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AUSTRALIAN DRUG TRENDS 2008
Findings from the Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 19

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FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS)

Jennifer Stafford, Natasha Sindicich, Lucy Burns, Joanne Cassar, Shelley Cogger, Barbara de Graaff, Jessica George, Chris Moon, Benjamin Phillips, Brendan Quinn and Nancy White

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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
AGDH&A	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
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
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
MCS	Mental Component Score
MDMA	3,4-methylenedioxymethamphetamine
MERIT	Magistrates Early Referral Into Treatment
MSIC	Medically Supervised Injecting Centre
MSM	Methylsulfonylmethane
N	(or n) Number of participants
NCHECR	National Centre in HIV and Epidemiology Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NEC	Not elsewhere classified
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
PCS	Physical Component Score

PDI	Party Drug Initiative (former name of the Ecstasy and Related Drugs Reporting System, or EDRS)
Pharm. Stim.	Pharmaceutical stimulants
Prescr.	Prescribed
PWID	Person/people who inject(s) drugs; also known as injecting drug users (IDU)
QAS	Queensland Ambulance Service
QLD	Queensland
QPS	Queensland Police Service
QRT	Opioid replacement therapies
OST	Opioid substitution treatment
RAH	Royal Adelaide Hospital
SA	South Australia
SCID	Structured Clinical Interview for DSM
SF-8	Short Form 8
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 2008* 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 2008 IDRS

Demographic characteristics of the national IDU sample

Nine hundred and nine participants were recruited to the IDU Survey component of the 2008 IDRS. The mean age of the national sample has increased over time and in 2008 was 36.7 years (SD 8.8; range 17-62) 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. Eighty-nine percent identified as heterosexual and about two-thirds (67%) of the sample currently resided in their own house or flat (including renting). Half (52%) 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 (52%) had completed courses after school. Just over three-quarters (77%) of the sample were currently unemployed. Nearly half (47%) 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, 48% reported that an amphetamine (including methamphetamine) was the first drug injected, whereas 40% 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 2007. Heroin was nominated by approximately half (52%) of the national sample as their drug of choice, followed by methamphetamine (22%), morphine (10%) and cannabis (6%).

[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 KE, or key experts (see *Glossary*).

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). 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 South Australia (SA; 42%) and Western Australia (WA; 42%). Heroin remained the drug most likely to have last been injected in Victoria (VIC; 59%), the Australian Capital Territory (ACT; 51%) and New South Wales (NSW; 49%), and was also last injected by substantial proportions in all jurisdictions except the NT (2%) and TAS (no reports). In the NT, the drug most likely to have last been injected was morphine (73%), and substantial minorities of participants in TAS (38%), SA (13%) and QLD (19%) also reported last injecting morphine. A notable proportion of participants in TAS had last injected methadone (33%). NSW recorded the highest proportion reporting having last injected cocaine (13%).

The drug injected most often in the last month broadly followed the same pattern. Thirty-seven percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine (26%).

Almost half (45%) of the 2008 national sample reported injecting daily in the month preceding interview, with frequency highest in the NT (69%), followed by NSW (53%). 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 remained relatively stable among IDU participants across jurisdictions, and decreases in the frequency of use were seen in all states/territories with established heroin markets, with the exception of the ACT and QLD where frequency of use increased among users. Heroin use remained most common in NSW (83%) and VIC (85%) and substantially less common in TAS (5%) and the NT (14%). 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, 2007-2008

	Median price $ per gram		Median price $ per cap		Availability# 2008	Purity+ 2008
	2007	2008	2007	2008		
NSW	300	300	50	50	Easy or very easy, stable	Low or medium, stable to decreasing
ACT	300	300	50	50^	Easy or very easy, stable	Medium or low, stable to decreasing
VIC	350	300	50	47.5	Easy or very easy, stable	Low or medium, stable to increasing
TAS	-	-	50^	50^	*Low numbers reporting (n=4), indicative of low availability*	*Low numbers reporting (n=4)*
SA	390^	250^	100	100	Very easy or easy, stable	Medium or low, stable or fluctuating
WA	650^	600^	50^	100^	Easy, stable	Medium, stable to increasing
NT	150^	400^	50^	100^	*Low numbers reporting (n=6), indicative of low availability*	*Low numbers reporting (n=6)*
QLD	400	400	50	50	Easy or very easy, stable	Low and mixed reports

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 2008, twenty-two percent 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 2007 (69% in 2008; 74% in 2007), while frequency of use among users decreased (from a median 24 days in 2007 to 18 days in 2008). 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 WA, the NT and QLD where use has declined slightly. Frequency of methamphetamine use among users (any form) was highest in NSW (median 24 days) and lowest in the NT (median six days).

Recent use of speed varied by jurisdiction and remained stable or decreased in all jurisdictions except NSW, where it increased slightly. VIC, TAS, and WA had the highest levels of recent speed use (between 60-65%) and SA the lowest (34%). Frequency of use among users varied among the jurisdictions ranging from a median of five days in the NT to a median of 20 days in WA.

Patterns of recent base use declined to varying extents in all jurisdictions. SA recorded the highest level of recent base use in 2008 (37%) and VIC the lowest (5%). Frequency of use remained relatively sporadic (approximately fortnightly or less often), with the exception of QLD (median 24 days).

In 2008, participant reports of recent ice/crystal use among users varied in all jurisdictions. Nationally use increased slightly; increasing also in NSW, SA and WA. Recent use of ice/crystal remained highest in NSW (69%) and ACT (68%) and lowest in the NT (28%). 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 fortnightly or less, with the exception of NSW and WA (median 28 days and 24 days respectively).

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 (58%), with proportions elsewhere reporting use in the preceding six months remaining at less than 25%. The most notable changes were a decrease in the NT (from 9% to 3%). The frequency of cocaine use among users remained low and sporadic (on average 1.5-4.5 days in the last six months) in all jurisdictions except NSW (median 12 days) and the NT (median 8 days). In NSW, the frequency of cocaine use among those who had used decreased from a median of 20 days in 2007 to 12 days in 2008, i.e. once a fortnight.

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, 2007-2008

	Median price ($) per gram of powder		Median price ($) per point of base and ice/crystal				Availability# 2008	Purity+ 2008
			Base		Ice/crystal			
	2007 (point)	2008 (point)	2007	2008	2007	2008		
NSW	65^ (50)	200 (50)	50	50	50	50	Powder: easy and stable Base: easy and stable Ice/crystal: easy/very easy and stable	Powder: medium/low and decreasing/stable Base: mixed reports Ice/crystal: high/medium and decreasing/stable
ACT	235 (50)	200^ (50)	50	40^	50	50	Powder : easy and stable Base: easy/very easy and stable Ice/crystal: easy/very easy and stable	Powder: low/medium and stable Base: mixed reports and stable Ice/crystal: medium/high and mixed reports
VIC	200 (50)	200 (40)	-	-	50	50	Powder: very easy/easy and stable Base: *low numbers reporting (n=2), indicative of low availability* Ice/crystal: easy and stable	Powder: medium/low and stable/decreasing Base: *low numbers reporting (n=2), indicative of low availability* Ice/crystal: high/medium and stable/increasing
TAS	300^ (50)	300^ (50)	50	50	50	50	Powder: easy and stable Base: easy and stable Ice/crystal: easy and stable	Powder: low and decreasing Base: medium/low and decreasing/stable Ice/crystal: high/medium and stable
SA	175^ (50)	50^ (50^)	50	50	50	50	Powder: easy and stable Base: easy and stable Ice/crystal: easy and stable	Powder: low and mixed reports Base: mixed reports Ice/crystal: high and mixed reports
WA	400^ (50)	350^ (50)	50^	50^	50	50	Powder: easy and stable Base: *low numbers reporting (n=5), indicative of low availability* Ice/crystal: easy and stable	Powder: medium/low and mixed reports Base: *low numbers reporting (n=5), indicative of low availability* Ice/crystal: high/medium and decreasing/stable
NT	300 (50)	300 (60)	50^	100^	100	125^	Powder: easy and stable Base: *low numbers reporting (n=6), indicative of low availability* Ice/crystal: *low numbers reporting (n=6), indicative of low availability*	Powder: low and stable Base: *low numbers reporting (n=6), indicative of low availability* Ice/crystal: *low numbers reporting (n=6), indicative of low availability*
QLD	200 (50)	200 (50)	50	50^	50	50	Powder: very easy/easy and stable Base: easy and stable Ice/crystal: easy/very easy and stable	Powder: mixed reports Base: mixed reports Ice/crystal: high/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 (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, 2007-2008

	Median price $ per gram		Median price $ per cap		Availability# 2008	Purity+ 2008
	2007	2008	2007	2008		
NSW	300	300	50	50	Easy and stable	Mixed reports and stable
ACT	325^	310^	55^	70	Difficult and stable	Medium and mixed reports
VIC	375^	-	-	100	Easy and stable	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 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 36% in the NT to 79% in TAS) while the use of hashish (3% in TAS to 17% in the ACT and NT) and hash oil (no reports in TAS to 10% in the ACT) 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, 2007-2008

	Median price $ per gram				Median price $ per ounce				Availability# 2008	Potency+ 2008
	Hydro		Bush		Hydro		Bush			
	2007	2008	2007	2008	2007	2008	2007	2008		
NSW	20	20	20	20	290	300	200	200^	Hydro: very easy/easy and stable Bush: easy/difficult and stable	Hydro: high and stable Bush: high/medium and stable
ACT	20	20	20	20	300	295	240	200^	Hydro: easy/very easy and stable Bush: easy/difficult and stable	Hydro: high and stable Bush: mixed reports and stable
VIC	20	20	20	20	240	250	240^	200^	Hydro: very easy and stable Bush: very easy/easy and stable	Hydro: high and stable Bush: medium and stable
TAS	25	25	25	25^	250	300	200^	200	Hydro: easy/very easy and stable Bush: very easy/easy and stable	Hydro: high and stable Bush: medium and stable
SA	25*	17.5*	25*	-	200^	210	180^	190^	Hydro: mixed reports and stable Bush: easy/very easy and stable	Hydro: high and stable Bush: medium and stable
WA	22.50^	25^	10^	27.5^	300^	350^	225^	200^	Hydro: easy and stable Bush: easy and stable	Hydro: high and stable Bush: medium and stable
NT	30	30	30	30^	350	350	200^	250	Hydro: easy and stable Bush: easy and stable	Hydro: high and stable Bush: mixed reports and stable
QLD	25	25	20	20	300	300	200	220	Hydro: easy/very easy and stable Bush: easy and stable	Hydro: high and stable Bush: mixed reports 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 2008 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 15% 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 (81%) and SA the lowest (11%). Nationally, illicitly obtained methadone was injected on a median of ten days compared to 48 days for licit methadone. Findings represent little change from 2007.

Thirteen percent of the national sample reported use of licitly obtained buprenorphine in the six months preceding interview and 16% reported use of illicitly obtained buprenorphine. Eight percent of the national sample reported recent injection of licitly obtained buprenorphine on a median of 48 days and 13% reported injection of illicitly obtained buprenorphine on a median of six and a half days.

Nationally, 10% of the national sample reported using licitly obtained buprenorphine-naloxone and 9% used illicitly obtained buprenorphine-naloxone in the preceding six months. Small numbers (4% and 8% of the national sample respectively) reported recent injection of licitly and illicitly obtained buprenorphine-naloxone on a median of 24 and five days respectively.

Morphine remained the most commonly injected pharmaceutical opioid in the national sample (50% in 2008) and the proportion of participants reporting recent (last six months) morphine use remained stable compared to 2007. However, jurisdictional variations were observed. The use of morphine remained highest in TAS (81%) and the NT (89%), jurisdictions where heroin has traditionally not been freely available, and opioids such as methadone and morphine have dominated the illicit markets. Eight percent of the national sample had injected licit morphine and 45% injected illicit morphine in the last six months.

Five percent of the national sample reported the recent injection of licitly obtained oxycodone and 28% 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 2007, use and injection of illicitly obtained pharmaceutical stimulants in the preceding six months was most common in WA, TAS and the ACT. Among recent pharmaceutical users in each of these three jurisdictions, the majority reported having injected them (WA 91%; TAS 86%; the ACT 71%). While approximately one-quarter to one-third of participants in WA, TAS and

the ACT had used (and one-tenth to one-third 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 70 days – approximately three times 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 (36%) and the NT (26%). The median frequency of injection was 11.5 days, i.e. approximately fortnightly use.

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (69%), recent use (i.e. in the preceding six months) remained fairly low, with less than one-tenth (6%) reporting use in the six months preceding interview. Similarly, 20% of participants had used inhalants in the past but a very low proportion (3%) had used them in the last six months. A fairly large proportion of participants (67%) had used ecstasy in the past, and although approximately one-quarter had used it in the preceding six months (22%), frequency of use by users was sporadic (median two 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. Twelve percent of the national sample reported daily use of alcohol (15% of recent alcohol consumers).

As in previous years, tobacco was widely used among the 2008 sample, with 94% having used it in the preceding six months. The vast majority of participants (90%) were daily smokers.

Health-related trends

Overdose

Fifteen percent 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 VIC, where, worryingly, 19% and 15% respectively of recent heroin users reported having overdosed in the preceding twelve months. Morphine overdose in the past year was reported by 3% of recent users. Twenty-eight percent of the national IDRS sample had witnessed another person's overdose in the last preceding year, with the highest proportions reported in NSW (32%), the ACT (45%) and VIC (33%). These overdoses were commonly reported to be primarily attributable to heroin (60%). Participants in TAS and the NT who had witnessed an overdose more commonly attributed them to the use of pharmaceutical opioids.

Drug treatment

In Australia, indicator data on the total number of clients registered in OST remained relatively stable between 2002 and 2007. 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 cocaine as their primary drug of concern remained relatively unchanged between 2005/06 and 2006/07. There was a slight downward trend in the proportions reporting amphetamines their principal drug of concern in the majority of jurisdictions over this time. Cannabis either remained stable or decreased and heroin as the primary drug of concern varied between the jurisdictions from 2005/06 and 2006/07.

Hospital separations

The number of opioid-related hospital separations remained stable between 2005/06 and 2006/07, 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 increased between 2005/06 and 2006/07 in most jurisdictions. Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Figures were highest, and increased, in NSW in 2006/07. Cannabis-related separations have steadily increased over time, but remained relatively stable between 2005/06 and 2006/07.

Injecting risk behaviours

Receptive sharing ('borrowing') of needles/syringes was reported by seven percent of participants in the month preceding interview, typically on one or two occasions, and usually after a partner or close friend. Seventy-five percent reported cleaning the needle before using it. Of those who cleaned the needle, 22% reported flushing with water only, 15% used bleach, 15% boiled the needle and 6% used the 2x2x2 method[2].

Nationally, just over half reported re-using their own needle ranging from 40% in the NT to 64% in the ACT. Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common (38%; stable from 37% in 2007) but remained lower than previously (e.g. 51% in 2000). Sterile needles and syringes were predominantly obtained from needle and syringe programs (NSP), although a range of other sources were also used. In Australia, hepatitis C (HCV) continued to be more commonly notified than hepatitis B virus (HBV). The prevalence of human immunodeficiency virus (HIV) among those people who inject drugs 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 (75%), with 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. Approximately two-thirds (67%) 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).

Crystal smoking (pipes) risk behaviours

Due to the risk behaviours associated with the use of crystal/ice pipes (pipes), the 2008 IDRS asked participants questions concerning the use of crystal/ice pipes. The majority of those who commented obtained pipes from friends or a shop. If pipes were unavailable most either injected or made their own pipe. Pipes were considered 'easy' or 'very easy' to obtain. Seventy-five percent of participants who commented reported sharing crystal/ice smoking equipment with other(s). Of those who had shared, around one-third shared more than 10 times and one-fifth shared on one occasion in the last six month.

The main reason for not smoking crystal/ice among those who had not smoked crystal/ice in the last six months (but had smoked in the past) was 'didn't like' followed by 'prefer inject'. When asked if they were likely to smoke in the future, one-third responded 'never' and nearly one-third responded 'very unlikely'.

[2] Which comprises of 2x water washes, 2x bleach washes containing 5.25% w/v chlorine for 30 seconds each and 2x water washes.

Mental health problems

Forty-three percent of the IDRS sample self-reported that they had experienced a mental health problem in the preceding six months, most commonly depression (75% of respondents) and/or anxiety (43%). Just over half (53%) of the participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (33%; 14% of the entire sample) and/or antipsychotics (15%; 6% of the entire sample). Higher levels of psychological distress as measured by the Kessler Psychological Distress Scale (K10) were reported than among the Australian general population, with 28% reporting 'high' distress (this compares to 8% in the general population) and 27% reporting 'very high' distress. Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance (Australian Institute of Health and Welfare, 2008a). Participant Short Form 8 (SF-8) scores indicated that IDU had poorer mental and physical health than the Australian population average.

Driving risk behaviour

Driving under the influence of alcohol was reported by one-quarter of participants who had driven in the preceding six months. Eighty-three percent reported driving under the influence of an illicit drug during that time, 62% of whom believed that it had had no impact on their driving. One-quarter (23%) felt that their driving had been 'slightly impaired', 6% 'quite impaired', 7% 'slightly improved' and 2% 'quite improved'. One-third of those who had driven a car reported having been random breath tested in the preceding six months, of whom six percent were over the legal alcohol limit. A small proportion reported being saliva drug tested (10% of those who had driven soon after taking an illicit drug), of whom seven participants reported a positive result (cannabis only: n=2; cannabis and amphetamine: n= 1; amphetamine only: n=2; amphetamine and MDMA: n=1). 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 (41%) 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. The majority of those who committed a crime were under the influence of a drug or alcohol at the time. The main drug reported for property crime was heroin and/or benzodiazepines, for dealing – heroin and/or cannabis, fraud – benzodiazepines and violence – alcohol and/or ice/crystal. The main reason given for committing property, dealing or fraud crime was 'needed money to buy drugs'. Those who committed a crime involving violence reported 'lost temper' as the main reason.

Perceptions of police activity were mixed and also remained similar to previous years, usually that it had either remained stable or increased. Among participants who had spent money on illicit drugs on the day before interview (60%), the median expenditure was $80.

Arrests

Thirty-five percent of the 2008 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 2006/07. These data indicated that there had been a decline in those reported for heroin and other opioids between 2005/06 and 2006/07, 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 five years of data available. Cocaine arrests increased in NSW. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.

Implications

A number of implications can be identified from the findings of the 2008 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 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug system funded by the Australian Government Department of Health and Ageing (AGDH&A). 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 complete methodology consists of three components: interviews with people who regularly inject drugs (PWID)[3]; 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 nine years in which standardised, directly comparable data relating to illicit drug use and markets were collected in all jurisdictions. The *Australian Drug Trends 2008* report presents these findings. Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

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 (Phillips and Burns, 2009), the Australian Capital Territory (the ACT) (Cassar et al., 2009), VIC (Quinn, 2009), TAS (de Graaff and Bruno, 2009), SA (White et al., 2009), Western Australia (WA) (George and Lenton, 2009), the Northern Territory (the NT) (Moon, 2009) and Queensland (QLD) (Cogger and Kinner, 2009).

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 documented patterns and trends in use among regular ecstasy users. The EDRS adopts the same methodology as the IDRS, and results are reported elsewhere (Sindicich et al., 2009) or www.ndarc.med.unsw.edu.au for further details). Various other research projects,

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

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, 2008).

1.1 Study aims

The primary aims of the 2008 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 METHOD

The 2008 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 2008, 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 2008 can be found in the jurisdictional *Drug Trends 2008* reports, available from the NDARC website.

2.1 Survey of people who regularly inject drugs

A total of 909 people who inject drugs were interviewed in 2008. 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 2008 IDRS were interviewed between June and August, 2008. The sample sizes in each jurisdiction were: NSW n=151; VIC n=150; ACT n=101; TAS n=100; SA n=100; WA n=100; NT n=103; and QLD n=104. 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 $40 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 2007 IDRS , which was based on previous NDARC studies of heroin and amphetamine users (Darke et al., 1992, 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 2008, amendments were made to the questionnaire in an attempt to collect more detailed information on mental and physical functioning using the SF-8 (Short form 8). Also included were heroin 'flashcards' to identify the colour of heroin mainly used by IDRS participants as well as information about heroin preparation. Other inclusions were relationship status, mixing tobacco with cannabis, motivations for illicit use of other opioids, additional treatment questions, additional questions in relationship to injection risk behaviours, questions about the use of crystal/ice pipes as well as extra crime questions.

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 215 KE were interviewed, either by telephone or in person, between June and early October 2008. 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=36; TAS n=32; SA n=20; VIC n=40; WA n=8; ACT n=19; and the NT n=10. 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.

KE interviews took approximately 45 minutes to administer. The 2008 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 (Phillips and Burns, 2009), the ACT (Cassar et al., 2009), VIC (Quinn, 2009), TAS (de Graaff and Bruno, 2009), SA (White et al., 2009), WA (George and Lenton, 2009), the NT (Moon, 2009) and QLD (Cogger and Kinner, 2009).

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 AGDH&A 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 the Statistical Package for the Social Sciences (SPSS) for Windows, Version 17.0 (SPSS inc, 2008). 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[4], 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 IDU or PWID, 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.

[4] For information about drug use in the Australian general population, see the National Drug Strategy Household Survey AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2008a) 2007 National Drug Strategy Household Survey: detailed findings. *Drug statistics series no. 22. Cat. no. PHE 107*. Canberra, AIHW, AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2008a) 2007 National Drug Strategy Household Survey: First results. Canberra, Australian Institute of Health and Welfare.

3 RESULTS

3.1 Overview of the IDRS participant sample

A total of 909 IDRS participants were interviewed for the 2008 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, 2008), a slight increase in those reporting a prison history and proportions in current drug treatment. The proportion reporting that they were of no fixed address or homeless was less in 2008 (9%) than that observed in 2007 (11%, Table 5). The demographic characteristics of the 2008 sample are similar to those of the national sample of IDU participants recruited for the IDRS in previous years. For the first time in 2008, participants were asked about their relationship status. Of the national sample, nearly half (49%) of the participants reported that they were single and one-quarter (25%) married or de facto.

About three-quarters (77%) of the sample were unemployed, 10% were employed on a part-time or casual basis, 7% were employed full time, 3% were engaged in home duties and 1% were students, reflecting little change compared to 2007 figures. Four percent of the sample reported that their main source of income over the preceding month had been from sex work (4% in 2007).

Nearly half (47%) of the participants were currently in some form of drug treatment, with 29% reporting that their main treatment was methadone (includes Biodone and Physeptone), 8% buprenorphine (Subutex), and 6% buprenorphine-naloxone (Suboxone) maintenance treatment respectively. Over the last six months, 55% of the sample had been in some form of drug treatment; 31% having been in methadone maintenance (includes Biodone and Physeptone), 12% in buprenorphine maintenance, 10% 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-two percent of the sample had previously been imprisoned; as in previous years, males were significantly more likely to report previous imprisonment (59% of males versus 37% of females; OR=2.4; 95% CI 1.81, 3.19).

Table 5: Demographic characteristics of the national sample, 2000-2008

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943	2006 N=914	2007 N=909	2008 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)	**36.7 (8.8; 17-62)**
Male (%)	68	67	64	64	66	64	64	66	**66**
English speaking background (%)	94	95	96	97	95	97	97	95	**94**
Aboriginal and/or Torres Strait Islanders (%)	11	14	14	14	10^	12	13	15	**11**
Sexual identity* (%)									
Heterosexual						86	86	87	**89**
Gay male						2	2	2	**1**
Lesbian						2	1	2	**1**
Bisexual						9	9	7	**8**
Other						1	2	2	**1**
Relationship status (%)									
Married/de facto									**25**
Partner									**18**
Single									**49**
Separated									**4**
Divorced									**2**
Widow/er									**1**
Other									**1**
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)	**10.1 (1.7; 0-12)**
Completed trade/technical qualification (%)	31	37	37	49	37	36	39	36	**40**
Completed university/college (%)	12	9	10	10	10	11	9	11	**12**
Accommodation* (%)									
Own home *(inc. renting)*		56	63	67	62	69	69	65	**67**
Parents'/family home		15	14	11	11	11	9	10	**10**
Boarding house/hostel		8	8	10	14	11	11	11	**11**
No fixed address		9	7	6	8	6	6	11	**9**
Other		12	8	6	5	3	5	4	**3**
Unemployed/on a pension (%)	68	73	73	76	77	73	77	79	**77**
Students (%)	5	4	3	2	2	3	2	<1	**1**
Prison history (%)	43	44	45	43	46	50	51	51	**52**
Currently in drug treatment (%)	34	36	37	40	46	48	44	43	**47**

Source: IDRS IDU participant interviews (see also McKetin et al., 2000, Topp et al., 2001, 2002, Breen et al., 2003, 2004b, Stafford et al., 2005b, 2006a, O'Brien et al., 2007, Black et al., 2008b)

^ information not obtained in NSW for 2004

***** survey items first included in 2001and 2005, respectively

Demographic information by jurisdiction in the 2008 sample is shown in Table 6. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders, ranging from 3% in VIC and WA to 19% in NSW and 18% in the NT; completion of a trade or technical qualification (ranging from 22% in TAS to 48% in NSW); and completion of a university or college qualification (from 2% in TAS to 21% in SA and 20% in WA). Proportions reporting having no fixed address also varied and were highest in VIC (15%), while unemployed status ranged was lowest in WA (61%) and highest in VIC and TAS (85%). There was substantial variation in those reporting a prison history, from 43% in the ACT to 62% in NSW, and proportions reporting current drug treatment ranged from 17% in the NT to 61% in the ACT and VIC.

As in previous years, participants recruited in NSW were significantly more likely to have a history of imprisonment than those recruited in other jurisdictions (62% vs. 50%; OR=1.6, 95% CI 1.15, 2.34). Participants in TAS, were less likely to report a prison history (46% vs. 52%; OR=0.78, 95% CI 0.52, 1.19), as were those in WA (45% vs. 52%; OR=0.75, 95% CI 0.49, 1.13) and the ACT (43% vs. 53%; OR=0.69, 95% CI 0.44, 1.02).

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 IDU 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, 2007*-2008

	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Mean age (years)	37 (37)	38 (38)	35 (32)	32 (30)	39 (36)	37 (37)	40 (41)	38 (35)
Male (%)	63 (71)	63 (68)	79 (63)	57 (59)	65 (66)	62 (61)	72 (66)	64 (74)
English speaking background (%)	91 (86)	97 (99	83 (91)	99 (100)	93 (95)	98 (100)	99 (98)	99 (98)
Aboriginal and/or Torres Strait Islander (%)	19 (24)	12 (11)	3 (5)	12 (14)	6 (9)	3 (7)	18 (21)	14 (24)
Sexual identity (%)								
Heterosexual	86 (84)	88 (86)	91 (89)	87 (85)	92 (85)	89 (84)	91 (90)	84 (91)
Gay male	1 (2)	2 (1)	<1 (<1)	3 (2)	1 (3)	1 (1)	1 (3)	3 (3)
Lesbian	3 (2)	0 (1)	<1 (5)	1 (1)	1 (1)	3 (4)	1 (1)	1 (0)
Bisexual	9 (9)	9 (11)	7 (5)	9 (9)	4 (8)	6 (9)	6 (5)	11 (4)
Other	1 (3)	1 (1)	<1 (0)	0 (3)	2 (3)	1 (2)	1 (1)	1 (2)
Relationship status (%)								
Married/de facto	36	14	13	38	21	36	17	27
Partner	19	30	9	17	20	19	12	20
Single	39	45	57	43	57	39	67	46
Separated	2	7	11	1	1	3	3	4
Divorced	2	3	7	1	0	1	0	3
Widow/er	1	1	2	0	0	1	1	0
Other	1	0	0	0	1	0	0	0
Mean grade at school completed	10 (10)	10 (10)	10 (10)	10 (10)	10 (11)	10 (10)	10 (10)	10 (10)
Completed trade/tech qualification (%)	48 (33)	42 (30)	43 (35)	22 (33)	45 (50)	42 (38)	40 (40)	38 (36)
Completed university/college (%)	5 (5)	19 (13)	6 (22)	2 (5)	21 (7)	20 (6)	16 (17)	18 (8)
Accommodation* (%)								
Own home *(inc. renting)*	52 (65)	84 (75)	50 (47)	76 (75)	82 (71)	64 (68)	82 (84)	65 (46)
Parents'/family home	11 (12)	4 (5)	17 (15)	15 (9)	7 (11)	7 (9)	0 (3)	13 (9)
Boarding house/hostel	19 (11)	4 (11)	15 (15)	2 (5)	5 (11)	12 (15)	13 (7)	10 (15)
No fixed address	12 (10)	8 (4)	15 (17)	7 (8)	4 (7)	13 (4)	5 (4)	6 (29)
Other	6 (2)	0 (5)	3 (6)	0 (3)	2 (2)	4 (4)	0 (2)	6 (1)
Unemployed (%)	79 (81)	69 (77)	86 (86)	85 (76)	76 (66)	61 (78)	83 (85)	72 (77)
Full-time students# (%)	0 (<1)	3 (2)	1 (1)	1 (0)	0 (1)	2 (0)	0 (0)	1 (<1)
Prison history (%)	62 (63)	43 (55)	52 (53)	46 (30)	52 (38)	45 (46)	55 (61)	52 (56)
Currently in drug treatment (%)	50 (53)	61 (59)	61 (40)	56 (57)	44 (46)	37 (37)	17 (22)	39 (29)

Source: IDRS IDU participant interviews

***** comparable data from 2007 presented in brackets

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

3.1.1 Access to needles and syringes

Needle and syringe programs (NSP) 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 32% of participants in NSW and 28% in 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, 2008

Accessing from (%)	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
NSP	96	93	99	97	99	99	88	93	97
NSP Vending machine*	7	32	28	0	0	0	0	0	1
Chemist	19	46	42	6	10	3	39	5	20
Partner	3	14	7	1	3	0	0	0	1
Friend	10	25	15	4	6	4	18	10	9
Dealer	5	10	7	2	2	2	20	5	1
Hospital	1	6	2	1	0	0	0	0	2
Outreach/peer worker	2	11	0	3	0	0	0	0	0

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

3.1.2 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, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Participated in IDRS in previous year/s (%)	31	12	43	15	52	31	34	66	14
Where found out about IDRS survey recruitment (%)									
NSP	63	62	69	56	90	94	26	35	83
Treatment provider	4	8	5	2	1	0	9	4	0
Advert in street press	<1	1	0	0	0	0	0	0	0
Word of mouth	27	29	26	37	9	6	27	59	17
Other	5	0	0	5	0	0	38	2	0
Participated in EDRS in previous year/s (%)	7	1	14	5	2	3	9	21	4

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 6.2; range 7-55). 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, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Mean age first injected	19	20	19	18	19	21	19	20	19
Drug first injected (%)									
Heroin	40	54	46	48	7	35	38	34	43
Amphetamines*	48	37	46	46	54	54	51	50	49
Morphine	6	0	4	1	22	5	5	15	2
Cocaine	2	5	1	1	0	1	1	0	2
Methadone	1	1	1	0	8	0	0	1	0
Buprenorphine**	<1	0	0	0	0	0	1	0	0
Other drugs	3	3	2	4	9	5	4	0	5

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 (52%) 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 except in TAS and the NT, where morphine was the drug of choice. Methamphetamines ranged from 11% in VIC to 35% in WA. Proportions nominating morphine and cocaine also varied by jurisdiction, the former being most commonly reported in the NT and TAS, 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 WA 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 TAS and the NT, the drug most likely to have last been injected was morphine, and substantial minorities of participants in SA and QLD also reported last injecting morphine. A notable proportion of participants in TAS and SA had last injected methadone. 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-seven percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine (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 (41%), price (16%), being in drug treatment (7%), that their drug of choice was not injectable (generally cannabis; 7%) or caused undesirable health effects (5%).

Almost half of the 2008 national sample reported injecting daily in the month preceding interview, with frequency highest in NSW and the NT (Table 10).

Table 10: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Drug of choice (%)									
Heroin	52	50	69	73	25	53	49	28	63
Methamphetamine*	22	30	14	11	21	28	35	17	18
Morphine	10	2	2	2	26	3	2	39	9
Cocaine	4	10	2	3	5	5	1	4	0
Methadone	2	1	3	0	15	1	0	1	0
Buprenorphine**	<1	0	1	1	0	1	0	0	0
Cannabis	6	3	7	7	3	7	7	9	8
Other drugs	3	4	2	4	5	2	6	2	2
Last drug injected (%)									
Heroin	36	49	51	59	0	36	34	2	37
Methamphetamine*	26	30	26	19	14	42	42	14	28
Morphine	18	1	5	5	38	13	7	73	19
Cocaine	3	13	1	2	0	1	0	0	0
Methadone	8	2	8	3	33	4	3	7	10
Buprenorphine**	3	1	4	5	1	4	5	4	2
Buprenorphine-naloxone	2	0	0	3	0	0	6	0	4
Other drugs	4	4	5	4	14	0	3	0	1
Drug injected most often last month (%)									
Heroin	37	46	52	65	0	39	32	4	36
Methamphetamine*	26	33	25	15	17	40	43	14	28
Morphine	19	3	5	3	41	13	4	74	22
Cocaine	2	11	0	3	0	1	0	0	0
Methadone	7	1	8	3	30	2	4	4	7
Buprenorphine**	4	1	7	7	1	4	6	3	2
Other drugs	5	5	3	4	11	1	11	1	6
Injection frequency last month (%)									
Not in last month	1	1	0	2	0	0	1	0	0
Weekly or less	21	13	21	17	10	31	38	15	25
More than weekly (but less than daily)	34	34	33	34	61	38	31	17	29
Once daily	20	21	22	19	19	7	17	35	18
2-3 times daily	20	25	16	25	8	17	8	32	23
> 3 times a day	5	7	9	3	2	6	5	2	5

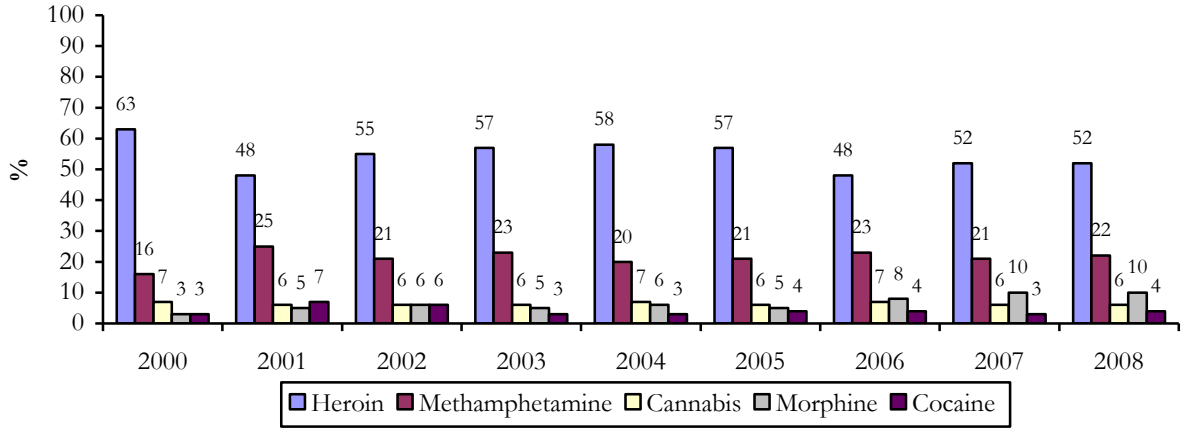
Source: IDRS IDU participant interviews

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

** excludes buprenorphine-naloxone (Suboxone)

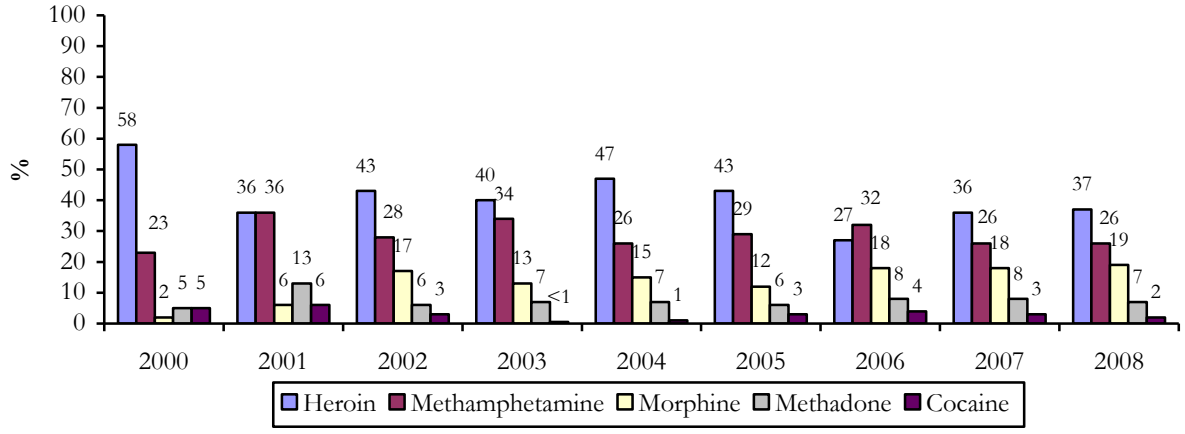
Similar proportions of the 2002-2005 national samples nominated heroin as their drug of choice at between 56% and 58%, and in 2006 this figure had decreased to that reported in 2001, a year when there was a pronounced heroin shortage. There was little change to this figure in 2007 and it remained stable in 2008 (52%, 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, 18% in 2008), 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; 26% in 2008, 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, 2000-2008



Source: IDRS IDU participant interviews

Figure 2: Drug injected most often in the month preceding interview, 2000-2008



Source: IDRS IDU participant interviews

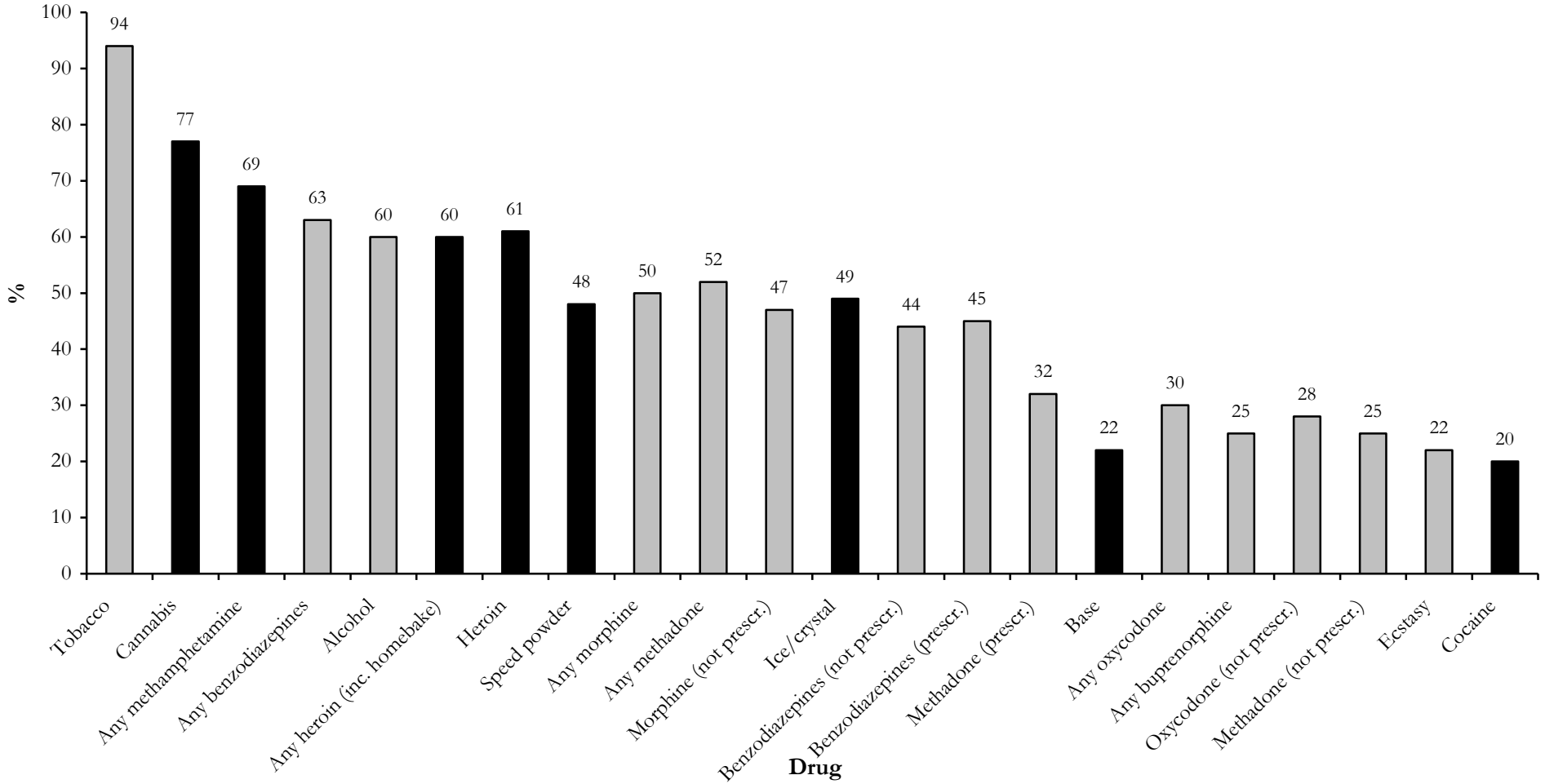
As in previous years, IDRS participants sampled were polydrug users. Figure 3 shows the prevalence of drug use by the national sample in the past six months for the most commonly used drugs investigated by the IDRS (20% or greater prevalence in the preceding six months). Use of tobacco, benzodiazepines 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 (61%), cannabis (77%) and methamphetamine (any form; 69%). 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 Table 11. Routes of administration, including injecting, swallowing, snorting and smoking/inhaling are also provided in some detail. For example, 90% of the national sample reported ever having used heroin by one or more routes of administration, 89% had ever injected it, and 60% 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 48 days (a decreased from 72 days in 2007), i.e. around twice a week, during that time. Sixty 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 50 days (a decrease from 72 days in 2008).

