrease from 39% in 2006), and proportions reporting purchase at an agreed public location ranged from 30% in SA to 58% in VIC (Table 25).

As with speed, participants had most commonly obtained base from a known dealer (43%) and/or a friend (48%). Again, locations of purchase were varied, with the most commonly reported being an agreed public location (37%), a dealer's home (33%) or at a friend's home (28%; Table 25).

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (53%) and known dealers (43%) were the most typical people from whom it had been purchased, with an agreed public location (40%), friend's home (33%) and/or dealer's home (27%) reported as the most common locations of purchase (Table 27).

Table 25: Methamphetamine powder purchasing patterns, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Had not bought	56	65	50	62	38	77	50	56	45
Of those who had bought (% of the entire sample)	n=399 (44)	n=54 (35)	n=51 (51)	n=57 (38)	n=62 (62)	n=23 (23)	n=40 (50)	n=47 (44)	n=65 (55)
Purchased from#									
% Street dealer	19 (8)	32 (8)	20 (11)	11 (10)	5 (4)	13 (3)	8 (3)	34 (4)	26 (15)
% Friend	46 (20)	1 (14)	9 (30)	44 (17)	27 (17)	52 (12)	50 (25)	47 (21)	54 (29)
% Gift from friend	6 (3)	0	0	5 (2)	3 (2)	0	8 (4)	4 (2)	20 (11)
% Known dealer	41 (18)	30 (11)	37 (19)	49 (19)	53 (33)	26 (6)	40 (20)	17 (8)	59 (32)
% Workmate	1 (<1)	0	0	0	0	0	3 (1)	0	5 (3)
% Acquaintance	20 (9)	7 (3)	14 (7)	16 (6)	15 (9)	26 (6)	38 (19)	28 (12)	28 (15)
% Unknown dealer	9 (4)	2 (<1)	12 (6)	9 (3)	3 (2)	13 (3)	5 (3)	13 (6)	14 (8)
% Mobile dealer	6 (3)	13 (5)	2 (1)	9 (3)	0	0	0	6 (3)	14 (8)
Places of usual purchase#									
% Home delivery	18 (8)	13 (5)	20 (10)	11 (4)	15 (9)	22 (5)	28 (14)	17 (8)	22 (12)
% Dealer's home	27 (12)	24 (9)	35 (18)	23 (9)	32 (20)	30 (7)	28 (14)	6 (3)	35 (19)
% Friend's home	27 (12)	22 (8)	35 (18)	18 (7)	15 (9)	48 (11)	38 (19)	28 (12)	28 (15)
% Acquaintance's house	9 (4)	2 (<1)	0	4 (1)	8 (5)	4 (1)	20 (10)	15 (7)	17 (9)
% Street market	10 (4)	22 (8)	6 (3)	7 (3)	3 (2)	0	8 (4)	9 (4)	17 (9)
% Agreed public location	45 (20)	28 (10)	43 (22)	58 (22)	42 (26)	30 (7)	50 (25)	40 (18)	57 (31)
% Work	<1 (<1)	0	2 (1)	0	0	0	3 (1)	0	0

Source: IDRS IDU participant interviews

multiple responses allowed

Table 26: Methamphetamine base purchasing patterns, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Had not bought	77	67	77	99	57	76	83	89	64
Of those who had bought (% of the entire sample)	n=211 (23)	n=51 (33)	n=23 (23)	n=1^ (<1)	n=43 (43)	n=24 (24)	n=14 (18)	n=12 (11)	n=43 (36)
Purchased from#									
% Street dealer	19 (4)	26 (9)	13 (3)	0	12 (5)	13 (3)	14 (3)	33 (4)	23 (8)
% Friend	48 (11)	43 (14)	61 (14)	0	28 (12)	63 (15)	36 (6)	50 (6)	63 (23)
% Gift from friend	6 (1)	2 (<1)	0	0	2 (1)	4 (1)	7 (1)	8 (<1)	19 (7)
% Known dealer	43 (10)	33 (11)	44 (10)	100 (<1)	63 (27)	33 (8)	36 (6)	17 (2)	47 (17)
% Workmate	0	0	0	0	0	0	0	0	0
% Acquaintance	17 (4)	8 (3)	13 (3)	0	19 (8)	25 (6)	36 (6)	0	21 (8)
% Unknown dealer	6 (1)	2 (<1)	0	0	5 (2)	8 (2)	7 (1)	17 (2)	12 (4)
% Mobile dealer	8 (2)	12 (4)	0	0	5 (2)	0	0	8 (<1)	16 (6)
Places of usual purchase#									
% Home delivery	20 (5)	12 (4)	30 (7)	0	12 (5)	33 (8)	14 (3)	25 (3)	26 (9)
% Dealer's home	24 (6)	22 (7)	35 (8)	100 (<1)	21 (9)	38 (9)	21 (4)	0	21 (8)
% Friend's home	28 (7)	26 (9)	30 (7)	0	16 (7)	54 (13)	29 (5)	17 (2)	33 (12)
% Acquaintance's house	8 (2)	0	0	0	14 (6)	17 (4)	7 (1)	0	12 (4)
% Street market	8 (2)	18 (6)	0	0	12 (5)	4 (1)	0	0	5 (2)
% Agreed public location	47 (11)	29 (10)	48 (11)	0	51 (22)	33 (8)	86 (15)	50 (6)	58 (21)
% Work	<1 (<1)	0	0	0	0	4 (1)	0	0	0

Source: IDRS IDU participant interviews

multiple responses allowed

^ small numbers reporting (n<10)

Table 27: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Had not bought	67	56	28	87	71	80	56	82	71
Of those who had bought (% of the entire sample)	n=298 (33)	n=68 (44)	n=73 (72)	n=20 (13)	n=29 (29)	n=20 (20)	n=35 (44)	n=19 (18)	n=34 (29)
Purchased from#									
% Street dealer	19 (6)	37 (16)	14 (10)	5 (<1)	3 (1)	20 (4)	9 (4)	26 (5)	24 (7)
% Friend	53 (17)	35 (16)	62 (45)	65 (9)	31 (9)	50 (10)	69 (30)	63 (11)	59 (17)
% Gift from friend	6 (2)	2 (<1)	6 (4)	0	7 (2)	20 (4)	14 (6)	0	9 (3)
% Known dealer	43 (14)	43 (19)	45 (33)	50 (7)	38 (11)	60 (12)	40 (18)	16 (3)	44 (13)
% Workmate	<1 (<1)	0	0	0	0	0	3 (1)	0	0
% Acquaintance	15 (5)	7 (3)	11 (8)	15 (2)	17 (5)	35 (7)	26 (11)	5 (<1)	21 (6)
% Unknown dealer	5 (2)	4 (2)	1 (1)	5 (<1)	7 (2)	15 (3)	0	0	15 (4)
% Mobile dealer	9 (3)	24 (1)	3 (2)	5 (<1)	0	10 (2)	0	11 (2)	15 (4)
Places of usual purchase#									
% Home delivery	22 (7)	29 (13)	19 (14)	20 (3)	10 (3)	30 (6)	20 (9)	16 (3)	21 (6)
% Dealer's home	27 (9)	25 (11)	32 (23)	20 (3)	21 (6)	50 (10)	34 (15)	11 (2)	18 (5)
% Friend's home	33 (11)	15 (7)	38 (28)	20 (3)	28 (8)	45 (9)	57 (25)	32 (6)	38 (11)
% Acquaintance's house	9 (3)	4 (2)	4 (3)	20 (3)	7 (2)	25 (5)	14 (6)	0	18 (5)
% Street market	13 (4)	32 (14)	6 (4)	10 (1)	7 (2)	5 (1)	3 (1)	21 (4)	12 (3)
% Agreed public location	40 (13)	38 (17)	41 (30)	50 (7)	31 (9)	25 (5)	43 (19)	26 (5)	53 (15)
% Work	<1 (<1)	0	1 (1)	0	0	0	0	0	0

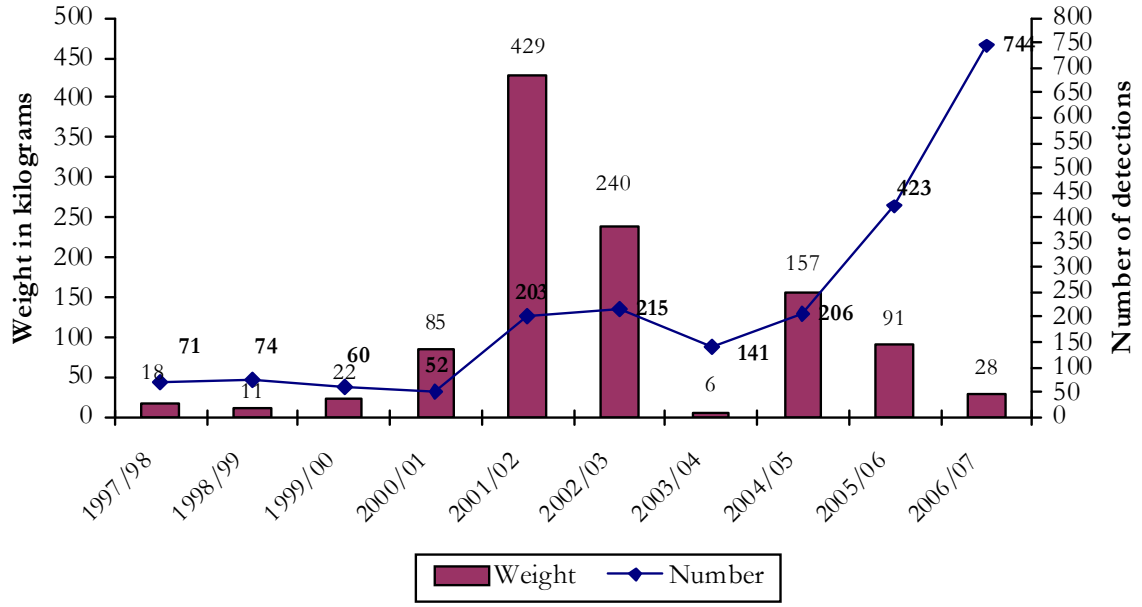
Source: IDRS IDU participant interviews

multiple responses allowed

5.3.1 Amphetamine-type stimulant detections at the Australian border

Figure 19 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs Service. In 2006/07 the number (744) of detections increased to the highest in the ten-year period, while the weight (27.57kgs) has decreased dramatically since 2001/02. There was also an increase in the attempted importation of ATS in multiple small parcels through the postal system (Australian Customs Service, 2007).

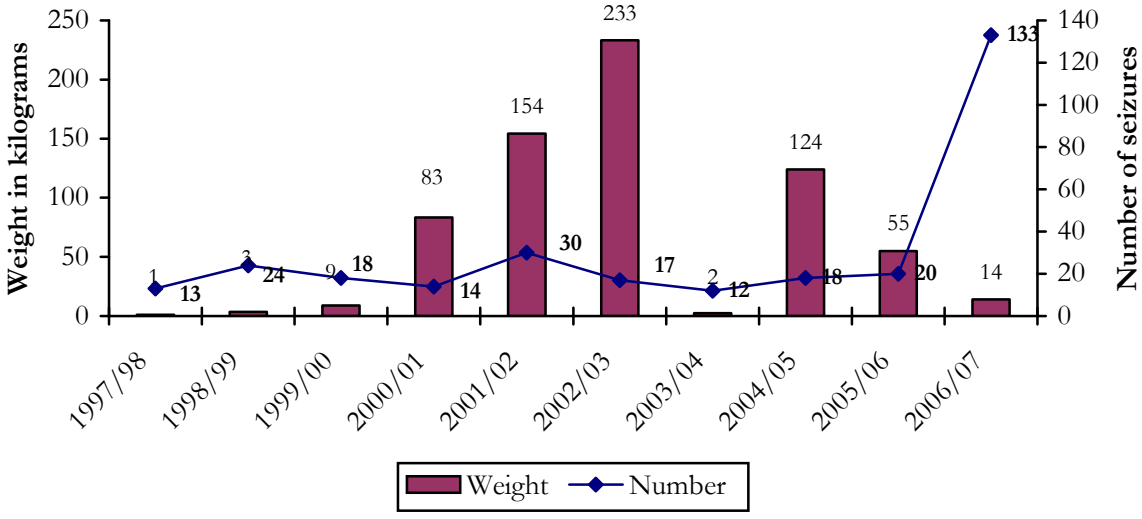
Figure 19: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs Service, financial years 1997/98-2006/07



Source: Australian Customs Service (2007)
* Includes amphetamine detections, methamphetamine and crystalline methamphetamine (ice) detections, excluding MDMA

Similar to trends seen in ATS seizures, the number of crystal methamphetamine seizures detected at the Australian border also increased in 2006/07 (Figure 20), while the weight decreased from 55 kilograms in 2005/06 to 14 kilograms in 2006/07.

Figure 20: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, financial years 1997/98-2006/07

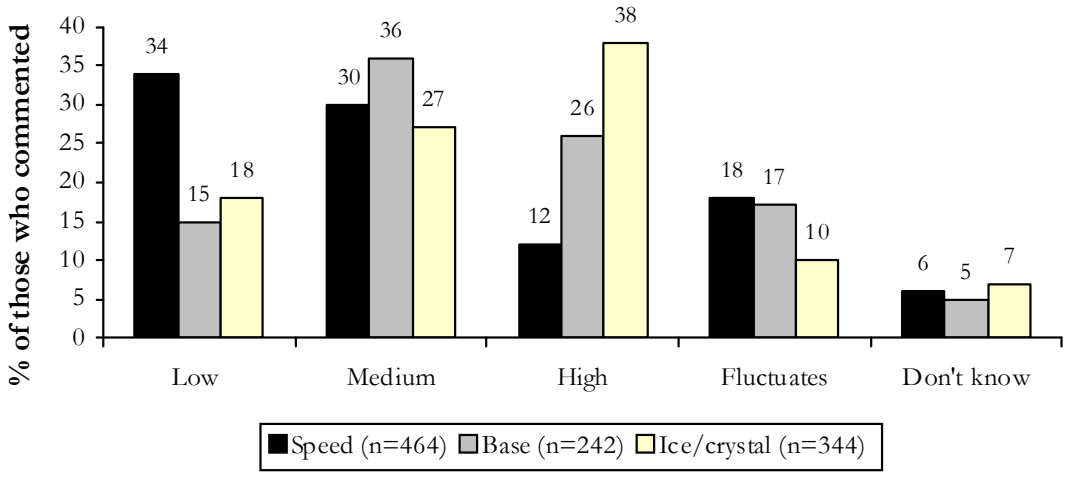


Source: Australian Customs Service (2007)

5.4 Purity

Participants were asked to describe the current purity of speed, base and ice/crystal. Following a similar pattern to 2006, speed had the highest proportion reporting the purity as 'low', base as 'medium' and ice/crystal as 'high' (Figure 19; Tables 28, 29 and 30). Reports of ice/crystal purity were more varied than in 2006, although the majority of users continued to report it as 'high'. Some KE reports suggested that low purity methamphetamine was in some instances being sold as ice/crystal, possibly indicating that it was base or speed and potentially including crystalline adulterants.

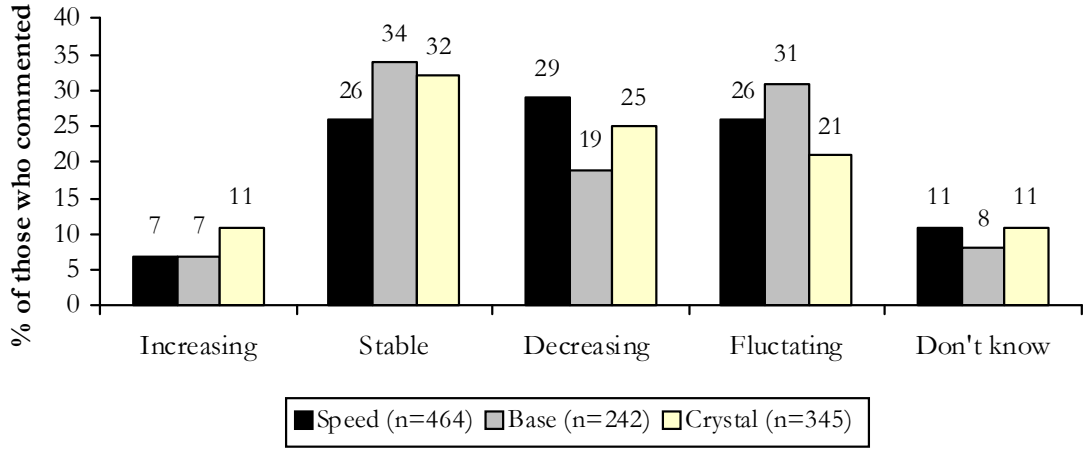
Figure 21: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2007



Source: IDRS IDU participant interviews

The largest proportion of participants who commented described the purity or strength of all three forms of methamphetamine as stable in the six months preceding interview, although a similar proportion commenting on base thought it had fluctuated (Figure 22; Tables 28, 29 and 30).

Figure 22: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2007



Source: IDRS IDU participant interviews

Table 28: Perceived purity of methamphetamine powder, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Current purity									
% Did not respond	49	44	38	59	36	72	48	52	42
Of those who responded (% of the entire sample)	n=464 (51)	n=86 (56)	n=63 (62)	n=61 (41)	n=64 (64)	n=28 (28)	n=42 (53)	n=51 (48)	n=69 (58)
% Don't know	6 (3)	22 (12)	8 (5)	5 (2)	0	0	0	2 (<1)	1 (<1)
% High	12 (6)	7 (4)	13 (8)	15 (6)	13 (8)	21 (6)	14 (8)	4 (2)	15 (8)
% Medium	30 (15)	34 (19)	35 (22)	25 (10)	25 (16)	29 (8)	26 (14)	29 (14)	35 (20)
% Low	34 (17)	27 (15)	37 (23)	36 (15)	38 (24)	21 (6)	33 (18)	55 (26)	25 (14)
% Fluctuates	18 (9)	11 (6)	8 (5)	20 (8)	25 (16)	29 (8)	26 (14)	10 (5)	25 (14)
Purity changes									
% Did not respond	49	44	38	59	36	72	48	52	42
Of those who responded (% of the entire sample)	n=464 (51)	n=86 (56)	n=63 (62)	n=61 (41)	n=64 (64)	n=28 (28)	n=42 (53)	n=51 (48)	n=69 (58)
% Don't know	11 (6)	23 (13)	16 (10)	13 (5)	11 (7)	4 (1)	5 (3)	4 (2)	4 (3)
% Increasing	7 (4)	5 (3)	10 (6)	5 (2)	13 (8)	7 (2)	5 (3)	4 (2)	10 (6)
% Stable	26 (13)	31 (18)	22 (14)	18 (17)	20 (13)	25 (7)	24 (13)	43 (21)	22 (13)
% Decreasing	29 (15)	21 (12)	35 (22)	30 (12)	25 (16)	29 (8)	38 (20)	26 (12)	36 (21)
% Fluctuates	26 (13)	20 (11)	18 (11)	34 (14)	31 (20)	36 (10)	29 (15)	24 (11)	28 (16)

Source: IDRS IDU participant interviews

Table 29: Perceived purity of methamphetamine base, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Current purity									
% Did not respond	73	53	75	99	55	76	81	88	61
Of those who responded (% of the entire sample)	n=242 (27)	n=72 (47)	n=25 (25)	n=1^ (<1)	n=45 (45)	n=24 (24)	n=15 (19)	n=13 (12)	n=47 (40)
% Don't know	5 (1)	8 (4)	4 (1)	0	2 (1)	8 (2)	0	0	4 (2)
% High	26 (7)	19 (9)	36 (9)	100 (<1)	27 (12)	29 (7)	40 (8)	31 (4)	23 (9)
% Medium	36 (10)	51 (24)	32 (8)	0	29 (13)	33 (8)	27 (5)	54 (7)	21 (8)
% Low	15 (4)	10 (5)	12 (4)	0	18 (11)	21 (2)	20 (3)	0 (2)	34 (7)
% Fluctuates	17 (5)	10 (5)	12 (3)	0	18 (8)	21 (5)	20 (4)	0	34 (13)
Purity changes									
% Did not respond	73	53	75	99	55	76	81	88	61
Of those who responded (% of the entire sample)	n=242 (27)	n=72 (47)	n=25 (25)	n=1^ (<1)	n=45 (45)	n=24 (24)	n=15 (19)	n=13 (12)	n=47 (40)
% Don't know	8 (2)	10 (5)	12 (3)	0	11 (5)	4 (1)	7 (1)	0	6 (3)
% Increasing	7 (2)	6 (3)	8 (2)	0	9 (4)	8 (2)	7 (1)	8 (<1)	9 (3)
% Stable	34 (9)	44 (21)	28 (7)	0	29 (13)	29 (7)	40 (8)	54 (7)	23 (9)
% Decreasing	19 (5)	21 (10)	36 (9)	0	13 (6)	8 (2)	7 (1)	23 (3)	23 (9)
% Fluctuates	31 (8)	19 (9)	16 (4)	100 (<1)	38 (17)	50 (12)	40 (8)	15 (2)	38 (15)

Source: IDRS IDU participant interviews ^ small numbers reporting (n<10)

Table 30: Perceived purity of crystalline methamphetamine, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Current purity									
% Did not respond	62	42	19	85	68	77	55	81	67
Of those who responded	n=344	n=89	n=82	n=23	n=32	n=23	n=36	n=20	n=39
(% of the entire sample)	(38)	(58)	(81)	(15)	(32)	(23)	(45)	(19)	(33)
% Don't know	7 (3)	12 (7)	5 (4)	4 (<1)	0	9 (2)	3 (1)	0	13 (4)
% High	38 (14)	28 (16)	29 (24)	52 (8)	53 (17)	48 (11)	33 (15)	65 (12)	41 (13)
% Medium	27 (10)	24 (14)	33 (27)	13 (2)	25 (8)	30 (7)	28 (13)	30 (6)	31 (10)
% Low	18 (7)	24 (14)	21 (17)	22 (3)	13 (4)	13 (3)	22 (10)	5 (<1)	5 (2)
% Fluctuates	10 (4)	12 (7)	12 (10)	9 (1)	9 (3)	0	14 (6)	0	10 (3)
Purity changes									
% Did not respond	62	41	19	85	68	77	55	81	67
Of those who responded	n=345	n=90	n=82	n=23	n=32	n=23	n=36	n=20	n=39
(% of the entire sample)	(38)	(59)	(81)	(15)	(32)	(23)	(45)	(19)	(33)
% Don't know	11 (4)	13 (8)	6 (5)	9 (1)	13 (4)	13 (3)	6 (3)	15 (3)	21 (7)
% Increasing	11 (4)	11 (7)	10 (8)	4 (<1)	6 (2)	17 (4)	11 (5)	15 (3)	15 (5)
% Stable	32 (12)	29 (17)	28 (23)	48 (7)	34 (11)	22 (5)	28 (13)	55 (10)	33 (11)
% Decreasing	25 (10)	32 (19)	38 (31)	17 (3)	6 (2)	22 (5)	31 (14)	5 (<1)	10 (3)
% Fluctuates	21 (8)	14 (9)	18 (15)	22 (3)	41 (13)	26 (6)	25 (11)	10 (2)	21 (7)

Source: IDRS IDU participant interviews

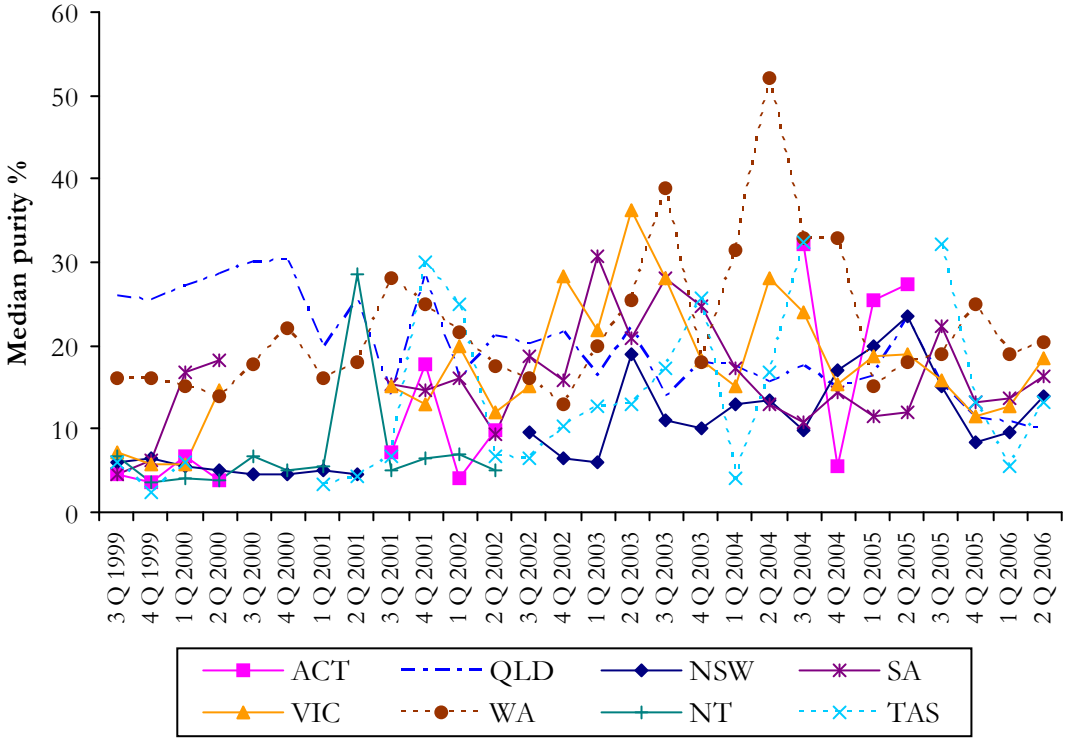
The ACC provides purity data for state/territory police and AFP seizures that have been analysed. There are important caveats (in addition to those already discussed within the heroin section) to consider when interpreting these data. The purity of ATS fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 2005/06, forensic analysis of seizures of ATS in Australia revealed purity levels ranging from less than 1% to 94%, with higher purity often relating to one single seizure rather than being representative of a large number of seizures. This wide range in both purity and numbers of seizures analysed should be considered when looking at the median purity figures presented.

As with heroin, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figure 25, the following caveat applies: figures do not represent the purity levels of all ATS seizures – only those that have been analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of ATS received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of ATS seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

Figure 23 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 1999. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online (http://www.crimecommission.gov.au/). In the past two years, the median purity of

methylamphetamine has generally remained lower than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004. No methylamphetamine seizures were analysed for purity in the NT or TAS in 2005/06 (Australian Customs Service, 2007). Data for 2006/07 were not available at the time of publication of this report.

Figure 23: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 1999-2006



Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: Seizures ≤2g and >2g combined. Note: Data for 2001/02 were not available for NSW. Data for 2002/03 were not available for the NT and in 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT. Data for 2006/07 were not available at the time of publication.

5.5 Jurisdictional trends for methamphetamine

Below follow summaries of trends for methamphetamine provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW (Sindicich & Degenhardt, 2008); ACT (Campbell & Degenhardt, 2008); VIC (Quinn, 2008); TAS (de Graaff & Bruno, 2008); SA (White et al., 2008); WA (Fetherston & Lenton, 2008); NT (Moon, 2008) and QLD (Richardson & Kinner, 2008).

5.5.1 New South Wales

Sixty-two percent of participants had used some form of methamphetamine (speed powder, base, ice or liquid) in the preceding six months, representing a decrease from 2006 (72%). The most common form used was ice/crystal (56%; comparable with 57% in 2006), followed this year by base (24%, an increase from 16% in 2006) and not the usual response of speed powder (16%; a decrease from 32% in 2006). Prevalence of

liquid methamphetamine remained stable and low (3%; 5% in 2006). Frequency of methamphetamine use (any form) remained comparable to 2006 (median of 26 days to a median of 30 days in 2007, both are approximately weekly use). The proportion of daily methamphetamine users remained stable from 10% in 2006 to 9% of the entire sample in 2007.

A 'point' (0.1 of a gram) was the most popular purchase amount for all three main forms of methamphetamine, and the median price remained stable at $50 for speed powder, base and ice/crystal. Speed powder was cheaper than the more potent forms (base and ice/crystal) when bought in larger amounts such as half grams or grams but not 'eightballs' (3.5g). Decreases were observed in the median prices paid for larger quantities of base and ice. It should be noted that prices quoted for larger quantities were based on small numbers of participants, and should be interpreted with caution.

The three main forms of methamphetamine (speed, base and ice/crystal) were typically reported by the majority of users as 'very easy' or 'easy' to obtain. Most levels of availability were reported as comparable with those of 2006, with the exception of an increase in the proportion of participants nominating that speed was 'difficult' to obtain (11% of those commenting in 2006 compared to 20% in 2007). Ice/crystal retained the highest proportion of participants reporting its availability as 'very easy' (by approximately one-third of the entire sample). Availability was typically reported to have remained 'stable' over the six months preceding interview.

As in previous years, user perceptions indicated that ice/crystal was higher in purity than base and speed powder. While ice/crystal is usually reported as 'high' purity and base of 'medium' purity, there was a change in the reporting of speed powder as 'medium' and not 'low'. KE reports indicated that speed powder was typically 10% to 20% pure, while ice/crystal fluctuated and could reach up to 80% purity. Reports by IDU participants and KE generally suggested that purity had remained 'stable' or 'decreased' over the preceding six months.

A range of methamphetamine forms were reported on by KE, with ice/crystal and speed powder mentioned most often, and fewer reports of base use. However, a number of KE also noted that, while users most often spoke about 'ice', they were often uncertain as to what extent users were also using other forms of methamphetamine. KE reports of numbers of clients using methamphetamine were mixed with some KE mentioning there was either an increase, a decrease (in comparison to last year) or that numbers had remained stable.

As in previous years, indicator data reflecting harms related to methamphetamine use varied, with increases noted in the number of recorded incidents of possession/use in the inner city, and the number of calls regarding ice/crystal to telephone help lines. A number of indicators showed figures as being stable (e.g. methamphetamine lab detections, admissions to emergency departments), while decreases were observed in the number and rate of methamphetamine-related hospital admissions.

5.5.2 The Australian Capital Territory

In 2007, all participants in the ACT reported lifetime use of any form of methamphetamine, and 83% of the sample reported the recent use of some form of methamphetamine. A summary of findings for each form of methamphetamine is presented below.

Powder methamphetamine (speed)

Over half (55%) of the sample reported the recent use of speed, similar to 2006 (58%). The majority of recent speed users used it infrequently in the six months prior to interview, with a median of 10 days of use reported during this period. There were no reports of daily use of speed. Injection was the most common route of administration, with all recent speed users having injected it. The reported price for a point of speed remained stable from 2006 to 2007 at $50 and the reported price for a gram of speed increased from $175 per gram in 2006 to $235 per gram in 2007. Respondents reported speed to be 'easy' (41%) to 'very easy' (40%) to obtain in the ACT. In 2007, participants perceived the purity of speed to be currently 'low' (37%) to 'medium' (35%).

Base methamphetamine (base)

Methamphetamine base was the least used form of methamphetamine among the 2007 sample, with only 32% reporting recent use. Base users used this substance infrequently, with a median of six days of use in the six months preceding interview, and 1% reporting daily use. As with speed, injection was the most common form of base administration, with all recent base users reporting injection as their route of administration. The reported price for a point of base remained stable from 2006 to 2007 at $50 and the reported price for a gram of base decreased from $250 in 2006 to $200 in 2007. There were mixed reports regarding the current availability of base, possibly due to the small numbers who were able to comment. In 2007, respondents reported that base was 'high' (36%) to 'medium' (32%) purity.

Crystal methamphetamine (crystal)

In 2007, the use of crystal declined slightly from 88% in 2006 to 80% in 2007; however, this was still markedly higher than 62% in 2005. Nearly all recent crystal users had injected crystal (98%), with notable proportions also reporting they had smoked crystal in the six months preceding interview (26%). However, use remained infrequent, on average, with recent crystal users reporting a median of 15 days of use in the six months prior to interview. Three percent of the sample reported daily use of crystal; this was markedly down from 12% in 2006.

The median price for a point of crystal remained stable in 2007 at $50. The price for a gram decreased slightly from $410 in 2006 to $380 in 2007. Respondents reported crystal to be 'very easy' (44%) to 'easy' (42%) to obtain in the ACT. Interestingly, in 2007, there were mixed reports regarding current purity of crystal. It has been suggested that the lower purity form may be domestically produced crystal, with higher purity crystal imported (McKetin et al., 2005a).

KE reports were consistent with the reports by IDU participants in the 2007 IDRS: they felt that although the use of speed and base had remained relatively low and stable, many IDU with whom they had had contact were using crystal methamphetamine (crystal). KE reported that many previous heroin users had begun to use crystal, since heroin was not as easy to obtain.

5.5.3 Victoria

As in previous years, almost the entire VIC sample (96%, n=144) of IDU survey respondents reported having used at least one of the three main forms of methamphetamine (speed, base or crystal meth/ice) during their lifetime, and 74% (n=111) reported use during the previous six months (speed 65%, crystal meth/ice 43%, and base 7%).

Reported prevalence of use of speed, crystal meth/ice and base among IDU survey respondents decreased in 2007 in comparison to the previous year. As in 2006, KE commented that methamphetamine use is still very prevalent among IDU in Melbourne, with 16 KE reporting increased use of methamphetamine during the past six months.

Injecting was again reported to be the most commonly used route of methamphetamine administration by IDU respondents during the past six months (73%, n=109). Smaller numbers of respondents reported smoking (25%, n=38), swallowing (12%, n=18) and snorting (9%, n=13) methamphetamine during that time.

Those who had used methamphetamine during the past six months reported a median of 12 days of use (speed; 10 days; crystal meth/ice, six days; base, 15 days; and liquid, two days), down from a median of 16 days in 2006. Thirteen respondents reported using methamphetamine between every second day and daily during that time.

In 2007, the reported median price for a point of the main forms of methamphetamine was: speed $50, and crystal meth/ice $50 (no respondents were able to report on the price for a point of base). Most reported that prices had remained 'stable' over the past six months.

As in 2006, the majority of IDU survey participants reported that methamphetamine (particularly speed and crystal meth/ice) was currently 'easy' to 'very easy' to access, and availability had been 'stable' over the past six months. In terms of sourcing methamphetamine, most reported scoring from known dealers or friends.

Reports of methamphetamine purity were inconsistent, particularly in the case of speed powder, where varying proportions of IDU respondents (n=59) reported that the purity was currently 'low' (37%, n=22), 'medium' (27%, n=16), or 'fluctuating' (20%, n=12). Responses regarding changes to the purity of speed powder in the last six months were also variable, with respondents (n=54) reporting that it had 'fluctuated' (39%, n=21), 'decreased' (33%, n=18) or remained 'stable' (20%, n=11) during that time. Of those who commented on the purity of crystal meth/ice (n=22), most (77%, n=17) reported that it was 'high' (55%, n=12) to 'medium' (23%, n=5), with most of these respondents (73%, n=16) reporting that it had remained 'stable' (50%, n=11) or 'fluctuated' (23%, n=5) during the last six months. Once again there were too few reports on the purity of base to identify trends.

KE reported that methamphetamine was regularly a component of polysubstance use for many IDU, commonly used in combination with alcohol, cannabis, benzodiazepines and heroin. A number of KE (n=6) also reported that some IDU experienced substance-related aggression following use of methamphetamine and, as a result, were difficult to engage in treatment.

5.5.4 Tasmania

All Tasmanian IDRS IDU participants in 2007 reported lifetime use of some form of methamphetamine (powder, base/paste, crystal/ice or liquid), with the majority also reporting use in the preceding six months (88%, n=88).

The most common form used was powder methamphetamine, used by 63% of participants. Use of this form has been steadily increasing over recent years, from 35% in 2002 to 54% in 2006. Proportions of participants reporting recent use of both base/paste and crystal methamphetamine decreased between 2006 and 2007: base/paste methamphetamine was used 55% of the 2006 cohort and 48% in 2007; and use of crystal methamphetamine use had declined from 56% of the 2006 cohort to 38% in 2007. This marks a shift from previous Tasmanian IDRS studies, in which base/paste has been the predominant form used between 2002 and 2006 (with the exception of 2003 when it was briefly overshot by a marked increase in local availability and use of crystal methamphetamine). Frequency of use of any form of methamphetamine remained stable between 2006 and 2007 at a median of 24 days in the last six months (which equates approximately to weekly use), but is notably lower than reported in 2005 (median of 48 days). The median frequency of use for both powder and base/paste forms was 12 days, and three days for crystal methamphetamine.

Previous years have seen major upheavals in methamphetamine markets in Hobart, often tied with changes in the availability of higher-potency forms of the drug. Between 2001 and 2005, there was a steady increase in use of methamphetamine, both among the IDRS IDU cohort (85% in 2001, 95% in 2005) and among clients of the state's NSP (30% in 2004, 59% in 2005). Among IDU participants in 2006 and 2007, the proportion reporting recent use of methamphetamine has stabilised (83% in 2006 and 88% in 2007).

The market prices locally for all three presentations of methamphetamine appear to have remained relatively stable since 2005, particularly in relation to 'point' amounts (approximately 0.1g) of the drug, at $50 for any form. Modal purchase prices for larger amounts of powder and 'base/paste' methamphetamine remained stable since 2004 at $300 per gram. The median purchase price for gram quantities of ice/crystal methamphetamine declined in previous years from $400 in 2004 to $300 in 2006. However, in 2007, gram purchases of ice/crystal methamphetamine increased slightly to a median of $340. Participants predominantly regarded the prices of each presentation of the drug as remaining 'stable' in recent months; however, a notable minority reported 'increasing' prices for crystal methamphetamine.

IDU participant reports on subjective purity of powder methamphetamine were 'low' to 'medium' and participants reported that purity had 'fluctuated' or 'decreased' over the preceding six months. 'Base/paste' was considered by participants to fluctuate between 'medium', 'high' and 'low' subjective purity, with potency fluctuating in recent months. Participants considered ice/crystalline methamphetamine used locally as 'high' in subjective purity, with this fluctuating in purity in the preceding six months.

Participants interviewed in 2007 almost uniformly regarded both powder and base/paste forms of methamphetamine as 'easy' to 'very easy' to access, with availability stable in recent months. The majority of participants who had recently used crystal methamphetamine reported that it was 'easy' to 'very easy' to access; however, almost one-fifth of participants considered it as 'very difficult' or 'difficult' to access. While participants generally noted little recent change in availability of crystal

methamphetamine in recent months, a small proportion regarded the drug as 'more difficult' to access. The decline in both the proportion of the cohort using ice/crystal methamphetamine (from 56% to 38%) and in the median frequency of this use (decreasing from nine to three days respectively of the preceding 180) between the 2006 and 2007 samples is consistent with this.

Similar to previous years, participants anecdotally noted a change in the local drug culture developing, with methamphetamine being used at greater frequency by existing users, and the drug increasingly used among different – not necessarily IDU – demographic groups: younger teenage groups, equally used by males and females, as well as into a wider range of socio-economic groups. Service providers also anecdotally noted the impact of increasing polydrug use and methamphetamine use on clients seeking their services, and reported concern about the multiple health and social problems experienced by this client group within Tasmania.

Trends in 2007 represent subtle changes both for the methamphetamine market overall (for the IDU demographic) and within it; in contrast to trends in previous years, the majority of participants reported powder as the predominant form of methamphetamine used. Use of crystal methamphetamine among IDU participants appears to have decreased in 2007. Additionally, IDU participants reported an increase in the cost of larger quantity purchases of this form of the drug and there was a notable minority of reports that availability had recently decreased. A companion study in Hobart carried out during a similar period examining drug use among regular ecstasy users also noted a sharp decline in recent use of crystal methamphetamine, from 27% in 2006 to 7% in 2007, along with the majority of these participants reporting availability to be either 'difficult' or 'very difficult' (Matthews & Bruno, 2008). These findings suggest a declining crystal methamphetamine market in Tasmania in 2007.

5.5.5 South Australia

The proportion of SA participants reporting recent use of any methamphetamine decreased slightly; however, the frequency of use of any methamphetamine increased in 2007. Increased frequency of use was noted across all main forms of methamphetamine, particularly powder. In 2007, reported recent use of methamphetamine powder, base and crystal by participants was equal, with base usually being the most used type of methamphetamine. Recent use of crystal methamphetamine (or 'ice/crystal') by smoking remained stable.

In 2007, the estimated current median price paid per point and per gram remained stable for all forms of methamphetamine. All forms of methamphetamine were considered 'easy' or 'very easy' to obtain in 2007. There was an increase in 2007 in the proportion reporting obtaining all forms of methamphetamine from friends. However, there was again a decrease in obtaining methamphetamine from a mobile dealer for all forms of methamphetamine. The purity of the powder form of methamphetamine, as perceived by participants, was equivocal. However, the purity of the base form of methamphetamine, as perceived by participants, had decreased slightly, with fewer participants reporting the quality as 'high' and more reporting the quality as 'medium'. The purity of the crystal form of methamphetamine, as perceived by participants, remained 'medium' to 'high'. There was variability in reports from users regarding recent changes in purity of the various methamphetamine forms, suggesting overall recent fluctuation and variability in quality of methamphetamine.

Calls to the Alcohol and Drug Information Service (ADIS) in SA regarding methamphetamine increased, as have the number of clients (with amphetamines as the primary drug of concern) to all Drug and Alcohol Services South Australia (DASSA) services. Moreover, the number of clients admitted to DASSA inpatient (detox) services with amphetamine as the primary drug of concern also increased. Drug-related attendances to the Emergency Department of the Royal Adelaide Hospital (RAH) also increased for amphetamines.

In general, these parameters, along with other indicator and KE data, suggest that the methamphetamine market remains strong and generally stable in Adelaide, although, over the longer term, frequency of use and problems with use seem to have increased somewhat compared to earlier years.

5.5.6 Western Australia

There was a significant fall in numbers of IDU participants reporting the recent use of any form of methamphetamine from 84% in 2006 to 70% in 2007. The possibility must be considered; however, that this figure may be an artefact of the very low levels of recruitment from pharmacies as opposed to needle exchanges compared with previous years.

Recent use of powder methamphetamine was reported by 61% of IDU participants which did not represent a change from the 66% reported the previous year. Base/paste methamphetamine had recently been consumed by 23% of IDU participants which was significantly less than the 40% found in the 2006 sample. Reported use of crystal methamphetamine had also fallen, with 56% of IDU participants in the 2007 sample reporting this compared to 76% in 2006. The use of liquid amphetamine remained very uncommon, reported by just four percent.

Price of a gram of powder methamphetamine had remained stable with a mean price of $336 compared with the 2006 mean price of $298. With regards to the recent purchases of base/paste, the mean price of a gram was $175 which was not significantly different from the 2006 mean of $325 although this result must be viewed in the light of there being only two reported purchases in the 2007 sample. Mean price of a gram of crystal methamphetamine was $363 which did not differ significantly from the 2006 mean of $350.

Purity of powder methamphetamine was predominantly rated as 'low' by 33% compared with 39% in 2006 suggesting that user perceptions of the strength of powder have not substantially changed. User perceptions of the purity of base/paste methamphetamine also remained unchanged with 40% of those responding describing purity as 'high' compared with the predominant view in the 2006 survey in which 31% described it as 'high'. Similarly, the predominant view of users of crystal methamphetamine remained that purity was 'high', despite the numbers reporting this falling from 59% of those responding in 2006 to 33% in 2007.

With regards to availability, powder methamphetamine was viewed as being 'very easy' by 43% of those responding in contrast to findings of the previous year in which the predominant opinion was 42% who stated that availability was 'easy'. A decline in the availability of base/paste methamphetamine was apparent with 40% of those responding

rating availability as 'difficult' in contrast to the 2006 IDU survey where the predominant opinion held by 31% was that it was 'very easy'. The availability of crystal methamphetamine was rated as 'very easy' by 44% of those responding compared with the 2006 survey where the most common response by 46% of those responding was that it was 'easy'.

5.5.7 The Northern Territory

A majority of the NT survey sample (68%) had used some form of methamphetamine in the six months before interview on a median of eight days, 95% of this group injecting. Speed powder continues to be the main form used, followed by crystal and base; 7% of the sample reported recent smoking of crystal (24% of recent crystal users), a drop from the 13% found in 2006. Most recent methamphetamine users used on a weekly or less basis.

The point price of speed powder and base declined this year to a median of $50 from the $60 found in 2006, although the gram prices increased from $250 to $300. The median price of a point of ice increased from $90 to $100. Participants judged that speed powder and crystal prices had been either stable or increasing, that base prices had been stable.

Speed powder continued to be rated as 'easy' or 'very easy' to obtain. Survey participants were divided over the availability of base, although compared to 2006 the proportion rating base as 'easy' or 'very easy' to obtain has declined with a concomitant increase in those rating it as 'difficult' or 'very difficult' to obtain. Participants were most likely to rate crystal as 'very easy' or 'easy' to obtain. KE report that while the base and crystal form are readily available if wanted, most IDU prefer to use speed powder.

Although 'friends' remained the main source person for recent methamphetamine users, in general, recent users were less likely this year to source their methamphetamine from friends in friend's homes or a known dealer in a dealer's home, and more likely to use a street dealer or mobile dealer in a street market or agreed public location.

5.5.8 Queensland

In previous years, there has been a reciprocal relationship between heroin and methamphetamine in Queensland, such that for QLD IDRS participants, an increase in the use of one is mirrored by a decrease in use of the other. This trend was not evident in 2007, with evidence of a drop in the incidence and frequency of both heroin and methamphetamine use, ice/crystal methamphetamine in particular. In 2007, 24% (vs. 28% in 2006) nominated a form of methamphetamine as their preferred drug, 33% identified methamphetamine as the last drug injected (vs. 38% in 2006) and 30% (vs. 40% in 2006) reported mostly injecting methamphetamine recently.

Powder and base methamphetamine were reported as slightly more expensive in 2007, although this price change was only evident in larger quantities of the drug. The median price of a point of all forms of methamphetamine remained stable at $50 in 2007.

Perceived availability improved for all forms of methamphetamine in 2007, with the majority of participants identifying powder (89% vs. 87% in 2006), base (85% vs. 83% in 2006), and crystal (82% vs. 65% in 2006) methamphetamine as 'easy' or 'very easy' to obtain in the six months prior to interview.

The proportion of participants nominating base (24% vs. 38% in 2006) or ice/crystal (47% vs. 68% in 2007) as high in purity was noticeably smaller in 2007. Consistent with this finding, various KE from the law enforcement sector noted an increasing propensity for crystal methamphetamine to be cut with external agents, typically MSM or methylsulfonylmethane. However, given that objective seizure data do not discriminate between methamphetamine forms, purity trends are difficult to interpret.

KE continued to comment on the health, social and legal problems associated with heavy, regular methamphetamine use. Consistent with these observations, the number of telephone help-line enquiries related to methamphetamine was greater in 2006/07 (3,470 calls) than in any of the previous five years.

There has been a consistent and sizeable increase in the number of QPS arrests related to ATS use/possession in recent years, although this finding is difficult to interpret, given that the ATS category in QPS data encompasses amphetamine, methamphetamine, and 3,4- methylenedioxymethamphetamine (MDMA), or ecstasy. Since 2005, the number of clandestine laboratories detected in QLD has decreased steadily, and a number of law enforcement KE suggested that this shift may partially reflect the continued restrictions on domestic access to precursor materials for methamphetamine manufacture.

5.6 Summary of methamphetamine trends

- Recent use of speed varied by jurisdiction and remained stable or decreased in all jurisdictions except TAS and QLD, where it increased. VIC, TAS, WA and QLD had the highest levels of recent speed use (between 60% and 65%) and NSW the lowest. Frequency of use among users increased in most jurisdictions and was lowest in the NT and highest in WA.
- Patterns of recent base use declined to varying extents in the majority of jurisdictions, the exceptions being NSW and the ACT where it remained stable. TAS and QLD recorded the highest level of recent base use in 2007 and VIC the lowest. Frequency of use among users remained relatively sporadic.
- In 2007, participant reports of recent ice/crystal use indicated that use by this group had decreased in all jurisdictions except the NT where it remained stable. Recent use of ice/crystal remained highest in ACT and lowest in the NT. One-third of recent ice/crystal users had smoked the drug in the preceding six months. Frequency of use among users remained sporadic at approximately fortnightly or less, except in WA (approximately once per week).
- Minimal use of liquid amphetamine (or 'oxblood') was noted in all jurisdictions. There were no reports of use among participants in TAS.
- Nationally, recent use of any form of methamphetamine has decreased slightly compared to 2006, while frequency of use among users has remained stable. There have, however, been some fluctuations across jurisdictions. Proportions reporting use are higher than in 2000 with the exception of the NT where use has declined slightly. Frequency of methamphetamine use (any form) was highest in WA and lowest in the NT.
- Methamphetamine was reported to be $50 per point, regardless of type (speed, base or ice) across all jurisdictions except in the NT where a point of ice/crystal was $100. Grams of speed powder were typically cheaper than grams of ice/crystal. Few participants reported having purchased a gram of base. Price was considered to have been 'stable' over the last six months by the majority of participants.
- Speed powder and ice/crystal were generally considered to be 'very easy' or 'easy' to obtain, although some jurisdictional variations were noted. For example, one-third of participants in the NT and VIC sample reported ice/crystal was 'difficult' to obtain. Reports on base were more mixed, with only one participant in VIC being able to comment on base, suggestive of low availability.
- The majority of participants reported the purity of speed as 'low', base as 'medium', and the purity of ice/crystal as 'high'. However, reports of ice/crystal purity were more mixed than in 2006, with more participants rating it as being of 'medium' purity. Objective seizure purity data were not available at the time of printing this report.
- Health and law enforcement-related harms, including those associated with methamphetamine use, are discussed under the relevant sections later in the report.

6.0 COCAINE

This section contains information about cocaine use by the IDRS IDU sample, followed by data on market characteristics (including price, purity and availability). Information on harms (health and law enforcement-related) harms associated with drug use, including cocaine use and injecting drug use more generally, is provided under the relevant sections later in this report.

Only very small numbers have been able to report on cocaine price, purity and availability over the history of the IDRS, indicating limited use and availability of cocaine among regular IDU outside of NSW. As very small numbers were able to comment in jurisdictions other than NSW, results in these jurisdictions should be interpreted with caution. Appendix C displays comparable figures from the 2006 IDRS.

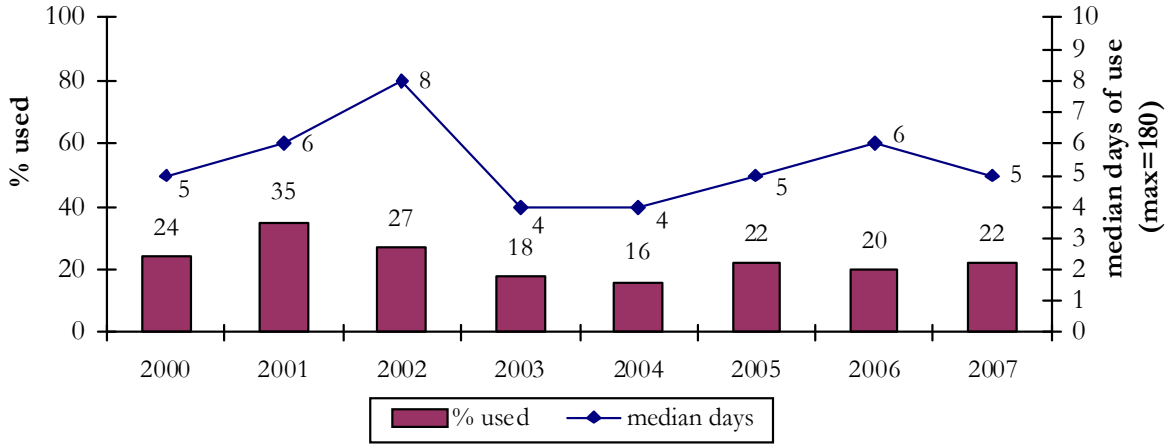
Detailed research has been conducted on the cocaine markets in Sydney and Melbourne in an attempt to gain a better understanding of the market and may be found elsewhere (Shearer et al., 2005).

6.1 Use

6.1.1 Recent use among IDU participants

One-fifth of the national sample reported recent use of cocaine, the majority (85%) of whom also reported injecting it in the last six months. In the overall national sample, the proportion of participants who reported recent cocaine use steadily decreased from 35% in 2001 to 16% in 2004; however, in 2005, recent use increased slightly to 22%, and remained relatively stable since. The median frequency of use remained stable at five days (Figure 24).

Figure 24: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2007



Source: IDRS IDU participant interviews

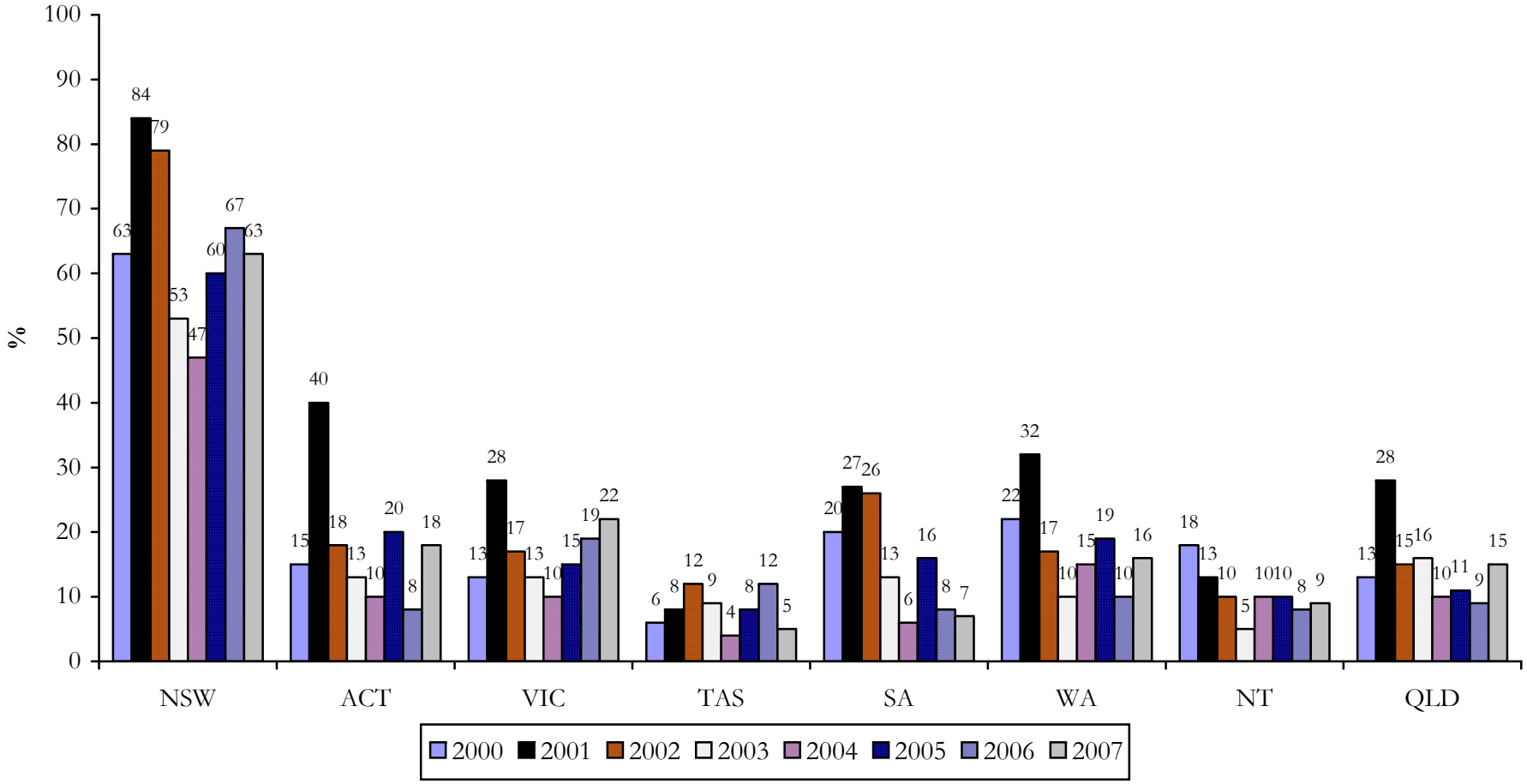
Note: Among those who reported recent use. Median days rounded to the nearest whole number. Maximum number of days, i.e. daily use = 180. See page xxxi for guide.

Recent use of cocaine remained fairly stable in most jurisdictions in 2007 at less than 25%, although slight increases were observed in the ACT, WA and QLD, while a slight decrease was reported in TAS (Figure 25).

When examining patterns of cocaine use among participants since 1997 in NSW, it is clear that the proportion of IDU participants in NSW who reported cocaine use in the preceding six months increased markedly in 1998, stabilised between 1999 and 2000, increased again in 2001 and then decreased until 2004. Reports from both IDU participants and KE in NSW strongly indicated that the increase in use in 2001 was associated with a change in drug use patterns in response to the reduced availability of heroin (Degenhardt et al., 2006b). Both 2005 and 2006 saw increases in recent cocaine use among participants in NSW, remaining relatively stable in 2007 (Figure 25).

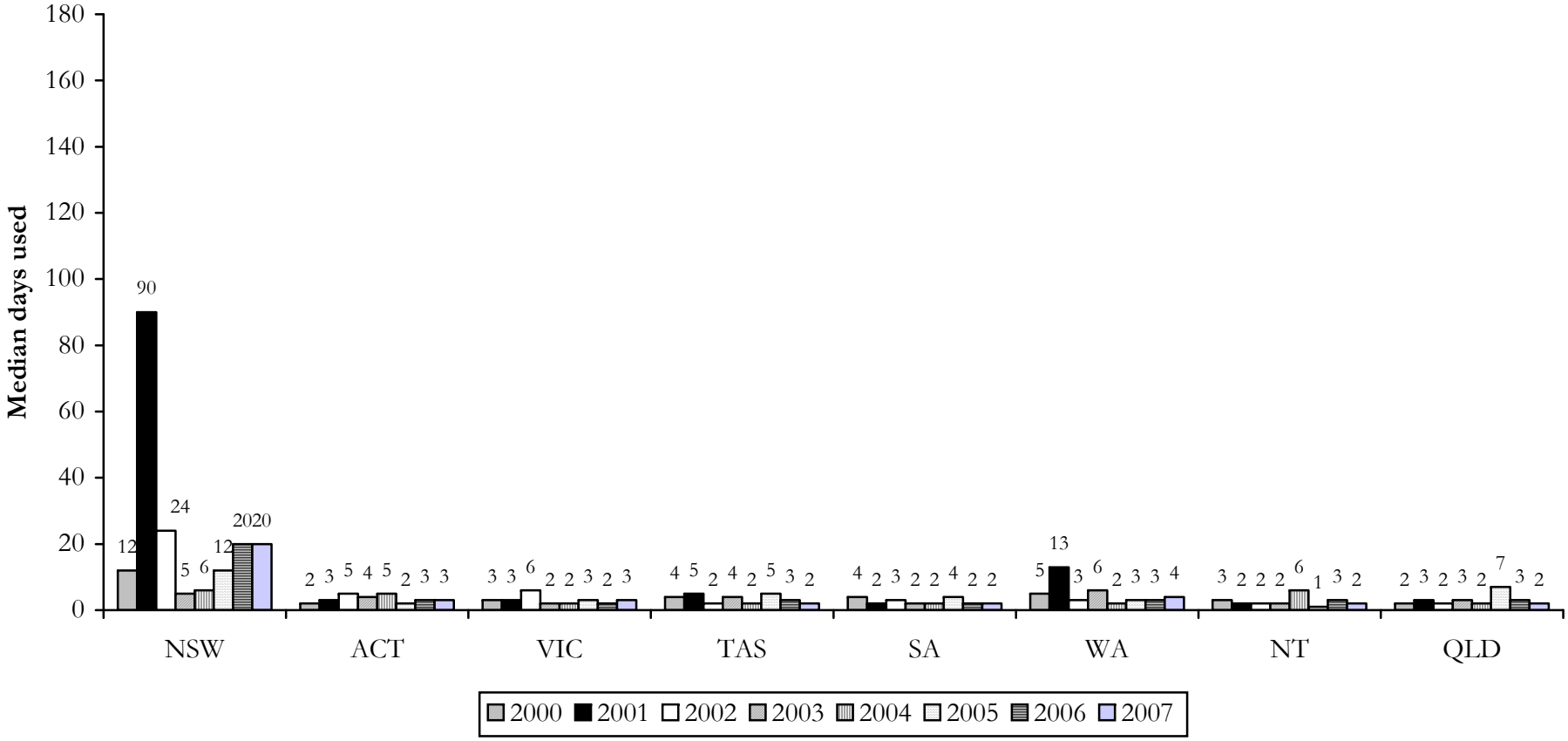
The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine use remained stable at a median of 20 days (i.e. just under weekly use; Figure 26).

Figure 25: Proportion of participants who reported recent cocaine use in the past six months, by jurisdiction, 1997-2007



Source: IDRS IDU participant interviews
Note: National data not shown.

Figure 26: Median days of cocaine use among participants who had used cocaine in the past six months, by jurisdiction, 2000-2007



Source: IDRS IDU participant interviews

Note: Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number.

6.1.2 Cocaine forms used

The vast majority of cocaine used was cocaine powder (see Tables 12 and 13). As in previous years, small proportions in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it may not have been real 'crack' (a form of freebase cocaine). Crack cocaine is a rocky crystalline substance created by heating cocaine hydrochloride to remove its hydrochloride base (Platt, 1997).

Given that the chemical process of deriving crack cocaine is relatively simple when there is a ready supply of quality cocaine hydrochloride (Platt, 1997), it seems plausible that the low levels of crack cocaine use reported are a reflection of the low levels of cocaine availability (and purity) to this group in Australia. Ongoing monitoring and investigation is required to be able to confidently comment on the availability and use of crack cocaine in Australia.

6.2 Price

Prices in Table 31 represent the median prices of the last purchases made by participants in the preceding six months. Less than 10% of participants had bought a gram of cocaine in the past six months, except in NSW (NSW n=14, the ACT n=4, VIC n=2, SA n=4, WA n=3, NT n=3 and QLD=3 with no purchases in the TAS), and, therefore, these figures should be interpreted with caution. The price of a gram and a cap of cocaine in NSW remained largely stable at $300 and $50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months. Forty-seven participants in NSW bought a cap of cocaine in the last six months, as did two participants in the ACT and QLD; there were no purchases in any other jurisdiction. Nine participants in NSW had purchased a half gram of cocaine at the median price of $150, which was identical to those reported in 2005 and 2006 prices ($140 in 2004 and $100 in 2003).

Table 31: Price of cocaine, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% used last 6 months	22	63	18	22	5	7	16	9	15
Median price ($) per gram	-	300	325^	375^	-	340^	400^	200^	350^
Median price ($) per cap	-	50	55^	-	-	-	-	-	75^
Price changes									
% Did not respond	82	31	87	97	98	95	91	94	87
Of those who responded (% of the entire sample)	n=160 (18)	n=106 (69)	n=13 (13)	n=5^ (3)	n=2^ (2)	n=5^ (5)	n=7^ (9)	n=6^ (6)	n=16 (3)
% Don't know	17 (3)	15 (11)	31 (4)	20 (<1)	50 (1)	20 (1)	29 (3)	0	13 (2)
% Increased	10 (2)	9 (6)	8 (1)	20 (<1)	0	0	29 (3)	17 (<1)	13 (2)
% Stable	65 (11)	69 (48)	54 (7)	60 (2)	50 (1)	60 (3)	29 (3)	67 (4)	69 (9)
% Decreased	3 (<1)	2 (2)	0	0	0	20 (1)	0	0	0
% Fluctuated	6 (1)	5 (3)	8 (1)	0	0	0	14 (1)	17 (<1)	6 (<1)

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10), interpret with caution

6.3 Availability

In jurisdictions other than NSW, only small numbers of participants were able to comment on the availability of cocaine, which in itself suggests that the drug is not widely available in those jurisdictions. Of those who commented in NSW, 77% described cocaine as 'easy' or 'very easy' to obtain, while 17% considered it to be 'difficult' to obtain; similar figures to those reported in 2006. Substantial proportions in other jurisdictions, with the exception of VIC, reported cocaine as 'difficult' or 'very difficult' to obtain, however, the numbers commenting were small so caution is advised. Availability in the six months preceding interview was generally thought to be stable (62%, Table 32).

Again only small numbers reported having purchased cocaine in the preceding six months with the exception of NSW, the only jurisdiction in which a sizeable proportion of participants reported recent use of cocaine. NSW continues to have a significant street-based cocaine market, with just over one-quarter of those who commented reporting that they usually scored cocaine from a street dealer recently (Table 32). However, there appeared to be a slight drop-off, with purchasing from a known dealer and in an agreed public location becoming the most commonly reported person and location (figures for 2006 were: street dealer, 29%; known dealer, 41%; street market, 25%; agreed public location, 25%).

Table 32: Availability and purchasing patterns of cocaine, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Availability									
% Did not respond	82	31	87	97	98	95	91	94	87
Of those who responded	n=160	n=106	n=13	n=5^	n=2^	n=5^	n=7^	n=6^	n=16
(% of the entire sample)	*(18)*	*(69)*	*(13)*	*(3)*	*(2)*	*(5)*	*(9)*	*(6)*	*(13)*
% Don't know	7 (1)	7 (5)	15^ (2)	20 (<1)	0	0	0	0	13 (2)
% Very easy	27 (5)	36 (25)	8 (1)	40 (1)	0	20 (1)	0	0	6 (<1)
% Easy	34 (6)	41 (28)	23 (3)	20 (<1)	0	20 (1)	43 (4)	17 (<1)	13 (2)
% Difficult	24 (4)	17 (12)	54 (7)	20 (<1)	0	40 (2)	29 (3)	33 (2)	44 (6)
% Very difficult	8 (1)	0	0	0	100 (2)	20 (1)	29 (3)	50 (3)	25 (3)
Availability changes									
% Did not respond	82	31	87	97	98	95	91	94	87
Of those who responded	n=160	n=106	n=13	n=5^	n=2^	n=5^	n=7^	n=6^	n=16
(% of the entire sample)	*(69)*	*(69)*	*(13)*	*(3)*	*(2)*	*(5)*	*(9)*	*(6)*	*(13)*
% Don't know	14 (2)	9 (6)	31 (4)	20 (<1)	50 (1)	20 (1)	0	0	38 (5)
% More difficult	11 (2)	13 (9)	8 (1)	0	0	0	29 (3)	0	0
% Stable	62 (11)	68 (47)	46 (6)	80 (3)	50 (1)	60 (3)	29 (3)	50 (3)	50 (7)
% Easier	6 (1)	5 (3)	15 (2)	0	0	0	29 (3)	0	0
% Fluctuates	8 (1)	6 (4)	0	0	0	20 (1)	14 (1)	50 (3)	13 (2)
Purchased from#									
% Had not bought	87	47	91	97	99	96	94	95	95
Of those who responded	n=160	n=106	n=13	n=5^	n=2^	n=5^	n=7^	n=6^	n=16
(% of the entire sample)	*(69)*	*(69)*	*(13)*	*(3)*	*(2)*	*(5)*	*(9)*	*(6)*	*(13)*
% Street dealer	19 (2)	27 (14)	0	0	0	0	0	0	0
% Friend	37 (5)	26 (14)	56 (5)	50 (1)	0	75 (3)	40 (3)	80 (4)	100 (5)
% Gift from friend	3 (<1)	4 (2)	0	0	0	0	0	0	0
% Known dealer	40 (5)	42 (22)	33 (3)	75 (2)	100 (1)	25 (1)	20 (1)	20 (<1)	33 (2)
% Workmate	<1 (<1)	0	0	0	0	0	20 (1)	0	0
% Acquaintance	10 (1)	7 (4)	11 (1)	25 (<1)	0	25 (1)	40 (3)	20 (<1)	0
% Unknown dealer	4 (<1)	4 (2)	11 (1)	0	0	0	0	0	0
% Mobile dealer	18 (2)	25 (13)	0	0	0	25 (1)	0	0	0
Places of usual purchase#									
% Had not bought	87	47	91	97	99	96	94	95	95
Of those who responded	n=160	n=106	n=13	n=5^	n=1^	n=5^	n=7^	n=6^	n=16
(% of the entire sample)	*(69)*	*(69)*	*(13)*	*(3)*	*(1)*	*(5)*	*(9)*	*(6)*	*(13)*
% Home delivery	17 (2)	15 (8)	33 (3)	0	0	25 (1)	20 (1)	40 (2)	17 (<1)
% Dealer's home	21 (3)	20 (11)	22 (2)	50 (1)	100 (1)	0	20 (1)	0	33 (2)
% Friend's home	24 (3)	16 (9)	33 (3)	25 (<1)	0	25 (1)	20 (1)	80 (4)	83 (4)
% Acquaintance's house	4 (<1)	1 (1)	11 (<1)	25 (<1)	0	0	20 (1)	20 (<1)	0
% Street market	17 (2)	24 (12)	0	0	0	0	0	0	0
% Agreed public location	38 (5)	44 (24)	11 (1)	50 (1)	0	50 (2)	40 (3)	20 (<1)	0
% Work	<1 (<1)	0	0	0	0	0	20 (1)	0	0

Source: IDRS IDU participant interviews

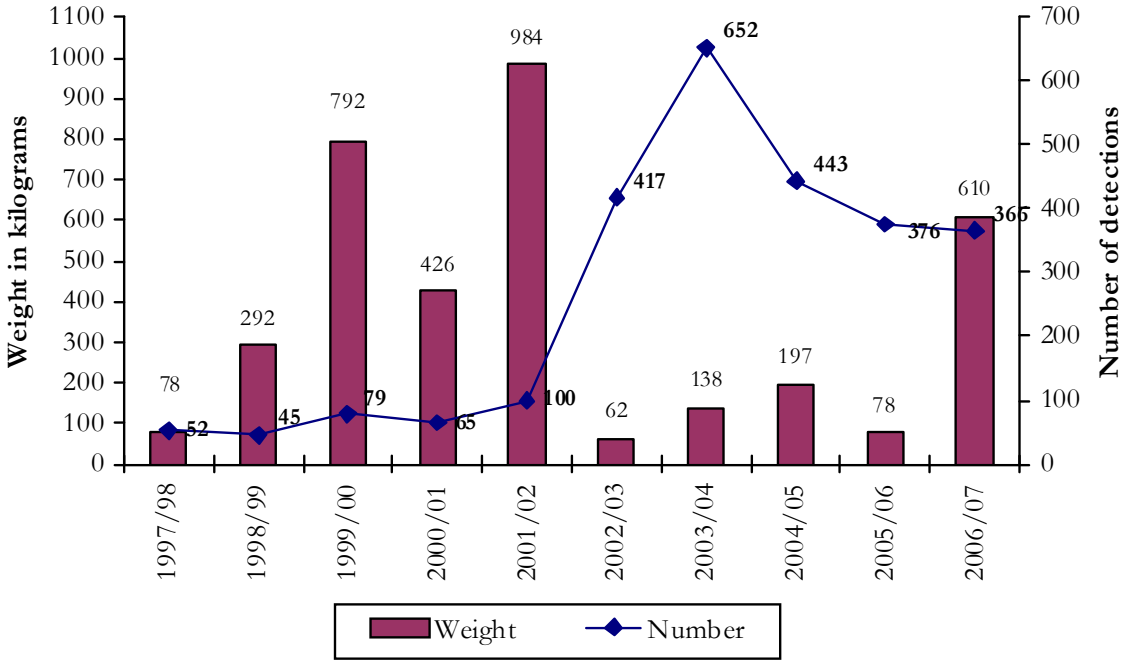
Multiple responses allowed

^ Small numbers commenting (n<10); interpret with caution

6.3.1 Cocaine detected at the Australian border

During 2006/07, the Australian Customs Service made 366 detections of cocaine at the Australian border (Figure 27). The detections weighed a total of 610 kilograms, representing a substantial increase from 78 kilograms in 2005/06. This included two sizeable detections of 135 kilograms in September 2006 in sea cargo and 141 kilograms in March 2007 in air cargo (Australian Customs Service, 2007).

Figure 27: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, financial years 1997/98-2006/07



Source: Australian Customs Service (2007)

6.4 Purity

Participants were asked to describe the current purity or strength of cocaine and if there had been any change in perceived purity in the six months preceding interview. Participant reports of the purity of cocaine were variable. In NSW, the ACT and QLD, where 10 or more participants were able to comment, purity reports varied and were most commonly reported as medium (NSW), high or medium (the ACT), and medium or low (QLD; Table 33). From 2003 to 2005, an increasing number of participants in the national sample reported the purity as 'medium' or 'high', and an increase in those reporting it as 'medium' was observed between 2006 and 2007 (Figure 28).

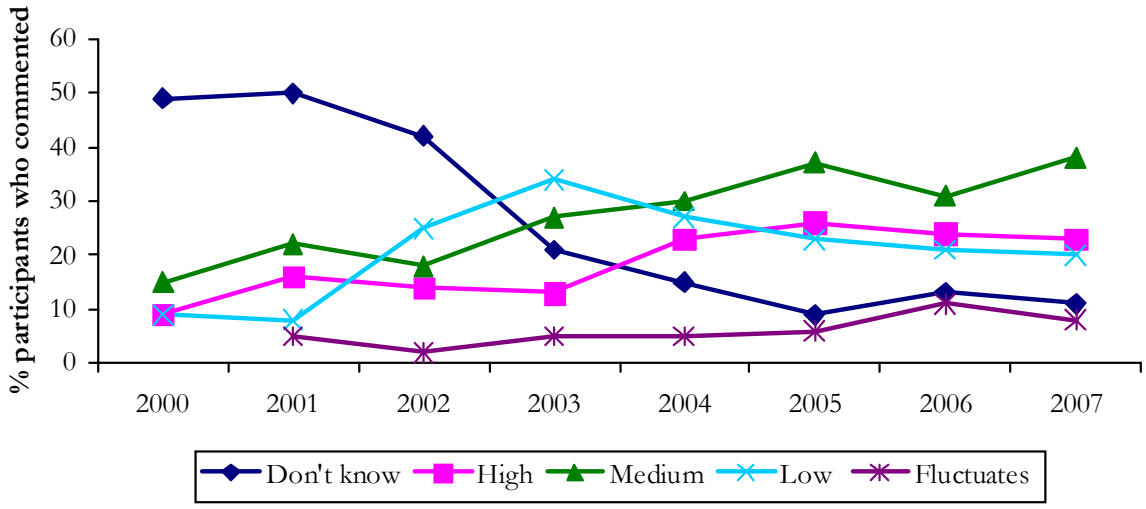
Participant reports regarding the changes in cocaine purity have also varied over time, within and between jurisdictions. Of those who commented in the 2007 national sample, one-third reported the purity of cocaine as stable and one-fifth as decreasing (Figure 29 and Table 33).

Table 33: Perceived purity of cocaine, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Current purity									
% Did not respond	83	32	87	97	98	95	91	94	87
Of those who responded *(% of the entire sample)*	n=158 *(17)*	n=104 *(68)*	n=13 *(13)*	n=5^ *(3)*	n=2^ *(2)*	n=5^ *(5)*	n=7^ *(9)*	n=6^ *(6)*	n=16 *(13)*
% Don't know	11 (2)	9 (6)	8 (1)	0	50 (1)	20 (1)	29 (3)	0	25 (3)
% High	23 (4)	22 (15)	39 (5)	20 <1)	0	20 (1)	43 (4)	17 (<1)	13 (2)
% Medium	38 (7)	40 (28)	39 (5)	20 <1)	50 (1)	40 (2)	0	67 (4)	31 (4)
% Low	20 (4)	21 (14)	8 (1)	20 <1)	0	20 (1)	29 (3)	0	31 (4)
% Fluctuates	8 (1)	8 (5)	8 (1)	40 (1)	0	0	0	17 (<1)	0
Purity changes									
% Did not respond	83	31	87	97	98	95	91	94	87
Of those who responded *(% of the entire sample)*	n=159 *(18)*	n=105 *(69)*	n=13 *(13)*	n=5^ *(3)*	n=2^ *(2)*	n=5^ *(5)*	n=7^ *(9)*	n=6^ *(6)*	n=16 *(13)*
% Don't know	20 (3)	14 (10)	31 (4)	0	100 (2)	20 (1)	43 (4)	0	38 (5)
% Increasing	13 (2)	13 (9)	0	20 <1)	0	20 (1)	43 (4)	0	6 (<1)
% Stable	33 (6)	37 (26)	46 (6)	20 <1)	0	0	0	17 (<1)	31 (4)
% Decreasing	19 (3)	21 (14)	23 (3)	0	0	40 (2)	14 (1)	17 (<1)	6 (<1)
% Fluctuating	16 (3)	14 (10)	0	60 (2)	0	20 (1)	0	67 (4)	19 (3)

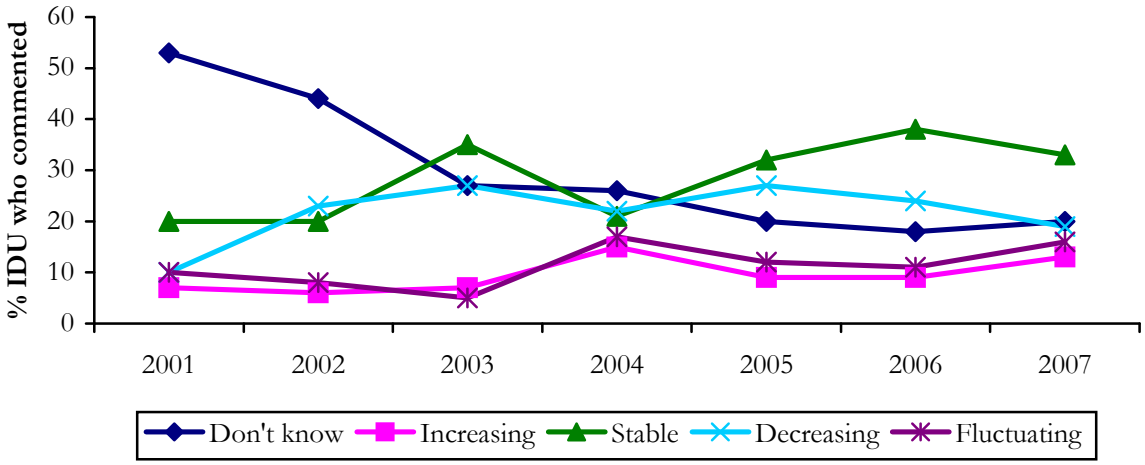
Source: IDRS IDU participant interviews
^ Small numbers reporting (n<10)

Figure 28: Participant reports of current purity of cocaine among those who commented, 2000-2007



Source: IDRS IDU participant interviews
Note: Among those who commented (n=158 in 2007; the majority of these [n=104] were in NSW).

Figure 29: Participant reports of changes in purity of cocaine among those who commented, 2001-2007



Source: IDRS IDU participant interviews
Note: Among those who commented (n=159 in 2007; the majority of these [n=105] were in NSW). Survey item first included in 2001.

There were no AFP cocaine seizures analysed in the ACT, TAS, SA and the NT and no TAS or NT state/territory police cocaine seizures analysed in 2005/06. Data for 2006/07 were unavailable at the time of publication.

The purity of analysed state/territory police seizures varied in each state/territory in 2005/06, ranging from 21% in WA to 56.3% in NSW. In 2005/06 most of the cocaine seizures analysed were from NSW, QLD, and VIC. The AFP seizures of cocaine were generally higher in purity; however, with the exception of NSW, these figures were based on very small numbers of seizures analysed (Table 34).

Table 34: Median purity of cocaine seizures, by jurisdiction, 1999/00-2005/06

	Median purity %													
	State/Territory police							AFP						
	99/00	00/01	01/02	02/03	03/04	04/05	05/06	99/00	00/01	01/02	02/03	03/04	04/05	05/06
NSW	34.0 n=36	52.0 n=101	na	27.0 n=52	32.0 n=97	64.3 n=92	**56.3 n=108**	53.3 n=119	44.9 n=57	73.0 n=233	72.3 n=271	72.3 n=348	69.9 n=63	**74.3 n=98**
ACT	-	-	35.9 n=5	-	48.0 n=3	47.7 n=5	**30.6 n=5**	25.9 n=2	35.9 n=2	-	-	-	-	**-**
VIC	40.1 n=72	47.0 n=101	37.0 n=47	31.0 n=39	32.6 n=27	48.8 n=33	**31.7 n=43**	80.7 n=21	65.7 n=21	72.4 n=24	61.6 n=36	75.3 n=34	58.9 n=9	**55.3 n=7**
TAS	-	44.6^ n=1	44.0^ n=1	-	-	-	**-**	-	-	-	-	-	-	**-**
SA	-	68.6 n=21	-	20.6 n=24	38.5 n=10	30.7 n=64	**32.8 n=9**	-	66.9 n=94	-	-	-	-	**-**
WA	30.5 n=10	35.0 n=25	30.5 n=16	59.0 n=6	3.0 n=4	44.0 n=27	**21 n=12**	35.8^ n=1	33.8 n=3	72.4 n=4	-	59.4 n=9	77.4^ n=1	**53.8 n=6**
NT	-	-	24.0^ n=1	-	-	-	**-**	-	-	-	-	-	-	**-**
QLD	38.4 n=45	68.8 n=31	-	41.1 n=46	14.9 n=30	35.2 n=90	**38 n=109**	76.3 n=33	72.7 n=11	63.1 n=15	-	71.7 n=24	79.9 n=7	**42.7 n=4**

Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)

Note: Seizures ≤2g and >2g combined. Dashes represent no seizures analysed.

^ Median purity based on one seizure. Figures do not represent the purity levels of all cocaine seizures, only those that were analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by state/territory police in the relevant quarter. The period between the date of seizure by state/territory police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police. Data for 2006/07 were not available at the time of publication.

6.5 Jurisdictional trends for cocaine

Below follow summaries of trends for cocaine provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW (Sindicich & Degenhardt, 2008); ACT (Campbell & Degenhardt, 2008); VIC (Quinn, 2008); TAS:(de Graaff & Bruno, 2008); SA (White et al., 2008); WA (Fetherston & Lenton, 2008); NT (Moon, 2008) and QLD (Richardson & Kinner, 2008).

6.5.1 New South Wales

Relative stability was reported in recent cocaine use, with 63% of the sample reporting recent use in 2007 and 67% reporting use in 2006. Median days of use remained stable at 20 days (i.e. just under weekly use). There was a decrease (to half that reported in 2006) for daily cocaine use (10% in 2006, 5% in 2007). Cocaine use was slightly more prevalent among participants recruited in central Sydney than those recruited in the south west. Reports of crack cocaine were almost non-existent among the IDU sample, a finding reflected in KE reports.

Cocaine availability was reported to have slightly increased, with 77% of those who were able to comment reporting it to be either 'easy' or 'very easy' to obtain as compared with 71% in 2006. Overall, reported figures pertaining to availability were relatively comparable to 2006. Availability was commonly perceived to have remained stable over the preceding six months. More broadly, however, law enforcement KE indicated an increase in the number of persons supplying cocaine across the state.

All reported prices for cocaine purchase amounts remained stable. Caps remained the most common purchase amount ($50, n=47), although there was a decrease in the number of participants reporting purchases of the larger quantities (halfweight: n= 16 in 2006, n= 9 in 2007; gram, n=22 in 2006, n=14 in 2007).

Almost a third (28%) of IDU participant reports on cocaine purity reported purity as 'medium', 15% of the entire sample reported purity as 'high' and 14% reported purity as 'low'. This mirrors reports of purity in 2006, with a slightly higher proportion reporting purity as 'medium'. Purity was most often rated as having been 'stable' (25% of the sample, or 37% of those able to comment on cocaine market characteristics) over the six months preceding interview, although a substantial proportion thought that it was decreasing (14% of the sample, or 21% of those commenting). Overall, these reports indicated little change from 2006.

KE comments regarding use patterns were generally consistent with those of IDU participants, suggesting that cocaine use remained more prevalent in central Sydney, and use was more sporadic in other areas. Also consistent with these geographic differences, was indicator data that showed that cocaine use had increased in the inner city (number of visits to the Sydney Medically Supervised Injecting Centre [MSIC] where cocaine was injected and number of visits to three inner city NSPs where cocaine was reported as the last drug injected), and had remained stable and higher than other areas of NSW (recorded incidents of cocaine possession/use). Indicator data suggested that harms related to cocaine use had remained stable over the past year.

6.5.2 The Australian Capital Territory

Cocaine was used by 18% of the ACT sample in the six months preceding interview, up from 8% in 2006, but similar to 2005 (20%). Among those who had recently used cocaine in the ACT, the frequency of use was low, with a median of three days of use in the six months prior to interview (i.e. approximately once every two months). Among the participants who reported recent cocaine use, the most common routes of administration were injection and snorting.

A small number (n=13) of participants commented on the price, purity and availability of cocaine in the ACT in 2007, with the majority reporting that cocaine was 'difficult' (54%) to obtain in the ACT. The median price for cocaine, in 2007, was reported to be $55 for a cap, and $325 for a gram, though these are based on small numbers so results must be interpreted with caution. Equal proportions of respondents, reported that current purity was 'medium' or 'high' (39%). Again, small numbers reported on cocaine purity, so results must be interpreted with caution.

Consistent with IDU participants, KE reported that cocaine use by IDU in the ACT was relatively low and infrequent.

6.5.3 Victoria

Although over half (59%, n=88) of the respondents to the 2006 IDU survey in Victoria reported lifetime use of cocaine, no participants identified cocaine as their main drug of choice. Twenty-two percent (n=33) of the IDU surveyed reported having used cocaine during the previous six months, with the reported principal routes of administration being injecting (17%, n=26), and snorting (9%, n=13). Among those who reported using cocaine during the past six months (n=33), frequency of use was very low (median three days), suggesting irregular, opportunistic use patterns.

In 2007, three participants commented on the current price of a gram of cocaine, reporting that this quantity currently costs $300 (range $200-$450), and two participants reported that a cap of cocaine currently costs $50. No participants were able to comment on current half-gram prices, though one participant reported that two points of cocaine currently costs $50.

Three of the five respondents (60%) who commented on current cocaine purity reported that it was high (20%, n=1), medium (20%, n=1) and low (20%, n=1) at present, while the remaining two respondents (40%) reported that it was currently fluctuating. Most reported that cocaine purity had fluctuated (60%, n=3) during the previous six months.

Two of the four participants (50%) who commented on cocaine availability reported that it was currently very easy to access, one participant (25%) noted that it was easily obtainable, while the remaining respondent (25%) reported that cocaine was currently difficult to access. All four respondents reported that availability had been stable during the previous six months. Respondents most commonly reported buying cocaine from known dealers (75%, n=3) or friends (50%, n=2).

While the prevalence of recent cocaine use by the IDU surveyed increased slightly in 2006 (22% compared to 19% in 2006, 15% in 2005 and 10% in 2004), and 19 KE reported occasional use of cocaine by a minority clients, the use of cocaine among the IDU sample in Melbourne still remains low and infrequent and appears to be fairly opportunistic.

6.5.4 Tasmania

It appears that the availability and use of cocaine in Hobart continues to be very low, at least within the populations surveyed in the current study or accessing government services, with use of the drug among clients of the state's NSP virtually non-existent (0.1% of non-pharmacy equipment transactions). Only a very small proportion of the TAS IDRS IDU participants reported recent use of the drug (5%), which was predominately in powder form.

By the very few participants that could comment on trends in availability, cocaine was considered 'very difficult' to access, a situation that was considered stable in the preceding six-month period. There have been no seizures of cocaine made by Tasmania Police between 2001/02 and 2004/05, with just one seizure reported in 2005/06 of one gram (ACC, 2007). These patterns of low levels of availability and use in these cohorts appear to have remained reasonably stable over the past few years. However, it is noteworthy that around half of the Tasmanian IDRS IDU sample has reported lifetime use of cocaine, an increase from patterns seen in earlier studies. Similarly, there has been an increase in the level of recent use of the drug in different local consumer populations (regular ecstasy consumers: Matthews & Bruno, 2008) which may provide early indications of emerging changes in local markets for the drug.

6.5.5 South Australia

Similar to 2006, only a very small number of SA participants were able to supply information regarding the price, purity or availability of cocaine, which was reflective of the relatively low numbers of participants who had used cocaine in the last six months (a total of seven). In addition, although several KE were able to provide some information on cocaine, this was limited and none could nominate cocaine as their main area of expertise. Consequently, the data for price, purity and availability of cocaine in 2007 are again of limited value.

In 2007, a small decrease was seen in the number of participants who reported recent use of cocaine, with frequency of use remaining stable and low, and use of cocaine in general remained well below other illicit drug use among this sample.

The small number of KE and participants either using cocaine or being able to provide information in itself indicates the lack of a sizeable and visible cocaine market in Adelaide, particularly among the people who inject drugs (PWID) sampled by the IDRS. Indicator data – such as the number of cocaine possession and provision offences, calls to ADIS, DASSA treatment services data for cocaine, and SA hospital admissions data – also support this presumption.

6.5.6 Western Australia

Use of cocaine remained relatively uncommon among Perth IDU participants with just 16% of the 2007 sample reporting recent use compared with 10% in 2006. Once again there were no KE who spoke specifically about the drug. Use appeared to remain essentially opportunistic with mean days of use being seven and no reports of use on a daily basis. There were only very small numbers of IDU participants able to provide data concerning the price, purity or availability of cocaine, necessitating great caution in the interpretation of these results. There were three reported purchases of a gram of cocaine for prices ranging from $250 to $500 with a mean price of $383. There was little clear consensus regarding the availability of cocaine with four of seven responding describing it as 'difficult' or 'very difficult', and another three describing it as 'easy'. Similarly, among the seven IDU participants reporting on purity of cocaine, three thought it 'high', two thought it 'low' and two did not know. Calls to ADIS regarding cocaine remained

extremely infrequent with these calls never exceeding one percent of calls received by the service in any month during the 2006/07 financial year.

6.5.7 The Northern Territory

As with heroin, the number of participants in the NT reporting recent use of cocaine or who were able to report on cocaine market characteristics or use patterns is small and no KE were able to provide comment.

The available information suggests, however, that the cocaine market in the NT remains small. Three participants reported a median gram price of $200 (a decrease on the $250 found in 2006) and availability is rated as 'difficult' (33%) or 'very difficult' (50%). One person had used crack cocaine within six months of interview, the rest using powder.

6.5.8 Queensland

The incidence of cocaine use remains relatively low among QLD IDRS participants, with KE observing that cocaine continues to be a 'niche' drug, more commonly used among wealthier, high-status groups or those involved in the 'recreational' drug scene. That said, in 2007 a slightly greater proportion nominated recent cocaine use (15%) and injection (9%), compared to 2006 (recent use, 9%; recent injection, 7%).

The price of cocaine continues to vary between $200 and $350 per gram, and between $100 and $200 per half-gram. There continues to be little consensus among participants regarding current cocaine availability, and participant perceptions of cocaine purity were mixed.

The number of helpline enquires pertaining to cocaine remains relatively low in QLD. There was, however, a slight increase in the number of telephone calls made to ADIS during the 2006/07 financial year.

The number of QPS arrests for cocaine use/possession across the state has risen in recent year, with 52 arrests made during 2006/07. Nonetheless, the total number of arrests remains low in QLD, when compared with other substances.

6.6 Summary of cocaine trends

- The recent use of cocaine remained most common among participants in NSW, with proportions elsewhere reporting use in the preceding six months remaining at less than 25%. The most notable changes were slight increases in the ACT, WA and QLD, and a decrease in TAS.
- The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine use remained stable at a median of 20 days (i.e. just under weekly use).
- Cocaine powder remained the most common form of the drug used by participants, with negligible reports of crack cocaine use.
- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine. The price of a gram and a cap of cocaine in NSW remained largely stable at $300 and $50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.
- Cocaine was considered 'easy' or 'very easy' to obtain in NSW, and the majority reported availability as stable in the preceding six months. Substantial numbers of participants commenting in other jurisdictions indicated that cocaine was 'difficult' or 'very difficult' to obtain.
- The limited IDU participant and KE data on cocaine suggest that there remains a limited market for cocaine among the IDU interviewed in the IDRS in jurisdictions other than NSW. The market for cocaine continues to appear smaller and less visible than the methamphetamine and heroin markets.
- Health and law enforcement-related harms, including those associated with cocaine use, are discussed under the relevant sections later in the report.

7.0 CANNABIS

This section contains information about cannabis use by the IDRS IDU sample, followed by data on market characteristics (including price, purity and availability). Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed under the relevant sections later in this report.

Survey items on price, potency and availability of cannabis have distinguished between indoor-cultivated 'hydroponic' cannabis (hydro) and outdoor cultivated 'bush' cannabis since 2003, following reports of different market characteristics of each (e.g. Stafford et al., 2005b; Breen et al., 2004b) In the absence of definitive data on the extent to which this distinction reflects actual cultivation methods in Australia (McLaren et al., in press; Hall & Swift, 2000), however, use patterns refer to any form of cannabis.

In 2007, participants completing the section (n=686) were also asked if they were able to differentiate between hydroponic and bush cannabis in terms of price, potency and availability. Most participants reported that they could: over 70% of respondents in NSW (84%), the ACT (90%), VIC (76%), TAS (86%), the NT (89%) and QLD (74%) made such a distinction. In contrast, approximately half of respondents in SA (56%) and one-third of those in WA (37%) distinguished between these two types. Participants who did not differentiate were asked more generally about cannabis (marijuana). Comparable figures on price, perceived potency and availability from 2006 are presented in Appendix D.

7.1 Use

7.1.1 Recent use among IDU participants

Eighty-one percent of the national sample reported they had used cannabis in the six months prior to interview. There was much less jurisdictional variation than for other drug types, with use generally ranging at around 80% to 90%, except in WA where the figure dropped to 69% (Figure 30).

The median number of days of recent cannabis use among users varied across jurisdictions and, in some cases, within jurisdictions, over time (Figure 31). Compared to 2006, a decrease was observed in the median days of cannabis use in VIC, WA and QLD, while an increase was observed in the NT. Daily or near-daily use was reported in NSW, the ACT, TAS and SA.

Nationally, 40% of participants reported daily use of cannabis (representing 49% of recent cannabis users), ranging between 26% (38% of recent cannabis users) in WA to 56% in TAS (64% of recent cannabis users). Figures for other jurisdictions were as follows: NSW, 43% (55% of recent cannabis users); the ACT, 37% (44%); VIC, 37% (44%); SA, 42% (52%); the NT, 39% (47%) and QLD, 37% (44%).

Recent cannabis users were asked how much cannabis they had smoked on the last day of use, as measured by the number of cones or joints used on that occasion, either by themselves or shared with others. Nationally, cannabis had typically been smoked in cones (80%; range 80% in WA to 89% in SA) rather than joints (12%; range 6% in SA to 20% in WA). Among those who had smoked cones, the median number used on the last day was six (range 0.5 to 100), while the

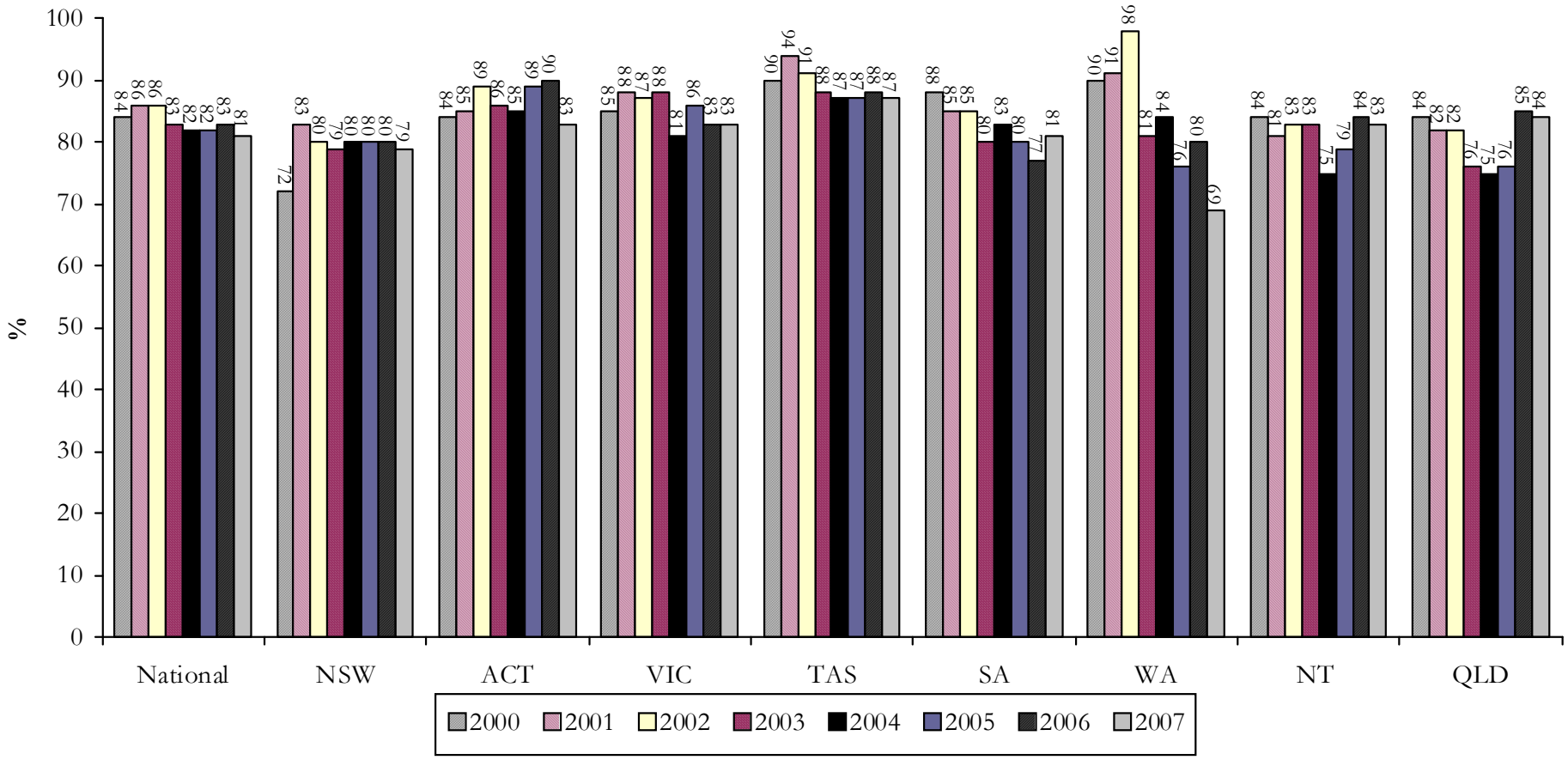
number of joints smoked was two (range 0.5 to 50). Daily users of cannabis had smoked a median of 10 cones (range 1-100) or three joints (range 1-50) on the last day of use.

Frequency of cannabis use among a population such as those who regularly inject drugs, of whom few nominate cannabis as their drug of choice, may be related to the availability and cost of their drug(s) of choice, as much as the availability and cost of cannabis itself. Extrapolating from the patterns of use of cannabis among IDRS participants to the entire population of cannabis smokers is problematic, and should not be considered a valid basis for policy decisions in the absence of other data.

7.1.2 Cannabis forms used

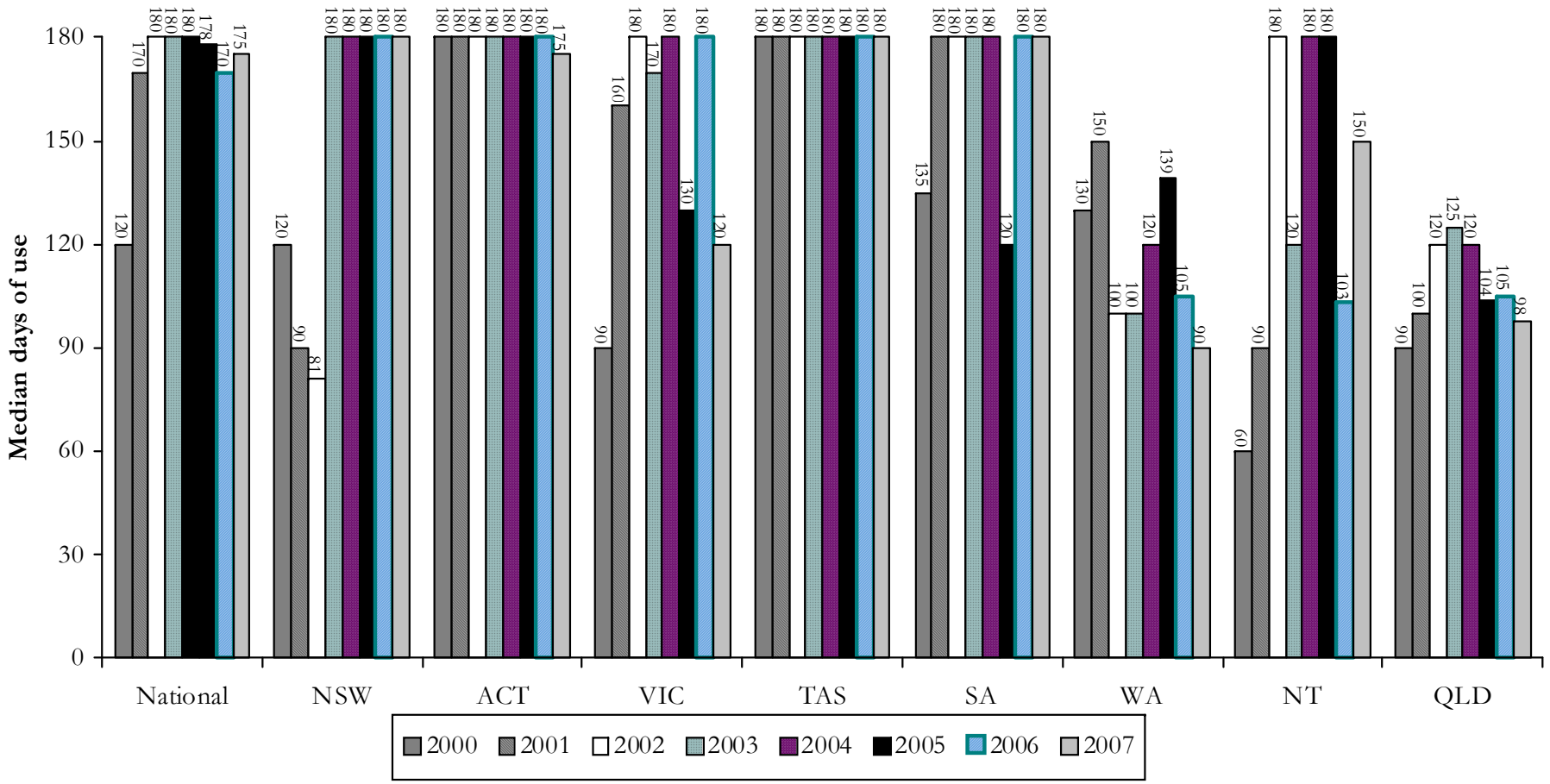
Seventy-five percent of the national sample reported use of hydro cannabis in the preceding six months, ranging from approximately two-thirds in WA to approximately three-quarters elsewhere. Just over half (56%) reported use of outdoor-grown 'bush' cannabis, ranging from 42% in NSW to 70% in TAS. Twelve percent had used hashish and minimal proportions (5%) reported use of hash oil (see Table 12). Among users, hydro remained the form most commonly used in the preceding six months, followed by bush (Table 12, from page 22).

Figure 30: Recent use of cannabis, by jurisdiction, 2000-2007



Source: IDRS IDU participant interviews

Figure 31: Median days of cannabis use among those who had used cannabis in the past six months, by jurisdiction, 2000-2007



Source: IDRS IDU participant interviews

Note: Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number.

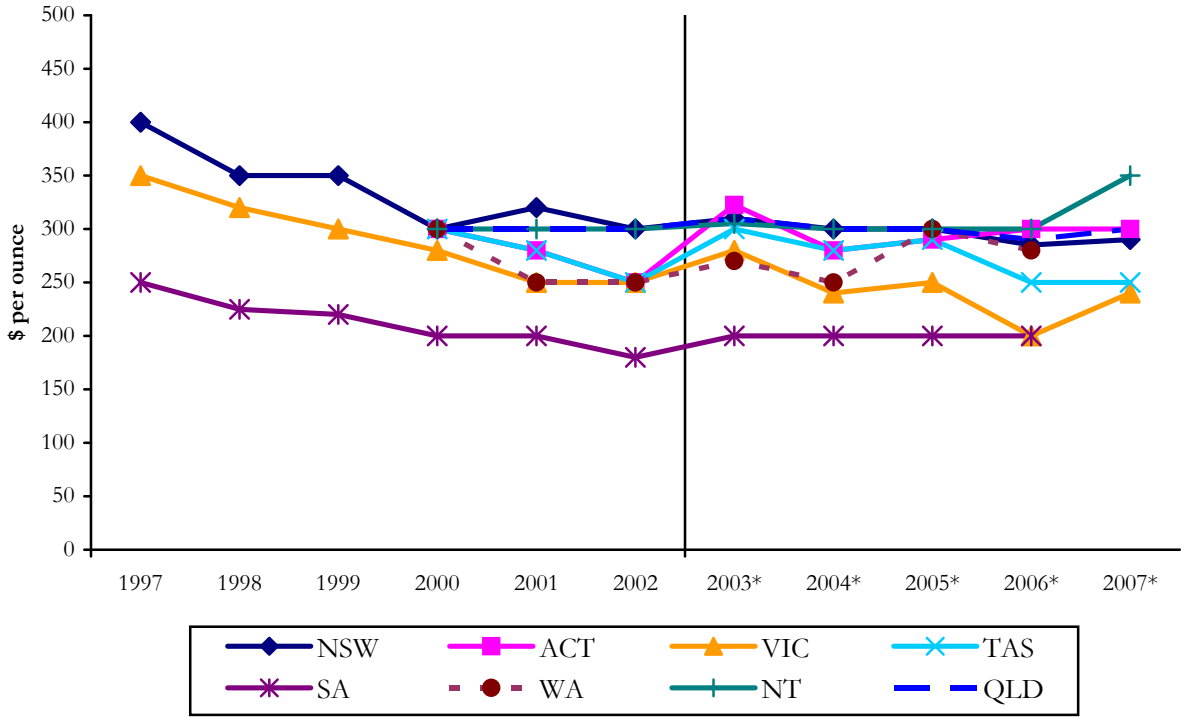
7.2 Price

Table 35 contains the median price of the last purchase made by participants in the preceding six months. Gram and ounce prices for bush tended to be equal to or lower than prices for hydro. In 2007, an ounce of hydro cost between a median of $200 (SA; however, only small numbers commented) and $350 (the NT), and a gram cost $20 to $30, except in SA, where $25 buys approximately two and a half grams.

Overall, median prices for an ounce of cannabis remained stable compared to 2006, except in VIC and the NT where they increased from $200 and $300, respectively (Figure 32; Table 35). The price of an ounce of hydro has remained relatively stable (ranging from $200-$320) over the past five years. The majority of the national sample commenting on cannabis reported that the price of the hydroponic and bush forms had remained stable over the preceding six months (68% and 66%, respectively).

Fewer than 10 participants in each jurisdiction reported purchasing hashish or hash oil in the preceding six months.

Figure 32: Price of an ounce of cannabis (hydroponic from 2003 onwards), by jurisdiction, 1997-2007



Source: IDRS IDU participant interviews

* from 2003, prices reflect prices for an ounce of hydro. Prior to this, no distinction was made between forms of cannabis. Any increase may be due to this distinction

Table 35: Median price of cannabis and price changes, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=80	NT n=106	QLD n=119
Price ($) HYDRO									
Per gram	-	20	20	20	25	25*	22.5^	30	25
Per quarter ounce	-	90	90	70	90	50^	80^	120^	90
Per ounce	-	290	300	240	250	200^	300^	350	300
Price ($) BUSH									
Per gram	-	20	20	20	25	25*	10^	30	20
Per quarter ounce	-	80^	80	80^	60	-	50^	80^	80
Per ounce	-	200	240	240^	200^	180^	225^	200^	200
Price ($) CANNABIS†									
Per gram	-	-	-	-	-	25	25^	-	-
Per quarter ounce	-	-	-	-	-	50^	140^	-	-
Per ounce	-	-	-	-	-	200^	250^	-	-
Price changes									
HYDRO									
% Did not respond	43	28	25	57	29	69	73	41	32
Of those who responded	n=520	n=111	n=76	n=65	n=71	n=31	n=22	n=63	n=81
(% of the entire sample)	(57)	(73)	(75)	(43)	(71)	(31)	(28)	(59)	(68)
% Don't know	4 (2)	5 (3)	4 (3)	0	7 (5)	0	0	5 (3)	5 (3)
% Increased	17 (10)	8 (6)	15 (11)	12 (5)	14 (10)	29 (9)	32 (9)	33 (20)	15 (10)
% Stable	68 (39)	74 (54)	72 (55)	72 (31)	72 (51)	55 (17)	64 (18)	54 (32)	68 (46)
% Decreased	4 (2)	5 (3)	4 (3)	5 (2)	0	7 (2)	0	0	6 (4)
% Fluctuated	8 (4)	9 (7)	5 (4)	11 (5)	7 (5)	10 (3)	5 (1)	8 (5)	6 ()
BUSH									
% Did not respond	64	57	36	83	40	84	78	72	61
Of those who responded	n=328	n=66	n=65	n=26	n=60	n=16	n=18	n=30	n=47
(% of the entire sample)	(36)	(43)	(64)	(17)	(60)	(16)	(23)	(28)	(40)
% Don't know	8 (3)	15 (7)	3 (2)	8 (1)	10 (6)	0	0	0	13 (5)
% Increased	9 (3)	3 (1)	11 (7)	0	8 (5)	6 (1)	28 (6)	23 (7)	4 (2)
% Stable	66 (24)	61 (26)	71 (46)	77 (13)	68 (41)	63 (10)	61 (14)	57 (16)	64 (25)
% Decreased	10 (4)	15 (7)	8 (5)	12 (2)	5 (3)	19 (3)	6 (1)	10 (3)	11 (4)
% Fluctuated	8 (3)	6 (3)	8 (5)	4 (<1)	8 (5)	13 (2)	6 (1)	10 (3)	9 (3)
CANNABIS†									
% Did not respond	-	-	-	-	-	71	64	-	-
Of those who responded	-	-	-	-	-	n=29	n=39	-	-
(% of the entire sample)	-	-	-	-	-	(29)	(36)	-	-
% Don't know	-	-	-	-	-	0	7 (3)	-	-
% Increased	-	-	-	-	-	17 (5)	21 (8)	-	-
% Stable	-	-	-	-	-	69 (20)	69 (25)	-	-
% Decreased	-	-	-	-	-	0	0	-	-
% Fluctuated	-	-	-	-	-	14 (4)	3 (1)	-	-

Source: IDRS IDU participant interviews

* refers to a 'bag' of approximately 2.5 grams of cannabis in SA

^ small numbers reporting (n<10); interpret with caution

† results shown only for jurisdictions (WA and SA) where relatively large proportions of participants did not differentiate between hydro and bush cannabis

7.3 Availability

Over 80% of participants commenting on hydro in all jurisdictions described it as 'very easy' or 'easy' to obtain, and although reports on bush were more mixed, again it was most commonly reported as 'easy' to obtain. That smaller numbers of participants who were able to comment on bush cannabis (from n=16 in SA to n=66 in NSW) also suggests that it continued to be less available than the hydroponic form in many jurisdictions. The majority of participants who commented perceived that the availability of hydro and bush cannabis had remained stable over

the six months preceding interview (Tables 36 and 37). See Appendix E for data on availability of cannabis among participants who did not differentiate between hydro and bush cannabis.

Table 36: Availability of hydroponic cannabis, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Availability									
Did not respond %	43	28	25	57	29	69	73	41	32
Of those who responded	n=520	n=111	n=76	n=65	n=71	n=31	n=22	n=63	n=81
(% of the entire sample)	(57)	(73)	(75)	(43)	(71)	(31)	(28)	(59)	(68)
% Don't know	1 (<1)	2 (1)	1 (1)	0	3 (2)	0	0	0	1 (<1)
% Very easy	51 (29)	64 (46)	46 (35)	51 (22)	49 (35)	61 (19)	36 (10)	40 (24)	51 (35)
% Easy	37 (21)	31 (22)	47 (36)	43 (19)	45 (32)	26 (8)	41 (11)	24 (14)	36 (24)
% Difficult	9 (5)	4 (3)	4 (3)	6 (3)	3 (2)	13 (4)	18 (5)	29 (17)	11 (8)
% Very difficult	2 (<1)	0	1 (1)	0	0	0	5 (1)	8 (5)	1 (<1)
Availability changes									
Did not respond %	43	28	25	57	29	69	73	41	32
Of those who responded	n=520	n=111	n=76	n=65	n=71	n=31	n=22	n=63	n=81
(% of the entire sample)	(57)	(73)	(75)	(43)	(71)	(31)	(28)	(59)	(68)
% Don't know	2 (1)	2 (1)	3 (2)	0	6 (4)	0	0	2 (<1)	1 (<1)
% More difficult	14 (8)	6 (5)	13 (10)	8 (3)	4 (3)	19 (6)	27 (8)	37 (22)	17 (12)
% Stable	69 (40)	84 (61)	71 (54)	77 (33)	79 (56)	55 (17)	50 (14)	37 (22)	70 (48)
% Easier	8 (4)	5 (4)	8 (6)	14 (6)	6 (4)	10 (3)	14 (4)	10 (6)	3 (2)
% Fluctuates	7 (4)	3 (2)	5 (4)	2 (<1)	6 (4)	16 (5)	9 (3)	16 (9)	9 (6)

Source: IDRS IDU participant interviews

Table 37: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Availability									
Did not respond %	64	57	36	83	39	84	78	73	61
Of those who responded	n=328	n=66	n=65	n=26	n=61	n=16	n=18	n=29	n=47
(% of the entire sample)	(36)	(43)	(64)	(17)	(61)	(16)	(23)	(27)	(40)
% Don't know	4 (1)	8 (3)	3 (2)	12 (2)	3 (2)	0	0	3 (<1)	0
% Very easy	26 (10)	17 (7)	26 (17)	23 (4)	39 (24)	44 (7)	33 (8)	21 (6)	19 (8)
% Easy	38 (14)	35 (15)	45 (29)	39 (7)	54 (33)	13 (2)	44 (10)	21 (6)	32 (13)
% Difficult	29 (10)	39 (17)	23 (15)	27 (5)	3 (2)	25 (4)	17 (4)	55 (15)	45 (18)
% Very difficult	3 (1)	2 (<1)	3 (2)	0	0	19 (3)	6 (1)	0	4 (2)
Availability changes									
Did not respond %	64	57	36	83	41	84	78	74	61
Of those who responded	n=325	n=66	n=65	n=26	n=59	n=16	n=18	n=28	n=47
(% of the entire sample)	(36)	(43)	(64)	(17)	(59)	(16)	(23)	(26)	(40)
% Don't know	6 (2)	12 (5)	3 (2)	12 (2)	7 (4)	0	6 (1)	0	4 (2)
% More difficult	14 (5)	11 (5)	17 (11)	8 (1)	3 (2)	25 (4)	17 (4)	18 (5)	26 (10)
% Stable	66 (23)	67 (29)	59 (38)	69 (12)	80 (47)	69 (11)	56 (13)	68 (18)	55 (22)
% Easier	7 (2)	5 (2)	11 (7)	12 (2)	2 (1)	0	17 (4)	4 (<1)	6 (3)
% Fluctuates	8 (3)	6 (3)	11 (7)	0	9 (5)	6 (1)	6 (1)	11 (3)	9 (3)

Source: IDRS IDU participant interviews

As in 2006, the most commonly reported sources of hydro nationally were from a friend and/or or from a known dealer. Proportions reporting purchase from a street dealer ranged widely, from 5% in TAS to almost two-fifths in the NT, indicating the presence and accessing of street markets. Sources were similar for bush cannabis, with friends and known dealers the most commonly reported source in the national sample and across most jurisdictions. Purchase from a street dealer again varied, from 4% in TAS to almost half in QLD. The most commonly reported locations of purchase among the national sample (among those who had bought cannabis) were

at a friend's home (hydro 42%; bush 49%), a dealer's home (hydro 32%; bush 21%), an agreed public location (hydro 30%; bush 26%) and/or home delivery (hydro 22%; bush 21%; Tables 38 and 39). See Appendix E for data on cannabis purchasing patterns among participants who did not differentiate between hydro and bush cannabis.