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, 2008



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, 2008

	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	90	89	60	48	45	4	20	2	18	3	60		50
Homebake heroin	36	33	9	6	2	<1	1	<1	3	1	9		6
Any heroin (inc. homebake)	*91*	*90*	*61*	*60*	*45*	*5*	*20*	*2*	*19*	*3*	*61*		*60*
Methadone (licit/prescribed)	60	30	12	48					59	32	32	180	180
Methadone (illicit/not prescribed)	54	38	19	10					31	11	25		8
Physeptone (licit/prescribed)	12	8	1	22	1	<1	<1	<1	9	1	2	180	24
Physeptone (illicit/not prescribed)	37	29	12	5	<1	<1	<1	<1	16	5	15		4
Any methadone (inc. Physeptone)	*80*	*55*	*30*	*17*					*71*	*41*	*52*		*120*
Buprenorphine (licit/prescribed)	37	21	8	48	2	<1	<1	<1	34	12	13	144	90
Buprenorphine (illicit/not prescribed)	34	27	13	6.5	2	<1	1	<1	16	6	16		6
Any buprenorphine (exc. buprenorphine-naloxone)	*55*	*38*	*18*	*20*	*3*	*<1*	*1*	*<1*	*42*	*17*	*26*		*31.5*
Buprenorphine-naloxone (licit/prescribed)	17	6	4	24	<1	0	<1	0	15	9	10	120	90
Buprenorphine-naloxone (illicit/not prescribed)	12	9	6	5	<1	0	<1	0	6	4	9		5
Any buprenorphine-naloxone	*23*	*11*	*8*	*12*	*<1*	*0*	*<*	*0*	*19*	*12*	*17*		*36*
Morphine (licit/prescribed)	27	21	8	48	<1	<1	<1	<1	18	6	10		66
Morphine (illicit/not prescribed)	74	69	45	18	1	<1	1	<1	26	9	47		15
Any morphine	*79*	*72*	*47*	*24*	*2*	*<1*	*1*	*<1*	*35*	*14*	*50*		*24*
Oxycodone (licit/prescribed)	15	8	3	30	<1	<1	0	0	11	4	5		30
Oxycodone (illicit/not prescribed)	53	46	25	5	<1	<1	1	<1	17	6	28		5
Any oxycodone	*58*	*48*	*26*	*5*	*<1*	*<1*	*<1*	*<1*	*23*	*9*	*30*		*6*
Other opioids (not elsewhere classified)	28	7	2	4	2	1	<1	<1	21	12	14		12

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, 2008 (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	90	88	47	7.5	18	4	42	4	34	4	48	10
Base/point/wax	52	50	21	5.5	5	1	4	<1	8	2	22	6
Ice/shabu/crystal	77	73	47	12	34	16	5	1	8	3	49	12
Methamphetamine liquid	25	23	3	5					5	1	4	4
Any methamphetamine [e]	*95*	*93*	*67*	*18*	*42*	*18*	*43*	*5*	*39*	*8*	*69*	*18*
Pharmaceutical stimulants (licit/prescribed)	7	2	<1	7.5	<1	<1	<1	0	6	1	1	133
Pharmaceutical stimulants (illicit/not prescribed)	38	23	10	5	<1	<1	1	<1	24	7	14	5
Any pharmaceutical stimulants	*40*	*23*	*10*	*5*	*<1*	*<1*	*1*	*<*	*27*	*8*	*15*	*5*
Cocaine	67	51	17	6	11	2	36	6	9	2	20	6
Hallucinogens	69	11	1	2	2	<1	1	<1	66	6	6	2
Ecstasy	67	26	9	2	2	<1	6	1	59	17	22	3
Benzodiazepines (licit/prescribed)	65	13	5	10	2	<1	<1	<1	63	43	45	96
Benzodiazepines (illicit/not prescribed)	63	17	9	10	1	<1	<1	<1	58	40	45	12
Any benzodiazepines	*81*	*23*	*11*	*11.5*	*3*	*1*	*1*	*<1*	*78*	*62*	*65*	*70*
Alcohol	95	6	<1	1					94	61	60	24
Cannabis	96										77	180
Inhalants	20										3	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 xii for guide to days of use/injection

[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, 73% of participants in the ACT sample (n=101) reported use of hydroponic cannabis in the preceding six months, 63% reported use of outdoor-grown 'bush' cannabis, 17% reported use of hashish and 10% the use of hash oil (Table 12). Among those who had used cannabis in the ACT, the majority (81%) 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, 2008

Form of drug	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Heroin† (%)									
Powder – white/off-white	42	66	80	39	2	38	42	<1	57
Rock – white/off-white	35	56	45	71	1	18	6	7	45
Any white/off-white heroin	*54*	*78*	*84*	*81*	*3*	*48*	*45*	*9*	*64*
Powder – brown	26	50	24	28	1	20	47	<1	24
Rock – brown	18	32	23	37	0	14	6	4	12
Any brown heroin	*34*	*58*	*38*	*49*	*1*	*27*	*49*	*5*	*30*
Homebake	9	11	22	4	3	2	23	2	9
Methadone (%)									
Liquid, licit	32	46	47	37	48	23	18	9	22
Liquid, illicit	25	24	31	19	55	11	14	25	24
Physeptone, licit	2	2	2	1	3	2	1	3	1
Physeptone, illicit	15	3	7	4	50	10	7	36	10
Buprenorphine (%)									
Licit	13	14	20	15	10	17	5	11	14
Illicit	16	7	25	19	3	12	18	18	25
Buprenorphine-naloxone (%)									
Licit	10	5	6	23	6	4	12	7	16
Illicit	9	1	10	18	4	3	12	4	16
Morphine (%)									
Licit	10	13	12	3	8	7	7	20	11
Illicit	47	31	35	40	81	30	31	85	51
Oxycodone (%)									
Licit	5	7	6	4	4	3	8	3	7
Illicit	28	27	27	25	53	15	23	28	26
Other opiates (%)									
Licit	10	26	20	14	2	0	2	<1	5
Illicit	7	7	5	5	10	0	0	4	3

Source: IDRS IDU participant interviews

† 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

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

Table 12: Forms of drugs used in the preceding six months, by jurisdiction, 2008 (continued)

Form of drug	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Methamphetamine (%)									
Methamphetamine powder (speed)	48	38	37	64	61	34	61	50	35
Amphetamine liquid (oxblood)	4	2	3	3	2	5	3	4	10
Base methamphetamine (base/point/wax)	22	33	18	5	25	37	13	10	34
Crystalline methamphetamine (ice/crystal)	49	69	68	39	32	49	61	28	40
Prescription stimulants (%)									
Licit	1	1	6	1	0	0	1	1	0
Illicit	14	7	28	10	35	3	22	10	4
Cocaine (%)									
Powder	17	48	18	21	1	2	15	3	12
Crack	1	3	0	<1	0	1	0	0	1
Hallucinogens (%)									
LSD	4	1	7	5	7	2	6	3	4
Mushrooms	3	0	7	5	8	1	2	0	3
Ecstasy (%)									
Pills	19	15	22	19	33	11	25	15	17
Powder	1	<1	4	3	0	1	0	0	0
Other (e.g. capsules)	<1	0	1	<1	0	0	0	0	0
Benzodiazepines (%)									
Licit	45	54	55	46	46	37	44	32	42
Illicit	45	51	47	50	68	21	35	40	39
Cannabis (%)									
Hydro	72	76	73	71	81	66	56	73	77
Bush	48	45	63	35	79	40	50	36	47
Hashish (hash)	9	7	17	4	3	14	9	17	9
Hash oil	6	5	10	1	0	7	7	9	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 recently used any form, by jurisdiction, 2008

Form of drug	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Heroin† (%)	*	*							
Powder – white/off-white	42	37	75	16	25	61	42	13	49
Rock – white/off-white	33	30	15	66	13	24	3	38	31
Any white/off-white heroin	*77*	*74*	*90*	*84*	*38*	*84*	*46*	*57*	*82*
Powder – brown	11	10	2	5	13	4	39	6	13
Rock – brown	7	8	6	9	0	12	2	13	5
Any brown heroin	*18*	*20*	*8*	*14*	*13*	*16*	*41*	*21*	*18*
Homebake	4	4	2	1	38	0	13	14	0
Other	1	2	0	0	13	0	0	7	0
Methadone (%)	*	*							
Liquid, licit.	57	72	68	71	56	67	55	13	56
Liquid, illicit	27	21	30	24	25	19	34	30	39
Physeptone, licit	1	0	0	1	4	3	0	4	0
Physeptone, illicit	11	1	2	4	13	11	9	50	5
Buprenorphine (%)	*								
Licit	47	61	47	38	77	61	20	33	35
Illicit	50	23	53	47	23	39	80	67	65
Buprenorphine-naloxone (%)									
Licit	59	67	38	63	75	57	57	70	58
Illicit	31	22	63	37	25	43	43	30	42
Morphine (%)									
Licit	15	29	23	7	4	20	21	17	11
Illicit	85	71	77	93	96	80	79	83	89
Main brand	*MS Contin*	*MS Contin*	*MS Contin*	*MS Contin*	*MS Contin*	*Kapanol*	*MS Contin*	*MS Contin*	*MS Contin*
Oxycodone (%)									
Licit	13	15	16	10	6	20	24	9	17
Illicit	86	85	84	88	94	80	76	91	83
Main brand	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*
Other opiates (%)	*							^	^
Licit	71	85	85	70	17	0	0	20	63
Illicit	29	15	15	26	83	0	0	80	37
Main brand	*Codeine*	*Wide range*	*Wide range*	*Wide range*	*Wide range*	-	-	*Wide range*	*Wide range*

Source: IDRS IDU participant interviews

^ 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

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

Table 13: Forms of drugs *most often* used in the preceding six months, *among those who had recently used any form*, by jurisdiction, 2008 (continued)

Form of drug	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Methamphetamine (%)	*	*					*		
Methamphetamine powder (speed)	44	17	10	82	67	35	38	74	30
Amphetamine liquid (oxblood)	<1	0	1	0	0	2	0	0	5
Base methamphetamine (base/point/wax)	8	3	3	0	10	26	0	4	30
Crystalline methamphetamine (ice/crystal)	47	80	87	18	24	38	62	23	35
Prescription stimulants (%)						^			^
Licit	8	18	16	12	0	0	0	9	0
Illicit	92	82	84	88	100	100	100	91	100
Main brand	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*
Cocaine (%)	*	*			^	^		^	
Powder	76	68	83	86	25	25	100	67	92
Crack	1	0	0	3	0	0	0	0	8
Rock	18	25	17	6	25	75	0	33	0
Hallucinogens (%)		^	^			^	^	^	^
LSD	60	100	44	60	46	67	75	100	57
Mushrooms	33	0	56	30	46	33	0	0	43
Ecstasy (%)	*				*				
Pills	96	96	84	93	83	91	100	100	100
Powder	4	4	12	7	0	9	0	0	0
Benzodiazepines (%)	*	*							
Licit	63	60	78	66	46	74	49	49	64
Illicit	35	35	19	34	52	26	51	51	36
Main brand	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Alprazolam, diazepam*	*Diazepam*
Cannabis (%)	*	*			*	*			
Hydro	80	89	81	90	68	84	77	92	83
Bush	15	10	19	10	32	16	21	8	17
Hashish (hash)	<1	0	0	0	0	0	2	0	0
Hash oil	<1	1	0	0	0	0	0	0	0

Source: IDRS IDU participant interviews

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

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

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

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 remained stable, however, increases were noted in the ACT, VIC, WA and QLD and a decrease in NSW (2007 figures were NSW 48%; the ACT 26%; VIC 40%; TAS 0%; SA 21%; WA 29%; NT 0%; and QLD 19%). In 2008, rates of heroin use on the day preceding interview were highest in VIC, followed by NSW and the ACT, 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 15% (17% in 2007). Decreases were noted in most jurisdictions with exception of NSW where it increased (2007 figures were NSW 17%; the ACT 21%; VIC 11%; TAS 21%; SA 24%; WA 25%, NT 5%; and QLD 18%). The highest proportion of participants reporting methamphetamine use on the day prior to interview was in NSW followed by WA, and the lowest in TAS and the NT. Cocaine use on the day preceding interview was reported only in NSW and VIC. Cannabis use on the day preceding interview remained stable nationally

Methadone use on the day before interview varied by jurisdiction, ranging from 12% in the NT to 40% in TAS, while buprenorphine and buprenorphine-naloxone use was reported by 16% or less, respectively. The use of morphine on the day preceding interview remained stable nationally, however, an increase was noted in TAS (from 11% in 2007 to 31% in 2008) and a decrease in QLD (from 26% in 2007 to 14% in 2008). The use of other opioids was low.

Nationally, the use of benzodiazepines on the day preceding interview remained stable from 2007 (27% in 2007). Most notable changed were increases in NSW, the ACT, and QLD, and decreases in TAS, SA and WA (2007 figures were: NSW 19%; the ACT 25%; VIC 32%; TAS 45%; SA 37%; WA 38%; the NT 12%; QLD 19%). Alcohol use on the day prior to interview was reported by between one-fifth and just over one-quarter of participants across jurisdictions.

Table 14: Drugs used the day before interview, by jurisdiction, 2008

Drug (%)	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
No drugs	6	3	5	3	3	11	16	4	5
Heroin	25	36	36	45	0	19	22	1	23
Methamphetamine*	15	27	15	14	5	16	19	5	14
Cocaine	3	16	0	3	0	0	0	0	0
Cannabis	47	48	54	53	71	46	23	39	44
Methadone+	25	32	36	25	40	18	16	12	22
Buprenorphine+	8	5	16	10	3	14	3	8	8
Buprenorphine-naloxone+	5	1	2	8	3	3	7	1	11
Morphine+	17	5	3	7	31	13	8	66	14
Other opioids+	2	3	1	2	1	0	1	1	2
Benzodiazepines+	26	33	33	30	33	20	21	11	27
Alcohol	20	23	15	24	13	12	19	25	27

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 2008)

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

4 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 (2005)and Dietze and colleagues (2004b).

4.1 Use

4.1.1 Recent use among IDU participants

In 2008, heroin was the drug of choice for half of the sample (52%, the same as in 2007), and nominated as the last drug and drug most injected over the preceding month (36% and 37% respectively; Table 10). These figures are similar to 2007, fifty-two precent, 34% and 36%. The largest increases in heroin being nominated as the drug last injected were observed in the ACT and QLD, 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. Recent use remained relatively stable from 2007 to 2008 (60%). 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 (72 days), however, this figure decreased to 50 days in 2008. A slight overall decrease in the proportion of daily heroin users in the national sample was also reported (Table 15; Figure 4).

Table 15: Heroin use patterns, by jurisdiction, 2000-2008

	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
2008	52	50	69	73	25	53	49	28	63
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
2008	37	49	51	59	0	36	34	2	37
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
2008	60	83	86	85	5	51	59	14	74
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
2008	50	72	60	81	2	48	48	6	48
Daily users among entire sample (%)									
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
2008	11	20	16	21	0	8	9	<1	4
Daily users among recent 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
2008	18	24	18	25	0	16	15	7	5

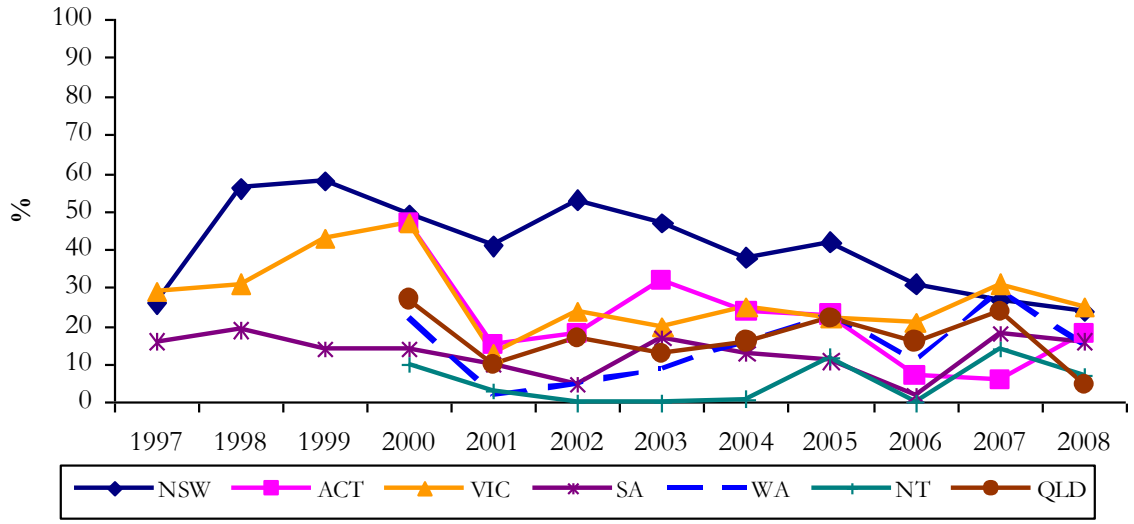
Source: IDRS IDU participant interviews

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

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

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 decreases noted in a number of jurisdictions (VIC, WA, the NT and QLD; NT figures should be interpreted with caution due to small numbers reporting). Figures increased in the ACT and remained relatively stable in NSW and SA compared to 2007.

Figure 4: Proportion of heroin users who reported daily use, by jurisdiction, 1997-2008



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 2007, with 9% (12% in 2007) reporting use on a median of six days over the past six months. Nine percent (12% in 2007) reported injection on a median of six days in the preceding six months. Homebake was most commonly used in WA (23% had used on a median of 10 days), followed by the ACT (22% had used on a median of five 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 IDRS from 2007 onwards 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. In 2008, the IDRS asked participants about the preparation method required for the injection of heroin (please refer to *heroin preparation method* section below). 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 89% of recent heroin users) reported use of white/off-white heroin in the preceding six months, while one-fifth reported use of 'brown' heroin (56% of recent heroin users). Use of white/off-white heroin powder was more commonly reported than white/off-white rock, while similar 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 11% or less in the preceding six months. As noted previously, the exceptions were WA (where 23% reported recent use) and the ACT (where 22% reported recent use; Table 12). Four 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 TAS (38%; Table 13).

4.1.3 Flashcard Analysis

In 2008, the IDRS participants were shown a 'flashcard' displaying pictures of different heroin colours ranging from white to nearly black in colour. Please note: the appearance of heroin does not necessarily indicate the geographic source of the drug. Participants who had used heroin in the last six months were asked to visually identify on the flashcard which heroin colour(s) they

had used in the last six months. Pictures were labelled from one to twelve. Please refer to Appendix B for a copy of the flashcard. Participants were later asked which colour they had used the most in the last six months (only one response was allowed).

Of those participants in the national sample who had used heroin in the last six months (n=546), 75% reported having used colour no. 11 (NSW 79%; ACT 79%; VIC 82%; TAS 40%; SA 82%; WA 59%; NT 14% and QLD 77%), 63% colour no. 12 (NSW 74%; ACT 79%; VIC 63%; TAS 20%; SA 41%; WA 47%; NT 29% and QLD 66%), 30% colour no. 8 (NSW 40%; ACT 13%; VIC 25%; TAS 0%; SA 24%; WA 56%; NT 14% and QLD 29%), 27% colour no. 7 (NSW 39%; ACT 15%; VIC 25%; TAS 20%; SA 31%; WA 25%; NT 14% and QLD 27%) and 25% colour no. 9 (NSW 22%; ACT 20%; VIC 25%; TAS 20%; SA 24%; WA 49%; NT 29% and QLD 19%; see Appendix B).

Forty-seven percent of those who had recently used heroin identified colour no. 11 as the colour they had used most in the last six months, followed by colour no. 12 (26%) and colour no. 8 (8%; see Appendix B).

4.1.4 Heroin preparation method

The use of different coloured heroin may require an additional step, involving citric acid or heating, in the preparation for injection. Therefore, in addition to the heroin colour flashcard participants were asked how they knew if they required citric/acetic acid to 'cook up' (dissolve) their heroin. Around one-quarter reported 'does not dissolve in water', while 20% reported 'don't know', 16% 'dealer told me' and 14% 'appearance-colour' (Table 16).

Table 16: Participant knowledge as to whether heroin will need citric/acetic acid in order to dissolve (among those that had used heroin last 6 months), 2008

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Does not dissolve in water (%)	23	16	31	14	0	26	58	44	19
Appearance-colour (%)	14	13	12	12	20	14	13	33	18
Appearance-texture (%)	3	3	1	5	0	2	3	0	0
Dealer told me (%)	16	16	12	14	0	18	8	22	26
Friend told me (%)	3	0	5	1	0	0	5	0	8
Other person told me (%)	1	2	0	0	0	2	0	0	4
Don't know (%)	20	12	14	41	40	12	3	0	18
Never had to dissolve (%)	8	6	20	7	0	10	3	0	0
Other reason (%)	14	33	5	6	40	16	10	0	8

Source: IDRS IDU participant interviews

Participants who had used either white/off-white or brown/beige heroin in the last six months were also asked how often they needed to heat the heroin. Among those who had used white/off-white heroin and commented, 57% responded 'never', 18% a 'little of the time' and 13% 'all of the time'. Of those who had used brown/beige heroin and commented, 38% responded 'never', 27% 'all of the time' and 16% a 'little of the time' (Table 17).

Table 17: Heroin preparation method among those who commented and recently used either white/off-white or brown/beige heroin, 2008

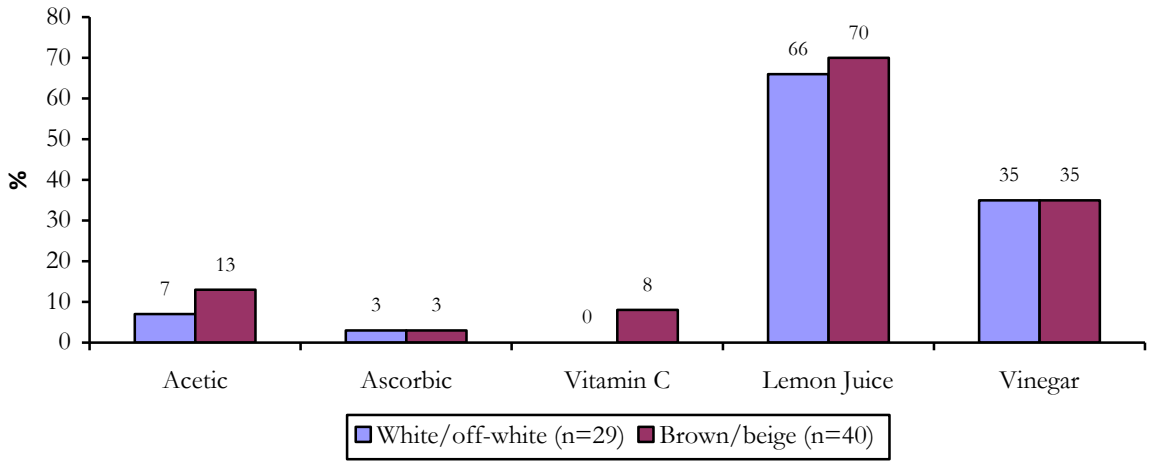
	How often did you heat it?		How often did you use acid to cook it up?	
	White/off-white (n=488)	Brown/beige (n=286)	White/off-white (n=209)	Brown/beige (n=171)
Never (%)	57	38	87	77
Little of the time (%)	18	16	11	11
Some of the time (%)	9	13	<1	5
Quite a bit of the time (%)	4	6	1	2
All of the time (%)	13	27	<1	5

Source: IDRS IDU participant interviews

IDRS participants were then asked 'how often did you use acid to cook it up?' Of those who used white/off-white heroin and commented, 87% responded 'never' and 11% a 'little of the time'. Seventy-seven percent of those participants who had used brown/beige heroin responded 'never' and 11% a 'little of the time' (Table 17).

The types of acid used by those who reported using white/off-white heroin and commented were lemon juice (66%), followed by vinegar (35%). The same pattern was found for those who had used brown/beige heroin and commented, lemon juice (70%) and vinegar (35%, Figure 5).

Figure 5: Types of acid used to prepare either white/off-white or brown/beige heroin among those commented, 2008



Source: IDRS IDU participant interviews

4.2 Price

The median price of a gram of heroin was cheapest in SA ($250, note: small numbers reporting; interpret with caution), followed by NSW, the ACT and VIC ($300). Heroin was most expensive per gram in WA (note: small numbers reporting; interpret with caution, Table 18).

The median price of a 'cap' of heroin (a small amount typically used for a single injection) remained at $50 in NSW, the ACT, TAS and QLD, except VIC (where it decreased to $47.50) and SA, WA and the NT (where it increased to $100). Small numbers reported purchasing caps in TAS, WA and the NT, indicating low availability.

Figure 6 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). The median gram prices reported in 2008 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 2008.

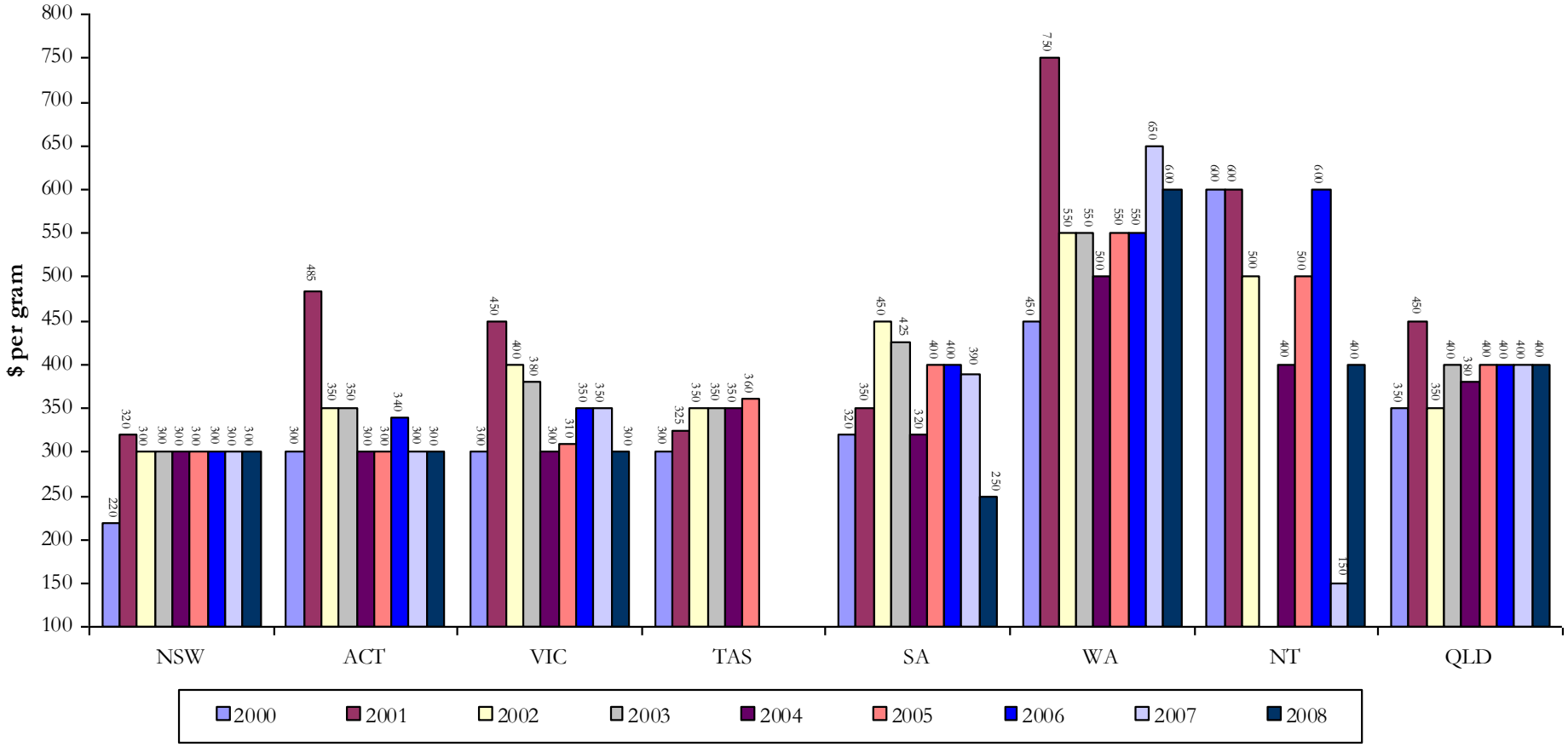
Table 18: Price of heroin, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Median Price ($)									
Per gram	-	300	300	300	-	250^	600^	400^	400
Per cap	-	50	50^	47.50	50^	100	100^	100^	50
Price changes (%)									
Did not respond	41	17	18	19	96	56	43	94	32
Of those who responded	N=512	n= 125	n=83	n=122	n=4	n=44	n=57	n=6	n=71
(% of the entire sample)	*(59)*	*(83)*	*(82)*	*(81)*	*(4)*	*(44)*	*(57)*	*(6)*	*(68)*
Don't know	4 (2)	6 (5)	4 (3)	1 (<1)	25 (1)	0	9 (5)	0	6 (4)
Increased	13 (7)	16 (13)	11 (9)	13 (11)	25 (1)	14(6)	11 (6)	50 (3)	10 (7)
Stable	70 (40)	69 (57)	77 (63)	70 (57)	50 (2)	80 (35)	53 (30)	50 (3)	79 (53)
Decreased	8 (5)	6 (5)	7 (6)	10 (8)	0	0	23 (13)	0	4 (3)
Fluctuated	4 (2)	4 (3)	1 (<1)	7 (5)	0	7 (3)	5 (3)	0	3 (2)

Source: IDRS IDU participant interviews

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

Figure 6: Median price per gram of heroin, by jurisdiction, 1996-2008



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-six percent of the national sample commented on the availability and the majority reported that heroin was 'easy' (46%; representing 26% of the entire sample) or 'very easy' (39%; 22% of the entire sample) to obtain (Table 19).

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, 2004, 2005b, 2007, Dietze et al., 2004, Harrison et al., 2004, 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 2008, 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 TAS (Table 19).

The majority of those commenting on heroin availability reported that it had remained stable (70%) in the last six months, a finding recorded in most jurisdictions except TAS which reported availability as easier. Around a quarter reported current availability as more difficult in the ACT and TAS. Nationally, this represented an increase from 2006, when nearly half of those commenting reported stability, and a return to levels recorded between 2003 and 2005 (66% in 2007; 48% in 2006; 63% in 2005; 62% in 2004; and 65% in 2003). Proportions reporting stability in 2002 and 2001 were 44% and 50%, respectively. Similar proportions to 2007 reported that it had become more difficult to obtain heroin in the six months in 2008 (13% in 2008; 14% in 2007; 29% in 2006; Table 19).

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 (63%) or a friend (40%). The most common place of purchase was at an agreed public location (55%). Seventeen percent of participants nationally reported obtaining heroin from a street market, most commonly in NSW and VIC, in contrast to low rates or no reports in the other jurisdictions (Table 19).

Table 19: Availability and purchasing patterns of heroin, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond	44	17	18	19	96	56	43	94	32
Of those who responded	N=512	n=125	n=83	n=122	n=4^	n=44	n=57	n=6^	n=71
(% of the entire sample)	*(56)*	*(83)*	*(82)*	*(81)*	*(4)*	*(44)*	*(57)*	*(6)*	*(68)*
Don't know	1 (<1)	1 (<1)	1 (1)	1 (<1)	0	2 (1)	2 (1)	0	1 (1)
Very easy	39 (22)	39 (32)	37 (31)	51 (41)	0	46 (20)	28 (16)	0	30 (20)
Easy	46 (26)	46 (38)	41 (34)	39 (31)	0	46 (20)	65 (37)	17 (1)	51 (35)
Difficult	14 (8)	13 (11)	21 (17)	9 (7)	75 (3)	7 (3)	5 (1)	67 (3)	17 (12)
Very difficult	1 (<1)	1 (<1)	0	1 (<1)	25 (1)	0	0	17 (1)	1 (1)
Availability changes (%)									
Did not respond	44	17	18	19	96	56	43	94	32
Of those who responded	N=512	n=125	n=83	n=122	n=4^	n=44	n=57	n=6^	n=71
(% of the entire sample)	*(56)*	*(83)*	*(82)*	*(81)*	*(4)*	*(44)*	*(57)*	*(6)*	*(68)*
Don't know	3 (2)	3 (3)	4 (3)	2 (1)	0	2 (1)	5 (3)	0	4 (3)
More difficult	13 (7)	17 (14)	22 (18)	11 (9)	25 (1)	7 (3)	5 (3)	0	11 (8)
Stable	70 (39)	67 (56)	59 (49)	76 (62)	25 (1)	84 (37)	60 (34)	100 (6)	73 (50)
Easier	10 (6)	10 (9)	10 (8)	9 (7)	50 (2)	5 (2)	21 (12)	0	7 (5)
Fluctuates	4 (2)	2 (1)	6 (5)	3 (2)	0	2 (1)	9 (5)	0	4 (3)
Purchased from# (%)									
Had not bought	48	25	22	22	97	59	49	95	36
Of those who had bought	N=476	n=113	n=79	n=117	n=3^	n=41	n=51	n=5^	n=67
(% of the entire sample)	*(52)*	*(75)*	*(78)*	*(78)*	*(3)*	*(41)*	*(51)*	*(5)*	*(64)*
Street dealer	24 (12)	41 (30)	23 (18)	27 (21)	0	12 (5)	10 (5)	0	9 (6)
Friends	40 (21)	43 (32)	46 (36)	35 (27)	33 (1)	15 (6)	45 (23)	40 (2)	48 (32)
Known dealer	63 (33)	62 (46)	61 (48)	73 (57)	67 (2)	63 (26)	57 (29)	20 (1)	60 (38)
Workmate	1 (<1)	2 (1)	3 (2)	1 (<1)	0	0	0	0	0
Acquaintance	14 (7)	15 (11)	22 (17)	13 (10)	33 (1)	10 (4)	14 (7)	40 (2)	6 (4)
Unknown dealer	9 (5)	17 (13)	11 (9)	9 (7)	0	5 (2)	0	0	3 (2)
Mobile dealer	14 (7)	20 (15)	15 (12)	12 (9)	0	20 (8)	0	0	16 (11)
Places of usual purchase# (%)									
Had not bought	48	25	22	22	97	59	49	95	36
Of those who had bought	N=476	n=113	n=79	n=117	n=3^	n=41	n=51	n=5^	n=67
(% of the entire sample)	*(52)*	*(75)*	*(78)*	*(78)*	*(3)*	*(41)*	*(51)*	*(5)*	*(64)*
Home delivery	28 (15)	25 (19)	37 (29)	30 (23)	0	37 (15)	24 (12)	0	24 (16)
Dealer's home	28 (15)	25 (19)	28 (22)	27 (22)	0	17 (7)	39 (20)	20 (1)	33 (22)
Friend's home	16 (9)	15 (11)	17 (13)	13 (10)	0	2 (1)	37 (19)	0	19 (13)
Acquaintance's house	6 (3)	8 (6)	6 (5)	3 (3)	0	2 (1)	6 (3)	20 (1)	6 (4)
Street market	19 (10)	35 (26)	13 (10)	26 (20)	0	2 (1)	2 (1)	0	10 (7)
Agreed public location	55 (29)	51 (38)	62 (49)	63 (49)	100 (3)	51 (21)	28 (14)	60 (3)	57 (37)

Source: IDRS IDU participant interviews

multiple responses allowed

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

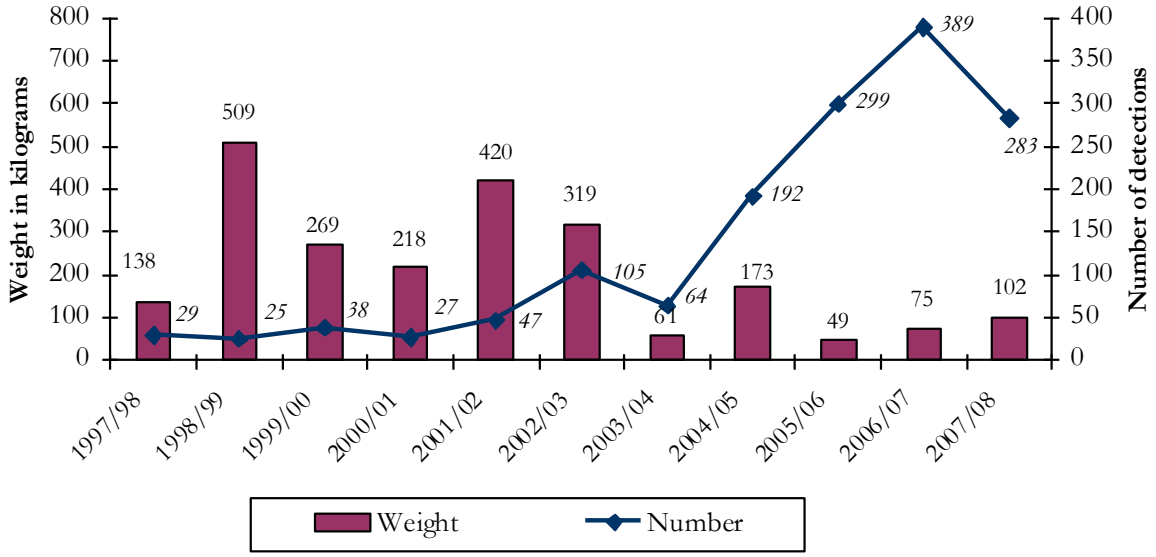
4.3.1 Heroin detected at the Australian border

Figure 7 presents the weight and number of heroin detections by the Australian Customs Service at the Australian border over the past 11 years.

In the financial year 2007/08 there were 283 heroin detections at the Australian border, representing an decrease from a record high of 389 detections in 2006/07, 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 2007/08 was 102 kilograms (an increase from 75 kilograms in 2006/07), indicating a continuing trend towards smaller amounts of heroin coming in via postal methods and air passenger/crew concealment (Figure 7).

Figure 7: Weight and number of detections of heroin made at the border by the Australian Customs Service, financial years 1997/98-2007/08



Source: Australian Customs Service

4.4 Purity

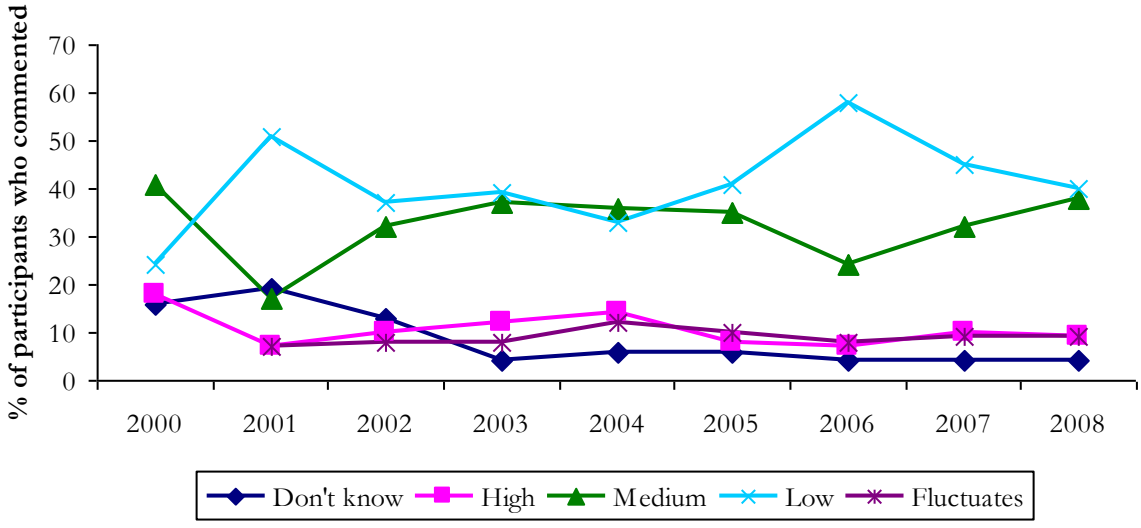
Participants were asked about their perception of current heroin purity or strength and if there had been any change in purity in the six months preceding interview. The majority of participants commenting (N=512) reported that heroin was of 'low' or 'medium' purity. This pattern of results was broadly seen across all jurisdictions except TAS where few participants were able to comment. These findings were similar to 2007 (low, 45%; medium, 32%; high, 10%). Purity was most commonly reported to have remained stable across the majority of jurisdictions (Table 20, Figure 8).

Table 20: Perceived purity of heroin, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Current Purity (%)									
Did not respond	44	17	18	19	96	56	43	94	32
Of those who responded	N=512	n=125	n=83	n=122	n=4^	n=44	n=57	n=6^	n=71
(% of the entire sample)	*(56)*	*(83)*	*(82)*	*(81)*	*(4)*	*(44)*	*(57)*	*(6)*	*(68)*
Don't know	4 (2)	7 (6)	4 (3)	2 (1)	50 (2)	5 (2)	0	0	4 (3)
High	9 (5)	10 (8)	8 (7)	6 (5)	25 (1)	14 (6)	18 (10)	17 (1)	4 (3)
Medium	38 (21)	34 (28)	40 (33)	42 (34)	25 (1)	39 (17)	56 (32)	17 (1)	25 (17)
Low	40 (22)	42 (34)	37 (31)	44 (36)	0	32 (14)	21 (12)	67 (4)	49 (34)
Fluctuates	9 (5)	8 (7)	11 (9)	7 (5)	0	11 (5)	5 (3)	0	17 (12)
Purity changes (%)									
Did not respond	44	17	18	19	96	56	43	94	32
Of those who responded	N=512	n=125	n=83	n=122	n=4^	n=44	n=57	n=6^	n=71
(% of the entire sample)	*(56)*	*(83)*	*(82)*	*(81)*	*(4)*	*(44)*	*(57)*	*(6)*	*(68)*
Don't know	7 (4)	8 (7)	7 (6)	5 (4)	50 (2)	2 (1)	2 (1)	17 (1)	10 (7)
Increasing	20 (11)	18 (15)	10 (8)	28 (23)	25 (1)	16 (7)	33 (19)	0	17 (12)
Stable	34 (19)	27 (23)	36 (30)	39 (31)	25 (1)	34 (15)	42 (24)	83 (5)	27 (18)
Decreasing	21 (12)	37 (30)	27 (22)	13 (11)	0	16 (7)	7 (4)	0	20 (13)
Fluctuating	18 (10)	10 (9)	21 (17)	16 (13)	0)	32 (14)	16 (9)	0	27 (18)

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

Figure 8: Participant reports of current heroin purity among those able to comment, 2000-2008



Source: IDRS IDU participant interviews

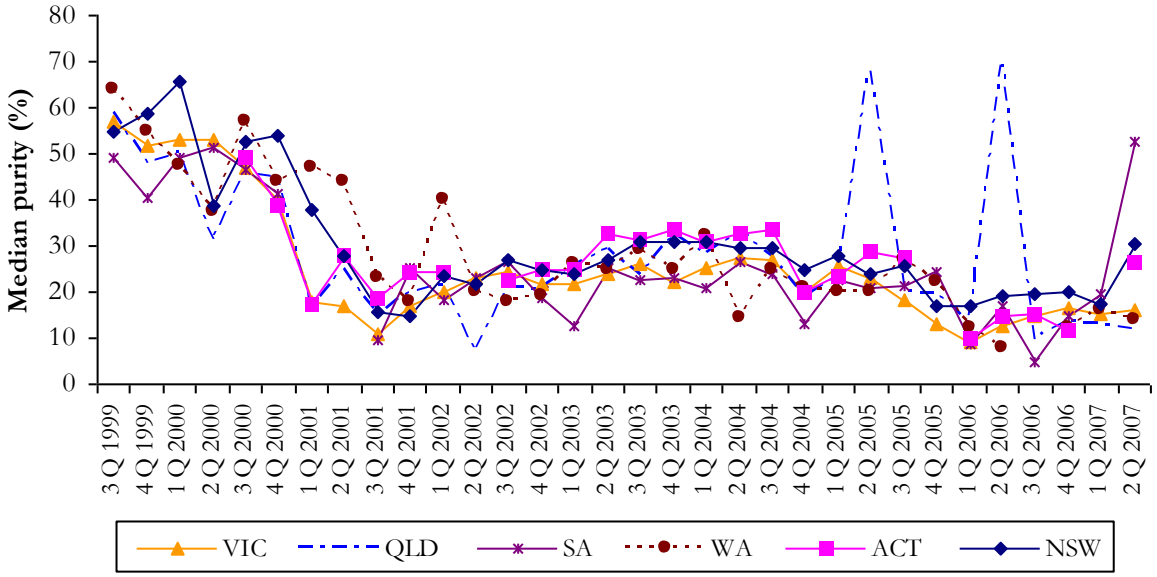
Participant reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. However, there are some important issues to consider when examining purity measures. Not 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 9 through to Figure 12: 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 2006/07.