Table 38: Hydroponic cannabis purchasing patterns, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Had not bought	47	33	36	59	34	72	73	43	37
Of those who had bought (% of the entire sample)	n=480 (53)	n=102 (67)	n=65 (64)	n=62 (41)	n=66 (66)	n=28 (28)	n=22 (28)	n=60 (57)	n=75 (63)
Purchased from#									
% Street dealer	22 (11)	26 (17)	17 (11)	19 (8)	5 (3)	11 (3)	14 (4)	38 (22)	31 (19)
% Friend	58 (31)	51 (34)	69 (45)	53 (22)	61 (40)	89 (25)	64 (18)	42 (24)	61 (39)
% Gift from friend	7 (4)	10 (7)	2 (1)	3 (1)	3 (2)	7 (2)	9 (3)	10 (6)	11 (7)
% Known dealer	42 (22)	36 (24)	45 (29)	60 (25)	42 (28)	32 (9)	50 (14)	30 (17)	41 (26)
% Workmate	2 (<1)	1 (<1)	2 (1)	0	0	7 (2)	5 (1)	2 (<1)	3 (2)
% Acquaintance	15 (8)	7 (5)	14 (9)	16 (7)	11 (7)	18 (5)	14 (4)	23 (13)	23 (14)
% Unknown dealer	7 (4)	2 (1)	9 (6)	8 (3)	2 (1)	4 (1)	5 (1)	10 (6)	16 (10)
% Mobile dealer	9 (5)	15 (10)	2 (1)	8 (3)	0	11 (3)	0	12 (7)	15 (9)
Places of usual purchase#									
% Home delivery	22 (12)	28 (19)	23 (15)	24 (10)	14 (9)	21 (6)	32 (11)	20 (10)	16 (12)
% Dealer's home	32 (17)	23 (15)	42 (27)	42 (17)	36 (24)	39 (11)	23 (6)	28 (16)	29 (19)
% Friend's home	42 (22)	35 (24)	57 (37)	42 (17)	44 (29)	61 (17)	50 (14)	33 (19)	35 (22)
% Acquaintance's house	8 (4)	3 (2)	6 (4)	8 (3)	5 (3)	4 (1)	5 (1)	18 (10)	16 (10)
% Street market	14 (7)	26 (17)	3 (2)	24 (10)	5 (3)	0	0	13 (8)	17 (11)
% Agreed public location	30 (16)	22 (14)	19 (12)	42 (17)	23 (15)	25 (7)	50 (14)	28 (16)	44 (28)
% Work	<1 (<1)	0	2 (1)	2 (<1)	0	0	5 (1)	2 (<1)	0

Source: IDRS IDU participant interviews

multiple responses allowed

Table 39: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Had not bought	71	69	45	84	48	87	85	74	71
Of those who had bought (% of the entire sample)	n=267 (29)	n=48 (31)	n=56 (55)	n=24 (16)	n=52 (52)	n=13 (13)	n=12 (15)	n=28 (26)	n=34 (29)
Purchased from#									
% Street dealer	20 (6)	33 (11)	11 (6)	13 (2)	4 (2)	8 (1)	17 (3)	21 (6)	47 (13)
% Friend	70 (21)	60 (19)	86 (48)	63 (10)	65 (34)	100 (13)	67 (10)	50 (13)	74 (21)
% Gift from friend	7 (2)	8 (3)	7 (4)	13 (2)	0	0	33 (5)	0	12 (3)
% Known dealer	29 (9)	29 (9)	21 (12)	21 (3)	42 (22)	15 (2)	50 (8)	21 (6)	32 (9)
% Workmate	2 (<1)	0	4 (2)	0	0	0	8 (1)	4 (<1)	0
% Acquaintance	14 (4)	10 (3)	9 (5)	17 (3)	14 (7)	8 (1)	8 (1)	29 (8)	18 (5)
% Unknown dealer	7 (2)	6 (2)	4 (2)	8 (1)	2 (1)	8 (1)	0	14 (4)	15 (4)
% Mobile dealer	4 (1)	8 (3)	0	4 (<1)	0	0	0	7 (2)	12 (3)
Places of usual purchase#									
% Home delivery	21 (6)	19 (6)	23 (13)	29 (5)	17 (9)	39 (5)	42 (6)	21 (6)	6 (2)
% Dealer's home	21 (6)	15 (5)	21 (12)	17 (3)	33 (17)	23 (3)	33 (5)	18 (5)	15 (4)
% Friend's home	49 (14)	40 (12)	66 (37)	42 (7)	44 (23)	100 (13)	50 (8)	32 (9)	38 (11)
% Acquaintance's house	8 (2)	4 (1)	5 (3)	8 (1)	8 (4)	8 (1)	17 (3)	14 (4)	12 (3)
% Street market	12 (4)	31 (10)	5 (3)	21 (3)	4 (2)	0	0	11 (3)	12 (3)
% Agreed public location	26 (8)	25 (8)	20 (11)	38 (6)	17 (9)	0	42 (6)	29 (8)	47 (13)
% Work	<1 (<1)	0	2 (1)	0	0	0	0	4 (<1)	0

Source: IDRS IDU participant interviews

multiple responses allowed

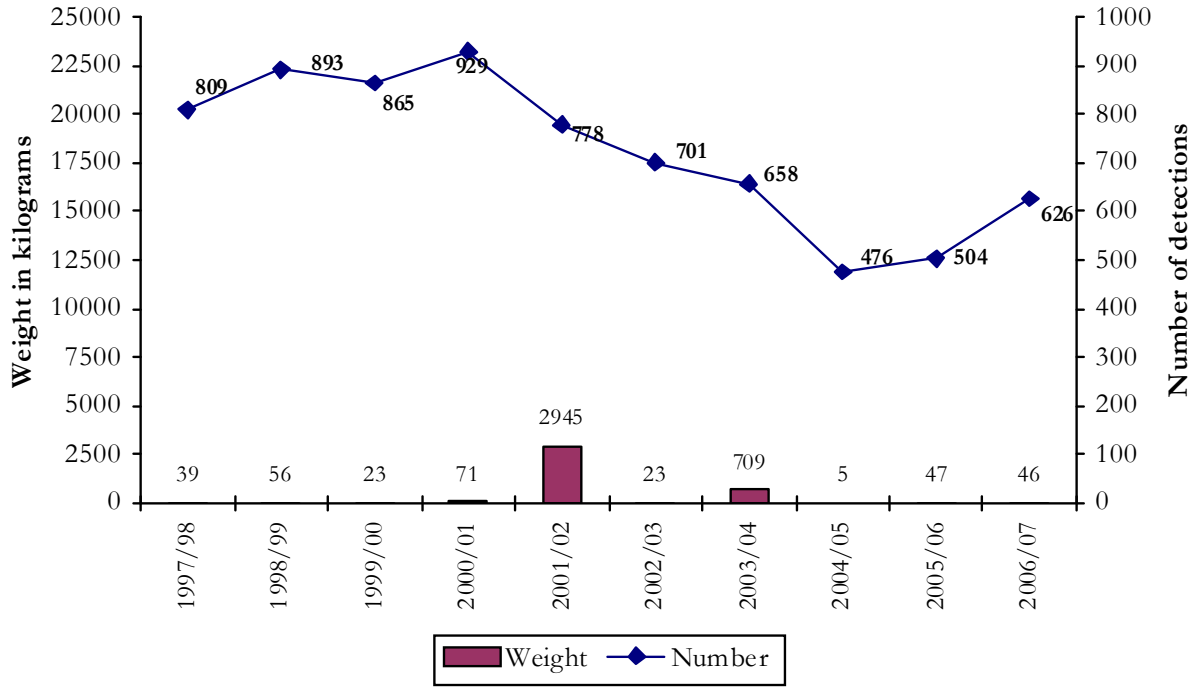
^ small numbers reporting (n<10)

7.3.1 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the Australian Customs Service each year.

In 2006/07, 626 detections of cannabis were made (representing an increase from 504 in 2004/05), with a total weight of 46 kilograms (Figure 33). Detections at the border in 2006/07 were predominantly via air and sea cargo, and international post (Australian Customs Service, 2007).

Figure 33: Weight and number of detections of cannabis made at the border by the Australian Customs Service, financial years 1997/98-2006/07



Source: Australian Customs Service (2007)

7.4 Potency

Participants were asked 'How strong would you say hydro/bush is at the moment?' (as appropriate) and whether the potency or strength had changed in the last six months. Almost three-fifths (58%) of the national sample (among those who commented) responded that hydro potency was 'high' (ranging from 47% in QLD to 71% in SA) and almost one-third (30%) described it as 'medium' (ranging from 14% in WA to 36% in QLD). By contrast, half (49%) reported the potency of bush cannabis as 'medium' (ranging from 44% in SA to 63% in the NT). The potency of hydroponic and bush cannabis was generally reported to have remained stable over the preceding six months (Table 40). See Appendix E for data on perceived potency among participants who did not differentiate between hydroponic and bush cannabis.

Table 40: Perceived potency of hydroponic cannabis, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Current Potency									
% Did not respond	43	28	25	57	29	69	73	41	32
Of those who responded	n=519	n=110	n=76	n=65	n=71	n=31	n=22	n=63	n=81
(% of the entire sample)	(57)	(72)	(75)	(43)	(71)	(31)	(28)	(59)	(68)
% Don't know	2 (1)	2 (1)	1 (1)	2 (<1)	1 (1)	3 (1)	0	2 (<1)	5 (3)
% High	58 (33)	59 (43)	67 (51)	60 (26)	55 (29)	71 (22)	68 (19)	51 (30)	47 (32)
% Medium	30 (17)	29 (21)	25 (19)	29 (13)	34 (34)	19 (6)	14 (4)	35 (21)	36 (24)
% Low	3 (2)	3 (2)	1 (1)	0	3 (2)	3 (1)	5 (1)	8 (5)	4 (3)
% Fluctuates	7 (4)	7 (5)	5 (4)	9 (4)	7 (5)	3 (1)	14 (4)	5 (3)	9 (6)
Potency changes									
% Did not respond	43	28	25	57	29	69	73	41	32
Of those who responded	n=520	n=111	n=76	n=65	n=71	n=31	n=22	n=63	n=81
(% of the entire sample)	(57)	(73)	(75)	(43)	(71)	(31)	(28)	(59)	(68)
% Don't know	4 (2)	4 (3)	4 (3)	2 (<1)	4 (3)	0	0	5 (3)	7 (5)
% Increasing	12 (7)	15 (11)	11 (8)	12 (5)	17 (12)	13 (4)	5 (1)	6 (4)	9 (6)
% Stable	59 (33)	57 (41)	65 (49)	65 (28)	49 (35)	71 (22)	59 (16)	57 (34)	54 (37)
% Decreasing	8 (5)	8 (6)	8 (6)	3 (1)	6 (4)	10 (3)	9 (3)	16 (9)	9 (6)
% Fluctuating	18 (10)	16 (12)	13 (10)	19 (8)	24 (17)	7 (2)	27 (8)	16 (9)	21 (14)

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10)

Table 41: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Current Potency									
% Did not respond	64	57	36	83	41	84	78	72	61
Of those who responded	n=327	n=66	n=65	n=26	n=59	n=16	n=18	n=30	n=47
(% of the entire sample)	(36)	(43)	(64)	(17)	(59)	(16)	(23)	(28)	(40)
% Don't know	5 (2)	6 (3)	3 (2)	4 (<1)	3 (2)	0	0	3 (<1)	15 (6)
% High	16 (6)	14 (6)	23 (15)	27 (5)	3 (2)	25 (4)	17 (4)	13 (4)	19 (8)
% Medium	49 (18)	46 (20)	46 (30)	46 (8)	53 (31)	44 (7)	61 (14)	63 (18)	45 (18)
% Low	21 (8)	26 (11)	19 (12)	23 (4)	27 (16)	19 (3)	22 (5)	17 (5)	11 (4)
% Fluctuates	9 (3)	9 (4)	9 (6)	0	14 (8)	13 (2)	0	3 (<1)	11 (4)
Potency changes									
% Did not respond	64	57	36	83	41	84	78	72	61
Of those who responded	n=327	n=66	n=65	n=26	n=59	n=16	n=18	n=30	n=47
(% of the entire sample)	(36)	(43)	(64)	(17)	(59)	(16)	(23)	(28)	(40)
% Don't know	9 (3)	12 (5)	6 (4)	12 (2)	7 (4)	0	0	3 (<1)	19 (8)
% Increasing	11 (4)	8 (3)	17 (11)	15 (3)	7 (4)	6 (1)	28 (6)	7 (2)	6 (3)
% Stable	56 (20)	62 (27)	62 (40)	39 (7)	54 (32)	63 (10)	50 (11)	77 (22)	41 (16)
% Decreasing	8 (3)	8 (5)	5 (3)	15 (3)	5 (3)	13 (2)	11 (3)	7 (2)	13 (5)
% Fluctuating	16 (6)	11 (3)	11 (7)	19 (3)	27 (16)	19 (3)	11 (3)	7 (2)	21 (8)

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10)

7.5 Jurisdictional trends for cannabis

Below follow summaries of trends for cannabis provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW (Sindicich & Degenhardt, 2008); ACT(Campbell & Degenhardt, 2008); VIC (Quinn, 2008); TAS(de Graaff & Bruno, 2008); SA (White et al., 2008); WA (Fetherston & Lenton, 2008); NT (Moon, 2008) and QLD (Richardson & Kinner, 2008).

7.5.1 New South Wales

The cannabis market continues to remain relatively unchanged since the commencement of the NSW IDRS in 1996. The majority of participants (79%) in the 2007 participant sample reported having used cannabis in the six months prior to interview. The median frequency of use among IDU participants remained at 180 days (daily use) in 2007.

In line with previous years, a large proportion of participants reported use of both the hydro and bush forms of marijuana, with hydro appearing to dominate the market. There was no change in the number of participants reporting purchase of the resin (hashish) and oil (hash oil) and use remained rare. The price of hydro remained stable at $20 per gram (the most popular purchase amount) and the majority of participants (66% of the entire sample, or 95% of those completing the section on cannabis market characteristics) reported that it was readily available, i.e. 'easy' or 'very easy' to obtain. The price per gram of bush cannabis was also $20, but, as in previous years, larger purchase quantities of bush were slightly cheaper than for the equivalent quantity of hydro. The actual number of purchasers of bush increased in 2007 (n=44) from 2006 (n=18). Bush continued to be reported as more difficult to obtain than hydro, with fewer participants able to complete survey items on bush market characteristics (price, potency and availability), and only 22% of the sample (52% of those able to comment on bush market characteristics) reporting it to be 'easy' or 'very easy' to obtain. As in 2006, potency of hydro was reported to be 'high' and bush was reported to be 'medium'.

KE reports on cannabis were generally consistent with those of participants. KE reports suggested that frequency had remained stable, with some concern that the average quantity of daily use had increased. There was also some mention by several health KE of users presenting for cannabis treatment with concurrent problematic use of alcohol. There was also a noted increase by some KE of those requesting outpatient detoxification (detox) which was speculated by one KE to be due to the prohibition of tobacco smoking while in residential detox units. State-wide indicator data suggested that harms related to cannabis use had decreased or remained stable.

7.5.2 The Australian Capital Territory

The use of cannabis remained widespread and frequent among participants in the ACT in 2007. Ninety percent of participants reported that they had used cannabis in the six months preceding interview, which was consistent with the previous year. Median days of use were consistent with the previous year at 180 days (daily usage). Of those who had used cannabis in the preceding six months, the majority (83%) indicated that hydro was the most common form that they had used.

The median price per gram of hydro remained stable at $20, while the median price per gram of bush decreased from $20 in 2005 to $15 in 2006. The price per ounce of hydro remained

relatively stable at $300 (compared to $290 in 2005), while the median price per ounce of bush decreased from $250 in 2005 to $190 in 2006.

Among those who commented, hydro was reported to be 'easy' (52%) to 'very easy' (42%) to obtain, while the majority of participants reported that bush was 'easy' (54%) to obtain, although it must be noted that approximately one-fifth reported bush to be 'very easy' (22%) or 'difficult' (20%) to obtain. The majority reported that the availability of both hydro and bush cannabis remained stable in the six months preceding interview (79% and 54% respectively). The majority (73%) of participants reported that the current purity of hydro was 'high' (compared to 59% in 2005), while the majority of participants reported that the current purity of bush was 'medium' (57%, compared to 41% in 2005). IDU participants who were able to comment indicated that the purity of both forms had remained 'stable' over the preceding six months (71% and 52% respectively).

7.5.3 Victoria

Almost all of the 2007 Melbourne IDU participants (97%, n=145) reported having used cannabis in their lifetime and 83% (n=124) reported cannabis use in the preceding six months (compared to 83% in 2006, 86% in 2005, 80% in 2004, and 88% in both 2003 and 2002). Cannabis was again reported to be the most widely used illicit drug by IDU respondents during the previous six months, and the most frequently used in terms of number of days (median 120 days).

Participants had used a variety of different forms of cannabis during the six months prior to interview, including: hydro (96%, n=119), bush (57%, n=71), hash (11%, n=14) and hash oil (7%, n=9). As in previous years, the type of cannabis most commonly used was hydro (85%, n=105). In 2007, median prices reported for hydro (on the most recent occasion of purchase) were: a gram $20, three grams $50, a quarter-ounce $70, a half-ounce $145, and an ounce $240. Prices reported for these quantities remained relatively stable in 2006, although the median price of an ounce increased in particular.

As in previous years, the overwhelming majority of IDU participants who commented on cannabis thought it 'easy' to 'very easy' to obtain, and that availability had remained 'stable' in the preceding six months. Cannabis was commonly accessed through known dealers and social networks, with 63% (bush) and 51% (hydro) reporting that they usually sourced cannabis through a friend. The potency of hydro was described by the majority of 64 respondents as 'high' (61%, n=39) to 'medium' (30%, n=19), while reports from 25 respondents regarding the potency of bush varied, ranging from 'medium' (48%, n=12), to 'high' (28%, n=7), to 'low' (24%, n=6).

Four KE reported that cannabis was the primary drug of choice among the drug users with whom they had the most contact. In addition, in 2007, many KE (n=28) reported that most (n=26) to all (n=2) clients engaged in cannabis use, commonly used in combination with heroin, methamphetamine, alcohol, benzodiazepines and ecstasy.

7.5.4 Tasmania

All participants in the 2007 Tasmanian sample reported lifetime use of cannabis, with most reporting use in the preceding six months (87%, n=87). The median frequency of this use was daily, which has been consistent in the Tasmanian IDU cohorts since the very first IDRS study in 2000; however, the proportion of IDU participants reporting daily use has decreased from 75% in 2001 to 56% in 2007. Those IDU participants who used cannabis generally reported using both hydro and bush in the preceding six months, although hydro was the form most commonly

smoked. While cannabis remains the most commonly used illicit drug, both in the IDU sample and in the state, there are indications of decreasing levels of use more generally, with the National Drug Strategy Household Survey (NDSHS) suggesting that use of cannabis in the previous year in local samples has declined from 15.8% in 1998 to 10.9% of those aged 14 and over in 2004.

Participants who commented reported purchasing a median of one gram of bush or hydro in a traditional $25 'deal' of the drug. When accessing bush, participants who had bought it typically purchased quarter-ounce quantities (median $60, n=29), however, unlike previous years, were less commonly purchasing ounce quantities (median $200, n=9). While the median price of a quarter ounce purchase had remained stable between 2006 and 2007, the median price for an ounce of bush increased from $170 in 2006 to $200 in 2007. The majority of those commenting reported no change in price of bush in the preceding six months. Prices for hydro were higher, at a median of $90 per quarter-ounce and $250 per ounce, however, these prices have remained stable between 2006 and 2007. Consistent with these reports, the majority of participants commenting reported no change in price of hydro in the preceding six months.

Similar to previous years, participants described the subjective potency of bush as 'medium' to 'low', with this level generally considered 'stable' to 'fluctuating' in the preceding six months. Hydro was regarded as 'high' to 'medium' in subjective potency by participants who commented, with this level regarded as 'stable' or 'fluctuating' in recent months.

Participants commenting on cannabis overwhelmingly reported that both hydro and bush were 'easy' or 'very easy' to obtain, with this situation remaining stable for both forms over the preceding six months. However, there were indications of somewhat decreased availability (a lower proportion of participants reporting both forms as 'very easy' to access) in comparison to the trends identified in the 2006 IDRS survey.

7.5.5 South Australia

There had been little change in cannabis market indicators or parameters of use in SA since 2006.

Cannabis, though generally not the drug of choice among the participants, was used commonly and, while the percentage of participants who had recently used cannabis increased, this measure has been relatively stable across all the years the IDRS has been conducted. The frequency of use of cannabis was stable in 2007. Almost all cannabis users reported they had used hydroponically grown cannabis in the last six months, with a large majority reporting they mostly used hydro. Of interest is that nearly half of the participants indicated that they were unable to distinguish between hydro and bush cannabis, suggesting that either participants use whatever cannabis is available, or are not specifically concerned which type of cannabis they use, providing it is cannabis.

KE generally reported no changes in use of cannabis among PWID. Some KE reported that cannabis availability is decreasing.

In 2007, with the exception of the increase in price of an ounce of bush, the price of an ounce of hydro and the price of a 'bag' (of either hydro or bush) has remained stable for years. Both hydro and bush cannabis were considered 'very easy' or 'easy' to obtain, and most cannabis-using participants reported scoring the cannabis from a friend. Most also perceived the potency of both hydro and bush as 'high' or 'medium'.

The number of calls to ADIS concerning cannabis decreased, with the total number of clients to DASSA treatment services also decreasing; however, the numbers of clients attending inpatient detox services of DASSA increased in 2006/07. Cannabis-related hospital admissions in SA remained stable in 2004/2005.

Overall, the cannabis market remains generally stable in Adelaide, and participant use remains common, despite an increase in reported recent use among the 2007 sample.

7.5.6 Western Australia

Recent cannabis use continued to be widely reported by 69% of the 2007 IDU sample despite there being a significant decline on the 80% reported in the previous year. Mean days of use was 102 days in the last six months which was comparable to rates reported the previous year. Use of hydro remained substantially more common than bush; however, the introduction in 2007 of an option for respondents unable to distinguish between hydro and bush to speak about cannabis generically has lowered numbers of respondents providing information about specific cannabis forms. As such, data concerning the price purity and availability of these forms need to be viewed in this light. Reports of recent use of hash oil and hashish remained uncommon with 19% of IDU participants reporting recent use of hashish and 12% reporting recent use of hash oil.

Recent purchases of hydro suggested that prices had remained stable, with a 2007 mean price for an ounce of $301 compared with the 2006 mean of $280. In the case of bush, prices had also remained relatively stable with a mean price per ounce of $208 compared with the 2006 mean price of $205. Purchases of an ounce of generic cannabis reportedly cost a mean price of $214.

Potency of hydro continued to be viewed by user report as 'high' (68% of those responding) which was comparable to the 66% adhering to this view the previous year. The prevailing opinion of the potency of bush was that it was 'medium', a view held by 61% of those responding, a number identical to that reported in 2006. In the case of generic cannabis, 45% of IDU participants responding reported potency as 'high' and 38% as 'medium'.

With regards to availability, hydro continued to be viewed as 'easy' by 41% of IDU participants responding compared with 48% in 2006. Bush also continued to be viewed as 'easy' by 44% compared with 50% the year before. Opinion on the availability of generic cannabis was divided with 38% of those responding viewing it as 'difficult' and 31% 'very easy'.

7.5.7 The Northern Territory

Cannabis remains the illicit drug used by the greatest proportion of NT participants, 83% reporting recent use this year, with daily use of hydro being the most common use pattern.

The price of a gram of hydro is stable at $30 while a gram of bush has increased from $25 in 2006 to $30 this year. Conversely, the price of an ounce of hydro has increased from $300 to $350 while an ounce of bush has been stable at $200. The majority of recent users report that both hydro and bush prices have been 'stable', although substantial proportions report that prices are 'increasing'.

Survey participants were somewhat divided in their opinions of cannabis availability. Hydro is still rated as 'easy' or 'very easy' to obtain, although the proportion of those able to comment who rated it as 'difficult' to obtain increased from 8% in 2006 to 29% this year. For the first time bush was rated by a majority of those able to comment as 'difficult' to obtain, while at the same

time the proportion rating it as very easy to obtain 'increased'. As with methamphetamine, while friends were again listed as the main source of cannabis, there were increases in the proportions of recent users who used a street dealer or mobile dealer in an agreed public location.

7.5.8 Queensland

Cannabis use continues to be common among QLD IDRS participants; 84% reported recent use in 2007 and an unprecedented proportion (44%) indicated using daily in the six months preceding interview.

The majority of participants in 2007 reported mostly using hydro recently (85%). There was some evidence to suggest that hydro was slightly more expensive in 2007, while participants indicated that bush had slightly decreased in price. Similar to other drug markets in south-east Queensland, shifts in cannabis prices were reflected more clearly in larger quantities of the drug.

There continues to be a general consensus among participants and some KE that hydro is 'high' in potency and bush is of 'medium' potency. In 2007 the proportion of participants rating hydro potency as 'high' (47%) was more than double the proportion who perceived bush to be 'high' potency (19%). There has, however, been a steady decline in the proportion of IDRS participants nominating hydro as 'high' potency since 2004.

In 2007, 87% of those who commented indicated that hydro was 'easy' or 'very easy' to obtain, while bush continues to be less readily available. Consistent with KE reports, the proportion of participants nominating bush as 'easy' or 'very easy' to access dropped from 73% in 2006 to just over half (51%) of those who commented in 2007. A sizeable proportion of participants indicated that they did not know the production source of their hydro (64%) or bush (70%), while 22% reported their source of hydro was large scale cultivation, and a similar proportion (21%) identified backyard production as their source of bush cannabis.

A number of KE acknowledged the health implications of regular cannabis use for users, and the wider population. After increasing in 2006 (3,775 calls), there was a slight decrease in the number and proportion of cannabis-related enquiries to ADIS during 2006/07 (3,624 calls).

After rising steadily since 2002/03, the number of arrests made by QPS in relation to cannabis use/possession decreased in 2005/06, before increasing again in 2006/2007. These data, however, include both arrests and instances of diversion, and as such probably reflect some degree of 'net-widening' in addition to shifts in cannabis market activity.

7.6 Summary of cannabis trends

- The majority of participants reported recent cannabis use. The frequency of cannabis use was high with daily use commonly reported. Smoking of cannabis in cones was more common than in joints, with daily users reporting having smoked a median of six cones on the last day of use.
- The majority of participants distinguished between what they believed to be hydroponically grown and outdoor grown 'bush' cannabis in terms of price, purity and availability, except in SA. Notable proportions in WA also did not differentiate.
- Hydro continued to dominate the market although the use of bush was also common. Use of hashish and hash oil were less common.
- Hydro was cheapest in SA and VIC per ounce and bush in SA. Prices for both forms were generally reported to have remained stable in the six months preceding interview. However, compared to 2006, increases in the price per gram were noted in VIC and the NT.
- Hydro was generally more expensive than bush, except when bought in grams. Gram prices tended to be similar regardless of cannabis type.
- Hydro was generally considered to be 'very easy' or 'easy' to obtain by the majority of participants. Reports of bush availability were more mixed. The availability of both forms was perceived to have remained stable over the preceding six months.
- As in 2006, participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months.
- Health and law enforcement-related harms, including those associated with cannabis use, are discussed under the relevant sections later in the report.

8.0 OTHER OPIOIDS

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids including methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone. Use of these substances is broadly split into the following categories:

Use

1. Use of licitly obtained opioids, i.e. use of opioids obtained by a prescription in the user's name, through any route of administration (includes the use of these medications as prescribed);
2. Use of illicitly obtained opioids, i.e. those obtained from a prescription in someone else's name, through any route of administration ('illicit use');
3. Use of any opioids, i.e. does not distinguish between licitly and illicitly obtained opioids;

Injection

4. Injection of licitly obtained opioids;
5. Injection of illicitly obtained opioids; and
6. Injection of any opioids.

See *Glossary* for further details. For additional information on data covering the use of licitly obtained methadone, buprenorphine and buprenorphine-naloxone, including national indicator data on OST, please see also *Drug Treatment* section (under *Heath-related trends associated with drug use*).

Note on interpretation: the IDRS and the term 'diversion'

The IDRS documents the use of opioid medications, licitly obtained or otherwise, among a sentinel sample of people who regularly inject drugs[8]. These include opioids prescribed for opioid substitution treatment (OST; i.e. methadone, buprenorphine and buprenorphine-naloxone maintenance treatments) in addition to opioids prescribed for pain relief (including morphine and oxycodone). With regard to OST, it is imperative to note that screening of participants ensured that those sampled had all been active in the illicit drug markets of the area and thus that they were able to provide meaningful data on market indicators. Therefore, while a proportion of those sampled in 2007 were engaged in such treatment at the time of interview (see Table 53, page 162), responses presented are not representative of all clients engaged in drug treatment services.

The IDRS aims to document patterns of drug use and related harms in order to contribute to the evidence base upon which policymakers and service providers can base decisions and build programs. It seeks neither to condone nor judge those who engage in the use of prescription medications in ways other than as prescribed, nor to provide advice regarding policy responses to these behaviours. The IDRS monitors the extra-medical (non-prescribed; illicit) use of opioid medications as these have been associated with a range of public health concerns, including toxicity, mortality, and where injected, injection-related problems such as vein damage and infections (Jenkinson et al., 2005; O'Brien et al., 2007; e.g. Darke et al., 1996; Degenhardt et al., 2006a). The following section also shows data on the use of licitly obtained opioid medications in the IDRS sample – which includes use exactly as directed – to provide a context in which illicitly obtained opioid use may be considered. Data on use and injection of 'any form' of opioids among the sample are also provided to give an indication of overall opioid use

[8] See *Method* section for details of sampling.

(regardless of method of obtainment) as these may be important considerations for the treatment and harm reduction needs of this group.

Varied views on what constitutes diversion currently exist in the field. It is important to acknowledge the numerous and varied motivations behind the extra-medical use of opioid pharmacotherapies. While it is beyond the scope of the present study to examine this issue in detail, some examples of the range and breadth of these motivations include (but are no means restricted to, and in no particular order): the desire to self-detox or self-medicate when treatment is undesirable or unavailable, e.g. where shame, fear of stigma and discrimination associated with being identified as a 'drug user' prevent an individual seeking formal treatment; where OST is unavailable or has a long waiting list; substitution for other drugs (e.g. heroin) when availability is low; euphoria (to achieve a pleasant opiate effect); the perception that pharmaceutical opioids are safer or a more reliable alternative to illicit substances, which may vary in content and purity; and where practical issues such as transport, dosing times and other issues place constraints on the individual such as physical and/or mental illness, employment, holidays and childcare (Fry et al., 2007; Bruno, 2007; Degenhardt et al., in press).

Similarly, persons engaged in OST may engage in extra-medical use of their medication for many and varied reasons, including (but which are not limited to; in no particular order): for stockpiling for unexpected circumstances such as being unable to attend a clinic; where doses intended for single consumption are split across the day to ensure the level of opioid effect remains constant; being 'stood over' or threatened (diversion to others); for monetary gain or bartering (diversion to others); and 'topping up' when the prescribed dose is not high enough, e.g. in the first few weeks following commencement on OST (e.g. Bruno, 2007; Larance et al., submitted).

The use of pharmaceutical opioids in ways other than as prescribed is currently an area of considerable debate and readers are encouraged to acquaint themselves with the literature and to consult with the relevant stakeholders before drawing conclusions or making policy decisions with regards to the prescription of these drugs. For example, other research has investigated the issues surrounding take-away policies and methadone diversion (e.g. Ritter & Di Natale, 2005; Fraser et al., 2007). More detailed investigations into the barriers and incentives to entering drug treatment have also been conducted (e.g. Treloar et al., 2004; Digiusto & Treloar, 2007; Reid et al., 2001). More recently, the argument has been made for a distinction between 'non-adherence' (the use of one's own medication in a way other than as directed, for example through injection) and 'diversion' (the selling, trading, giving or sharing of one's medication to another person, including through voluntary, involuntary and accidental means). Table 42 shows how this recent distinction applies to the IDRS.

Table 42: Mapping IDRS findings onto the work of Larance et al. (submitted)

IDRS distinctions	Interpretation following Larance et al.'s terminology
1. Use of licitly obtained opioids	Includes treatment adherence (use of prescribed opioids as directed) and non-adherence (including stockpiling, injection, etc.)
2. Use of illicitly obtained opioids	Use of diverted opioids
3. Use of any opioids	Includes all of the above behaviours (treatment adherence, non-adherence and use of diverted opioids). Provides an indication of the level of pharmaceutical opioid use, irrespective of method of obtainment or route of administration
4. Injection of licitly obtained opioids	Non-adherence
5. Injection of illicitly obtained opioids	Injection of diverted opioids
6. Injection of any opioids	Includes both of the above behaviours, i.e. does not differentiate between non-adherence and injection of diverted opioids. Provides an indication of the level of opioid injection (which is associated with injection related harms, irrespective of the method of obtainment).

8.1 Use of methadone

Methadone is prescribed for the treatment of opioid dependence, is usually prescribed as a liquid preparation and is often dosed under supervised conditions. Take-away doses are available for some patients depending on various state/territory regulations. Physeptone tablets are less common in Australia and are usually prescribed for people in methadone treatment who are travelling, or in a minority of cases, where the methadone liquid is not tolerated. As mentioned previously, illicit use of methadone and Physeptone was defined as the use of medication not obtained with a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance. See also *Drug Treatment* section (under *Health-related trends associated with drug use*) for additional information on the use of prescribed methadone.

Twenty-five percent (23% in 2006) of the national sample reported the use of illicitly-obtained methadone liquid in the six months preceding interview (see Figure 3). Illicitly obtained methadone liquid was the form of methadone most used by 23% of those who reported methadone use (the same proportion as in 2006), ranging from 9% in the NT (NB: several cases of missing data reported) to 42% in the ACT (see Table 13).

Thirteen percent (15% in 2006) of the national sample reported recent use of illicit Physeptone (see Table 11). Illicitly obtained Physeptone tablets were reported as the form of methadone most used by 9% of the national sample who used methadone recently (12% in 2006; Table 13). There were substantial jurisdictional differences among those who reported illicitly obtained Physeptone tablets as the form most used, ranging from no reports in the ACT up to 28% of recent users in the NT (decreasing substantially from 56% in 2006 and representing a return to the 2005 figure of 32%; however, results should be interpreted with caution due to small numbers).

Twenty-nine percent of the national sample were able to answer questions about the price or availability of illicitly obtained methadone liquid. Among those who commented on availability (n=253), 38% reported that it was 'easy' to obtain illicitly obtained methadone and 14% reported

that it was 'very easy'. Almost one-third (29%) reported it as 'difficult' (22%), and a small proportion as 'very difficult' (7%). More than half (56%) reported that availability had remained stable in the six months preceding interview, although 20% reported that it had become more difficult and 15% did not know.

Thirteen percent of the national sample commented on the price range of a millilitre (1ml) of methadone. Of those who commented, 50% reported that it cost a median of $1.00 per ml of liquid, 33% reported $0.50 and 12% $0.75 (range $0.50 to $5 per ml).

Only seven participants (<1% of the national sample) reported having purchased Physeptone tablets, having paid between $5 and $30 per tablet. The 56 participants (6% of the national sample) who bought 10mg tablets paid between $5 to $140 per tablet, with 32% paying $10, 29% $15 and 11% paying $5 per tablet.

8.1.1 Methadone injection

Approximately half (49%) of the national sample reported recent use of licitly and/or illicitly obtained methadone (including Physeptone), and, of those who reported recent use[9], almost two-thirds (61%) reported recent injection (representing 30% of the entire sample; Figure 3). The proportions of participants in each jurisdiction who reported having injected methadone in the preceding six months continued to be lowest in VIC and highest in TAS (Figure 34). The high rate of methadone injection recorded in TAS, which is probably partly related to the difficulty in obtaining heroin in that jurisdiction, has been a consistent finding of the IDRS since IDRS monitoring began in 2000. This is a cause for concern, given that the injection of methadone in either liquid or tablet form is associated with vascular damage and increased risk of overdose (Darke et al., 1996). The misuse of methadone is risky due to its unique pharmacological characteristics. It builds slowly to peak blood levels and has a long half-life, which leads to accumulation in the body that can result in toxic levels if not used and monitored appropriately.

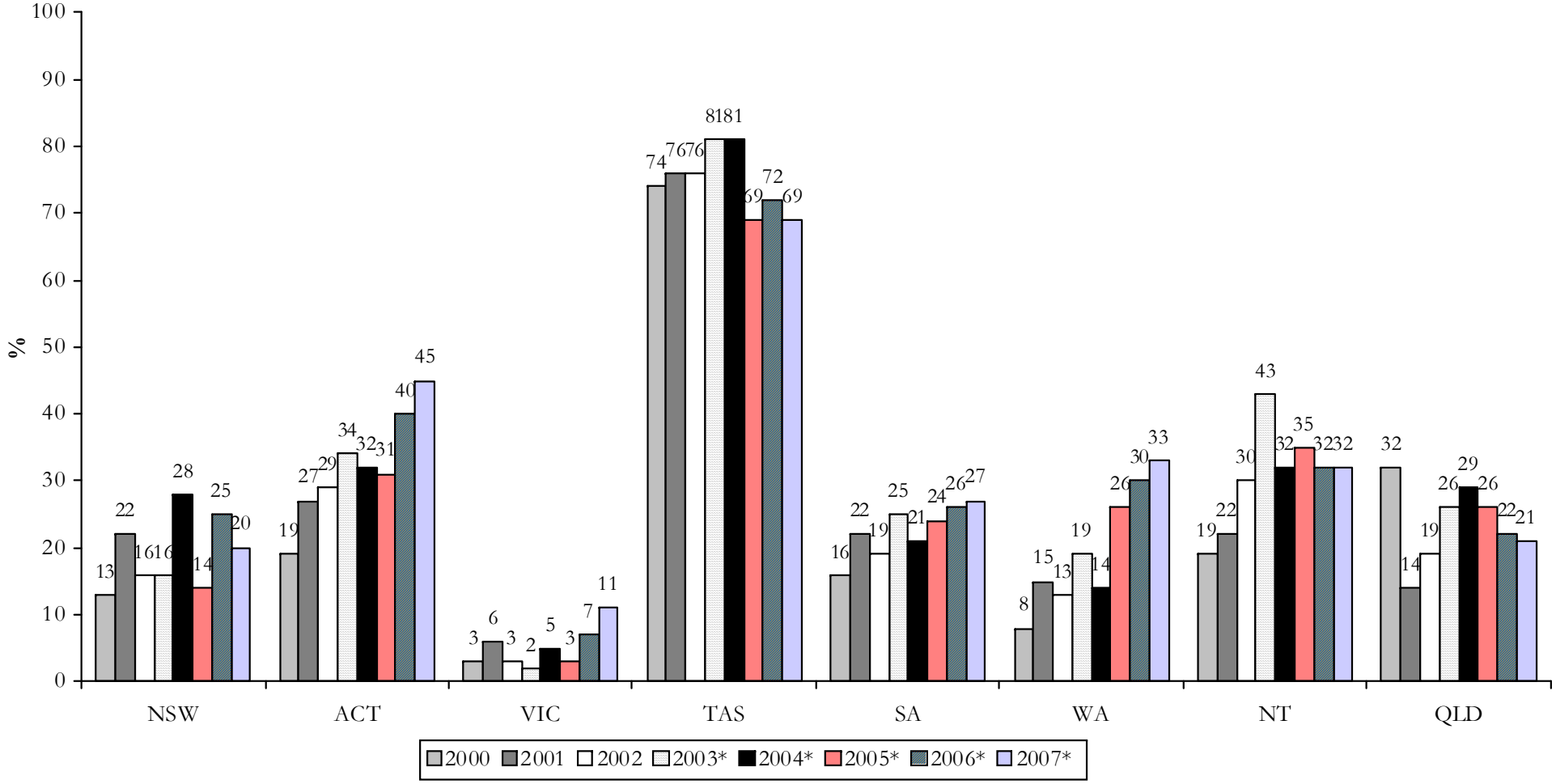
In the NT, the other jurisdiction in which heroin is not widely used, the proportion of participants who reported the recent injection of methadone gradually increased from around one-fifth in 2000 to two-fifths in 2003, decreased to around one-third in 2004 and has remained stable since (Figure 34).

Data were collected on methods of administration and days used for both licitly and illicitly obtained methadone liquid and licitly and illicitly obtained Physeptone tablets. Injection of licitly obtained methadone liquid tended to be less commonly reported than injection of that which had been illicitly obtained. Nationally there were no dramatic changes in the proportions of reporting recent injection of licitly or illicitly obtained methadone liquid between 2006 and 2007. However, there were some relatively small jurisdictional changes (Figure 35).

Nationally, injection of methadone tablets (Physeptone) was low at 2% for licitly obtained, i.e. prescribed, tablets, and 11% for illicitly obtained tablets, respectively. In the majority of jurisdictions, less than 20% of participants reporting having done so in the preceding six months. The exceptions were in TAS, where a decrease was observed compared to 2006, and the NT, where figures remained stable (Figure 36).

[9] Refer to *Glossary* and Table 42 for definitions of terms used.

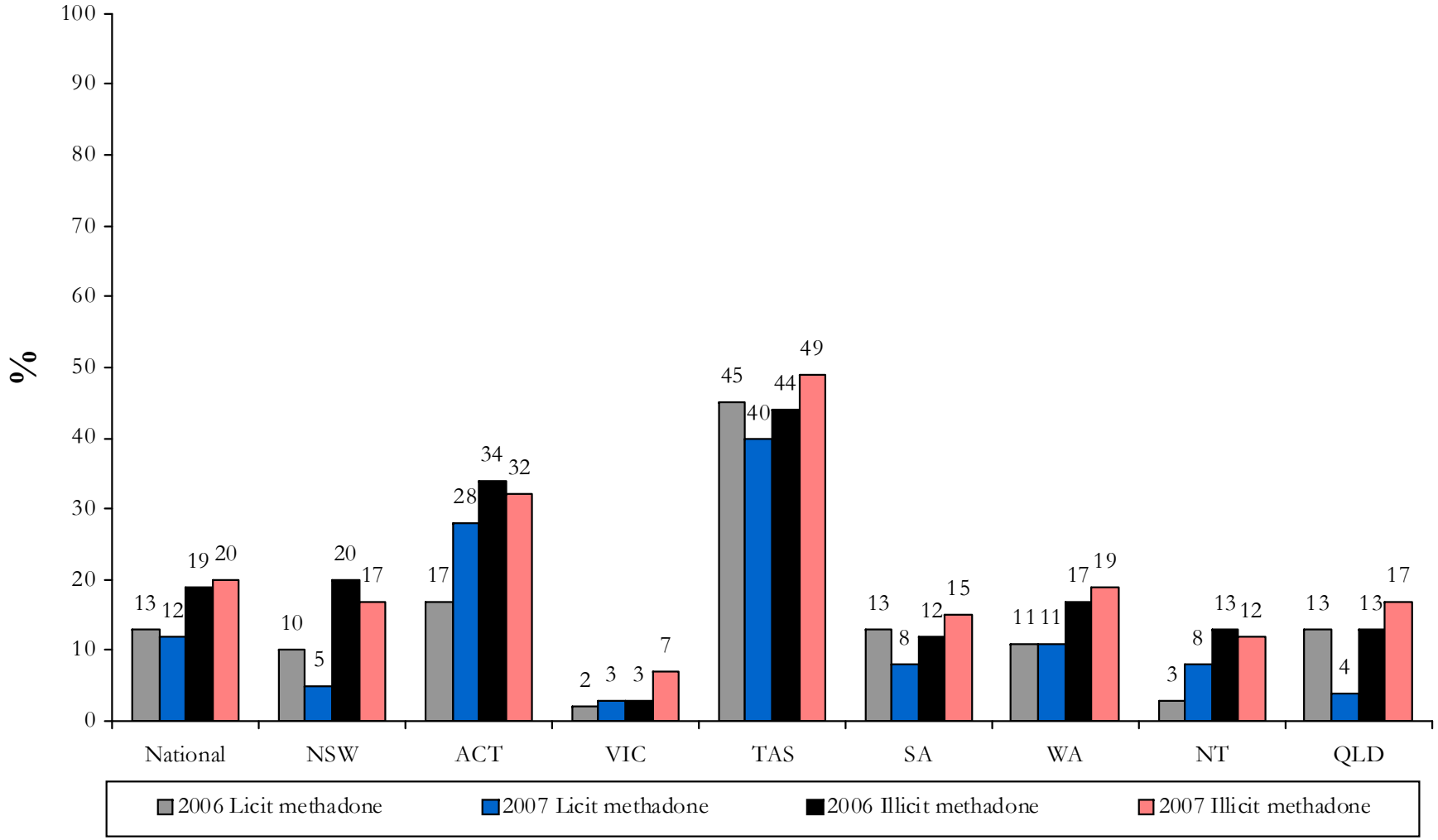
Figure 34: Recent (last six months) injection of methadone (any form), by jurisdiction, 2000-2007



Source: IDRS IDU participant interviews

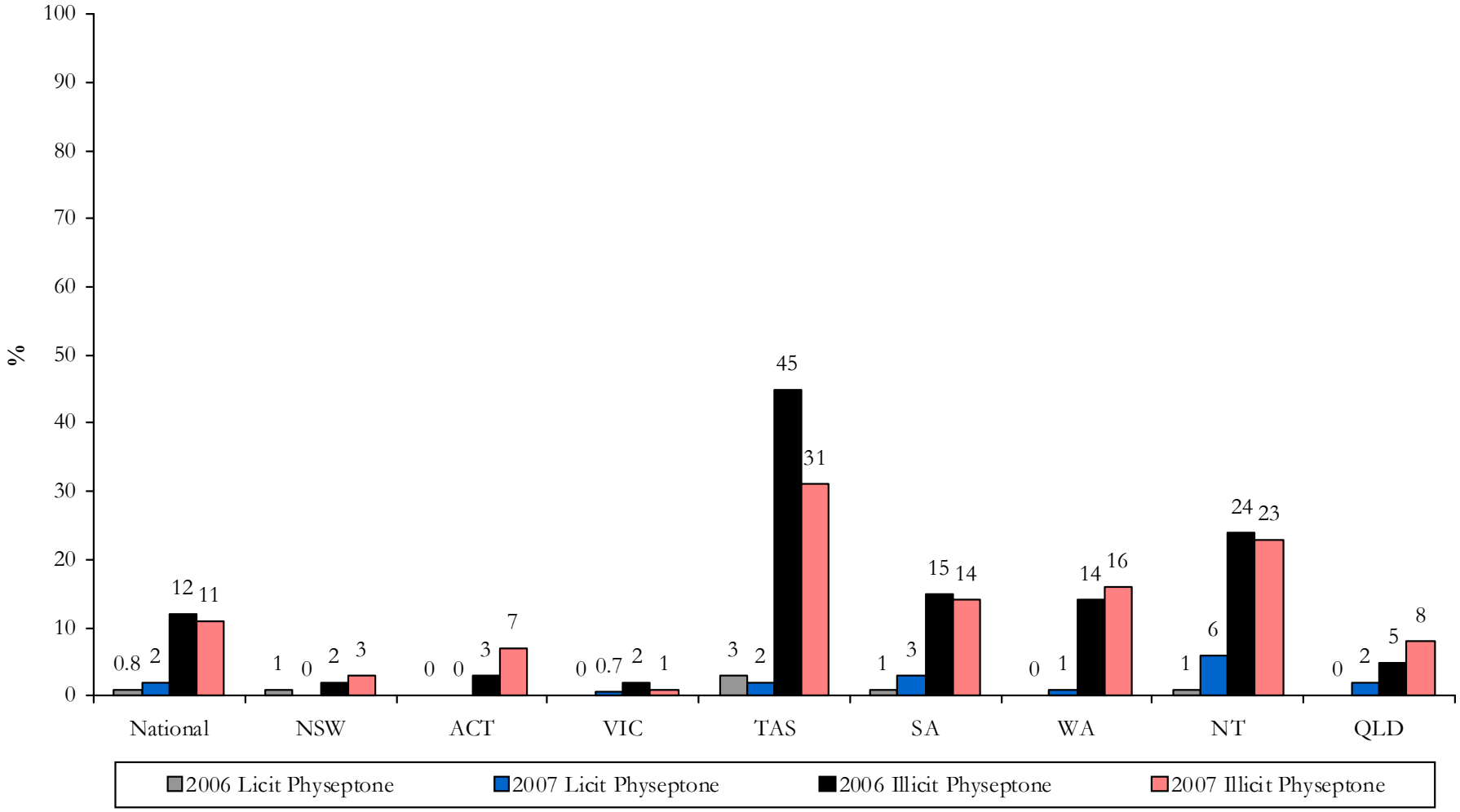
* from 2003 these figures include licitly and illicitly obtained methadone and Physeptone (previously no distinction was made)

Figure 35: Recent (last six months) injection of licitly and illicitly obtained methadone liquid, by jurisdiction, 2006-2007



Source: IDRS IDU participant interviews

Figure 36: Recent (last six months) injection of licitly and illicitly obtained Physeptone tablets, by jurisdiction, 2006-2007



Source: IDRS IDU participant interviews

Frequency of injection of methadone liquid and Physeptone also varied by jurisdiction (Table 43). Nationally, those who reported injecting licitly obtained methadone recently had done so on a median of 48 days and illicitly obtained methadone on a median of seven days (seven days in 2006; nine days in 2005). Generally the median number of days of injection of licitly obtained methadone remained stable by jurisdiction, with only small proportions of participants having injected in the last six months. The exceptions were the ACT and TAS. A notable increase in the median number of days injected licitly obtained methadone liquid in the ACT, from 24 days in 2006 (i.e. approximately once per week) to 48 days in 2007 (approximately twice per week). By contrast, a decrease was seen in TAS, from 60 days in 2006 (approx two to three times per week) to 48 days in 2007.

Nationally, the median frequency of illicitly obtained methadone liquid injection remained stable among those who had injected it in the last six months at approximately once per month. Jurisdictions reporting the highest median frequency of injection were WA (approximately twice per week) and SA (approximately once per week; Table 43). Elsewhere the median injection of illicitly obtained methadone was reported to be fortnightly or less.

The injection of licitly and illicitly obtained Physeptone was reported by few participants and typically on an infrequent basis. The exceptions were TAS, WA and SA where small numbers of participants (n<10 per jurisdiction) had injected licitly obtained Physeptone on a more frequent basis (Table 43).

Table 43: Median days injected licitly and illicitly obtained methadone liquid and Physeptone among those who injected, by jurisdiction, 2006-2007

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licitly obtained methadone	48 (38)	5^ (5)	48 (24)	3^ (36^)	48 (60)	42^ (36)	48^ (60)	48^ (10^)	24^ (24)
Illicitly obtained methadone	7 (7)	12 (6)	10 (4)	2 (1^)	12 (24)	24 (6)	48 (10)	3 (4)	6 (3)
Licitly obtained Physeptone	24 (20^)	- (10^)	- (-)	4^ (-)	110^ (180^)	180^ (20^)	72^ (-)	14^ (150^)	6^ (-)
Illicitly obtained Physeptone	4 (6)	1^ (5^)	2^ (2^)	2^ (10^)	3 (6)	4 (6)	7 (5)	7 (6)	4^ (3^)
Any form methadone*	20 (20)	10 (8)	24 (12)	3 (7)	48 (72)	25 (25)	36 (13)	10 (6)	14 (3)

Source: IDRS IDU participant interviews

Note: Data from 2006 shown in parentheses. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number.

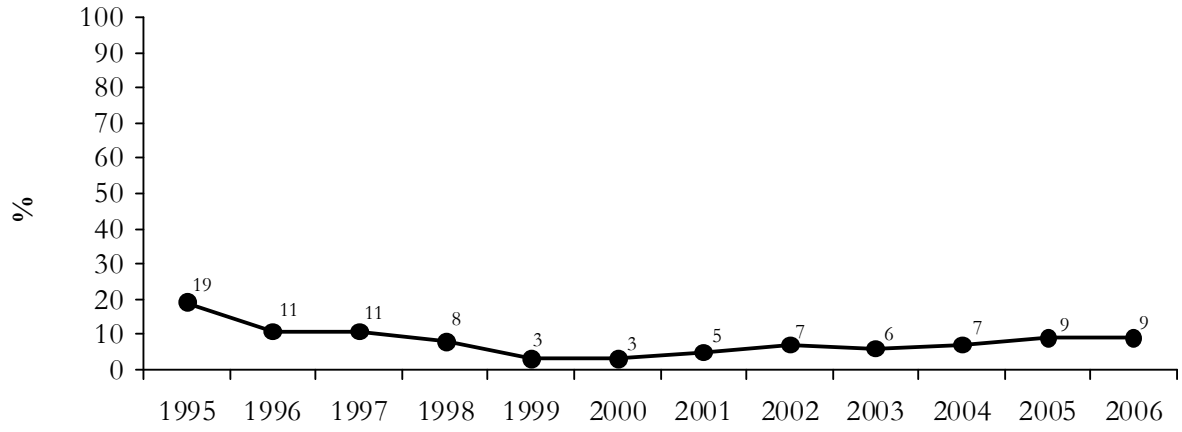
* includes licitly and illicitly obtained methadone and Physeptone

^ medians based on small numbers (n<10); interpret with caution

Nationally, the proportion of NSP clients in Australia reporting methadone as the last drug injected has gradually increased since 1999, from 3% to 9% in 2006 (Figure 37; National Centre in Clinical Epidemiology and Clinical Research, 2006. Consistent with IDRS IDU participant reports, the NSP Survey results show that TAS recorded the highest proportion (23%) of NSP clients reporting methadone as the last drug injected, followed by NSW (14%)[10].

[10] For a comparison of key findings from the IDRS and the NSP Survey, a surveillance system which monitors HIV and hepatitis C among people who inject drugs, including behavioural indices of risk, see Fetherston et al. (2007).

Figure 37: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2006



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002, 2007)[11]

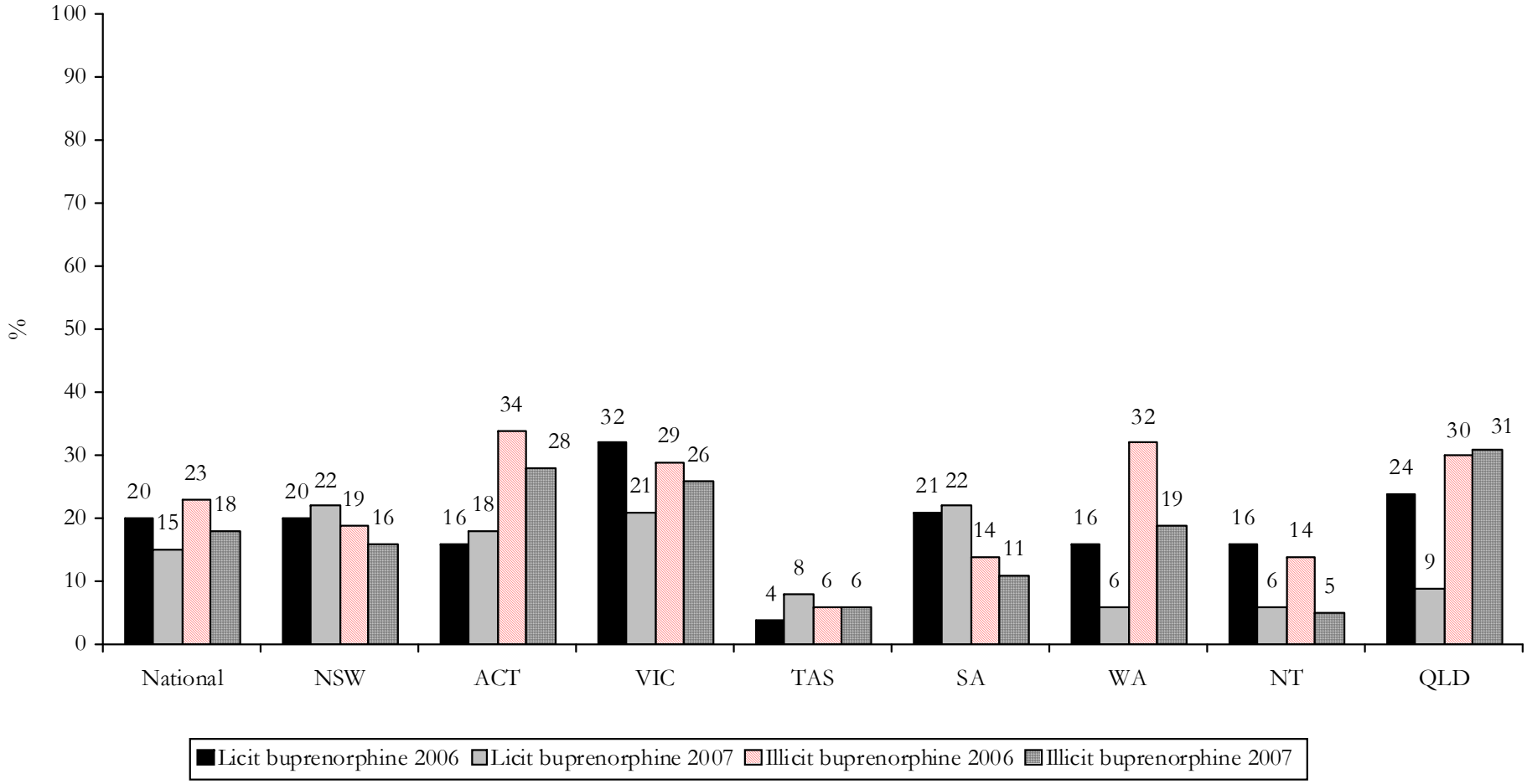
8.2 Use of buprenorphine

Similar proportions of the national sample reported use[12] of licitly and illicitly obtained buprenorphine in the six months preceding interview, both of which represented slight decreases compared to 2006 (Figure 38). Use of licitly obtained buprenorphine (i.e. the highest proportions of participants reporting having used buprenorphine prescribed directly to them) ranged between 8% in TAS to 22% in SA, while, for illicitly obtained buprenorphine, this figure ranged from 5% in the NT to 31% in QLD. Notable changes from 2006 included decreases in the use of licitly obtained buprenorphine in VIC, WA, the NT and QLD, and decreases in the use of illicitly obtained buprenorphine in the ACT, WA and the NT (Figure 38).