The median purity of analysed state/territory police heroin seizures in 1999/00 to 2006/07 financial years (displayed quarterly) by jurisdictions is displayed in Figure 9 and Figure 10. The overall total median purity of seizures analysed by state/territory police in 2006/07 was highest in NSW, SA and VIC (20.3%, 15.3% and 15.2% respectively) and lowest in QLD (12.2%). 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 5% in SA in the second half of 2006 (Australian Crime Commission, 2008). The 2007/08 ACC seizure data were unavailable at the time of publication.

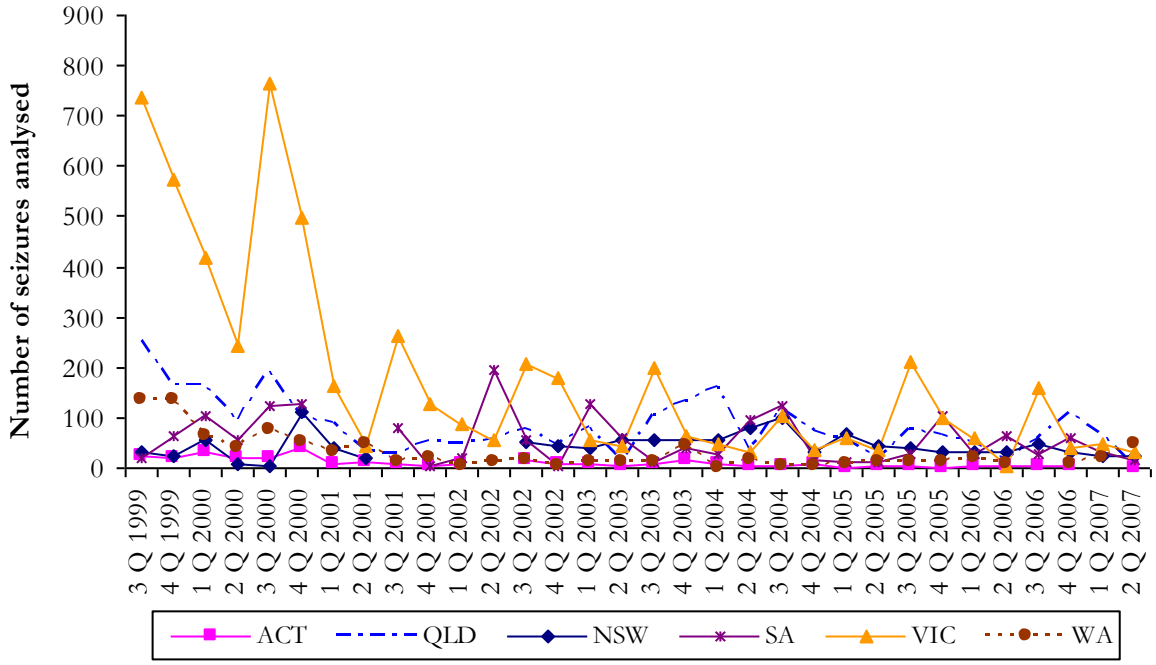
Figure 9: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 1999/00-2006/07



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)
Note: Seizures ≤2g and >2g combined. Note: Data for 2007/08 were not available at the time of publication

The number of state/territory police heroin seizures analysed for purity are presented in Figure 10. 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 9.

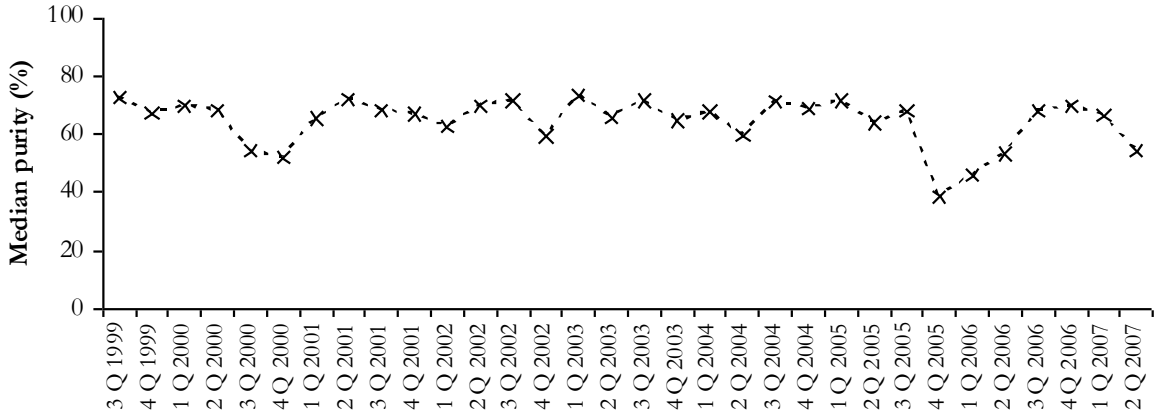
Figure 10: Number of state/territory police heroin seizures analysed, by jurisdiction, 1999/00-2006/07



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were not available at the time of publication

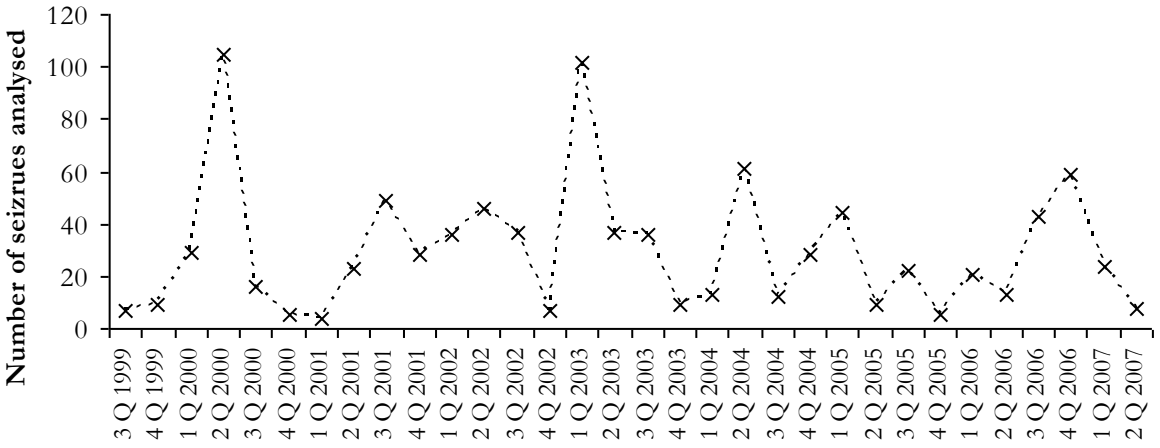
The median purity and number of AFP seizures for NSW are presented in Figures 11 and Figure 12. Only NSW data are presented as there were fewer seizures analysed in all other jurisdictions, some with no seizures analysed for many quarters. The median purity of these seizures is relatively higher than 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 was a 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 was only based on five seizures (Figure 12). In 2006/07 the median purity increased in the first quarter and then decreased in the last quarter (Australian Crime Commission, 2008). Data for 2007/08 were not available at the time of publication.

Figure 11: Median purity of heroin seizures analysed by AFP in NSW 1999/00-2006/07



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were not available at the time of publication

Figure 12: Number of AFP heroin seizures analysed in NSW, 1999/00-2006/07



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 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 (Phillips and Burns, 2009), the ACT (Cassar et al., 2009), VIC (Quinn, 2009), TAS (de Graaff and Bruno, 2009), SA (White et al., 2009), WA (George and Lenton, 2009), the NT (Moon, 2009) and QLD (Cogger and Kinner, 2009).

4.5.1 New South Wales

Following the trends of previous years heroin was still the preferred drug of choice (50%) nominated by people currently injecting. Although heroin remained the number one drug of choice nominated by respondents a noticeable decrease in preference has occurred since 2007. Heroin was the drug most often injected in the month prior to interview (46%) and the drug people had injected most recently (49%). These figures are markedly lower than the higher levels reported in 2007 (67%, 57% and 56% respectively).

Eighty-three percent of participants reported heroin use on one or more occasions in the six months preceding interview. The median days of recent heroin use has decreased to 72 days (i.e. three times per week) from the 96 days (i.e. approximately every two days) reported in 2007. The proportion of daily users remained stable (24%) with 2007, the year the in which the lowest (also 24%) proportion of daily heroin users were reported since the IDRS began.

The median price for a gram ($300) and a cap of heroin ($50) continued to remain stable in 2008, and prices remained higher than those reported prior to the heroin shortage in 2001. Heroin remained accessible in 2008, with 85% (also 85% in 2007) of those who commented reporting that it was either 'easy' or 'very easy' to obtain. The large percentage of participants that commented on ease of availability remained stable as did the number reporting it was difficult to obtain (13%; 13% in 2007). This suggests overall that heroin availability remained stable. Most participants tended to report availability as having remained stable (67%; also 67% in 2007) with a smaller proportion having reported it as more difficult (17%; 15% in 2007).

Participant reports (among those who commented) on heroin purity were again mixed this year. Forty-two percent of the participants that commented reported current purity as low and a third (34%) reported purity as medium which are comparable to 2007 figures. Just over a quarter (27%) of those commenting considered purity levels to have remained stable over the preceding six months.

Key expert (KE) comments on price, purity and availability were relatively consistent with IDU participant reports, with indications that heroin quality was generally 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 and purity. Participant use of homebake remained low and comparable to 2007.

Due to the mention by some KE in 2006, of the appearance of brown alkaline heroin, predominantly in central Sydney for a short period, in 2007 and 2008 participants were asked about the colour of heroin they mostly used. Brown heroin requires different injection preparation methods, therefore it is an important issue to investigate for the purpose of harm reduction. However, similar to last year, participant reports found that the predominant form (74% of those that commented; 75% in 2007) remained to be white/off-white powder (believed to be sourced from the golden triangle in 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. While over a quarter (26%) of IDU participants reported using heroin that could be described as 'brown or beige' most frequently, the majority of KE reported very little evidence of brown alkaline heroin.

Indicator data reflecting 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 participants reporting use of heroin in the six months preceding interview increased to 86% (72% in 2007), this was similar to previous years (86% in 2005 and 2004). Eighty-five percent of participants who had used heroin in the preceding six months reported injecting it, whilst only 8% had recently smoked heroin. 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 60 (between two and three times a week); this was up from a median of 48 days (approximately twice a week) in 2007.

In 2008, a 'flashcard' was used for participants to visually identify the colours of heroin that they had used. The majority of participants reported that they had used 'off-white' (53%) or 'China-white' (41%) heroin. Light brown heroin was also identified as being used by (6%) of participants. Participants were also asked details of the different forms of heroin used. The most common forms used were white/off-white heroin powder (92%), followed by white/off-white rock (51%). The usual form used was predominantly white/off-white powder heroin (75%). Approximately one-quarter reported that they had used either brown heroin powder (27%), or brown heroin rock (26%). This was an increase from 2007 where brown heroin powder was used by 12% and brown heroin rock was used by 17% of IDU. The use of these forms of heroin often involves an additional step, involving citric acid or heating, in the preparation for injection. In 2008, participants were asked about this additional step. Ninety-one percent of participants reported that they did not ever use acid when preparing heroin. Of the 35 participants who reported recently using brown/ beige heroin, 72% reported that they did not need to use acid. Forty-nine percent of these participants reported that they did not heat brown/beige heroin, however, 29% of brown/beige heroin users reported heating 'all of the time'.

The reported price for a cap of heroin remained stable from 2007 to 2008 at $50; the reported price for a gram of heroin remained stable at $300. Respondents reported heroin to be 'very easy' (37%) to 'easy' (41%) to obtain; this was a slight decrease relative to the previous year, when 40% of participants reported heroin to be 'very easy' to obtain and 47% reported heroin to be 'easy' to obtain. There was also a slight increase in participant reports of heroin purity being 'low' from 31% in 2007, to 37% in 2008. In 2008, forty percent reported heroin purity to be 'medium', and 8% reported purity to be 'high'. Some KE reported that purity of heroin had increased in the ACT in the previous six months.

4.5.3 Victoria

Nearly three-quarters (73%) of the Victorian IDU survey respondents reported that heroin was their main drug of choice, 86% reported use and injection of 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, compared to powder during that time.

Respondents reported using heroin on a median of 81 days during the past six months, with just over one-fifth (21%) reporting using heroin on a daily basis during that time. While prevalence of heroin use remained relatively stable in 2008, frequency of reported heroin use increased in comparison to the previous year (81 days as opposed to a median of 72 days in 2007).

In 2008, respondents reported paying (median price) $47.50 for a cap, $100 for a quarter-gram, $180 for a half-gram, and $300 for one gram (on the last occasion of purchase). The reported price of heroin remained relatively stable to decreasing in 2008. The most popular purchase amount of heroin was once again a half-gram, followed by a cap.

Current heroin purity was reported as 'low' (45%) to 'medium' (43%) by the majority of IDU respondents who commented. Of the 12 KE who commented on current heroin purity, the majority reported that it was 'low' at the time of interview.

The majority of IDU respondents who commented on the availability of heroin reported it as either 'very easy' (51%) or 'easy' (38%) to obtain at the time of interview, and that availability had been 'stable' over the past six months (76%). Most participants who commented on where they usually sourced their heroin reported usually purchasing the drug from known dealers (70%). Common venues (locations) where participants normally scored heroin were reported to be an agreed public location (60%), home delivery (28%), dealer's home (27%), or street market (24%). KE agreed that heroin was 'very easy' or 'easy' to obtain, and noted that mobile dealing was increasingly more common than street dealing in many areas, often due to increased or continual police activity.

Thirteen percent of IDU respondents reported having experienced a heroin overdose within the previous six months, and 8% had received Narcan during that time, an increase in comparison to the previous year (8%). KE reports regarding changes to overdose rates during the last six months were somewhat inconsistent, with six reporting an increased number of overdoses, five reporting that rates had remained stable, and three KE reporting a reduction in the number of heroin overdoses during the last six months.

4.5.4 Tasmania

Consistent with patterns seen in previous studies, only a small proportion of the TAS participants(5%) reported using heroin in the preceding six months, with this use being very infrequent (two of the previous 180 days), despite a high preference for heroin (25%) as a drug of choice. The rate of recent heroin use among Tasmanian IDU cohorts has decreased dramatically from 38% in 2000 to 5% in the current study, in contrast to the stable reported preference for opiate drugs over time (approximately two-thirds of each annual sample).

Very few of the IDU participants interviewed in the 2008 Tasmanian IDRS could report on local trends in price, purity or availability of heroin. Only two participants were able to provide information regarding price paid for recent heroin purchases. These purchases were one 'cap', at a cost of $50 and one half-weight purchase (0.5gram) at a cost of $500. Similarly, in 2007, just one participant commented on price for heroin, reporting one 'cap' to cost $50. Given these extremely sparse reports, it is difficult to infer trends in the price of heroin locally.

There was little uniformity in the forms of heroin used: two participants reported use of white powder, and single participants reported use of brown powder, white rock and yellow rock. Just two participants were able to comment on the subjective purity of the heroin they had used in the preceding six months, stating that it was either 'high' or 'medium' in purity.

All participants who commented reported availability of heroin to be either 'difficult' or 'very difficult', however, there was little agreement as to changes in this level of availability over the preceding six months. This is in contrast to reports in the 2007 report, when 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 (two days in the last six months among those who had used the drug) and that, of the 25% of the IDU sample that reported heroin as their drug of choice, only 12% had recently used heroin – indicate that the low availability of heroin in the state, identified in earlier IDRS studies, has continued in 2008.

4.5.5 South Australia

In 2008, the proportion of SA participants who reported recent use of heroin was lower compared to 2007, whereas the frequency of use of heroin remained stable. Heroin users continued to supplement or substitute their heroin use with other opioid substances such as morphine and methadone, and also methamphetamine.

The estimated price of a gram of heroin was stable, but the price at last purchase was lower than that reported in 2007. Despite this the majority of participants reported the price of heroin remained stable from 2007 to 2008, 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 at 'low' to 'medium' levels in 2008; however, fewer participants reported heroin purity as 'low' with the current levels of purity perceived as either 'stable' or 'fluctuating'. Contrary to findings in 2007, fewer participants in 2008 reported obtaining heroin from friends or a mobile dealer.

Experience of recent heroin overdose among the participants in the sample decreased. 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 despite the ease of availability of heroin for most participants, and the predominance of heroin as the drug of choice among this year's sample fewer participants in 2008 had used heroin recently, this may be a reflection of the low purity of heroin for an increasing proportion of the participants.

4.5.6 Western Australia

Lifetime and recent use of heroin by IDU in 2008 was similar to that reported last year. A lifetime history of heroin use was reported by 86% of IDU compared to 90% in 2007. Use of heroin in the last six months was reported by 59% of IDU compared to 56% in 2007. Frequency of use among recent heroin users decreased in comparison to last year. For the current sample, the average days of heroin use in the last six months was 61 days compared to 87 days for last year's sample. Furthermore, 15% of recent heroin users in 2008 reported daily heroin use compared to 29% in 2007.

Heroin was replaced by methamphetamine as the drug most often injected in the last month and as the drug most recently injected. In 2008, thirty-two percent of IDU reported heroin as the drug most often injected in the last month and 34% reported heroin as the drug most recently injected. However, heroin remained the drug of choice, nominated by 49% of IDU in 2008.

There was some indication of increased heroin availability according to IDU reports. Of those who commented, 93% rated current availability as either 'very easy' or 'easy' compared to 71% in 2007. Further, 5% rated current availability as 'very difficult' or 'difficult' compared to 28% in 2007. There was also some suggestion of an increase in heroin purity. In 2008, fifty-six percent of IDU who commented rated current purity as 'medium' compared to 28% in 2007 and 21% rated it as 'low' compared to 47% in 2007. The reported mean price of one gram of heroin was $600, which represents a decrease from $650 reported in 2007. However, these figures are based on small numbers of participants. The majority of IDU who commented in 2008 were able to report on one quarter gram, which had a mean price of $200 ($175 in 2007).

4.5.7 The Northern Territory

The proportion of survey participants reporting recent heroin use increased to 14% in 2008 (7% in 2007), reversing a decline seen over the previous four years. A median of 27 days of use was comparable to 2007 (30 days) and higher than that found prior to 2007. The form of heroin known as 'rock' continued to be the form most used by recent users (8% of the sample), with white/off-white rock being the most used specific form (6%).

Four participants reported paying a median of $100 for a cap of heroin, an increase on $50 found in 2007, with equal numbers reporting that recent heroin prices had been either stable or increasing. Heroin was rated as having low purity (67%) and being difficult or very difficult to obtain (5%),

As in previous years, more participants nominated heroin as their drug of choice than any other drug. However, most participants who prefer heroin had injected morphine most often in the previous month and attributed this to poor availability of heroin in the NT. Key expert 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 2008, there was a considerable increase in the prevalence of recent heroin use among Queensland IDRS participants, with almost three quarters (74%) reporting recent use in 2008, compared to 64% in 2007. Participants in 2008 were significantly more likely than those in 2007 to nominate heroin as their drug of choice (63% versus 42%), although daily use was markedly less common (5% versus 24%). Participants reported using the drug at a median rate of twice per week in 2008, compared to once per week in 2007. A greater proportion reported heroin as the last drug injected (37% in 2008, 24% in 2007); however, the proportions reporting heroin as the drug injected most often in the past month (36% in 2008, 31% in 2007) and use of the drug on the day before interview (23% in 2008, 28% in 2007)) remained comparatively stable across both years. The majority (81%) of recent heroin users reported that white/off-white powder or rock was the heroin form they used most in 2008, although 41% reported using brown powder or rock at some time during the preceding six months.

As in previous years, heroin prices remained stable in Queensland in 2008 ($50 per cap, $200 half gram, $400 gram), although the price of a quarter gram decreased by $20 to $180. More participants reported purchasing larger weights of heroin in 2008 than they did in 2007 (i.e. half grams or grams). The majority (81%) of recent users reported that availability was either easy or very easy (79% in 2007) in 2008, and that the market had remained stable in the previous six months (73% in 2008, 60% in 2007). Participants generally perceived heroin purity as either low (49%), or medium (25%); however, perceptions of changes to purity in the past six months were relatively evenly distributed, and, therefore, mixed. KE reported that retail level heroin was generally of low purity in Queensland, which was consistent with Queensland Police Service (QPS) indicators of heroin purity in the second half of the 2006/07 financial year.

While half (50%) of recent heroin users in 2008 reported a lifetime heroin overdose, only a small proportion (5%) reported overdosing on the drug in the past year. According to 2007/08 financial year data provided by Queensland Ambulance Service (QAS), heroin overdoses comprised 2% (n=195) of all overdoses attended where a drug was specified during that period. The number of illicit opioid-related enquiries made to Alcohol and Drug Information Service (ADIS) during the 2007/08 financial year was relatively consistent with the number made in 2006/07 (n=731 versus n=771) – illicit opioid-related calls most frequently regard enquiries about heroin.

The number of heroin use/possession arrests made by QPS has fluctuated in recent years, particularly since the number dropped notably during 2000/01; during the 2007/08 financial year period 73 arrests were recorded (64 in 2006/07) regarding the use and/or possession of heroin across Queensland. Thirty-four arrests were reported in the southern metropolitan region of Queensland during 2007/08.

4.6 Summary of heroin trends

- Heroin remained the most commonly reported drug of choice among participants. Prevalence of use in this group remained relatively stable across most jurisdictions, while decreases in the frequency of use were seen in most jurisdictions, with the exception of the ACT and QLD where frequency of use increased. The highest proportions of daily users were reported in NSW and VIC.
- 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. 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 2007, with the exception of SA, WA and the NT where it increased to $100. The median prices per gram varied ranging from $250 in SA to $300 in NSW, the ACT and VIC.
- 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. 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 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[5]. '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, 2008).

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'[6].

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 and 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 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

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

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

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 and 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 and 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).

Comparable findings on price, availability and perceived purity are shown in Appendix C.

5.1 Use

5.1.1 Recent use among IDU participants

In 2008, sixty-nine percent 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 2007. The proportion of participants reporting recent use of methamphetamine varied across the jurisdictions. Nationally there was a decrease from 2006-2008 (Figure 13).

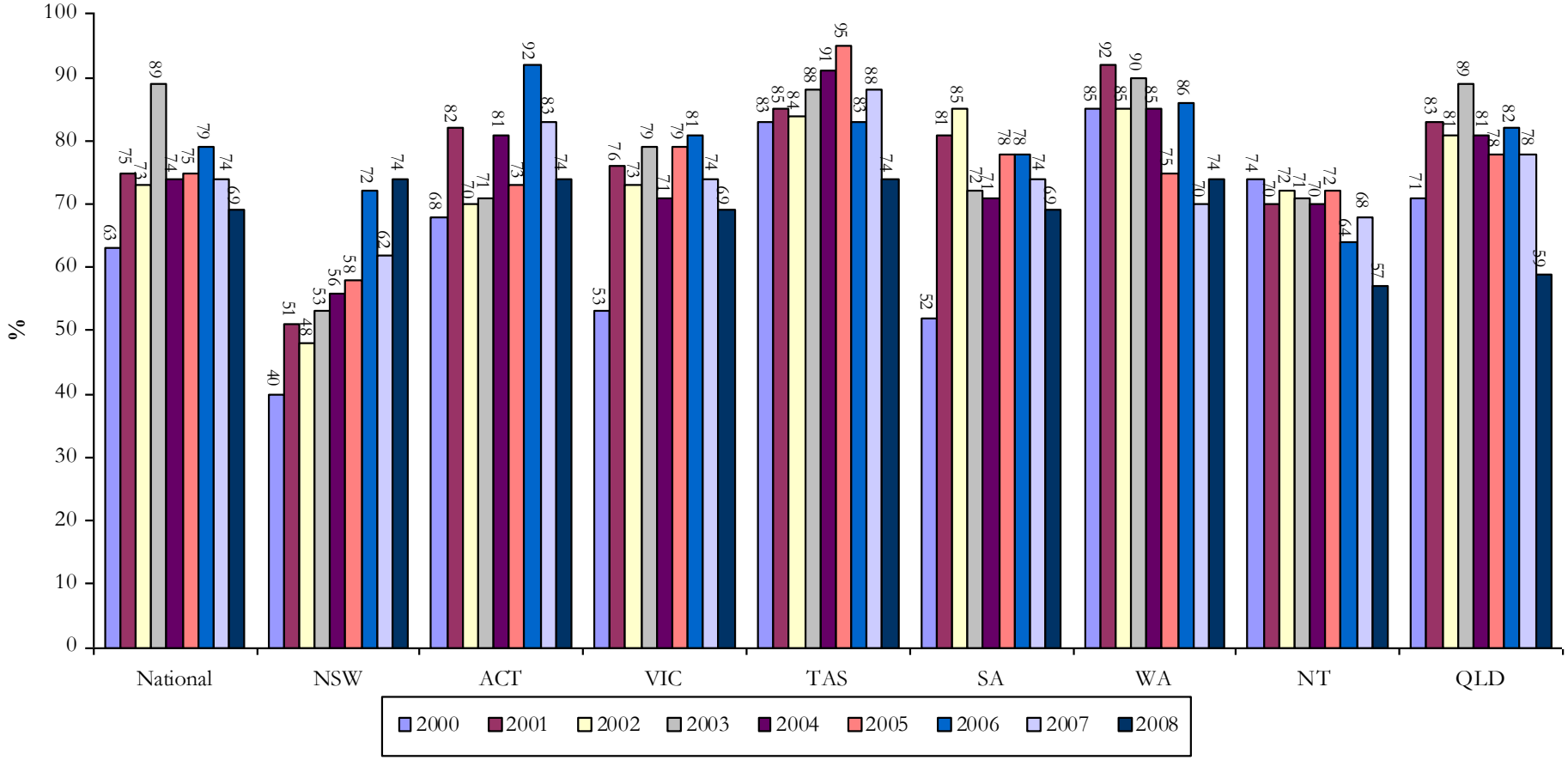
Figures 14, 15 and 16 show that the proportion of participants who reported using the three predominant, different forms of methamphetamine varied across jurisdictions. Recent use of speed varied by jurisdiction and remained fairly stable or decreased in all jurisdictions. VIC, TAS and WA had the highest levels of recent speed use and SA the lowest.

Patterns of recent base use declined (from 2007)to varying extents in all jurisdictions, ranging from a drop of 3% (VIC) to 23% (TAS). SA and QLD recorded the highest level of recent base use in 2008 and VIC the lowest.

In 2008, participant reports of recent ice/crystal use among users varied in the jurisdictions. Recent use increased in NSW, SA and WA, decreased in the ACT, VIC and TAS and remained stable in QLD and the NT. Recent use of ice/crystal remained highest in NSW (69%) and the ACT (68%) and lowest in the NT (28%). One-third (32%) of recent ice/crystal users had smoked the drug in the preceding six months.

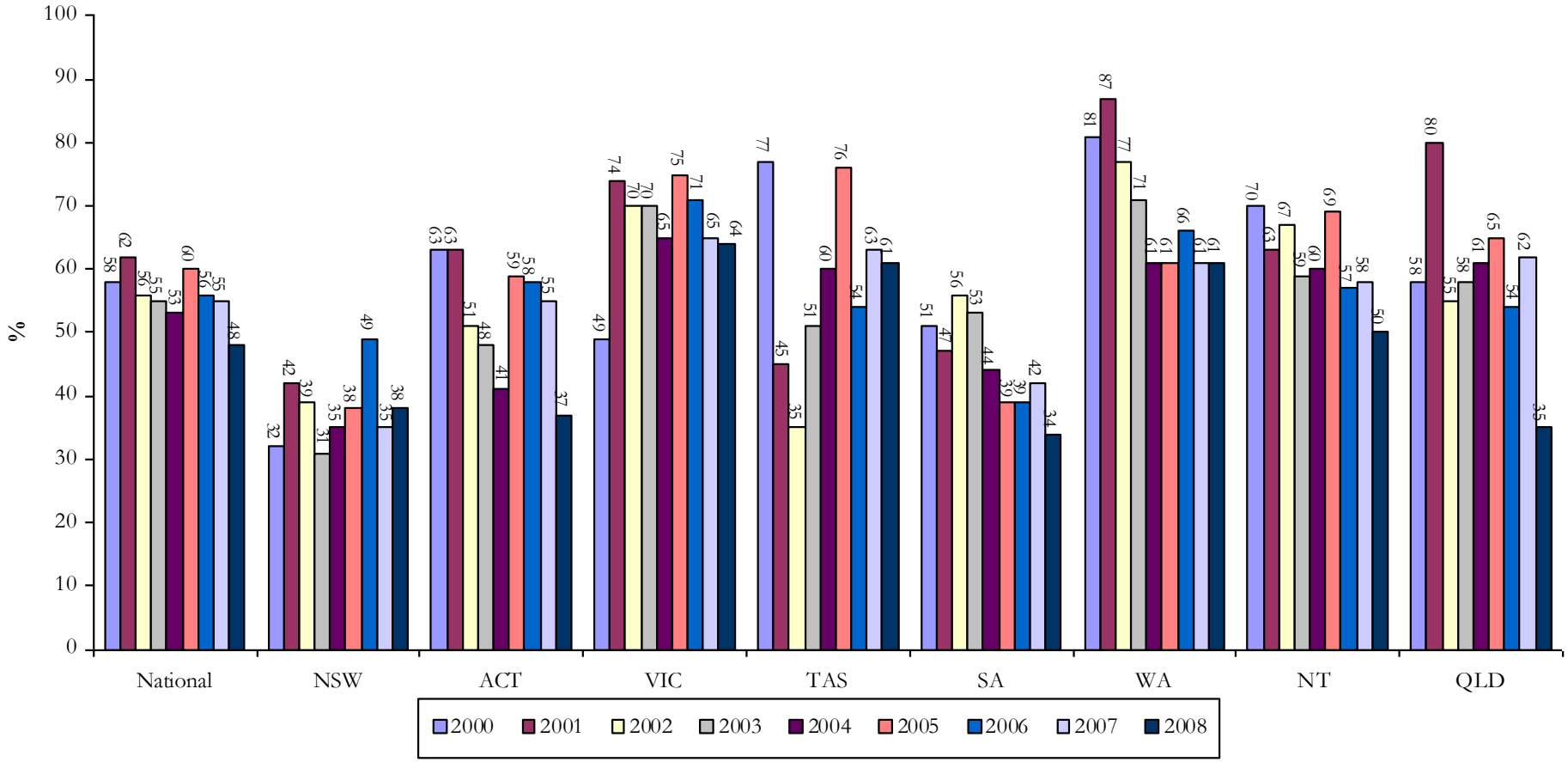
Injection is typically the route of administration used by this group for many drugs, including methamphetamine, it is interesting to note that 32% of ice/crystal users had smoked the drug in the preceding six months (96% used injection instead of, or as well as, another route of administration). Smoking as a route of administration ranged from 13% in TAS to 45% in VIC. Figures for the other jurisdictions were: NSW 43%, the ACT 36, SA 27%, WA 17%, the NT 31% and QLD 26%.

Figure 13: Recent use of methamphetamine (any form), by jurisdiction, 2000-2008



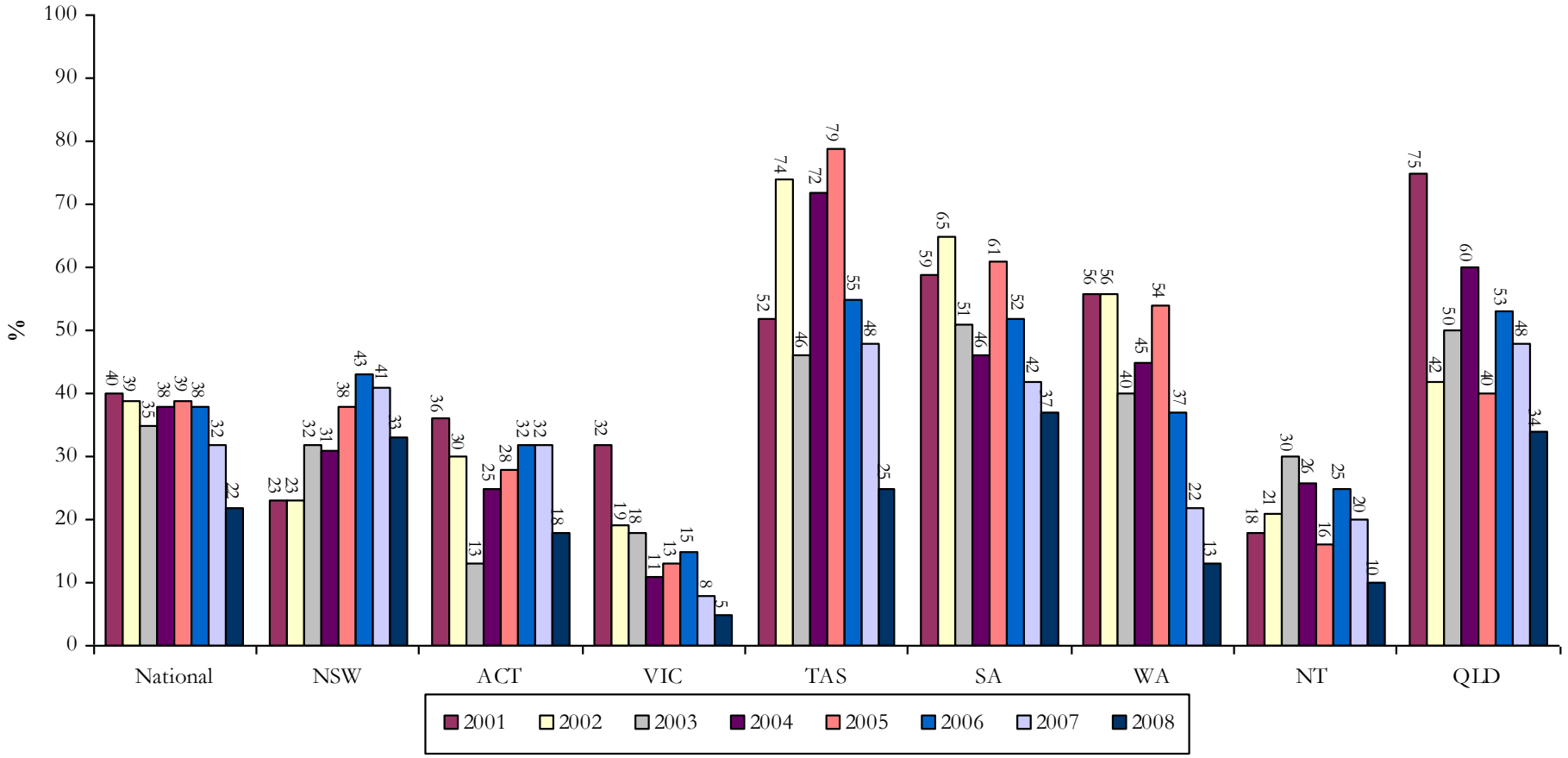
Source: IDRS IDU participant interviews

Figure 14: Recent use of methamphetamine powder (speed), by jurisdiction, 2000-2008



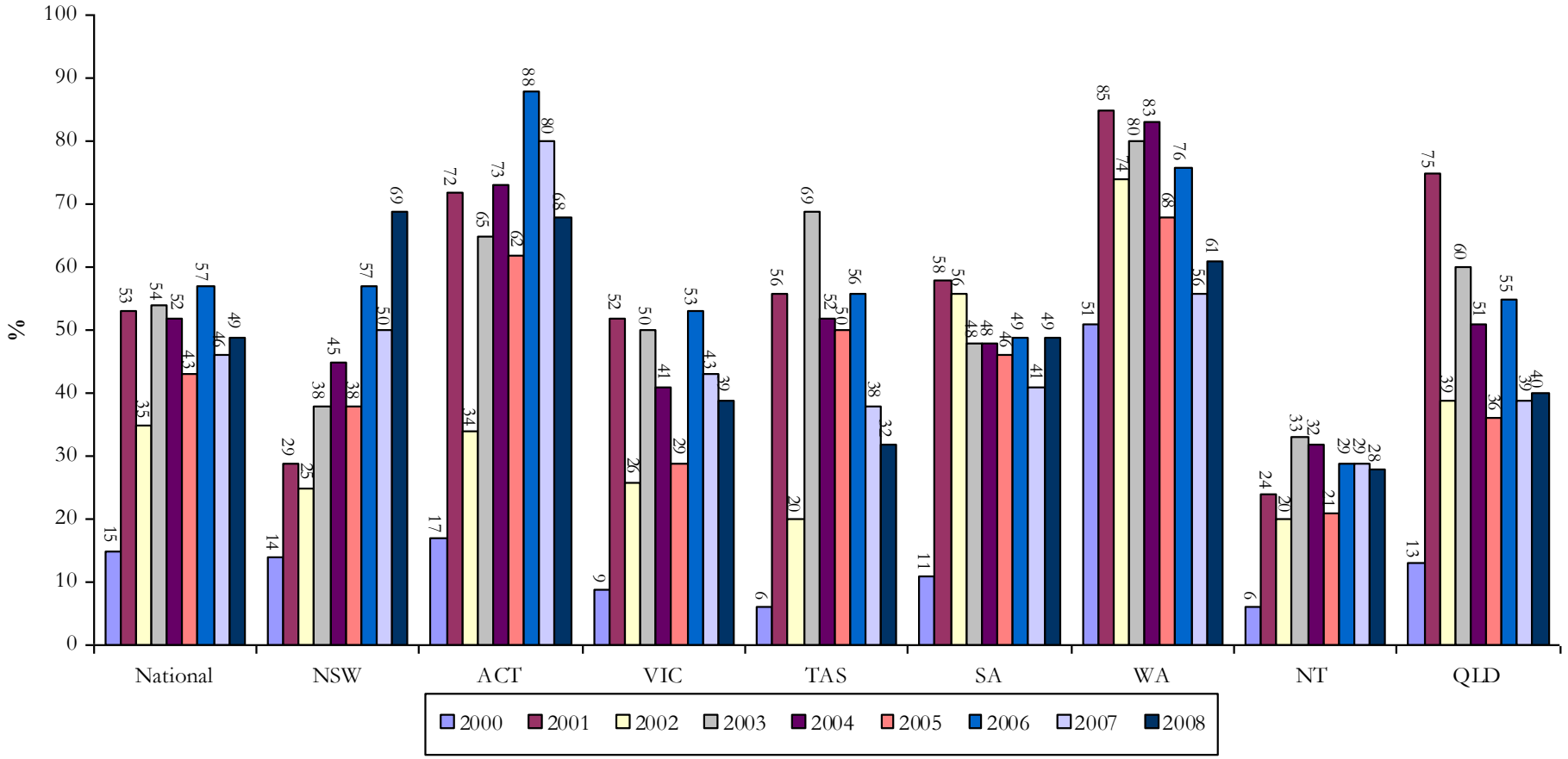
Source: IDRS IDU participant interviews

Figure 15: Recent use of methamphetamine base, by jurisdiction, 2001-2008



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

Figure 16: Recent use of crystalline methamphetamine (ice/crystal), by jurisdiction, 2000-2008



Source: IDRS IDU participant interviews

Recent use of liquid amphetamine was not commonly reported, with 4% of the national sample reporting having used it in the six months preceding interview. The proportions varied across jurisdictions, ranging from 2% in NSW and TAS to 10% in QLD (Table 21).