[11] Respective sample sizes for the NSP Survey were: 1995, 1,072; 1996, 1,497; 1997, 1,978; 1998, 2,665; 1999, 2,503; 2000, 2,694; 2001, 2,454; 2002, 2,445; 2003, 2,495; 2004, 2,035; 2005, 1,800; 2006, 1,961 (NCHECR, 2002, 2007)

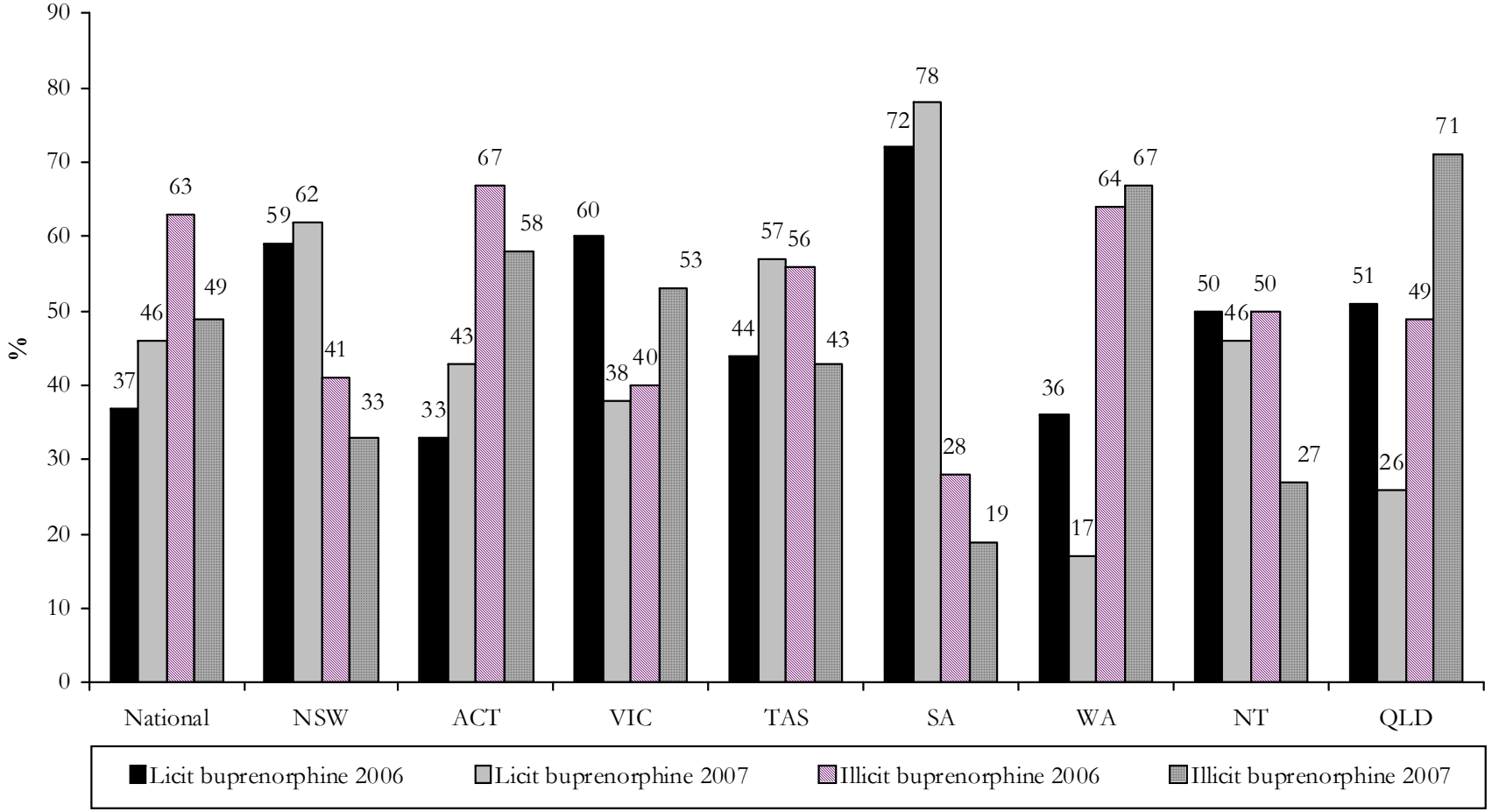
[12] Refer to Glossary and Table 42 for definitions of terms used.

Figure 38: Recent (last six months) use of licitly and illicitly obtained buprenorphine, by jurisdiction, 2006-2007



Source: IDRS IDU participant interviews

Figure 39: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2006-2007



Source: IDRS IDU participant interviews

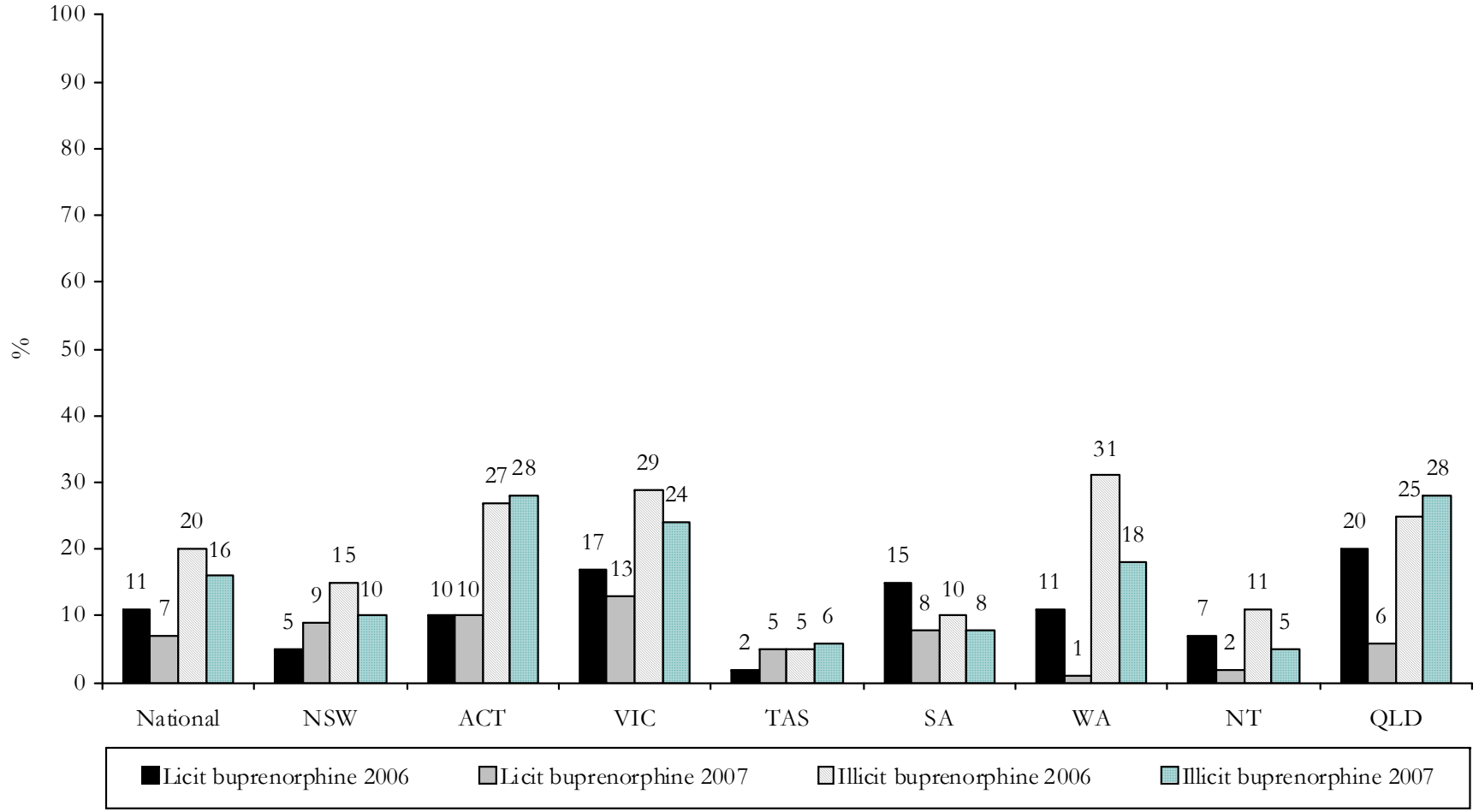
With regard to the form most used (licitly or illicitly obtained buprenorphine), an increase was reported in the proportions of users nominating licitly obtained buprenorphine, and a corresponding decrease in users reporting having used illicitly obtained buprenorphine at the national level compared to 2006. At a jurisdictional level, this pattern was also seen in NSW, the ACT, TAS and SA, while patterns were mixed elsewhere. In the ACT, WA and QLD illicit buprenorphine was more commonly used than licitly obtained buprenorphine. QLD reported the greatest use of illicit buprenorphine and SA the greatest use of licit buprenorphine as the form used most in the last six months (Figure 39).

Participants who had used illicitly obtained buprenorphine in the preceding six months (n=164) were asked about their reasons for doing so. Motivations varied considerably, with the most commonly reported reasons being to alleviate withdrawal symptoms (30%), to self-treat dependence (17%), because it was cheaper than heroin or other opiates (12%), seeking an opiate effect (11%) and/or to alleviate pain (11%).

8.2.1 Buprenorphine injection

Seven percent of the national sample reported injection of licit buprenorphine and 16% reported injection of illicit buprenorphine in the six months preceding interview (Figure 3). Injection of licitly obtained buprenorphine ranged from 2% in the NT to 13% in VIC, while injection of illicitly obtained buprenorphine ranged from 5% in the NT to just over one-quarter in the ACT and QLD (Figure 40).

Figure 40: Recent (last six months) injection of licitly and illicitly obtained buprenorphine, by jurisdiction, 2006-2007



Source: IDRS IDU participant interviews

As buprenorphine is designed to be administered sublingually (beneath the tongue), the injection of such a preparation is an issue of concern due to the potential for vascular damage and the increased risk of infection. Persons injecting buprenorphine that has been in their mouths are at an increased risk of infection due to bacteria from saliva.

Of those in the national sample who reported injecting licit buprenorphine recently, the median number of days on which they had injected was 30, i.e. between once and twice per week. This represents a decrease from 2006 (40 days) and was closer to levels reported in 2005 (25 days). Sizeable decreases in the frequency of use were noted in VIC and WA, while an increase was seen in the ACT. An increase was also observed in TAS; however, these data rely on small numbers of participants so should be interpreted with caution (Table 44). Just under one-third (27%) of those who reported injecting licit buprenorphine in the last six months reported injecting between every second day and daily during this time, while almost two-thirds (61%) had injected two days per week or less.

Frequency of illicitly obtained buprenorphine injection by users in the national sample averaged just over once per month (median of eight days). By jurisdiction, the median days of injection tended to have remained stable or decreased, with the exceptions of SA (note: small numbers) and WA. About two-thirds (68%) of those who had injected illicit buprenorphine in the last six months reported injecting weekly or less. Approximately one-fifth (21%) injected between every second day and daily. Therefore, as in 2006, while larger proportions reported injection of illicit buprenorphine, they were injecting less frequently than the smaller numbers who reported injection of licitly obtained buprenorphine (Table 44).

Table 44: Median days injected licitly and illicitly obtained buprenorphine among those who injected, by jurisdiction, 2007

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licitly obtained buprenorphine	30 (40)	7 (3^)	47 (7)	30 (74)	72^ (46^)	66^ (60)	7^ (60)	18^ (3^)	72^ (60)
Illicitly obtained buprenorphine	8 (10)	6 (3)	10 (6)	17 (24)	2^ (5^)	48^ (10)	105 (20)	3^ (4)	2 (7)
Any buprenorphine	12 (20)	6 (4)	10 (9)	25 (67)	24 (4^)	48 (60)	105 (25)	6^ (4)	4 (20)

Source: IDRS IDU participant interviews

Note: Data from 2006 shown in parentheses. Data presented among those who had used. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number.

^ medians based on small numbers (n<10); interpret with caution

8.3 Use of buprenorphine-naloxone

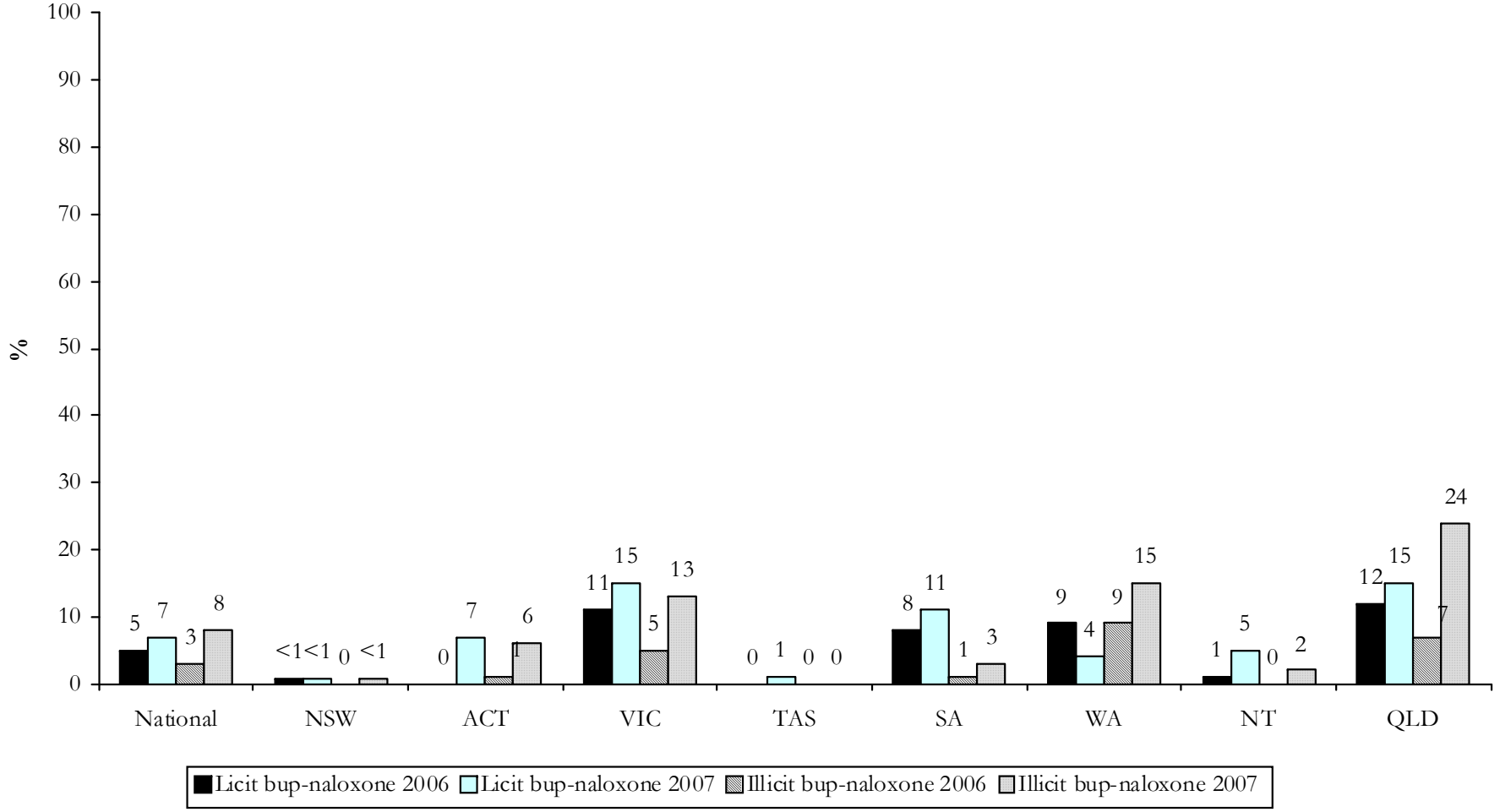
Following the listing of buprenorphine-naloxone (trade name Suboxone) on the Pharmaceutical Benefits Scheme (PBS) in April 2006 (i.e. two months prior to the 2006 participant interviews), the 2006 and 2007 IDRS IDU surveys included items assessing this drug. As with methadone and buprenorphine, a distinction was made between the use of prescribed (licitly obtained) and non-prescribed (illicitly obtained) buprenorphine-naloxone[13]. Buprenorphine-naloxone is prescribed for the treatment of opioid dependence, and is usually prescribed as a tablet preparation designed to be taken sublingually. The drug has been developed to have a lower

[13] Refer to *Glossary* and Table 42 for definitions of terms used, including 'use', 'licit' and 'recent'.

abuse potential (i.e. injection) than buprenorphine alone due to the inclusion of naloxone, which may cause withdrawal when injected by a heroin-dependent person.

In 2007, 7% of the national sample reported recent use of licit buprenorphine-naloxone and 8% recent use of illicit buprenorphine-naloxone. QLD and VIC reported the highest levels of recent licit buprenorphine-naloxone use, compared to NSW and TAS where use of licitly obtained buprenorphine-naloxone was 1% or less. The use of illicitly obtained buprenorphine-naloxone was highest in QLD, followed by WA and VIC (Figure 41 below; Table 12). In general, small increases were seen compared to 2006; this is unsurprising, given the recent listing of this pharmaceutical on the PBS.

Figure 41: Recent (last six months) use of licitly and illicitly obtained buprenorphine-naloxone, by jurisdiction, 2007



Source: IDRS IDU participant interviews

Note: Buprenorphine-naloxone first listed on the PBS only two months before 2006 IDRS interviews conducted.

The form of buprenorphine-naloxone most used (i.e. whether licitly or illicitly obtained) among those who had used, varied by jurisdiction Table 13).

As with buprenorphine, participants who had used illicitly obtained buprenorphine-naloxone in the preceding six months (n=71) were asked about their reasons for doing so. Again, motivations varied considerably. The most common reasons were to alleviate withdrawal symptoms (23%), seeking an opiate effect (13%), to self-treat dependence (11%), because it was cheaper than heroin or other opiates (8%) and/or because he/she was unable to score heroin (7%).

8.3.1 Buprenorphine-naloxone injection

Small proportions of participants had injected licitly obtained (i.e. their own) buprenorphine-naloxone in the preceding six months (n=16; 2% of the national sample), while a slightly larger number of participants had injected illicitly obtained buprenorphine-naloxone during this time (n=55; 6% of the national sample). Overall, 7% of the national sample had injected any form of buprenorphine-naloxone (i.e. licitly or illicitly obtained). Among recent buprenorphine-naloxone injectors (regardless of licit or illicit obtainment) the median frequency of injection was six days, the same as for illicitly obtained buprenorphine-naloxone. For licit buprenorphine-naloxone, this figure was two days. Six participants, or <1% of the national sample, injected daily (any form; Figure 3).

Among those who had used any form of buprenorphine-naloxone (i.e. whether licitly and/or illicitly obtained), 50% reported that licitly obtained buprenorphine-naloxone as the form most used, while 42% reported illicitly obtained buprenorphine-naloxone as the form most used; however, there was some jurisdictional variation (Table 13).

Of those who used licit buprenorphine-naloxone, approximately one-quarter (24%) had injected it in the last six months. Of those who used illicit buprenorphine-naloxone, 78% had injected. However, frequency of injection was typically low (see above).

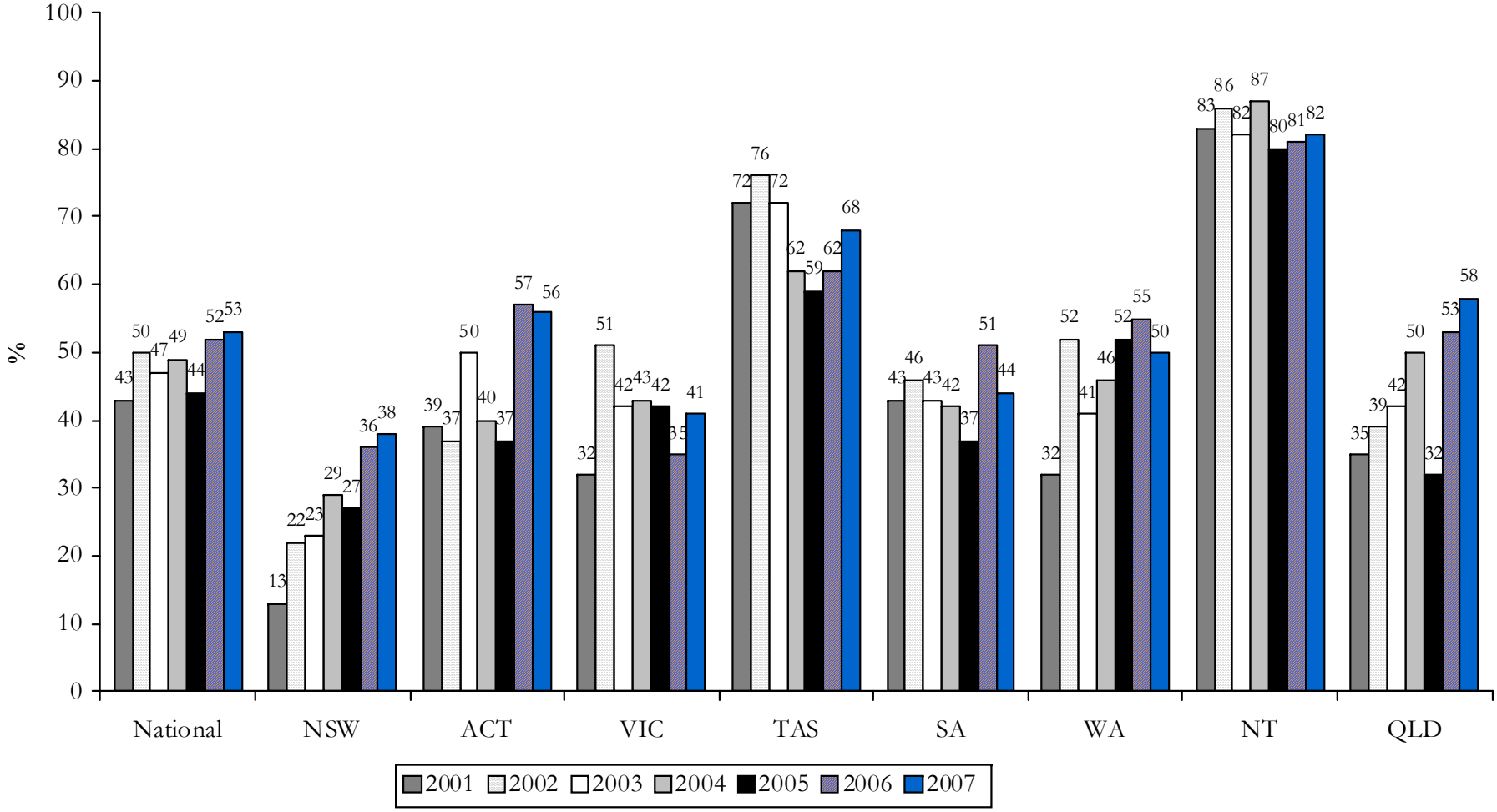
As the drug is designed to be administered sublingually (beneath the tongue), the injection of such a preparation is an issue of concern due to the potential for vascular damage and the increased risk of infection. The injection of a substance that has been in the mouth carries an increased risk of infection due to bacteria from saliva. Further in-depth research into the use and diversion of OST is currently underway.

8.4 Use of morphine

Fifty-three percent of the national sample had used[14] morphine (includes both licitly and illicitly obtained morphine) in the last six months, ranging from 38% in NSW to 82% in the NT (Figure 42). Consistent with reports in previous years of the IDRS, the use of morphine was highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available and where methadone and morphine have dominated the markets. The most commonly reported drug of choice among participants in the NT has consistently been heroin; however, only a small proportion of participants reported it as the drug they had injected most often in the previous month. Instead, morphine was by far the most commonly reported drug injected most often (Table 10). In the 2007 national sample, the proportion of participants reporting use of morphine in the six months preceding interview remained stable compared to 2006, with fluctuations noted across a number of jurisdictions (Figure 42).

[14] Refer to *Glossary* and Table 42 for definitions of terms used.

Figure 42: Recent use of morphine (any form), by jurisdiction, 2001-2007



Source: IDRS IDU participant interviews
Note: Includes licitly and illicitly obtained morphine.

Proportions reporting use and injection of licitly obtained morphine in the preceding six months were lower than for illicitly obtained morphine. By jurisdiction, licit morphine use and injection were reported by less than 10% in all jurisdictions except the NT. Illicit morphine use and injection were least common in NSW with around one-third of participants reporting recent use, and was most common in the NT and TAS. Proportions reporting recent use and injection of morphine fluctuated slightly by jurisdiction compared to 2006, with the most notable change being an increase in illicit morphine use and injection in TAS (Table 45).

Median days of use and injection of licitly obtained morphine were based on small numbers in most jurisdictions and therefore should be interpreted with caution. Nationally, increases were seen in the frequency of licit and illicit morphine injection among users. By jurisdiction, the median frequency of illicitly obtained morphine use and injection among users varied from highly infrequent (bi-monthly in NSW, the ACT and VIC) through to approximately three times per week (74 days of use; 72 days of injection in the NT). In 2007, increases were noted in the frequency of illicit morphine use and injection in SA and QLD, while decreases were seen in the NT (Table 45).

Table 45: Morphine use patterns, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Use									
Licit	10	6	9	7	5	6	9	33	7
	(11)	(7)	(8)	(7)	(4)	(10)	(12)	(31)	(11)
Illicit	49	34	53	37	67	41	45	73	55
	(47)	(31)	(52)	(31)	(58)	(48)	(51)	(70)	(51)
Any form (licit and/or	53	38	56	41	68	44	49	82	56
illicit)	(49)	(32)	(51)	(32)	(61)	(49)	(53)	(81)	(52)
Median days used*									
Licit	90	4^	8^	24	21^	24^	96^	180	128^
	(90)	(5)	(27^)	(70)	(91^)	(180)	(135)	(180)	(15)
Illicit	18	3	4	4	20	30	16	74	55
	(12)	(8)	(5)	(5)	(21)	(12)	(20)	(90)	(12)
Any form (licit and/or	24	5	4	5	24	35	30	180	70
illicit)	(20)	(7)	(5)	(7)	(21)	(20)	(26)	(180)	(12)
Recent injection (%)									
Licit	8	4	5	6	4	2	8	29	8
	(9)	(5)	(4)	(5)	(3)	(9)	(11)	(31)	(9)
Illicit	47	31	49	35	65	41	45	68	57
	(46)	(29)	(48)	(29)	(58)	(46)	(50)	(70)	(50)
Any form (licit and/or	50	34	50	39	66	41	49	76	58
illicit)	(49)	(32)	(51)	(32)	(61)	(49)	(53)	(81)	(52)
Median days injected *									
Licit	90	5^	2^	8^	23^	12^	96^	180	93^
	(64)	(5^)	(14^)	(90^)	(180^)	(50^)	(180)	(180)	(11)
Illicit	20	3	4	4	24	30	16	72	49
	(12)	(7)	(5)	(5)	(21)	(11)	(20)	(90)	(10)
Any form (licit and/or	24	4	4	4	24	30	24	180	60
illicit)	(20)	(7)	(5)	(6)	(24)	(20)	(26)	(180)	(12)

Source: IDRS IDU participant interviews

Note: Data from 2006 shown in parentheses.

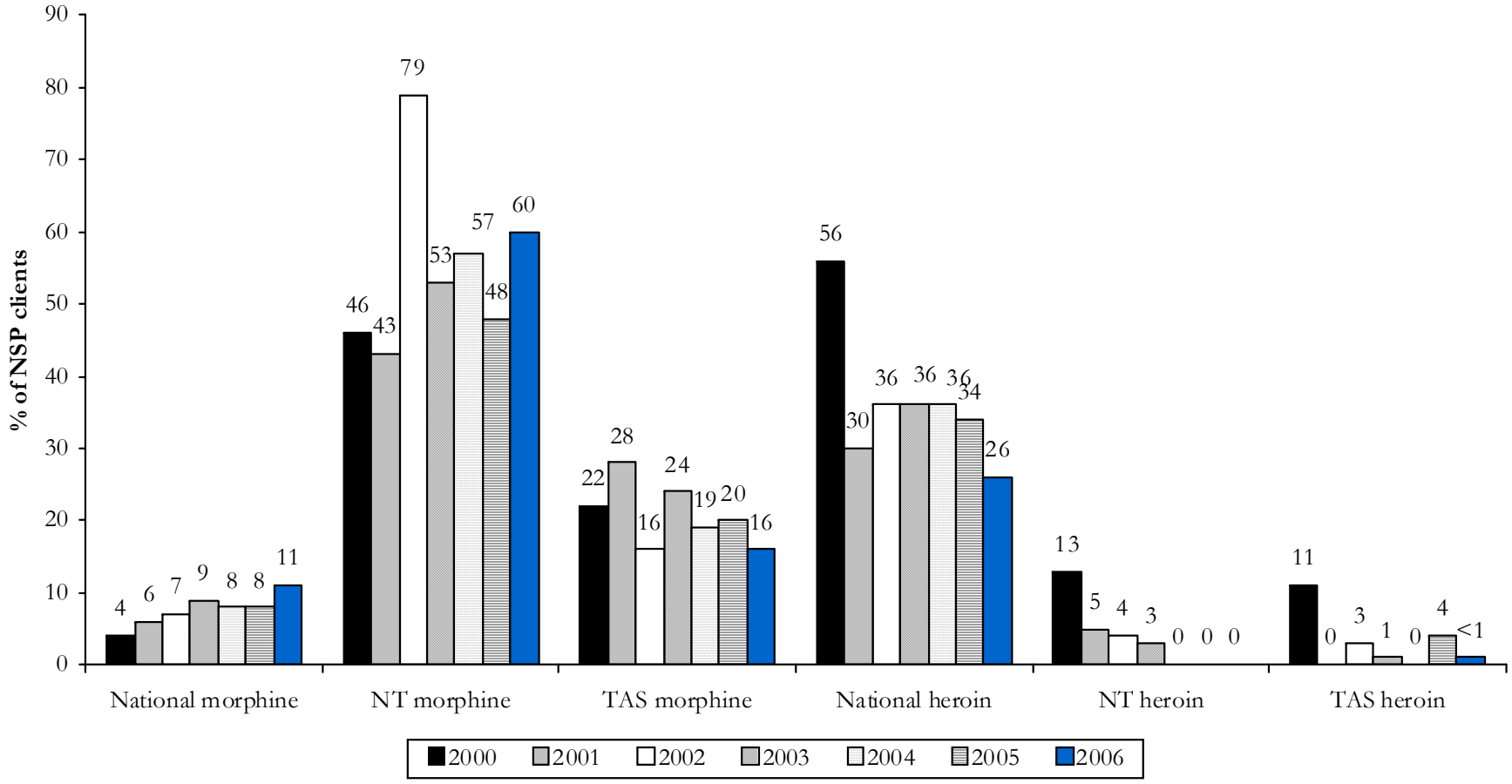
^ medians based on small numbers (n<10); interpret with caution

* among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number

The majority of participants who reported that they had used morphine stated that they had mainly used illicit morphine, ranging from 84% in the ACT to 99% in TAS. Illicitly obtained morphine was also the most used form of morphine among users in the NT; however, due to missing data, this result should be interpreted with caution. Therefore, the majority of the morphine being used by this population appears to have been diverted rather than obtained via a prescription in the participants' names. This contrasts with the use of methadone, buprenorphine and buprenorphine-naloxone, but is similar to the use of oxycodone. The most commonly used brand of morphine used in the preceding six months was MS Contin, with the exception of SA where Kapanol was more common (Table 13).

A higher prevalence of morphine injection among people who inject drugs in the NT and TAS compared to those in other jurisdictions has also been documented by the Australian NSP Survey. The proportion of NSP clients surveyed who reported morphine and heroin as the last drug injected in 2000 to 2006 (the most recent NSP Survey results available) are depicted in Figure 43. The figure shows that while, at a national level, proportions of clients reporting morphine are relatively low (between 4% and 11%), they are much higher in the NT (between 43% and 79%) and TAS (between 16% and 28%). The reverse trend is evident for heroin as the last drug injected, which is relatively prevalent at a national level (between 26% and 36% since 2003; 56% in 2002), and almost non-existent in the NT and TAS (each less than 5% from 2003 onwards). Similar to the IDRS, the NSP Survey also documented an increase in morphine and a decrease in heroin as the last drug injected between 2005 and 2006 (National Centre in HIV Epidemiology and Clinical Research, 2006).

Figure 43: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and morphine as the last drug injected, 2000-2006



Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2002, 2007)
Note: Respective sample sizes for the NSP Survey were: 2000, 2,694; 2001, 2,454; 2002, 2,445; 2003, 2,495; 2004, 2,035; 2005, 1,800; 2006, 1,961 (NCHECR, 2002, 2007).

8.5 Use of oxycodone

Since 2005, the IDRS has made a distinction between licit and illicit oxycodone (e.g. OxyContin, Endone) and other opioids, due to concerns that illicit use of, and problems associated with, diversion of oxycodone may be increasing. Prior to 2005, oxycodone was included under the category 'other opioids'. Any discrepancies between data from previous years, therefore, may be due to this change.

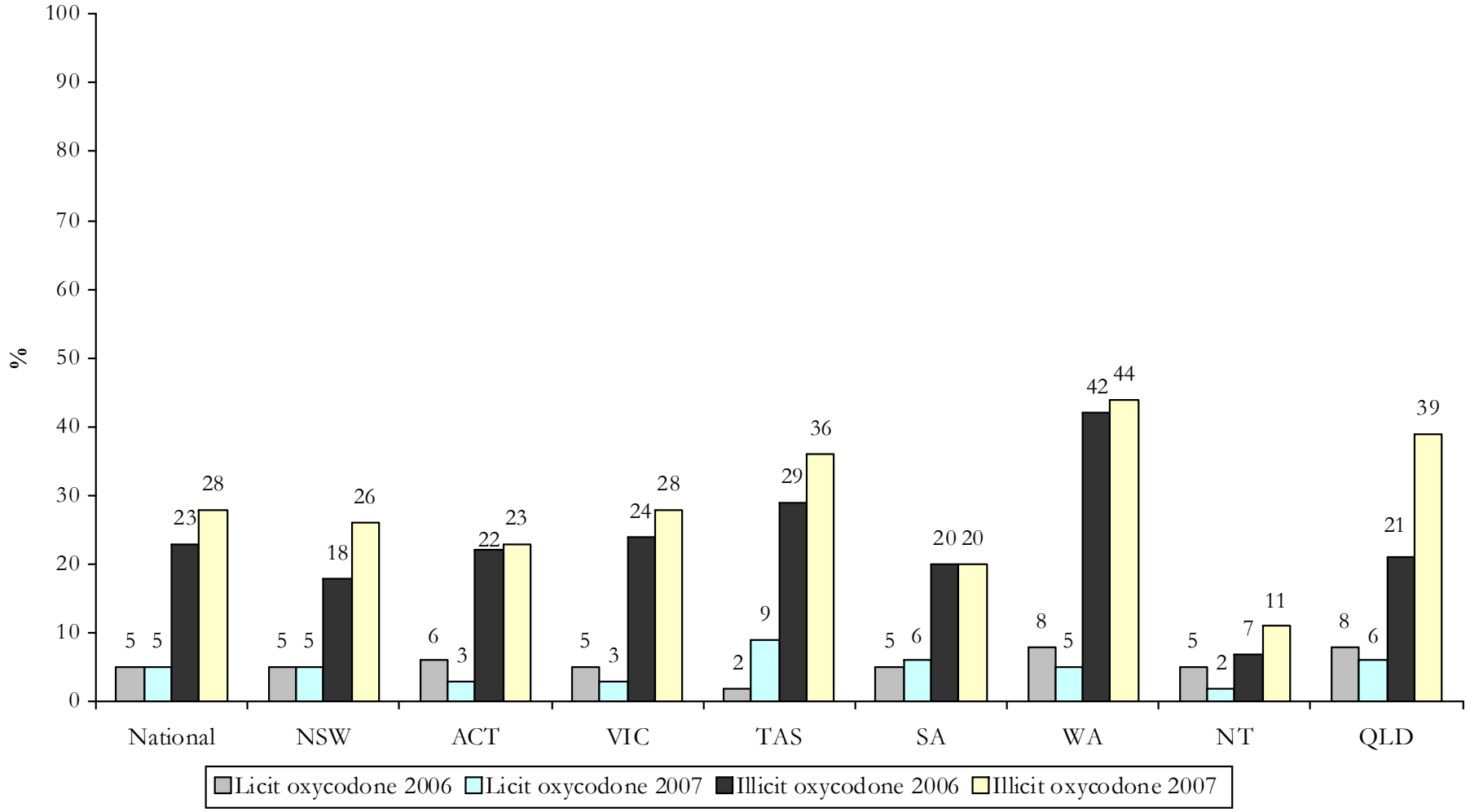
Recent (last six months) use[15] of licitly obtained oxycodone remained at less than 10% of participants per jurisdiction. In contrast, figures for illicitly obtained oxycodone ranged from 7% in the NT through to two-fifths in WA, and have increased or remained stable compared to 2006 (Figure 44).

In 2007, 5% of the national sample reported recent (last six months) use of licitly obtained oxycodone. This contrasted with almost one-third of the sample who reported recent use of illicitly obtained oxycodone. Similar to 2005 and 2006, WA and TAS reported the highest levels of recent illicit oxycodone use. Median days of use of illicitly obtained oxycodone were relatively low at approximately monthly use in all jurisdictions, with the exception of SA where the median days of use was 12, i.e. approximately fortnightly (Table 46).

Injection of licitly obtained oxycodone was also rare, while for illicitly obtained oxycodone figures ranged from between approximately one-fifth (e.g. ACT, SA) to two-fifths (e.g. WA, QLD) of participants in each jurisdiction, with the exception of the NT (less than 10%). The median number of days on which licitly obtained oxycodone was injected ranged greatly, but were based on small numbers of participants and so should be interpreted with caution. The median days on which illicitly obtained oxycodone was injected was typically between monthly and fortnightly (Table 46).

[15] Refer to *Glossary* and Table 42 for definitions of terms used.

Figure 44: Recent use of licit and illicit oxycodone, by jurisdiction, 2006-2007



Source: IDRS IDU participant interviews

Table 46: Oxycodone use patterns, by jurisdiction, 2006-2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Recent use (%)									
Licit	5 (6)	5 (5)	3 (6)	3 (5)	9 (2)	6 (5)	5 (8)	2 (5)	6 (8)
Illicit	28 (23)	26 (18)	23 (22)	28 (24)	36 (29)	20 (20)	44 (42)	11 (7^)	39 (21)
Any form (licit and/or illicit)	30 (26)	27 (20)	26 (26)	29 (27)	42 (30)	23 (22)	46 (46)	12 (11)	39 (27)
Median days used *									
Illicit	5 (5)	4 (7)	5 (3)	3 (5)	6 (7)	12 (4)	7 (6)	4 (2^)	6 (5)
Any form (licit and/or illicit)	6 (6)	5 (13)	5 (4)	4 (6)	10 (8)	11 (6)	7 (7)	5 (3)	7 (5)
Recent injection (%)									
Licit	3 (4)	3 (3)	1 (3)	3 (3)	5 (1)	4 (4)	4 (7)	0 (3)	6 (7)
Illicit	25 (20)	24 (14)	22 (14)	27 (23)	26 (26)	18 (19)	41 (41)	9 (6)	38 (18)
Any form (licit and/or illicit)	27 (22)	25 (16)	23 (16)	28 (25)	30 (26)	20 (20)	43 (43)	9 (8)	38 (23)
Median days injected *									
Illicit	6 (5)	4 (6)	5 (3)	4 (3)	9 (6)	12 (4)	7 (6)	4^ (2^)	7 (9)
Any form (licit and/or illicit)	6 (5)	6 (11)	4 (4)	5 (4)	13 (6)	17 (6)	12 (8)	4^ (3^)	7 (7)

Source: IDRS IDU participant interviews

Note: Data from 2006 shown in parentheses. Frequency of licitly obtained oxycodone use and injection not shown by jurisdiction due to fewer than 10 participants responding to each item. See Figure 3 for national figures.

^ medians based on small numbers (n<10); interpret with caution

* among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number

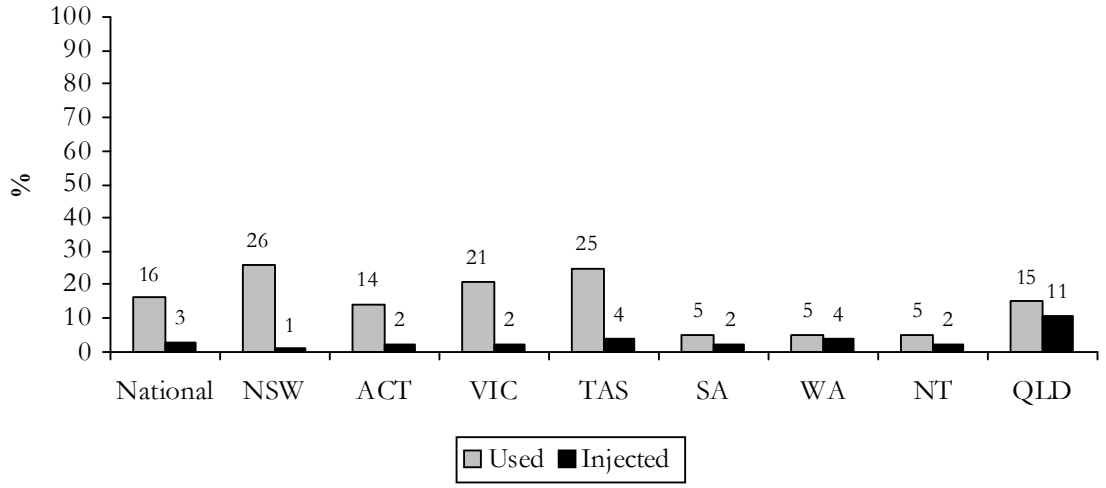
Of those who reported recent oxycodone use (n=273; 30% of the national sample), the majority (84%) reported illicit oxycodone as the form most used, ranging from 74% in SA to 91% in QLD (Table 13; note that figures for the NT are excluded from comment here due to small numbers).

8.6 Use of other opioids (not elsewhere specified)

From 2001, participants were asked about use of 'other opioids' (i.e. those that were not elsewhere specified) separately from morphine and, from 2005, oxycodone was excluded from this category[16]. Other opioids include (but are not limited to) codeine preparations, opium and pethidine. Sixteen percent (9% in 2006; 14% in 2005) of the national sample reported recent use of other opioids on a median of six days in the preceding six months. Similar to previous years, TAS reported the highest recent use of other opioids. Proportions reporting recent injection were low, ranging from 1% in NSW to 11% in QLD (Figure 45). Frequency of injection was reported on a median of six days during this time, i.e. monthly injection.

[16] Refer to *Glossary* and Table 42 for definitions of terms used.

Figure 45: Recent use and injection of other opioids (not elsewhere specified), by jurisdiction, 2007



Source: IDRS IDU participant interviews

Use of licitly obtained 'other' opioids was most common in NSW and VIC, while use of illicitly obtained 'other' opioids was most common in TAS (Table 12). Among those who had used any form of 'other' opioids (i.e. regardless of whether they were licitly or illicitly obtained), licitly obtained 'other' opioids were the predominant form in NSW and VIC, while illicitly obtained 'other' opioids were the most used form by users in the ACT, TAS, SA and QLD (Table 13).

It should be noted that, due to the introduction of questions relating to oxycodone, the figures for 'other opioids' will not be directly comparable to figures prior to 2005. The most commonly used 'other' opioid reported in 2007 was codeine (55% of users), including Panadeine/Panadeine Forte (45%).

8.7 Jurisdictional trends for other opioids

Below follow summaries of trends for other opioids provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW (Sindicich & Degenhardt, 2008); ACT (Campbell & Degenhardt, 2008); VIC (Quinn, 2008); TAS (de Graaff & Bruno, 2008); SA (White et al., 2008); WA (Fetherston & Lenton, 2008); NT (Moon, 2008) and QLD (Richardson & Kinner, 2008).

8.7.1 New South Wales

Illicit methadone

Just over one-fifth (22%) of participants reported use of illicitly obtained methadone syrup in the six months preceding interview, a similar level compared to 2006 (25%), with use remaining relatively infrequent (less than monthly). Seventeen percent of participants reported injecting illicit methadone syrup in the preceding six months (20% in 2006), indicating that prevalence had remained stable; however, frequency (median days) of injection did slightly increase from monthly to fortnightly. Half of this group were engaged in methadone treatment during this period. Reports on illicit methadone availability varied, with one-third of the sample reporting that it was 'easy' or 'very easy' to obtain. There was a return to the usual median price of 50c per ml from 75c in 2006. KE reports indicated that reasons for diversion may be many and varied, with research into the reasons for diversion currently being conducted.

Illicitly obtained Physeptone use and injection of tablets remained uncommon, with 3% reporting both use and injection in the six months prior to interview.

Illicit buprenorphine and buprenorphine-naloxone

Relative stability was observed in the reported use of illicit buprenorphine in the preceding six months, from 19% in 2006 to 16% in 2007. Less than one-third of these participants reported engagement in buprenorphine treatment during this period. There was a slight decline in the reported prevalence of illicit buprenorphine injection during the six months prior to interview from 15% in 2006 to 10% in 2007, and frequency of injection over this period also remained low (once a month).

In early to mid- 2006, there was the introduction and inclusion of buprenorphine-naloxone (Suboxone) on the PBS. Questions were added to the IDU Survey to investigate this pharmaceutical. There was only one report of illicit buprenorphine-naloxone use in 2007 and no reports in 2006.

Morphine

An increase in prevalence of morphine use among the NSW IDRS user sample has been observed since 2001, with just over a third (38%) of the 2007 sample reporting use in the preceding six months. However, frequency of use remained low (median of five days in 2007). As in 2006, one-third of the sample reported the use of illicitly obtained morphine in the six months preceding interview, with a decrease in median of days use (three days in 2007, eight days in 2006). Use of licitly obtained morphine was uncommon, with 6% of the sample having used it on a median of five days. Morphine use continued to remain higher among those recruited in central Sydney than the south west.

Eighteen percent of participants reported injecting morphine in the month preceding interview, and, of these, under half (44%) reported experiencing problems that they attributed to morphine injection, such as prominent scarring or bruising and difficulty finding veins. MS Contin

remained the most common brand of morphine used, with 100mg tablets ('grey nurses') costing a reported median price of $30 – a $5 increase from the median price in 2006.

Forty-one percent of the sample (38% in 2006) felt confident to comment on the price and/or availability of illicit morphine. These participants typically reported that it was 'easy' or 'very easy' to obtain. Availability was generally considered to have remained 'stable'.

Oxycodone
As in 2005, a distinction was made between licit and illicit oxycodone (e.g. OxyContin, Endone) and other opioids in an effort to monitor the illicit use of, and problems associated with, the diversion of oxycodone. Until 2005, oxycodone was included under 'other opioids'.
Twenty-eight percent of participants reported use of oxycodone in the six months preceding interview on a median of four days (i.e. less than monthly). A quarter of the sample reported injecting it in this time on a median of six days. In comparison to 2006, this year there was a slight increase in the prevalence of oxycodone use and injection, with a marked decrease in the frequency of use and injection. General use patterns of licitly and illicitly obtained oxycodone were similar, although injection of oxycodone was more common when it was illicitly obtained. A few KE commented on the practice of oxycodone injection, mentioning that users were voicing issues around difficulty filtering pills.

Overall KE reports indicated that the use of oxycodone remained relatively uncommon among this population sample. It should be noted that, in some cases, due to the phonetic similarity in wording oxycodone, (OxyContin) may be referred to by users as 'morphine' (MS Contin), so it is difficult to know the extent to which changes in 'morphine' also apply to oxycodone.

Thirty-five percent of the sample felt confident to comment on the price and/or availability of illicit oxycodone. The most common purchase amounts were 80mg OxyContin tablets, bought for a median price of $25 each. The majority of participants commenting reported that availability was considered 'easy', and was generally considered to have remained 'stable'.

Other opioids
Reported use of other opioids not specified elsewhere (e.g. codeine and pethidine; whether licitly or illicitly obtained) increased in 2007 from 6% (in 2006 on a median of 4.5 days) to 26% (in 2007 on a median of 62 days. The majority of use by participants was from licit other opioids with 68% not having used illicitly obtained opioids in the six months preceding interview. Recent injection of other opioids remained infrequent (1% on a median of six days). Panadeine Forte, a pharmaceutical drug containing 30mg of codeine, continued to be the main form used.

8.7.2 The Australian Capital Territory

'Illicit' methadone use is used here to refer to the use of methadone that was prescribed for someone else. The use of illicit methadone among the ACT sample in 2007 was similar to levels reported in the previous year: approximately one-third (33%) reported any recent use, a slight decrease from 38% in 2006. Among those who had recently used in the ACT, the frequency of illicit methadone use was very low with a median of 12 days (approximately, twice a month) of use in the previous six months. Injecting (97%) and swallowing (21%) were the most common routes of illicit methadone administration. In 2007, 28% of participants reported injecting their own methadone.

'Illicit' buprenorphine use refers to the use of buprenorphine that was prescribed for someone else. The use of illicit buprenorphine among the ACT sample decreased slightly from 34% in

2006 to 28% in 2007. The majority of participants used illicit buprenorphine infrequently, with a median of 11 days (approximately twice a month) of use in the six months prior to interview. Injection (100%), followed by swallowing (21%), were the most common routes of administration for illicit buprenorphine use among the 2007 sample. In 2007, a small proportion of the sample (10%) reported using their licit oral buprenorphine via injection.

In the 2007 IDRS survey, participants were also asked about use of licitly and illicitly obtained forms of morphine (referred to here as 'licit' and 'illicit'). Seventy-seven percent of participants in 2007 reported that they had used illicit morphine at least once in their life. Fifty-three percent reported using illicit morphine in the preceding six months. The main route of administration for illicit morphine was injection (92%). Participants reported injecting illicit morphine on a median of four days (approximately once every two months) in the preceding six months. This indicates that use of illicit morphine remains low and sporadic. Nine percent of participants reported that they had used licit morphine in the preceding six months. Five percent reported the recent injection of their morphine. Median days injected licit morphine was reported to be two days (approximately once every two months), in the preceding six months.

In 2007, forty-four percent of participants reported lifetime use of illicit oxycodone, i.e. the use of oxycodone that is prescribed to someone else. Twenty-three percent reported the recent use of illicit oxycodone, with 96% reporting injecting illicit oxycodone, and 13% reporting that they had swallowed illicit oxycodone. Median days of illicit oxycodone injection remained low at 4.5 days (approximately once every two months). Three percent of participants reported the recent use of licit oxycodone, with one participant reporting injection of their oxycodone. Again, median days injected remained low and infrequent at two days (approximately once every three months) in the preceding six months.

The use of 'other opioids' such as codeine by participants in the ACT was low with 36% reporting lifetime use of 'other opioids' and 14% reporting the recent use of 'other opioids'. The main route of administration was swallowing (71%), and median days of use was low at 2.5 (approximately just over once a month) in the preceding six months.

8.7.3 Victoria

Reported methadone use and injection remained relatively stable in Melbourne in 2007. In the six months prior to interview, licit methadone syrup was reported to have been used by 38% (n=57) of the VIC sample, and illicit methadone syrup by 19% (n=29), with few respondents (11%, n=16) reporting injection of methadone during that time. Only a small number of IDU respondents reported use of Physeptone tablets during the last six months, with 2% (n=3) reporting use of prescribed Physeptone, and a slightly larger proportion (3%, n=5) reporting use of non-prescribed Physeptone during that time. Frequency of non-prescribed methadone use during the past six months was very low, with a median of only three days reported, similar to the median of two days reported in 2006.

Until 2006, the only buprenorphine preparation available in Australia for the treatment of opioid dependence was Subutex, a sublingual tablet containing only buprenorphine. However, a second sublingual preparation, Suboxone, containing a combination of buprenorphine and naloxone, became available on the PBS on 1st April 2006. Participants in the 2007 IDRS study were asked about their use of both buprenorphine (Subutex) and buprenorphine-naloxone (Suboxone).

In 2007, most (72%, n=108) of the IDU respondents reported lifetime use of buprenorphine (prescribed or non-prescribed) and 40% (n=60) reported using this drug during the past six months. Of the sample of 150 IDU respondents, 57% (n=86) reported swallowing buprenorphine ever and 24% (n=36) had done so during the past six months. Just over half (51%, n=76) of IDU respondents also reported injecting buprenorphine in their lifetime and 32% (n=48) reported doing so recently (during the last six months). For those who reported injecting their prescribed buprenorphine (13%, n=19), a median of 30 days (out of 180 days) was reported, a notable reduction in frequency from 74 days in 2006. For those who reported injecting their non-prescribed buprenorphine (24%, n=36), a median of 17 days of use was reported, again a reduction in comparison to the previous year (24 days).

One-third (33%, n=50) of the IDRS respondents reported lifetime use of buprenorphine/naloxone (prescribed or non-prescribed), and one-quarter (25%, n=37) reported using this drug during the past six months, with 13% (n=19) reporting recent (past six months) injection. The median number of days of Suboxone use during the past six months was 17 days, and injection was five days. Over half (57%, n=21) of the respondents who reported using Suboxone during the past six months reported that they mostly obtained it licitly (i.e. with a prescription in their own name).

Approximately three-quarters (75%, n=113) of the IDU surveyed reported lifetime use of morphine, and 41% (n=62) reported using it during the past six months. The preferred method of use of morphine among the 2007 IDRS sample was injecting, with 39% (n=58) reporting injecting it during the past six months. Reported prevalence of use and injection of morphine during the past six months remained stable during 2003-2005, and after a slight decrease in 2006, in 2007 prevalence of use increased back to the approximate 2003-2005 levels. Frequency of morphine use during the last six months remained low and stable since 2003, with a median of five days or around 'once a month' reported. As in previous years, the types of morphine most commonly used by IDU respondents who reported recent use were MS Contin and Kapanol.

Just over half (49%, n=78) of the IDU surveyed reported lifetime use of oxycodone, and 29% (n=44) reported using it during the past six months (compared to 27% in 2006). Frequency of oxycodone use during the past six months was low, with a median of four days (out of 180) reported. The main brand of oxycodone reportedly used by IDU respondents was OxyContin.

Twenty-one percent of the IDU interviewed (n=32) reported the use of other opiates during the previous six months (8% in 2006, 12% in 2005, 27% in 2004), and the majority of these respondents (84%, n=27) reported obtaining these licitly. The main type of other opiate used by these respondents was Panadeine Forte (81%, n=26) and, as reported in previous years, the overall frequency of use during the last six months was low, with a median of nine days reported.

8.7.4 Tasmania

Morphine

Two-thirds (68%) of the TAS sample had used morphine in recent months, with all but two injecting the drug in this time. MS Contin remains the predominant preparation used by this group, used by 65% of the sample as a whole, and was the form used predominantly by three-quarters (76%) of those reporting recent morphine use, with Kapanol the next most commonly used preparation (used by 41% of the sample), followed by Ordine (liquid morphine) and MS Mono (14% respectively).

Tasmanian IDRS studies had shown a decreasing median frequency of use and proportion of participants reporting recent morphine use between 2000 and 2005, falling from 77% using the drug at a median frequency of 52 days in 2000 to 59% using the drug at a median frequency of 11 days in 2005. However, in 2006 and 2007, this trend has been reversed, with 62% and 68% respectively reporting recent morphine use and a median frequency of use of 21 and 24 days respectively in the preceding six months. Similar trends are also apparent in data from the state's NSP.

IDU participants reported paying a modal price of $80 for a 100mg MS Contin tablet, consistent with reports in 2006, but higher than reported between 2003 and 2005 (modal price estimate of $70). The modal price for a 60mg MS Contin tablet was $50, which has remained unchanged since 2001. Similarly, 100mg Kapanol capsules cost a modal price of $70 in 2007, which has remained unchanged since 2002 (modal price estimate of $80), and 50mg capsules cost a modal price of $40, an increase of $5 from reports in both the 2005 and 2006 studies.

Morphine was considered 'easy' to 'very easy' to obtain by those who commented, and this situation was reported as remaining stable or increasing in availability in recent months. In contrast to 2006 participant reports, more participants in the current cohort reported morphine as 'very easy' to access (26% in 2006 vs. 46% in 2007).

Methadone syrup

Methadone syrup (licit or illicit) was used by two-thirds of the sample (68%), with the majority of this use reported by clients of methadone maintenance programs. Among participants receiving licit methadone syrup though a pharmacotherapy treatment program in the six months preceding interview (44%), the median frequency of use was 180 days, equating to daily use over this period. Among participants reporting use of illicit methadone syrup (52%), the median frequency is dramatically lower, at just nine days, equating to use approximately once every three weeks. The majority of IDRS respondents reporting recent use of illicit syrup (54%, n=28) were themselves enrolled in methadone maintenance treatment during this period. Similarly, the use of illicit methadone syrup was less frequent among those who were not enrolled in methadone maintenance treatment (15 days vs. four days in the preceding six months).

It is important to recall that the individuals participating in the IDRS are selected on the basis of their regular injection of drugs and, as such, are not representative of all those enrolled in maintenance pharmacotherapy programs. There may be a spectrum of reasons for the use of illicit syrup by those themselves enrolled in the program, including a desire for intoxication, but it is important also to consider the role of incomplete stabilisation and of problems in the systems around dose dispensing in these situations. For a recent, detailed investigation of these types of issues, see Fraser et al (2007).