Table 21: Recent use of amphetamine liquid, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Amphetamine liquid (%)	4	2	3	3	2	5	3	4	10

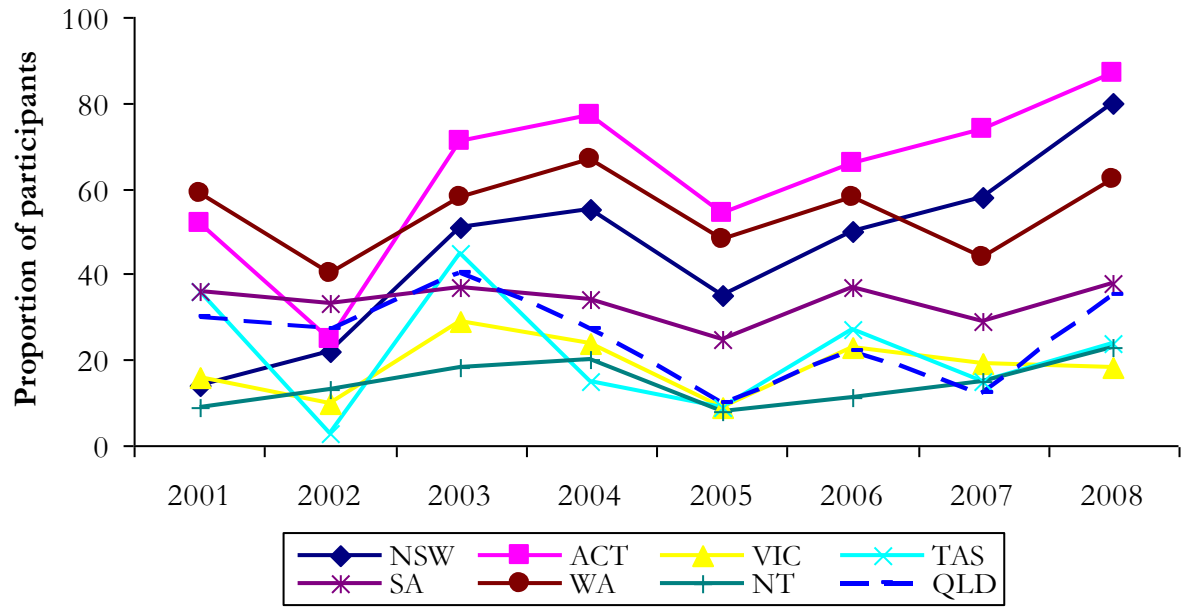
Source: IDRS IDU participant interviews

5.1.2 Methamphetamine form most used

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. Previously speed was reported as the form of methamphetamine used most, however, in 2008 the form of methamphetamine used most in the past six months was ice/crystal (47%), followed by speed (44%), and base (8%; Figure 17). For comparison, in 2007, these figures were: speed (43%), ice/crystal (31%) and base (19%).

However, as can be seen from Figure 17, 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. In 2008, increases were noted in all jurisdictions except VIC where it remained stable. Similar to the preceding five years, the ACT reported the highest proportion using ice/crystal in 2008; increasing from 74% of methamphetamine users in 2007 to 87% in 2008.

Figure 17: Proportion of participants who used methamphetamine and reported ice/crystal as the form most used in the past six months, by jurisdiction, 2001-2008



Source: IDRS IDU participant interviews

5.1.3 Frequency of use

In 2008, the median number of days any form of methamphetamine was used by the national sample was 18 days (24 days in 2007), which reflects less than weekly use (Table 22).

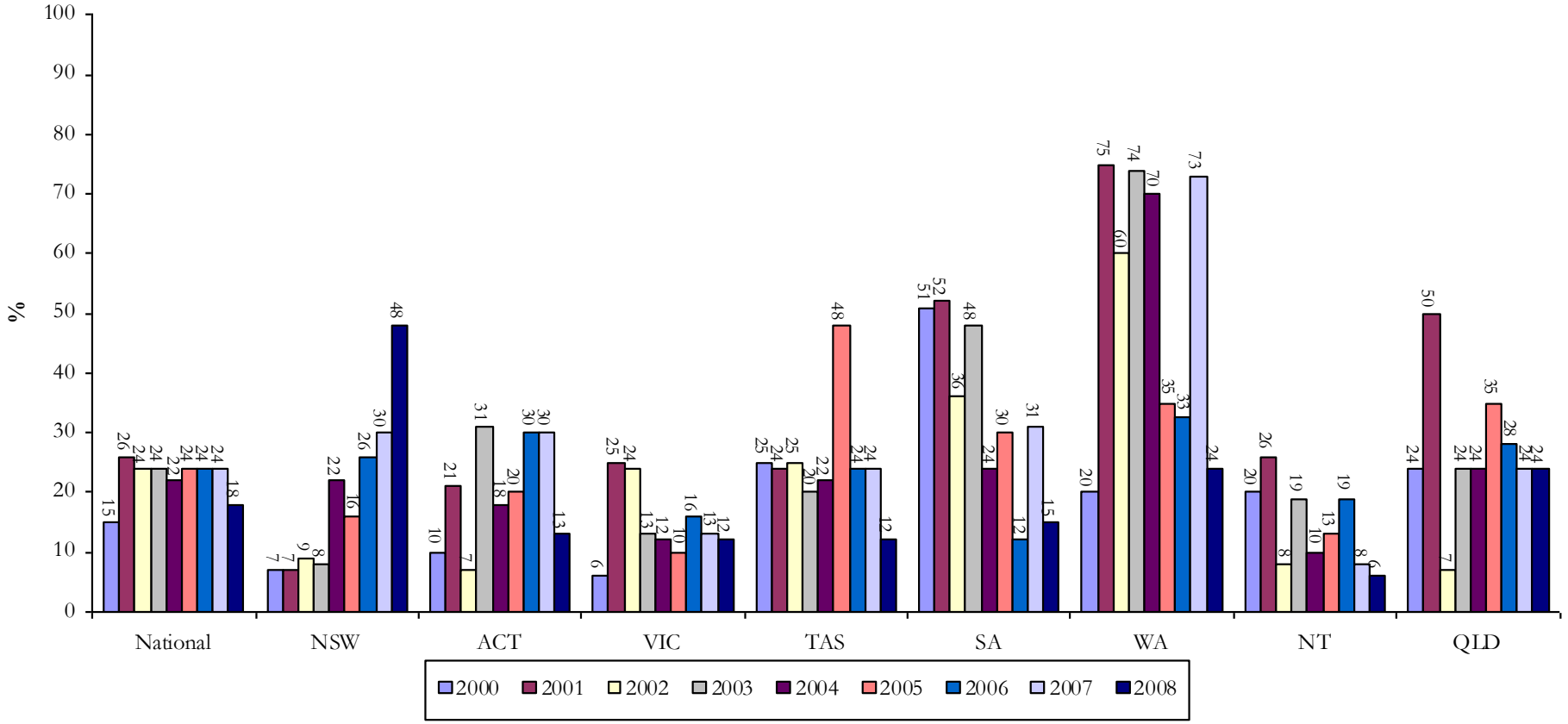
Table 22: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2008

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Speed	10	7.5	6	12	6	15	20	5	12
Base	6	3	3.5	3	3	5	12	3.5	24
Ice/crystal	12	28	12	6	7.5	9	24	2.5	12
Liquid	4^	1^	6^	2^	13^	4^	2^	3.5^	24^
Any form**	18	48	13	12	12	15	24	6	24

Source: IDRS IDU participant interviews
^ very small numbers reporting (n<10)
****** includes speed powder, base, ice/crystal and liquid forms
Note: Maximum number of days, i.e. daily use = 180. See page xii for guide to days of use/injection

Figure 18 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 nine years. There has been variation in the frequency of methamphetamine use across time and between jurisdictions, being highest in NSW at 40 days (nearly twice a week) and lowest in the NT at six days (once a month). Compared to 2007, figures appeared to drop in all jurisdictions except in NSW where it increased and in QLD where it remained stable. WA experienced the largest drop from 73 days in 2007 to 24 days in 2008.

Figure 18: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2000-2008



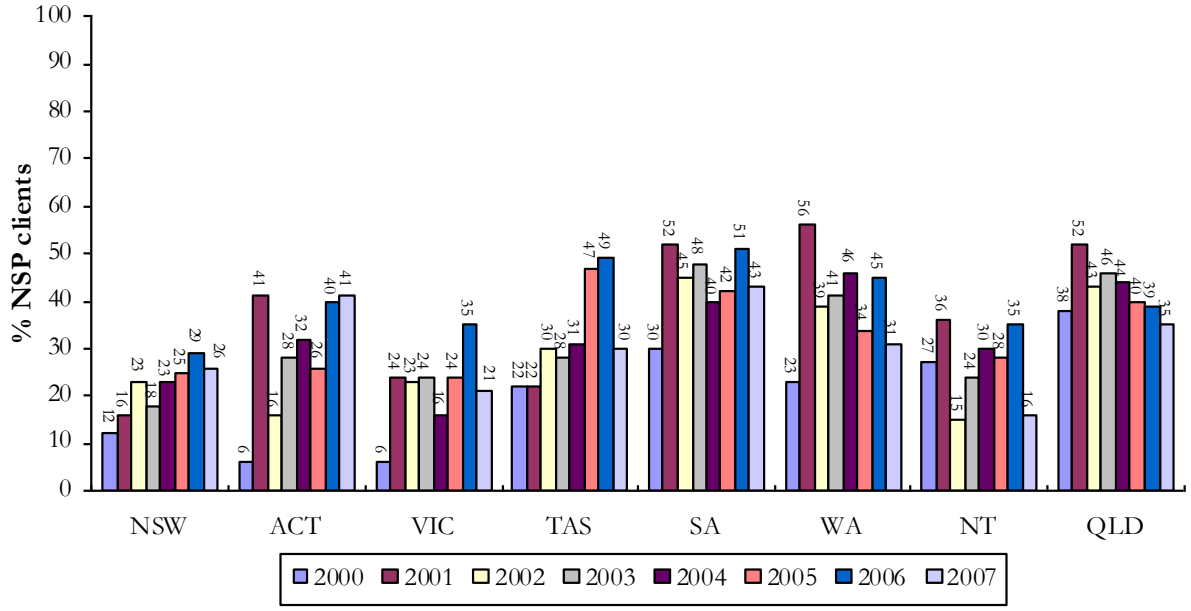
Source: IDRS IDU participant interviews

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 xii for guide to days of use/injection

Daily use of methamphetamine was reported by 5% of the national sample (7% of recent methamphetamine users). This figure ranged from 1% of the entire sample in VIC, TAS and the NT to 13% in NSW (figures elsewhere were: WA 6%; the ACT 6%; QLD 5% and SA 2%). Daily use of the crystalline form was reported by 3% of the national sample (5% of recent ice/crystal users) and ranged from no daily use in VIC, TAS, SA and the NT to 11% in NSW. Figures elsewhere were: the ACT 4%, WA 2% and QLD 2%.

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 2007 (Figure 19, (National Centre in HIV Epidemiology and Clinical Research, 2008)[7]. 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. VIC, TAS, SA, WA and the NT recorded the largest drop in proportions between 2006 and 2007 (VIC 35% to 21% in 2007; TAS 49% to 30% in 2007; SA 51% to 43% in 2007; WA 45% to 31% in 2007; NT 35% to 16% in 2007). Proportions were stable in all other jurisdictions.

Figure 19: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2007



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2003, 2008)[8]

5.2 Price

The median price of the last purchase of speed, base and ice/crystal are presented in Table 23.

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 most jurisdictions. Fewer participants had bought grams, the price ranging from $50 in SA to $350 in WA. Half grams of speed were cheapest in VIC and QLD and most expensive

[7] 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.

[8] 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; 2007 – 1,912 National Centre in HIV Epidemiology and Clinical Research (2003, 2008).

in WA. Seventy percent of those participants who commented (28% of entire sample) reported that the price of speed had remained stable over the last six months (Table 23).

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=21), TAS (n=16) and SA (n=11), with small numbers reported in the other states (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 most jurisdictions. Fewer than 10 participants purchased half grams and grams in all jurisdictions except QLD (n=10) in the preceding six months. Sixty-seven percent of those who commented (or 10% of the entire sample) reported that the price of base had remained stable over the last six months (Table 23).

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 $125. Few participants purchased half grams, from 24 participants in WA to two participants in SA and the NT. Purchase of a gram was uncommon, with fewer than 10 participants in all jurisdictions except in NSW (n=19) and QLD (n=12) 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 (69% or 24% of the entire sample) reported that the price had remained 'stable' over the last six months, with the exception of the NT where a larger proportion stated that it had increased (Table 23).

Table 23: Price of methamphetamine, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Price ($) SPEED									
Per point	-	50	50	40	50	50^	50	60	50
Per ½ gram	-	150	110^	100	150	125^	200	165^	100
Per gram	-	200	200^	200	300^	50^	350^	300	200
Price ($) BASE									
Per point	-	50	40^	-	50	50	50^	100^	50^
Per ½ gram	-	150^	170^	75^	150^	125^	200^	200^	100
Per gram	-	200^	-	100^	300^	-	425^	400^	200
Price ($) ICE/CRYSTAL									
Per point	-	50	50	50	50	50	50	125^	50
Per ½ gram	-	200	250	200	150	200^	200	500^	200
Per gram	-	350	450^	370^	300^	350^	400^	1,200^	275
Price changes									
Methamphetamine powder (speed) (%)									
Did not respond	60	60	51	57	39	79	67	65	63
Of those who responded	n=363	n=61	n=49	n=64	n=61	n=21	n=33	n=36	n=38
(% of the entire sample)	*(40)*	*(40)*	*(49)*	*(43)*	*(61)*	*(21)*	*(33)*	*(35)*	*(37)*
Don't know	7 (3)	13 (5)	8 (4)	8 (3)	3 (2)	0	0	8 (3)	5 (2)
Increased	16 (6)	21 (9)	14 (7)	14 (5)	3 (2)	10 (2)	27 (9)	33 (12)	24 (9)
Stable	70 (28)	57 (23)	71 (35)	71 (23)	90 (55)	81 (17)	64 (21)	50 (18)	66 (24)
Decreased	1 (<1)	2 (<1)	2 (1)	2 (<1)	0	0	6 (2)	0	0
Fluctuated	6 (2)	7 (3)	4 (2)	4 (1)	3 (3)	10(2)	3 (1)	8 (3)	5 (2)
Methamphetamine base (base) (%)									
Did not respond	86	72	89	99	73	86	95	94	77
Of those who responded	n=131	n=42	n=11	n=2^	n=27	n=14	n=5^	n=6^	n=24
(% of the entire sample)	*(14)*	*(28)*	*(11)*	*(1)*	*(27)*	*(14)*	*(5)*	*(6)*	*(23)*
Don't know	10 (1)	14 (4)	0	50 (<1)	7 (2)	0	0	50 (3)	4 (1)
Increased	14 (2)	19 (5)	9 (1)	0	7 (2)	29 (4)	0	17 (1)	8 (2)
Stable	67 (10)	60 (17)	91 (10)	50 (<1)	78 (21)	64 (9)	80 (4)	17 (1)	71 (16)
Decreased	2 (<1)	7 (2)	0	0	0	0	0	0	0
Fluctuated	7 (<1)	0	0	0	7 (2)	7 (1)	20 (1)	17 (1)	17 (4)
Crystalline methamphetamine (ice/crystal) (%)									
Did not respond	64	42	30	82	72	77	49	94	70
Of those who responded	n=324	n=88	n=71	n=27	n=28	n=23	n=51	n=6^	n=30
(% of the entire sample)	*(36)*	*(58)*	*(70)*	*(18)*	*(28)*	*(23)*	*(51)*	*(6)*	*(30)*
Don't know	8 (3)	8 (5)	7 (5)	15 (3)	4 (1)	9 (2)	8 (4)	17 (1)	3 (1)
Increased	16 (6)	18 (11)	13 (9)	22 (4)	0	13(3)	22 (11)	50 (3)	17 (5)
Stable	69 (24)	66 (38)	69 (49)	59 (11)	96 (27)	74 (17)	59 (30)	33 (2)	77 (22)
Decreased	2 (<1)	6 (3)	1 (1)	0	0	0	0	0	3 (1)
Fluctuated	5 (2)	2 (1)	10 (7)	4 (<1)	0	4 (1)	12 (6)	0	0

Source: IDRS IDU participant interviews

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

5.3 Availability

As in previous years, among those who commented, speed and ice/crystal were generally considered 'easy' or 'very easy' to obtain in all jurisdictions and this was reported to have remained stable. Base was reported to be 'easy' with similar amounts reporting base to be 'very easy' and 'difficult' to obtain. The availability of base was reported as stable in the last six months (Tables 24, 25 and 26).

Table 24: Availability of methamphetamine powder, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond	60	60	51	57	39	79	67	65	63
Of those who responded	N=363	n=61	n=49	n=64	n=61	n=21	n=33	n=36	n=38
(% of the entire sample)	*(40)*	*(40)*	*(49)*	*(43)*	*(61)*	*(21)*	*(33)*	*(35)*	*(37)*
Don't know	3 (1)	2 (1)	8 (4)	0	0	5 (1)	3 (1)	0	8 (3)
Very easy	28 (11)	28 (11)	18 (9)	47 (20)	26 (16)	24 (5)	24 (8)	14(5)	34 (13)
Easy	49 (19)	41 (17)	51 (25)	33 (14)	66 (40)	57 (12)	61 (20)	53 (18)	37 (13)
Difficult	18(7)	23 (9)	18 (9)	19 (8)	8 (5)	14 (3)	12 (4)	31(11)	16 (6)
Very difficult	3 (1)	7 (3)	4 (2)	2 (<1)	0	0	0	3 (1)	5 (2)
Availability changes (%)									
Did not respond	60	60	51	57	39	79	67	65	63
Of those who responded	N=363	n=61	n=49	n=64	n=61	n=21	n=33	n=36	n=38
(% of the entire sample)	*(40)*	*(40)*	*(49)*	*(43)*	*(61)*	*(21)*	*(33)*	*(35)*	*(37)*
Don't know	5 (2)	5 (2)	12 (6)	3 (1)	0	5 (1)	3 (1)	6 (2)	11 (4)
More difficult	17 (7)	26 (11)	6 (3)	17 (7)	12 (7)	24 (5)	12 (4)	19 (7)	18 (7)
Stable	65 (26)	57 (23)	67 (33)	56 (24)	85 (52)	57 (12)	64 (21)	61 (21)	63 (23)
Easier	9 (3)	10 (4)	6 (3)	19 (8)	3 (2)	0	15 (5)	6 (2)	3 (1)
Fluctuates	5 (2)	2 (<1)	8 (4)	5 (2)	0	14 (3)	6 (2)	8 (3)	5 (2)

Source: IDRS IDU participant interviews

Table 25: Availability of methamphetamine base, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond %	85	72	89	99	72	86	95	94	77
Of those who responded	N=132	n=42	n=11	n=2^	n=28	n=14	n=5^	n=6^	n=24
(% of the entire sample)	*(15)*	*(28)*	*(11)*	*(1)*	*(28)*	*(14)*	*(5)*	*(6)*	*(23)*
Don't know	5 (<1)	5 (1)	0	0	4 (1)	7 (1)	0	0	8 (2)
Very easy	19 (3)	21 (6)	36 (4)	0	0	29 (4)	20 (1)	0	29 (7)
Easy	52 (8)	48 (13)	46 (5)	100 (1)	57 (16)	64 (9)	60 (3)	33 (2)	50 (12)
Difficult	21 (3)	21 (6)	18 (2)	0	32 (9)	0	20 (1)	67 (4)	13 (3)
Very difficult	3 (<1)	5 (1)	0	0	7 (2)	0	0	0	0
Availability changes (%)									
Did not respond %	85	72	89	99	72	86	95	94	77
Of those who responded	N=132	n=42	n=11	n=2^	n=28	n=14	n=5^	n=6^	n=24
(% of the entire sample)	*(15)*	*(28)*	*(11)*	*(1)*	*(28)*	*(14)*	*(5)*	*(6)*	*(23)*
Don't know	5 (<1)	5 (1)	9 (1)	0	4 (1)	7 (1)	0	0	4 (1)
More difficult	22 (3)	24 (7)	9 (1)	50 (<1)	25 (7)	36 (5)	0	50 (3)	8 (2)
Stable	64 (9)	57 (16)	64 (7)	50 (<1)	71 (20)	57 (8)	80 (4)	50 (3)	75 (17)
Easier	6 (1)	14 (4)	9 (1)	0	0	0	0	0	4 (1)
Fluctuates	3 (<1)	0	9 (1)	0	0	0	20 (1)	0	8 (2)

Source: IDRS IDU participant interviews

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

Table 26: Availability of crystalline methamphetamine, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond %	64	42	30	82	72	77	49	94	70
Of those who responded	N=325	n=88	n=71	n=27	n=28	n=23	n=51	n=6^	n=31
(% of the entire sample)	*(36)*	*(58)*	*(70)*	*(18)*	*(28)*	*(23)*	*(51)*	*(6)*	*(30)*
Don't know	3 (1)	1 (<1)	4 (3)	7 (1)	4 (1)	0	0	0	3 (1)
Very easy	36 (13)	48 (28)	45 (32)	19 (3)	11 (3)	39 (9)	26 (13)	33 (2)	36 (11)
Easy	45 (16)	39 (23)	41 (29)	48 (9)	57 (16)	48 (11)	55 (28)	50 (3)	42 (13)
Difficult	14 (5)	11 (7)	10 (7)	19 (3)	25 (7)	9 (2)	20 (10)	17 (1)	12 (4)
Very difficult	2 (<1)	1 (<1)	0	7 (1)	4 (1)	4 (1)	0	0	7 (2)
Availability changes (%)									
Did not respond %	64	42	30	82	72	77	49	94	70
Of those who responded	N=325	n=88	n=71	n=27	n=28	n=23	n=51	n=6^	n=31
(% of the entire sample)	*(36)*	*(58)*	*(70)*	*(18)*	*(28)*	*(23)*	*(51)*	*(6)*	*(30)*
Don't know	5 (2)	5 (3)	6 (4)	15 (3)	4 (1)	9 (2)	0	0	7 (2)
More difficult	12 (4)	10 (6)	7 (5)	15 (3)	21 (6)	4 (1)	22 (11)	0	13 (4)
Stable	64 (23)	66 (38)	59 (42)	58 (10)	68 (19)	52 (12)	69 (35)	83 (5)	71 (21)
Easier	15 (5)	18 (11)	20 (14)	12 (2)	7 (2)	22 (5)	6 (3)	17 (1)	10 (3)
Fluctuates	4 (1)	1 (<1)	9 (6)	0	0	13 (3)	4 (2)	0	0

Source: IDRS IDU participant interviews

Participants purchased speed from a variety of sources, most commonly from friends (47%) and known dealers (46%). The presence of a street market was noted in the majority of jurisdictions, ranging from 2% in TAS to 35% in NSW. Speed powder was purchased from a range of locations. Nationally, the most common responses were at an agreed public location (36%), a dealer's home (35%) and/or a friend's home (30%; Table 27).

As with speed, participants had most commonly obtained base from a known dealer (50%) and/or a friend (44%). Again, locations of purchase were varied, with the most commonly reported being a dealer's home (38%), a friend's home (30%) and/or at an agreed public location (28%; Table 28).

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (50%) and known dealers (43%) were the most typical people from whom it had been purchased, with an agreed public location (35%), friend's home (32%) and/or dealer's home (31%) reported as the most common locations of purchase (Table 29).

Table 27: Methamphetamine powder purchasing patterns, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Had not bought (%)	64	53	77	38	40	80	69	65	63
Of those who had bought *(% of the entire sample)*	N=323 *(36)*	n=47 *(47)*	n=35 *(23)*	n=62 *(62)*	n=60 *(60)*	n=20 *(20)*	n=31 *(31)*	n=36 *(35)*	n=32 *(37)*
Purchased from# (%)									
Street dealer	18 (6)	35 (11)	20 (7)	22 (9)	2 (1)	5 (1)	13 (4)	22 (8)	22 (7)
Friend	47 (17)	60 (19)	37 (13)	50 (21)	32 (19)	40 (8)	65 (20)	47 (17)	47 (14)
Known dealer	46 (16)	36 (11)	60 (21)	50 (21)	75 (45)	45 (9)	23 (7)	17 (6)	38 (12)
Workmate	2 (<1)	0	0	2 (<1)	2 (1)	5 (1)	3 (1)	0	3 (1)
Acquaintance	18 (6)	26 (8)	23 (8)	16 (7)	8 (5)	15 (3)	32 (10)	25 (9)	6 (2)
Unknown dealer	7 (3)	15 (5)	6 (2)	8 (3)	0	15 (3)	0	6 (2)	16 (5)
Mobile dealer	4 (2)	17 (5)	0	2 (<1)	0	0	3 (1)	0	13 (4)
Places of usual purchase# (%)									
Home delivery	20 (7)	34 (11)	11 (4)	18 (7)	17 (10)	20 (4)	19 (6)	14 (5)	25 (8)
Dealer's home	35 (12)	28 (9)	43 (15)	32 (13)	53 (32)	40 (8)	23 (7)	25 (9)	25 (8)
Friend's home	30 (11)	28 (9)	26 (9)	29 (12)	23 (14)	25 (5)	45 (14)	39 (14)	31 (10)
Acquaintance's house	9 (3)	13 (4)	9 (3)	11 (5)	2 (1)	0	13 (4)	14 (5)	9 (3)
Street market	12 (4)	34 (11)	14 (5)	13 (5)	3 (2)	0	3 (1)	17 (6)	6 (2)
Agreed public location	36 (13)	38 (12)	29 (10)	57 (23)	27 (16)	40 (8)	39 (12)	17 (6)	38 (12)

Source: IDRS IDU participant interviews

multiple responses allowed

Table 28: Methamphetamine base purchasing patterns, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Had not bought (%)	88	77	91	99	78	86	96	95	77
Of those who had bought *(% of the entire sample)*	N=113 *(12)*	n=35 *(23)*	n=8 *(8)*	n=2^ *(1)*	n=22 *(22)*	n=14 *(14)*	n=4 *(4)*	n=5 *(5)*	n=23 *(23)*
Purchased from# (%)									
Street dealer	15 (2)	29 (7)	13 (1)	0	5 (1)	0	25 (1)	20 (1)	13 (3)
Friend	44 (6)	57 (13)	63 (5)	0	27 (6)	21 (3)	50 (2)	40 (2)	52 (12)
Known dealer	50 (6)	34 (8)	75 (6)	0	73 (16)	57 (8)	0	20 (1)	57 (13)
Workmate	1 (<1)	0	0	0	0	7 (1)	0	0	0
Acquaintance	24 (3)	23 (5)	25 (2)	50 (<1)	18 (4)	21 (3)	75 (3)	40 (2)	17 (4)
Unknown dealer	8 (1)	15 (3)	13 (1)	50 (<1)	0	7 (1)	0	0	4 (1)
Mobile dealer	8 (1)	11 (3)	13 (1)	0	0	0	25 (1)	20 (1)	9 (2)
Places of usual purchase# (%)									
Home delivery	25 (3)	29 (7)	25 (2)	0	18 (4)	14 (2)	50 (2)	40 (2)	26 (6)
Dealer's home	38 (5)	26 (6)	63 (5)	50 (<1)	55 (12)	36 (5)	50 (2)	20 (1)	35 (8)
Friend's home	30 (4)	34 (8)	63 (5)	0	18 (4)	21 (3)	25 (1)	40 (2)	30 (7)
Acquaintance's house	12 (2)	9 (2)	38 (3)	0	14 (3)	7 (1)	25 (1)	40 (2)	4 (1)
Street market	15 (2)	31 (7)	25 (2)	0	9 (2)	0	0	20 (1)	4 (1)
Agreed public location	28 (4)	37 (9)	0	50 (<1)	14 (3)	43 (6)	25 (1)	0	35 (8)

Source: IDRS IDU participant interviews

multiple responses allowed

^ small numbers reporting (n<10)

Table 29: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Had not bought (%)	68	47	37	85	72	77	56	94	74
Of those who had bought *(% of the entire sample)*	N=293 *(32)*	n=80 *(53)*	n=63 *(63)*	n=22 *(15)*	n=28 *(28)*	n=23 *(23)*	n=44 *(44)*	n=6 *(6)*	n=27 *(26)*
Purchased from# (%)									
Street dealer	20 (6)	35 (19)	22 (14)	23 (3)	0	8 (2)	9 (4)	17 (1)	11 (3)
Friend	50 (16)	50 (26)	44 (28)	50 (7)	32 (9)	30 (7)	66 (29)	50 (3)	67 (17)
Known dealer	43 (14)	43 (23)	56 (35)	64 (9)	54 (15)	39 (9)	25 (11)	17 (1)	30 (8)
Workmate	1 (<1)	0	2 (1)	5 (<1)	0	4 (1)	2 (1)	0	0
Acquaintance	18 (6)	16 (9)	18 (11)	36 (5)	21 (6)	13 (3)	18 (8)	17 (1)	15 (4)
Unknown dealer	6 (2)	10 (5)	10 (6)	14 (2)	0	4 (1)	0	0	0
Mobile dealer	7 (2)	18 (9)	2 (1)	5 (<1)	0	4 (1)	2 (1)	0	4 (1)
Places of usual purchase# (%)									
Home delivery	23 (7)	26 (14)	21 (13)	14 (2)	25 (7)	22 (5)	18 (8)	67 (4)	22 (6)
Dealer's home	31 (10)	31 (17)	40 (25)	41 (6)	46 (13)	35 (8)	16 (7)	0	19 (5)
Friend's home	32 (10)	31 (17)	32 (20)	32 (5)	11 (3)	17 (4)	50 (22)	17 (1)	44 (12)
Acquaintance's house	8 (3)	8 (4)	11 (7)	14 (2)	7 (2)	0	11 (5)	0	4 (1)
Street market	14 (5)	30 (16)	16 (10)	9 (1)	0	0	2 (1)	17 (1)	11 (3)
Agreed public location	35 (11)	39 (21)	35 (22)	73 (11)	21 (6)	22 (5)	27 (12)	0	41 (11)

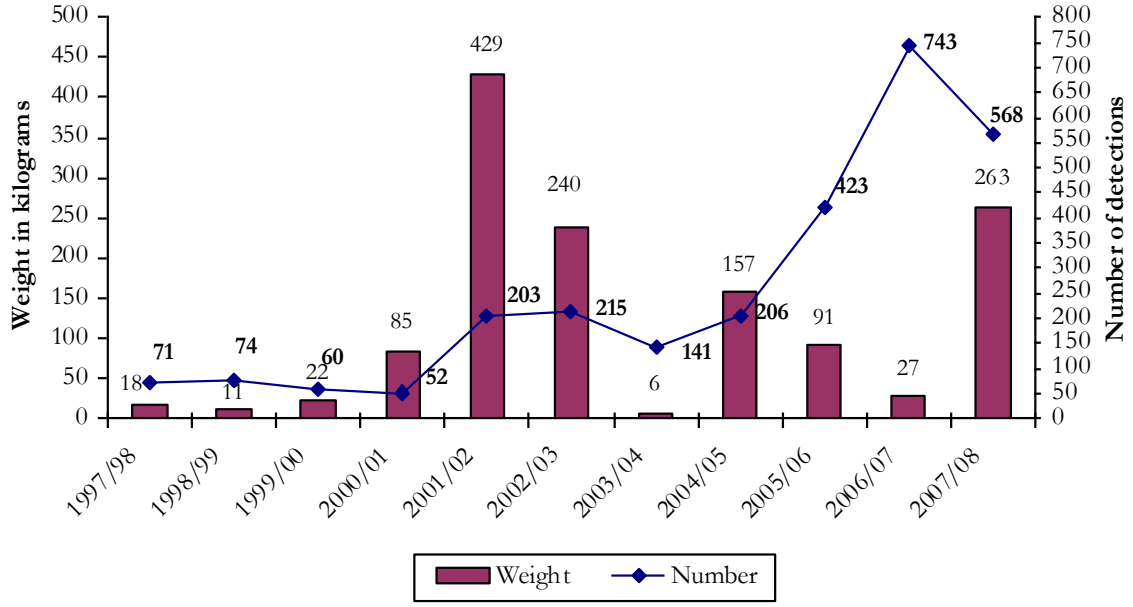
Source: IDRS IDU participant interviews

multiple responses allowed

5.3.1 Amphetamine-type stimulant detections at the Australian border

Figure 20 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs Service. In 2006/07 the number (743) of detections increased to the highest in the eleven-year period, decreasing to 568 in 2007/08. While the number of detections decreased, the weight increased dramatically from 27.49kilograms in 2006/07 to 263.45kilograms in 2007/08.

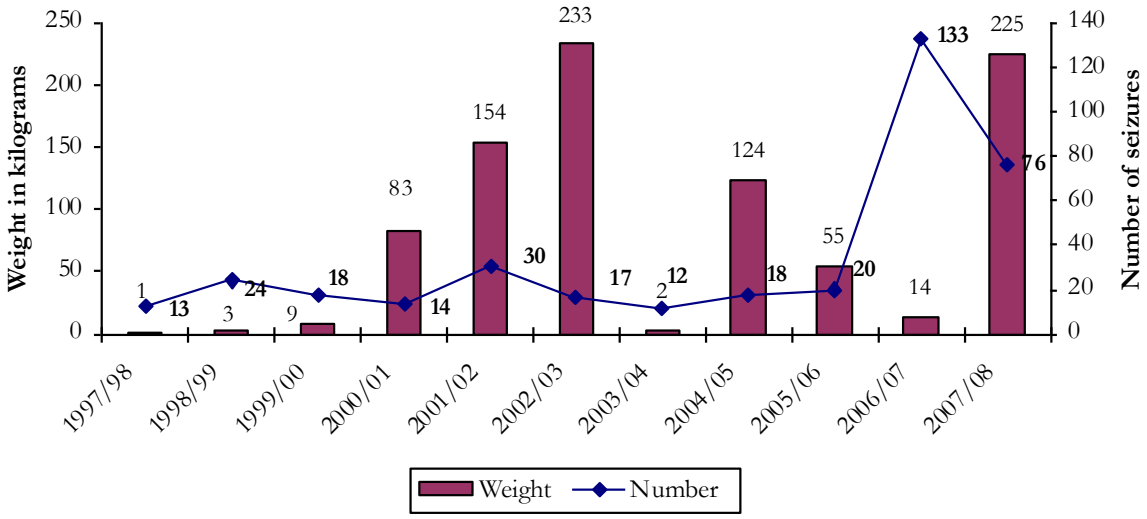
Figure 20: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs Service, financial years 1997/98-2007/08



Source: Australian Customs Service
***** 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 decreased in 2007/08 (Figure 21), while the weight increased from 14kilograms in 2006/07 to 225kilograms in 2007/08.

Figure 21: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, financial years 1997/98-2007/08

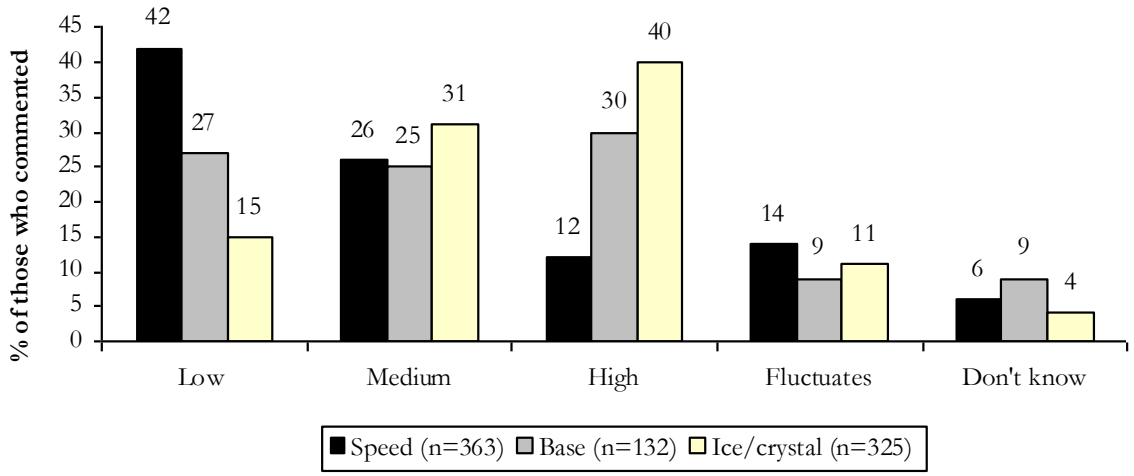


Source: Australian Customs Service

5.4 Purity

Participants were asked to describe the current purity of speed, base and ice/crystal. In 2008, speed had the highest proportion reporting the purity as 'low' and ice/crystal as 'medium' or 'high'. Reports of base purity varied with 27% reporting base purity as 'low', 25% as 'medium' and 30% as 'high' (Figure 22; Tables 30, 31 and 32).

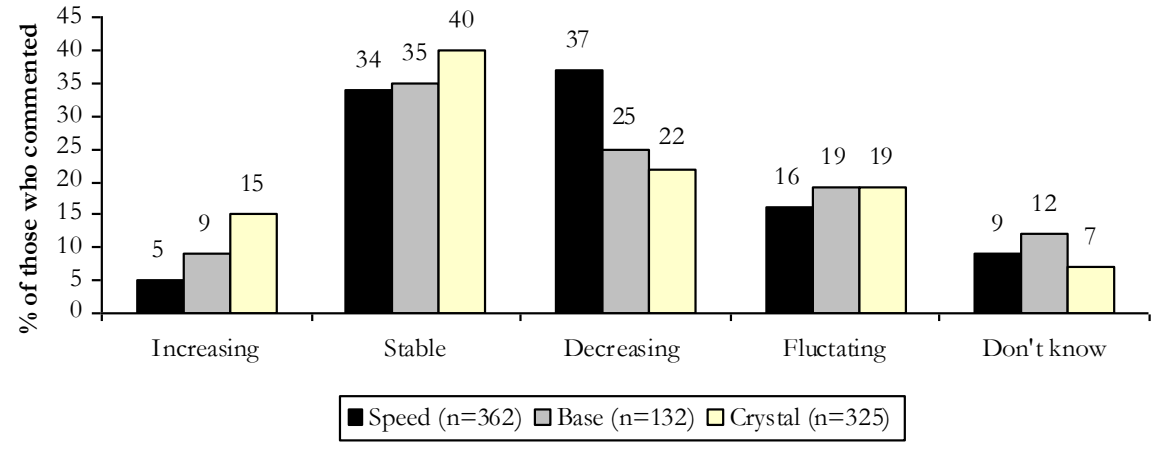
Figure 22: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2008



Source: IDRS IDU participant interviews

Participant reports of recent changes in purity for all forms of methamphetamine varied. The largest proportion of participants who commented described the purity or strength of base and crystal/ice as stable in the six months preceding interview (35% and 40% respectively). One-quarter of participants commenting on base thought purity had decreased recently. Participants commenting on speed thought purity had decreased (37%) or remained stable (34%, Figure 23, Tables 30, 31 and 32).

Figure 23: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2008



Source: IDRS IDU participant interviews

Table 30: Perceived purity of methamphetamine powder, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Current purity (%)									
Did not respond	60	60	51	57	39	79	67	65	63
Of those who responded	N=363	n=61	n=49	n=64	n=61	n=21	n=33	n=36	n=38
(% of the entire sample)	*(40)*	*(40)*	*(49)*	*(43)*	*(61)*	*(21)*	*(33)*	*(35)*	*(37)*
Don't know	6 (2)	12 (5)	20 (10)	0	0	0	0	0	11 (4)
High	12 (5)	16 (7)	10 (5)	14 (6)	3 (2)	14 (3)	6 (2)	11 (4)	18 (7)
Medium	26 (10)	30 (12)	31 (15)	38 (16)	10 (6)	19 (4)	42 (4)	22 (8)	16 (6)
Low	42 (17)	30 (12)	22 (11)	36 (15)	82 (50)	48 (10)	33 (11)	58 (20)	24 (9)
Fluctuates	14 (6)	13 (5)	16 (8)	13 (5)	5 (3)	19 (4)	18 (6)	8 (5)	32 (12)
Purity changes (%)									
Did not respond	60	60	51	57	39	79	67	65	63
Of those who responded	N=362	n=60	n=49	n=64	n=61	n=21	n=33	n=36	n=38
(% of the entire sample)	*(40)*	*(40)*	*(49)*	*(43)*	*(61)*	*(21)*	*(33)*	*(35)*	*(37)*
Don't know	9 (3)	15 (6)	25 (12)	5 (2)	3 (2)	0	0	3 (1)	11(4)
Increasing	5 (2)	17 (7)	4 (2)	6 (3)	0	0	3 (1)	3 (1)	3 (1)
Stable	34 (13)	25 (10)	41 (20)	38 (16)	21 (13)	29 (6)	39 (13)	50 (17)	34 (13)
Decreasing	37 (15)	32 (13)	16 (8)	33 (14)	72 (44)	38 (8)	39 (13)	19 (7)	37 (13)
Fluctuates	16 (6)	12 (5)	14 (7)	19 (8)	3 (2)	33 (7)	18 (6)	25 (9)	16 (6)

Source: IDRS IDU participant interviews

Table 31: Perceived purity of methamphetamine base, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Current purity (%)									
Did not respond	85	72	89	99	72	86	95	94	77
Of those who responded	N=132	n=42	n=11	n=2^	n=28	n=14	n=5^	n=6^	n=24
(% of the entire sample)	*(15)*	*(28)*	*(11)*	*(1)*	*(28)*	*(14)*	*(5)*	*(6)*	*(23)*
Don't know	9 (1)	7 (2)	18 (2)	50(<1)	7 (2)	7 (1)	0	0	13 (3)
High	30 (4)	33 (9)	18 (2)	50(<1)	14 (4)	36 (5)	20 (1)	33 (2)	42 (10)
Medium	25 (4)	21 (6)	18 (2)	0	43 (12)	14 (2)	40 (2)	33 (2)	17 (4)
Low	27 (4)	33 (9)	18 (2)	0	36 (10)	29 (4)	20 (1)	33 (2)	13 (3)
Fluctuates	9 (1)	5 (1)	27 (3)	0	0	14 (2)	20 (1)	0	17 (4)
Purity changes (%)									
% Did not respond	85	72	89	99	72	86	95	94	77
Of those who responded	N=132	n=42	n=11	n=2^	n=28	n=14	n=5^	n=6^	n=24
(% of the entire sample)	*(15)*	*(28)*	*(11)*	*(1)*	*(28)*	*(14)*	*(5)*	*(6)*	*(23)*
Don't know	12 (2)	17 (5)	18 (2)	50(<1)	11 (3)	7 (1)	0	0	8 (2)
Increasing	9 (1)	10 (3)	9 (1)	0	11 (3)	14 (2)	0	0	8 (2)
Stable	35 (5)	38 (11)	46 (5)	0	25 (7)	7 (1)	60 (3)	83 (5)	38 (9)
Decreasing	25 (4)	26 (7)	18 (2)	0	43 (12)	36 (5)	0	17 (1)	8 (2)
Fluctuates	19 (3)	10 (3)	9 (1)	50(<1)	11 (3)	36 (5)	40 (2)	0	38 (9)

Source: IDRS IDU participant interviews

^ small numbers reporting (n<10)

Table 32: Perceived purity of crystalline methamphetamine, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Current purity (%)									
Did not respond	64	42	30	82	72	77	49	94	70
Of those who responded	N=325	n=88	n=71	n=27	n=28	n=23	n=51	n=6^	n=31
(% of the entire sample)	*(36)*	*(58)*	*(70)*	*(18)*	*(28)*	*(23)*	*(51)*	*(6)*	*(30)*
Don't know	4 (1)	5 (3)	7 (5)	4 (<1)	4 (1)	0	0	17 (1)	3 (<1)
High	40 (14)	36 (21)	37 (26)	44 (8)	39 (11)	52 (12)	35 (18)	67 (4)	45 (13)
Medium	31 (11)	33 (19)	25 (18)	37 (7)	39 (11)	22 (5)	33 (17)	17 (1)	32 (10)
Low	15 (5)	14 (8)	14 (10)	11 (2)	14 (4)	17 (4)	18 (9)	0	19 (6)
Fluctuates	11 (4)	13 (7)	17 (12)	4 (<1)	4 (1)	9 (2)	14 (7)	0	0
Purity changes (%)									
Did not respond	64	42	30	82	72	77	49	94	70
Of those who responded	N=325	n=88	n=71	n=27	n=28	n=23	n=51	n=6^	n=31
(% of the entire sample)	*(36)*	*(58)*	*(70)*	*(18)*	*(28)*	*(23)*	*(51)*	*(6)*	*(30)*
Don't know	7 (2)	7 (4)	7 (5)	11 (2)	11 (3)	4 (1)	2 (1)	17 (1)	3 (1)
Increasing	15 (6)	16 (9)	18 (13)	30 (5)	11 (3)	30 (7)	8(4)	0	3 (1)
Stable	37 (13)	32 (19)	24 (17)	48 (9)	50 (14)	13(3)	43 (22)	67 (4)	61 (18)
Decreasing	22 (8)	27 (16)	16 (11)	7 (1)	25 (7)	22 (5)	31 (16)	17 (1)	19 (6)
Fluctuates	19 (7)	18 (11)	35 (25)	4 (<1)	4 (1)	30 (7)	16(8)	0	13(4)

Source: IDRS IDU participant interviews

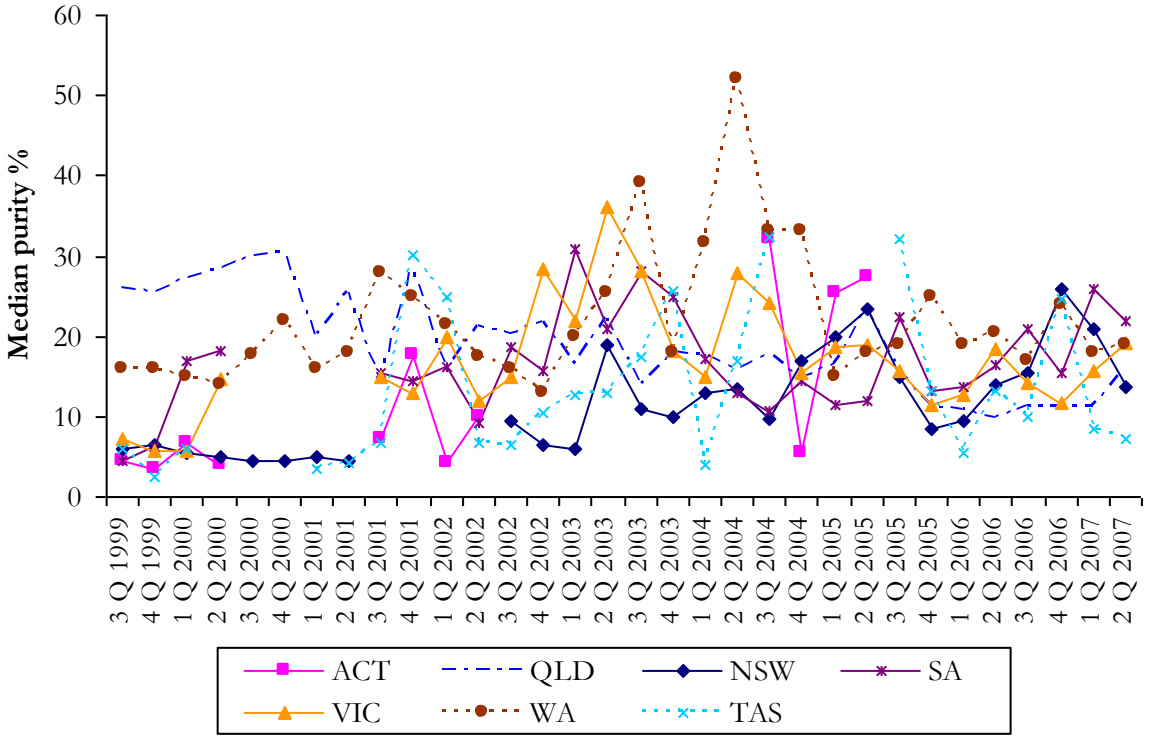
The ACC provides purity data for state/territory police and AFP seizures that have been analysed. There are important caveats (in addition to those already discussed within the heroin section) to consider when interpreting these data. The purity of ATS fluctuates widely in Australia as a result of a 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 1999/00 and 2006/07, forensic analysis of seizures of ATS in Australia revealed purity levels ranging from less than 1% to 82.5%, 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 24, 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 24 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 1999/00. 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 three 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 ACT, the NT or TAS in 2006/07

(Australian Crime Commission, 2008). Data for 2007/08 were not available at the time of publication of this report.

Figure 24: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 1999/00-2006/07



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)

Note: Seizures ≤2g and >2g combined. Note: Data for 2001/02 were not available for NSW. Data for 2002/03, 2003/04, 2004/05, 2005/06 and 2006/07 were not available for the NT. Data in 2006/07 were not available in the ACT. Data for 2007/08 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 (Phillips and Burns, 2009), the ACT (Cassar et al., 2009), VIC (Quinn, 2009), TAS (de Graaff and Bruno, 2009), SA (White et al., 2009), WA (George and Lenton, 2009), the NT (Moon, 2009) and QLD (Cogger and Kinner, 2009).

5.5.1 New South Wales

Approximately three-quarters (74%) of all participants had used some form of methamphetamine (speed powder, base, ice or liquid) in the preceding six months, representing an increase from 2007 (62%). The most common form used was ice/crystal (69%; comparable with 56% in 2007), followed by speed (38%; an increase from 16% in 2007) and then base (33%; an increase from 24% in 2007). Prevalence of liquid methamphetamine remained stable and low (2%; 3% in 2007). Frequency of methamphetamine use (any form) increased from 26 days (approximately weekly use) in 2007 to a median of 48 days (twice weekly use) in 2008. The proportion of daily methamphetamine users was comparable with 2007 at 14% of the entire sample (9% 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. In 2008, there was an increase in the number reporting an increase in at least one purchase of a gram of ice/crystal. Despite the increase in purchases of gram quantities of ice/crystal the median price remained stable ($350). Comparisons for the larger amounts of methamphetamine (all forms) continued to remain problematic due to the smaller numbers reporting purchasing and, therefore, 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 2007, with the exception of an increase in the proportion of participants nominating that base was 'difficult' to obtain (10% of those commenting in 2007; 21% in 2008). Ice/crystal, retained the highest proportion of participants reporting its availability as 'very easy' to obtain (by approximately half of the entire sample). Availability for all forms was typically reported to have remained stable over the six months preceding interview.

As in previous years, users' reports 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 base with equal amounts (33%) reporting 'high' and 'low' purity. There was also an equal amount (30%) of people commenting that speed powder was currently 'medium' and 'low' purity. An increase was noted in the proportion of participants that reported ice/crystal, base and to a lesser extent speed to be 'high' purity in 2008. Reports from law KE suggest ice/crystal availability is currently 'high' purity and has increased in the past six months.

A range of methamphetamine forms were discussed by KE, with ice/crystal and speed powder mentioned most often, and fewer reports of base use. A reoccurring comment from health KE was that base was generally only used when the availability of ice/crystal became an issue. KE reports of trends in numbers of clients using methamphetamine were mixed, however, there were a small number of reports by KE of an increase in the number of female users presenting to treatment services.

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

5.5.2 The Australian Capital Territory

In 2008, ninety-six percent of participants reported lifetime use of any form of methamphetamine, and 74% 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 one-third (37%) of the sample reported the recent use of speed, a decrease from 55% in 2007. The majority of recent speed users used infrequently in the six months prior to interview, with a median of six days of use reported during this period. There was one report of daily use of speed. Injection was the most common route of administration, with all recent speed users having injected. The reported price for a point of speed remained stable from 2007 to 2008 at $50 and the reported price for a gram of speed decreased from $235 per gram, in 2007, to $200 per gram in 2008. Respondents reported speed to be 'easy' (51%) to 'very easy' (18%) to obtain in the ACT. In 2008, participants perceived the purity of speed to be currently 'low' (28%) to 'medium' (39%).

Base methamphetamine (base)

Methamphetamine base was the least used form of methamphetamine among the 2008 sample, with only 18% reporting recent use. Base users used this substance infrequently, with a median of two days of use in the six months preceding the interview, one participant reported using base every second day. 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 decreased to $40 in 2008 compared to $50 in 2007. However, the number of participants reporting on the price of base was small. There were no reports on the price for a gram of base. In 2008, respondents reported the availability of base to be 'easy' (46%) to 'very easy' (36%) to obtain. There were mixed reports regarding the current purity of base, possibly due to the small numbers who were able to comment.

Crystal methamphetamine (crystal)

The use of crystal declined from 80% in 2007 to 68% in 2008. There has been a trend towards a decrease in the use of crystal over the past three years, with crystal use in 2008 declining to similar levels seen in 2005 (62%). All recent crystal users had injected crystal, with notable proportions also reporting they had smoked crystal in the six months preceding interview (36%). However, use remained infrequent, on average, with recent crystal users reporting a median of 12 days of use in the six months prior to the interview. Four percent of the sample reported daily use of crystal.

The median price for a point of crystal remained stable in 2008 at $50. The price for a gram increased from $380 in 2007 to $450 in 2008. Respondents reported crystal to be 'very easy' (45%) to 'easy' (44%) to obtain. There were mixed reports regarding current purity of crystal in 2008.

KE reports were consistent with the reports by IDU in the 2008 IDRS: they felt that although the use of speed and base had remained relatively low and stable, many IDU were still using crystal. They reported that crystal was the most popular methamphetamine with IDU, however, some KE reported that the use of crystal had decreased in 2008. All KE reported that crystal was mainly injected.

5.5.3 Victoria

As in previous years, almost the entire Victorian sample (97%) of IDU survey respondents reported having used at least one of the three main forms of methamphetamine (speed, base or crystal) during their lifetime, and 69% reported use during the previous six months (speed 64%, crystal meth/ice 39%, and base 5%).

As in 2007, the reported prevalence of use of speed, crystal and base among IDU survey respondents decreased slightly in 2008 in comparison to the previous year. In contrast to KE reports of increased methamphetamine use in 2006 and 2007, in 2008 KE generally reported that methamphetamine use had remained stable over the last six months.

Injecting was again reported to be the most commonly used route of methamphetamine administration by IDU respondents during the past six months (66%). Smaller numbers of respondents reported smoking (23%), snorting (5%), and swallowing (5%) methamphetamine during that time.

Those who had used methamphetamine during the past six months (n=103) reported a median of 12 days use (speed 12 days; crystal meth/ice six days, base two days). Eleven respondents (7%) reported using methamphetamine between every second day and daily during that time (compared to 13 respondents in 2007).

In 2008, the reported median prices for a point of the main forms of methamphetamine were speed $40, and crystal $50 (no respondents were able to report on the price for a point of base). Half-gram prices were speed $100, crystal $200, and base $150. Most participants reported that prices had remained stable over the past six months.

As in 2007, the majority of IDU survey participants reported that methamphetamine (particularly speed and crystal) was currently 'easy' to 'very easy' to access, and that availability had remained 'stable' over the past six months. In terms of sourcing methamphetamine, most reported scoring from known dealers or friends at agreed public locations.

Reports regarding current speed purity were less disparate than in 2007, with the majority of those who commented (n=64) reporting that it was presently medium (38%, n=24) or low (36%, n=23), and over the six months purity was stable (39%, n=24) to decreasing (34%, n=21). Of those who commented on the purity of crystal (n=26), most reported that it was high (46%, n=12) to medium (38%, n=10), with over half (54%, n=13) reporting that crystal purity had remained stable over the last six months. Once again there were too few reports regarding the purity of base to identify any 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. As in previous years, KE noted that use of methamphetamine was often associated with mental health and behavioural issues, including agitation, paranoia and aggression.

5.5.4 Tasmania

Almost all Tasmanian IDRS IDU participants in 2008 reported lifetime use of some form of methamphetamine (powder, base, crystal), with three-quarters reporting use in the preceding six months (74%). This rate of recent use is lower than reported in previous local IDRS studies, in which 83% to 94% of each sample had reported recent use of methamphetamine between 2003 and 2007.

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). In 2006 and 2007, the proportion of IDRS participants reporting recent use of methamphetamine stabilised (83% in 2006; 88% in 2007), however, in 2008, this rate of use decreased to 74%. Somewhat similarly, the proportion of client transactions reported for methamphetamine from the state's NSP has also decreased from 56% in 2005/06 to 31% in 2007/08 (however, there are limitations to this data: see de Graaff & Bruno, 2009).

The most common form used was powder methamphetamine, used by 61% of participants. Use of this form has been increasing over recent years, from 35% in 2002 to 63% in 2007. Proportions of participants reporting recent use of both base and crystal methamphetamine decreased dramatically in recent years: base was used by 79% of the sample in 2005 and 25% in 2008, and similarly, use of crystal methamphetamine declined from 69% of the 2003 cohort to 32% in 2008. These changes mark a shift from previous Tasmanian IDRS studies, in which base 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).

In 2008, frequency of use of any form of methamphetamine in the preceding six months was 12 days (out of a maximum of 180 days): markedly lower than reported in previous local IDRS studies, in which median frequency of use ranged between 20 and 48 days over the preceding six months (2003-2008). Amongst participants in the current sample, the median frequency of use for powder methamphetamine was six days, for base/paste three days, and for crystal methamphetamine, eight days.

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 methamphetamine remained stable since 2004 at $300 per gram. The median purchase price for gram quantities of crystal methamphetamine declined in previous years from $400 in 2004 to $300 in 2006. In 2007, gram purchases of crystal methamphetamine increased slightly to a median of $340, however, in 2008, the median price has decreased again to $300. Participants predominantly regarded the prices of each presentation of the drug as remaining 'stable' in recent months.

IDU participants reporting on subjective purity of powder methamphetamine considered this to be 'low', and that this had decreased over the preceding six months. Several participants provided anecdotal reports that the more skilful local 'cook/s' have recently been incarcerated, which was thought to have contributed to the decreasing purity of powder methamphetamine. Base was considered by participants to fluctuate between 'low' and 'medium' subjective purity, with potency remaining stable or decreasing in recent months. Participants considered crystal

methamphetamine used locally as 'high' to 'medium' in subjective purity, with potency remaining stable or decreasing in recent months.

Participants interviewed in 2008 regarded both powder and crystal forms of methamphetamine as 'easy' to 'very easy' to access, with availability stable in recent months for both, with some suggestions of decreasing availability for crystal methamphetamine. The majority of participants who had recently used base methamphetamine reported that it was 'easy' to access, however, it was not considered as easy to access as the other forms. Participants generally noted little recent change in availability of base methamphetamine in recent months. The decline in both the proportion of the cohort using base methamphetamine (from 48% to 25%) and in the median frequency of this use (decreasing from twelve to three days respectively of the preceding 180) between the 2007 and 2008 samples is consistent with a relatively decreased availability of this form of the drug.

Trends in 2008 represent subtle changes both for the methamphetamine market overall (for the IDU demographic) and within it: in contrast to trends in previous years, indicators suggest that overall use of methamphetamine has decreased slightly (both in IDRS and NSP data), and that amongst those recently using this drug the majority of participants reported powder as the predominant form of methamphetamine used. Use of both base and crystal methamphetamine among IDU participants appears to have decreased in 2008. A companion study in Hobart carried out during a similar period examining drug use among regular ecstasy users also noted lower levels of use of base methamphetamine: the rate of recent use decreased from 40% 2006 to 16% in 2008: (Matthews and Bruno, 2008). These findings suggest a declining base methamphetamine market in Tasmania in 2008.

5.5.5 South Australia

The proportion of SA participants reporting recent use of any methamphetamine and the frequency of use reported decreased slightly in 2008. Decreased frequency of use was noted across all main forms of methamphetamine, particularly base. In 2008, reported recent use of methamphetamine powder and base by participants was equal, whereas recent use of crystal methamphetamine was higher, with crystal methamphetamine now the most used type of methamphetamine in comparison to previous years where base methamphetamine was usually the most used type of methamphetamine. Recent use of crystal methamphetamine (or 'ice/crystal') by smoking remained stable.

In 2008, the estimated current median price paid per point remained stable for all forms of methamphetamine, with few participants able to report the current price of a gram for all forms. All forms of methamphetamine were considered 'easy' or 'very easy' to obtain in 2007, and stable. Fewer participants in 2008 reported obtaining base and crystal methamphetamine from friends, with a subsequent increase in the proportion of the sample obtaining all forms of methamphetamine from known dealers. The purity of the powder form of methamphetamine, as perceived by participants, was low. The purity of the base form of methamphetamine, as perceived by participants, had again decreased slightly, with fewer participants reporting the quality as 'medium' and more reporting the quality as 'low'. 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.

Fewer calls were received by the Alcohol and Drug Information Service (ADIS) in SA regarding methamphetamine, with the number of clients (with amphetamines as the primary drug of

concern) to all Drug and Alcohol Services South Australia (DASSA) services also less. Moreover, the number of clients admitted to DASSA inpatient (detox) services with amphetamine as the primary drug of concern also decreased. Drug-related attendances to the Emergency Department of the Royal Adelaide Hospital (RAH) also decreased 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 continue to fluctuate.

5.5.6 Western Australia

Methamphetamine replaced heroin as the drug most often injected in the last month and also as the most recent drug injected. In 2008, forty-three percent of IDU reported methamphetamine as the drug most often injected in the last month and 42% reported it as the drug most recently injected. The proportion of IDU nominating methamphetamine as their drug of choice increased from 15% in 2007 to 35% in 2008.

Lifetime use of any form of methamphetamine was reported by 98% of IDU in 2008, which was comparable to 93% in 2007. While lifetime use of powder methamphetamine ('speed') was similar across years (97% in 2008 versus 90% in 2007), there were significant differences in use of other forms of methamphetamine. Lifetime use of crystal significantly increased from 78% in 2007 to 90% in 2008, while lifetime use of base significantly decreased from 45% in 2007 to 26% in 2008.

Recent use of speed was reported by 61% of IDU in 2008, which was unchanged from last year. However, there was a significant decrease in frequency of use from an average of 45 days in the last six months among last year's sample to 30 days in the current sample. Recent use of base significantly decreased from 23% in 2007 to 13% in 2008. Average days of use were comparable: 28 days in 2007 versus 26 days in 2008. Recent use of crystal was reported by 61% in 2008, which was similar to 56% in 2007. Average days of use were also comparable: 41 days in 2007 versus 37 days in 2008.

The median price for one point of all forms of methamphetamine remained $50. The number of IDU reporting on the price of one gram for each form of methamphetamine was very low. The median price for one gram of speed was $350, for one gram of base was $425 and for one gram of crystal was $400.

IDU reports of availability of methamphetamine were similar across forms. Current availability of speed was rated as 'very easy' or 'easy' by 85% and by 12% as 'very difficult or 'difficult'. Current availability of base was rated as 'very easy' or 'easy' by 80% and by 20% as 'very difficult' or 'difficult'. Current availability of crystal was rated by 81% as 'very easy' or 'easy' and by 10% as 'very difficult' or 'difficult'. In comparison to last year, availability of speed and crystal was comparable, while base appeared to be more available in 2008; however, this was based on a very small number of participants.

Current purity of speed was predominantly rated as 'medium' by 42% compared to 26% in 2007. Similarly, 40% of those who commented in 2008 rated current purity of base as 'medium' compared to 27% in 2007. Again, these figures are based on very small numbers of participants. Ratings of current purity of crystal were comparable across years: 33% in 2008 rated it as 'medium' and 28% in 2007.

5.5.7 The Northern Territory

Fifty-seven percent of participants used some form of methamphetamine on a median of twenty-four days over the six months prior to interview. This is a decline on the proportion of recent use found in 2007 (68%) but an increase in the frequency of use from a median of eight days. Methamphetamines were used mainly on a weekly or less basis (72% of recent users). As in previous years injection was the principal route of administration, with 55% of the sample reporting recent injection compared to 65% in 2007.

Sample proportions reporting recent use of speed (50%) and base (10%) were lower than those found in 2007 (58% and 20% respectively), while crystal use was stable at 28%. Nine percent of the sample reported recent smoking of crystal, similar to 7% found in 2007 and the 13% found in 2006. Seventy-one percent of those able to respond (n=7) reported that crystal pipes were easy to obtain and 43% that this availability had been stable over the previous six months. A majority of recent smokers (57%) reported that if they could not get a pipe from their usual source they would inject instead.

The point ($60) and halfweight ($165) prices of speed powder show increases on 2007 ($50 and $150 respectively) while the gram price was stable at $300. Half the recent users of speed judged that prices had been stable over the previous six months while one-third reported that they had increased. Speed powder was rated as either easy (58%) or difficult (31%) to obtain.

While all forms of base showed price increases this year the small number of respondents able to report make this result uncertain. This is also the case for reports of base availability. Crystal prices were also reported by only a small number of participants, with the points showing an increase in the median price to $125, $100 in 2007. Half of those able to respond rated crystal prices as stable and availability as easy.

5.5.8 Queensland

While a reciprocal relationship has existed between indicators of heroin and methamphetamine use in previous years among IDRS participants in Queensland, in 2007 and 2008 this association was not apparent. The prevalence of recent methamphetamine use among IDRS participants has gradually decreased, with participants' patterns of use and preference for the drug fluctuating downward since about 2003. Compared to 2007, in 2008 a significantly smaller proportion of participants reported recent methamphetamine use (59% versus 78%), and there was a notable decline in the proportion nominating methamphetamine as their drug of choice (18% versus 37%). Twenty-eight percent of 2008 participants reported that methamphetamine was the drug most often injected in the past month, which was consistent with 2007 reports (30%); 25% reported methamphetamine as the last drug they last injected (18% in 2007). KE reported observing a significant shift away from methamphetamine injection among NSP attendees in Brisbane. Consistent with 2007, in 2008, eight percent of recent users reported daily methamphetamine use; 51% reported using the drug once per week or less.

In 2008, the reported median prices for speed and base methamphetamine were consistent with 2007 prices, although fewer participants in 2008 reported recently purchasing these methamphetamine forms compared to 2007. The median price for half a gram of crystal methamphetamine increased from $150 in 2007 to $200 in 2008, while prices for an eight ball (e.g. 3.5gm) ranged from $500 to $1,200. The majority of participants who commented perceived that prices for speed (66%), base (71%) and crystal (77%) methamphetamine had remained stable during the preceding six months in 2008.

As in previous years, the majority of participants indicated that all methamphetamine forms were either easy or very easy to obtain in 2008 (speed 71%; base 79%; crystal 78%), although more participants reported difficulty obtaining speed powder (21% in 2008, 10% in 2007) and crystal methamphetamine (19% in 2008, 15% in 2007). In 2008, there was a greater perception that base (75% in 2008, 66% in 2007) and crystal (71% in 2008, 49% in 2007) methamphetamine availability were stable in the six months preceding interview, although a larger proportion of participants in 2008 perceived that the availability of speed powder was fluctuating (63% in 2008, 70% in 2007). Law enforcement KE proposed that the availability of methamphetamine decreased in Queensland in 2008, particularly given more concentrated efforts among authorities to reducing methamphetamine supply.

The proportion of participants reporting the purity of base methamphetamine as high doubled in 2008 (48% in 2008, 24% in 2007), while the proportion nominating crystal methamphetamine purity as high remained the same (47% in 2008, 47% in 2007). Consistent with this, KE from the law enforcement sector observed that much of what was being sold to drug users as crystal methamphetamine, or 'ice' in particular, was actually recrystallised base methamphetamine. The median purity of all methamphetamine cases seized by QPS during 2006/07 was very low (11.4%).

As in 2007, KE in 2008 continued to comment on the health problems associated with heavy and frequent methamphetamine use. Despite this, the number of amphetamine-related enquiries made to ADIS in Queensland declined by more than half during the last financial year, from 3,470 telephone calls during 2006/07 (22% of calls) to 1,703 telephone calls during 2007/08 (13% of calls). According to Queensland Ambulance Service (QAS), during the 2007/08 financial year amphetamine overdoses comprised 1% (n=116) of all overdoses attended by QAS officers in Queensland, where a drug was specified. While there was an increase in the national rate of inpatient hospital admissions per million persons where amphetamine was the principal diagnosis from 2005/06 to 2006/07, the rate per million persons in Queensland declined during this period.

While overall there has been an increase in the number of amphetamine-type stimulants (ATS) use/possession arrests made by QPS since 2001/02, the number decreased slightly from 1,093 arrests during 2005/06 to 1,084 during 2006/07. Given that the ATS category in QPS data includes amphetamine, methamphetamine, and 3,4-methylenedioxymethamphetamine (MDMA), or ecstasy, this finding is difficult to interpret. There remains a need for routine law enforcement data collections in Queensland to separate MDMA from other ATS. Approximately a third of ATS use/possession arrests (n=385) occurred in south-eastern Queensland in 2006/07; during 2007/08, a total of 121 clandestine laboratories were detected, which was almost one third (32%) of the number detected in Australia (n=373).

5.6 Summary of methamphetamine trends

- Recent use of speed varied by jurisdiction but had remained fairly stable or decreased in all jurisdictions. VIC, TAS and WA had the highest levels of recent speed use and SA the lowest. Frequency of use was ten days nationally, and was lowest in the NT and highest in WA.
- Patterns of recent base use declined to varying extents in all jurisdictions, ranging from a drop of 3% (VIC) to 23% (TAS). SA and QLD recorded the highest level of recent base use and VIC the lowest. Frequency of use among users remained relatively sporadic.
- In 2008, participant reports of recent ice/crystal use varied. Recent use increased in NSW, SA and WA, decreased in the ACT, VIC and TAS and remained stable in QLD and the NT. Recent use of ice/crystal was highest in NSW and the 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 NSW and WA (approximately once per week).
- Minimal use of liquid amphetamine (or 'oxblood') was noted in all jurisdictions.
- Nationally, recent use and frequency of use of any form of methamphetamine has decreased slightly compared to 2007. There were some variations between jurisdictions. Proportions reporting use are higher than in 2000 with the exception of TAS, WA, the NT and QLD where use has declined slightly. Frequency of methamphetamine use (any form) was highest in NSW and lowest in the NT.
- Methamphetamine was reported to be around $50 per point, regardless of type (speed, base or ice) across all jurisdictions except in the NT where a point of speed was $60, base $100 and ice/crystal was $125. Grams of speed powder and base 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, around one-quarter of participants in the TAS sample reported ice/crystal as 'difficult' to obtain. Reports on base were more mixed, with only two participants in VIC being able to comment on base.
- The majority of participants reported the purity of speed as 'low' and the purity of ice/crystal as 'high'. The purity of base varied with similar percentages reporting base as 'low', 'medium' or 'high'.
- Health and law enforcement-related harms, including those associated with methamphetamine use, are discussed under the relevant sections later in the report.

6 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 D displays comparable figures from the 2007 IDRS.

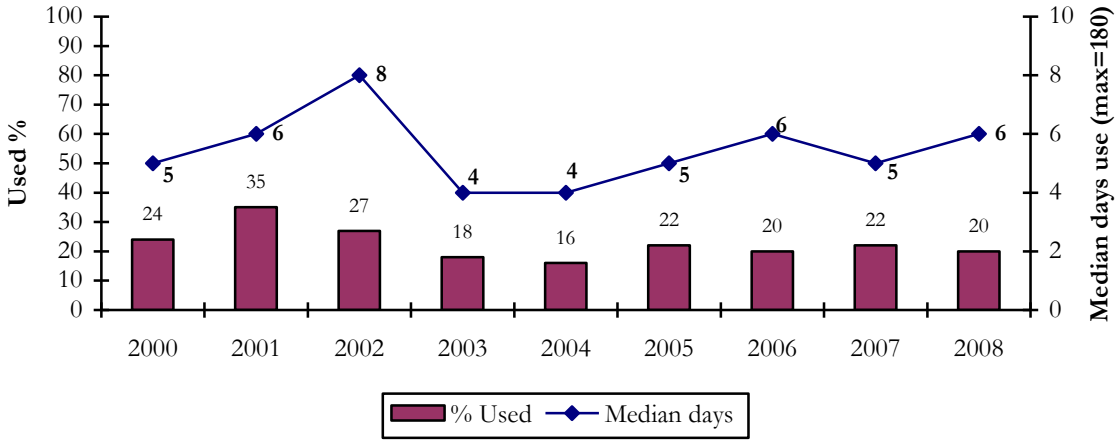
Detailed research has been conducted on the cocaine markets in Sydney and Melbourne in an attempt to gain a better understanding of the market and may be found elsewhere (Shearer et al., 2005).

6.1 Use

6.1.1 Recent use among IDU participants

One-fifth of the national sample reported recent use of cocaine, the majority (84%) 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 has remained relatively stable since. The median frequency of use remained stable at six days (Figure 25).

Figure 25: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2008



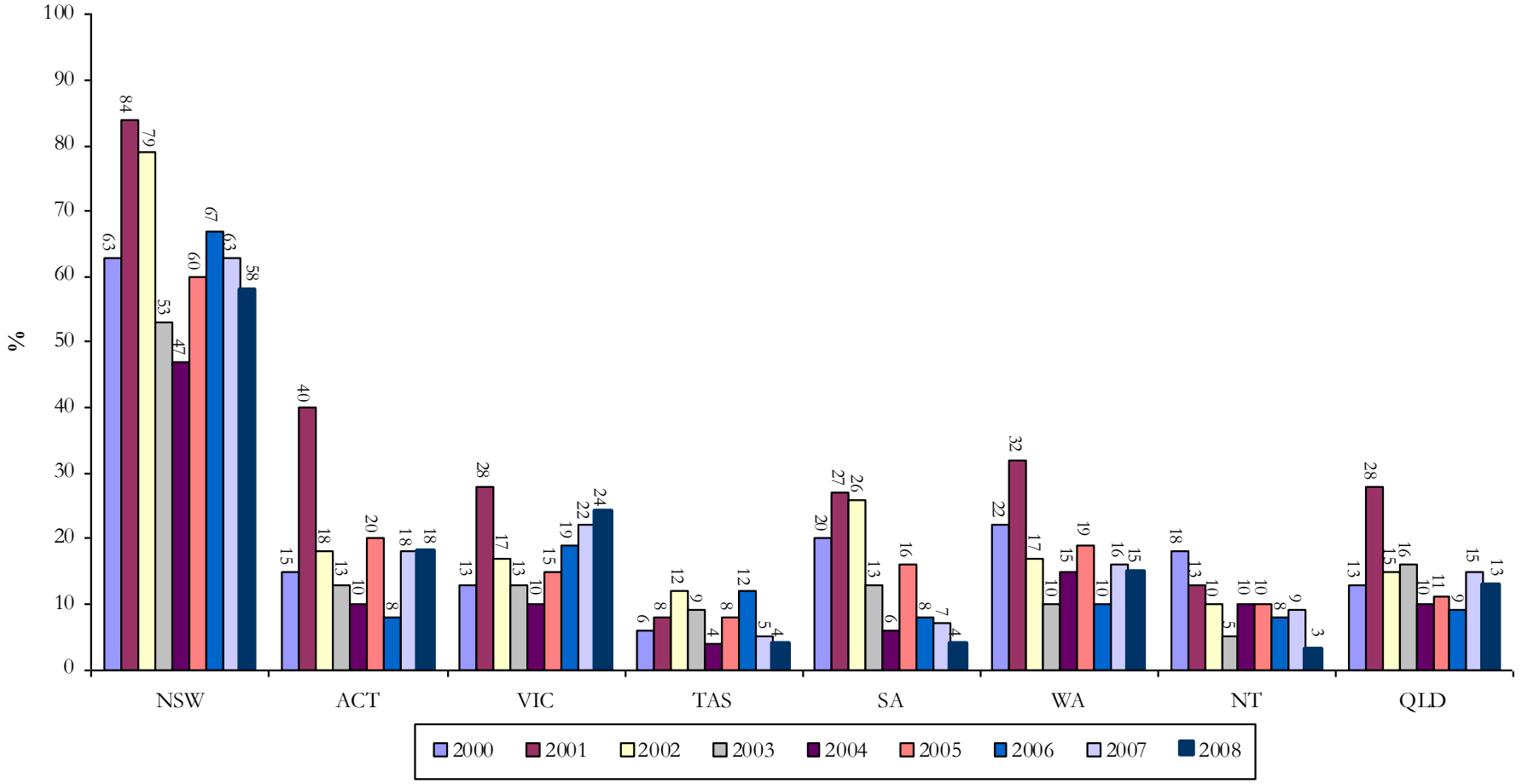
Source: IDRS IDU participant interviews

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 xii for guide to days of use/injection

Recent use of cocaine remained fairly stable in most jurisdictions (except NSW, 58%) at less than 25% (Figure 26). 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 and 2008 (Figure 26).

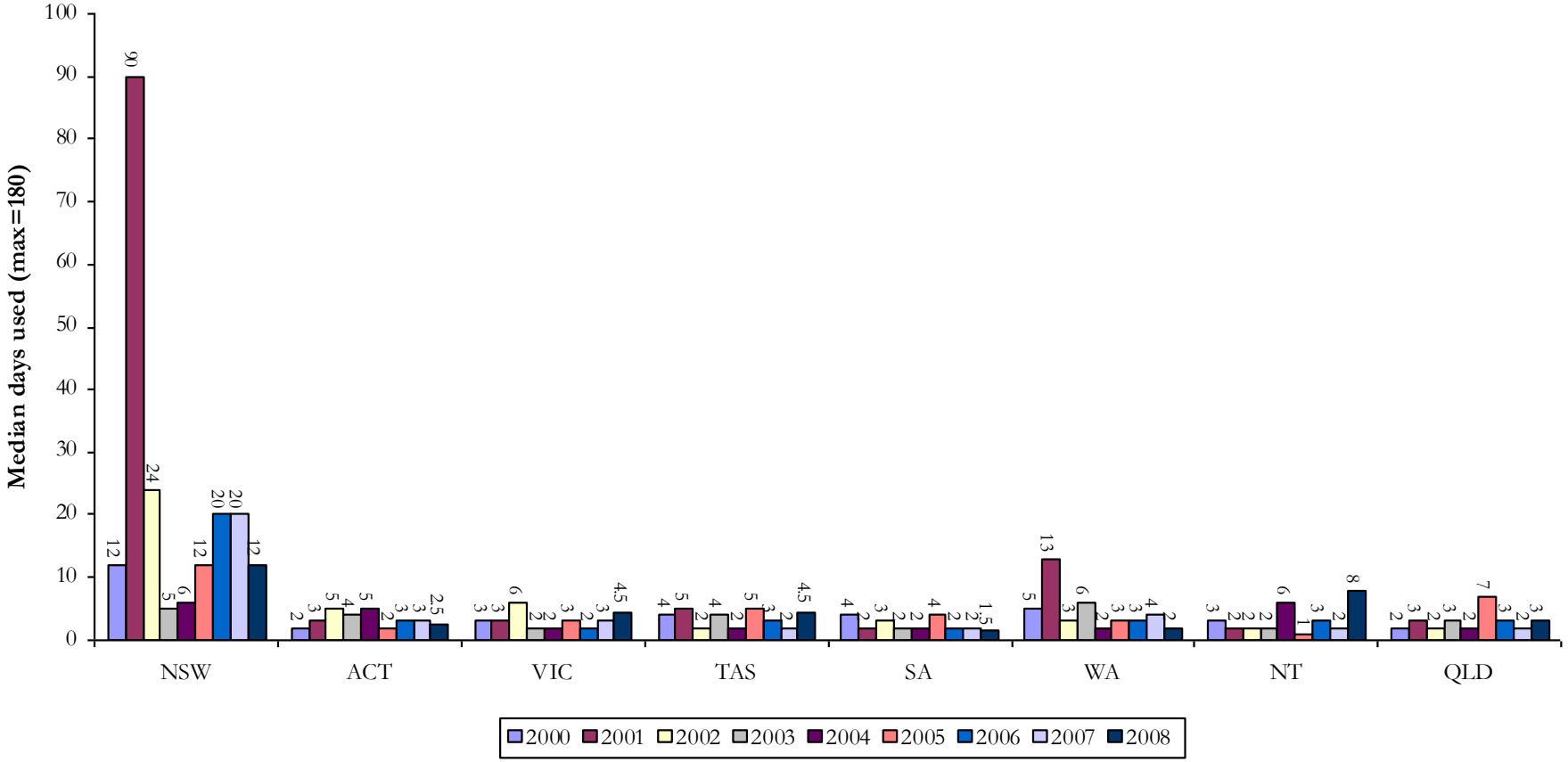
The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine use reduced from 20 days in 2007 to 12 days in 2008 (Figure 27).

Figure 26: Proportion of participants who reported recent cocaine use in the past six months, by jurisdiction, 2000-2008



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

Figure 27: Median days of cocaine use among participants who had used cocaine in the past six months, by jurisdiction, 2000-2008



Source: IDRS IDU participant interviews

Note: Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xii for guide to days of use/injection

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 33 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=12, the ACT n=6, TAS n=2, SA n=4, and QLD=4 with no purchases in VIC, WA and the NT), 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. Thirty-six participants in NSW bought a cap of cocaine in the last six months, as did six participants in VIC and two participants in the ACT; there were no purchases in any other jurisdiction. Eleven participants in NSW had purchased a half gram of cocaine at the median price of $180 ($150 in 2007).

Table 33: Price of cocaine, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Used last 6 months (%)	20	58	18	24	4	4	15	3	13
Median price ($) per gram	-	300	310^	-	350^	225^	-	-	450^
Median price ($) per cap	-	50	70	100	-	-	-	-	-
Price changes (%)									
Did not respond	88	56	85	91	98	98	99	0	94
Of those who responded	N=106	n=67	n=15	n=13	n=2^	n=2^	n=1^	n=0	n=6^
(% of the entire sample)	*(12)*	*(44)*	*(15)*	*(9)*	*(2)*	*(2)*	*(1)*	*(0)*	*(6)*
Don't know	11 (1)	8 (3)	27 (4)	15 (1)	50 (1)	0	0	0	0
Increased	16 (2)	21 (9)	13 (2)	0	0	50 (1)	0	0	0
Stable	65 (8)	66 (29)	40 (6)	85 (7)	50 (1)	50 (1)	100 (1)	0	83 (5)
Decreased	3 (<1)	3 (1)	7 (1)	0	0	0	0	0	0
Fluctuated	5 (<1)	3 (1)	13 (2)	0	0	0	0	0	17 (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 82% described cocaine as 'easy' or 'very easy' to obtain, while 15% considered it to be 'difficult' to obtain. 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 nationally and in NSW (64% respectively, Table 34).

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 large street-based cocaine market, with over one-third (38%) of those who commented reporting that they usually scored cocaine from a street dealer recently (Table 34). Purchasing from a friend (39%) or a known dealer (38%) were also popular in NSW. An agreed public location (50%) was reported most in NSW for location followed by street market (36%).