Illicit methadone syrup was reported to cost a median of approximately $1.00 per mg in 2007, consistent with all reports since 2001, with the exception of 2005, when participants reported market price $0.80 per mg. The majority of participants who commented reported prices to be stable in recent months, with a notable minority reporting increasing prices. Methadone syrup is most frequently purchased from friends or acquaintances, and this is generally carried out in an agreed-upon public location. Predominantly, those participants reporting purchasing diverted methadone syrup were themselves receiving methadone maintenance treatment. Participants were divided in their reports on the availability of illicit methadone syrup, with 46% (n=28) reporting access as either 'easy' or 'very easy', and 33% (n=20) reporting it to be either 'difficult' or 'very difficult'.

There have been increasing reports of participants injecting combinations of alprazolam and methadone syrup in the past four local IDRS studies, a practice that carries an increased risk of overdose, injection-related harms, and adverse social or legal consequences because of the particular disinhibitive effects of this combination, which both IDU participants and KE noted as concerns in regard to this trend.

Physeptone
A little more than one-third of participants (38%) reported recent use of illicit Physeptone. Since 2003, recent use of this preparation has gradually declined (64% in 2003, to 49% in 2006). Illicit Physeptone tablets of methadone were regarded as costing a mode of $10 per 10mg (as has been reported in the past seven years of the IDRS), with prices regarded by participants considered stable or increasing in recent months. Physeptone was regarded as 'difficult' to access, with this level of availability remaining stable or declining somewhat in the preceding six months.

Oxycodone
Oxycodone use among local IDU samples appears to have increased in recent years, with two-fifths of the current cohort (42%) reporting use of the drug, predominantly OxyContin tablets, in the preceding six months.

Despite their higher relative potency than morphine tablets, these drugs are sold locally at lower comparative prices (~$0.60 per milligram for 40mg and 80mg oxycodone tablets compared to a median of ~$0.80 per mg for morphine). The median purchase price for 80mg tablets of OxyContin had increased, from $50 in 2006 to $60 in 2007, as did the median price for 40mg tablets (from $25 in 2006 to $40 in 2007). Participants commenting reported that prices were stable to increasing over the preceding six months.

Availability reports for oxycodone were mixed, with two-fifths of those who commented reporting it as either 'easy' or 'very easy' access, and one-fifth reporting access as 'difficult', a situation regarded as stable by most participants. While the drug remains somewhat difficult to access illicitly, the rapidly increasing rate of prescription of oxycodone (both nationally and locally), and its perceived similarity among users to morphine, render it likely that oxycodone use may expand within the local IDU market. Given the high relative potency of oxycodone and its possible synergistic effects with other opiates, this is an issue that merits continued careful monitoring.

It is important to note also that the opioids used by this group are not coming from direct doctor-shopping, as the vast majority report obtaining them 'illicitly', i.e. not on a prescription in their name.

8.7.5 South Australia

As in recent years, in 2007, the use of other opioid substances by SA participants was common, with 87% reporting recent use of some type of opioid substance, excluding heroin. There were some changes; however, in the use of other opioids by participants in the 2007 sample. Specifically, the proportion of participants reporting recent use of morphine increased again in 2007; however, there was a decrease in the frequency of use of morphine. The price and availability of morphine was relatively unchanged compared to 2006, with a slight increase reported in the price of 100mg MS Contin. As in previous years, the majority of morphine users reported use by injecting and they mainly used illicit supplies of Kapanol and MS Contin.

In addition, in 2007, the proportion of participants who reported recent use of illicit methadone syrup remained stable, while the proportion reporting use of illicit buprenorphine decreased. The frequency of illicit use of both pharmacotherapy medications increased in 2007. The percentage of participants reporting injecting of either licit or illicit methadone or buprenorphine also decreased compared to 2006, to approximately half of recent users of these substances. While there was a decrease in the proportion of participants reporting mainly using an illicit supply of buprenorphine, there was a small increase in the proportion of participants reporting mainly using an illicit supply of methadone. It is worth noting, however, that the majority still reported mainly licit (prescribed) use of these substances.

In 2007, a small proportion of the sample (20%) reported illicit use of oxycodone at a low frequency. During this year, the proportion of participants that had used illicit oxycodone in the last six months remained stable, but there was an increase in the frequency of that use. It is worth noting, that the majority report mainly illicit use of this substance.

8.7.6 Western Australia

There was relatively little difference in rates of use of other opioids from rates seen in 2006 and, viewed as an umbrella group, this class of drugs continued to represent an alternative to the dichotomy of heroin and methamphetamine that had dominated the WA IDU survey prior to 2005. Other opiates were nominated as the drug of choice by 17% of the IDU sample and as the drugs most injected in the month prior to interview by 30%. Significant changes were seen with regard to illicit buprenorphine, with a decline in numbers reporting the recent use of Subutex from 32% in 2006 to 19% in 2007, probably reflective of the continuing HDWA policy of moving patients receiving buprenorphine as an opiate replacement therapy onto Suboxone. Average days of use for both illicit Subutex and illicit Suboxone had significantly increased. Questions asked about IDU participant motivations for the use of illicit forms of buprenorphine revealed that use of these drugs was often extra-medical, with IDU participants attempting to treat themselves for dependence or withdrawal, and with reluctance or perceived difficulties in accessing formal treatment services commonly reported. As in previous years, illicit methadone use remained more common than illicit Physeptone, MS Contin 100mg remained the most commonly used form of illicit morphine, and OxyContin continued to be the most commonly used form of illicit oxycodone. Use of homebake heroin remained a phenomenon largely unique to WA with 44% of the IDU sample reporting its recent use, a figure not significantly different from the 54% who had done so in 2006.

8.7.7 The Northern Territory

Methadone

Almost half (44%) of the NT survey sample had used some form of methadone in the six months prior to interview, with illicit physeptone (26%) being the most commonly reported form. As in previous years, weekly or less was the most popular use pattern.

The price of illicit methadone reported by the participants sample is stable at $1 per ml of methadone syrup and $15 for 10mg of Physeptone. Participants reported that illicit methadone had become more difficult to obtain over the six months before interview and, at the time of interview, most rated it as either 'very difficult' (28%) or 'difficult' (39%) to obtain.

As reported here for other drugs (see above), compared to last year, there has been an increase in the proportions of the survey sample reporting that they obtained illicit methadone from a street dealer in an agreed public location, rather than from a friend at a friend's home. Consistent with

previous years; however, most of those able to comment reported that the original source of their illicit methadone was 'someone else's take away dose'.

Buprenorphine
Only 5% of the survey sample reported recent use of illicit buprenorphine this year, lower than the proportions found in previous years, with licit buprenorphine use being more common. Buprenorphine was reported to cost $30 for an 8mg tablet and to be 'very difficult' to obtain.

Morphine
Pharmaceutical morphine continues to be the most frequently used and injected illicit opiate in Darwin, with MS Contin being the most common brand. This is evidenced by the consistent proportion (80% or greater) of participant samples over the last five years reporting its recent use and by similarly consistent KE reports. Daily (20%) and more than weekly (28%) use were the most commonly reported patterns.

The median price of the most common dose of morphine used in the illicit market, MS Contin 100mg, remains unchanged since 2003 at around $60; smaller doses of MS Contin appear to have increased in price – to $28 for 30mg and $42 for 60mg. The price of 100mg tablets of Kapanol is stable compared to 2005 and 2006 at $60. Most participants report that prices over the six months prior to interview have been increasing.

This year, fewer participants rated morphine as 'easy' or 'very easy' (40% in total) to obtain and more rated it as 'difficult' or 'very difficult' (59%). Most participants (52%) also reported that morphine had become 'more difficult' to obtain over the six months prior to interview. Recent morphine users were still most likely to obtain their morphine from friends, although more likely to do so in an agreed public location than was the case in 2006.

Oxycodone, buprenorphine-naloxone and other opioids
Oxycodone market and use characteristics are stable compared to previous years: 11% of the participant sample reporting recent use at a median of four days in the six months prior to interview; a small number of participants had paid $59 for 80mg of oxycodone, rating recent prices as 'stable'; oxycodone was reported to be 'difficult' to obtain.

Two participants were able to comment on buprenorphine-naloxone this year. They paid a median of $20 for 8mg tablets; one rated it as very difficult to obtain. No participants were able to provide any other information about a buprenorphine-naloxone market or use.

No participants reported the recent use of an opioid other than those described above.

8.7.8 Queensland

Given the ongoing instability of the QLD heroin market since the national shortage documented by the IDRS in 2001, pharmaceutical opiates – methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone – have become increasingly viable alternatives to heroin. It is imperative to acknowledge that the extra-medical use of opioid pharmacotherapies is a complex issue, and that there are numerous and diverse reasons for the illicit use of opioid medications.

In 2007, there was a slight increase in the proportion of QLD IDRS participants reporting recent use (18%) and injection (17%) of illicitly obtained methadone. Thirteen participants (11%) commented on the price of a millilitre of methadone. Of these, 12 participants reported a median

price of $1 per ml of syrup, and the remaining participant reported a median price of $0.75 per 1ml of syrup.

There was little consensus among those able to comment on the availability of illicitly obtained methadone in 2007 (n=27); 33% reported it was 'easy', 30% reported it was difficult to access, 19% reported illicit methadone was 'very difficult' to obtain, while 15% perceived current availability as 'very easy'. More than two-fifths of those who commented (44%) perceived availability of illicit methadone to have remained 'stable' recently, while 37% reported that it had become 'more difficult' to obtain. Participants typically nominated friends as sources from which methadone was obtained.

Consistent with KE observations, the incidence of recent use and injection of illicitly obtained buprenorphine continued to rise among IDRS participants in Queensland, with 31% reporting recent use and 28% reporting recent injection. Of those reporting buprenorphine use in the six months prior to interview, close to three-quarters reported mostly using illicitly obtained buprenorphine during this time. The median frequency of recent use and injection among this cohort was relatively low: participants reported using on a median of three days in the past six months and injecting on a median of two days in the past six months.

In 2007, 26 participants (22%) reported on the price and availability of illicitly obtained buprenorphine. Twenty participants commented on the median price of an 8mg tablet, six of whom reported a median price of $20. Of the remaining participants, three participants reported a median price of $30 per 8mg tablet and three participants reported a median price of $40 per 8mg tablet. Perceptions of the availability of illicitly obtained buprenorphine were mixed: 42% of those who commented indicated that it was 'difficult' to access, while over one-third rated availability as 'easy'. Of those who commented, 50% reported that it had become more 'difficult' to obtain illicit buprenorphine in the six months preceding interview.

In 2007, there was a marked increase in the proportion of participants reporting recent use (24% vs. 7% in 2006) and injection (21% vs. 5% in 2006) of illicit buprenorphine-naloxone (Suboxone). Suboxone became available on the PBS as an opiate replacement therapy during the second quarter of 2006, and some KE reported that a growing number of opiate pharmacotherapy clients were being transferred from buprenorphine to Suboxone since this time. It is therefore likely that greater rates of illicit use of Suboxone among IDRS participants in 2007 are, at least to some extent, a reflection of increased availability of the preparation across the state.

Nevertheless, the median frequency of use and injection of buprenorphine-naloxone among IDRS participants in 2007 remained low: three days in the six months preceding interview. Nineteen participants (16%) in 2007 commented on the price and availability of illicitly obtained buprenorphine-naloxone. Of the 13 participants who reported on the median price of an 8mg tablet, five reported a median price of $20 per tablet and three participants specified a median cost of $5 per 8mg tablet. The majority of those who commented reported that illicit buprenorphine-naloxone was either 'easy' or 'very easy' to obtain (68%), with 58% reporting that availability had remained 'stable' recently.

Consistent with KE reports, recent use and injection of illicitly obtained morphine continued to rise among IDRS participants in 2007, with 57% reporting recent use and all of these also reporting recent injection. One participant in five in 2007 nominated morphine as their drug of choice. The median frequency of use in 2007 was 55 days in the preceding six months (i.e. more than twice a week) and the median frequency of injection was 49 days in the past six months.

As in previous years, the quantity and brand of morphine most commonly purchased among 2007 participants was 100mg tablets of MS Contin. For those participants who purchased a 100mg tablet of MS Contin recently (n=55), the median reported price of their last purchase was $50 (range: $20 to $100). Thirty-four participants indicated purchasing a 100mg tablet of Kapanol in the six months prior to interview, and reported a median price of $50 (range: $30-$100) for their last purchase. The majority of those who commented (58%) indicated that morphine prices had remained stable recently. Over two-thirds (68%) perceived morphine as either 'easy' or 'very easy' to obtain, with 45% indicating that availability had remained 'stable' recently. Nevertheless, 32% of those who commented reported that morphine had become 'more difficult' to obtain in the six months prior to interview.

The proportion of participants in 2007 who reported recent use and injection of illicitly obtained oxycodone was approximately double that recorded in 2006; more than one-third of the sample (39%) had used illicit oxycodone in the six months prior to interview, nearly all of whom also reported injecting (38%) during this time. The frequency of recent use remained relatively low among participants in 2007. Some KE from NSPs noted the increasing prevalence of illicit oxycodone use among some users with whom they have contact.

The most commonly purchased form of oxycodone was 80mg tablets of OxyContin, with participants reporting a median price of $40 (range: $20 to $50) for their last purchase. Of those who commented (n=41), the majority (66%) indicated that oxycodone prices had remained stable recently. Close to two-fifths (39%) perceived oxycodone as 'easy' or 'very easy' to obtain, however 51% reported that it was 'difficult' to access. While 46% of those who commented reported that the availability of oxycodone had remained stable recently, a sizeable proportion (27%) reported that oxycodone had become 'more difficult' to obtain.

Recent use of other opioids, either licit or illicit, has remained low and variable among this population, with Codeine and Tramadol nominated as commonly used brands.

Consistent with the increased rates of use for alternative opioids among 2007 participants, morphine and oxycodone in particular, the number of calls to ADIS concerning 'licit' opioids has outweighed the number of illicit opioid-related calls since 2004/05.

8.8 Summary of other opioid trends

- Data presented here were obtained from a sample of regular injecting drug users and therefore findings are not representative of all people engaged in opioid substitution treatment or who are otherwise in receipt of prescribed pharmaceutical opioids, e.g. for pain relief. The use of these preparations in ways other than as prescribed is currently an area of considerable debate and readers are encouraged to acquaint themselves with the literature before drawing conclusions or making policy decisions with regard to the prescription of pharmaceutical opioids.
- Twenty-five percent of the national sample reported the use of illicitly obtained methadone liquid in the six months preceding interview, and 13% of the national sample reported recent use of illicitly obtained methadone tablets (Physeptone). This represents little change from 2006. As with many other drugs, substantial variations existed in the use of these opioids.
- Over one-third reported that it was 'easy' to obtain illicit methadone, while 20% of those commenting stated that it was 'difficult'. Availability was generally reported to have remained stable in the six months preceding interview, although 20% of respondents thought it had become 'more difficult'.
- Methadone was most commonly purchased for $1.00 per ml of liquid, although the price ranged from $0.50 to $5 per ml across the jurisdictions. Few participants reported having purchased Physeptone in the preceding six months.
- Half of the national sample reported recent use of methadone (any form, i.e. licitly and/or illicitly obtained methadone or Physeptone) and, of those, almost two-thirds (i.e. 30% of the entire sample) reported recent (last six months) injection. TAS reported the highest rate of recent methadone injection and VIC the lowest. Nationally, illicitly obtained methadone was injected on a median of seven days compared to 48 days for licit methadone. This represents little change from 2006.
- Among those who injected, illicit Physeptone was injected on a median of four days and licit Physeptone on a median of 24 days (i.e. weekly injection) in the past six months. Again, this represents little change from 2006.
- Fifteen percent of the national sample reported use of licitly obtained buprenorphine in the six months preceding interview and 18% reported use of illicit buprenorphine. These represent slight decreases compared to 2006.
- Seven percent of the national sample reported recent injection of licitly obtained buprenorphine on a median of 30 days and 16% reported injection of illicit buprenorphine on a median of eight days. Nationally, this represents little change from 2006 with the exception of a decrease in the frequency of licitly obtained buprenorphine injection (from 40 days among users in 2006 to 30 days in 2007).
- Nationally, 7% of the national sample reported using licitly obtained buprenorphine-naloxone and 8% illicitly obtained buprenorphine-naloxone in the preceding six months. Small proportions (2% and 6% of the national sample respectively) reported injection of licitly and illicitly obtained buprenorphine-naloxone on a median of six and two days respectively.
- Morphine remained the most commonly injected pharmaceutical in the national sample (50% in 2007) and the proportion of participants reporting recent (last six months) morphine use remained stable compared to 2006. However, jurisdictional variations and changes were observed. The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available, and opioids such as methadone and morphine have dominated the markets.

- Three percent of the national sample reported the recent injection of licitly obtained oxycodone and 25% reported the recent injection of illicitly obtained oxycodone. Overall, frequency of injection among those who had recently injected was low at approximately monthly.
- Sixteen percent of the national sample reported recent (last six months) use of 'other' opioids (i.e. those not elsewhere classified). Recent (6 months) injection of these preparations was low at three percent. Frequency of use and injection among those who had injected were also low. The most commonly used 'other' opioid was codeine, predominantly Panadeine Forte.

9.0 OTHER DRUGS

9.1 Ecstasy and related drugs

Twenty-three percent of the national sample had used ecstasy in the six months preceding interview on a median of three days, while 10% had injected it on a median of one occasion (see Table 11). This was typically in the form of ecstasy pills or tablets, rather than as powder or other forms (Tables 12 and 13). Further information by state/territory is available in the individual jurisdictional reports (Sindicich & Degenhardt, 2008; Campbell & Degenhardt, 2008; Quinn, 2008; de Graaff & Bruno, 2008; White et al., 2008; Fetherston & Lenton, 2008; Moon, 2008; Richardson & Kinner, 2008). The IDRS is not designed to monitor trends in ecstasy and related drug use as the frequency and prevalence of use among people who inject drugs is low.

The Ecstasy and related Drugs Reporting System (EDRS, formerly known as the Party Drugs Initiative or PDI), which monitors trends in these drug types, has been conducted in each jurisdiction in Australia since 2003 (Breen et al., 2004c; Black et al., 2008; Dunn et al., 2007; Stafford et al., 2005a; Stafford et al., 2006b). The EDRS uses similar methodology to the IDRS, but recruits regular ecstasy users in each jurisdiction. Detailed findings of the EDRS are available as NDARC Technical Reports on the NDARC website within the *Drug Trends* section (www.ndarc.med.unsw.edu.au).

9.2 Hallucinogens

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (68%), recent use (i.e. in the preceding six months) remained fairly low, with less than one-tenth (8%) reporting use in the six months preceding interview (see Table 11). Frequency of use was also low, with those who had used reporting doing so on a median frequency of two days during the last six months. Nationally, the main type of hallucinogen used in the last six months was LSD, followed by magic mushrooms, although there was some jurisdictional variation (Table 13). Ten percent of the sample reported injecting hallucinogens at some point in their lifetime, while less than 1% had injected them in the last six months (see Table 11).

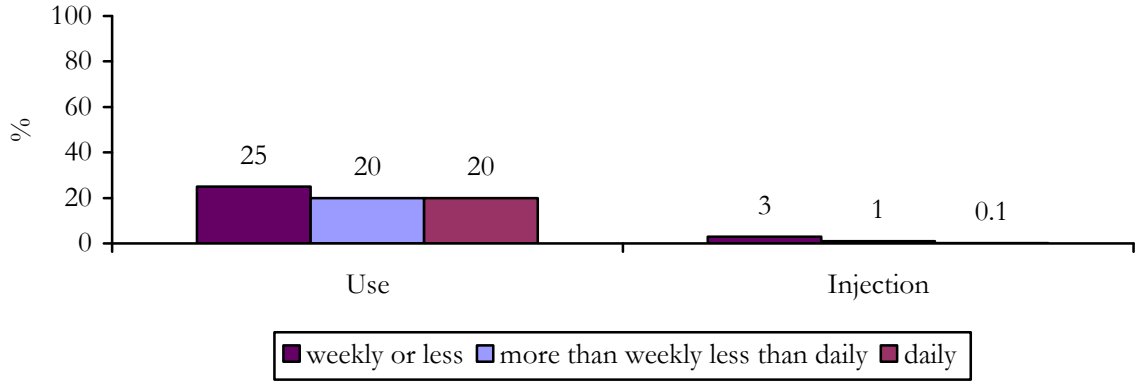
9.3 Benzodiazepines

Benzodiazepine use[17], including as prescribed, is common among people who inject drugs, and the misuse of benzodiazepines is well documented (Darke, 1994; Breen et al., 2004a; Fry & Bruno, 2002; Strang, 1994; Dupont, 1998; Iguchi et al., 1993). Consistent with previous years, two-thirds (66%) of the national sample had recently used benzodiazepines on a median of 48 days – approximately twice per week – in the six months preceding interview (see Table 11).

Benzodiazepines were typically used orally, with recent benzodiazepine injection reported by 11% of the sample. The median frequency of injection was six days, i.e. approximately once per month. Three percent of recent benzodiazepine injectors (n=1; representing less than one percent of the entire sample) reported having engaged in this behaviour daily over the preceding six months. Patterns of use and injection during the last six months among the entire sample are shown in Figure 46.

[17] Refer to *Glossary* for definitions of terms used.

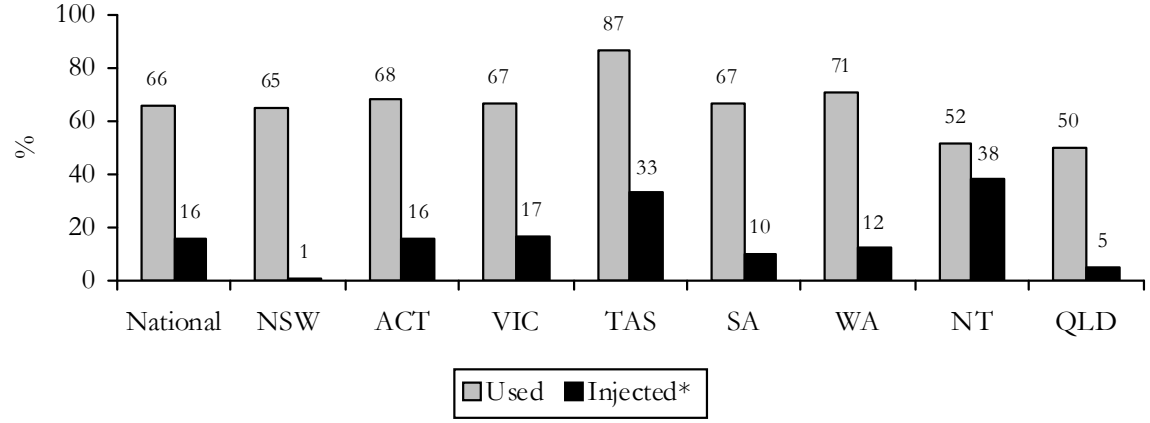
Figure 46: Patterns of benzodiazepine use and injection, 2007



Source: IDRS IDU participant interviews

At least half of participants in all jurisdictions reported use of benzodiazepines (whether licitly and/or illicitly obtained). Rates of recent injection among those who had recently used benzodiazepines (any form) also varied widely, and were highest in TAS and the NT (Figure 47).

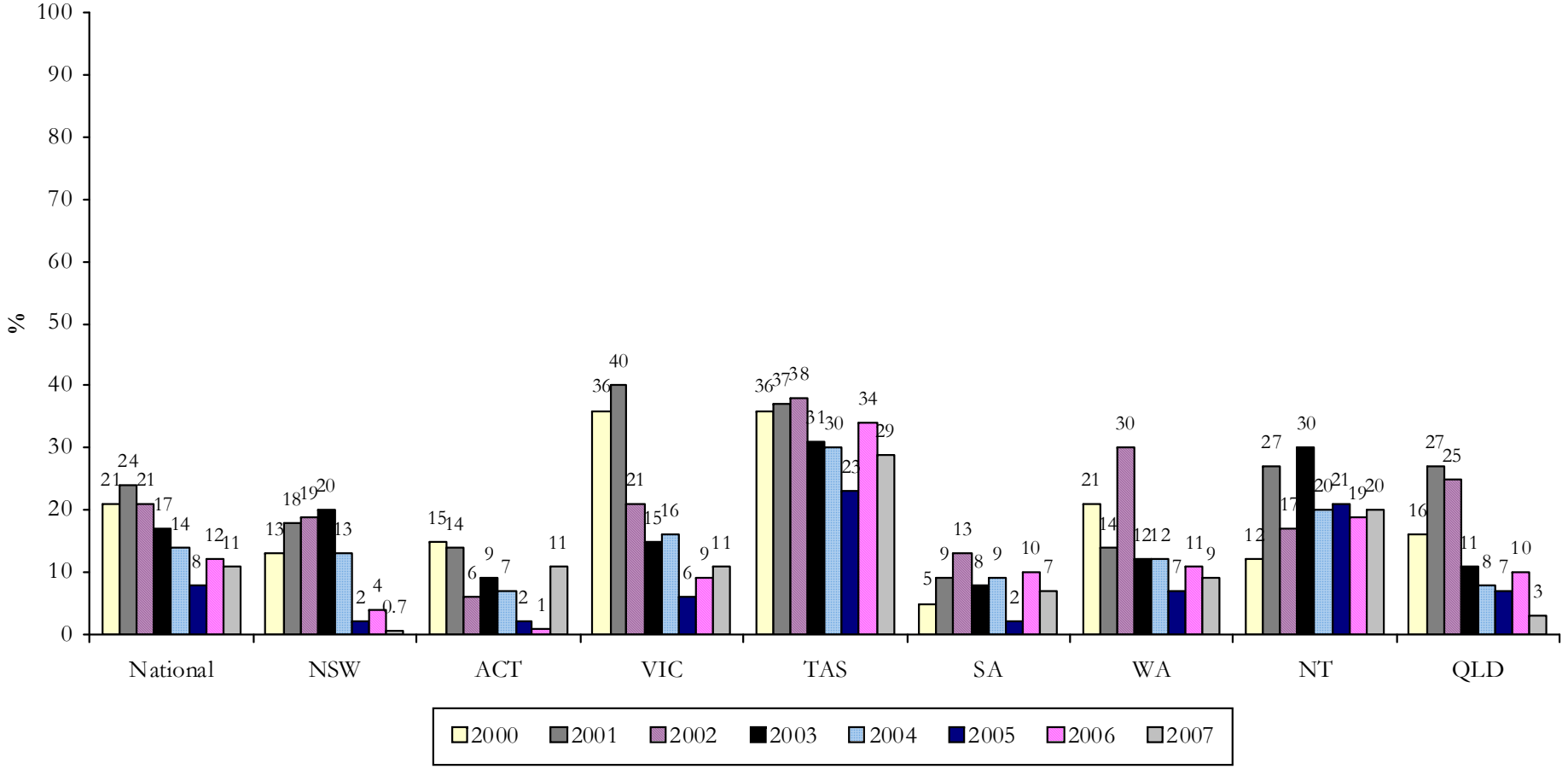
Figure 47: Use and injection of benzodiazepines (any form) in the preceding six months, by jurisdiction, 2007



Source: IDRS IDU participant interviews
* Among those who reported recent use only (n=595)

Proportions of respondents reporting recent benzodiazepine injection in the preceding six months were relatively low at 11% or less, with the exceptions of TAS and the NT (Figure 48; note: figures differ from Figure 47 above as they refer to the entire sample). Nationally, there was little change from 2006, with the exception of the ACT where an increase was noted, and QLD where a decrease was reported. The injection of benzodiazepines remains an issue of concern, particularly in TAS (29%) and the NT (20%; Figure 48).

Figure 48: Recent injection of benzodiazepines (any form), by jurisdiction, 2000-2007



Source: IDRS IDU participant interviews

Forty-five percent of the national sample reported having used licitly obtained benzodiazepines and 46% had used illicitly obtained benzodiazepines in the six months preceding interview. Reports of recent use of licitly and illicitly obtained benzodiazepines varied across jurisdictions (Table 12).

At a national level, more than half (55%) of those who reported recent benzodiazepine use stated that licit benzodiazepines were the form they had most used in the preceding six months. By jurisdiction, among those who reported using benzodiazepines in the preceding six months, the majority in NSW, VIC, SA, WA and QLD reported licit benzodiazepines as the main form used in that time (Table 13). The majority in TAS and the NT reported illicit benzodiazepines as the main form, although caution should be exercised in interpreting figures from the NT due to small numbers commenting (n<10). Equal proportions in the ACT nominated illicitly or licitly obtained benzodiazepines as the type or form most used.

Diazepam (e.g. Valium, Antenex) was reported by the largest proportion of the national sample (38%; 59% of recent users) as the main type of benzodiazepine used in the preceding six months, followed by alprazolam (e.g. Xanax, Kalma, 11%; 17% of recent users) and oxazepam (e.g. Serapax, Murelax, 6%; 9% of recent users). Table 47 shows the main type of benzodiazepine reported by recent oral users only, as well as those who had recently injected. As in previous years, diazepam was by far the most commonly nominated main type of benzodiazepine used by the former. However, alprazolam was the most commonly reported main type among those who had recently injected benzodiazepines, representing a change from 2006 when diazepam was more commonly reported. While it is possible that this group is injecting their preferred brand of benzodiazepines (e.g. alprazolam), it is not possible to determine using these data alone because the majority of them (79%) also reported oral use, and data on the main brand used do not differentiate between different routes of administration (i.e. swallowed vs. injected).

Table 47: Main benzodiazepine type used in the six months preceding interview, 2007

	Recent oral use (among those who had used orally but had not injected) n=496	Recent injectors* n=96
Diazepam (%) *e.g. Antenex, Ducene, Valium, Valmpam*	63 (59)	38 (48)
Alprazolam (%) *e.g. Alprax, Kalma, Xanax*	11 (6)	50 (26)
Oxazepam (%) *e.g. Serepax*	11 (10)	1 (3)
Nitrazepam (%) *e.g. Alodorm, Mogadon*	3 (1)	1 (1)
Clonazepam (%) *e.g. Rivotril*	2 (1)	1 (0)
Temazepam (%) *e.g. Normison, Temaze*	2 (2)	2 (2)
Flunitrazepam (%) *e.g. Hypnodorm*	<1 (1)	1 (1)

Source: IDRS IDU participant interviews

Note: 2006 results in parentheses.

* 79% of recent benzodiazepine injectors also reported oral use, therefore one cannot make the assumption that the main brand reported is being injected

Table 48 shows the median number of days respondents reported the use and injection of benzodiazepines by jurisdiction. Frequency of injection in the preceding six months (median 20

days among injectors, i.e. an average of just under once per week) was reported on a less than fortnightly basis in all jurisdictions except SA where injection averaged just less than weekly use. In contrast, frequency of use (i.e. mainly via oral administration) varied substantially from a median of five days (less than monthly use) to 90 days in VIC (i.e. use every other day; Table 48).

Table 48: Median days used and injected benzodiazepines (any form) in the last six months, among those who used/injected, by jurisdiction, 2003-2007

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used									
2003	24	18	14	25	48	30	48	14	16
2004	30	60	13	30	50	48	40	11	25
2005	30	29	31	24	72	24	70	13	21
2006	48	25	28	50	96	70	60	15	25
2007	48	42	25	90	72	72	87	35	46
Injected									
2003	6	20	3	5	5	5	6	12	15
2004	6	9	4	3	6	6	6	14	2
2005	5	2	20	7	12	7	3	4	7
2006	10	3	1	3	12	4	20	7	5
2007	6	2	2	10	8	20	6	5	6

Source: IDRS IDU participant interviews

Note: Refers to 'any form' benzodiazepines, i.e. whether licitly or illicitly obtained. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number.

9.4 Pharmaceutical stimulants

Since 2003, participants have also been asked about their use of pharmaceutical stimulants, including dexamphetamine and methylphenidate. These are drugs in medications commonly used for cold and flu symptoms and are prescribed for Attention Deficit Hyperactivity Disorder (ADHD). In 2007, use and injection of pharmaceutical stimulants remained relatively low and infrequent in the national sample. A greater proportion of participants reported using (14%) or injecting (10%) illicitly obtained pharmaceutical stimulants compared to pharmaceutical stimulants obtained through licit means (2% use, <1% injection).

As in 2006, use and injection of illicitly obtained pharmaceutical stimulants in the preceding six months was most common in WA, TAS and the ACT (Table 49). Among recent pharmaceutical users in each of these three jurisdictions, the majority reported having injected them (WA, 67%; TAS, 84%; the ACT, 90%). While approximately one-third of participants in WA, TAS and the ACT had used (and one-fifth to one-quarter had injected), frequency of use in the past six months remained low across all jurisdictions.

Table 49: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Recent use (%)									
Illicit	14	5^	28	6^	31	9^	29	10	9
Any form (licit and/or illicit)	15	6^	29	6^	31	12	30	12	11
Median days used *									
Illicit	5	20^	5	1^	7	2^	6	10	4
Any form (licit and/or illicit)	6	24^	5	1^	7	9	7	14	37
Recent injection (%)									
Illicit	10	<1^	25	3^	26	2^	20	8^	3^
Any form (licit and/or illicit)	10	<1^	26	3^	26	2^	20	9	3^
Median days injected *									
Illicit	6	2^	5	2^	12	2^	7	5^	8^
Any form (licit and/or illicit)	6	2	5	2	12	2	7	8	11

Source: IDRS IDU participant interviews

Note: Patterns of use of licitly obtained pharmaceutical stimulants not shown by jurisdiction due to fewer than ten participants responding to each item. See Figure 3, page 18 for national figures.

* among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number

^ interpret with caution; small numbers commenting (n<10)

9.5 Inhalants

Just over one-quarter of participants (28%) reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Six percent of participants reported use in the six months preceding interview on a median of two days (Table 11).

9.6 Alcohol and tobacco

Sixty-four percent of the national sample reported recently using alcohol, on a median of 24 days, indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 11). Ten percent of the national sample (15% of recent alcohol consumers) reported daily use in the preceding six months.

The vast majority of the national sample (94%) reported recent tobacco use (Table 11), with 91% of the sample (96% of recent tobacco users) reporting having smoked daily over the preceding six months.

Table 50: Patterns of alcohol and tobacco use in the preceding six months, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Recent use (%)									
Alcohol	64	65	75	65	68	59	61	59	63
Tobacco	94	94	98	97	93	97	89	94	94
Median days used *									
Alcohol	24	24	27	24	24	12	24	48	24
Tobacco	180	180	180	180	180	180	180	180	180

Source: IDRS IDU participant interviews

* Note: Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xxxi for guide. Medians rounded to the nearest whole number.

9.7 Summary of other drugs

- Consistent with previous years, two-thirds (66%) of the national sample had recently used benzodiazepines on a median of 48 days – approximately twice per week – in the six months preceding interview.
- Benzodiazepines were typically used orally, with recent benzodiazepine injection comparatively uncommon (11% of the national sample), although this figure was higher in TAS (33%) and the NT (38%). The median frequency of injection was six days, i.e. approximately once per month. One participant reported daily injection.
- Recent (six months) use of pharmaceutical stimulants was reported by 15% of the national sample on a median of six days (i.e. once per month).
- While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (68%), recent use (i.e. in the preceding six months) remained fairly low, with less than one-tenth (8%) reporting use in the six months preceding interview.
- Similarly, one-third of participants had used inhalants in the past but a very low proportion had used them in the last six months.
- A fairly large proportion of participants (64%) had used ecstasy in the past, and while approximately one-quarter had used it in the preceding six months (23%), frequency of use by users was sporadic (median three days).
- Three-fifths of the sample reported having drunk alcohol in the preceding six months, with those who had consumed alcohol having done so on an average of one day per week. Ten percent of the national sample reported daily use of alcohol (15% of users). Injection of alcohol was virtually non-existent.
- As in previous years, tobacco was widely used among the 2007 sample, with 94% having used in the preceding six months. The vast majority of participants (91%) were daily smokers.

10.0 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

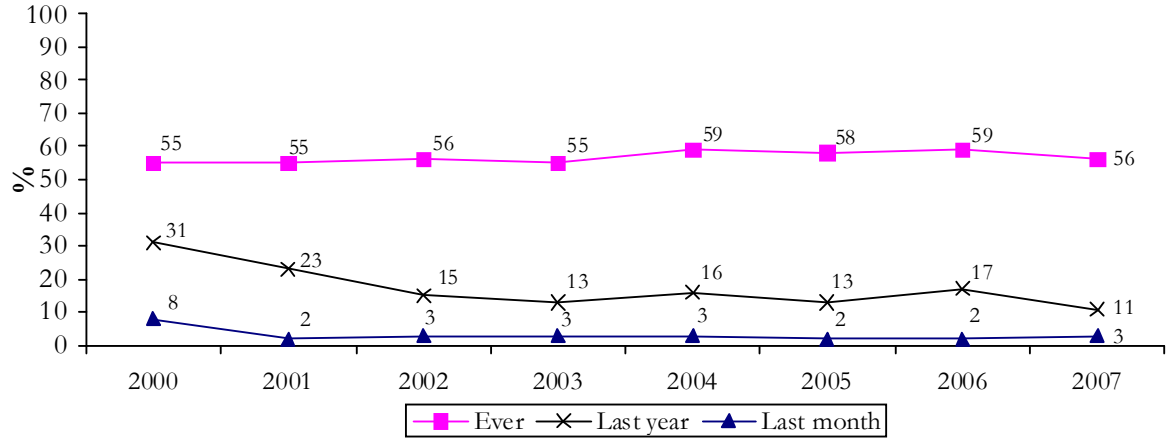
10.1 Overdose and drug-related fatalities

10.1.1 Heroin and other opioids

Non-fatal overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Of those who reported heroin use in the six months preceding interview, over half (56%) had overdosed in their lifetime. Eleven percent of this group reported that they had overdosed in the last year, and three percent reported overdosing in the last month (Figure 49).

Figure 49: Proportion of recent heroin users who reported heroin overdose, 2000-2007



Source: IDRS IDU participant interviews

Participants who had overdosed on heroin had done so on a median of two occasions (range 1-80), ranging from a median of three times in NSW and WA to once in the NT.

There was some jurisdictional variation in the proportion reporting heroin overdose in the last year. Participants in NSW and QLD had the highest proportion of recent heroin users reporting heroin overdose in the last year (16%). Proportions reporting overdose in the last year have remained lower than 2000 levels in all jurisdictions (Table 51).

Table 51: Proportion of recent heroin users reporting heroin overdose in the year preceding interview, by jurisdiction, 2000-2007

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	31	20	35	43	21*	22	41	28	27
2001	23	24	16	30	17	23	22	12	24
2002	15	17	13	19	10	8	16	0	13
2003	13	14	19	14	8	6	21	8	7
2004	16	16	26	21	26	3	19	8	11
2005	13	13	12	19	5	8	10	4	12
2006	17	14	10	10	22**	7	8	17**	7
2007	12	16	7	14	0*	10	4	0	16

Source: IDRS IDU participant interviews
* In 2000, TAS participants were asked about opiate overdoses
** TAS and NT based on small number (n<10), interpret with caution

Participants were also asked about morphine overdose. Nationally, 11% of participants who had used morphine in the preceding six months (7% of the entire sample) had ever overdosed on the drug, 4% (2% of the entire sample) had done so in the past year, and 1% (<1% of the entire sample) reported experiencing a morphine overdose in the month preceding interview. There were no clear jurisdictional trends; small numbers were reported (n<10 in all jurisdictions).

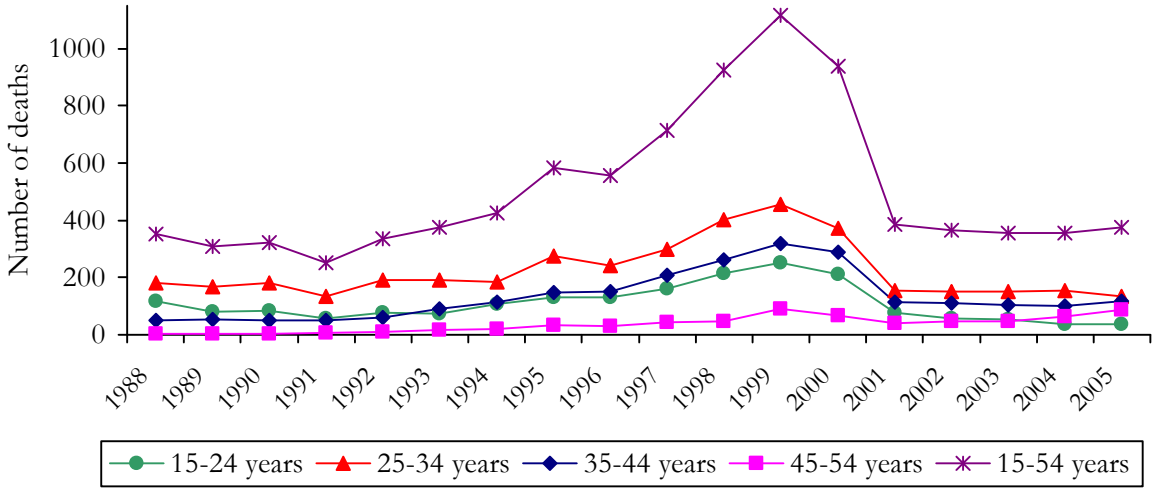
Overdose on other opioids was considerably less common. Nationally, 6% had ever overdosed on another opioid, including methadone, homebake, buprenorphine, oxycodone and other opioids not elsewhere classified.

Use of multiple depressant drugs, e.g. heroin, other opioids, alcohol and/or benzodiazepines, is a risk factor for overdose. Please see also *Self-reported injection-related health problems* below for further information on overdose, including polydrug use (e.g. alcohol, benzodiazepines) at time of overdose.

Fatal overdose

The 2006 ABS data on opioid overdose were not available at the time of publication. It is anticipated that these data will be available in the early half of 2008, and the reports will be updated on the NDARC website at this time. According to the ABS data on opioid overdose deaths (Degenhardt & Roxburgh, 2007a), numbers have remained relatively stable since 2001 (Figure 50). In 2005, there were 374 deaths in which opioids were determined to be the underlying cause of death (i.e. the primary factor responsible for the person's death) among those aged 15-54 years (Degenhardt & Roxburgh, 2007a). It should be noted that the deaths reported are opioid-related and not necessarily heroin overdose deaths. In jurisdictions such as TAS and the NT where heroin is less available, deaths are more likely to be related to pharmaceutical opioids.

Figure 50: Number of accidental deaths due to opioids among those aged 15-54 years, Australia, 1988-2005



Source: ABS; Degenhardt and Roxburgh (2007a)
Note: 2006 data not available at time of publication.

Approximately one-third of deaths (36%) in 2005 occurred in NSW, with just under two-thirds (63%) of all opioid-related deaths occurring in NSW and VIC (Table 52). Examination of jurisdictional trends revealed that the number of opioid-induced deaths decreased slightly in NSW and VIC compared to 2004. These states have traditionally had the largest heroin markets. There were slight increases in other jurisdictions, with WA and SA recording the largest increases.

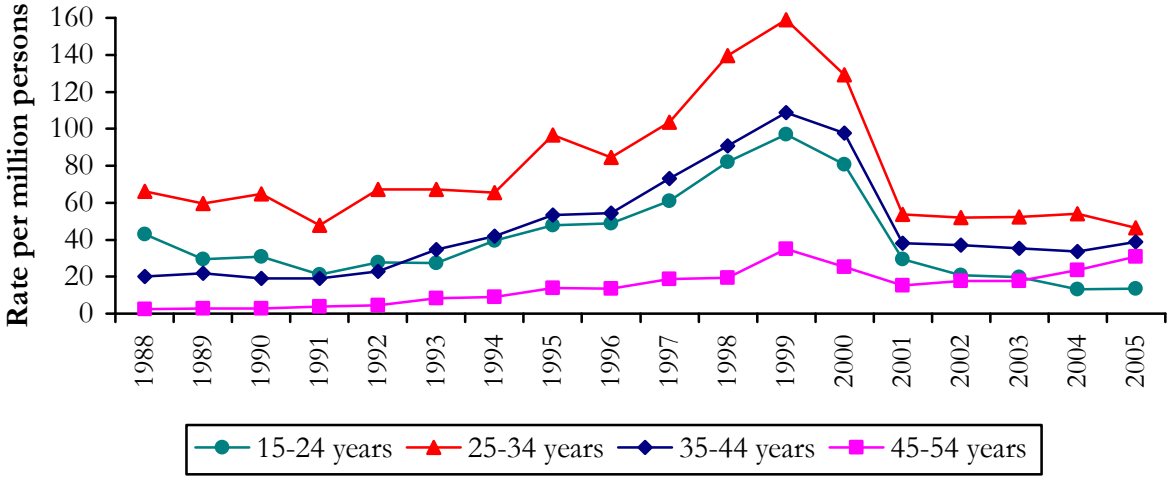
Table 52: Number of opioid deaths among those aged 15-54, by jurisdiction, 1988-2005

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	**351**	204	99	16	12	18	0	0	2
1989	**307**	158	99	19	8	18	1	2	2
1990	**321**	196	79	8	19	14	5	0	0
1991	**250**	146	64	9	13	13	3	0	2
1992	**336**	182	79	18	30	22	0	1	4
1993	**374**	188	86	23	41	24	5	2	5
1994	**425**	209	97	37	32	38	4	5	3
1995	**582**	273	140	42	38	70	6	0	13
1996	**557**	260	145	32	32	64	5	2	17
1997	**713**	333	203	36	52	76	2	2	9
1998	**927**	452	243	64	53	78	10	13	14
1999	**1116**	481	376	79	64	92	5	8	11
2000	**938**	349	323	124	50	72	8	2	10
2001	**386**	177	73	58	18	35	8	5	12
2002	**364***	158	93	40	21	28	9	6	8
2003	**357**	143	129	32	14	16	4	2	17
2004	**357**	144	126	34	25	19	6	1	2
2005	**374**	133	104	42	37	36	14	np**	np**

Source: ABS; Degenhardt and Roxburgh (2007a)
Note: Data for 2006 were not available at time of publication.
***** One death in 2002 had a missing state/territory
****** Data for these jurisdictions were not published in order to protect confidentiality

The rate of accidental deaths due to opioids in Australia was 32.5 per million persons aged 15 to 54 years, similar to 2004 (where the rate was 31.3 per million persons; Figure 51). The largest proportions of deaths continue to be among the 25-34 year age group, followed by the 35-44 year age group (Degenhardt & Roxburgh, 2007a).

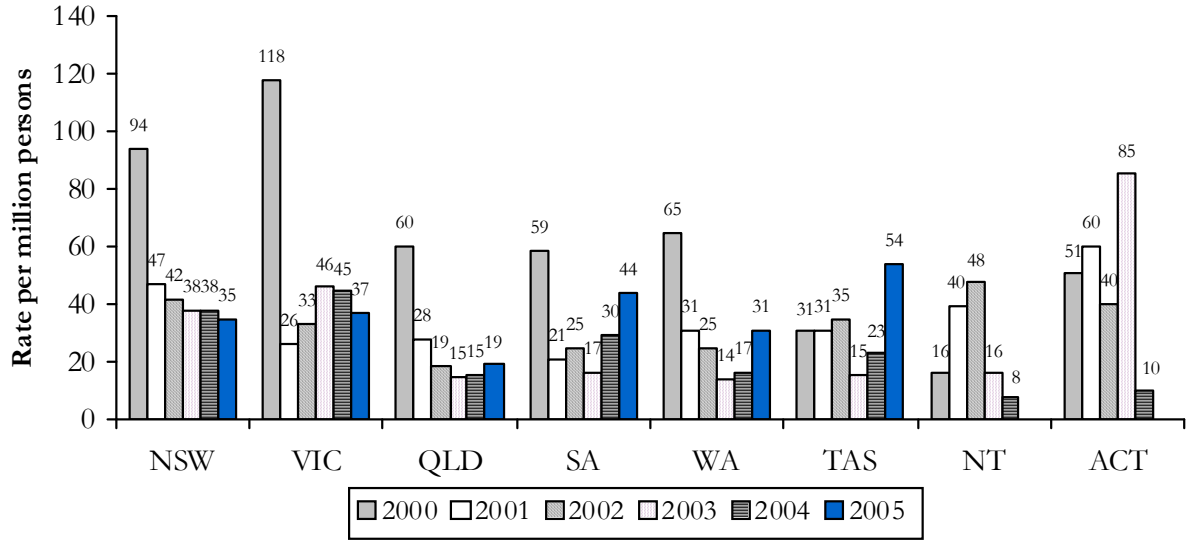
Figure 51: Rate of accidental deaths due to opioids per million persons aged 15-54 years, Australia, 1988-2005



Source: ABS; Degenhardt and Roxburgh (2007a)
Note: Data for 2006 were not available at time of publication.

In 2005, overdose rates remained fairly stable in most jurisdictions with the exception of TAS where the rate per million persons increased from 23 in 2004 to 53.7 in 2005 (Figure 52). TAS had the highest overdose rate in Australia in 2005 (53.7 per million persons, n=14 overdoses) compared to VIC in 2004 (44.6 per million persons, n=126 overdoses) (Degenhardt & Roxburgh, 2007a).

Figure 52: Rates of opioid overdose per million persons aged 15-54, by jurisdiction, 1999-2005



Source: Australian Bureau of Statistics, (Degenhardt & Roxburgh, 2007a)
Note: Data for the NT and the ACT were not published in order to protect confidentiality.

Consistent with earlier research showing that fatal heroin overdoses tend to occur among older opiate-dependent males who are not in drug treatment (Darke et al., 2000), males comprised 78% of the 2005 opioid overdose deaths among the 15 to 54 year age group, and deaths in the 25 to 34 year age group made up 35% of these deaths in Australia in 2005 (Degenhardt & Roxburgh, 2007a). There has been an increase in opioid deaths among the oldest age group (45-54 years) since 2001, and this is consistent with the ageing of a cohort of IDU in Australia who have continued to obtain and use heroin.

Presence at another person's overdose

Participants were also asked about whether they had been present at another person's overdose, and if so, how recently. Six percent of the national sample reported having been present at another person's overdose in the last month, 23% in the last year and 69% had ever witnessed another person's overdose. This compares with 3%, 23% and 67% of the 2006 national sample who had witnessed an overdose, respectively.

By jurisdiction, proportions witnessing an overdose in the preceding year were: NSW, 32%; the ACT, 29%; VIC, 28%; TAS, 12%; SA, 12%; WA, 31%; the NT, 14%; and QLD, 14%. Nationally, heroin was the most commonly reported drug that participants believed had been primarily responsible for the last overdose witnessed (72%), and this was also the case in the majority of jurisdictions. The exceptions were TAS and the NT, where pharmaceutical opioids were most commonly attributed, and WA, where approximately half (48%) were attributed to heroin, 36% to homebake and the remainder to a range of other opioids.

Of those who had been present at another person's overdose in the last month (n=51), the vast majority (47%, n=24) were in NSW. These findings have implications for overdose management among people who regularly inject illicit drugs, particularly where opioids are being used.

10.1.2 Methamphetamine

Non-fatal overdose

In addition to opioid overdose, participants were asked whether they considered themselves to have ever accidentally overdosed on any other drug(s). Six percent of the national sample believed that they had overdosed on amphetamines at some stage during their lifetime. By form, 4% thought that they had overdosed on speed, 2% on ice/crystal and less than one percent on base. On participant had overdosed on liquid amphetamine (oxblood). No jurisdictional differences were observed due to small numbers reporting (n<10).

Fatal overdose/methamphetamine related fatalities

There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in causing death and, therefore, mortality data may under-represent cases where methamphetamine contributes to the death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997 (Degenhardt et al., 2006c). In 2005, there was a total of 68 'drug induced' deaths in which methamphetamine was mentioned among those aged 15-54 years. Methamphetamine was determined to be the underlying cause of death in 38% (n=26) of all methamphetamine related deaths in 2005. The rate of methamphetamine related deaths among those aged 15-54 years

decreased to 5.9 per million persons in 2005, from 6.6 per million persons in 2004 (Degenhardt & Roxburgh, 2007b). Numbers remained relatively stable over the two most recent years where data are available.

The 2006 ABS data on amphetamine deaths were not available at the time of publication. It is anticipated that these data will be available in the early half of 2008, and the reports will be updated on the NDARC website at this time.

10.1.3 Cocaine

Non-fatal overdose

Participants were asked whether they considered themselves to have ever accidentally overdosed on cocaine. Eight participants (<1% of the national sample) believed that they had experienced a cocaine overdose at some stage during their lifetime.

Fatal overdose

Fifteen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2005 (Degenhardt & Roxburgh, 2007b). Cocaine was determined to be the underlying cause of death in two-thirds (66%) of all cocaine-related deaths in 2005 (n=10). The rate of deaths per million persons aged 15-54 years in Australia where cocaine was mentioned (1.3 per million persons) remained relatively stable in 2005 compared to 2004 (where it was 1.7 per million persons).

The 2006 ABS data on cocaine-related deaths were not available at the time of publication. It is anticipated that these data will be available in the early half of 2008, and the reports will be updated on the NDARC website at this time.

10.1.4 Cannabis

While toxicity from cannabis is possible, it does not directly cause death through overdose (see McLaren & Mattick, 2007 for a review).

10.2 Drug treatment

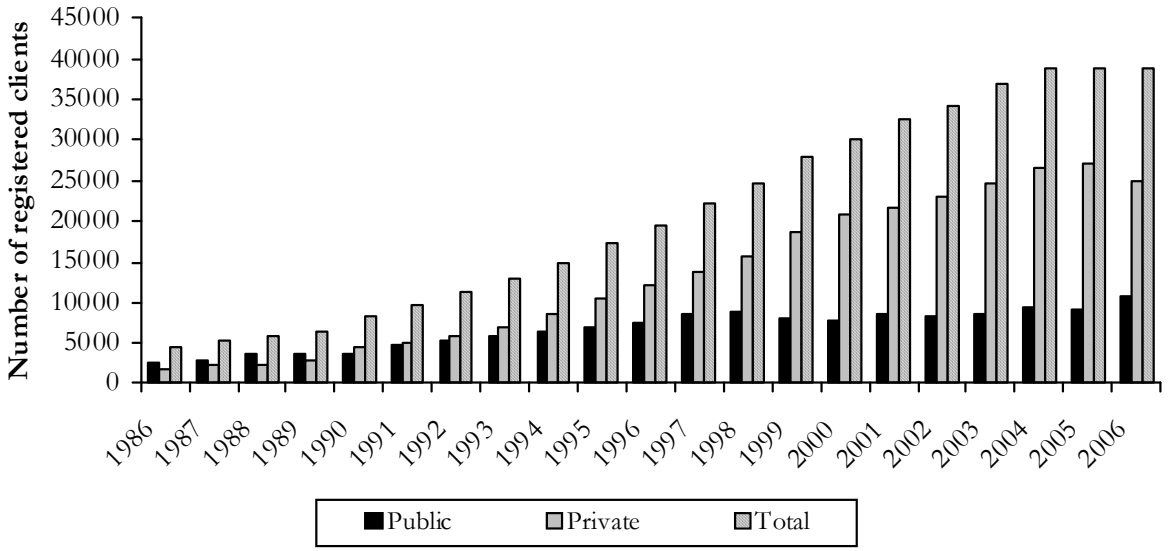
10.2.1 Heroin

Opioid substitution treatment

Methadone maintenance treatment is an established form of opioid substitution treatment in all jurisdictions in Australia. In October 2000, Subutex (buprenorphine hydrochloride) was registered in Australia by the Therapeutic Goods Administration (TGA) for the treatment of opioid dependence (for both maintenance treatment and detoxification). In March 2001, the Pharmaceutical Benefits Advisory Committee (PBAC) recommended that buprenorphine be listed as a treatment for opioid dependence and is available in all jurisdictions for this purpose. Suboxone (buprenorphine-naloxone) was registered in Australia in 2005 and listed on the PBS in April 2006. Opioid substitution treatments (methadone and buprenorphine) are effective in reducing heroin use, criminal activity and injection-related risk behaviours (Mattick et al., 2001; Ward et al., 1998). The total number of clients registered in opioid substitution treatment has remained relatively stable over the past four years, with a higher proportion of clients registered

in private pharmacotherapy treatment. In total, almost 39,000 persons were registered in pharmacotherapy treatment for opioid dependence as at 30th June, 2006. The majority of clients (71%) were being prescribed methadone, and only small numbers (5%) were prescribed Suboxone.

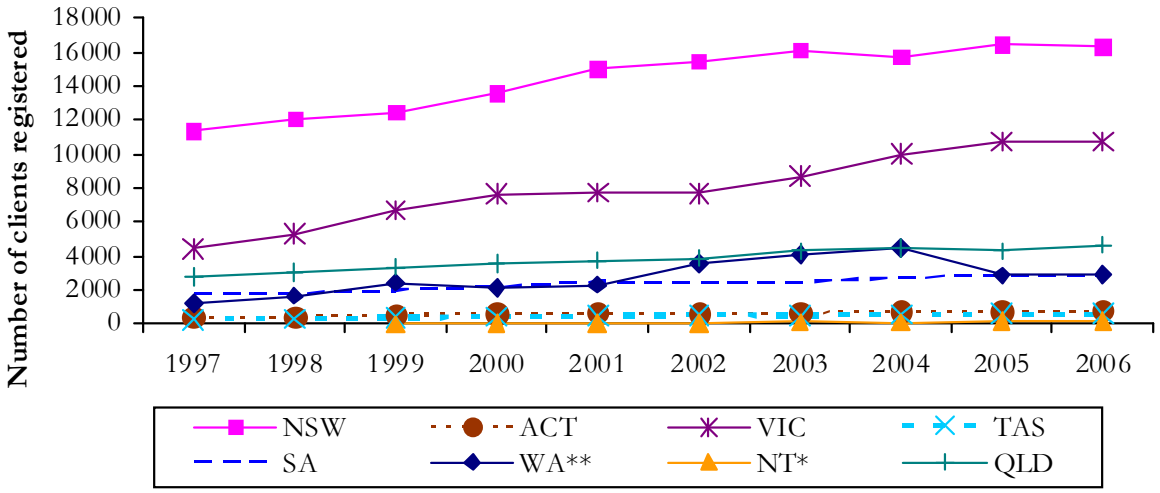
Figure 53: National opioid substitution treatment client numbers by financial year, 1986-2006



Source: AIHW
Note: Data from 2001 includes buprenorphine, and from 2006, buprenorphine-naloxone.