Table 34: Availability and purchasing patterns of cocaine, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond	88	56	85	91	98	98	99	0	94
Of those who responded	N=106	n=67	n=15	n=13	n=2^	n=2^	n=1^	n=0	n=6^
(% of the entire sample)	*(12)*	*(44)*	*(15)*	*(9)*	*(2)*	*(2)*	*(1)*	*(0)*	*(6)*
Don't know	3 (<1)	2 (<1)	7 (1)	8 (<1)	0	0	0	0	0
Very easy	17 (2)	22 (10)	13 (2)	0	0	0	0	0	17 (1)
Easy	53 (6)	60 (26)	27 (4)	62 (5)	50 (1)	50 (1)	100 (1)	0	17 (1)
Difficult	22 (3)	15 (7)	53 (8)	8 (<1)	0	50 (1)	0	0	50 (3)
Very difficult	6 (<1)	2 (<1)	0	23 (2)	50 (1)	0	0	0	17 (1)
Availability changes (%)									
Did not respond	88	56	85	91	98	98	99	0	94
Of those who responded	N=106	n=67	n=15	n=13	n=2^	n=2^	n=1^	n=0	n=6^
(% of the entire sample)	*(12)*	*(44)*	*(15)*	*(9)*	*(2)*	*(2)*	*(1)*	*(0)*	*(6)*
Don't know	3 (<1)	2 (<1)	7 (1)	8 (<1)	0	0	0	0	0
More difficult	16 (2)	17 (7)	13 (2)	8 (<1)	0	50 (1)	0	0	33 (2)
Stable	64 (7)	64 (28)	60 (9)	77 (7)	100 (2)	50 (1)	0	0	50 (3)
Easier	12 (1)	15 (7)	13 (2)	8 (<1)	0	0	0	0	0
Fluctuates	5 (<1)	3 (1)	7 (1)	0	0	0	100 (1)	0	17 (1)
Purchased from# (%)									
Did not respond	90	63	88	93	98	99	99	0	96
Of those who responded	N=87	n=56	n=12	n=11	n=2^	n=1^	n=1^	n=0	n=4^
(% of the entire sample)	*(10)*	*(37)*	*(12)*	*(7)*	*(2)*	*(1)*	*(1)*	*(0)*	*(4)*
Street dealer	26 (3)	38 (14)	8 (1)	9 (<1)	0	0	0	0	0
Friend	41 (5)	39 (14)	67 (5)	27 (1)	0	0	100 (<1)	0	50 (2)
Known dealer	43 (4)	38 (14)	17 (2)	100 (7)	50 (1)	0	0	0	50 (2)
Acquaintance	8 (1)	7 (3)	8 (1)	0	50 (1)	100 (1)	0	0	0
Unknown dealer	5 (<1)	5 (2)	8 (1)	0	0	0	0	0	0
Mobile dealer	12 (1)	16 (6)	0	9 (<1)	0	0	0	0	0
Places of usual purchase# (%)									
Did not respond	90	63	88	93	98	99	99	0	96
Of those who responded	N=87	n=56	n=12	n=11	n=2^	n=1^	n=1^	n=0	n=4^
(% of the entire sample)	*(10)*	*(37)*	*(12)*	*(7)*	*(2)*	*(1)*	*(1)*	*(0)*	*(4)*
Home delivery	24 (2)	25 (9)	25 (3)	9 (<1)	0	100 (1)	0	0	50 (2)
Dealer's home	21 (2)	14 (5)	0	82 (6)	50 (1)	0	0	0	0
Friend's home	18 (2)	14 (5)	50 (6)	9 (<1)	0	0	100 (1)	0	0
Acquaintance's house	3 (<1)	4 (1)	0	0	50 (1)	0	0	0	0
Street market	25 (2)	36 (13)	8 (1)	9 (<1)	0	0	0	0	0
Agreed public location	45 (4)	50 (19)	33 (4)	36 (3)	50 (1)	0	0	0	50 (2)

Source: IDRS IDU participant interviews

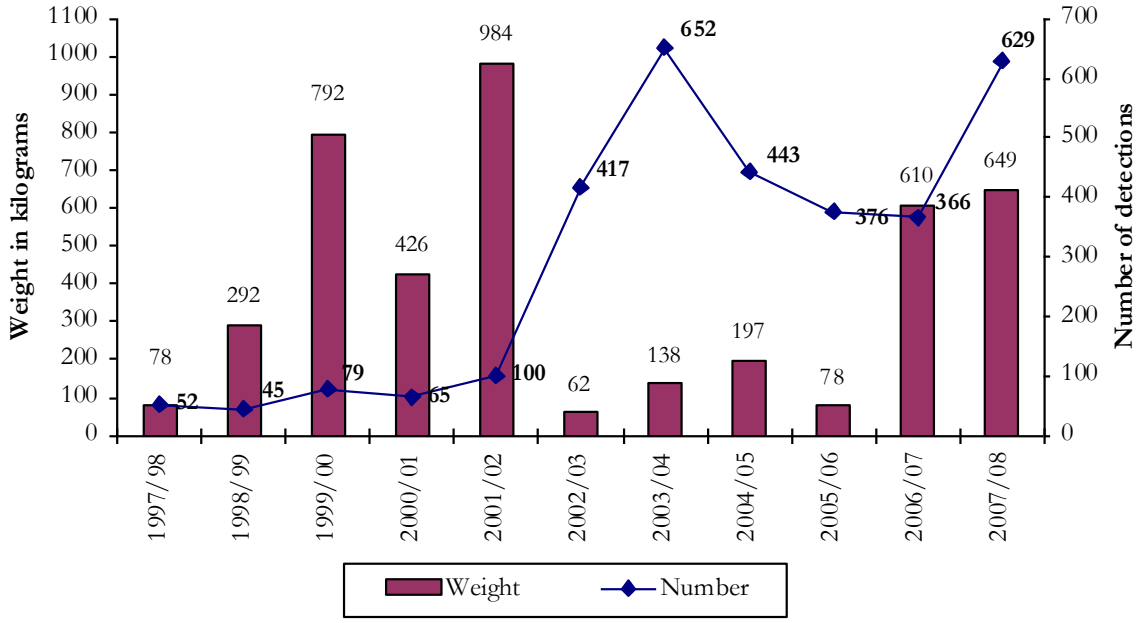
multiple responses allowed

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

6.3.1 Cocaine detected at the Australian border

During 2007/08, the Australian Customs Service made 629 detections of cocaine at the Australian border (Figure 28). The detections weighed a total of 649 kilograms, representing a substantial increase from 78 kilograms in 2005/06.

Figure 28: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, financial years 1997/98-2007/08



Source: Australian Customs Service

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 VIC, where 10 or more participants were able to comment, purity reports varied in NSW and were most commonly reported as 'medium' in the ACT and VIC (Table 35). In 2008, a larger number of participants in the national sample reported the purity of cocaine as 'low' compared to 2007. While the number reporting the purity as 'medium' decreased (Figure 29).

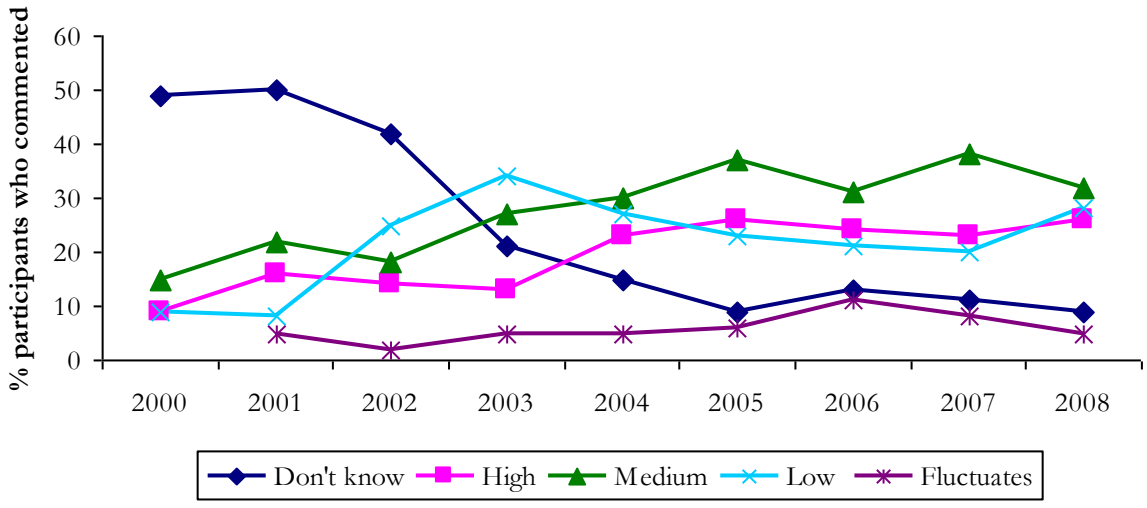
Participant reports regarding the changes in cocaine purity have also varied over time, within and between jurisdictions. Of those who commented in the 2008 national sample, 41% reported the purity of cocaine as stable and 25% as decreasing (Figure 30 and Table 35).

Table 35: Perceived purity of cocaine, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Current purity (%)									
Did not respond	88	56	85	91	98	98	99	0	94
Of those who responded *(% of the entire sample)*	N=106 *(12)*	n=67 *(44)*	n=15 *(15)*	n=13 *(9)*	n=2^ *(2)*	n=2^ *(2)*	n=1^ *(1)*	n=0 *(0)*	n=6^ *(6)*
Don't know	9 (1)	5 (2)	13 (2)	15 (1)	0	0	0	0	33 (2)
High	26 (3)	30 (13)	20 (3)	7 (<1)	100 (2)	0	0	0	33 (2)
Medium	32 (4)	24 (11)	53 (8)	46 (4)	0	100 (2)	100 (1)	0	17 (1)
Low	28 (3)	36 (16)	13 (2)	23 (2)	0	0	0	0	17 (1)
Fluctuates	5 (<1)	6 (3)	0	8 (<1)	0	0	0	0	0
Purity changes (%)									
Did not respond	88	56	85	91	98	98	99	0	94
Of those who responded *(% of the entire sample)*	N=106 *(12)*	n=67 *(44)*	n=15 *(15)*	n=13 *(9)*	n=2^ *(2)*	n=2^ *(2)*	n=1^ *(1)*	n=0 *(0)*	n=6^ *(6)*
Don't know	10 (1)	6 (3)	20 (3)	8 (<1)	0	50 (1)	0	0	33 (2)
Increasing	13 (2)	18 (8)	7 (1)	8 (<1)	0	0	0	0	0
Stable	41 (5)	34 (15)	33 (5)	70 (6)	100 (2)	0	100 (1)	0	50 (3)
Decreasing	25 (3)	30 (13)	13 (2)	15 (1)	0	50 (1)	0	0	17 (1)
Fluctuating	11 (1)	12 (5)	27 (4)	0	0	0	0	0	0

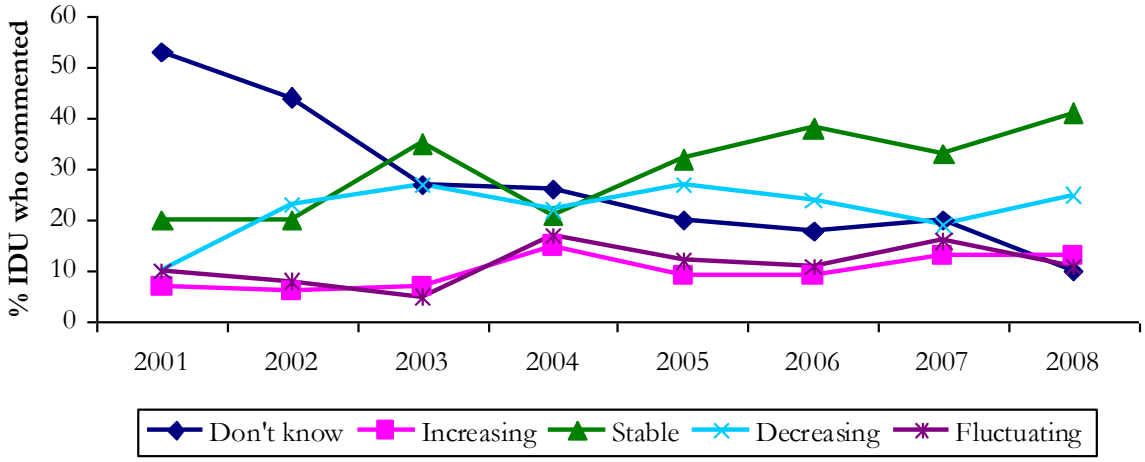
Source: IDRS IDU participant interviews
^ small numbers reporting (n<10)

Figure 29: Participant reports of current purity of cocaine among those who commented, 2000-2008



Source: IDRS IDU participant interviews
Note: Among those who commented (n=106 in 2008; the majority of these [n=67] were in NSW)

Figure 30: Participant reports of changes in purity of cocaine among those who commented, 2001-2008



Source: IDRS IDU participant interviews
Note: Among those who commented (n=106 in 2008; the majority of these [n=67] were in NSW). Survey item first included in 2001

The purity of analysed state/territory police seizures varied in each state/territory in 2006/07, ranging from 40.2% in QLD to 61.5% in NSW. In 2006/07 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 36).

There were no AFP or state/territory cocaine seizures analysed in the ACT, TAS and the NT in 2006/07. Data for 2007/08 were unavailable at the time of publication.

Table 36: Median purity of cocaine seizures, by jurisdiction, 1999/00-2006/07

	Median purity %															
	State/Territory police								AFP							
	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07
NSW	34.0 n=36	52.0 n=101	n.a.	27.0 n=52	32.0 n=97	64.3 n=92	56.3 n=108	**61.5 n=119**	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	**76.4 n=491**
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	**46.0 n=60**	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	**75.5 n=25**
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	**48.2 n=35**	-	66.9 n=94	-	-	-	-	-	**59.9 n=2**
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	**55.0 n=22**	35.8^ n=1	33.8 n=3	72.4 n=4	-	59.4 n=9	77.4^ n=1	53.8 n=6	**52.7 n=1**
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	**40.2 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	**76.1 n=63**

Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)

^ 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 2007/08 were not available at the time of publication.

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

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 (Phillips and Burns, 2009), the ACT (Cassar et al., 2009), VIC (Quinn, 2009), TAS (de Graaff and Bruno, 2009), SA (White et al., 2009), WA (George and Lenton, 2009), the NT (Moon, 2009) and QLD (Cogger and Kinner, 2009).

6.5.1 New South Wales

Relative stability was observed in levels of recent cocaine use among regular injecting drug users with 58% of the sample reporting recent use in 2008 and 63% reporting use in 2007. The median days of use among users, however, decreased to 12 days (fortnightly use) from the 20 days reported in 2007. Daily cocaine use remained stable with 6% of users reporting daily use (5% in 2007). Reports of crack cocaine were once again almost non-existent among the IDU sample, a finding reflected in KE reports. Cocaine availability generally remained stable with the majority (82%; 77% in 2007) reporting it to be 'easy' or 'very easy'. Availability was commonly perceived to have remained stable over the preceding six months. This was reflected in comments from law enforcement who reported availability remained stable, despite a reported increase in arrests in the past 6 months.

The prices for the most common amounts (caps and grams) of cocaine remained stable. The price of a halfweight increased to $180 ($150 in 2007) and the number of purchases of quarter gram amounts were too low (n=<5) to offer any meaningful interpretation of trends. Caps remained the most common purchase amount ($50; n=36) and the number of purchases for the remaining amounts remained stable.

Over a third (36%) of IDU reported cocaine purity as 'low' (21% in 2007). Thirty percent reported purity as 'high' (22% in 2007) and approximately a quarter (24%) reported it as 'medium', a 16% decrease from 2007 (40%). Purity was most often rated as having been 'stable' (13% of the sample, or 30% of those able to comment on cocaine market characteristics) over the six months preceding interview, although a substantial proportion thought that it was decreasing (13% of the sample, or 30% of those commenting). Overall, these mixed reports indicated that cocaine purity had fluctuated in 2008.

Similar to previous years, KE reported they were seeing very little cocaine use among the people they were coming in regular contact with. This was also reflected in the data supplied by Medically Supervised Injecting Centre (MSIC) where there was a significant decline in attendances for cocaine injections, in the 12 months to October 2008. However, arrest data for cocaine possession/use reported the highest number of incidents recorded in Inner Sydney in the forth quarter of 2007/2008 since reporting began in 1996/97. Based on comments from law enforcement KE this is a result of increased focus on detection in Inner Sydney.

6.5.2 The Australian Capital Territory

Recent cocaine use remained stable in 2008 at 18%. Among those who had recently used cocaine in the ACT, the frequency of use remained low, with a median of two days of use in the six months prior to interview (i.e. approximately once every three months). Among the participants who reported recent cocaine use, the most common routes of administration were injection and snorting.

A small number (n=15) of participants commented on the price, purity and availability of cocaine, with the majority reporting that cocaine was 'difficult' (53%) to obtain. The median price for cocaine, in 2008, was reported to be $70 for a cap, and $310 for a gram, though these are based on small numbers so results must be interpreted with caution. Over half (53%) of those participants commenting, reported that purity was 'medium' with a further 20% reporting purity as 'high'. Again, small numbers reported on cocaine purity, so results must be interpreted with caution.

6.5.3 Victoria

Although over two-thirds (69%) of the respondents in the 2008 Victorian IDU survey reported lifetime use of cocaine, only three percent identified cocaine as their main drug of choice. Twenty-four percent of the IDU surveyed reported having used cocaine during the previous six months, with injecting (19%) being the principal reported route of cocaine administration during that time. Among those who reported using cocaine during the past six months, frequency of use was very low (median 4.5 days), suggesting irregular, opportunistic use patterns.

In 2008, five participants commented on the current price of a cap of cocaine, with all five reporting a current price of $100 per cap, with another five participants reporting that the current price for one point of cocaine was also $100. All eleven participants who commented on changes to the price of cocaine during the last six months reported that it had remained stable.

Eleven respondents commented on current cocaine purity, with more than half (55%) reporting that it was presently medium, and 27% reporting that it was low. Of those participants who commented on changes to cocaine purity during the last six months, most (75%) reported that it fluctuated during that time.

Approximately two-thirds (67%) of the participants who commented on current cocaine availability reported that it was currently easy to access, with the majority (83%) reporting that cocaine availability had remained stable during the six months prior to interview. Respondents most commonly reported buying cocaine from known dealers (100%) or friends (27%).

While the prevalence of recent cocaine use by the IDU surveyed increased slightly in 2008 (24% compared to 22% in 2007, to 19% in 2006, 15% in 2005 and 10% in 2004), and KE generally reported only 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 (4%), and the median frequency of this use was very low (five days of the last 180). The predominant form of cocaine used by participants was powder.

By the very few participants that could comment on trends in availability, reports on availability were mixed: single participants reported availability to be 'easy' or 'very difficult', and both considered this situation to have remained stable in the preceding six-month period. There have been no seizures of cocaine made by Tasmania Police between 2001/02 and 2004/05, just one seizure reported in 2005/06 of one gram, in 2006/07, three seizures were reported, and in 2007/08, no seizures of cocaine were made by Tasmania Police.

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 reported lifetime use of cocaine, an increase from patterns seen in earlier studies. Similarly, there has been a gradual increase in the level of recent use of the drug in different local consumer populations (regular ecstasy consumers) which may provide indications of emerging changes in local markets for the drug.

6.5.5 South Australia

In 2008, due to low numbers reporting recent use, cocaine is discussed with 'other' drugs' in the SA IDRS report (White et al., 2009). The small number of participants and KE either using cocaine or able to provide information in itself indicates the lack of a sizeable and visible cocaine market in Adelaide, particularly amongst those who inject drugs sampled by the IDRS.

6.5.6 Western Australia

Lifetime use of cocaine significantly increased among IDU from 49% in 2007 to 73% in 2008. However, recent use was comparable: 15% in 2008 versus 16% in 2007. Average days of use in the last six months were six days in 2008 and seven days in 2007. Of IDU that reported recent cocaine use in 2008, sixty percent reported injecting cocaine. In 2008, only one participant commented on price, purity and availability of cocaine making it difficult to draw conclusions about aspects of the cocaine market in WA.

6.5.7 The Northern Territory

Recent use of cocaine among the survey sample declined to 3%, corroborating KE reports that cocaine use in the NT is rare. Three people reported a median gram price for cocaine of $200, reduced from the $250 found in 2007. No respondents in 2008 were able to comment on cocaine availability or source. In 2007, those participants able to comment reported that cocaine was difficult (33%) or very difficult (50%) to obtain.

6.5.8 Queensland

In Queensland, cocaine use is typically associated with the recreational drug using scene, and, as in previous years, KE reported that use of the drug is more common among groups of drug users from higher socio-economic strata than those recruited to participate in the IDRS. Nonetheless, in 2008 almost two thirds (64%) of Queensland IDRS participants reported lifetime use of cocaine, which was slightly higher than in 2007 (59%). By contrast, a slightly smaller proportion reported recent cocaine use (13%) and injection (8%) in 2008, compared to 2007 (recent use 15%; recent injection 9%).

The median price of a gram of cocaine was reported to have increased to $450 in 2008, from $350 in 2007, although given the small number of participants able to report, these data are suggestive only. No participants reported purchasing smaller quantities of cocaine in 2008. Among those who commented on market characteristics, availability was reported as difficult, although relatively stable, and perceptions of purity varied. KE observed that there had been little shift in the cocaine market since 2007.

Cocaine-related enquiries have constituted less than 1% of all telephone calls made to the ADIS helpline since 2001/02. Consistent with this, a total of 91 enquiries was received during the 2007/08 financial year, which was a decrease from the total number during 2006/07 (n=150).

While the number of arrests for cocaine use/possession made by QPS across Queensland is comparatively low, a small increase was noted during the 2007/08 financial year. Some law enforcement KE proposed that the increase in cocaine-related arrests suggested more cocaine availability in Queensland, which was consistent with the considerably larger number of cocaine detections made at the Queensland border by the ACS during the same period.

6.6 Summary of cocaine trends

- The recent use of cocaine remained most common among participants in NSW (58%), with proportions elsewhere reporting use in the preceding six months remaining at less than 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 reduced from 20 days in 2007 to 12 days in 2008 (i.e. once a fortnight).
- 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, with the exception of VIC, reported cocaine as 'difficult' or 'very difficult' to obtain.
- The limited IDU participant 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 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 and Swift, 2000, McLaren et al., 2008), however, use patterns refer to any form of cannabis. Appendix D provides comparable data to 2007.

In 2008, participants completing the section (n=884) 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 make a distinction: 80% of participants in NSW, 82% in the ACT, 62% in VIC, 80% in TAS, 45% in SA, 52% in WA, 69% in the NT and 86% in QLD. Unlike previous years, participants in 2008 who were unable to differentiate between hydroponic and bush cannabis were 'not' asked more generally about cannabis (marijuana).

7.1 Use

7.1.1 Recent use among IDU participants

Seventy-seven 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 from 70% to 90%, except in WA where the figure dropped to 64% (Figure 31).

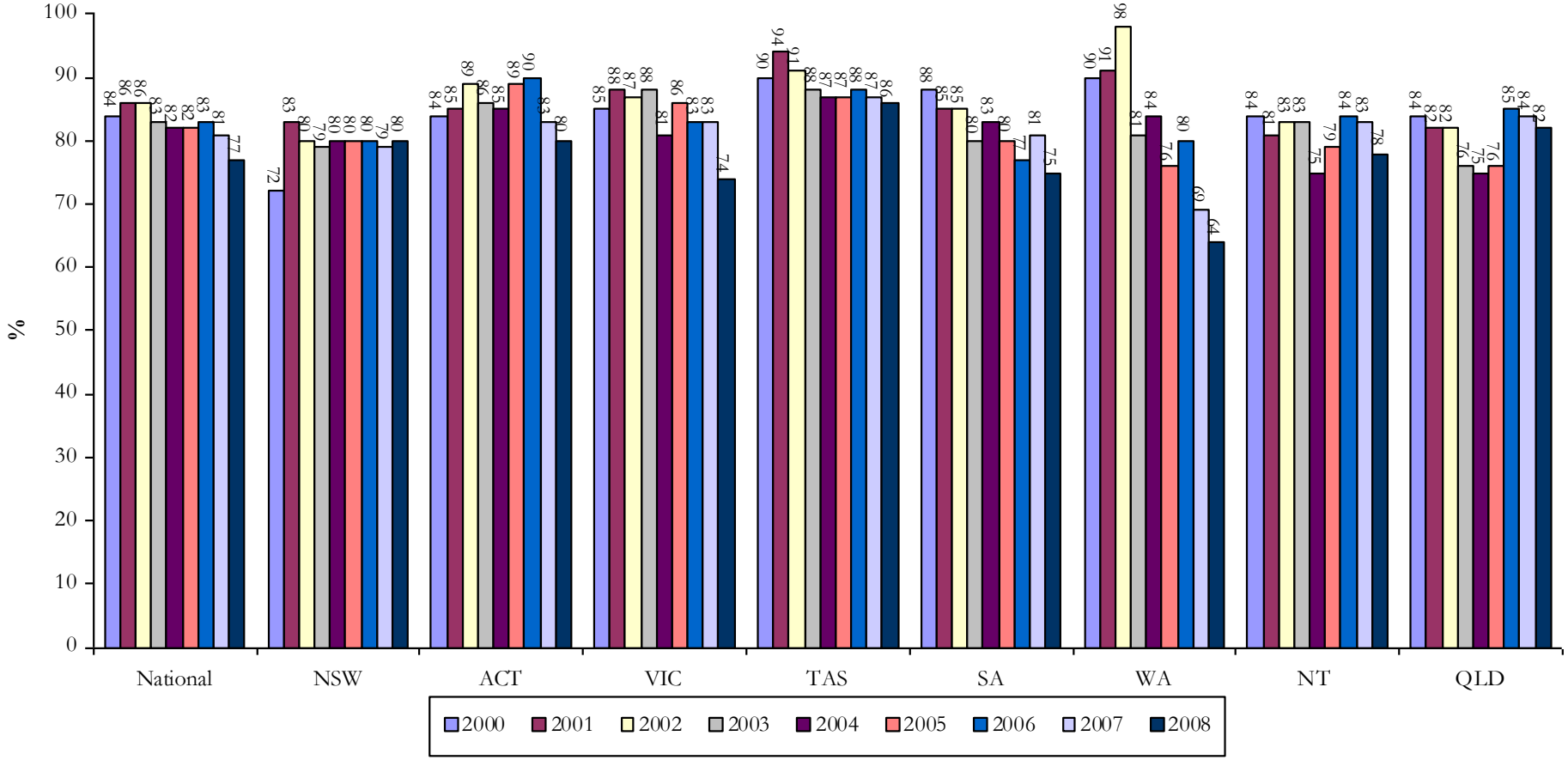
The median number of days of recent cannabis use among users varied across jurisdictions and, in some cases, within jurisdictions, over time (Figure 32). Compared to 2007, a decrease was observed in the median days of cannabis use in WA, QLD and the NT. Daily or near-daily use was reported in NSW, the ACT, VIC, TAS and SA.

Nationally, 39% of participants reported daily use of cannabis (representing 50% of recent cannabis users), ranging between 22% (35% of recent cannabis users) in WA to 60% in TAS (70% of recent cannabis users). Figures for other jurisdictions were as follows: NSW 41% (51% of recent cannabis users); the ACT 47% (58%); VIC 35% (48%); SA 40% (53%); the NT 39% (50%) and QLD 27% (33%).

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. Among those who responded nationally (N=694), cannabis had typically been smoked in cones (77%; range 37% in SA to 93% in NSW) rather than joints (14%; range 5% in TAS to 29% in QLD). Among those who had smoked cones (N=536), the median number used on the last day was six (range 0.5 to 200 cones), while the number of joints smoked was two (range 0.5 to 60 joints). Daily users of cannabis had smoked a median of 10 cones (range 1-200) or four joints (range 1-60) on the last day of use.

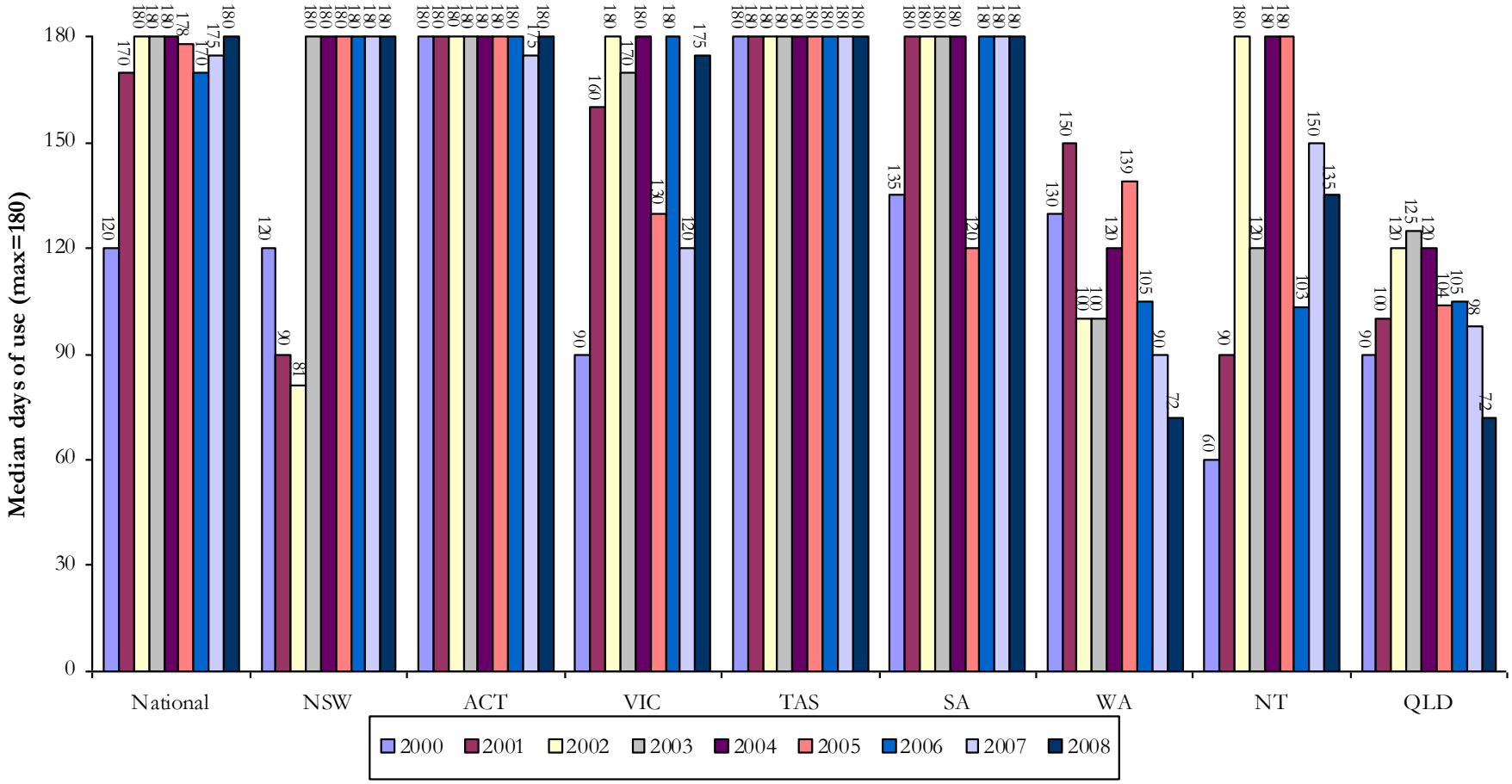
Frequency of cannabis use among a population such as those who regularly inject drugs (of whom few nominate cannabis as their drug of choice) may be related to the availability and cost of their drug(s) of choice, as much as the availability and cost of cannabis itself. Extrapolating from the patterns 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.

Figure 31: Recent use of cannabis, by jurisdiction, 2000-2008



Source: IDRS IDU participant interviews

Figure 32: Median days of cannabis use among those who had used cannabis in the past six months, by jurisdiction, 2000-2008



Source: IDRS IDU participant interviews

Note: Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xii for guide to days of use/injection

Medians rounded to the nearest whole number

7.1.2 Cannabis forms used

Seventy-two percent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months, ranging from 56% in WA to 81% in TAS. Nearly half (48%) reported use of outdoor-grown 'bush' cannabis, ranging from 36% in the NT to 79% in TAS. Nine percent had used hashish and minimal proportions (6%) 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 (see Table 12).

7.1.3 Mixing cannabis with tobacco

In 2008, a new question was added to the IDRS to examine the extent to which tobacco is mixed with cannabis prior to smoking. Participants were asked 'How often did you mix tobacco with your cannabis?'. Participants could respond ranging from 'None of the time' to 'All of the time'. Nationally, 76% (n=688) of the sample answered this question. Of those who responded, 76% reported mixing tobacco with cannabis 'All of the time'. The same response was reported in all jurisdictions except SA were a larger percentage reported mixing tobacco with cannabis 'none of the time' (Table 37).

Table 37: Mixing tobacco with cannabis among those who responded*

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
None of the time (%)	12	3	4	5	1	52	17	20	8
Little of the time (%)	3	4	1	1	0	7	2	5	6
Some of the time (%)	4	2	3	1	6	4	10	10	1
Quite a bit of the time (%)	4	3	4	2	5	6	3	3	10
All of the time (%)	76	88	89	91	88	32	62	62	75

Source: IDRS IDU participant interviews
***** among those who responded (n=688)

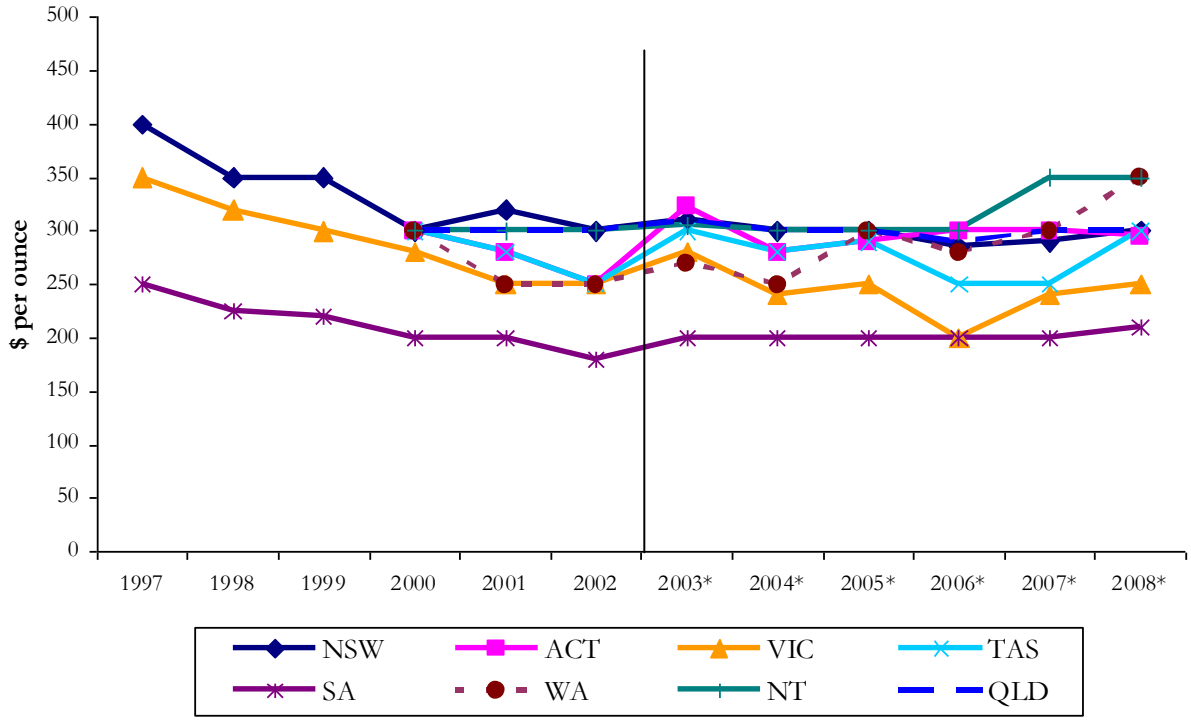
7.2 Price

Table 38 and Figure 33 contain 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 hydroponic. In 2008, an ounce of hydro cost between a median of $210 (SA) and $350 (the NT and WA), a gram cost $20 to $30, except in SA ($17.50) and the price for a 'bag' of hydro ranged from $20 (NSW) to $70 (VIC).

Overall, participants reported that the price of hydro and bush remained stable over the preceding six months (74% and 77% respectively among those who commented; Table 38).

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

Figure 33: Price of an ounce of cannabis (hydroponic from 2003 onwards), by jurisdiction, 1997-2008



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 38: Median price of cannabis and price changes, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Price ($) HYDRO									
Per gram	-	20	20	20	25	17.5	25^	30	25
Per quarter ounce	-	90	90	80	90	60^	-	-	100
Per ounce	-	300	295	250	300	210	350^	350	300
Per Bag	-	20	50^	70^	-	25	25	30	50
Price ($) BUSH									
Per gram	-	20	20	20	25^	-	27.5^	30^	20
Per quarter ounce	-	75	80^	80^	70	-	-	-	70^
Per ounce	-	200^	200^	200^	200	190^	200^	250	220
Per Bag	-	20	200^	-	-	25^	25	30^	50^
Price changes (%)									
HYDRO (%)									
Did not respond	37	24	27	47	21	60	60	33	30
Of those who responded	N=569	n=115	n=74	n=79	n=79	n=40	n=40	n=69	n=73
(% of the entire sample)	*(63)*	*(76)*	*(73)*	*(53)*	*(79)*	*(40)*	*(40)*	*(67)*	*(70)*
Don't know	3 (2)	1 (<1)	7 (5)	3 (1)	3 (2)	0	3 (1)	4 (3)	6 (4)
Increased	16 (10)	16 (12)	3 (2)	6 (3)	13 (10)	25 (10)	45 (18)	25 (17)	18 (13)
Stable	74 (46)	77 (59)	82 (61)	81 (43)	73 (58)	68 (27)	50 (20)	71 (48)	68 (48)
Decreased	2 (1)	4 (3)	4 (3)	4 (2)	3 (2)	0	0	0	1 (<1)
Fluctuated	5 (3)	3 (2)	4 (3)	6 (3)	9 (7)	8 (3)	3 (1)	0	7 (5)
BUSH (%)									
Did not respond	68	70	55	85	30	79	76	79	61
Of those who responded	N=291	n=45	n=45	n=23	n=70	n=21	n=24	n=22	n=41
(% of the entire sample)	*(32)*	*(30)*	*(45)*	*(15)*	*(70)*	*(21)*	*(24)*	*(21)*	*(39)*
Don't know	5 2)	4 (1)	9 (4)	9 (1)	6 (4)	0	0	0	7 (3)
Increased	6 (2)	9 (3)	7 (3)	9 (1)	0	10 (2)	17 (4)	5 (1)	5 (2)
Stable	77 (25)	71 (21)	69 (31)	70 (11)	83 (58)	86 (18)	75 (18)	91 (19)	76 (30)
Decreased	8 (3)	16 (5)	11 (5)	13 (2)	6 (4)	0	4 (1)	0	7(3)
Fluctuated	4 (1)	0	4 (2)	0	6 (4)	5 (1)	4 (1)	5 (1)	5 (2)

Source: IDRS IDU participant interviews

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

7.3 Availability

Over 75% 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. Smaller numbers of participants who were able to comment on bush cannabis (from n=21 in SA to n=70 in NSW) suggesting that it continued to be less available than hydro in many jurisdictions (ranging from n=40 in SA and WA to n=115 in NSW). 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 39 and 40).

Table 39: Availability of hydroponic cannabis, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond	37	24	27	47	21	60	60	33	30
Of those who responded	N=569	n=115	n=74	n=79	n=79	n=40	n=40	n=69	n=73
(% of the entire sample)	*(63)*	*(76)*	*(73)*	*(53)*	*(79)*	*(40)*	*(40)*	*(67)*	*(70)*
Don't know	2 (1)	0	7 (5)	0	1 (1)	0	3 (1)	4 (3)	1 (1)
Very easy	44 (27)	49 (37)	49 (36)	67 (35)	35 (28)	40 (16)	25 (10)	25 (17)	45 (32)
Easy	44 (27)	45 (34)	39 (29)	28 (15)	56 (44)	33 (13)	53 (21)	52 (35)	43 (30)
Difficult	10 (6)	5 (4)	5 (4)	5 (3)	8 (6)	28 (11)	15 (6)	19 (13)	10 (7)
Very difficult	1 (<1)	1 (<1)	0	0	0	0	5 (2)	0	1 (1)
Availability changes (%)									
Did not respond	38	25	27	47	21	60	61	33	30
Of those who responded	N=567	n=114	n=74	n=79	n=79	n=40	n=39	n=69	n=73
(% of the entire sample)	*(62)*	*(75)*	*(73)*	*(53)*	*(79)*	*(40)*	*(39)*	*(67)*	*(70)*
Don't know	3 (2)	0	7 (5)	1 (<1)	1 (1)	0	3 (1)	6 (4)	3 (2)
More difficult	10 (6)	9 (7)	5 (4)	5 (3)	15 (12)	18 (7)	10 (4)	20 (14)	6 (4)
Stable	74 (46)	82 (62)	85 (63)	76 (40)	62 (49)	65 (26)	59 (23)	70 (47)	78 (55)
Easier	8 (5)	7 (5)	1 (1)	13 (7)	19 (15)	3 (1)	15 (6)	1 (1)	3 (2)
Fluctuates	5 (3)	3 (2)	1 (1)	5 (3)	3 (2)	15 (6)	13 (5)	3 (2)	8 (6)

Source: IDRS IDU participant interviews

Table 40: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond	68	70	55	85	30	79	76	79	61
Of those who responded	N=291	n=45	n=45	n=23	n=70	n=21	n=24	n=22	n=41
(% of the entire sample)	*(32)*	*(30)*	*(45)*	*(15)*	*(70)*	*(21)*	*(24)*	*(21)*	*(39)*
Don't know	3 (1)	4 (1)	7 (3)	4 (<1)	3 (2)	0	0	0	0
Very easy	25 (8)	9 (3)	20 (9)	48 (7)	39 (27)	33 (7)	25 (6)	0	24 (10)
Easy	45 (14)	36 (11)	42 (19)	30 (5)	53 (37)	38 (8)	46 (11)	59 (13)	46 (18)
Difficult	23 (7)	42 (13)	29 (13)	13 (2)	6 (4)	24 (5)	25 (6)	41 (9)	22 (9)
Very difficult	4 (1)	9 (3)	2 (1)	4 (<1)	0	5 (1)	4 (1)	0	7 (3)
Availability changes (%)									
Did not respond	68	70	55	85	30	79	76	79	61
Of those who responded	N=291	n=45	n=45	n=23	n=70	n=21	n=24	n=22	n=41
(% of the entire sample)	*(32)*	*(30)*	*(45)*	*(15)*	*(70)*	*(21)*	*(24)*	*(21)*	*(39)*
Don't know	5 (2)	11 (3)	11 (5)	9 (1)	3 (2)	0	0	5 (1)	0
More difficult	13 (4)	29 (9)	16 (7)	9 (1)	3 (2)	14 (3)	17 (4)	23 (5)	5 (2)
Stable	63 (20)	49 (15)	53 (24)	65 (10)	67 (47)	81 (17)	54 (13)	55 (12)	81 (32)
Easier	13 (4)	9 (3)	11 (5)	17 (3)	24 (17)	0	25 (6)	0	7 (3)
Fluctuates	6 (2)	2 (<1)	9 (4)	0	3 (2)	5 (1)	4 (1)	18 (4)	7 (3)

Source: IDRS IDU participant interviews

As in 2008, 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 one percent in TAS to one-third in NSW, 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 no reports in WA to one-third in NSW. The most commonly reported locations of purchase among the national sample (among those who had bought cannabis) were at a friend's home (hydro 46%; bush 50%), a dealer's home (hydro 33%; bush 29%), an agreed public location (hydro 25%; bush 22%) and/or home delivery (hydro 22%; bush 22%; Tables 41 and 42).