The number of clients enrolled in opioid substitution treatment has remained relatively stable across all jurisdictions in 2006 (Figure 54). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 54: OST client numbers by financial year 1997-2006, by jurisdiction



Source: Australian Institute of Health and Welfare
Note: Data from 2001 includes buprenorphine and from 2006, buprenorphine-naloxone. With the exception of WA, figures represent numbers of clients enrolled as at 30 June of each year.
* until 2004, NT data excluded clients receiving pharmacotherapy treatment at the public clinic in Alice Springs. In 2005 these clients were included which may account for any increase
** figures for 2005 for WA represent the number of clients enrolled throughout the month of June. Prior to this, figures were for clients enrolled throughout the year, which may account for the reduction observed

The IDRS recruits participants who regularly inject drugs; it does not specifically target those who are engaged in treatment programs because it aims to interview active participants in the illicit drug market, and those in treatment are typically less active in illicit drug markets than their non-treatment counterparts. However, as in previous years, substantial proportions of participants in all jurisdictions reported involvement in opioid substitution treatment, although jurisdictional variations were observed (Table 53). Current enrolment in either methadone or buprenorphine treatment in the IDRS sample has remained relatively stable at a national level since 2005 (30% and 14% respectively).

Table 53: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2007

% participants	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Methadone *(of which Biodone)*	27 *(8)*	38 *(22)*	43 *(2)*	24 *(0)*	43 *(5)*	19 *(5)*	25 *(0)*	12 *(23)*	10 *(0)*
Buprenorphine	10	14	10	11	6	20	3	5	4
Buprenorphine-naloxone	3	0	4	5	0	7	3	0	8
Any OST	40	52	56	39	49	46	30	17	22

Source: IDRS IDU participant interviews

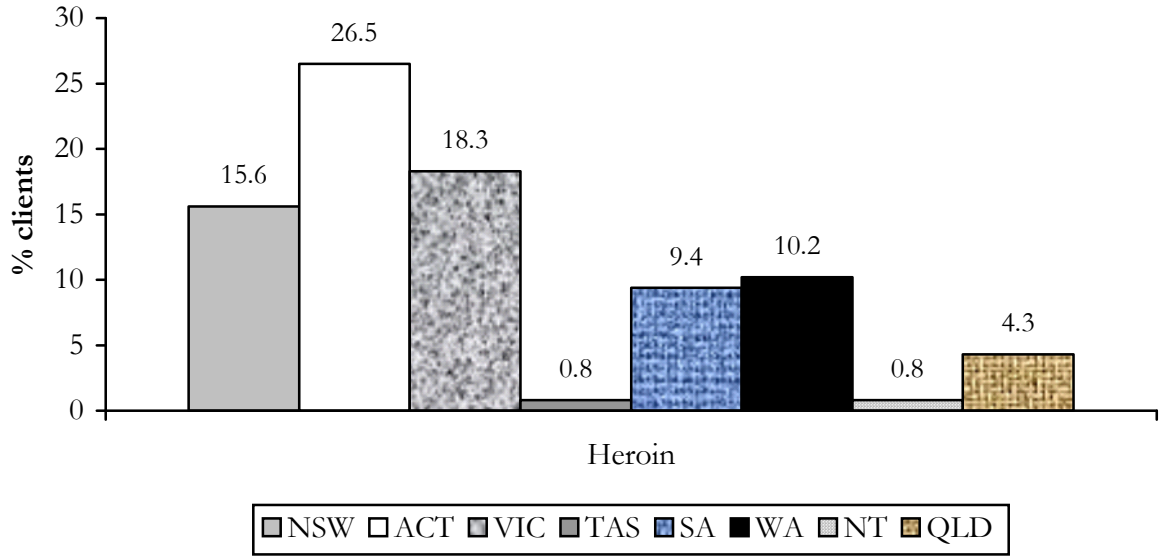
The diversion of opioid substitution treatment is an issue that need to be considered (see *Other opioids* section). However, it should be noted that large proportions of participants in the IDRS who reported recent use of these pharmaceuticals reported that they had mainly used methadone, buprenorphine and/or buprenorphine-naloxone that had been prescribed to them (licitly obtained) in the preceding six months.

Other treatment for opioid dependence

Treatment statistics collected by the Alcohol and Other Drug Treatment Services-National Minimum Data Set (AODTS-NMDS) provide measures of service utilisation for clients of alcohol and other drug treatment services. This collection provides ongoing information on the demographics of clients who use these services, the treatment they receive, and the drug of concern for which they are seeking treatment.

Figure 55 indicates that the ACT, VIC and NSW had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2005/06. This is consistent with IDRS participant data that showed higher proportions of users reporting recent heroin use, as well as generally greater frequency of heroin use in these jurisdictions. With the exception of TAS, there has been a slight downward trend since 2004/05 across all jurisdictions in the proportion of treatment episodes that were for heroin.

Figure 55: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2005/06*

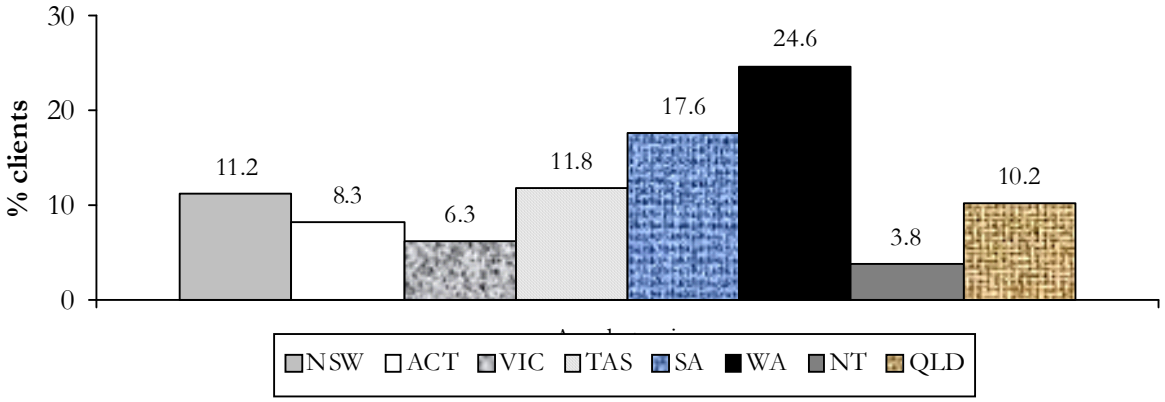


Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2007)
***** Excludes closed treatment episodes for clients seeking treatment for the drug use of others.
Note: Treatment utilisation depends on demand and jurisdictional funding; data do not include clients from methadone maintenance treatments, NSPs, correctional institutions, halfway houses and sobering up shelters.

10.2.2 Methamphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (25%), followed by SA (18%), and TAS (12%; Figure 56). These proportions remained relatively unchanged from the 2004/05 data (Australian Institute of Health and Welfare, 2007).

Figure 56: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2005/06



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2007)
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others. Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

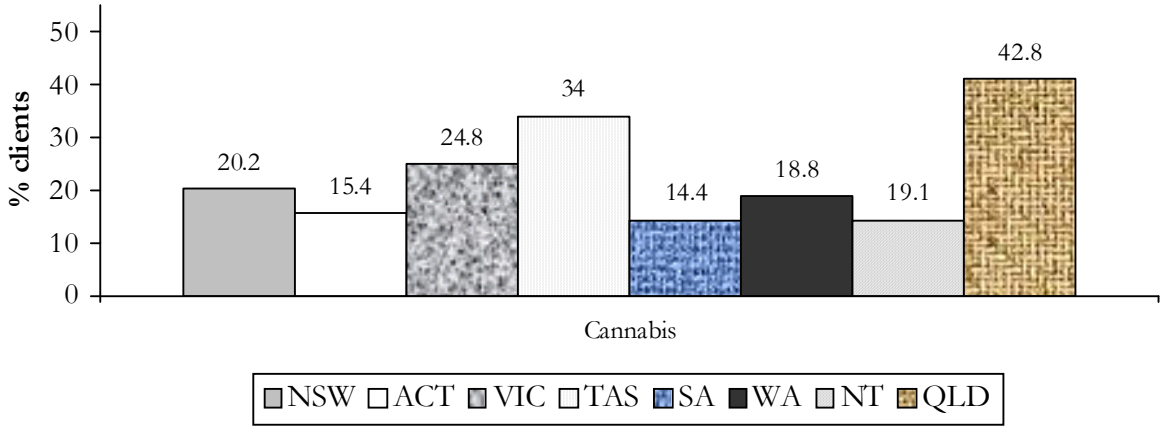
10.2.3 Cocaine

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2005/06 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.6%) across jurisdictions. These figures remain unchanged from 2004/05 (AIHW, 2005b, 2007).

10.2.4 Cannabis

Data from the AODTS-NMDS indicate that in 2005/06 (excluding QLD[18]), TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (34%) followed by VIC (25%; Figure 57). There has been little change in these figures from 2004/05 (Australian Institute of Health and Welfare, 2007).

Figure 57: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2005/06



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2007)
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

10.2.5 Other drugs

For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW (2004, 2005a, 2006a, 2007).

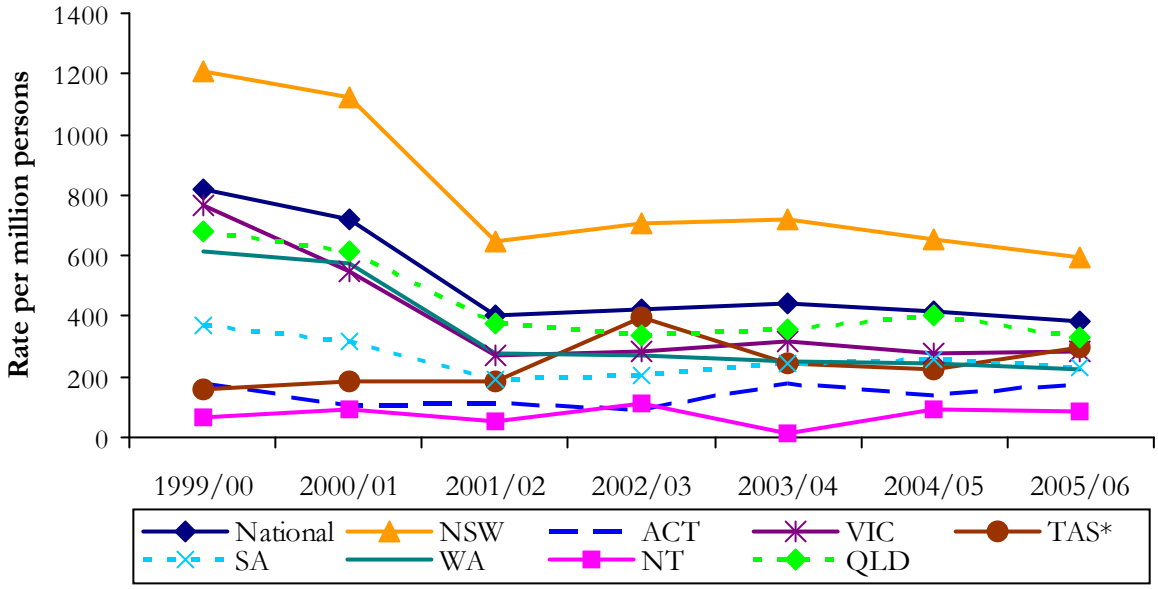
[18] In QLD, a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principal drug is not actually cannabis and it is expected that future modifications to data collection processes will enable this possibility to be reflected.

10.3 Hospital admissions

10.3.1 Heroin

The number per million persons of inpatient hospital admissions among persons aged 15-54 years, with a principal diagnosis relating to opioids, is shown in Figure 58. The figure shows a decrease in national opioid-related hospital admissions in 2001/02, consistent with decreases in other heroin-related harms (such as non-fatal and fatal overdoses) documented at this time (Degenhardt et al., 2005a), following the heroin shortage of 2001. In 2005/06 the number of opioid-related hospital admissions per million persons at a national level was 381 among persons aged 15-54 years, representing a slight decline from 2004/05. NSW has consistently had the highest number of opioid-related hospital admissions per million persons, which dropped to 593 in 2005/06. As in previous years QLD had the next highest (331) in 2005/06. These data are consistent with IDRS IDU survey data, with an overall decrease in the prevalence of heroin use recorded since 2001/02.

Figure 58: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2005/06



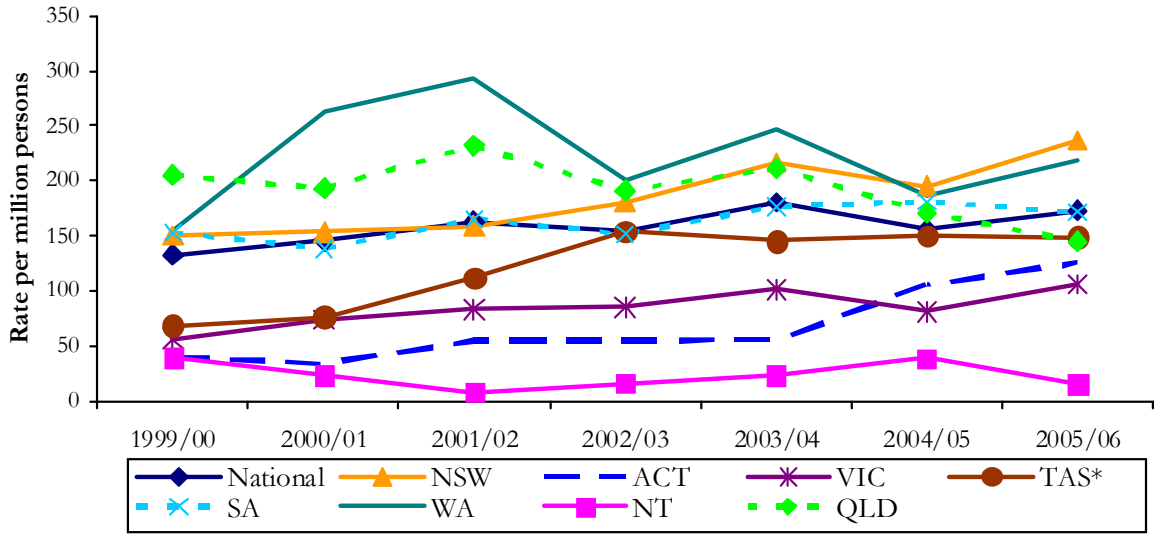
Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments

* from 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

10.3.2 Methamphetamine

Figure 59 shows the number of inpatient hospital admissions per million persons, since 1999/2000, with a principal diagnosis relating to amphetamines among persons aged 15 to 54. Figures steadily increased at a national level between 1999/00 and 2003/04 (from 133 per million persons to 180), and have stabilised over the past three years (the 2005/06 figure was 173 per million persons). NSW recorded the highest number of amphetamine-related hospital admissions in 2005/06 at 236 admissions per million persons, representing an increase from 195 per million persons in 2004/05. WA also recorded relatively high numbers of amphetamine-related hospital admissions during this period, however, admissions have declined from 293 per million persons in 2001/02 to 218 in 2005/06. QLD has also recorded a decline in these admissions over the six year period, while figures have stabilised in both SA and TAS.

Figure 59: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06

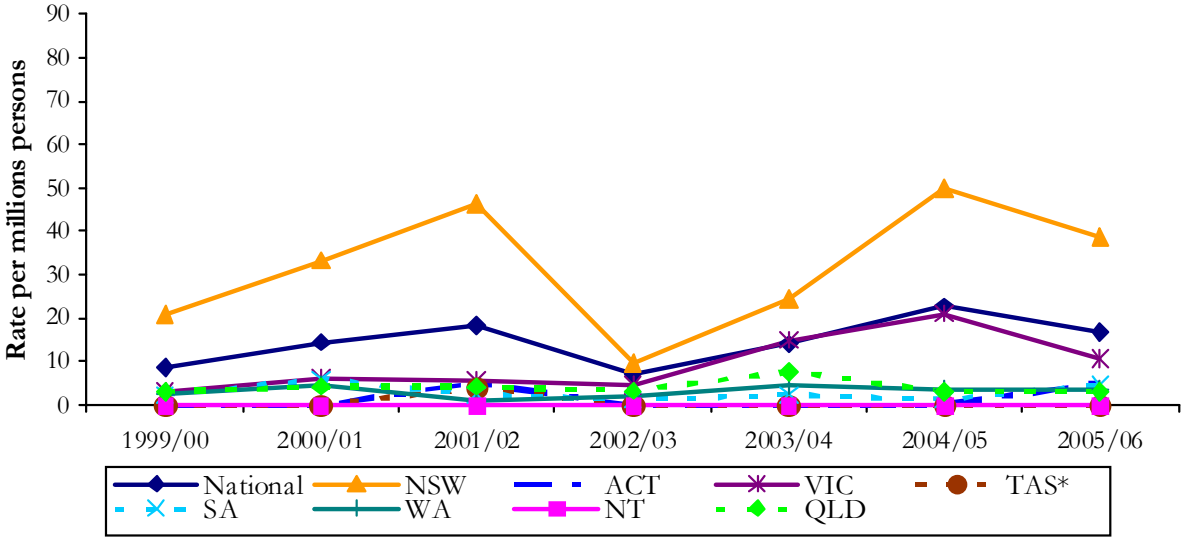


Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments.
* from 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

10.3.3 Cocaine

Figure 60 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have fluctuated at a national level over the six year period, and have increased over the past four years from seven per million persons in 2002/03 to 17 per million persons in 2005/06. It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 49 per million persons in 2004/05, and declined to 38 in 2005/06. Figures were relatively lower in all other jurisdictions.

Figure 60: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06

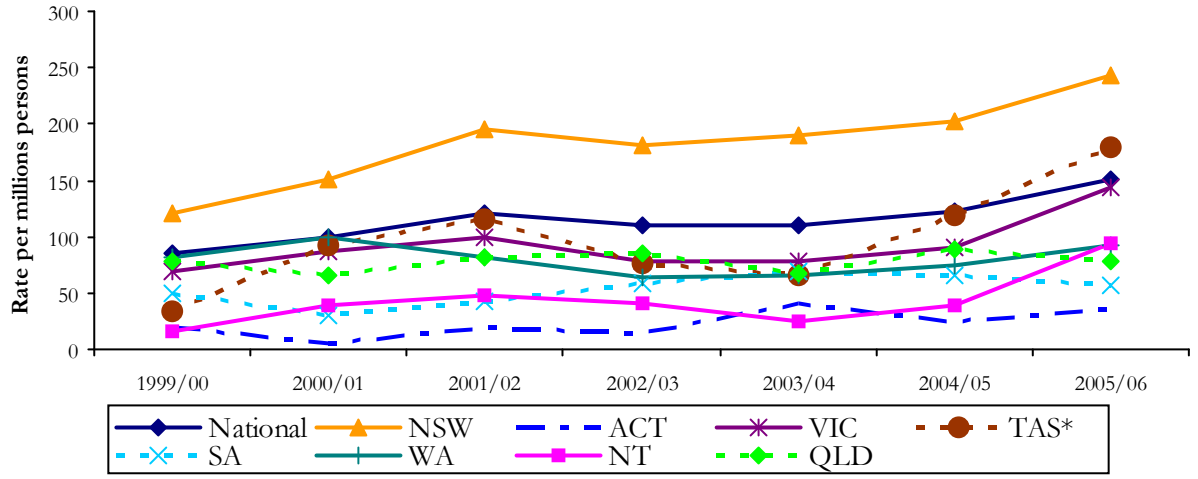


Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments.
* from 2001, numbers in TAS included admissions from an additional drug withdrawal unit

10.3.4 Cannabis

Figure 61 shows the number of inpatient hospital admissions per million persons (among those aged 15-54) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the six-year period from 85 admissions per million persons in 1999/00 to 150 per million persons in 2005/06. NSW recorded the highest figures across the period, and these have also steadily increased from 120 admissions per million persons in 1999/00 to 243 in 2005/06. TAS, VIC and the NT also recorded increases in cannabis-related hospital admissions.

Figure 61: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06



Source: AIHW; ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments.

* From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

10.4 Injecting risk behaviours

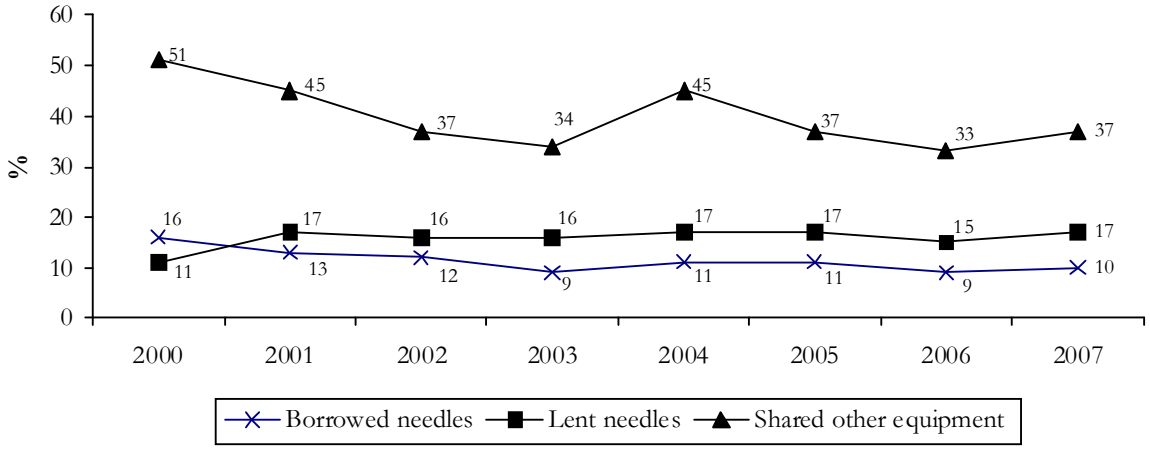
10.4.1 Sharing of injecting equipment

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood-borne viral infections (BBVI) such as human immunodeficiency virus (HIV) and hepatitis C (HCV). Proportions reporting that they had used a needle after someone else ('borrowed') and that someone had used a needle after them ('lent') in the month preceding interview have remained relatively stable since 2000. The proportion that 'lent' is slightly higher than the proportion that 'borrowed' a needle, and this may indicate that social desirability biases may impact the ability to assess data relating to sharing of injecting equipment (Figure 62).

In comparison, higher proportions of participants reported sharing other injecting equipment such as spoons/mixing containers, filters, tourniquets and water in the month prior to interview, and a slight increase was observed between 2006 and 2007, but remaining lower than in 2000 (Figure 62).

Note: Data on equipment sharing include the sharing of both new and/or re-used equipment. While sharing of equipment such as spoons and filters does not pose a risk for BBVI transmission where all equipment is sterile, these data err on the side of caution.

Figure 62: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2007



Source: IDRS IDU participant interviews

Proportions reporting borrowing needles varied by jurisdiction, from just under one-tenth (NSW, SA and the NT) to just under one-fifth (the ACT), while lending needles ranged from less than one-tenth (the NT) to just under one-third (TAS; Table 54). Notable changes in the borrowing of used needles in the preceding month included increases in the ACT and TAS, and a slight decrease in VIC compared to 2006 (Figure 63). Increased reports of lending needles were observed in NSW, the ACT, TAS and WA compared to 2006, while figures in other jurisdictions remained relatively stable or decreased (Figure 64). Participants who had used a needle after someone else in the last month (n=93) had typically used after a partner (49%, n=46) or close friend (28%, n=26). These participants had usually borrowed a needle on one or two occasions during that time (72%, n=65).

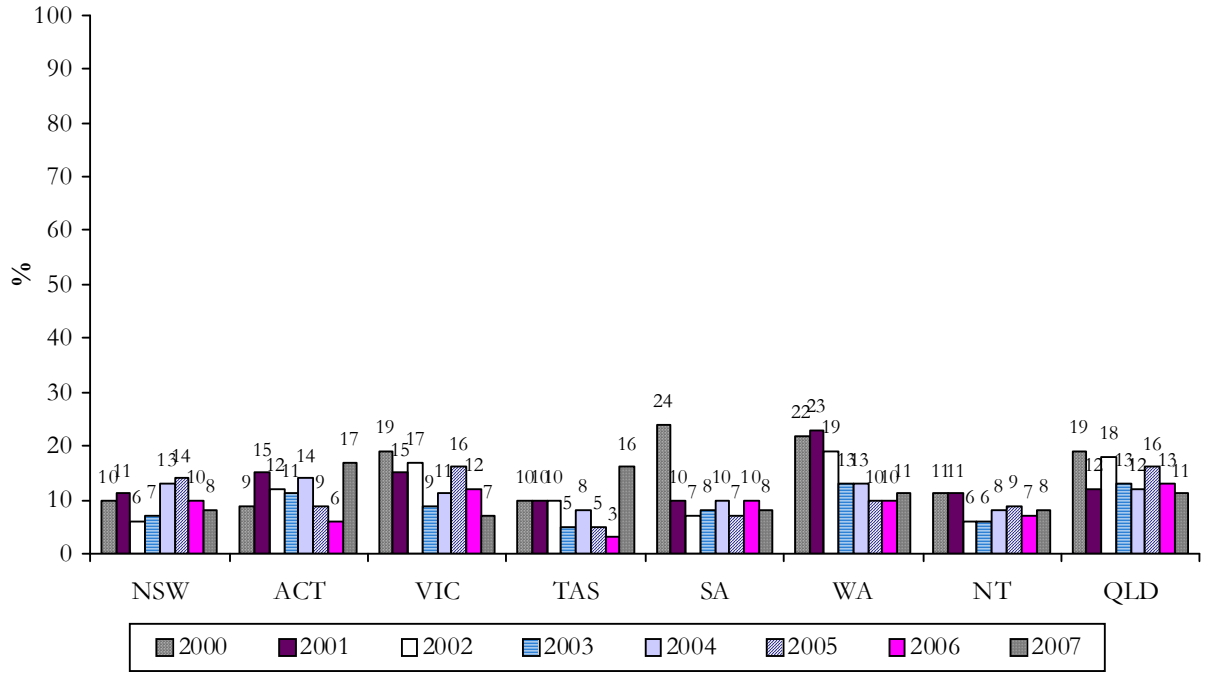
The sharing of injecting equipment other than needles and syringes also carries the risk of BBVI transmission. Approximately three-fifths of the national sample reported that they had not shared any other injecting equipment in the last month. The most commonly reported types of equipment shared were spoons/mixing containers and water (Table 54). By jurisdiction, the highest rates of sharing other equipment were reported in VIC (also representing an increase from 2006), and increases were also observed in TAS, SA, WA and QLD. Other jurisdictions remained relatively stable compared to 2006 (Figure 65).

Table 54: Sharing needles and injecting equipment in last month, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Borrowed a needle	10	8	17	7	16	8	11	8	11
% Lent a needle	17	20	21	10	29	12	20	7	18
% Shared any injecting equipment*	37	39	33	45	37	33	35	36	38
% Shared spoon/mixing container	29	35	24	41	20	26	21	29	29
% Shared filter	15	17	16	19	8	15	8	12	16
% Shared tourniquet	13	12	11	7	22	16	18	21	8
% Shared water	20	20	20	29	17	19	10	12	23

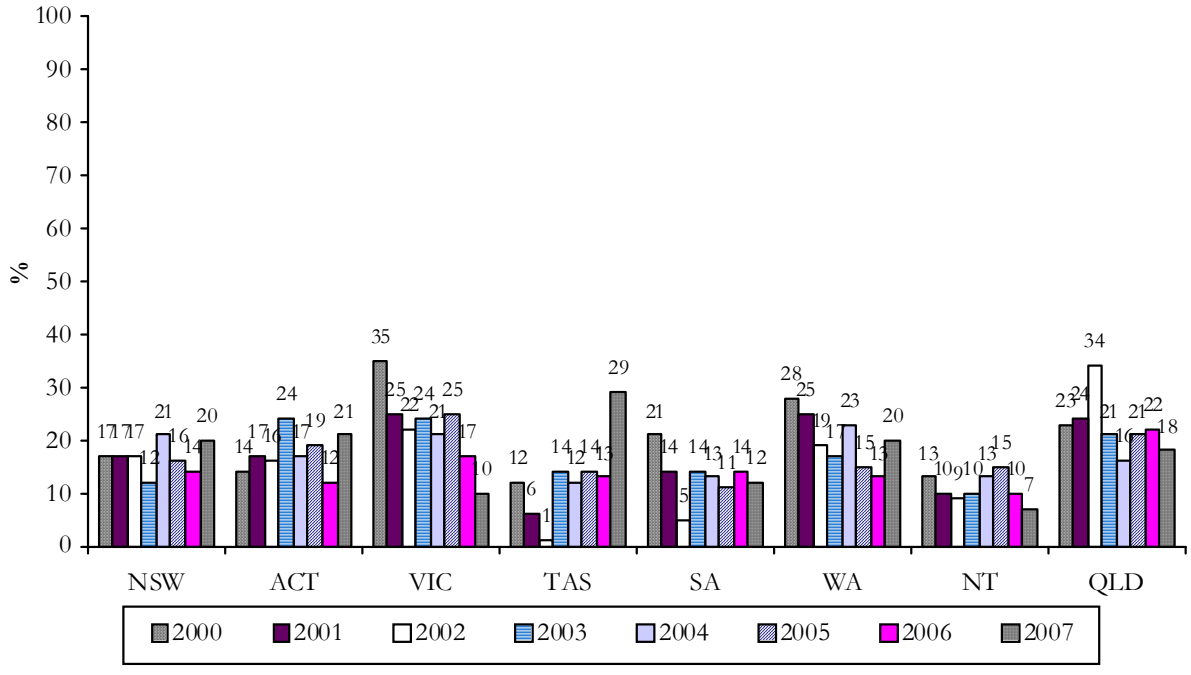
Source: IDRS IDU participant interviews
* includes spoons, water, tourniquets and filters; excludes needles/syringes

Figure 63: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2000-2007



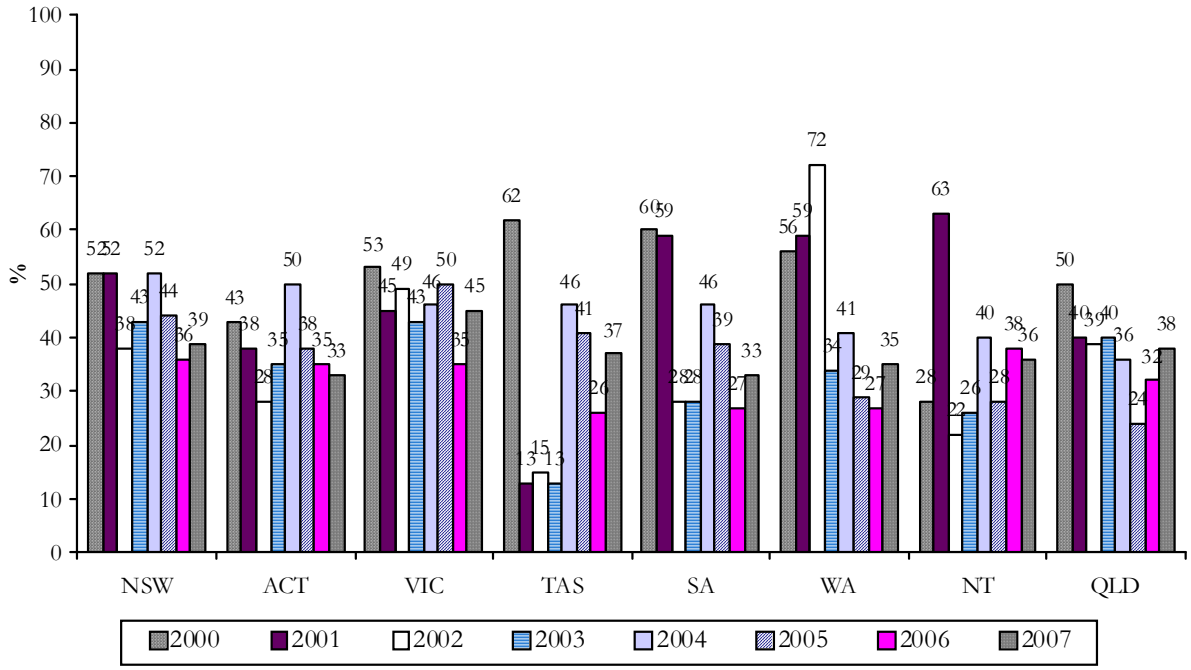
Source: IDRS IDU participant interviews

Figure 64: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2000-2007



Source: IDRS IDU participant interviews

Figure 65: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 1999-2007



Source: IDRS IDU participant interviews

For information on where participants had obtained their needles and syringes in the preceding six months, see Table 7.

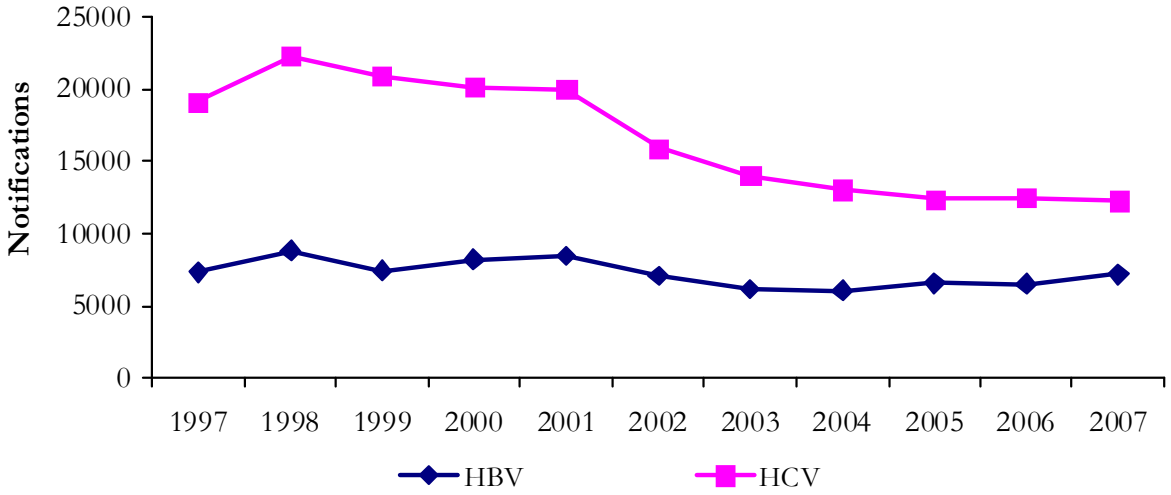
10.4.2 Blood-borne viral infections

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV)[19] and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 66 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HBV notifications have remained relatively stable over the past five years. HCV continued to be more commonly notified than HBV, with a decrease in notifications noted in 2001. These figures do not represent prevalence or incidence of these BBVI; however, the declining trend in HCV notifications is consistent with other research (e.g. Razali et al., 2007).

[19] HCV antibody testing has only been available since 1990.

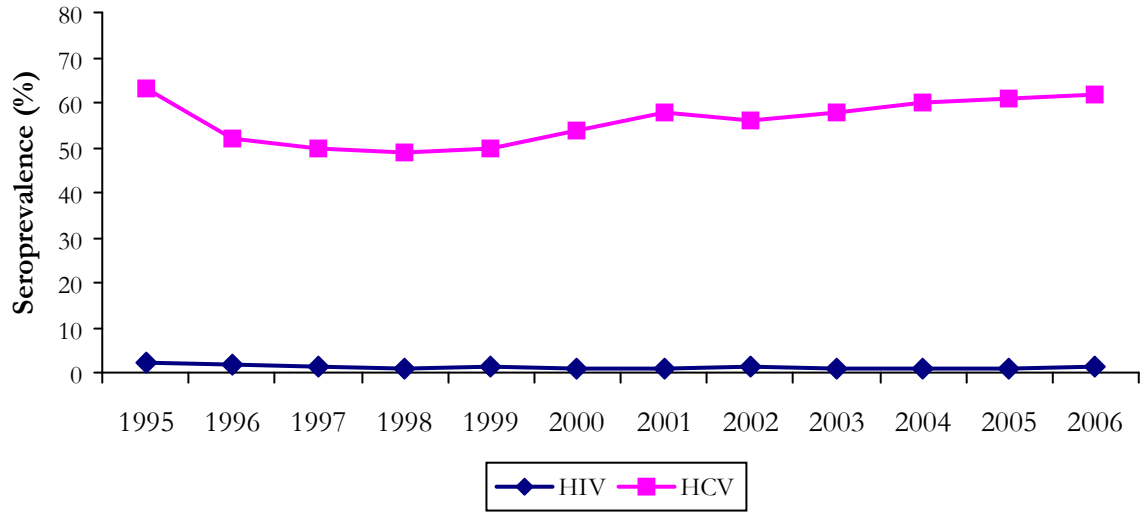
Figure 66: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2007



Source: Communicable Diseases Network – Australia – NNDSS[20]
Note: Data accessed on 13 December 2007. Figures are updated on an ongoing basis.

The prevalence of HIV among people who inject drugs in Australia has also remained stable at relatively low rates, between 0.9% in 2001 and 1.5% in 2006. HCV prevalence among this group was much higher (62% in 2006), with a gradual increase apparent since 1998 when this figure was 49% (National Centre in HIV Epidemiology and Clinical Research, 2007).

Figure 67: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2006



Source: Australian NSP survey (NCHECR, 2002; 2007)[21]

[20] Notes on interpretation: There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.
[21] Respective sample sizes for the NSP Survey were: 1995: 1,072; 1996: 1,497; 1997: 1,978; 1998: 2,665; 1999: 2,503; 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961 (NCHECR, 2002, 2007).

For a comparison of some of the key findings of the NSP survey and the IDRS IDU survey, see Fetherston et al. (2007).

10.4.3 Location of injections

Consistent with previous years, the majority of participants (71%) in the national sample reported that they had last injected at a private home, and this remained the most commonly reported location of last injection across all jurisdictions, ranging from approximately three-fifths (NSW, VIC) to over 90% (the NT). There were also jurisdictional variations in other locations of last injection, including public areas such as the street, a car park or a beach; inside a car; or in a public toilet. Use of 'shooting rooms' was uncommon across all jurisdictions, and one-tenth of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC; Table 55).

Public injecting is of concern due to the hasty manner in which people may do so to avoid being 'caught' or observed. This may compromise their ability to inject safely without harm, as well as the safe disposal of injecting equipment.

Table 55: Location of last injection, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Private home	70	59	70	61	65	72	84	94	67
% Street/car park/beach	8	18	5	11	1	2	5	<1	12
% Car	8	2	10	8	15	16	9	<1	5
% Public toilet	8	4	13	15	14	6	3	<1	5
% Shooting room *(excludes Sydney MSIC)*	<1	1	0	<1	0	0	0	0	0
% Sydney MSIC	na	11	na	na	na	na	na	na	na

Source: IDRS IDU participant interviews

Participants were also asked the location of usual injection, which followed the same patterns as location of last injection: home (78%), car (7%), street/car park/beach (6%) and public toilet (5%).

10.4.4 Self-reported injection-related health problems

Approximately two-thirds (70%) of participants in the national sample had experienced an injection-related health problem in the month preceding interview. As in previous years, the most prominent injection-related problems among the national sample were significant scarring/bruising (51%; a slight increase from 45% in 2006) and difficulty injecting (41%; comparable to 43% in 2006), most likely indicating poor vascular health among a proportion of this group. Approximately one-fifth reported they had a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview, and thrombosis and non-fatal overdose remained rare during this period. A similar pattern was observed at the jurisdictional level (Table 56).

Table 56: Proportion of injection-related issues in last month, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Any injection related problem	70	66	77	74	57	73	74	64	77
% Infection/abscess	9	7	13	10	11	11	4	11	6
% Dirty hit	22	20	23	17	15	20	30	27	31
% Scarring/bruising	51	43	56	63	33	52	53	49	57
% Difficult injecting	41	41	47	35	40	45	46	45	41
% Thrombosis	6	7	5	9	3	8	8	7	<1
% Overdose	3	5	3	3	4	4	1	1	4

Source: IDRS IDU participant interviews

Among those who had overdosed in the last month (n=29), heroin was most commonly reported as the main drug (48%, n=14), followed by morphine (17%, n=5). Many participants who had overdosed in the preceding month attributed it to polydrug use (not necessarily injection; 68%, n=19), predominantly alcohol (25%, n=7) and/or benzodiazepines (21%, n=6). Those experiencing a dirty hit (n=200), most commonly attributed it to the injection of heroin or morphine (25% each, respectively), followed by methamphetamine (16%). The majority of these participants considered that no other drugs had contributed to their dirty hits; among the minority that did (21%, n=37), use of alcohol (5%, n=8), cannabis (5%, n=8) methamphetamine (4%, n=7) and/or of benzodiazepines (3%, n=5) were believed to have contributed. Buprenorphine-naloxone was also reported by 3% (n=6), although this may be related to the effects of precipitated withdrawal.

Research suggests that the injection of preparations designed for oral administration can result in injection-related health problems (Ross, 2000; Klee, 1990; Ross, 1996; Fry & Bruno, 2002; Strang, 1994; Ross et al., 1997; Darke et al., 2002; Darke, 1994; Darke, 1995). IDRS participants are also asked about injection-related problems specifically associated with the injection of benzodiazepines, methadone, buprenorphine and morphine. Note: While participants specifically attributed these problems to the injection of these drugs, a number of these problems may also have been affected by other factors, including injection practices (good vs. poor), length of time injected and equipment used (e.g. brand new vs. blunt needles).

Benzodiazepines

Seven percent (n=64) of the 2007 national IDRS sample reported injecting benzodiazepines in the month preceding interview, ranging from 3% in QLD to 21% in TAS. No participants in NSW reported engaging in this behaviour during this time. Seventy-two percent of those who had injected benzodiazepines in the month preceding interview reported experiencing injection-related problems due to benzodiazepine injection, with the most commonly reported problem reported to be difficulty finding veins to inject into, followed by scarring or bruising (Table 57).

Methadone

Injection of methadone in the last month was more prevalent than benzodiazepine injection. Twenty-one percent (n=193) of the 2007 sample reported injecting methadone during the preceding month, ranging from 3% in VIC to 57% in TAS. Almost three-quarters of those who had injected methadone in the past month reported experiencing one or more injection-related problems they attributed to this behaviour, difficulty injecting and scarring and/or bruising were the most commonly reported problems (Table 57).

.*Buprenorphine*

As with methadone, buprenorphine injection was more prevalent than benzodiazepine injection. Fifteen percent of the national sample (n=137) had injected buprenorphine in the month prior to interview, ranging from 5% in the NT to 27% in the ACT (for data on preceding six months, see *Other opioids* section). Two-thirds of those who had injected buprenorphine in the past month reported injection-related problems, with difficulty injecting, and scarring and/or bruising being the most commonly reported problems (Table 57).

Buprenorphine-naloxone

Buprenorphine-naloxone had been injected in the past month by a small number of participants in the national sample (4%, n=38), again with approximately two-thirds of participants reporting experiencing an injection-related problem that they attributed to this behaviour. The most commonly reported problems were scarring and/or bruising, followed by difficulty injecting (Table 57).

Morphine

Morphine injection in the past month was more prevalent than the other drugs reported here. Just over one-third of the national sample had injected morphine in the month prior to interview, ranging from 18% in NSW to 74% in the NT. Just over two-thirds of this group reported experiencing injection-related problems due to morphine injection, again with difficulty injecting and scarring and/or bruising being the most commonly reported problems (Table 57).

Table 57: Injection-related issues due to benzodiazepine, methadone, buprenorphine, and morphine among those reporting injecting these drugs in last month, 2007

Injection problems (%)	Benzodiazepines n=64	Methadone n=193	Buprenorphine n=137	Buprenorphine-naloxone n=38	Morphine n=338
Any problem	72	74	67	66	69
Infection/abscess	20	5	7	13	9
'Dirty hit'	19	17	18	16	17
Scarring/bruising	44	42	40	40	33
Thrombosis	14	5	4	8	6
Swelling of the arm	31	24	17	11	25
Swelling of leg	13	6	2	11	6
Swelling of hand	22	12	10	8	16
Swelling of feet	8	5	3	5	7
Hospitalisation	16	3	4	11	6
Contact with an ambulance	11	3	3	8	4
Difficulty injecting	48	49	31	21	36
Skin ulcers	9	3	3	5	3
Gangrene	5	<1	0	0	<1

Source: IDRS IDU participant interviews

10.5 Mental health problems and psychological distress

Over the past few years, an increasing focus has been placed on comorbid substance use and mental health disorders. The relationship between mental health and substance use is complex, with several potential ways in which they are related. Three main approaches have been taken to explain the relationship between substance use and mental health problems (Teesson & Burns, 2001). The first suggests that substance use may cause or exacerbate mental health problems via

biological or environmental pathways. Secondly, it has been proposed that mental health problems may predispose an individual to substance use, e.g. through disinhibition, as a means of self-medicating psychological distress, or as a coping mechanism. The third theory argues that common factors may predispose individuals to both mental health and substance use disorders (e.g. biological, environmental and/or social factors; Degenhardt et al., 2003; de Graaff & Bruno, 2007). These causal pathways may vary across drug types and psychiatric symptomatology (Jane-Lopis & Matytsina, 2006). Furthermore, comorbid disorders are now recognised to be widespread and associated with poorer treatment outcomes, high levels of service utilisation and more severe disability (de Graaff & Bruno, 2007; Teesson & Burns, 2001). Because of this, the 2007 IDRS included items regarding self-reported experience of mental health problems and health service utilisation for such problems, including obtaining of prescription medications. It is important to note that the following data refer to participants' perceptions of their mental health and were not confirmed by a formal diagnosis (although the participant may have received such a diagnosis from a health professional in the course of treatment).

Sixty percent of participants reported that they had not experienced a mental health problem in the preceding six months. Among the considerable minority who had experienced a problem (n=349), 70% reported attending a mental health professional during this period. See Table 58 for breakdown of these results by jurisdiction, problems experienced among those reporting a problem, and contact with mental health professionals.

Fifty-eight percent had experienced one mental health problem, while 23% reported that they had experienced two such problems, and 20% had experienced three or more problems (maximum eight problems). Consistent with previous years' results, the most commonly reported mental health problems were depression (26% of the entire sample), followed by anxiety (16% of the entire sample). Mania, bipolar disorder, phobia, panic, obsessive-compulsive disorder, paranoia, personality disorder, schizophrenia, drug-induced psychosis and psychosis (not drug induced) were each reported by 6% or less of the national sample.

Table 58: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Self-reported mental health problem (%)	40	33	41	45	60	36	38	27	45
Problem* (%)	n=363	n=50	n=41	n=67	n=60	n=36	n=30	n=27	n=52
Depression	64	66	59	72	57	61	83	63	56
Anxiety	39	24	42	33	48	39	47	37	48
Bipolar disorder	15	16	10	12	15	14	20	19	17
Panic	11	12	7	8	8	8	23	15	12
Schizophrenia	11	12	12	10	7	11	7	11	19
Paranoia	7	2	5	10	2	14	10	7	12
Drug-induced psychosis	7	6	7	2	5	14	7	4	12
Attended health professional for mental health problem*	82	88	81	81	82	83	90	81	77

Source: IDRS IDU participant interviews

* among those who reported a mental health issue

Eighty-two percent of participants who had experienced a mental health problem in the last six months reported having been prescribed medication for this problem over this time period. Approximately half of those who had experienced a mental health problem had been prescribed antidepressants (51%; 17% of the entire sample), most commonly mirtazepine (e.g. Avanza, n=37), venlafaxine (e.g. Efexor, n=23), amitriptyline (e.g. Endep, n=17) and sertraline (e.g. Zoloft, n=13). Thirty-one percent of those with a mental health problem had been prescribed an antipsychotic (representing 31% of the entire sample), most commonly olanzapine (e.g. Zyprexa, n=32), quetiapine (e.g. Seroquel, n= 27) and risperodone (e.g. Risperdal, n=12). Benzodiazepines had been prescribed (as participants understood it) specifically for a mental health problem (rather than for any other problem, e.g. sleeping difficulties or during detoxification) among 21% of those who had experienced a mental health problem in the preceding six months (n=62).

The K10 psychological distress scale

The Kessler 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (SCID; Kessler, 2002; Andrews & Slade, 2001).

Scores were reversed, such that the minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (n=828), the mean score was 23.9 (median 23; SD 9.3; range 10-50). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews & Slade, 2001; Furukawa et al., 2003), and work conducted at the Clinical Research Unit For Anxiety Disorders (CRUFAD) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder (see www.crufad.unsw.edu.au/k10/k10info.htm). While these norms were developed based on a general population sample, the K10 may also be reliable and valid in detecting affective disorders among injecting drug user populations (see Hides et al., 2007).

The 2004/05 National Health Survey (Australian Bureau of Statistics, 2006) provides the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10 to 15 were considered to be 'low', 16 to 21 as 'moderate', 22 to 29 as 'high' and 30 to 50 as 'very high'. Using these categories, 28% of IDRS participants reported being highly distressed compared to 4% of the general population (Table 59).

Table 59: K10 scores by jurisdiction (method used in ABS National Health Survey), 2007

	ABS National Health Survey	IDRS								
K10 category	**National**	**National N=828**	**NSW n=142**	**ACT n=94**	**VIC n=146**	**TAS n=92**	**SA n=94**	**WA n=67**	**NT n=92**	**QLD n=101**
% reporting no or low distress (score 10-15)	63	21	20	17	21	11	26	24	29	22
% reporting moderate distress (score 16-21)	24	23	24	26	22	24	21	24	17	28
% reporting high distress (score 22-29)	9	28	26	32	29	25	32	24	34	25
% reporting very high distress (score 30-50)	4	28	30	26	29	40	21	28	20	26

Source: IDRS IDU participant interviews; ABS (2006)

10.6 Driving risk behaviour

The issue of driving under the influence of illicit drugs has gathered increased public and policy attention over the past few years, with the recent introduction of roadside drug testing across the majority of jurisdictions. As a consequence, brief questions concerning drink and drug driving behaviours and experiences of random breath and roadside drug testing were included in the IDRS. Random breath testing assesses blood alcohol content, while drug testing tests saliva for the presence of cannabis, methamphetamine and MDMA. If then found to be positive, drivers undergo confirmatory blood testing.

It was beyond the scope of the present study to investigate the full range of issues associated with this area in great detail (including the effects of tolerance and the reliability of saliva drug testing), therefore, interested readers are encouraged to familiarise themselves with the literature.

Of the national sample, 51% had driven a car in the last six months. Of those who had driven recently (n=462), one-quarter reported driving while under the influence of alcohol on a median of three occasions during that time (range 1-180 days). Approximately four-fifths had driven shortly after using an illicit or illicitly obtained drug on a median of 30 occasions (range 1-180 days). The drugs most commonly reported, unsurprisingly, typically reflected the most commonly used drugs in each jurisdiction, i.e. cannabis, heroin/opioids and methamphetamine were typically the most commonly reported across the jurisdictions (Table 60).

Table 60: Driving behaviour by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
% Driven in the last six months (n)	51 (462)	37 (57)	44 (44)	41 (61)	57 (57)	68 (68)	68 (54)	63 (67)	45 (54)
% Driven under the influence of alcohol last six months*	25	14	30	31	23	32	20	21	28
% Driven soon after using an illicit drug(s) last six months*	83	70	96	84	83	85	87	76	87
Drug(s) taken:**									
% Heroin	34	38	48	69	0	36	32	2	47
% Methadone	15	10	12	6	40	17	26	4	7
% Buprenorphine	5	5	5	6	6	12	0	0	2
% Buprenorphine-naloxone	2	0	0	2	0	2	4	0	4
% Morphine	18	5	0	2	21	16	9	69	15
% Oxycodone/other opioids (not elsewhere specified)	1	0	2	2	2	2	0	0	0
% Speed	16	10	5	14	21	19	19	14	21
% Base	3	5	0	0	0	10	0	0	9
% Ice/crystal	7	18	19	0	2	10	4	2	6
% Any methamphetamine	*26*	*33*	*24*	*14*	*23*	*38*	*23*	*16*	*34*
% Cocaine	2	13	2	0	0	0	0	0	2
% Ecstasy	<1	0	2	0	0	0	0	4	0
% Benzodiazepines	8	8	5	6	26	7	4	4	9
% Cannabis	37	30	31	41	55	43	23	26	43

Source: IDRS IDU participant interviews

* among those who had driven a car in the last six months

** among those who had driven soon after taking a drug. Refers to the last occasion of driving under the influence of an illicit drug

Participants who had driven under the influence of an illicit drug(s) in the preceding six months were asked whether they felt their driving had been impaired the last time they had engaged in this behaviour. Response options were 'quite impaired', 'slightly impaired', 'no impact', 'slightly improved' and 'quite improved'. Over half (53%) felt that it had had no impact on their driving, while 25% felt that it had been 'slightly impaired' and 5% felt that it had been 'quite impaired'. Thirteen percent felt that it had been 'slightly improved' and 3% thought it had been 'quite improved'. There were three cases of missing data.

Experiences of random breath and saliva drug driving testing in the preceding six months were also recorded. Random breath testing (RBT) for alcohol has been widely implemented in Australia for some time, while at the time of interview saliva drug driving testing was comparatively less common. Approximately one-third of those who had driven a car in the last six months had been random breath tested during that time, ten percent of whom had been

found to be over the legal alcohol limit (Table 61)[22]. Seven percent (n=28) of those who had driven soon after using an illicit drug in the past six months reported ever having been saliva drug tested at the roadside[23]. Nine participants reported a positive result, as follows: cannabis only: n=2; cannabis and methamphetamine: n=1; methamphetamine only: n=2. Four participants reported testing positive but data regarding the drug(s) they had tested positive for were unavailable.

Table 61: Random breath testing among those who had driven a car in the preceding six months, by jurisdiction, 2007

	National n=462	NSW n=57	ACT n=44	VIC n=61	TAS n=57	SA n=68	WA n=54	NT n=67	QLD n=54
% Random breath tested (RBT) last six months*	35	23	33	26	49	40	40	28	36
% RBT result over the legal alcohol limit†	11 (n=16)	8 (n=1)	0	0	35 (n=8)	4 (n=1)	0	17 (n=3)	16 (n=3)

Source: IDRS IDU participant interviews

* Among those who had driven a car in the last six months

† Among those who had who had been random breath/saliva drug tested (as appropriate)

^ Among those who had driven soon after using an illicit drug(s)

[22] Participants may not necessarily have been under the influence of alcohol when they were random breath tested.

[23] Participants may not necessarily have been under the influence of drugs at the time(s) they were drug tested.

10.7 Summary of health-related trends

- Approximately one-tenth of IDRS participants had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in NSW and QLD (16%). Morphine overdose in the past year was reported by 4% of recent users.
- Just over one-fifth of the national IDRS sample had witnessed another person's overdose in the preceding year, with the highest proportions in NSW (32%), the ACT (29%) and VIC (28%). These overdoses were commonly reported to be primarily attributable to heroin (72%). In TAS and NT, overdose was more commonly reported to be due to the use of pharmaceutical opioids.
- The most recent national figures for fatal opioid overdose in Australia were from 2005; at this time opioid overdose figures had remained relatively stable since 2001. Substantially fewer deaths in Australia were attributable to use of methamphetamine or cocaine during 2005.
- The total number of clients registered in opioid substitution treatment (OST) remained relatively stable between 2002 and 2006. The majority of clients were being prescribed methadone, followed by buprenorphine, and only small numbers were prescribed Suboxone.
- Clients of treatment services reporting amphetamines, cocaine or cannabis as their primary drug of concern remained relatively unchanged between 2004/05 and 2005/06. There was a slight downward trend in the proportions reporting heroin as their principal drug of concern in the majority of jurisdictions over this time.
- The number of opioid-related hospital admissions remained stable between 2003/04 and 2004/05, the most recent data available at the time of publication. As with most indicator data, figures remained substantially lower than those reported prior to the 2001 heroin shortage. Admissions related to heroin use were higher than for methamphetamine at the national level, and figures for the latter remained relatively stable or decreased between 2003/04 and 2004/05 in most jurisdictions. Cocaine-related hospital admissions remained low relative to those for heroin and methamphetamine. Figures were highest, and increased, in NSW in 2004/05. Cannabis-related admissions have steadily increased over time, but remained relatively stable between 2003/04 and 2004/05.
- Receptive sharing (borrowing) of needles/syringes was reported by 10% of participants in the month preceding interview, typically after a partner or close friend. Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common and increased slightly from 2006, but remained lower than previously. Sterile needles and syringes were predominantly obtained from NSPs, although a range of other sources were also used.
- In Australia, hepatitis C (HCV) continued to be more commonly notified than hepatitis B (HBV). The prevalence of HIV among injecting drug users in Australia remained stable at relatively low rates, with HCV more commonly reported.
- The majority of IDRS participants reported injecting in a private location, with approximately one-quarter reporting that they had last injected in a public location such as on the street, in a car or in a public toilet.
- Just over two-thirds of the IDRS sample reported experiencing an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).
- Forty percent of the IDRS sample reported that they had experienced a mental health problem in the preceding six months (based on self-reported perception), most commonly depression or anxiety. Higher levels of psychological distress as measured by the K10 were reported than among the general population.

- Driving under the influence of alcohol was reported by one-quarter of participants who had driven in the preceding six months. Just over 80% reported driving under the influence of an illicit drug during that time. One-third of those who had driven a car reported having been random breath tested in the preceding six months, of whom 11% were over the legal alcohol limit. Small proportions reported being saliva drug tested.

11.0 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Please refer to earlier section *(Health-related trends associated with drug use)* for information about drug driving risk behaviour, an issue that can be considered to be health and/or law enforcement-related.

11.1 Reports of criminal activity

Table 62 shows self-reported criminal activity in the month preceding interview by jurisdiction. Consistent with previous years, two-fifths of the overall national sample had engaged in at least one of the listed criminal activities in the preceding month, with the most commonly reported activities being drug dealing and property crime. Proportions reporting engaging in drug dealing were ranged from approximately one-fifth in SA and the NT to two-fifths in the ACT, while proportions reporting engaging in property crime ranged from approximately one-tenth in the NT to one-quarter in the ACT. Violent crime and fraud were less commonly reported among the jurisdictional samples.

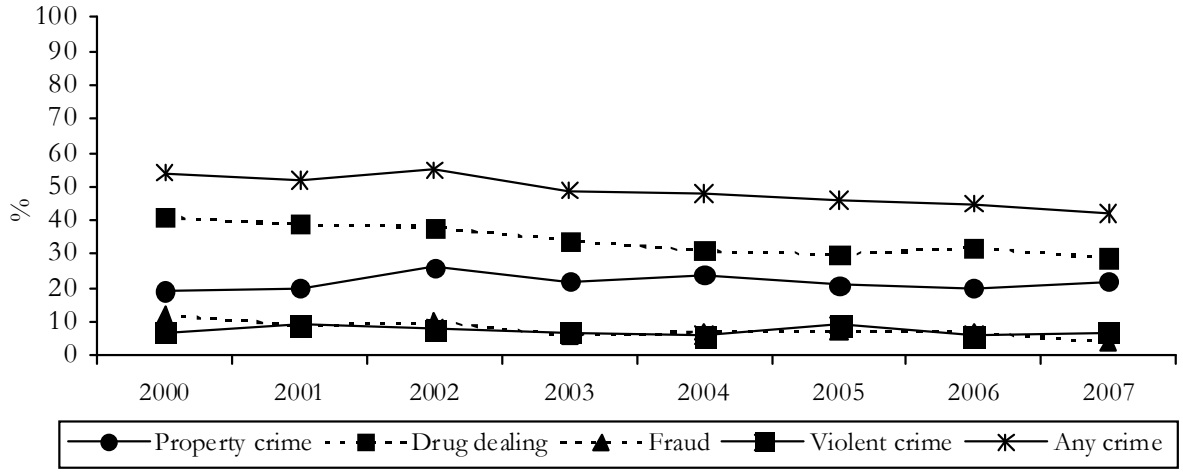
Table 62: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Crime in the last month (%)									
Drug dealing	29	31	42	23	24	22	44	22	28
Property	22	22	26	22	31	15	21	11	24
Fraud	4	5	7	5	6	2	4	3	2
Violence	7	7	5	7	16	2	5	2	8
Any crime	42	46	55	38	48	33	48	29	42

Source: IDRS IDU participant interviews

Figure 68 shows self-reported criminal activity in the preceding month, over time. There has been a gradual decline over time in the proportion reporting engagement in any crime in the month preceding interview, which is most likely being driven by the decline over time in proportions reporting property crime in this period. Reports of other crime have decreased slightly or remained stable since 2000.

Figure 68: Self-reported criminal activity in the month preceding interview, 2000-2007



Source: IDRS IDU participant interviews

11.2 Reports of police activity towards IDU participants

As in previous years, perceptions of police activity were mixed, with similar proportions in the national sample reporting that it had either increased or was stable. This was also broadly the case across the majority of jurisdictions, although some variation was seen, with the majority of those in NSW perceiving it to have increased, while the majority of those in TAS and SA perceiving it to have remained stable (Table 63). Approximately one-fifth of the sample reported that police activity had impacted on their ability to obtain illicit drugs.

Table 63: Perceptions of police activity towards participants, 2007

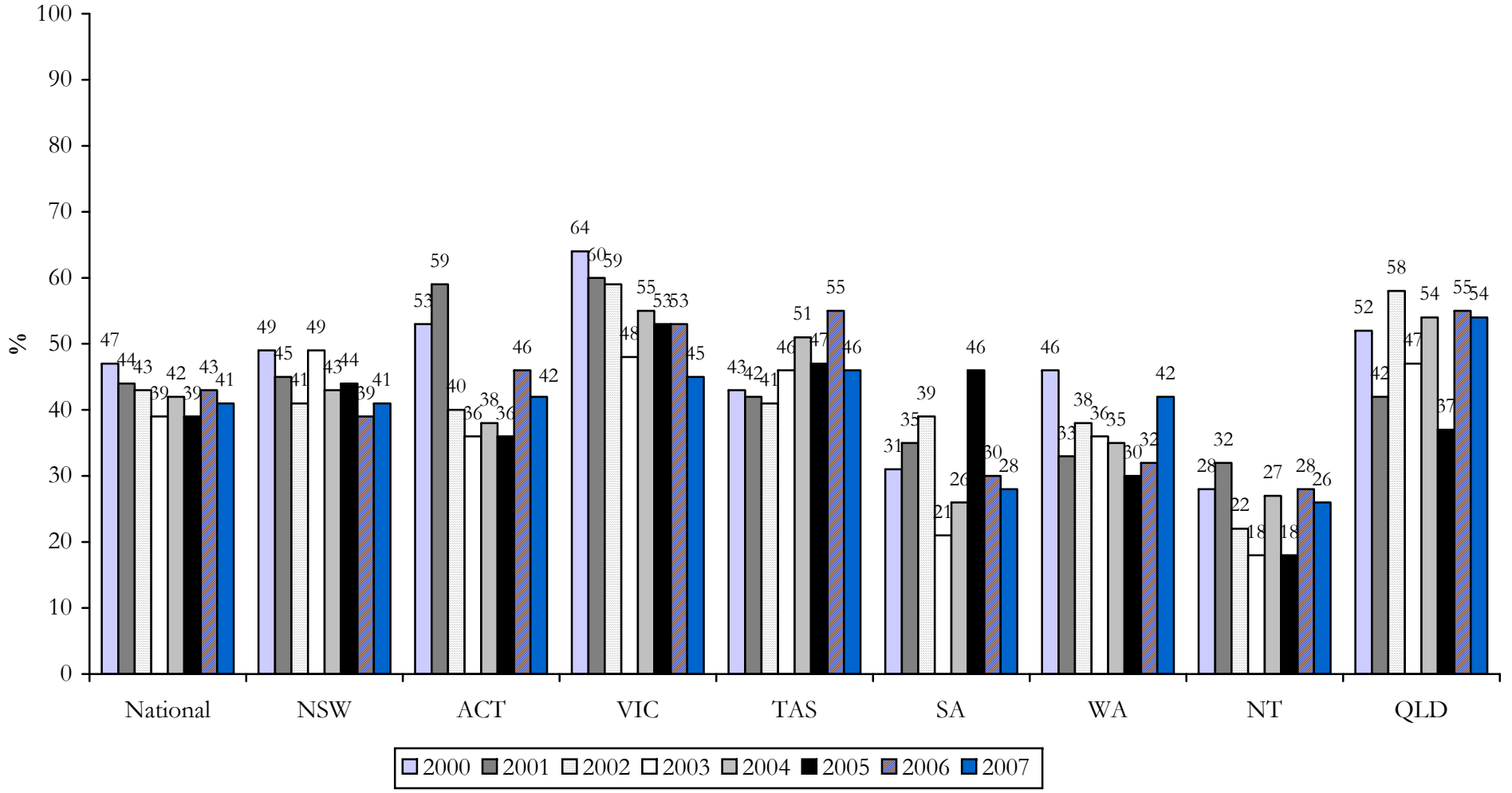
	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Recent police activity (%)									
Decreased	2	3	1	3	2	4	5	2	<1
Stable	41	30	49	44	61	51	35	40	28
Increased	43	60	42	41	35	26	44	42	47
Don't know	13	7	9	12	2	19	16	17	24
Police activity made scoring more difficult	22	20	19	23	20	19	20	35	21

Source: IDRS IDU participant interviews

11.3 Arrests

Two-fifths of the 2007 national sample reported having been arrested in the 12 months preceding interview, ranging from one-quarter in the NT to over 50% in QLD. Nationally, the figures have remained stable since 2000 at between 40% and 50%, although some fluctuations at the jurisdictional level have been noted (Figure 69).

Figure 69: Proportion reporting having been arrested in the preceding 12 months, 2000-2007



Source: IDRS IDU participant interviews

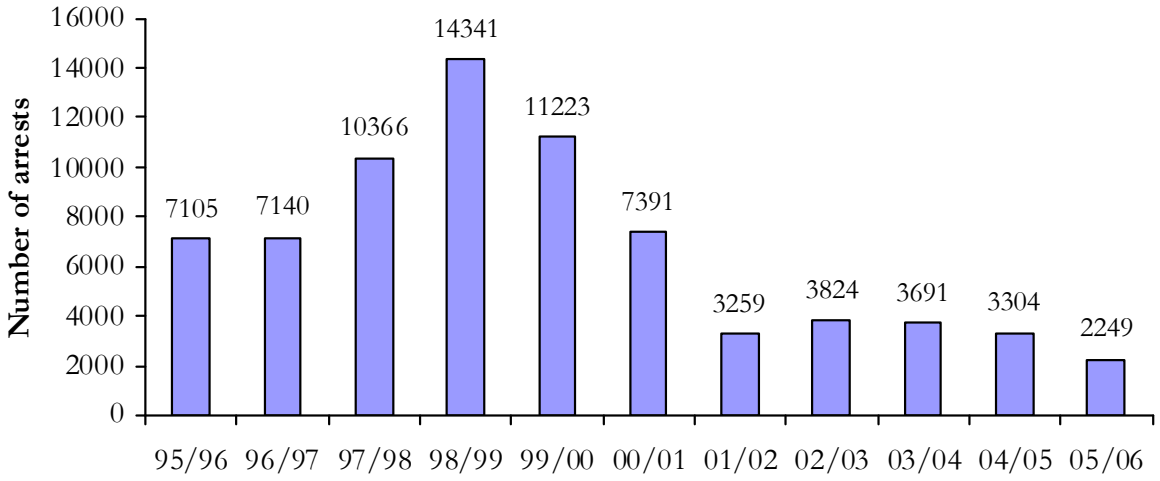
In addition to IDRS IDU participant data on arrest over the past year, population level statistics related to drug use are also available from the Australian Crime Commission (latest available year 2005/06). These are reported in the following sub-sections by drug type.

11.3.1 Heroin

Arrest data can indicate changes in activity of users, the people involved in supplying illicit drugs, and/or changes in the focus of police activity. Arrests are divided into consumer and provider offences to differentiate between people arrested for trading in (providers) as opposed to using (consumers) illicit drugs (Australian Crime Commission, 2007).

In 2005/06, numbers of consumer and provider arrests for heroin and other opioids declined again from 3,304 in 2004/05 to 2,249. Arrests have steadily declined since 1998/99 (Figure 70). Data for 2006/07 were not available at the time of publication of this report.

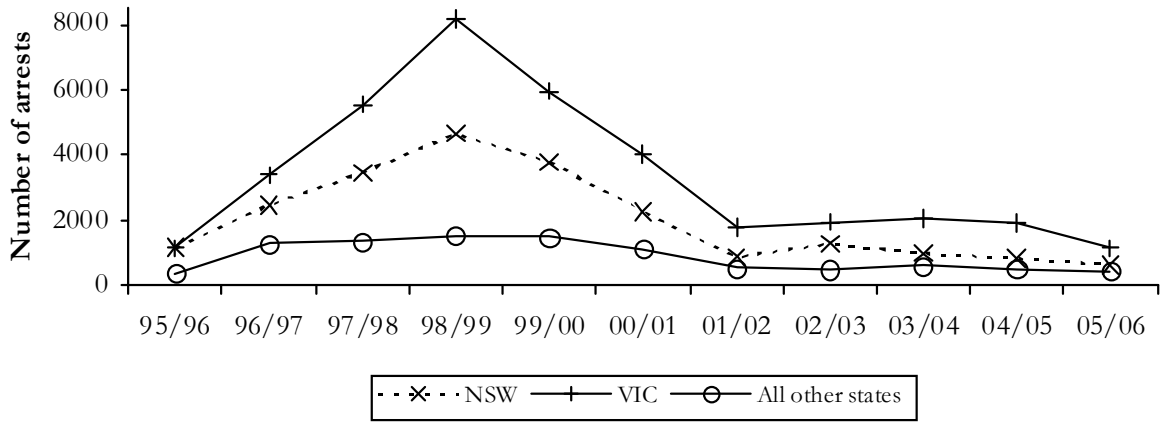
Figure 70: Total number of heroin and other opioids consumer and provider arrests, 1995/96-2005/06



Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: The arrest data for each state and territory include AFP data. Data for 2006/07 were not available at the time of publication.

Figure 71 shows the total number of arrests for heroin and other opioids in NSW and VIC compared to all other jurisdictions. Arrests have been highest in VIC for the entire period, and there was a decline in numbers in 2005/06 in both NSW and VIC. Data for 2006/07 were not available at the time of publication of this report.

Figure 71: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2005/06

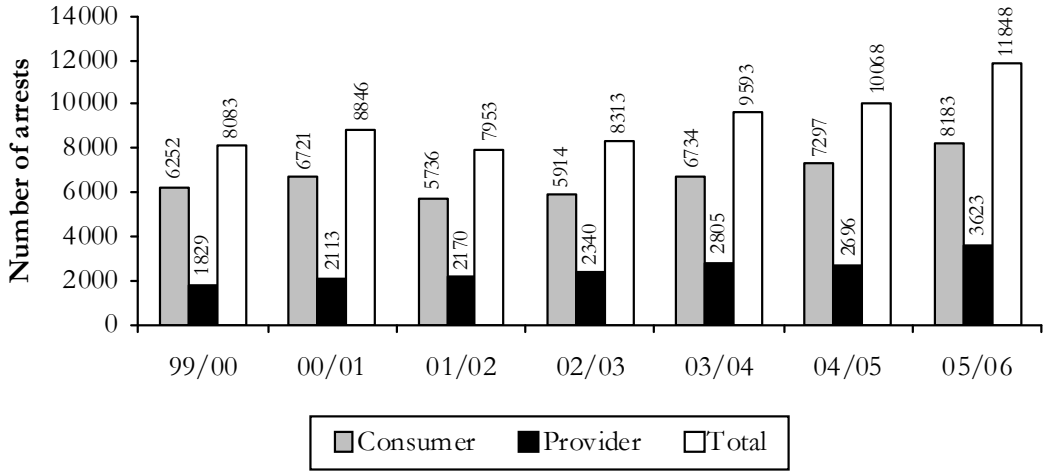


Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2006/07 were not available at the time of publication.

11.3.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with ATS and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2007). Consumer and provider arrests for ATS have continued to increase Australia-wide over the past four years (Figure 72). NSW and VIC recorded the largest increases in ATS arrests (NSW from 1,942 to 2,462 in 2005/06; VIC from 2,174 to 2,838 in 2005/06). QLD and SA also recorded increases while arrests remained stable in WA, the NT, the ACT and TAS. Data for 2006/07 were not available at the time of publication of this report.

Figure 72: Amphetamine-type stimulants: Consumer and provider arrests, 1999/00-2005/06

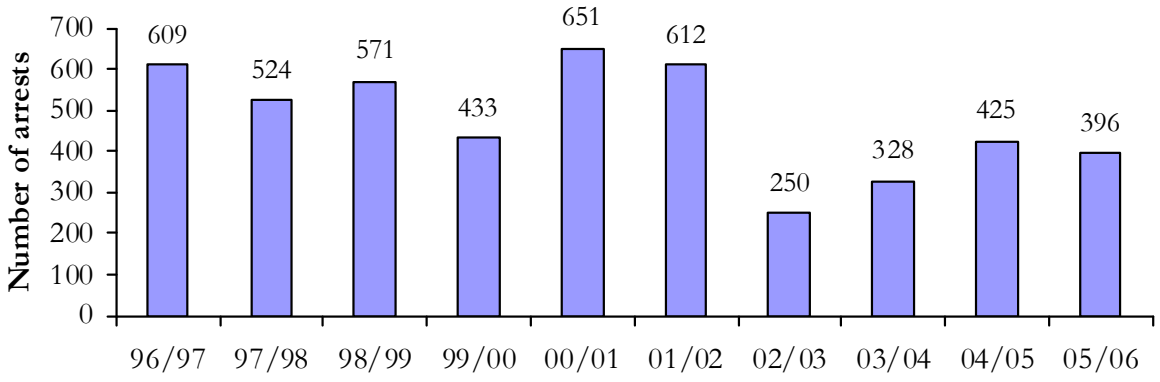


Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 2006/07 were not available at the time of publication

11.3.3 Cocaine

In 2005/06 the number of cocaine arrests Australia wide decreased slightly from 425 in 2004/05 to 396. The majority of these arrests (52%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW the number of arrests declined from 229 in 2004/05 to 208 in 2005/06. Arrests remained relatively stable in other jurisdictions (Figure 73). Data for 2006/07 were not available at the time of publication of this report.

Figure 73: Total number of cocaine consumer and provider arrests, 1996/97-2005/06

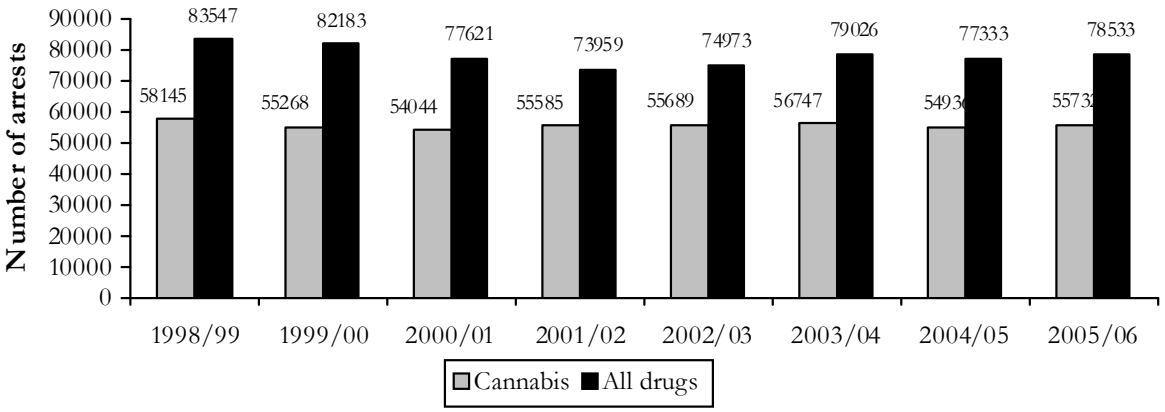


Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2006/07 were not available at the time of publication.

11.3.4 Cannabis

Cannabis arrests continue to account for the majority (71%) of all drug-related arrests in Australia (Australian Crime Commission, 2007). Numbers have remained relatively stable in the past eight years, indicating little change in enforcement of cannabis-related offences during this period. As in previous years, the number of cannabis arrests in QLD (23,235) accounted for just under half (42%) of the national total. Numbers increased in NSW from 6,583 in 2004/05 to 8,842 in 2005/06, while they decreased slightly in VIC from 7,221 in 2004/05 to 6,901 in 2005/06 (Figure 74). Data for 2006/07 were not available at the time of publication of this report.

Figure 74: Number of cannabis and all drug consumer and provider arrests, 1998/99-2005/06



Source: ABCI (2000, 2001, 2002); ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were not available at the time of publication

11.4 Expenditure on illicit drugs

Just over one-third of the national sample reported they had not spent any money on illicit drugs on the day prior to interview, ranging from approximately one-quarter in NSW to almost half in TAS and SA. The median amount spent by those who had purchased drugs ranged from $50 to $100 (Table 64).

Table 64: Expenditure on illicit drugs on the day preceding interview, by jurisdiction, 2007

	National N=885	NSW n=152	ACT n=100	VIC n=149	TAS n=97	SA n=100	WA n=80	NT n=95	QLD n=112
% nothing	37	26	42	34	49	47	44	30	38
% less than $20	5	6	5	8	4	4	0	4	7
% $20 to $49	15	14	18	12	19	16	11	22	12
% $50 to $99	16	23	19	16	13	14	8	19	11
% $100 to $199	16	16	12	17	12	11	24	15	19
% $200 to $399	8	13	3	11	2	5	11	6	13
% $400 or more	2	3	1	2	1	3	3	4	2
Median expenditure* ($)	70	80	58	80	50	50	100	60	100

Source: IDRS IDU participant interviews

* by those who reported spending money on illicit drugs. Medians rounded to nearest whole number

11.5 Experiences with drug detection 'sniffer' dogs

The use of drug detection ('sniffer') dogs by the police has recently become an area of increased interest and controversy. Consequently, survey items were included in the IDRS to provide an indication of participants' experiences in this area. Participant reports varied across jurisdictions, from less than 10% reporting sighting a police drug detection dog in SA to over three-quarters in NSW and between one-fifth (NT) and just over half (the ACT) reported having been in possession of drugs at that time. Participant reports of having been searched due to a positive notification of a drug detection dog also varied by jurisdiction (Table 65).

Table 65: Experiences of police drug detection dogs, 2007

	National N=909	NSW n=153	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=80	NT n=106	QLD n=119
Seen sniffer dogs past six months (%)	28	77	30	33	na	3	na	19	33
Median number of times seen sniffer dogs past six months#	2	3	2	2	na	2	na	1	2
In possession of drugs when observed dogs#	40	40	53	36	na	33^	na	20	49
Searched due to positive notification from sniffer dog past six months#	28	43	6	28	na	0	na	25	11

Source: IDRS IDU participant interviews

Note: Police drug detection dogs were not used/not routinely used in TAS or WA at time of interview.

# of those who reported having observed drug detection dogs recently

^ small numbers reporting (n<10)

† among those searched due to a positive notification from a sniffer dog

Participants who had been in possession of drugs when they had observed drug detection dogs (n=104) were asked about their response(s). The majority (55%) reported that they had not changed their behaviour, 29% had avoided the dog (e.g. taken a different route, left the vicinity), 14% had attempted to hide their drugs better, 2% had disposed of their drugs, one participant had ensured that he/she bought drugs from a known (trusted) source and one participant had taken the drugs to escape detection.

Twenty-nine participants had been searched due to a positive notification from a sniffer dog in the preceding six months, the vast majority of whom were in Sydney (n=20). The majority of those searched had not been found to have drugs on them and had been let go (69%, n=20).

11.6 Summary of law enforcement-related trends

- Participant reports of criminal activity remained stable compared to previous years, with two-fifths of the national sample reporting engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.
- Participant perceptions of police activity were mixed and remained similar to previous years. Activity was most often reported to have either remained stable or to have increased. Approximately one-fifth of the sample reported that police activity had impacted on their ability to obtain illicit drugs. Two fifths of the sample reported having been arrested in the preceding 12 months.
- In 2005/06, numbers of consumer and provider arrests for heroin and other opioids declined, continuing a downward trend since 1998/99. In contrast, the number of arrests for amphetamine-type stimulants (including phenethylamines such as MDMA) has increased over the past four years. Cocaine arrests declines slightly in NSW and remained low and stable elsewhere. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.
- Among participants who had spent money on illicit drugs on the day before interview (63%), the median expenditure was $70.
- Varying proportions of participants had seen a drug detection dog in the preceding six months. The majority of participants who had been searched due to a positive notification from a drug detection dog had not been found to be in possession of illicit drugs.

12.0 IMPLICATIONS AND RECOMMENDATIONS

Australian Drug Trends 2007 provides an opportunity to examine trends between and within jurisdictions over time through interviews with a sentinel group of people who regularly inject drugs; interviews with KE (contained in the individual state/territory reports) and the collation of indicator data. This is done with the aim of informing further research and contributing to the evidence base upon which policy decisions are made. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and issues associated with use of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms. The findings of the 2007 national IDRS indicate that further attention is required in the following areas:

1. Although there are some commonalities in drug trends across the country, there is also substantial variation. For example, different jurisdictional patterns in the injection of drugs, such as heroin, methamphetamine and pharmaceutical opioids, raise different issues to consider in each jurisdiction. The reader is directed to the individual state/territory IDRS reports for further information on these and other issues at the jurisdictional level. As a consequence, harm minimisation strategies (towards supply, demand and harm reduction) need to be individually tailored to the particular substances used and the problems associated with them within each state and territory.

2. Continued and ongoing communication between law enforcement and health services is recommended to ensure the goals of demand, supply and harm reduction are, or continue to be, met as successfully as possible. Continued and appropriate consultation with stakeholders, including advocacy groups, is also recommended to achieve these aims.

3. Increases in both the prevalence and frequency of heroin use were observed in most jurisdictions compared to 2006, and there was some suggestion of a self-reported increase in purity, albeit small, compared to 2006. While there has been no indication to date of a return to levels of use or harm reported pre-2001, continued dissemination to users of the potential risks for heroin overdose remains crucial. This is particularly pertinent given the increasing diversification of drugs used among the participants interviewed for the IDRS, because the risk of overdose is heightened when heroin is used in combination with other depressant drugs such as alcohol, benzodiazepines and other opioids. Other groups at increased risk of overdose include individuals recently released from prison, and those users returning to use following a period of abstinence. Continued dissemination of overdose risk reduction and management strategies is warranted, including through prison pre- and post-release programs, peer-based prevention education programs, outreach, treatment and NSP services. Provision of naloxone (including appropriate training on its administration) to users has also been argued to be effective in reducing fatalities due to overdose and may usefully be explored in the Australian context (see (Lenton & Hargreaves, 2000; Galea et al., 2006; Kelly et al., 2005).

4. Data from analysed seizures are more objective than user reports which are necessarily influenced by other factors such as an individual's tolerance, environment and polydrug use. However, these data do not provide the whole picture as not all seizures are subject to analysis. More comprehensive seizure analysis and regular and timely release of this information would be of great benefit in overdose prevention.

5. In the context of recent increases seen in the use of heroin and other opioids among this group of users, the continued provision of opioid replacement therapies (ORT) for the treatment of opioid dependence is essential. Increased access to ORT is also required, along with ongoing evaluation of the needs of individuals engaging in these programs, to ensure they remain relevant and suitably flexible.

6. Reports of the use of 'brown' heroin raises several issues that require further research, particularly as it has obvious supply and harm reduction implications. If alkaline heroin use is found to be, or becomes, more widespread than previously identified, harm reduction initiatives should consider expansion to include the provision of metal (rather than plastic) spoons and citric acid, in addition to education and advice on the two forms of heroin and safest methods of use.

7. The increased use of drugs such as methamphetamine and prescription opioids in recent years among IDRS samples may in part be due to continued difficulties in accessing high quality heroin, rather than a preference for these substances per se (O'Brien et al., 2007). Heroin has remained the drug of choice for the largest proportion of IDRS participants since 2000. The increase in heroin use among the national sample in 2007, which coincided with some decreases in methamphetamine use, supports this suggestion, although other factors are also likely to have been involved. It is recommended that policymakers and service providers remain cognisant of this preference when making decisions relevant to this group.

8. As in previous years, the majority of IDRS participants in 2007 were polydrug users. Treatment approaches and harm reduction interventions should take this into account, particularly in relation to the effects of drugs, safer use, withdrawal and overdose risk.

9. Despite the continued availability of methamphetamine across most jurisdictions in 2007, there was a decline in prevalence of methamphetamine use compared to 2006, suggesting that drug availability alone does not account for use patterns. Self-reported purity of all three forms (speed, base and ice/crystal) appeared to have remained relatively stable, with participant responses indicating that the crystalline form generally remained of 'high' purity. However, purity reports were more varied than in 2006, possibly reflecting changes in the production (e.g. domestic vs. imported), adulteration procedures ('cutting', e.g. adding crystalline adulterants to speed or base), increased tolerance among those who commented, and/or a number of other factors. Data from seizure analysis will provide further insight into this issue once it becomes available.

10. Some confusion about the term 'methamphetamine' exists in the community, and the media often reports methamphetamine as synonymous with crystal methamphetamine, or 'ice'. As discussed earlier, methamphetamine can take several forms, including 'ice'. Use of the lower purity powder form ('speed') continues to account for a large proportion of the methamphetamine use among this group and indeed was the most commonly used form among the 2007 national sample. Care also needs to be taken when considering the purity of ice/crystal. In addition to findings of the 2007 IDRS suggesting that lower purity methamphetamine of crystalline appearance was available, seizure analysis has indicated that it is of bimodal purity (McKetin et al., 2005a). Awareness and clarification of these issues is required if public health and education messages are to be credible and effective.

11. Despite overall decreases in methamphetamine use noted in 2007, a small but significant proportion of participants reported high levels of use, including daily use of ice/crystal. This remains a concern, as problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt & Topp, 2003). Increases in some problems associated with methamphetamine use have also been documented in indicator data spanning the wider community. High levels of cocaine use were also reported by a minority of participants in NSW. Together, these findings suggest that wider implementation – and dissemination to users – of available treatment options for psychostimulant problems, including dependence, is required, as well as development of strategies to engage and retain users in these programs, as research shows that very few of these users attend for treatment (McKetin & McLaren, 2004).

12. Harm reduction measures targeting those who continue to use methamphetamine regularly also appear warranted. These include targeted education regarding the effects of prolonged use (e.g. agitation, aggression, paranoia and psychosis), practical strategies to reduce risk (e.g. rest periods between binges), skills training or counselling for users (e.g. recognising and dealing with anxiety, anger and low mood) and referral into treatment where appropriate. Available resources include 'On Thin Ice: A User's Guide' (available at http://ndarc.med.unsw.edu.au/) and http://www.wizzwize.com.au, both of which were developed in conjunction with methamphetamine users.

13. Route of administration of crystal methamphetamine is also an important issue, with risks associated with both injecting and smoking of the drug. One-third of recent ice/crystal users reported having smoked the drug during the preceding six months, which has implications for harm reduction. Practical education on ways to reduce risks associated with smoking, as well as injecting, of the drug is necessary.

14. Continued implementation of skills training for frontline workers dealing with people who use psychostimulants in a problematic manner and/or who present in crisis appears warranted. This includes health service providers and law enforcement personnel. A number of guideline documents have been developed under the National Drug Strategy (e.g. Baker et al., 2004; Jenner et al., 2004a; Jenner et al., 2006; Jenner et al., 2004b).

15. In the context of the harms associated with injecting drug use such as overdose and BBVI infection, the use of cannabis is often overlooked. However, use in the IDRS IDU sample remained high, with 40% of participants reporting daily cannabis use. In addition to being the most commonly used illicit drug by the IDRS sample, cannabis is the most widely used illicit drug in Australia (Australian Institute of Health and Welfare, 2005) and spans a wide range of demographic groups. This means that strategies to address problem use, e.g. education campaigns and treatment, should be tailored to the specific demographic groups targeted. The National Cannabis Strategy 2006-2009 identified a range of responses that should be taken, including prevention and treatment of problems associated with cannabis use (Ministerial Council on Drug Strategy, 2006).

16. Many IDRS participants reported cannabis potency as 'high', and that much of the cannabis used was reported to have been hydroponically grown. However, there has been no published research analysing the potency of cannabis; future work may further examine the characteristics and potency of street samples of cannabis to validate subjective reports. Efforts to determine whether the different forms of cannabis (outdoor

grown vs. hydroponically grown) are associated with different levels of harms, including dependence and comorbid mental health problems, would also be of benefit.

17. In light of the harms associated with the injection of the opioid substitution treatments methadone, buprenorphine and buprenorphine-naloxone (e.g. vascular damage, infections and overdose), continued monitoring of these issues is recommended to inform appropriate responses. Similarly, continued careful monitoring is required by medical practitioners of injection of pharmaceutical preparations, while also continuing to provide these medications appropriately to those with genuine clinical need. This includes benzodiazepines, pharmaceutical stimulants and other opioids (e.g. morphine and oxycodone) that have been formulated for oral consumption, many of which contain compounds harmful to vascular health.

18. Given the injection rates of benzodiazepines and opioids, provision of targeted harm reduction messages and equipment such as pill filters should be considered for those who continue to inject such preparations. Consideration of the use of injectable forms of opioids for certain indications, such as is available in the United Kingdom, may be appropriate.

19. There may be many interpretations of the term 'diversion' when used in relation to the extra-medical use of other opioids and benzodiazepines, and as discussed earlier (see *Other opioids* section), there are numerous reasons for engaging in these behaviours. This is an area of increased interest at present, with further research currently being conducted to increase understanding of these difficult issues and to guide appropriate responses.

20. While IDRS participant reports of the sharing of needles/syringes and other injecting equipment have decreased over time, these behaviours continue to occur, suggesting a need for expansion of NSP initiatives, e.g. enhancing availability through extending opening hours, outreach and vending machines as appropriate, in addition to promotion of these services to users. In addition, as injection-related problems continue to be reported, information on the harms associated with use of non-sterile equipment, in addition to procedures for cleaning injection equipment when sterile equipment is unavailable, should continue to be actively provided to consumers through appropriate means. Continued emphasis on targeted strategies to reduce the rates of sharing of needles/syringes and other injection equipment (such as tourniquets, filters and mixing containers), and to improve awareness and adoption of safe injection practices and vein care among people who inject drugs, remains imperative.

21. Continued emphasis on the importance of regular blood-borne viral infection (BBVI) testing and vaccination to people who inject drugs, including efforts to maximise the availability of these services (e.g. provision of testing at/near NSPs) is required. Continued efforts should also be made to provide clear messages and interpretations of BBVI test results, including access to appropriate pre- and post-test counselling, follow-up information, support and referral.

22. Increased/continued awareness of the need for treatment of the comorbid mental health and polydrug use problems that people may be experiencing is warranted, as is the promotion of available services to high risk groups such as people who inject drugs are warranted. Maintaining links and referral pathways between drug services and mental health services remains critical as rates of psychological distress and comorbidity were reportedly high. In particular, the likelihood that comorbid mental health problems may

affect treatment outcome needs to be acknowledged and addressed by both mental health and drug treatment services. Future work might usefully investigate awareness and understanding of mental health problems, including treatment service availability, and effects of drug use on psychiatric signs and symptoms and vice versa. In addition, exploration of barriers to mental health services encountered by this group and identification of where improvements may be made to address these would be of continuing benefit.

23. Further investigation into driving under the influence of drugs, e.g. the frequency and circumstances under which it occurs, is already an area of considerable research effort with the introduction of roadside drug testing in the majority of jurisdictions. Dissemination of information to drug users about the effects of drug use (including polydrug use) on driving ability also appears justified, as does informing users about the implementation of roadside drug testing (including the legislation and penalties). Drug-driving interventions have been argued to have an impact on this particularly risky demographic group (O'Brien et al., 2007), suggesting that ongoing monitoring and evaluation of these strategies among this group would be of benefit.

24. High rates of tobacco use have consistently been documented in the IDRS samples over time, with 91% of the 2007 sample reporting daily smoking. Consideration should be given to expanding provision of accessible smoking reduction and cessation treatment, education and options to those considering ceasing or reducing use, e.g. through harm reduction, treatment and other health services attended by this group.

25. Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug trends and related issues among people who regularly inject drugs, it cannot provide information on drug use and harms among all groups of drug users. The EDRS, which has been funded in every Australian jurisdiction since 2003, has documented patterns and trends in use among regular ecstasy users (Dunn et al., 2007). Other monitoring systems also contribute to the body of knowledge and understanding of drug use and related issues, including use among the general population (the National Drug Strategy Household Survey), blood-borne viral infections among people who inject drugs (the Australian NSP Survey) and drug use among arrestees (Drug Use Monitoring in Australia, or DUMA).

26. Just as jurisdictional differences were observed in the IDRS participant sample, it has also been demonstrated that rural and other metropolitan areas may have different patterns of drug use and related harms (e.g. Day et al., 2005). Further research into this issue might usefully enable drug user organisations, health workers and policy makers in areas with different patterns of drug use and harms to adapt more general health promotion messages and responses, and to ensure their relevance to the particular area and/or client group(s).

27. Drug use is not an isolated phenomenon (Spooner, 2005) and policymakers should remain cognisant of the broader context in which it occurs. Protective factors have also been identified, from the individual level through to the macro-environmental, and should also be considered (Spooner, 2005; Spooner et al., 2001; Midgley et al., 2005; Ritter et al., 2007). Targeting of issues such as homelessness, poverty, employment, education, recidivism and social marginalisation may also be of benefit in prevention and reduction of problematic drug use and related issues.

REFERENCES

ANDREWS, G. & SLADE, T. (2001) Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health,* 25, 494-497.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2000) Australian Illicit Drug Report 1998-99. Canberra, ABCI.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2001) Australian Illicit Drug Report 1999-2000. Canberra, ABCI.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2002) Australian Illicit Drug Report 2000-2001. Canberra, ABCI.

AUSTRALIAN BUREAU OF STATISTICS (2006) National Health Survey: Summary of Results 2004-2005. Canberra, ABS.

AUSTRALIAN CRIME COMMISSION (2003) Australian Illicit Drug Report 2001/02. Canberra, ACC.

AUSTRALIAN CRIME COMMISSION (2004) Australian Illict Drug Data Report 2002/03. Canberra, ACC.

AUSTRALIAN CRIME COMMISSION (2005) Australian Illicit Drug Data Report 2003/04. Canberra, ACC.

AUSTRALIAN CRIME COMMISSION (2006) Australian Illicit Drug Data Report 2004/05. Canberra, ACC.

AUSTRALIAN CRIME COMMISSION (2007) Australian Illicit Drug Data Report 2005/06. Canberra, ACC.

AUSTRALIAN CUSTOMS SERVICE (2007) Australian Customs Service Annual Report 2006/07. Canberra, Commonwealth of Australia.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2004) Alcohol and Other Drug Treatment Services in Australia 2002/03: Report on the National Minimum Data Set. Drug Treatment Series. AIHW cat. no. HSE 33. Canberra, AIHW.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2005a) Alcohol and other drug treatment services in Australia 2003/04: report on the National Minimum Data Set. Drug Treatment Series Number 4. AIHW cat. no. HSE 100. Canberra, AIHW.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2005b) National Drug Strategy Household Survey 2004 - detailed findings. Canberra, AIHW.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2006a) Alcohol and other drug treatment services in Australia 2004/05: Report on the National Minimum Data Set. Drug Treatment Series Number 5. AIHW cat. no. HSE 43. Canberra, AIHW.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2006b) National Minimum Data Set for Admitted Patient Care: Compliance Evaluation 2001/02 to 2003/04. AIHW catalogue no. HSE 44. Health Services Series no. 28. Canberra, AIHW.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2007) Alcohol and other drug treatment services in Australia 2005/06: Report on the National Minimum Data Set. Drug Treatment Series Number 7. AIHW cat. no. HSE 53. Canberra, AIHW.

BAKER, A., LEE, N. & JENNER, J. (Eds.) (2004) Models of intervention and care for psychostimulant users. NDS Monograph Series No. 51, Canberra, AGDHA.

BLACK, E., DUNN, M., DEGENHARDT, L., CAMPBELL, G., GEORGE, J., KINNER, S., MATTHEWS, A., QUINN, B., URBANCIC-KENNY, A. & WHITE, N. (2008) Australian Trends in Ecstasy and Related Drug Markets 2007:Findings from the Ecstasy and Related Drugs Reporting System (EDRS). Australian Drug Trends Series No. 10. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

BREEN, C., DEGENHARDT, L., BRUNO, R., ROXBURGH, A. & JENKINSON, R. (2004a) The impact of the restriction of publicly subsidised 10mg temazepam capsules upon benzodiazepine use among injecting drug users in Australia. *Medical Journal of Australia*, 181, 300-305.

BREEN, C., DEGENHARDT, L., ROXBURGH, A., BRUNO, R., DUQUEMIN, A., FETHERSTON, J., FISCHER, J., JENKINSON, R., KINNER, S., LONGO, M. & RUSHFORTH, C. (2003) Australian Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

BREEN, C., DEGENHARDT, L., ROXBURGH, A., BRUNO, R., FETHERSTON, J., FISCHER, J., JENKINSON, R., KINNER, S., MOON, C., WARD, J. & WEEKLEY, J. (2004b) Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

BREEN, C., DEGENHARDT, L., WHITE, B., BRUNO, R., CHANTELOUP, F., FISCHER, J., MOON, C., PROUDFOOT, P., RICHARDS, J., WARD, J. & WEEKLEY, J. (2004c) Australian Party Drug Trends 2003. Findings from the Party Drugs Initiative (PDI). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

BRUNO, R. (2007) Benzodiazepine and pharmaceutical opioid misuse and their relationship to crime: An examination of illicit prescription drug markets in Melbourne, Hobart and Darwin. Tasmanian report. Tasmania, National Drug Law Enforcement Research Fund.

CAMPBELL, G. & DEGENHARDT, L. (2008) Australian Capital Territory Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 3 Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

CHESHER, G. B. (1993) Pharmacology of the sympathomimetic psychostimulants. IN BURROWS, D., FLAHERTY, B. & MACAVOY, M. (Eds.) Illicit Psychostimulant Use in Australia. Canberra, Australian Government Publishing Service.

DARKE, S. (1994) The use of benzodiazepines among injecting drug users. *Drug and Alcohol Review*, 13, 63-69.

DARKE, S., COHEN, J., ROSS, J., HANDO, J. & HALL, W. (1994) Transitions between routes of administration of regular amphetamine users. *Addiction*, 89, 1683-1690.

DARKE, S., HALL, W., WODAK, A., HEATHER, N. & WARD, J. (1992) Development and validation of a multi-dimensional instrument for assessing outcomes of treatment among opiate users: The Opiate Treatment Index. *British Journal of Addiction*, 87, 733-742.

DARKE, S., ROSS, J. & HALL, W. (1996) Prevalence and correlates of the injection of methadone syrup in Sydney, Australia. *Drug & Alcohol Dependence*, 43, 191-198.

DARKE, S., ROSS, J., ZADOR, D. & SUNJIC, S. (2000) Heroin-related deaths in New South Wales, Australia, 1992-1996. *Drug and Alcohol Dependence*, 60, 141-150.

DARKE, S., ROSS, J. & HALL, W. (1995) Benzodiazepine use among injecting heroin users. *Medical Journal of Australia*, 162, 645-647.

DARKE, S., TOPP, L. & ROSS, J. (2002) The injection of methadone and benzodiazepines among Sydney IDU 1996-2000: 5 year monitoring of trends from the Illicit Drug Reporting System (IDRS). *Drug and Alcohol Review*, 21, 27-32.

DAY, C., CONROY, E., LOWE, J., KIMBER, J., PAGE, K. & DOLAN, K. (2005) Drug use and harms among rural and metropolitan injecting drug users: Findings from the rural injectors project. NDARC Technical Report No. 234. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

DE GRAAFF, B. & BRUNO, R. (2007) Self-reported Mental Health Problems among Regular Injecting Drug Users interviewed in the IDRS. *Drug Trends Bulletin*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

DE GRAAFF, B. & BRUNO, R. (2008) Tasmanian Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 5. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

DEGENHARDT, L., BLACK, E., BREEN, C., BRUNO, R., KINNER, S., ROXBURGH, A., FRY, C., JENKINSON, R., WARD, J., FETHERSTON, J., WEEKLEY, J. & FISCHER, J. (2006a) Trends in morphine prescriptions, illicit morphine use and associated harms among regular injecting drug users in Australia. *Drug and Alcohol Review*, 25.

DEGENHARDT, L., CONROY, E., GILMOUR, S. & COLLINS, L. (2005a) The effect of a reduction in heroin supply in Australia upon drug distribution and acquisitive crime. *British Journal of Criminology*, 45, 2-24.

DEGENHARDT, L. & DAY, C. (Eds.) (2004) The course and consequences of the heroin shortage in New South Wales, Adelaide, Australasian Centre for Policing Research.

DEGENHARDT, L., DAY, C., CONROY, E. & GILMOUR, S. (2006b) Examining links between injecting cocaine use and street based sex work in NSW, Australia. *Journal of Sex Research*, 43, 107-114.

DEGENHARDT, L., DAY, C. & HALL, W. (Eds.) (2004a) The causes, course and consequences of the heroin shortage in Australia. NDLERF Monograph No. 3, Adelaide, Australasian Centre for Policing Research.

DEGENHARDT, L., DAY, C., HALL, W. & BEWLEY-TAYLOR, D. (2007) The Australian 'heroin shortage' six years on: What, if any, are the implications for drug policy? Beckley Briefing Paper 12. Beckley Foundation Drug Policy Programme Briefing Paper Series.

DEGENHARDT, L., HALL, W. & LYNSKEY, M. (2003) What is comorbidity and why does it occur?. In M. Teesson & H. Proudfoot (Eds.) *Comorbid mental disorders and substance disorders: Epidemiology, prevention and treatment.* Canberra, Commonwealth of Australia.

DEGENHARDT, L., LARANCE, B., MATHERS, B., AZIM, T., KAMARULZAMAN, A., MATTICK, R. P., PANDA, S., TOUFIK, A., TYNDALL, M., WIESSING, L. & WODAK, A. (in press). Benefits and risks of pharmaceutical opioids: Essential treatment and diverted medication. A global review of availability, extra-medical use, injection and the association with HIV. Prepared on behalf of the Reference Group to the United Nations on HIV and Injecting Drug Use. Sydney, University of New South Wales.

DEGENHARDT, L., RENDLE, V., HALL, W., GILMOUR, S. & LAW, M. (2004b) Estimating the number of heroin users in NSW and Australia, 1997-2002. NDARC Technical Report No. 198. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

DEGENHARDT, L., REUTER, P., COLLINS, L. & HALL, W. (2005b) Evaluating explanations of the Australian 'heroin shortage'. *Addiction*, 100, 459-469.

DEGENHARDT, L. & ROXBURGH, A. (2007a) Accidental drug-induced deaths due to opioids in Australia, 2005. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

DEGENHARDT, L. & ROXBURGH, A. (2007b) Cocaine and amphetamine related drug-induced deaths in Australia 2005. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

DEGENHARDT, L., ROXBURGH, A., BLACK, E. & DUNN, M. (2006c) Cocaine and methamphetamine mentions in accidental drug-induced deaths in Australia, 2004. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

DEGENHARDT, L. & TOPP, L. (2003) 'Crystal meth' use among polydrug users in Sydney's dance party subculture: characteristics, use patterns and associated harm. *International Journal of Drug Policy*, 14, 17-24.

DIETZE, P., HICKMAN, M. & KIMBER, J. (2005) Monograph No. 3: Estimating the prevalence of problematic heroin use in Melbourne. DPMP Monograph Series. Melbourne, Turning Point Alcohol and Drug Centre Inc.

DIETZE, P., MILLER, P., CLEMENS, S., MATTHEWS, S., GILMOUR, S. & COLLINS, L. (2004) The course and consequences of the heroin shortage in Victoria. Adelaide, Australasian Centre for Policing Research.

DIGIUSTO, E. & TRELOAR, C. (2007) Equity of access to treatment, and barriers to treatment for illicit drug use in Australia. *Addiction*, 102, 958-969.

DUNN, M., DEGENHARDT, L., CAMPBELL, G., GEORGE, J., JOHNSTON, J., KINNER, S., MATTHEWS, A., NEWMAN, A. & WHITE, N. (2007) Australian Trends in Ecstasy and Related Drug Markets 2006: Findings from the Ecstasy and Related Drugs Reporting System (EDRS). NDARC Monograph 61. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

DUPONT, R. L. (1998) Abuse of benzodiazepines: the problems and the solutions. *American Journal of Drug and Alcohol Abuse*, 14, 1-69.

FETHERSTON, J. & LENTON, S. (2008) Western Australian Drug Trends 2007:Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 7. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

FETHERSTON, J., TOPP, L., BLACK, E., IVERSEN, J. & MAHER, L. (2007) Blood borne virus surveillance among sentinel samples of injecting drug users. *Drug Trends Bulletin*, December. Sydney, University of New South Wales.

FRASER, S., VALENTINE, K., TRELOAR, C. & MACMILLAN, K. (2007) Methadone maintenance treatment in New South Wales and Victoria: Takeaways, diversion and other key issues. Sydney, National Centre in HIV Social Research, University of New South Wales.

FRY, C. & BRUNO, R. (2002) Recent trends in benzodiazepine use by injecting drug users in Victoria and Tasmania. *Drug and Alcohol Review*, 21, 363-367.

FRY, C., SMITH, B., BRUNO, R., O'KEEFE, B. & MILLER, P. (2007) Benzodiazepine and pharmaceutical opioid misuse and their relationship to crime: An examination of illicit prescription drug markets in Melbourne, Hobart and Darwin. National Overview Report. Tasmania, National Drug Law Enforcement Research Fund.

FURUKAWA, T. A., KESSLER, R. C., SLADE, T. & ANDREWS, G. (2003) The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-being. *Psychological Medicine*, 33, 357-362.

GALEA, S., WORTHINGTON, N., PIPER, T. M., NANDI, V. V., CURTIS, M. & ROSENTHAL, D. M. (2006) Provision of naloxone to injection drug users as an overdose prevention strategy: early evidence from a pilot study in New York City. *Addictive Behaviors*, 31, 907-912.

HALL, W. & SWIFT, W. (2000) The THC content of cannabis in Australia: Evidence and implications. *Australian & New Zealand Journal of Public Health*, 24, 503-508.

HANDO, J., DARKE, S., O'BRIEN, S., MAHER, L. & HALL, W. (1998) The development of an early warning system to detect trends in illicit drug use in Australia: the Illicit Drug Reporting System. *Addiction Research*, 6, 97-113.

HANDO, J., FLAHERTY, B. & RUTTER, S. (1997a) An Australian profile on the use of cocaine. *Addiction*, 92, 173-182.

HANDO, J., O'BRIEN, S., DARKE, S., MAHER, L. & HALL, W. (1997b) The Illicit Drug Reporting System Trial : Final Report. Monograph Number 31. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

HARRISON, A., CHRISTIE, P., LONGO, M., POINTER, S. & ALI, R. (2004) The course and consequences of the heroin shortage in South Australia. Adelaide, Australasian Centre for Policing Research.

HIDES, L., LUBMAN, D. I., DEVLIN, H., COTTON, S., AITKEN, C., GIBBIE, T. & HELLARD, M. (2007) Reliability and validity of the Kessler 10 and Patient Health Questionnaire among injecting drug users. *Australian and New Zealand Journal of Psychiatry*, 41, 166-168.

IGUCHI, M. Y., HANDELSMAN, L., BICKEL, W. K. & GRIFFITHS, R. R. (1993) Benzodiazepine and sedative use/abuse by methadone maintenance clients. *Drug and Alcohol Dependence*, 32, 257-266.

JANE-LOPIS, E. & MATYTSINA, I. (2006) Mental health and alcohol, drugs and tobacco: a review of the comorbidity between mental disorders and the use of alcohol, tobacco and illicit drugs. *Drug and Alcohol Review*, 25, 515-536.

JENKINSON, R., CLARK, N., FRY, C. & DOBBIN, M. (2005) Buprenorphine diversion and injection in Melbourne, Australia: an emerging issue? *Addiction*, 100, 197-205.

JENNER, J., BAKER, A., WHYTE, I. & CARR, V. (2004a) Management of patients with psychostimulant use problems - Guidelines for general practitioners. Canberra, Australian Government Deparment of Health and Ageing.

JENNER, L., BAKER, A., WHYTE, I. & CARR, V. (2004b) Psychostimulants – Management of acute behavioural disturbances. Guidelines for police services. Canberra, Australian Government Department of Health and Ageing.

JENNER, L., SPAIN, D., WHYTE, I., BAKER, A., CARR, V. J. & CRILLY, J. (2006) Management of patients with psychostimulant toxicity: Guidelines for emergency departments. Canberra, Australian Government Department of Health and Ageing.

KELLEHER, A. (1993) The Unobtrusive Researcher: A Guide to Methods, Sydney, Allen & Unwin.

KELLY, A.-M., KERR, D., DIETZE, P., PATRICK, I., WALKER, T. & KOUTSOGIANNIS, Z. (2005) Randomised trial of intranasal versus intramuscular naloxone in prehospital treatment for suspected opioid overdose. *Medical Journal of Australia*, 182, 24-27.

KESSLER, R. C., ANDREWS, G., COLPE, L.J., HIRIPI, E., MROCZEK, D.K., NORMAND, S-L.T., WALTERS, E.E. & ZASLAVSKY, A.M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.

KLEE, H., FLUAGIER, J., HAYES, C., BOULTON, T., & MORRIS, J. (1990) AIDS related risk behaviour, polydrug use and temazepam. *British Journal of Addiction*, 85, 1125-1132.

LARANCE, B., DEGENHARDT, L., LINTZERIS, N., BELL, J., WINSTOCK, A., ALI, R. & MATTICK, R. P. (submitted) A proposal for better-defining behaviours related to the use of pharmaceutical opioids.

LENTON, S. R. & HARGREAVES, K. M. (2000) Should we be distributing naloxone to heroin users for peer administration to prevent fatal overdose? *Medical Journal of Australia*, 173, 260-263.

MAHER, L., LI, J., JALALUDIN, B., WAND, H., JAYASURIYA, R., DIXON, D. & KALDOR, J. (2007) Impact of a reduction in heroin availability on patterns of drug use, risk behaviour and incidence of hepatitis C virus infection in injecting drug users in New South Wales, Australia. *Drug & Alcohol Dependence*, 89, 244-250.

MATTHEWS, A. & BRUNO, R. (2008) Tasmanian Trends in Ecstasy and Related Drug Markets 2007: Findings from the Ecstasy and Related Drugs Reporting System (EDRS). Australian Drug Trends Series No. 14. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

MATTICK, R. P., DIGIUSTO, E., DORAN, C., O'BRIEN, S., SHANAHAN, M., KIMBER, J., HENDERSON, N., BREEN, C., SHEARER, J., GATES, J., SHAKESHAFT, A. & NEPOD TRIAL INVESTIGATORS (2001) National evaluation of pharmacotherapies for opioid dependence (NEPOD). Canberra, Australian Government Department of Health and Ageing.

MCKETIN, R., DARKE, S., HUMENIUK, R., DWYER, R., BRUNO, R., FLEMING, J., KINNER, S., HARGREAVES, K. & RYSAVY, P. (2000) Australian Drug Trends 1999: Findings from the Illicit Drug Reporting System (IDRS). NDARC Monograph Number 43. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

MCKETIN, R. & MCLAREN, J. (2004) The Methamphetamine situation in Australia: A review of routine data sources. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

MCKETIN, R., MCLAREN, J. & KELLY, E. (2005a) The Sydney methamphetamine market: patterns of supply, use, personal harms and social consequences. NDLERF Monograph No. 13. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

MCKETIN, R., MCLAREN, J., KELLY, E., HALL, W. & HICKMAN, M. (2005b) Estimating the number of regular and dependent methamphetamine users in Australia. NDARC Technical Report No. 172. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

MCLAREN, J. & MATTICK, R. P. (2007) Cannabis use in Australia: Use, supply, harms and responses. Monograph series No. 57. Canberra, Commonwealth of Australia.

MCLAREN, J., SWIFT, W., DARKE, S. & ALLSOPP, S. (in press) Cannabis potency and contamination: A review of the literature. *Addiction*.

MIDGLEY, G., WINSTANLEY, A., GREGORY, W. & FOOTE, J. (2005) Monograph No. 13: Scoping the potential uses of systems thinking in developing policy on illicit drugs. DPMP Monograph Series. Fitzroy, Turning Point Alcohol and Drug Centre.

MINISTERIAL COUNCIL ON DRUG STRATEGY (2006) National Cannabis Strategy 2006-2009. Canberra, Commonwealth of Australia.

MOON, C. (2008) Northern Territory Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 8. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2002) Australian NSP Survey National Data Report 1995 - 2001. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2005) Australian NSP Survey: National Data Report 2000-2004. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2006) Australian NSP survey national data report 2001-2005. Sydney, New South Wales, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2007) Australian NSP survey national data report 2001-2006. Sydney, New South Wales, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.

O'BRIEN, S., BLACK, E., ROXBURGH, A., DEGENHARDT, L., BRUNO, R., CAMPBELL, G., FETHERSTON, F., JENKINSON, R., KINNER, S., NEWMAN, J. & WHITE, N. (2007) Australian Drug Trends 2006: Findings from the Illicit Drug Reporting System (IDRS). NDARC Monograph 60. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

PLATT, J. (1997) Cocaine Addiction: Theory, Research and Treatment, Cambridge, Massachusetts, Harvard University Press.

QUINN, B. (2008) Victorian Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 4. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

RAZALI, K., THEIN, H. H., BELL, J., M., C.-S., DOLAN, K., DORE, G., GEORGE, J., KALDOR, J., KARVELAS, M., LI, J., MAHER, L., MCGREGOR, S., HELLARD, M., POEDER, F., QUAINE, J., STEWART, K., TYRELL, H., WELTMAN, M., WESTCOTT, O., WODAK, A. & LAW, M. (2007) Modelling the hepatitis C epidemic in Australia. *Drug and Alcohol Dependence*, 91, 228-235.

REID, G., CROFTS, N. & BEYER, L. (2001) Drug Treatment Services for Ethnic Communities in Victoria, Australia: an examination of cultural and institutional barriers. *Ethnicity and Health*, 6, 13-26.

RICHARDSON, M. & KINNER, S. (2008) Queensland Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 9. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

RITTER, A., BAMMER, G., HAMILTON, M. & MAZEROLLE, L. and the DPMP Team (2007) Effective drug policy: a new approach demonstrated in the Drug Policy Modelling Program. *Drug and Alcohol Review*, 26, 265-271.

RITTER, A. & DI NATALE, R. (2005) The relationship between take-away methadone policies and methadone diversion *Drug and Alcohol Review*, 24, 347-352.

ROSS, J., & DARKE, S. (2000) The nature of benzodiazepine dependence among heroin users in Sydney, Australia. *Addiction*, 95, 1785-1793.

ROSS, J., DARKE, S. & HALL, W. (1997) Transitions between routes of benzodiazepine administration among heroin users in Sydney. *Addiction*, 92, 697-705.

ROSS, J., DARKE, S., & HALL, W. (1996) Benzodiazepine use among heroin users in Sydney: patterns of use, availability and procurement. *Drug and Alcohol Review*, 15, 237-243.

SHEARER, J., JOHNSTON, J., KAYE, S., DILLON, P. & COLLINS, L. (2005) Characteristics and dynamics of cocaine supply and demand in Sydney and Melbourne. NDLERF Monograph No. 14. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

SINDICICH, N. & DEGENHARDT, L. (2008) New South Wales Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 2. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

SPOONER, C. (2005) Structural determinants of drug use- a plea for broadening our thinking. *Drug and Alcohol Review*, 24, 89-92.

SPOONER, C., HALL, W. & LYNSKEY, M. (2001) Structural determinants of youth drug use: ANCD Research Paper 2. Canberra, Australian National Council on Drugs.

SPSS INC (2006) SPSS for Windows version 14.0.2. 14.0.2 ed. Chicago, SPSS Inc.