Table 41: Hydroponic cannabis purchasing patterns, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Had not bought (%)	31	27	35	49	25	64	62	35	36
Of those who had bought *(% of the entire sample)*	N=533 *(59)*	n=108 *(72)*	n=65 *(65)*	n=77 *(51)*	n=75 *(75)*	n=36 *(36)*	n=38 *(38)*	n=67 *(65)*	n=67 *(64)*
Purchased from# (%)									
Street dealer	16 (9)	34 (25)	6 (4)	13 (7)	1 (1)	8 (3)	5 (2)	24 (16)	19 (13)
Friend	59 (35)	57 (40)	60 (39)	64 (33)	64 (48)	53 (19)	66 (25)	49 (31)	61 (39)
Known dealer	43 (25)	45 (32)	59 (38)	44 (23)	57 (43)	31 (11)	21 (8)	28 (19)	43 (28)
Workmate	3 (2)	1 (<1)	5 (3)	1 (<1)	0	8 (3)	3 (1)	2 (1)	6 (4)
Acquaintance	15 (9)	11 (8)	17 (11)	14 (7)	12 (9)	17 (6)	16 (6)	22 (15)	12 (8)
Unknown dealer	5 (3)	5 (3)	8 (5)	7 (3)	3 (2)	3 (1)	5 (2)	2 (1)	6 (4)
Mobile dealer	5 (3)	11 (8)	3 (2)	8 (4)	0	0	0	0	8 (5)
Places of usual purchase# (%)									
Home delivery	22 (13)	23 (17)	26 (17)	25 (13)	21 (16)	22 (8)	13 (5)	16 (11)	27 (17)
Dealer's home	33 (20)	29 (21)	51 (33)	26 (13)	48 (36)	22 (8)	16 (6)	28 (18)	37 (24)
Friend's home	46 (26)	45 (32)	46 (30)	39 (20)	53 (40)	44 (16)	45 (17)	36 (23)	46 (30)
Acquaintance's house	9 (5)	5 (3)	9 (6)	8 (4)	3 (2)	14 (5)	8 (3)	18 (12)	10 (7)
Street market	13 (7)	27 (19)	6 (4)	16 (8)	4 (3)	0	5 (2)	10 (7)	15 (10)
Agreed public location	25 (15)	29 (21)	23 (15)	40 (21)	8 (6)	22 (8)	26 (11)	19 (13)	30 (19)

Source: IDRS IDU participant interviews

multiple responses allowed

Table 42: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Had not bought (%)	74	79	55	87	40	85	81	80	65
Of those who had bought *(% of the entire sample)*	N=234 *(26)*	n=32 *(21)*	n=32 *(45)*	n=19 *(13)*	n=60 *(60)*	n=15 *(15)*	n=19 *(19)*	n=21 *(20)*	n=36 *(35)*
Purchased from#									
Street dealer	12 (3)	34 (7)	3 (1)	11 (1)	3 (2)	13 (2)	0	14 (3)	17 (6)
Friend	68 (17)	59 (13)	66 (21)	74 (9)	68 (41)	60 (9)	74 (14)	67 (14)	72 (25)
Known dealer	33 (9)	38 (8)	44 (14)	26 (3)	47 (28)	13 (2)	11 (2)	10 (2)	36 (13)
Workmate	2 (<1)	0	0	0	7 (4)	0	0	0	0
Acquaintance	12 (3)	9 (2)	13 (4)	16 (2)	8 (5)	13 (2)	26 (5)	24 (5)	0
Unknown dealer	3 (<1)	6 (1)	3 (1)	0	2 (1)	0	0	5 (1)	3 (1)
Mobile dealer	3 (<1)	10 (2)	0	0	0	0	0	5 (1)	6 (2)
Places of usual purchase# (%)									
Home delivery	22 (6)	25 (5)	31 (10)	32 (4)	22 (13)	13 (2)	11 (2)	19 (4)	19 (7)
Dealer's home	29 (7)	22 (5)	34 (11)	16 (2)	47 (28)	13 (2)	5 (1)	14 (3)	33 (12)
Friend's home	50 (13)	41 (9)	38 (12)	47 (6)	57 (34)	47 (7)	53 (10)	62 (13)	50 (17)
Acquaintance's house	6 (2)	3 (<1)	6 (2)	5 (<1)	5 (3)	13 (2)	11 (2)	14 (3)	3 (1)
Street market	9 (2)	25 (5)	9 (3)	5 (<1)	2 (1)	7 (1)	0	10 (2)	11 (4)
Agreed public location	20 (5)	22 (5)	28 (9)	32 (4)	10 (6)	13 (2)	37 (7)	14 (3)	19 (7)

Source: IDRS IDU participant interviews

multiple responses allowed

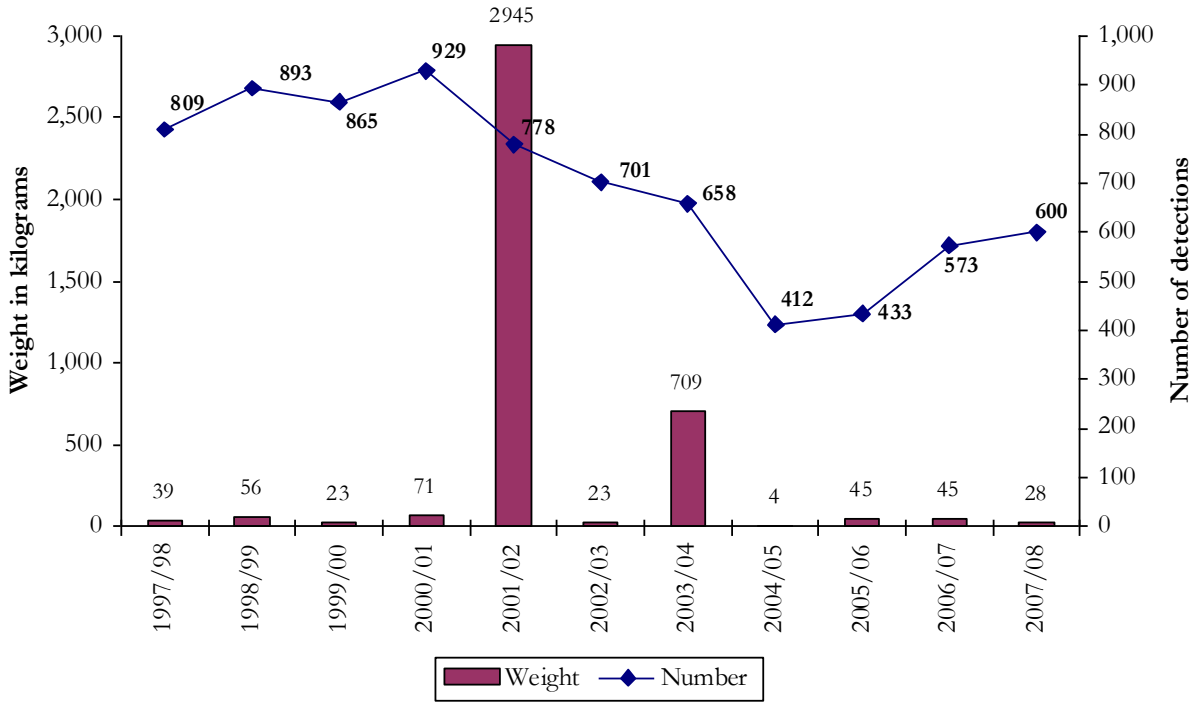
^ small numbers reporting (n<10)

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 2007/08, six hundred detections of cannabis were made (representing an increase from 573 in 2006/07), with a total weight of 28 kilograms (Figure 34). Detections at the border were predominantly via air and sea cargo, and international post.

Figure 34: Weight and number of detections of cannabis made at the border by the Australian Customs Service, financial years 1997/98-2007/08



Source: Australian Customs Service

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 (59%) of the national sample (among those who commented) responded that hydro potency was 'high' (ranging from 51% in the NT to 68% in TAS) and over one-quarter (27%) described it as 'medium' (ranging from 23% in TAS and SA to 37% in VIC). By contrast, nearly half (48%) reported the potency of bush cannabis as 'medium' (ranging from 29% in NSW to 62% in SA). The potency of hydroponic and bush cannabis was generally reported to have remained stable over the preceding six months (Table 43 and Table 44).

Table 43: Perceived potency of hydroponic cannabis, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Current Potency									
% Did not respond	37	24	27	47	21	60	60	33	30
Of those who responded	N=569	n=115	n=74	n=79	n=79	n=40	n=40	n=69	n=73
(% of the entire sample)	*(63)*	*(76)*	*(73)*	*(53)*	*(79)*	*(40)*	*(40)*	*(67)*	*(70)*
% Don't know	3 (2)	2 (1)	7 (5)	3 (1)	3 (2)	0	3 (1)	4 (3)	3 (2)
% High	59 (37)	57 (43)	60 (44)	54 (29)	68 (54)	63 (25)	60 (24)	51 (34)	60 (42)
% Medium	27 (17)	28 (21)	26 (19)	37 (19)	23 (18)	23 (9)	28 (11)	26 (17)	27 (19)
% Low	4 (2)	4 (3)	3 (2)	0	5 (4)	3 (1)	5 (2)	9 (6)	3 (2)
% Fluctuates	7 (5)	10 (8)	5 (4)	6 (3)	1 (1)	13 (5)	5 (2)	10 (7)	7 (5)
Potency changes									
% Did not respond	37	24	27	47	21	60	60	33	30
Of those who responded	N=569	n=115	n=74	n=79	n=79	n=40	n=40	n=69	n=73
(% of the entire sample)	*(63)*	*(76)*	*(73)*	*(53)*	*(79)*	*(40)*	*(40)*	*(67)*	*(70)*
% Don't know	4 (2)	2 (1)	10 (7)	3 (1)	3 (2)	0	3 (1)	4 (3)	6 (4)
% Increasing	13 (8)	13 (10)	8 (6)	20 (11)	19 (15)	5 (2)	10 (4)	4 (3)	16 (12)
% Stable	62 (39)	60 (46)	69 (51)	61 (32)	58 (46)	68 (27)	65 (26)	58 (39)	66 (46)
% Decreasing	7 (5)	10 (7)	1 (1)	8 (4)	6 (5)	8 (3)	10 (4)	12 (8)	6 (4)
% Fluctuating	14 (9)	16 (12)	12 (9)	9 (5)	14 (11)	20 (8)	13 (5)	22 (15)	7 (5)

Source: IDRS IDU participant interviews

Table 44: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Current Potency									
% Did not respond	68	70	55	85	30	79	76	79	61
Of those who responded	N=291	n=45	n=45	n=23	n=70	n=21	n=24	n=22	n=41
(% of the entire sample)	*(32)*	*(30)*	*(45)*	*(15)*	*(70)*	*(21)*	*(24)*	*(21)*	*(39)*
% Don't know	3 (<1)	4 (1)	4 (2)	4 (<1)	4 (3)	0	0	0	0
% High	22 (7)	38 (11)	22 (10)	17 (3)	13 (9)	19 (4)	21 (5)	23 (5)	27 (11)
% Medium	48 (15)	29 (9)	38 (17)	61 (9)	61 (43)	62 (13)	58 (14)	41 (9)	42 (16)
% Low	20 (6)	20 (6)	24 (11)	9 (1)	19 (13)	14 (3)	21 (5)	23 (5)	24 (10)
% Fluctuates	7 (2)	9 (3)	11 (5)	9 (1)	3 (2)	5 (1)	0	14 (3)	7 (3)
Potency changes									
% Did not respond	68	70	55	85	30	79	76	79	61
Of those who responded	N=291	n=45	n=45	n=23	n=70	n=21	n=24	n=22	n=41
(% of the entire sample)	*(32)*	*(30)*	*(45)*	*(15)*	*(70)*	*(21)*	*(24)*	*(21)*	*(39)*
% Don't know	8 (2)	9 (3)	13 (6)	9 (1)	7 (5)	0	0	14 (3)	5 (2)
% Increasing	11 (4)	16 (5)	11 (5)	13 (2)	13 (9)	5 (1)	13 (3)	0	12 (5)
% Stable	66 (21)	58 (17)	56 (25)	70 (11)	70 (49)	81 (17)	54 (13)	68 (15)	73 (29)
% Decreasing	7 (2)	4 (1)	7 (3)	4 (<1)	7 (5)	10 (2)	17 (4)	5 (1)	5 (2)
% Fluctuating	9 (3)	13 (4)	13 (6)	4 (<1)	3 (2)	5 (1)	17 (4)	14 (3)	5 (2)

Source: IDRS IDU participant interviews

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 (Phillips and Burns, 2009), the ACT (Cassar et al., 2009), VIC (Quinn, 2009), TAS (de Graaff and Bruno, 2009), SA (White et al., 2009), WA (George and Lenton, 2009), the NT (Moon, 2009) and QLD (Cogger and Kinner, 2009).

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 (80%) in the 2008 participant sample reported having used cannabis in the six months prior to interview. The median frequency of use among IDU remained at 180 days (daily use) in 2008.

In line with previous years, a large proportion of participants reported use of both the hydroponic ('hydro') and outdoor- grown ('bush') forms of marijuana, with hydro appearing to dominate the market. The number of participants reporting purchase of the resin (hashish) and oil (hash oil) continued to remain very rare and infrequent. The price of hydroponic cannabis remained stable at $20 per gram (the most popular purchase amount) and the majority of participants (71% of the entire sample, or 94% 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. Bush continued to be reported as more difficult than hydro to obtain, with fewer participants able to complete survey items on bush market characteristics (price, potency and availability), and 14% of the sample (45% of those able to comment on bush market characteristics) reporting it to be 'easy' or 'very easy' to obtain. Potency of hydroponic cannabis was reported to be 'high' and unlike 2007 bush in 2008 was reported to be 'high'.

In 2008, a new question was added to the IDRS to examine the extent to which tobacco is mixed with cannabis prior to smoking. The vast majority of participants (88%) reported mixing tobacco with cannabis on every occasion smoked in the last six months.

In 2008, there were very few KE confident enough to comment on cannabis. Although limited reports on cannabis were generally consistent with those of participants. Law enforcement KE reported an increase in the number of outdoor/bush cultivations detected and a decrease in the number of hydroponic cultivations, yet the overall yield in hydro cannabis increased due to more complex cultivation methods being utilised. Interstate trafficking remained stable, according to one law KE coming into NSW from South Australia. Health KE report that the vast majority of users were mixing cannabis with tobacco prior to smoking and availability remained 'easy' or 'very easy'. State-wide indicator data suggested that harms related to cannabis use had decreased or remained stable over the past 12 months.

7.5.2 The Australian Capital Territory

Cannabis use was widespread and frequent amongst the sample in 2008; this was consistent with reports from KE. Ninety-seven percent of the sample had ever tried cannabis and 80% reported the recent use of cannabis. The majority of the sample used cannabis frequently in the six months preceding interview with a median of 135 days of use (approximately six days a week). This was down from the median of 175 days in 2007 (approximately daily use).

Participants commented on the price, purity and availability of two different forms of cannabis: outdoor-cultivated cannabis ('bush') and indoor-cultivated cannabis ('hydroponic'). The median reported price of a gram of hydro or bush remained stable from 2007 to 2008 at $20. The median price of an ounce of bush cannabis in 2008 was reported to be $200, while the median price for an ounce of hydro was $295. The majority of participants perceived hydroponic cannabis to be 'very easy' (49%), to obtain with a further 39% reporting that hydroponic was 'easy' to obtain. There were mixed reports on the availability of bush cannabis with 42% of participants reporting that it was 'easy' to obtain and a further 29% reporting that bush cannabis was 'difficult' to obtain. Participants reported that the availability of both hydro and bush cannabis had remained stable in the six months preceding interview. Participants commenting on the potency of bush cannabis believed it to be 'medium' (38%) and hydro to be 'high' (60%). As has been the case in previous years hydro remained the dominant form of cannabis on the market in the ACT.

7.5.3 Victoria

Almost all of the 2008 Melbourne IDU participants (95%) reported having used cannabis in their lifetime, with 74% reporting cannabis use in the preceding six months (compared to 83% in 2007 and 2006; 86% in 2005; 80% in 2004; and 88% in both 2003 and 2002). In contrast to previous years, in 2008 cannabis was not the most widely used illicit drug by IDU respondents during the previous six months (heroin was used by 86% of respondents during that time), though it continued to be the most frequently used in terms of number of days (median 175 days).

Participants had used a variety of different forms of cannabis during the six months prior to interview, including hydroponically grown cannabis (96%), bush/naturally-grown cannabis (47%), hashish (5%) and hash oil (2%). As in previous years, the type of cannabis most commonly used was hydro (88%). In 2008, median prices reported for hydro (on the most recent occasion of purchase) were one gram $20, three grams $50, one quarter-ounce $80, a half-ounce $150 and one ounce $250. Prices reported for these quantities remained relatively stable in 2008.

As in previous years, the overwhelming majority of IDU participants who commented on cannabis thought it was currently 'easy' to 'very easy' to obtain, and that availability had remained 'stable' in the preceding six months. Cannabis was commonly accessed through social networks and known dealers, with 74% (bush) and 64% (hydro) reporting that they usually sourced cannabis through a friend. The potency of hydroponic cannabis was described by the majority of seventy-seven respondents as high (56%) to medium (38%) and stable (62%), while reports from twenty-two respondents regarding the potency of bush/naturally-grown cannabis suggested that it was medium (64%) to high (18%) and stable (76%).

In 2008, seven KE reported that cannabis was the primary drug of choice among the drug users with whom they had the most contact. In addition, KE generally reported that the majority of users they had contact with engaged in cannabis use (most commonly hydroponic cannabis), and that use of cannabis had generally remained stable during the last six months. KE reported that cannabis was commonly used in combination with heroin, methamphetamine, alcohol, tobacco and benzodiazepines.

7.5.4 Tasmania

All participants in the 2008 Tasmanian sample reported lifetime use of cannabis, with most reporting use in the preceding six months (86%). 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 60% in 2008. Those IDU participants who used cannabis generally reported using both hydro and bush cannabis in the preceding six months, although the former 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 suggesting that use of cannabis in the previous year in local samples has declined from 15.8% in 1998 to 10.8% of those aged 14 and over in 2007.

Participants who commented reported that a $25 'deal' of hydro cannabis weighed a modal amount of 1.0gram, whereas a $25 'deal' of bush cannabis had a modal weight of 2.0 grams. When accessing bush cannabis, participants who had bought it typically purchased quantities of one ounce (median and modal $200, n=20) and quarter-ounce (median and modal $70, n=17). While the median price of one ounce purchases of bush cannabis remained stable between 2007 and 2008, the median price for quarter-ounce purchases increased from $60 in 2007 to $70 in 2008. The majority of those commenting reported no change in price of bush cannabis in the preceding six months. Prices hydro cannabis were higher, at a median of $90 per quarter-ounce and $300 per ounce. The median price for quarter-ounce purchases remained stable between 2007 and 2008; however, the median price estimate for ounce purchases increased from $250 in 2007 to $300 in 2008. Overall, however, the majority of participants commenting reported no change in price of hydro cannabis in the preceding six months.

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

Participants commenting on cannabis overwhelmingly reported that both hydro and bush forms 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 and 2007 IDRS surveys, and consistent with the indications of increasing prices.

7.5.5 South Australia

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 was slightly lower, than 2007, this measure has been relatively stable across all the years the IDRS has been conducted. In 2008, almost all cannabis users reported they had used hydro cannabis in the last six months, with the 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 IDU. Some KE reported that cannabis availability is equivocal.

In 2008, the price of an ounce of hydro and the price of a 'bag' (of either hydro or bush) remained stable. Both hydro and bush cannabis were considered 'very easy' or 'easy' to obtain, and most cannabis-using participants reported obtaining cannabis from a friend. Most also perceived the potency of both hydro and bush as 'high' or 'medium', and stable.
The number of calls to ADIS concerning cannabis remained stable, with the total number of clients to DASSA treatment services also remaining stable, and the numbers of clients attending

inpatient detox services of DASSA also remained relatively stable in 2007/08. Cannabis-related hospital admissions in SA remained stable in 2006/2007.

Overall, the cannabis market remains generally stable in Adelaide, and participant use remains common.

7.5.6 Western Australia

Consistent with previous years, the vast majority (95%) of IDU in 2008 reported lifetime use of cannabis. Recent use was similar to last year: 69% in 2007 versus 63% in 2008; however, a decreasing trend over time from 80% in 2006 is evident. The average days of use in the last six months decreased from 102 days in 2007 to 86 days in 2008. Daily cannabis use was reported by 22% of IDU in 2008 compared to 26% in 2007. Hydro remained the form of cannabis most commonly used among recent cannabis users.

The median price for one ounce of hydroponic increased from $300 in 2007 to $350 in 2008, while the median price for one ounce of bush decreased slightly from $225 in 2007 to $200 in 2008. However, these reported prices are based on small numbers of participants. In 2008, sixty percent of IDU who commented rated current potency of hydroponic as 'high' compared to 68% in 2007. Following this, 28% rated it as 'medium' compared to 14% in 2007. Current potency of bush was rated as 'medium' by 58% of those who commented in 2008 and 61% in 2007. Reports of cannabis availability were similar to last year. In 2008, seventy-eight percent of IDU who commented rated current availability of hydroponic as 'very easy' or 'easy' (77% in 2007), while 71% nominated these ratings for bush (77% in 2007).

7.5.7 The Northern Territory

Recent use of cannabis has fluctuated between 75% and 84% of the survey sample since 2003, with 78% reporting recent use in 2008. Daily use (39% this year) remains the most common pattern. Hydro cannabis continues to dominate the market, used by 73% of participants compared to 36% that had used bush cannabis. Seventy percent of participants reported that they had mainly used hydro cannabis in the preceding six months.

Hydro cannabis was reported to cost a median of $30 a gram and $350 an ounce, identical to the prices from 2007. The price of a gram of bush cannabis was also stable at $30, while an ounce of bush cannabis had increased by $50 to $250. The bulk of respondents who could comment judged that cannabis prices had been stable over recent months for both hydro (71%) and bush (91%).

Survey participants rated hydro cannabis as either easy (52%) or very easy (25%) to obtain, with the proportions rating it 'difficult' or 'very difficult' to obtain declined from 37% in 2007 to 19% in 2008. In 2007, bush cannabis was rated by a majority of respondents as 'difficult' to obtain. While most (59%) rated it as 'easy' to obtain in 2008, as was the case prior to 2007, a substantial minority (41%) continued to rate its availability as 'difficult'.

As in previous years, participants obtained hydro from a range of source people, with friends being the most common (46%) along with known dealers (28%) and street dealers (23%). As in 2007 the most common source locations for hydro were friend's home (35%) and dealer's home (28%), although an agreed public location was less likely to be reported. Bush cannabis was most likely to be obtained from a friend (64%, 47% in 2007) at a friend's home (59%).

7.5.8 Queensland

The cannabis market has remained relatively stable across years with almost all participants reporting lifetime use since the IDRS first commenced in Queensland in 2000. Similar to previous years, the majority of participants (82%) reported using cannabis recently in 2008, and the proportion that used the drug daily remained comparatively stable at one third. There was a significant reduction from 2007 to 2008 in the number of users reporting use of the drug on the day before interview. Among recent users in 2008 the median days of use declined from 2007 to approximately three days per week (median=72 days) in the preceding six months in 2008. KE continued to report that the use of cannabis remained ubiquitous among the regular injectors with whom they had contact; one KE specifically referred to cannabis use as 'background noise' among his target population, particularly when considered within the context of frequent and heavy polydrug use and injection.

The majority of recent users (83%) in 2008 reported using hydro cannabis most in the previous six months, although the proportion nominating mostly using bush cannabis (17%) has increased in recent years. The price of cannabis remains relatively stable in Queensland, although there was some evidence of an increase in the price of larger quantities of hydro cannabis. The majority of those who commented reported that hydro and bush cannabis prices remained stable in the past six months.

In 2008, the proportion of participants that perceived hydro cannabis potency as high (60%) was more than double the proportion rating bush cannabis potency as high (27%). Despite this, the proportion of Queensland IDRS participants nominating bush cannabis as high in potency has gradually increased since 2005.

Eighty-eight percent of participants who commented in 2008 indicated that hydro cannabis was either easy or very easy to obtain, which has remained consistent since 2004. However, in 2008, participants were significantly more likely to report that bush cannabis was either easy or very easy to obtain compared to 2007 (70% in 2008, 51% in 2007).

The weight of cannabis detections made by ACS at the Australian border declined from 45 kg during both 2005/06 and 2006/07 to 28 kg during 2007/08. However, the number of cannabis detections has gradually increased, from a total of 433 seizures during 2005/06 to 573 seizures during 2006/07. The total number of cannabis seizures made by ACS during 2007/08 was 600.

The number of cannabis-related enquiries to ADIS over the 2007/08 financial year period was the lowest (2,691 calls) since these data were first included in the Queensland component of the IDRS in 2001/02. Twenty-one percent of all drug-related calls to ADIS during this period concerned information and services pertaining to cannabis use.

The rate of inpatient hospital admissions where cannabis was the principal diagnosis per million persons in Queensland decreased slightly from the 2005/06 financial year period to the 2006/07 period. Over the same time period, a similar decline was observed in the national rate of inpatient hospital admissions per million persons.

The number of cannabis-related arrests made by QPS regarding the possession and/or use of cannabis decreased slightly from 2006/07 to 2007/08. These data include both arrests and instances of diversion, and may be indicative of changes in policy activity, or decreases in possession and/or use related arrests, or both.

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 hydro and bush cannabis in terms of price, purity and availability, except in SA and WA.
- Hydro continued to dominate the market although the use of bush was also common. Use of hashish and hash oil were less common.
- Mixing tobacco with cannabis 'all the time' was reported by 68% of those who commented.
- Hydro and bush were cheapest in SA per ounce. Prices for both forms were generally reported to have remained stable in the six months preceding interview.
- Hydro was generally more expensive than bush, except when bought in grams.
- 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.
- 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 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 relating to licit and illicit use. 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*).

8.1 The IDRS and the term 'diversion'

As a criteria for inclusion as a participant in the IDRS, knowledge of the illicit drug market is needed.

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. 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 (regardless of method of obtainment) as these may be important considerations for the treatment and harm reduction needs of this group. The responses presented are not representative of all clients engaged in drug treatment services (see Table 63).

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 and 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 and 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 45 shows how this recent distinction applies to the IDRS.

Table 45: 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).

8.2 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.

In 2008, twenty-five percent (25% in 2007) 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 reportedly 'most used' by 27% of those who reported methadone use (23% in 2007), ranging from 19% in SA to 39% in QLD (see Table 13).

In 2008, fifteen percent (13% in 2007) 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 11% of the national sample who used methadone recently (9% in 2007; see Table 13). There were substantial jurisdictional differences among those who reported illicitly obtained Physeptone tablets as the form 'most used', ranging from one percent in NSW to 50% in the NT (results should be interpreted with caution due to small numbers).

Participants who commented and had used illicitly obtained methadone/physeptone in the preceding six months (N=159) were asked about their reasons for doing so. Motivations varied considerably, with the most commonly reported reasons being to seek an opiate effect (39%), to alleviate withdrawal symptoms (35%), to self-treat dependence (19%), to alleviate pain (14%) and/or because it was cheaper than heroin or other opiates (12%).

Twenty-six percent of the national sample (N=237) was able to answer questions about the price or availability of illicitly obtained methadone liquid. Among those who commented on availability (N=219), 40% reported that it was 'easy' to obtain illicitly obtained methadone and 16% reported that it was 'very easy'. Almost one-third (29%) reported it as 'difficult', and a small proportion as 'very difficult' (3%). Sixty-three percent reported that availability had remained 'stable' in the six months preceding interview, although 18% reported that it had become 'more difficult'.

Thirteen percent of the national sample (N=118) commented on the price range of one- millilitre (1ml) of methadone. Of those who commented, 53% reported that it cost a median of $1.00 per ml of liquid, 27% reported $0.50 and 8% $0.75 (range $0.40 to $50 per ml).

Only seven participants (<1% of the national sample) reported having purchased 5mg Physeptone tablets, having paid between $2.50 and $30 per tablet. The 64 participants (7% of the national sample) who bought 10mg tablets paid between $4 to $30 per tablet, with 36% paying $10, 31% paying $15 and 13% paying $20 per tablet.

8.2.1 Methadone injection

Over half (52%) of the national sample reported recent use of licitly and/or illicitly obtained methadone (including Physeptone), and, of those who reported recent use[9], over half (57%) 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 was lowest in SA (11%) followed by VIC (16%) and highest in TAS (81%; Figure 35). 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 national 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.

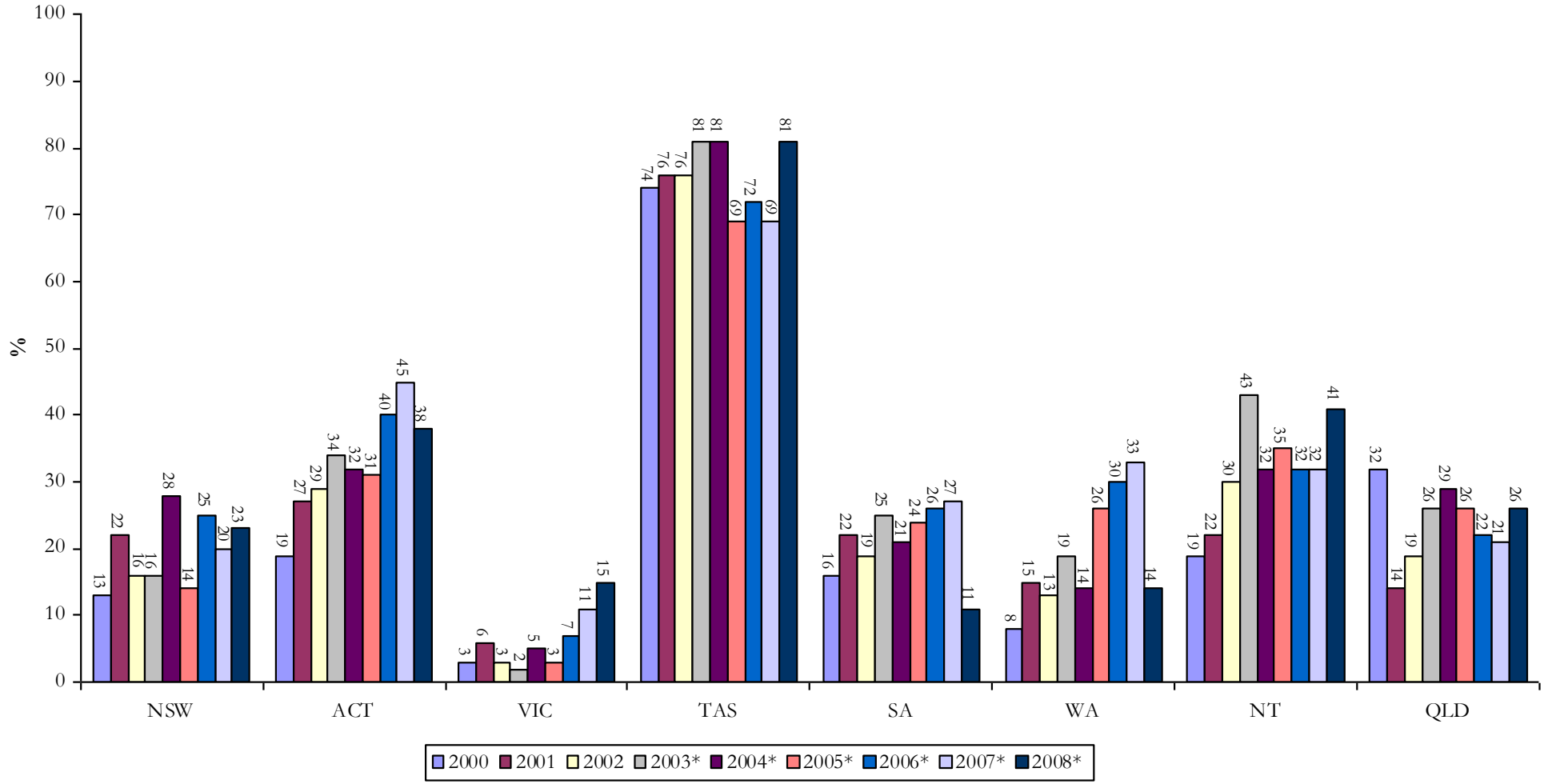
In the NT, the other jurisdiction in which heroin is not widely used, the proportion of participants who reported the recent injection of methadone gradually increased from around one-fifth in 2000 to two-fifths in 2003, decreased to around one-third in 2004 and has remained stable until 2008, increasing to around two-fifths of participants (Figure 35).

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 reporting recent injection of licitly or illicitly obtained methadone liquid between 2007 and 2008. However, there were some relatively small jurisdictional changes (Figure 36 and Figure 37).

Nationally, injection of methadone tablets (Physeptone) was low at 1% for licitly obtained, i.e. prescribed, tablets, and 12% for illicitly obtained tablets, respectively. In the majority of jurisdictions, less than 20% of participants reported injecting Physeptone (licit or illicit) in the preceding six months. However, the injection of illicit Physeptone increased between 2007 and 2008 to 50% in TAS (31% in 2007) and 31% in the NT (23% in 2007; Figure 38 and Figure 39).

[9] Refer to *Glossary* and Table 45 for definitions of terms used.

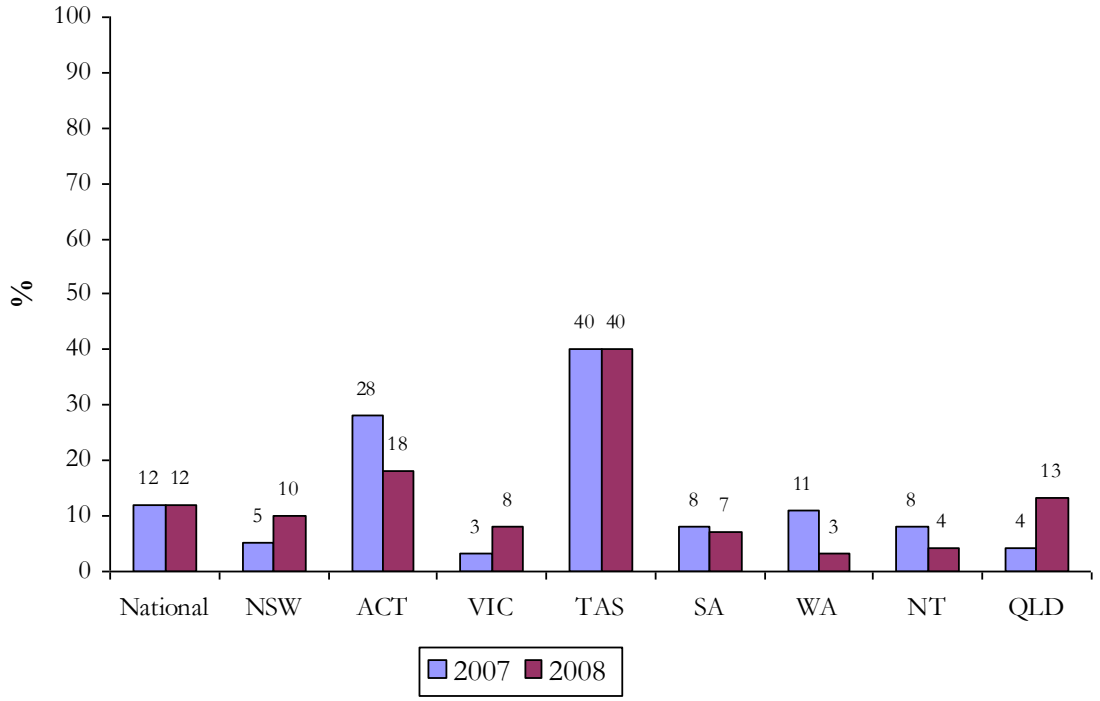
Figure 35: Recent (last six months) injection of methadone (any form), by jurisdiction, 2000-2008



Source: IDRS IDU participant interviews

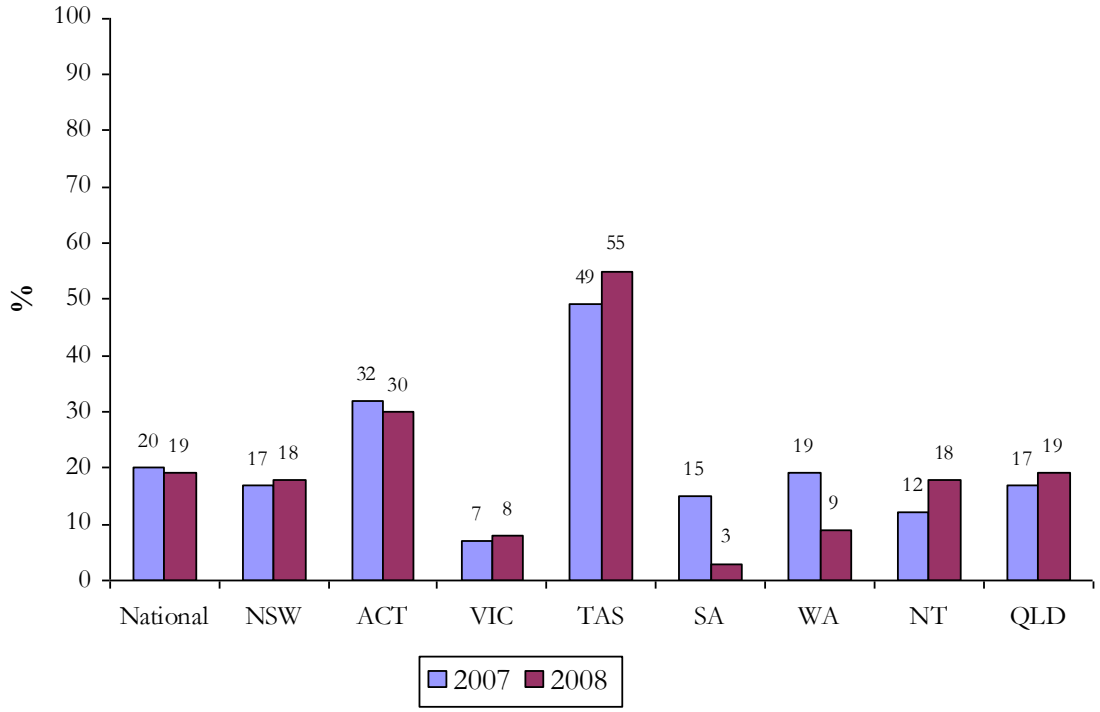
* from 2003 these figures include licitly and illicitly obtained methadone and Physeptone (previously no distinction was made)

Figure 36: Recent injection of 'licitly' obtained methadone liquid, by jurisdiction, 2007-2008



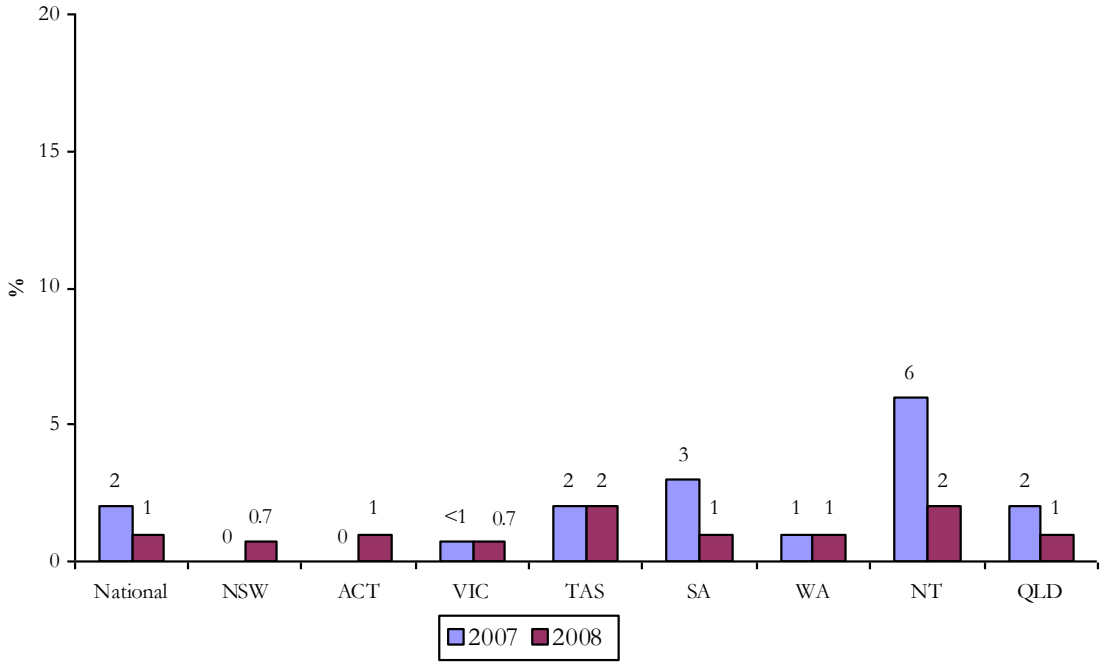
Source: IDRS IDU participant interviews

Figure 37: Recent injection of 'illicitly' obtained methadone liquid, by jurisdiction, 2007-2008



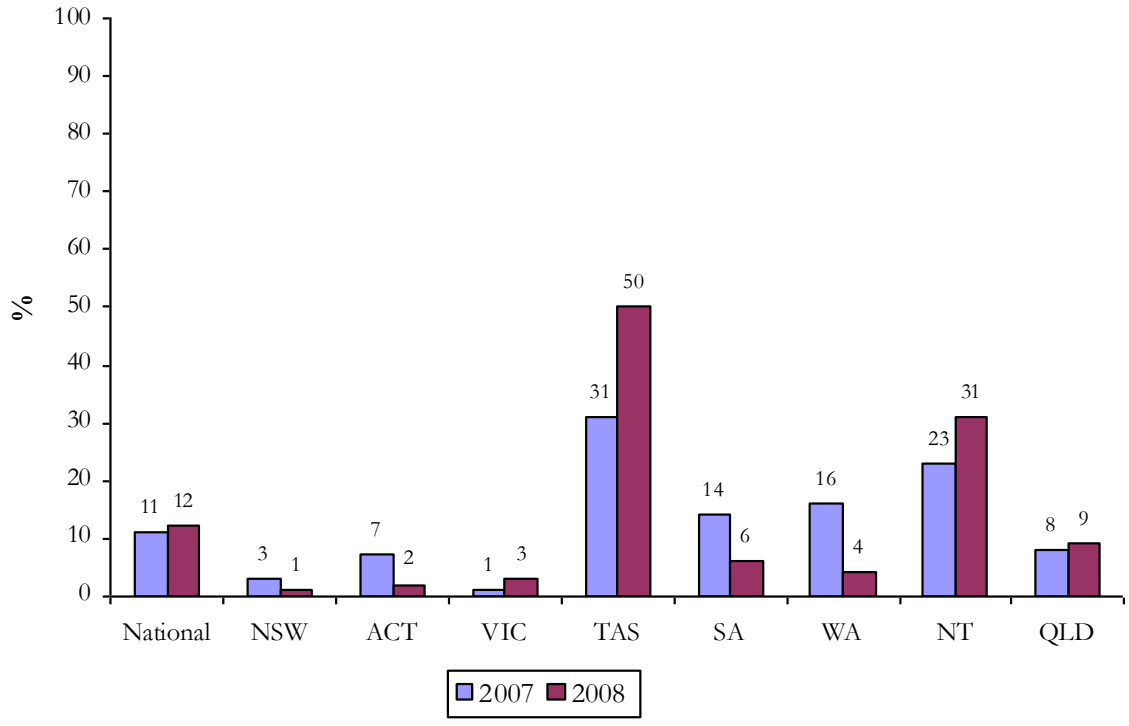
Source: IDRS IDU participant interviews

Figure 38: Recent injection of 'licitly' obtained Physeptone tablets, by jurisdiction, 2007-2008



Source: IDRS IDU participant interviews

Figure 39: Recent injection of 'illicitly' obtained Physeptone tablets, by jurisdiction, 2007-2008



Source: IDRS IDU participant interviews

Frequency of injection of methadone liquid and Physeptone also varied by jurisdiction (Table 46). 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 ten days (seven days in 2007). Generally the median number of days of injection of licitly obtained methadone varied among the jurisdictions, increasing in VIC and QLD and decreasing in SA, WA and the NT.