STAFFORD, J., DEGENHARDT, L., AGALIOTIS, M., CHANTELOUP, F., FISCHER, J., MATTHEWS, A., NEWMAN, J., PROUDFOOT, P., STOOVE, M. & WEEKLEY, J. (2005a) Australian Trends in Ecstasy and Related Drug Markets 2004: Findings from the Party Drugs Initiative (PDI). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., DEGENHARDT, L., BLACK, E., BRUNO, R., BUCKINGHAM, K., FETHERSTON, J., JENKINSON, R., KINNER, S., MOON, C. & WEEKLEY, J. (2005b) Australian Drug Trends 2004: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., DEGENHARDT, L., BLACK, E., BRUNO, R., BUCKINGHAM, K., FETHERSTON, J., JENKINSON, R., KINNER, S., NEWMAN, J. & WEEKLEY, J. (2006a) Australian Drug Trends 2005: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., DEGENHARDT, L., DUNN, M., FISCHER, J., GEORGE, J., JOHNSTON, J., MATTHEWS, A., NEWMAN, J., PROUDFOOT, P. & WEEKLEY, J. (2006b) Australian Trends in Ecstasy and Related Drug Markets 2005: Findings from the Party Drugs Initiative (PDI). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STRANG, J., GRIFFITHS, P., ABBEY, J., & GOSSOP, M. (1994) Survey of injected benzodiazepines among drug users in Britain. *British Medical Journal*, 308, 1082.

TEESSON, M. & BURNS, L. (2001) National Comorbidity Project. Canberra, Department of Health and Ageing.

TOPP, L. & CHURCHILL, A. (2002) Australia's dynamic methamphetamine market. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TOPP, L., DARKE, S., BRUNO, R., FRY, C., HARGREAVES, K., HUMENIUK, R., MCALLISTER, R., O'REILLY, B. & WILLIAMS, P. (2001) Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TOPP, L., DEGENHARDT, L., DAY, C. & COLLINS, L. (2003) Contemplating drug monitoring systems in the light of Australia's 'heroin shortage'. Invited Editorial. *Drug and Alcohol Review*, 22, 3-6.

TOPP, L., KAYE, S., BRUNO, R., LONGO, M., WILLIAMS, P., O'REILLY, B., FRY, C., ROSE, G. & DARKE, S. (2002) Australian Drug Trends 2001. Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TRELOAR, C., ABELSON, J., CAO, W., BRENER, L., KIPPAX, S., SCHULTZ, L., SCHULTZ, M. & BATH, N. (2004) Barriers and Incentives to Treatment for Illicit Drug Users. Monograph Series No. 53. Canberra, Australian Government Department of Health and Ageing.

WARD, J., MATTICK, R. P. & HALL, W. (1998) Methadone maintenance treatment and other opioid replacement pharmacotherapies, Amsterdam, Harwood Academic Publishers.

WARDLAW, G. (1993) Supply reduction (law enforcement) strategies pertaining to illicit use of psychostimulants. In D. Burrows, B. Flaherty, & M. MacAvoy (Eds.) Illicit Psychostimulant Use in Australia. Canberra, Australian Government Publishing Service.

WARDLAW, G. (2008) Final Report: Illicit Drug Reporting System. Consultant's report to the Commonwealth Department of Human Services and Health. NDARC Technical Report 292. Sydney, University of New South Wales.

WEATHERBURN, D., JONES, C., FREEMAN, K., AND MAKKAI, T. (2003) Supply control and harm reduction: Lessons from the Australia heroin 'drought'. Addiction, 98, 83-91.

WHITE, N., VIAL, R. & R, A. (2008) South Australian Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 6. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

WOOD, E., STOLTZ, J.-A., LI, K., MONTANER, J. & KERR, T. (2006) The cause of the Australian heroin shortage - time to reconsider? *Addiction*, 101, 623-625.

ZERELL, U., AHRENS, B. & GERZ, P. (2005) Documentation of a heroin manufacturing process in Afghanistan. *Bulletin on Narcotics*, LVII, 11-31.

APPENDICES

Appendix A: Heroin price, availability and perceived purity, 2006

The following tables are reproduced from *Australian Drug Trends 2006* (O'Brien et al., 2007).

Table A1: Price of heroin, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Median price ($)									
Per gram	-	300	340*	350	-	400*	550	600*	400
Per cap	-	50	50	40	-	50	50*	50*	50
Price changes									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	7 (4)	7 (7)	9 (7)	1 (1)	83 (5)	8 (4)	4 (2)	0 (0)	6 (4)
% Increased	21 (12)	26 (23)	8 (6)	30 (19)	0 (0)	15 (8)	30 (16)	20 (1)	18 (12)
% Stable	58 (32)	57 (51)	65 (52)	40 (26)	0 (0)	68 (36)	57 (31)	80 (4)	70 (46)
% Decreased	7 (4)	4 (4)	13 (10)	12 (8)	0 (0)	2 (1)	2 (1)	0 (0)	4 (3)
% Fluctuated	8 (4)	5 (5)	6 (5)	17 (11)	17 (1)	8 (4)	7 (4)	0 (0)	3 (2)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)
* small numbers reporting (n<10), interpret with caution

Table A2: Availability and purchasing patterns of heroin, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Availability									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	5 (3)	3 (3)	10 (8)	0 (0)	50 (3)	2 (1)	11 (6)	0 (0)	1 (1)
% Very easy	33 (18)	31 (28)	30 (24)	57 (37)	0 (0)	36 (19)	17 (9)	0 (0)	25 (16)
% Easy	38 (21)	38 (34)	36 (29)	30 (19)	17 (1)	40 (21)	37 (20)	60 (3)	52 (34)
% Difficult	20 (11)	24 (22)	20 (16)	12 (8)	0 (0)	15 (8)	28 (15)	20 (1)	19 (13)
% Very difficult	5 (3)	4 (4)	4 (3)	1 (1)	33 (2)	8 (4)	7 (4)	20 (1)	3 (2)
Availability changes									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	6 (3)	4 (4)	13 (10)	1 (<1)	67 (4)	2 (1)	11 (6)	0 (0)	4 (3)
% More difficult	29 (16)	35 (31)	23 (18)	22 (14)	17 (1)	23 (12)	39 (21)	0 (0)	33 (21)
% Stable	48 (27)	47 (42)	45 (36)	52 (33)	17 (1)	59 (31)	37 (20)	80 (4)	51 (33)
% Easier	12 (7)	7 (7)	9 (7)	23 (15)	0 (0)	13 (7)	6 (3)	20 (1)	12 (8)
% Fluctuates	5 (3)	7 (6)	11 (9)	3 (2)	0 (0)	4 (2)	7 (4)	0 (0)	0 (0)
Purchased from[#]									
% Had not bought	51	20	33	39	94	54	56	95	43
Of those who had bought (n)	(n=445)	(n=121)	(n=67)	(n=92)	(n=6)*	(n=46)	(n=44)	(n=5)*	(n=64)
(% of the entire sample)									
% Street dealer	26 (13)	36 (28)	24 (16)	28 (17)	0 (0)	15 (7)	9 (4)	20 (1)	28 (16)
% Friend	33 (16)	34 (27)	42 (28)	27 (17)	33 (2)	11 (5)	46 (20)	40 (2)	39 (22)
% Gift from friend	4 (2)	3 (3)	5 (3)	5 (3)	0 (0)	2 (1)	2 (1)	0 (0)	6 (4)
% Known dealer	57 (28)	50 (40)	60 (40)	65 (40)	33 (2)	80 (37)	43 (19)	0 (0)	56 (49)
% Workmate	1 (<1)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)	0 (0)	2 (1)
% Acquaintance	14 (7)	8 (7)	12 (8)	20 (12)	0 (0)	7 (3)	21 (9)	0 (0)	20 (12)
% Unknown dealer	9 (5)	8 (7)	5 (3)	12 (7)	0 (0)	9 (4)	14 (6)	20 (1)	11 (6)
Places of usual purchase[#]									
% Had not bought	51	20	33	39	94	54	56	95	43
Of those who had bought (n)	(n=445)	(n=121)	(n=67)	(n=92)	(n=6)*	(n=46)	(n=44)	(n=5)*	(n=64)
(% of the entire sample)									
% Home delivery	20 (10)	23 (18)	8 (5)	14 (9)	0 (0)	35 (16)	25 (11)	20 (1)	20 (12)
% Dealer's home	27 (13)	25 (20)	21 (14)	30 (19)	17 (2)	26 (12)	32 (14)	20 (1)	31 (18)
% Friend's home	20 (10)	16 (13)	27 (18)	16 (10)	33 (3)	4 (2)	41 (18)	40 (2)	19 (11)
% Acquaintance's house	4 (2)	2 (1)	6 (4)	4 (3)	0 (0)	4 (2)	2 (1)	0 (0)	5 (3)
% Mobile dealer	16 (8)	23 (18)	19 (13)	14 (9)	0 (0)	7 (3)	9 (4)	0 (0)	14 (8)
% Street market	22 (11)	30 (24)	19 (13)	29 (18)	0 (0)	9 (4)	7 (3)	0 (0)	20 (12)
% Agreed public location	47 (23)	34 (27)	63 (42)	54 (33)	17(1)	57 (26)	30 (13)	40 (2)	56 (32)
% Work	<1 (<1)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (1)	2 (1)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

[#] multiple responses allowed

* small numbers reporting (n<10)

Table A3: Perceived purity of heroin, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD N=112
Current purity									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	4 (2)	2 (2)	8 (6)	1 (1)	0 (0)	2 (1)	11 (6)	20 (1)	0 (0)
% High	7 (4)	9 (8)	3 (2)	8 (5)	17 (1)	11 (6)	7 (4)	0 (0)	4 (3)
% Medium	24 (13)	21 (18)	25 (20)	43 (28)	50 (3)	11 (6)	15 (8)	20 (1)	18 (12)
% Low	58 (32)	64 (57)	60 (48)	34 (22)	17 (1)	64 (34)	57 (31)	60 (3)	73 (47)
% Fluctuates	8 (4)	4 (4)	5 (4)	13 (9)	17 (1)	11 (6)	9 (5)	0 (0)	6 (4)
Purity changes									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	6 (3)	4 (4)	9 (7)	1 (1)	67 (4)	2 (1)	13 (7)	20 (1)	1 (1)
% Increasing	14 (8)	9 (8)	9 (7)	39 (25)	0 (0)	15 (8)	7 (4)	0 (0)	4 (3)
% Stable	26 (14)	32 (28)	21 (17)	20 (13)	0 (0)	32 (17)	26 (14)	0 (0)	29 (19)
% Decreasing	43 (24)	48 (43)	48 (38)	29 (19)	17 (1)	36 (19)	43 (23)	60 (3)	56 (37)
% Fluctuates	11 (6)	7 (7)	14 (11)	11 (7)	17 (1)	15 (8)	11 (6)	20 (1)	10 (6)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)
* small numbers reporting (n<10)

Appendix B: Methamphetamine price, availability and perceived purity, 2006

The following tables are reproduced from *Australian Drug Trends 2006* (O'Brien et al., 2007).

Table B1: Price of methamphetamine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA N=100	WA n=100	NT n=100	QLD n=112
Price ($) *SPEED*									
Per point	-	50	50	35	50	50	50	60	50
Per ½ gram	-	120	150	100	150	125*	165	200	100
Per gram	-	100	175*	200	300*	150*	300	250	200
Price ($) *BASE*									
Per point	-	50	50	50*	50	50	50	60	50
Per ½ gram	-	180*	150*	100*	150	120	200	200*	100
Per gram	-	200	250*	180*	300	200	325*	250*	200
Price ($) *ICE/CRYSTAL*									
Per point	-	50	50	50	50	50	50	90	50
Per ½ gram	-	200	200	220*	170	150*	200	200*	200
Per gram	-	325	410	200*	300*	215*	400	800*	275
Price changes									
Methamphetamine powder (speed)									
Did not respond %	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	10 (5)	25 (15)	8 (5)	3 (1)	14 (7)	4 (1)	3 (2)	7 (4)	3 (2)
% Increased	15 (8)	10 (6)	11 (7)	8 (3)	8 (4)	16 (4)	20 (12)	27 (15)	23 (13)
% Stable	65 (34)	59 (36)	63 (39)	80 (35)	67 (34)	72 (18)	68 (40)	55 (30)	65 (38)
% Decreased	5 (2)	2 (1)	13 (8)	2 (<1)	10 (5)	4 (1)	5 (3)	2 (1)	2 (<1)
% Fluctuated	6 (3)	5 (3)	5 (3)	8 (3)	2 (1)	4 (1)	3 (2)	9 (5)	8 (4)
Methamphetamine base									
Did not respond %	67	47	79	99	50	55	68	82	51
Of those who responded (n)	(n=304)	(n=81)	(n=21)	(n=2)*	(n=50)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	14 (5)	21 (11)	14 (3)	0 (0)	22 (11)	2 (1)	9 (3)	11 (2)	11 (5)
% Increased	15 (5)	11 (6)	5 (1)	50 (<1)	8 (4)	16 (7)	22 (7)	17 (3)	26 (13)
% Stable	63 (21)	63 (34)	57 (12)	50 (<1)	64 (32)	71 (32)	59 (19)	72 (13)	58 (29)
% Decreased	3 (<1)	0 (0)	10 (2)	0 (0)	2 (1)	4 (2)	6 (2)	0 (0)	2 (<1)
% Fluctuated	5 (2)	5 (3)	14 (3)	0 (0)	4 (2)	7 (3)	3 (1)	0 (0)	4 (2)
Ice/crystal									
Did not respond %	54	33	16	82	51	71	32	85	55
Of those who responded (n)	(n=424)	(n=102)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	11 (5)	20 (13)	2 (2)	7 (1)	14 (7)	7 (2)	9 (6)	0 (0)	14 (6)
% Increased	14 (7)	14 (9)	16 (13)	19 (3)	12 (6)	14 (4)	10 (7)	20 (3)	16 (7)
% Stable	66 (31)	61 (41)	63 (53)	70 (13)	65 (32)	76 (22)	74 (50)	80 (12)	62 (28)
% Decreased	3 (2)	0 (0)	10 (8)	0 (0)	4 (2)	0 (0)	3 (2)	0 (0)	4 (2)
% Fluctuated	5 (3)	6 (4)	10 (8)	4 (<1)	4 (2)	3 (1)	4 (3)	0 (0)	4 (2)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

* small numbers reporting (n<10), interpret with caution

Table B2: Availability of methamphetamine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Availability									
Methamphetamine powder (speed)									
Did not respond %	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	6 (3)	17 (11)	5 (3)	0 (0)	0 (0)	8 (2)	5 (3)	4 (2)	2 (<1)
% Very easy	39 (21)	37 (23)	32 (20)	59 (25)	43 (22)	60 (15)	34 (20)	16 (9)	44 (26)
% Easy	40 (21)	31 (19)	53 (33)	29 (13)	49 (25)	24 (6)	42 (25)	51 (28)	41 (24)
% Difficult	11 (6)	11 (7)	7 (4)	5 (2)	8 (4)	8 (2)	15 (9)	26 (14)	12 (7)
% Very difficult	3 (2)	4 (3)	3 (2)	8 (3)	0 (0)	0 (0)	3 (2)	4 (2)	2 (<1)
Methamphetamine base									
Did not respond %	66	47	78	99	48	55	68	82	51
Of those who responded (n)	(n=307)	(n=81)	(n=22)	(n=2)*	(n=52)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	6 (2)	12 (7)	14 (3)	0 (0)	2 (1)	0 (0)	13 (4)	0 (0)	2 (<1)
% Very easy	32 (11)	36 (19)	27 (6)	0 (0)	31 (16)	44 (20)	31 (10)	17 (3)	26 (13)
% Easy	47 (16)	42 (22)	41 (9)	50 (<1)	60 (31)	47 (21)	28 (9)	50 (9)	56 (28)
% Difficult	13 (4)	7 (4)	18 (4)	50 (<1)	6 (3)	4 (2)	25 (8)	33 (6)	16 (8)
% Very difficult	2 (<1)	3 (1)	0 (0)	0 (0)	2 (1)	4 (2)	3 (1)	0 (0)	0 (0)
Ice/crystal									
Did not respond %	54	35	16	82	51	71	32	85	55
Of those who responded (n)	(n=421)	(n=99)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	5 (2)	13 (9)	1 (1)	0 (0)	2 (1)	7 (2)	4 (3)	0 (0)	2 (<1)
% Very easy	38 (17)	50 (32)	50 (42)	37 (7)	22 (11)	35 (10)	35 (24)	7 (1)	22 (10)
% Easy	40 (19)	27 (18)	42 (35)	44 (8)	51 (25)	41 (12)	46 (31)	47 (7)	42 (19)
% Difficult	14 (7)	7 (5)	7 (6)	19 (3)	20 (10)	14 (4)	13 (9)	33 (5)	28 (13)
% Very difficult	3 (1)	3 (2)	0 (0)	0 (0)	4 (2)	3 (1)	2 (1)	13 (2)	6 (3)
Availability changes									
Methamphetamine powder (speed)									
Did not respond %	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	9 (4)	23 (15)	11 (7)	3 (1)	2 (1)	8 (2)	5 (3)	6 (3)	2 (<1)
% More difficult	12 (6)	14 (9)	7 (4)	12 (5)	4 (2)	8 (2)	14 (8)	18 (10)	14 (8)
% Stable	61 (32)	47 (29)	58 (36)	69 (30)	71 (36)	64 (16)	58 (34)	67 (37)	65 (38)
% Easier	13 (7)	15 (9)	16 (10)	11 (5)	14 (7)	16 (4)	14 (8)	6 (3)	17 (10)
% Fluctuates	5 (3)	1 (<1)	8 (5)	5 (2)	10 (5)	4 (1)	10 (6)	4 (2)	3 (2)
Methamphetamine base									
Did not respond %	66	47	78	99	48	55	68	82	51
Of those who responded (n)	(n=307)	(n=81)	(n=22)	(n=2)	(n=52)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	10 (3)	19 (10)	18 (4)	0 (0)	10 (5)	0 (0)	13 (4)	6 (1)	4 (2)
% More difficult	12 (4)	11 (6)	14 (3)	50 (<1)	4 (2)	20 (9)	13 (4)	0 (0)	16 (8)
% Stable	64 (21)	64 (34)	55 (12)	50 (<1)	67 (35)	58 (26)	53 (17)	94 (17)	64 (31)
% Easier	10 (3)	6 (3)	9 (2)	0 (0)	12 (6)	11 (5)	19 (6)	0 (0)	11 (5)
% Fluctuates	5 (2)	0 (0)	5 (1)	0 (0)	8 (4)	11 (5)	3 (1)	0 (0)	6 (3)
Ice/crystal									
Did not respond %	54	33	16	82	51	71	32	85	55
Of those who responded (n)	(n=424)	(n=102)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	7 (3)	15 (10)	2 (2)	0 (0)	6 (3)	10 (3)	4 (3)	0 (0)	4 (2)
% More difficult	12 (6)	10 (7)	6 (5)	22 (4)	10 (5)	7 (2)	9 (6)	27 (4)	28 (13)
% Stable	57 (27)	57 (38)	51 (43)	70 (13)	63 (31)	62 (18)	59 (40)	67 (10)	48 (21)
% Easier	18 (9)	17 (11)	31 (26)	4 (<1)	14 (7)	14 (4)	22 (15)	7 (1)	14 (6)
% Fluctuates	5 (3)	2 (1)	10 (8)	4 (<1)	6 (3)	7 (2)	6 (4)	0 (0)	6 (3)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

* small numbers reporting (n<10), interpret with caution

Table B3: Methamphetamine purchasing patterns, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Purchased from[#]									
Methamphetamine powder (speed)[#]									
% Had not bought	55	56	48	57	53	80	47	49	46
Of those who had bought (n)	(n=416)	(n=67)	(n=52)	(n=65)	(n=47)	(n=20)	(n=53)	(n=51)	(n=61)
(% of the entire sample)									
% Street dealer	20 (9)	31 (14)	21 (11)	20 (9)	0 (0)	25 (5)	13 (7)	24 (12)	26 (14)
% Friend	45 (21)	42 (18)	42 (22)	46 (20)	26 (12)	50 (10)	62 (33)	53 (27)	41 (22)
% Gift from friend	7 (3)	5 (2)	0 (0)	8 (3)	0 (0)	5 (1)	9 (5)	12 (6)	13 (7)
% Known dealer	44 (20)	39 (17)	44 (23)	49 (21)	70 (33)	45 (9)	34 (18)	33 (17)	41 (22)
% Workmate	2 (1)	0 (0)	0 (0)	2 (<1)	0 (0)	5 (1)	4 (2)	0 (0)	8 (4)
% Acquaintance	20 (9)	3 (1)	12 (6)	25 (11)	15 (7)	40(8)	30 (16)	24 (12)	30 (16)
% Unknown dealer	6 (3)	3 (1)	4 (2)	5 (2)	0 (0)	10 (2)	9 (5)	8 (4)	8 (4)
Methamphetamine base[#]									
% Had not bought	70	59	82	99	50	58	72	82	55
Of those who had bought (n)	(n=271)	(n=62)	(n=18)	(n=2)*	(n=50)	(n=42)	(n=28)	(n=18)	(n=51)
(% of the entire sample)									
% Street dealer	17 (5)	23 (9)	17 (3)	0 (0)	4 (2)	19 (8)	7 (2)	22 (4)	24 (11)
% Friend	45 (13)	39 (16)	22 (4)	0 (0)	28 (14)	50 (21)	75 (21)	67 (12)	49 (22)
% Gift from friend	6 (2)	2 (1)	0 (0)	0 (0)	4 (2)	10 (4)	4 (1)	0 (0)	14 (6)
% Known dealer	50 (15)	45 (18)	72 (13)	50 (1)	66 (33)	52 (22)	29 (8)	44 (8)	43 (20)
% Workmate	1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	7 (2)	0 (0)	0 (0)
% Acquaintance	13 (4)	7 (3)	0 (0)	0 (0)	16 (8)	19 (8)	14 (4)	0 (0)	20 (9)
% Unknown dealer	4 (1)	5 (2)	6 (1)	50 (1)	0 (0)	5 (2)	4 (1)	6 (1)	4 (2)
Ice/crystal[#]									
% Had not bought	58	47	19	83	54	74	39	85	59
Of those who had bought (n)	(n=382)	(n=81)	(n=81)	(n=26)	(n=46)	(n=26)	(n=61)	(n=15)	(n=46)
(% of the entire sample)									
% Street dealer	18 (8)	31 (16)	21 (17)	15 (3)	0 (0)	8 (2)	13 (8)	13 (2)	24 (10)
% Friend	45 (19)	37 (20)	48 (39)	19 (3)	37 (17)	46 (12)	62 (38)	73 (11)	46 (19)
% Gift from friend	5 (2)	4 (2)	3 (2)	4 (1)	2 (1)	15 (4)	3 (2)	16 (2)	11 (5)
% Known dealer	44 (19)	35 (18)	47 (38)	54 (9)	59 (27)	54 (14)	41 (25)	27 (4)	41 (17)
% Workmate	1 (<1)	0 (0)	0 (0)	0 (0)	2 (1)	0 (0)	2 (1)	0 (0)	0 (0)
% Acquaintance	15 (6)	10 (5)	10 (8)	12 (2)	11 (5)	31 (8)	26 (16)	0 (0)	22 (9)
% Unknown dealer	7 (3)	7 (4)	3 (2)	15 (3)	0 (0)	12 (2)	7 (4)	7 (1)	11 (5)
Places of usual purchase[#]									
Methamphetamine powder (speed)[#]									
% Had not bought	55	56	48	57	51	80	47	49	46
Of those who had bought (n)	(n=416)	(n=67)	(n=52)	(n=64)	(n=49)	(n=20)	(n=53)	(n=51)	(n=60)
(% of the entire sample)									
% Home delivery	20 (9)	12 (5)	13 (7)	17 (7)	22 (11)	15 (3)	30 (16)	16 (8)	32 (17)
% Dealer's home	31 (14)	25 (11)	31 (16)	31 (13)	37 (18)	40 (8)	26 (14)	35 (18)	30 (16)
% Friend's home	32 (14)	30 (13)	39 (20)	23 (10)	20 (10)	40 (8)	45 (24)	35 (18)	27 (14)
% Acquaintance's house	11 (5)	0 (0)	6 (3)	11 (5)	2 (1)	25 (5)	19 (10)	10 (5)	22 (12)
% Mobile dealer	6 (3)	6 (3)	2 (1)	9 (4)	2 (1)	10 (2)	9 (5)	0 (0)	8 (4)
% Street market	17 (8)	39 (17)	17 (9)	16 (7)	4 (2)	5 (1)	9 (5)	20 (10)	13 (7)
% Agreed public location	37 (17)	19 (9)	35 (18)	52 (22)	47 (23)	50 (10)	32 (17)	22 (11)	48 (26)
% Work	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	6 (3)	0 (0)	3 (2)

Table B3: Methamphetamine purchasing patterns, by jurisdiction, 2006 (continued)

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
***Methamphetamine base*#**									
% Had not bought	70	59	82	99	50	58	72	82	55
Of those who had bought (n)	(n=271)	(n=62)	(n=18)	(n=2)*	(n=50)	(n=42)	(n=28)	(n=18)	(n=51)
(% of the entire sample)									
% Home delivery	22 (7)	18 (7)	6 (1)	0 (0)	18 (9)	21 (9)	39 (11)	17 (3)	31 (14)
% Dealer's home	33 (10)	29 (12)	39 (7)	50 (1)	38 (20)	45 (19)	21 (6)	33 (6)	26 (12)
% Friend's home	28 (8)	29 (12)	22 (4)	0 (0)	22 (11)	29 (12)	36 (10)	56 (10)	24 (11)
% Acquaintance's house	6 (2)	2 (<1)	0 (0)	0 (0)	8 (4)	10 (4)	7 (2)	6 (1)	10 (5)
% Mobile dealer	7 (2)	11 (5)	0 (0)	50 (1)	0 (0)	7 (3)	7 (2)	0 (0)	10 (5)
% Street market	13 (4)	32 (13)	6 (1)	0 (0)	8 (4)	5 (2)	4 (1)	17 (3)	8 (4)
% Agreed public location	37 (11)	23 (9)	50 (9)	50 (1)	44 (23)	43 (18)	32 (9)	17 (3)	47 (21)
% Work	<1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	4 (1)	0 (0)	0 (0)
***Ice/crystal*#**									
% Had not bought	58	47	19	83	54	74	39	85	59
Of those who had bought (n)	(n=382)	(n=81)	(n=81)	(n=26)	(n=46)	(n=26)	(n=61)	(n=15)	(n=41)
(% of the entire sample)									
% Home delivery	16 (7)	12 (7)	14 (11)	8 (1)	15 (7)	19 (5)	26 (16)	20 (3)	13 (5)
% Dealer's home	29 (12)	21 (11)	37 (30)	19 (3)	28 (13)	42 (11)	34 (21)	33 (5)	22 (9)
% Friend's home	32 (13)	28 (15)	33 (27)	15 (3)	24 (11)	35 (9)	44 (27)	60 (9)	26 (11)
% Acquaintance's house	9 (4)	4 (2)	5 (4)	8 (1)	2 (1)	15 (4)	16 (10)	0 (0)	20 (8)
% Mobile dealer	6 (2)	10 (5)	7 (6)	8 (1)	0 (0)	8 (2)	3 (2)	0 (0)	4 (2)
% Street market	15 (7)	32 (17)	16 (13)	15 (3)	4 (2)	4 (1)	7 (4)	7 (1)	17 (7)
% Agreed public location	38 (16)	28 (15)	48 (39)	58 (10)	44 (20)	42 (11)	34 (21)	7 (1)	35 (14)
% Work	1 (1)	1 (1)	0 (0)	4 (1)	0 (0)	0 (0)	3 (2)	0 (0)	2 (1)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

multiple responses allowed

* small numbers reporting (n<10)

Table B4: Perceived purity of methamphetamine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Current purity									
Methamphetamine powder (speed)									
% Did not respond	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	8 (4)	25 (15)	8 (5)	0 (0)	2 (1)	4 (1)	10 (6)	2 (1)	2 (1)
% High	15 (8)	17 (11)	19 (12)	25 (11)	6 (3)	24 (6)	17 (10)	2 (1)	14 (8)
% Medium	26 (14)	21 (13)	27 (17)	34 (15)	28 (14)	28 (7)	29 (17)	20 (11)	26 (15)
% Low	38 (20)	32 (20)	37 (23)	23 (10)	33 (17)	24 (6)	39 (23)	67 (37)	42 (25)
% Fluctuates	13 (7)	5 (3)	8 (5)	19 (8)	31 (16)	20 (5)	5 (3)	9 (5)	17 (10)
Methamphetamine base									
% Did not respond	66	47	78	99	48	55	68	82	51
Of those who responded (n)	(n=307)	(n=81)	(n=22)	(n=2)*	(n=52)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	9 (3)	19 (10)	9 (2)	0 (0)	4 (2)	4 (2)	13 (4)	0 (0)	6 (3)
% High	31 (11)	26 (14)	23 (5)	50 (1)	25 (13)	49 (22)	31 (10)	17 (3)	38 (19)
% Medium	28 (10)	37 (20)	23 (5)	0 (0)	29 (15)	16 (7)	22 (7)	39 (7)	29 (14)
% Low	15 (5)	11 (6)	36 (8)	50 (1)	12 (6)	4 (2)	19 (6)	39 (7)	15 (7)
% Fluctuates	16 (5)	7 (4)	9 (2)	0 (0)	31 (16)	27 (12)	16 (5)	6 (1)	13 (6)
Ice/crystal									
% Did not respond	54	33	16	82	51	71	32	85	55
Of those who responded (n)	(n=424)	(n=102)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	6 (3)	19 (13)	0 (0)	0 (0)	2 (1)	3 (1)	6 (4)	0 (0)	4 (2)
% High	47 (22)	37 (25)	43 (36)	30 (5)	51 (25)	45 (13)	59 (40)	47 (7)	68 (30)
% Medium	26 (12)	26 (17)	27 (23)	44 (8)	20 (10)	31 (9)	24 (16)	33 (5)	22 (10)
% Low	7 (3)	7 (5)	14 (12)	7 (1)	2 (1)	0 (0)	7 (5)	13 (2)	2 (1)
% Fluctuates	13 (6)	12 (8)	16 (13)	19 (3)	25 (12)	21 (6)	4 (3)	7 (1)	4 (2)
Purity changes									
Methamphetamine powder (speed)									
% Did not respond	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	11 (6)	29 (18)	8 (5)	3 (1)	8 (4)	8 (2)	12 (7)	6 (3)	3 (2)
% Increasing	9 (5)	6 (4)	13 (8)	6 (3)	8 (4)	24 (6)	10 (6)	6 (3)	11 (6)
% Stable	30 (15)	30 (18)	31 (19)	35 (15)	8 (4)	24 (6)	24 (14)	56 (31)	24 (14)
% Decreasing	29 (15)	25 (15)	26 (16)	34 (15)	16 (8)	20 (5)	31 (18)	29 (16)	47 (28)
% Fluctuates	21 (11)	11 (7)	23 (14)	22 (9)	61 (31)	24 (6)	24 (14)	4 (2)	15 (9)
Methamphetamine base									
% Did not respond	67	47	78	99	49	55	68	82	51
Of those who responded (n)	(n=306)	(n=81)	(n=22)	(n=2)*	(n=51)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	14 (5)	22 (12)	9 (2)	0 (0)	14 (7)	7 (3)	22 (7)	6 (1)	9 (5)
% Increasing	10 (3)	5 (3)	9 (2)	50 (1)	6 (3)	20 (9)	9 (3)	0 (0)	15 (7)
% Stable	36 (12)	43 (23)	18 (4)	0 (0)	20 (10)	22 (10)	41 (13)	78 (14)	46 (22)
% Decreasing	16 (6)	20 (11)	41 (9)	50 (1)	8 (4)	9 (4)	19 (6)	11 (2)	15 (7)
% Fluctuates	24 (8)	10 (5)	23 (5)	0 (0)	53 (27)	42 (19)	9 (3)	6 (1)	16 (8)

Table B4: Perceived purity of methamphetamine, by jurisdiction, 2006 (continued)

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Ice/crystal									
% Did not respond	54	33	16	82	51	71	32	85	55
Of those who responded (n)	(n=424)	(n=102)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	12 (6)	25 (16)	0 (0)	4 (1)	10 (5)	10 (3)	16 (11)	0 (0)	12 (5)
% Increasing	15 (7)	7 (5)	14 (12)	7 (1)	25 (12)	17 (5)	25 (17)	20 (3)	12 (5)
% Stable	35 (16)	41 (28)	31 (26)	33 (6)	18 (9)	31 (9)	24 (16)	53 (8)	60 (27)
% Decreasing	15 (7)	16 (11)	26 (22)	33 (6)	4 (2)	3 (1)	10 (7)	13 (2)	8 (4)
% Fluctuates	23 (11)	12 (8)	29 (24)	22 (4)	43 (21)	38 (11)	25 (17)	13 (2)	8 (4)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

* small numbers reporting (n<10), interpret with caution

Appendix C: Cocaine price, availability and perceived purity, 2006

The following tables are reproduced from *Australian Drug Trends 2006* (O'Brien et al., 2007).

Table C1: Price of cocaine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT N=100	QLD n=112
% used last 6 months	20	67	8	19	12	8	10	8	9
Median price ($) per gram	-	300	-	400*	-	400*	350*	250*	-
Median price ($) per cap	-	50	-	-	-	-	-	125*	50*
Price changes (%)									
Did not respond	83 (n=152)	27 (n=111)	94 (n=6)*	96 (n=6)*	94 (n=6)*	97 (n=3)*	95 (n=5)*	93 (n=7)*	93 (n=8)*
Of those who responded (n)									
(% of the entire sample)									
Don't know	19 (3)	17 (13)	17 (1)	33 (1)	67 (4)	0 (0)	40 (2)	0 (0)	13 (<1)
Increased	13 (2)	14 (11)	33 (2)	0 (0)	0 (0)	33 (1)	0 (0)	14 (1)	0 (0)
Stable	62 (10)	64 (47)	33 (2)	50 (2)	33 (2)	67 (2)	40 (2)	86 (6)	75 (5)
Decreased	4 (<1)	3 (2)	17 (1)	0 (0)	0 (0)	0 (0)	20 (1)	0 (0)	13 (<1)
Fluctuated	2 (<1)	2 (1)	0 (0)	17 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

* small numbers reporting (n<10), interpret with caution

Table C2: Availability and purchasing patterns of cocaine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Availability (%)									
Did not respond	83	28	94	96	94	97	95	93	93
Of those who responded (n)	(n=151)	(n=110)	(n=6)	(n=6)	(n=6)	(n=3)	(n=5)	(n=7)	(n=8)
(% of the entire sample)									
Don't know	11 (2)	10 (7)	0 (0)	0 (0)	50 (3)	0 (0)	40 (2)	0 (0)	13 (<1)
Very easy	25 (4)	30 (22)	0 (0)	33 (1)	0 (0)	0 (0)	20 (1)	0 (0)	25 (2)
Easy	36 (6)	41 (30)	0 (0)	67 (3)	17 (1)	33 (1)	0 (0)	14 (1)	25 (2)
Difficult	22 (4)	19 (14)	67 (4)	0 (0)	0 (0)	67 (2)	20 (1)	57 (4)	13 (<1)
Very difficult	6 (1)	0 (0)	33 (2)	0 (0)	33 (2)	0 (0)	20 (1)	29 (2)	25 (2)
Availability changes (%)									
Did not respond	83	27	94	96	94	97	95	93	93
Of those who responded (n)	(n=152)	(n=111)	(n=6)	(n=6)	(n=6)	(n=3)	(n=5)	(n=7)	(n=8)
(% of the entire sample)									
Don't know	12 (2)	11 (8)	0 (0)	0 (0)	50 (3)	0 (0)	40 (2)	0 (0)	13 (<1)
More difficult	13 (2)	15 (11)	33 (2)	0 (0)	0 (0)	0 (0)	0 (0)	14 (1)	0 (0)
Stable	63 (11)	61 (45)	67 (4)	100 (4)	33 (2)	100 (3)	40 (2)	86 (6)	63 (4)
Easier	11 (2)	11 (8)	0 (0)	0 (0)	17 (1)	0 (0)	20 (1)	0 (0)	25 (2)
Fluctuates	1 (<1)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Purchased from[#]									
% Had not bought	87	40	97	97	94	98	98	95	94
Of those who had bought (n)	(n=122)	(n=92)	(n=3)	(n=5)	(n=6)	(n=2)	(n=2)	(n=5)	(n=7)
(% of the entire sample)									
% Street dealer	25 (3)	30 (18)	33 (1)	0 (0)	0 (0)	0 (0)	0 (0)	20 (1)	0 (0)
% Friend	31 (4)	29 (18)	33 (1)	40 (1)	17 (1)	50 (1)	50 (1)	60 (3)	29 (2)
% Gift from friend	31 (1)	2 (1)	0 (0)	20 (1)	33 (2)	0 (0)	0 (0)	20 (1)	29 (2)
% Known dealer	39 (5)	41 (25)	33 (1)	40 (1)	17 (1)	50 (1)	0 (0)	20 (1)	43 (3)
% Workmate	1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	14 (1)
% Acquaintance	8 (1)	4 (3)	0 (0)	20 (1)	17 (1)	0 (0)	50 (1)	20 (1)	29 (2)
% Unknown dealer	5 (1)	5 (3)	0 (0)	20 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Places of usual purchase[#]									
% Had not bought	87	40	97	97	94	98	98	95	94
Of those who had bought (n)	(n=122)	(n=92)	(n=3)	(n=5)	(n=6)	(n=2)	(n=2)	(n=5)	(n=7)
(% of the entire sample)									
% Home delivery	16 (2)	20 (12)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	29 (2)
% Dealer's home	23 (3)	23 (14)	33 (1)	40 (1)	0 (0)	0 (0)	0 (0)	40 (2)	29 (2)
% Friend's home	22 (3)	19 (11)	33 (1)	20 (1)	33 (2)	50 (1)	50 (1)	60 (3)	14 (1)
% Acquaintance's house	2 (<1)	1 (1)	0 (0)	20 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
% Mobile dealer	11 (2)	15 (9)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
% Street market	30 (4)	38 (23)	33 (1)	20 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
% Agreed public location	25 (3)	25 (15)	33 (1)	40 (1)	33 (2)	50 (1)	50 (1)	20 (1)	0 (0)
% Work	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

multiple responses allowed

Table C3: Perceived purity of cocaine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Current Purity									
% Did not respond	83	27	94	96	94	97	95	93	93
Of those who responded (n)	(n=152)	(n=111)	(n=6)	(n=6)	(n=6)	(n=3)	(n=5)	(n=7)	(n=8)
(% of the entire sample)									
% Don't know	13 (2)	13 (9)	33 (2)	17 (1)	17 (1)	0 (0)	20 (1)	0 (0)	13 (1)
% High	24 (4)	22 (16)	33 (2)	50 (2)	17 (1)	0 (0)	60 (3)	14 (1)	25 (2)
% Medium	31 (5)	33 (24)	17 (1)	17 (1)	50 (3)	67 (2)	0 (0)	14 (1)	25 (2)
% Low	21 (4)	23 (16)	17 (1)	0 (0)	17 (1)	33 (1)	0 (0)	29 (2)	25 (2)
% Fluctuates	11 (2)	10 (7)	0 (0)	17 (1)	0 (0)	0 (0)	20 (1)	43 (3)	13 (1)
Purity changes									
% Did not respond	83	27	94	96	94	97	95	93	93
Of those who responded (n)	(n=152)	(n=111)	(n=6)	(n=6)	(n=6)	(n=3)	(n=5)	(n=7)	(n=8)
(% of the entire sample)									
% Don't know	18 (3)	16 (12)	33 (2)	17 (1)	67 (4)	0 (0)	40 (2)	0 (0)	13 (1)
% Increasing	9 (2)	9 (7)	17 (1)	0 (0)	0 (0)	0 (0)	40 (2)	0 (0)	13 (1)
% Stable	38 (6)	36 (26)	50 (3)	50 (2)	17 (1)	33 (1)	0 (0)	71 (5)	50 (4)
% Decreasing	24 (4)	25 (18)	0 (0)	17 (1)	17 (1)	67 (2)	20 (1)	29 (2)	13 (1)
% Fluctuates	11 (2)	14 (10)	0 (0)	17 (1)	0 (0)	0 (0)	0 (0)	0 (0)	13 (1)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

Appendix D: Cannabis price, availability and perceived potency, 2006

The following tables are reproduced from *Australian Drug Trends 2006* (O'Brien et al., 2007).

Table D1: Price of cannabis, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Price ($) HYDRO									
Per ounce	-	285	300	200	250	200	280	300	290
Per gram	-	20	20	20	25	25^*	25	30	25
Price ($) BUSH									
Per ounce	-	200*	190	-	170	160*	200	200*	250*
Per gram	-	20*	15	10*	15*	25^*	25*	25*	20*
Price changes									
HYDRO									
% Did not respond	28	22	15	38	31	38	23	28	23
Of those who responded (n)	(n=662)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=72)	(n=86)
(% of the entire sample)									
% Don't know	5 (3)	8 (6)	4 (3)	0 (0)	9 (6)	2 (1)	9 (7)	1 (2)	4 (3)
% Increased	10 (8)	6 (5)	5 (4)	5 (3)	15 (10)	8 (5)	13 (10)	22 (16)	14 (11)
% Stable	74 (54)	80 (62)	81 (69)	79 (49)	54 (37)	77 (48)	73 (56)	72 (52)	71 (55)
% Decreased	5 (4)	5 (4)	6 (5)	7 (4)	10 (7)	2 (1)	4 (3)	1 (1)	6 (5)
% Fluctuated	6 (4)	2 (1)	5 (4)	10 (6)	13 (9)	11 (7)	1 (1)	3 (2)	6 (5)
BUSH									
% Did not respond	31	17	22	59	12	48	30	23	30
Of those who responded (n)	(n=652)	(n=128)	(n=97)	(n=61)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
(% of the entire sample)									
% Don't know	32 (22)	41 (34)	27 (21)	30 (12)	26 (23)	6 (3)	16 (11)	44 (34)	50 (35)
% Increased	4 (3)	2 (2)	6 (5)	0 (0)	7 (6)	8 (4)	1 (1)	6 (5)	3 (2)
% Stable	54 (37)	52 (43)	56 (43)	59 (24)	46 (40)	73 (38)	73 (51)	44 (34)	39 (27)
% Decreased	6 (4)	4 (3)	6 (5)	8 (3)	13 (11)	4 (2)	7 (5)	5 (4)	5 (4)
% Fluctuated	4 (3)	1 (1)	5 (4)	3 (1)	9 (8)	10 (5)	3 (2)	1 (1)	3 (2)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

^ a 'bag' of approximately 2.5 grams of cannabis

* small numbers reporting (n<10)

Table D2: Availability of cannabis, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Availability									
HYDRO									
Did not respond	28	22	15	38	31	38	23	27	23
Of those who responded (n)	(n=663)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Don't know	3 (2)	6 (5)	0 (0)	0 (0)	6 (4)	2 (1)	5 (4)	3 (2)	2 (2)
% Very easy	50 (36)	64 (49)	42 (36)	71 (44)	68 (47)	37 (23)	34 (26)	29 (21)	42 (32)
% Easy	41 (29)	30 (23)	52 (44)	25 (15)	25 (17)	50 (31)	48 (37)	60 (44)	44 (34)
% Difficult	6 (5)	0 (0)	6 (5)	4 (3)	1 (1)	11 (7)	13 (10)	8 (6)	11 (8)
% Very difficult	<1 (<1)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
BUSH									
Did not respond	65	69	54	91	47	61	62	69	56
Of those who responded (n)	(n=317)	(n=47)	(n=46)	(n=14)	(n=53)	(n=39)	(n=38)	(n=31)	(n=49)
(% of the entire sample)									
% Don't know	4 (2)	15 (5)	4 (2)	0 (0)	2 (1)	3 (1)	8 (3)	0 (0	0 (0)
% Very easy	27 (9)	23 (7)	22 (10)	29 (3)	55 (29)	26 (10)	18 (7)	13 (4)	22 (10)
% Easy	45 (16)	26 (8)	54 (25)	29 (3)	42 (22)	41 (16)	50 (19)	68 (21)	51(22)
% Difficult	21 (7)	30 (9)	20 (9)	43 (4)	2 (1)	26 (10)	21 (8)	19 (6)	25 (11)
% Very difficult	2 (1)	6 (2)	0 (0)	0 (0)	0 (0)	5 (2)	3 (1)	0 (0)	2 (1)
Availability changes									
HYDRO									
Did not respond	28	22	15	38	31	38	23	27	23
Of those who responded (n)	(n=663)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
Don't know	4 (3)	7 (5)	1 (1)	1 (1)	7 (5)	0 (0)	5 (4)	4 (3)	5 (4)
More difficult	7 (5)	1 (1)	5 (4)	4 (3)	10 (7)	10 (6)	13 (10)	10 (7)	12 (9)
Stable	77 (56)	83 (65)	79 (67)	85 (53)	67 (46)	77 (48)	69 (53)	81 (59)	72 (55)
Easier	7 (5)	7 (5)	9 (8)	4 (3)	7 (5)	8 (5)	7 (5)	3 (2)	8 (6)
Fluctuates	5 (4)	3 (2)	6 (5)	5 (3)	9 (6)	5 (3)	7 (5)	3 (2)	4 (3)
BUSH									
Did not respond	65	69	54	91	48	61	62	69	56
Of those who responded (n)	(n=316)	(n=47)	(n=46)	(n=14)	(n=52)	(n=39)	(n=38)	(n=31)	(n=49)
(% of the entire sample)									
Don't know	6 (2)	17 (5)	4 (2)	0 (0)	6 (3)	3 (1)	8 (3)	3 (1)	0 (0)
More difficult	15 (5)	13 (4)	9 (4)	21 (2)	12 (6)	26 (10)	13 (5)	7 (2)	20 (9)
Stable	64 (22)	64 (20)	54 (25)	71 (6)	65 (34)	54 (21)	61 (23)	81 (25)	69 (30)
Easier	7 (3)	4 (1)	13 (6)	0 (0)	12 (6)	5 (2)	5 (2)	7 (2)	6 (3)
Fluctuates	9 (3)	2 (1)	20 (9)	7 (1)	6 (3)	13 (5)	13 (5)	3 (1)	4 (2)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

Table D3: Cannabis purchasing patterns, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Purchased from[#]									
HYDRO									
% Had not bought	28	22	15	40	31	38	23	27	23
Of those who had bought (n)	(n=660)	(n=118)	(n=85)	(n=90)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Street dealer	15 (11)	23 (18)	18 (15)	14 (9)	3 (2)	10 (6)	9 (7)	18 (13)	19 (14)
% Friend	54 (39)	51 (40)	54 (46)	61 (37)	51 (35)	61 (38)	51 (39)	45 (33)	59 (46)
% Gift from friend	7 (5)	3 (3)	4 (3)	8 (5)	1 (1)	7 (4)	5 (4)	11 (8)	16 (13)
% Known dealer	36 (26)	33 (26)	37 (31)	46 (27)	46 (32)	36 (22)	25 (19)	32 (23)	37 (29)
% Workmate	1 (1)	0 (0)	0 (0)	2 (1)	1 (1)	0 (0)	1 (1)	0 (0)	6 (5)
% Acquaintance	15 (11)	3 (2)	9 (8)	22 (13)	12 (8)	21 (13)	18 (14)	16 (12)	22 (17)
% Unknown dealer	6 (5)	3 (2)	4 (3)	11 (7)	0 (0)	16 (10)	4 (3)	10 (7)	5 (4)
BUSH									
% Had not bought	65	69	54	91	47	61	32	69	56
Of those who had bought (n)	(n=316)	(n=47)	(n=46)	(n=13)	(n=53)	(n=39)	(n=12)	(n=31)	(n=49)
(% of the entire sample)									
% Street dealer	12 (4)	23 (7)	11 (5)	15 (1)	2 (1)	10 (4)	13 (5)	10 (3)	12 (5)
% Friend	55 (19)	38 (12)	65 (30)	46 (4)	53 (28)	67 (26)	55 (21)	52 (16)	59 (26)
% Gift from friend	7 (2)	2 (1)	2 (1)	15 (1)	0 (0)	10 (4)	8 (3)	13 (4)	12 (5)
% Known dealer	25 (9)	15 (5)	26 (12)	8 (1)	49 (26)	23 (9)	16 (6)	23 (7)	25 (11)
% Workmate	1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (1)	2 (1)
% Acquaintance	12 (4)	2 (1)	7 (3)	31 (3)	13 (7)	15 (6)	13 (5)	7 (2)	18 (8)
% Unknown dealer	4 (1)	0 (0)	0 (0)	23 (2)	0 (0)	8 (3)	8 (3)	7 (2)	0 (0)
Places of usual purchase[#]									
HYDRO									
% Had not bought	28	22	16	40	31	38	23	27	23
Of those who had bought (n)	(n=659)	(n=118)	(n=84)	(n=90)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Home delivery	19 (14)	15 (12)	12 (10)	28 (17)	15 (10)	24 (15)	17 (13)	16 (12)	24 (19)
% Dealer's home	28 (20)	21 (16)	31 (26)	30 (18)	39 (27)	24 (15)	21 (16)	29 (21)	31 (24)
% Friend's home	42 (30)	34 (26)	45 (38)	42 (25)	38 (26)	50 (31)	49 (38)	38 (28)	41 (31)
% Acquaintance's house	10 (7)	1 (1)	4 (3)	14 (9)	12 (8)	23 (14)	9 (7)	10 (7)	14 (11)
% Mobile dealer	5 (4)	6 (5)	4 (3)	4 (3)	0 (0)	7 (4)	3 (2)	4 (3)	11 (8)
% Street market	15 (11)	28 (22)	14 (12)	18 (11)	7 (5)	7 (4)	10 (8)	15 (11)	11 (8)
% Agreed public location	21 (15)	15 (12)	26 (22)	29 (17)	20 (14)	18 (11)	22 (17)	11 (8)	26 (20)
% Work	1 (1)	0 (0)	0 (0)	2 (1)	0 (0)	2 (1)	1 (1)	0 (0)	2 (2)
BUSH									
% Had not bought	66	70	54	91	47	61	62	69	56
Of those who had bought (n)	(n=315)	(n=46)	(n=46)	(n=13)	(n=53)	(n=39)	(n=38)	(n=31)	(n=49)
(% of the entire sample)									
% Home delivery	20 (7)	11 (3)	20 (9)	31 (3)	19 (10)	33 (13)	32 (12)	10 (3)	14 (6)
% Dealer's home	22 (8)	7 (2)	26 (12)	15 (1)	40 (21)	15 (6)	18 (7)	23 (7)	22 (10)
% Friend's home	42 (14)	26 (8)	52 (24)	31 (3)	40 (21)	54 (21)	42 (16)	48 (15)	37 (16)
% Acquaintance's house	9 (3)	0 (0)	7 (3)	15 (1)	11 (6)	10 (4)	8 (3)	3 (1)	16 (7)
% Mobile dealer	3 (1)	4 (1)	0 (0)	8 (1)	0 (0)	5 (2)	5 (2)	3 (1)	4 (2)
% Street market	11 (4)	26 (8)	9 (4)	8 (1)	8 (4)	10 (4)	11 (4)	13 (4)	6 (3)
% Agreed public location	19 (7)	7 (2)	24 (11)	31 (3)	25 (13)	15 (6)	13 (5)	10 (3)	31 (13)
% Work	<1 (<1)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

Multiple responses allowed

Table D4: Perceived potency of cannabis, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Current potency									
HYDRO									
% Did not respond	28	22	15	38	31	38	23	27	23
Of those who responded (n)	(n=663)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Don't know	3 (2)	4 (3)	0 (0)	1 (1)	3 (2)	3 (2)	4 (3)	4 (3)	1 (1)
% High	63 (45)	73 (57)	73 (62)	59 (37)	57 (39)	65 (40)	66 (51)	44 (32)	58 (45)
% Medium	25 (18)	20 (15)	20 (17)	33 (21)	30 (21)	16 (10)	25 (19)	34 (25)	26 (20)
% Low	4 (3)	2 (1)	5 (4)	1 (1)	1 (1)	2 (1)	0 (0)	12 (9)	6 (5)
% Fluctuates	6 (4)	2 (1)	2 (2)	5 (3)	9 (6)	15 (9)	5 (4)	6 (4)	9 (7)
BUSH									
% Did not respond	65	69	54	91	47	61	62	69	56
Of those who responded (n)	(n=317)	(n=47)	(n=46)	(n=14)	(n=53)	(n=39)	(n=38)	(n=31)	(n=49)
(% of the entire sample)									
% Don't know	5 (2)	17 (5)	4 (2)	0 (0)	2 (1)	0 (0)	8 (3)	0 (0)	2 (1)
% High	20 (7)	17 (5)	26 (12)	29 (3)	6 (3)	39 (15)	18 (7)	16 (5)	18 (8)
% Medium	57 (20)	49 (15)	57 (26)	43 (4)	70 (37)	46 (18)	61 (23)	58 (18)	57 (25)
% Low	12 (4)	13 (4)	7 (3)	21 (2)	15 (8)	10 (4)	8 (3)	19 (6)	10 (5)
% Fluctuates	7 (2)	4 (1)	7 (3)	7 (1)	8 (4)	5 (2)	5 (2)	7 (2)	12 (5)
Potency changes									
HYDRO									
% Did not respond	28	22	15	38	31	38	23	27	23
Of those who responded (n)	(n=663)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Don't know	5 (4)	8 (6)	5 (4)	1 (1)	3 (2)	7 (4)	9 (7)	1 (1)	5 (4)
% Increased	14 (10)	9 (7)	12 (10)	16 (10)	25 (17)	11 (7)	13 (10)	14 (10)	17 (13)
% Stable	61 (44)	69 (53)	71(60)	63 (39)	38 (26)	57 (35)	60 (46)	67 (49)	54 (41)
% Decreased	8 (6)	9 (7)	5 (4)	5 (3)	6 (4)	3 (2)	9 (7)	12 (9)	13 (10)
% Fluctuated	13 (9)	7 (5)	8 (7)	14 (9)	29 (20)	23 (14)	9 (7)	6 (4)	12 (9)
BUSH									
% Did not respond	65	69	54	91	47	61	62	70	56
Of those who responded (n)	(n=316)	(n=47)	(n=46)	(n=14)	(n=53)	(n=39)	(n=38)	(n=30)	(n=49)
(% of the entire sample)									
% Don't know	6 (2)	21 (7)	7 (3)	7 (1)	4 (2)	0 (0)	8 (3)	3 (1)	0 (0)
% Increased	14 (5)	6 (2)	20 (9)	7 (1)	13 (7)	5 (2)	18 (7)	13 (4)	20 (9)
% Stable	61 (21)	60 (18)	52 (24)	71 (7)	51 (27)	72 (28)	58 (22)	80 (24)	63 (28)
% Decreased	5 (2)	6 (2)	4 (2)	7 (1)	8 (4)	8 (3)	5 (2)	0 (0)	4 (2)
% Fluctuated	13 (5)	6 (2)	17 (8)	7 (1)	25 (13)	15 (6)	11 (4)	3 (1)	12 (5)

Source: IDRS IDU participant interviews (O'Brien et al., 2007)

Appendix E: Cannabis availability, purchasing patterns and perceived potency among participants who did not differentiate between hydroponic and bush cannabis, 2007

Table E1: Availability of cannabis among participants who did not differentiate between hydroponic and bush cannabis, by jurisdiction, 2007†

	SA n=100	WA n=80
Availability		
Did not respond %	71	64
Of those who responded (% of the entire sample)	n=29 (29)	n=29 (36)
% Don't know	0	0
% Very easy	48 (14)	31 (11)
% Easy	41 (12)	21 (8)
% Difficult	10 (3)	38 (14)
% Very difficult	0	10 (4)
Availability changes		
Did not respond %	71	64
Of those who responded (% of the entire sample)	n=29 (29)	n=29 (36)
% Don't know	0	3 (1)
% More difficult	14 (4)	35 (13)
% Stable	66 (19)	55 (20)
% Easier	7 (2)	3 (1)
% Fluctuates	14 (4)	3 (1)

Source: IDRS IDU participant interviews

† results shown only for jurisdictions (WA and SA) where relatively large proportions of participants did not differentiate between hydroponic and bush cannabis

Table E2: Cannabis purchasing patterns among participants who did not differentiate between hydroponic and bush cannabis, by jurisdiction, 2007†

	SA n=100	WA n=80
% Had not bought	87	85
Of those who had bought (% of the entire sample)	n=13 (13)	n=12 (15)
Purchased from#		
% Street dealer	4 (1)	8 (3)
% Friend	83 (19)	62 (20)
% Gift from friend	30 (7)	15 (5)
% Known dealer	39 (9)	42 (14)
% Workmate	4 (1)	0
% Acquaintance	35 (8)	23 (8)
% Unknown dealer	17 (4)	8 (3)
% Mobile dealer	9 (2)	4 (1)
Places of usual purchase#		
% Home delivery	44 (10)	15 (5)
% Dealer's home	35 (8)	54 (18)
% Friend's home	65 (15)	31 (10)
% Acquaintance's house	22 (5)	12 (4)
% Street market	4 (1)	4 (1)
% Agreed public location	30 (7)	42 (14)
% Work	0	0

Source: IDRS IDU participant interviews

† results shown only for jurisdictions (WA and SA) where relatively large proportions of participants did not differentiate between hydroponic and bush cannabis

multiple responses allowed

Table E3: Perceived potency of cannabis among participants who did not differentiate between hydroponic and bush cannabis, by jurisdiction, 2007†

	SA n=100	WA n=80
% Did not respond	71	64
Of those who responded (% of the entire sample)	n=29 (29)	n=29 (36)
% Don't know	0	3 (1)
% High	72 (21)	45 (16)
% Medium	24 (7)	38 (14)
% Low	0	0
% Fluctuates	3 (1)	14 (5)
Potency changes		
% Did not respond	71	64
Of those who responded (% of the entire sample)	n=29 (29)	n=29 (36)
% Don't know	3 (1)	10 (4)
% Increasing	17 (5)	10 (4)
% Stable	72 (21)	62 (23)
% Decreasing	0	7 (3)
% Fluctuating	7 (2)	10 (4)

Source: IDRS IDU participant interviews

^ small numbers reporting (n<10)

† results shown only for jurisdictions (WA and SA) where relatively large proportions of participants did not differentiate between hydroponic and bush cannabis