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. SA reported the highest median frequency of injection increasing from 24 days in 2007 to 48 days, in 2008 (small numbers commenting; interpret with caution; Table 46). WA reported a decrease in median days from 48 days in 2007 to 6 days in 2008 (small numbers commenting; interpret with caution; Table 46). 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 (licit), SA (licit), WA (licit) and in NSW (illicit) where small numbers of participants (n<10 per jurisdiction) had injected Physeptone on a more frequent basis (Table 46).

Table 46: Median days injected licitly and illicitly obtained methadone liquid and Physeptone among those who injected, by jurisdiction, 2007-2008

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licitly obtained methadone (%)	48 (48)	6 (5^)	48 (48)	34 (3^)	48 (48)	5^ (42^)	24^ (48^)	14.5^ (48^)	48^ (24^)
Illicitly obtained methadone (%)	10 (7)	6 (12)	10 (10)	6.5 (2)	15 (12)	48^ (24)	6^ (48)	6 (3)	4.5 (6)
Licitly obtained Physeptone (%)	22 (24)	8^ (-)	1^ (-)	1^ (4^)	114^ (110^)	60^ (180^)	20^ (72^)	24^ (14^)	4^ (6^)
Illicitly obtained Physeptone (%)	5 (4)	48.5^ (1^)	6^ (2^)	2.5^ (2^)	6 (3)	3.5^ (4)	1^ (7)	5 (7)	4^ (4^)
Any form methadone* (%)	17 (20)	7.5 (10)	20 (24)	5 (3)	48 (48)	12 (25)	5.5 (36)	4 (10)	16 (14)

Source: IDRS IDU participant interviews

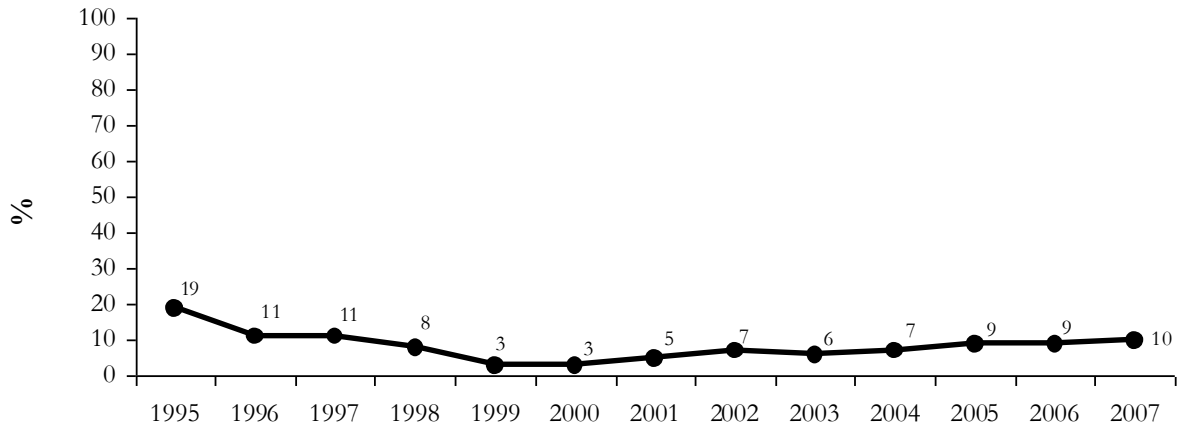
* includes licitly and illicitly obtained methadone and Physeptone

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

Note: Data from 2007 shown in parentheses. Maximum number of days, i.e. daily use = 180. See page xii for guide to days of use/injection. Medians rounded to the nearest whole number

Nationally, the proportion of NSP clients in Australia reporting methadone as the last drug injected has gradually increased since 1999, from 3% to 10% in 2007 (Figure 40). Consistent with IDRS IDU participant reports, the NSP Survey results show that TAS recorded the highest proportion (32%) of NSP clients reporting methadone as the last drug injected, followed by the NT (19%)[10].

Figure 40: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2007



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2008)[11]

8.3 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 2007 (Figure 39). Use of licitly obtained buprenorphine (i.e. the highest proportions of participants reporting having used buprenorphine prescribed directly to them) ranged between 5% in WA to 20% in the ACT, while, for illicitly obtained buprenorphine, this figure ranged from 3% in TAS to 25% in the ACT and QLD. Notable changes from 2007 included decreases in the use of licitly obtained buprenorphine in NSW, VIC and increases in the NT and QLD (Figure 41). Decreases in the use of illicitly obtained buprenorphine were also noted in NSW, VIC and QLD and an increase in the NT (Figure 42).

[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).

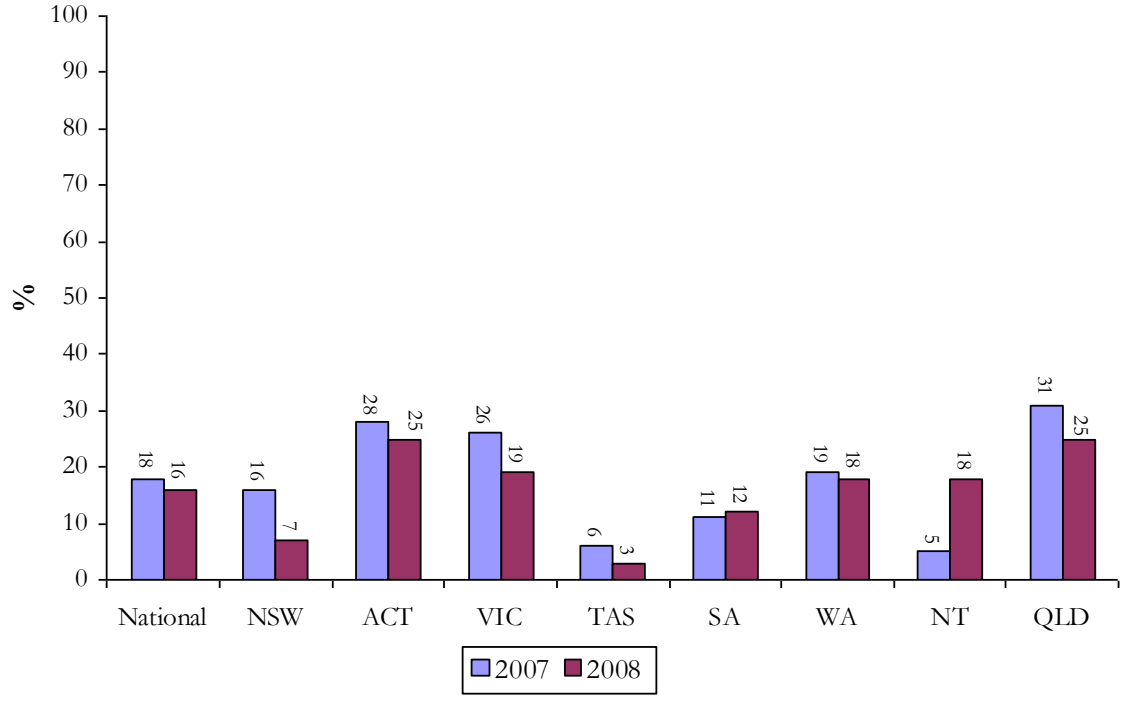
[11] Respective sample sizes for the NSP Survey were: 2000 - 2,694; 2001 - 2,454; 2002 - 2,445; 2003 - 2,495; 2004 - 2,035; 2005 - 1,800; 2006 - 1,961; 2007 – 1,912 National Centre in HIV Epidemiology and Clinical Research (2003, 2008).

[12] Refer to Glossary and Table 45 for definitions of terms used.

Figure 41: Recent use of 'licitly' obtained buprenorphine, by jurisdiction, 2007-2008

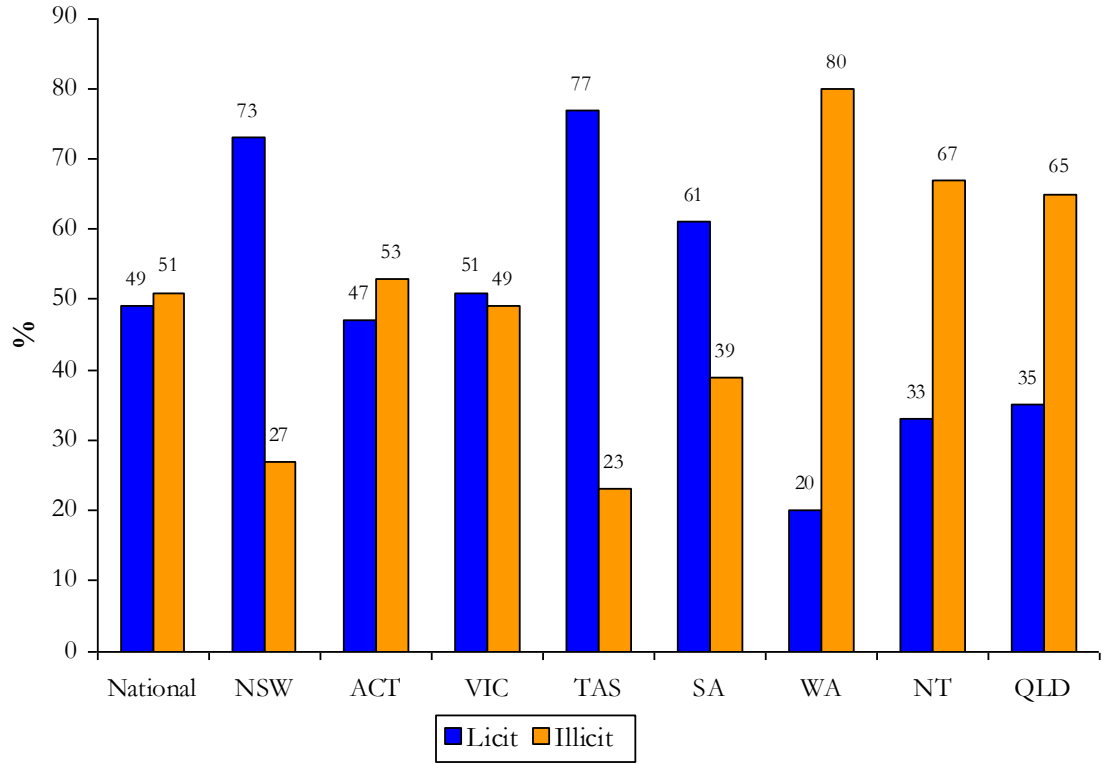
Source: IDRS IDU participant interviews

Figure 42: Recent use of 'illicitly' obtained buprenorphine, by jurisdiction, 2007-2008



Source: IDRS IDU participant interviews

Figure 43: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2007-2008



Source: IDRS IDU participant interviews

Of those who had recently used buprenorphine, 49% reported the licit buprenorphine as the form used most recently compared to 51% for illicit buprenorphine. At a jurisdictional level the form used most varied. NSW, TAS and SA reported the use of licit buprenorphine as the form used most, where as WA, NT and QLD reported illicit buprenorphine as the form mainly used. The ACT and VIC reported similar percentages for both licit and illicit buprenorphine (Figure 43).

Participants who commented and had used illicitly obtained buprenorphine in the preceding six months (n=82) were asked about their reasons for doing so. Motivations varied considerably, with the most commonly reported reasons being to alleviate withdrawal symptoms (45%), seek an opiate effect (26%), to self-treat dependence (22%), because it was cheaper than heroin or other opiates (16%) and/or to alleviate pain (15%).

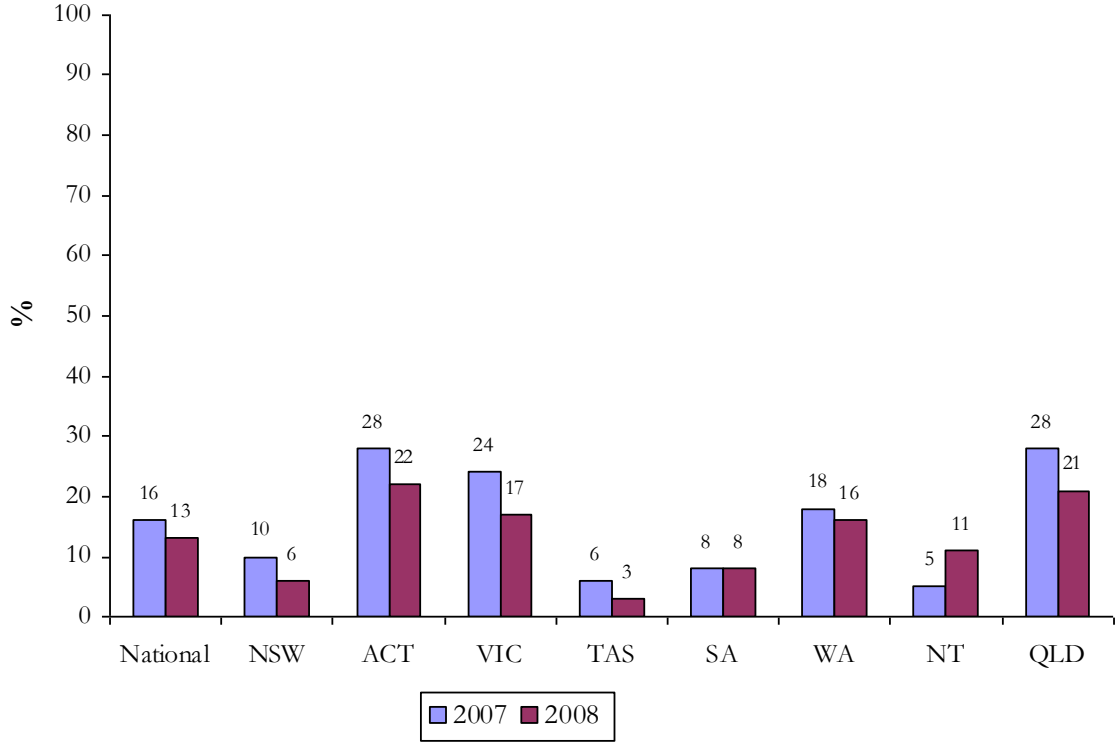
8.3.1 Buprenorphine injection

Eight percent of the national sample reported injection of licit buprenorphine and 13% reported injection of illicit buprenorphine in the six months preceding interview. Injection of licitly obtained buprenorphine ranged from 2% in TAS to 12% in the ACT (Figure 44), while injection of illicitly obtained buprenorphine ranged from 3% in TAS to 22% in the ACT (Figure 45).

Figure 44: Recent injection of 'licitly' obtained buprenorphine, by jurisdiction, 2007-2008

Source: IDRS IDU participant interviews

Figure 45: Recent injection of 'illicitly' obtained buprenorphine, by jurisdiction, 2007-2008



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 48 (i.e. twice a week). This represents an increase from 30 days in 2007. Sizeable increases in the frequency of use were noted in VIC, TAS, SA and WA, while a decrease was seen in QLD. Data in TAS, SA, WA, the NT and QLD rely on small numbers of participants so should be interpreted with caution (Table 47). Forty-one percent of those who reported injecting licit buprenorphine in the last six months reported injecting between every second day and daily during this time, while around half (51%) had injected two days per week or less.

Frequency of illicitly obtained buprenorphine injection by users in the national sample averaged around once per month (median of six and a half days). By jurisdiction, the median days of injection tended to have remained relatively stable or decreased. Seventy-two percent of those who had injected illicit buprenorphine in the last six months reported injecting weekly or less. Sixteen percent injected between every second day and daily. Therefore, as in 2007, 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 47).

Table 47: Median days injected licitly and illicitly obtained buprenorphine among those who injected, by jurisdiction, 2008

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licitly obtained buprenorphine	48 (30)	17 (7)	45 (47)	150 (30)	97^ (72^)	81^ (66^)	94.5^ (7^)	12^ (18^)	27.5^ (72^)
Illicitly obtained buprenorphine	6.5 (8)	3^ (6)	10 (10)	24 (17)	2^ (2^)	4.5^ (48^)	8 (105)	6 (3^)	8.5 (2)
Any buprenorphine	12 (12)	2.5 (6)	20 (10)	72 (25)	4^4 (24)	20 (48)	12 (105)	4.5^ (6^)	11 (4)

Source: IDRS IDU participant interviews

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

Note: Data from 2007 shown in parentheses. Data presented among those who had used. Maximum number of days, i.e. daily use = 180. See page xii for guide. Medians rounded to the nearest whole number

8.4 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, 2007 and 2008 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 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.

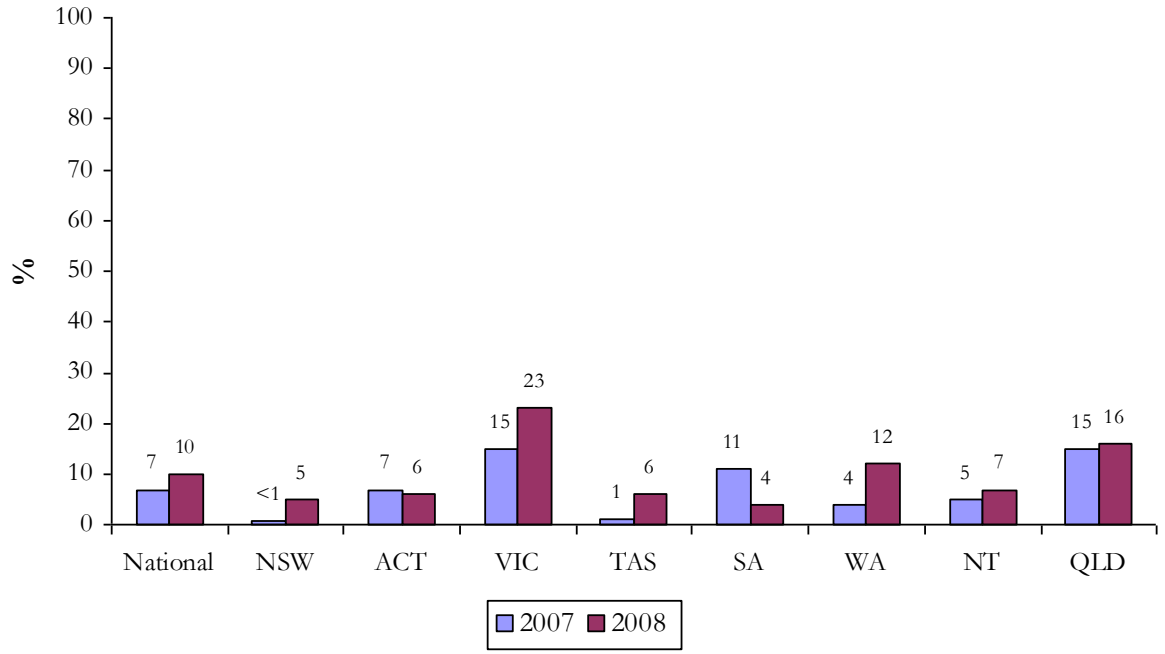
[13] Refer to *Glossary* and Table 45 for definitions of terms used, including 'use', 'licit' and 'recent'.

In 2008, 10% of the national sample reported recent use of licit buprenorphine-naloxone and 9% recent use of illicit buprenorphine-naloxone. VIC and QLD 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 VIC, followed by QLD and WA (Figure 46 and Figure 47; see Table 12). In general, small increases were seen compared to 2007; this is unsurprising, given the recent listing of this pharmaceutical on the PBS.

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

Participants who commented and had used illicitly obtained buprenorphine-naloxone in the preceding six months (n=45) were asked about their reasons for doing so. Again, motivations varied considerably. The most common reasons were to alleviate withdrawal symptoms (53%), seek an opiate effect (40%), because it was cheaper than heroin or other opiates (27%), wanted to inject (20%), to alleviate pain (17%) and/or to self-treat dependence (16%).

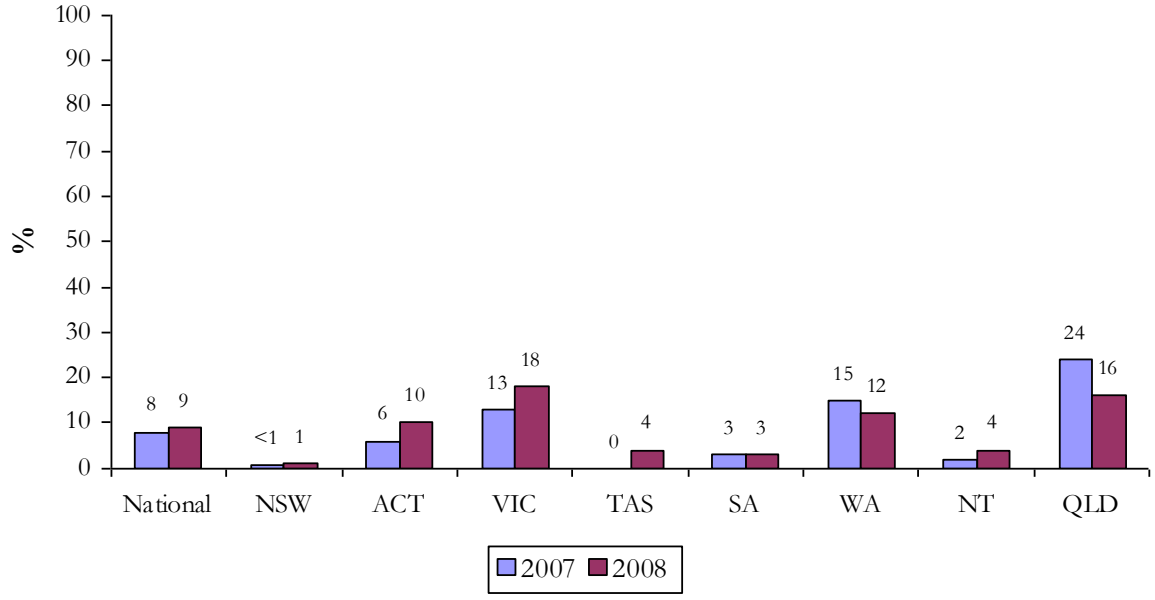
Figure 46: Recent use of 'licitly' obtained buprenorphine-naloxone, by jurisdiction, 2007-2008



Source: IDRS IDU participant interviews

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

Figure 47: Recent use of 'illicitly' obtained buprenorphine-naloxone, by jurisdiction, 2007-2008



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

8.4.1 Buprenorphine-naloxone injection

Small proportions of participants had injected licitly obtained (i.e. their own) buprenorphine-naloxone in the preceding six months (n=34; 4% of the national sample), while a slightly larger number of participants had injected illicitly obtained buprenorphine-naloxone during this time (n=57; 6% of the national sample). Overall, 8% (n=73) 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. For licit buprenorphine-naloxone, this figure increased to 24 days (from two days in 2007) and for illicitly obtained buprenorphine-naloxone five days (6 days in 2007). Ten participants, or 1% of the national sample, injected daily (any form).

Among those who had used any form of buprenorphine-naloxone (i.e. whether licitly and/or illicitly obtained), 60% reported that licitly obtained buprenorphine-naloxone as the form most used, while 40% reported illicitly obtained buprenorphine-naloxone as the form most used; however, there was some jurisdictional variation (see Table 13).

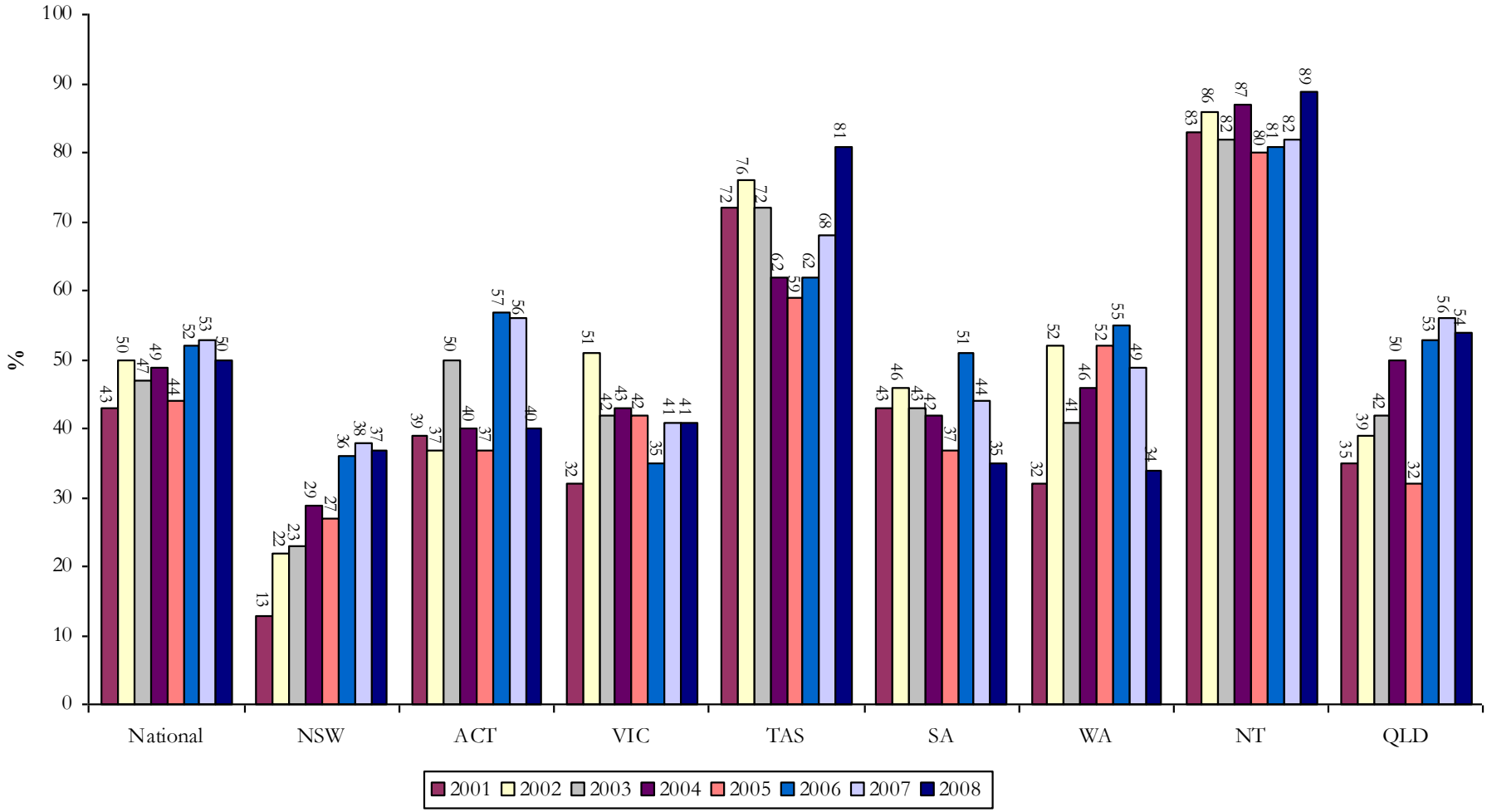
Of those who used licit buprenorphine-naloxone, over one-third (37%; 24% in 2007) had injected it in the last six months. Of those who used illicit buprenorphine-naloxone, 72% (78% in 2007) had injected. However, frequency of injection was typically low (see above).

8.5 Use of morphine

Fifty percent of the national sample had used[14] morphine (includes both licitly and illicitly obtained morphine) in the last six months, ranging from 34% in WA to 89% in the NT (Figure 48). 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 (see Table 10). In the 2008 national sample, the proportion of participants reporting use of morphine in the six months preceding interview remained stable compared to 2007, with fluctuations noted across a number of jurisdictions (Figure 48).

[14] Refer to *Glossary* and Table 45 for definitions of terms used.

Figure 48: Recent use of morphine (any form), by jurisdiction, 2001-2008



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 15% in all jurisdictions except the NT. Illicit morphine use and injection were least common in NSW with less than 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 2007, with the most notable change being an increase in illicit morphine use and injection in TAS and the NT (Table 48).

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, the frequency of licit and illicit morphine injection among users remained stable. By jurisdiction, the median frequency of illicitly obtained morphine use and injection among users varied from four days in the ACT, VIC, and WA to 150 days in the NT. In 2008, increases were noted in the frequency of illicit morphine use and injection in TAS, NSW and the NT, while decreases were seen in SA, WA and QLD (Table 48).

Table 48: Morphine use patterns, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Use (%)									
Licit	10	13	12	3	8	7	7	19	11
	(10)	(6)	(9)	(7)	(5)	(6)	(9)	(33)	(7)
Illicit	47	31	35	40	81	30	31	85	51
	(49)	(34)	(53)	(37)	(67)	(41)	(45)	(73)	(55)
Any form (licit and/or	50	37	40	41	81	35	34	89	54
illicit)	(53)	(38)	(56)	(41)	(68)	(44)	(49)	(82)	(56)
Median days used*									
Licit	66	35	9.5	25.5^	30^	175^	180^	180	58
	(90)	(4^)	(87^)	(24)	(21^)	(24^)	(96^)	(180)	(128^)
Illicit	15	6	4	5	48	12	4	150	12
	(18)	(3)	(4)	(4)	(20)	(30)	(16)	(74)	(55)
Any form (licit and/or	24	12	5	5	48	24	5	180	19
illicit)	(24)	(5)	(4)	(5)	(24)	(35)	(306)	(180)	(70)
Recent injection (%)									
Licit	8	8	11	2	6	6	6	17.5	10
	(8)	(4)	(5)	(6)	(4)	(2)	(8)	(29)	(8)
Illicit	45	26	33	37	81	30	30	84	50
	(47)	(31)	(49)	(35)	(65)	(41)	(45)	(68)	(57)
Any form (licit and/or	47	29	37	37	81	34	32	87	53
illicit)	(50)	(34)	(50)	(39)	(66)	(41)	(49)	(76)	(58)
Median days injected *									
Licit	48	25	5	25^	15^	147.5^	180^	180	54
	(90)	(5^)	(2^)	(8^)	(23^)	(12^)	(96^)	(180)	(93^)
Illicit	18	11	4	4	48	12	5	150	11
	(20)	(3)	(4)	(4)	(24)	(30)	(16)	(72)	(49)
Any form (licit and/or	24	12	5	5	48	18	6	180	20
illicit)	(24)	(4)	(4)	(4)	(24)	(30)	(24)	(180)	(60)

Source: IDRS IDU participant interviews

^ 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 xii for guide for days of use/injection. Medians rounded to the nearest whole number

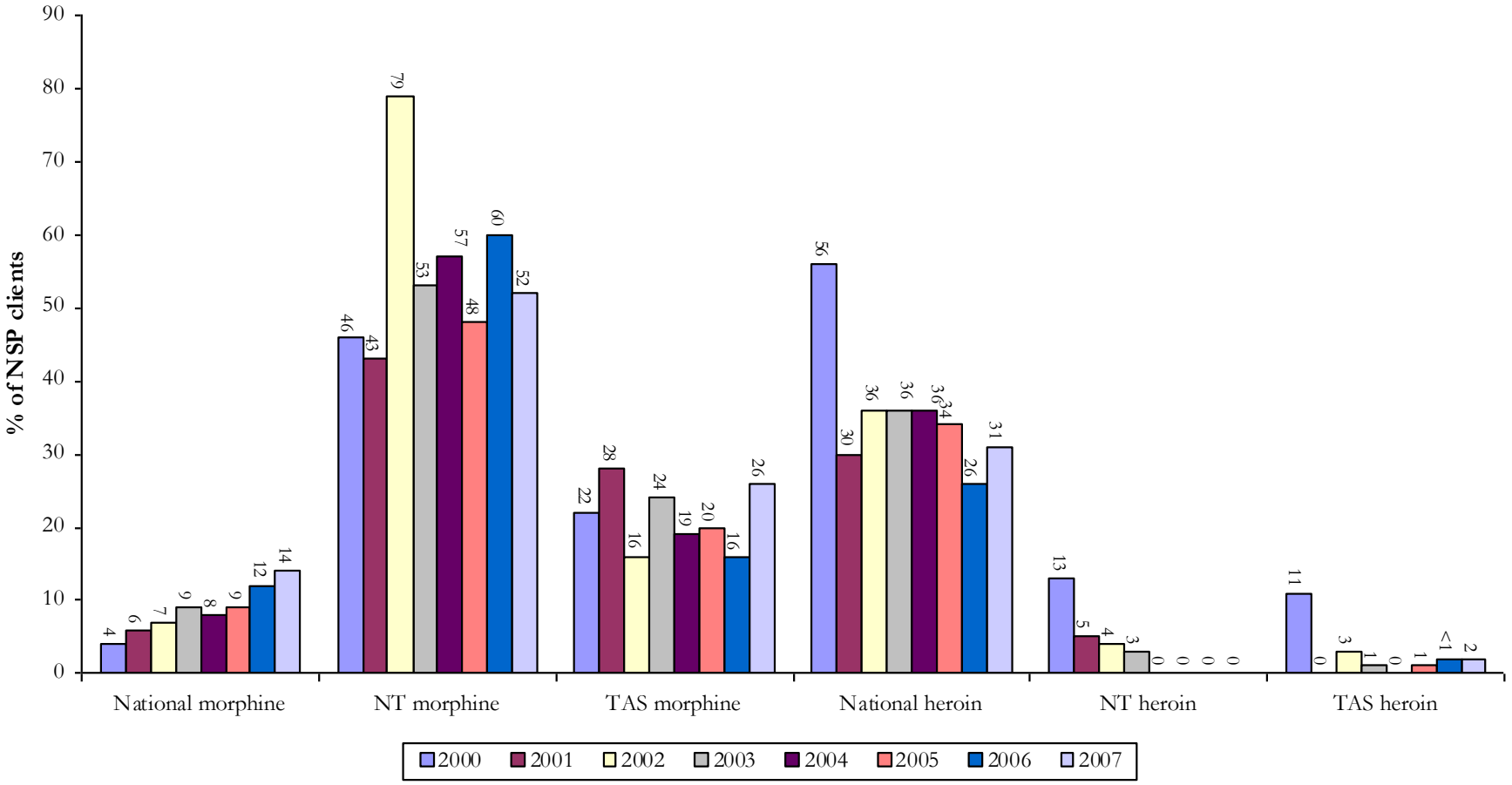
Note: Data from 2007 shown in parentheses.

The majority of participants who reported that they had used morphine stated that they had mainly used illicit morphine, ranging from 71% in NSW to 96% in TAS. 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 (see Table 13).

Participants who commented and had used illicitly obtained morphine in the preceding six months (n=310) were asked about their reasons for doing so. Motivations varied considerably, with the most commonly reported reasons being to seek an opiate effect (45%), alleviate withdrawal symptoms (28%), to alleviate pain (30%), to self-treat dependence (20%) and/or because it was cheaper than heroin or other opiates (16%).

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 2007 (the most recent NSP Survey results available) are depicted in Figure 49. The figure shows that while, at a national level, proportions of clients reporting morphine are relatively low (between 4% and 14%), 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 2001; 56% in 2000), and almost non-existent in the NT and TAS (each less than 5% from 2001 onwards). Between 2006 and 2007 the NSP Survey documented an increase in morphine and a decrease in heroin as the last drug injected between 2006 and 2007(National Centre in HIV Epidemiology and Clinical Research, 2008).

Figure 49: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and morphine as the last drug injected, 2000-2007



Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2002, 2007, 2008)
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; 2007 – 1,912 (National Centre in HIV Epidemiology and Clinical Research, 2003, 2008)

8.5.1 Price of morphine

Participants were asked to comment on the current price of different brands of morphine tablets. The median price for each brand varied among the jurisdictions (Table 49). Participants were asked to comment on any change in the price of morphine in the six months preceding interview. Among those that responded, nearly half (48%; 19% of the entire sample) reported that the price of morphine had remained stable over the past six months. While 42% reported that the price of morphine had increased.

Table 49: Median price of morphine and price changes, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Median Price ($)									
MS Contin 60mgs	-	20	30^	20	50	30^	20^	40	25
MS Contin 100mg	-	30	50	40	80	35^	50	80	50
Kapanol 50mgs	-	15^	35^	20	50	25^	25^	40	25
Kapanol 100mgs	-	35^	50^	40	80	40	70^	80	50
Price changes (%)									
Did not respond	60	67	73	81	17	81	82	20	49
Of those who responded	N=361	n=50	n=27	n=29	n=83	n=19	n=18	n=82	n=53
(% of the entire sample)	*(40)*	*(33)*	*(27)*	*(19)*	*(83)*	*(19)*	*(18)*	*(80)*	*(51)*
Don't know	7 (3)	16 (5)	19 (5)	10 (2)	2 (2)	0	0	1 (1)	9 (5)
Increased	42 (17)	14 (5)	4 (<1)	28 (5)	39 (32)	47 (9)	33 (6)	77 (61)	45 (23)
Stable	48 (19)	66 (22)	70 (19)	52 (10)	57 (47)	53 (10)	67 (12)	16 (13)	45 (23)
Decreased	2 (<1)	2 (<1)	4 (<1)	10 (2)	1 (1)	0	0	0	0
Fluctuated	2 (<1)	2 (<1)	4 (<1)	0	1 (1)	0	0	6 (5)	0

Source: IDRS IDU participant interviews

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

8.5.2 Availability of morphine

Of those participants in the IDRS sample who were able to comment, 43% reported that the availability of morphine was 'easy' and 31% as 'difficult'. The exceptions were in TAS and the NT where greater numbers reported the availability of morphine as 'easy' (59% and 61% respectively). Just over half (54%) of the national sample reported availability as stable in the last six months (Table 50).

Table 50: Availability of morphine, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond	60	68	73	81	17	81	82	19	48
Of those who responded	N=362	n=49	n=27	n=29	n=83	n=19	n=18	n=83	n=54
(% of the entire sample)	*(40)*	*(32)*	*(27)*	*(19)*	*(83)*	*(19)*	*(18)*	*(81)*	*(52)*
Don't know	6 (2)	12 (4)	11 (3)	17 (3)	4 (3)	5 (1)	0	1(1)	4 (2)
Very easy	17 (7)	16 (5)	22 (6)	21 (4)	19 (16)	37(7)	11 (2)	7 (6)	20 (11)
Easy	43 (17)	39 (13)	30 (8)	35 (7)	59 (49)	16 (3)	61 (11)	43 (35)	33 (17)
Difficult	31 (12)	27 (9)	33 (9)	24 (5)	18 (15)	21 (4)	22 (4)	46 (37)	39 (20)
Very difficult	4 (2)	6 (2)	4 (1)	3 (<1)	0	21 (4)	6 (1)	2 (2)	4 (2)
Availability changes (%)									
Did not respond	60	68	73	81	17	81	82	19	48
Of those who responded	N=362	n=49	n=27	n=29	n=83	n=19	n=18	n=83	n=54
(% of the entire sample)	*(40)*	*(32)*	*(27)*	*(19)*	*(83)*	*(19)*	*(18)*	*(81)*	*(52)*
Don't know	8 (3)	12 (4)	19 (5)	17 (3)	5 (4)	5 (1)	0	4 (3)	9 (5)
More difficult	29(12)	25 (8)	7 (2)	17 (3)	23 (19)	37 (7)	28 (5)	45 (37)	33 (17)
Stable	54 (21)	53 (17)	63 (17)	55 (11)	66 (55)	58 (11)	67 (12)	37 (30)	50 (26)
Easier	5 (2)	8 (3)	11 (3)	10 (2)	5 (4)	0	0	2 (2)	4 (2)
Fluctuates	4 (2)	2 (<1)	0	0	1 (1)	0	6 (1)	12 (10)	4 (2)

Source: IDRS IDU participant interviews

Of those who had bought morphine, the most common source was a friend (57%) or a known dealer (34%). The most common place of purchase was a friend's home (39%) followed by a dealer's home (26%; Table 51).

Table 51: Morphine purchasing patterns, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Had not bought (%)	65	7	84	82	22	86	84	20	56
Of those who bought	n=314	n=35	n=16	n=27	n=78	n=14	n=16	n=82	n=46
(% of the entire sample)	*(35)*	*(23)*	*(16)*	*(18)*	*(78)*	*(14)*	*(16)*	*(80)*	*(44)*
Purchased from[#] (%)									
Street dealer	23 (8)	54 (13)	6 (1)	11 (2)	4 (3)	0	0	40 (32)	26 (12)
Friend	57 (20)	60 (14)	69 (11)	70 (13)	49 (38)	50 (7)	63 (10)	50 (40)	70 (31)
Known dealer	34 (12)	37 (9)	19 (3)	15 (3)	62 (48)	43 (6)	13 (2)	29 (23)	17 (8)
Acquaintance	21 (7)	17 (4)	6 (1)	37 (7)	12 (9)	29 (4)	13 (2)	31 (24)	17 (8)
Unknown dealer	6 (2)	20 (5)	6 (1)	7 (1)	1 (1)	0	0	1 (1)	11 (5)
Mobile dealer	3 (1)	3 (<1)	0	7 (1)	1 (1)	0	0	1 (1)	11 (5)
Places of usual purchase[#] (%)									
Home delivery	19 (7)	8 (2)	25 (4)	15 (3)	22 (17)	21 (3)	13 (2)	22 (17)	22 (10)
Dealer's home	26 (9)	3 (<1)	0	15 (3)	49 (38)	21 (3)	0	34 (27)	17 (8)
Friend's home	39 (13)	28 (7)	44 (7)	56 (10)	33 (26)	36 (5)	63 (10)	37 (29)	41 (18)
Acquaintance's house	11 (4)	6 (1)	6 (1)	15 (3)	8 (6)	7 (1)	13 (2)	17 (14)	7 (3)
Street market	21 (7)	67 (16)	19 (3)	15 (3)	1 (1)	0	0	26 (20)	26 (12)
Agreed public location	31 (11)	31 (7)	44 (7)	37 (7)	31 (24)	29 (4)	19 (31)	32 (25)	30 (13)

Source: IDRS IDU participant interviews

[#] multiple responses allowed

8.6 Use of oxycodone

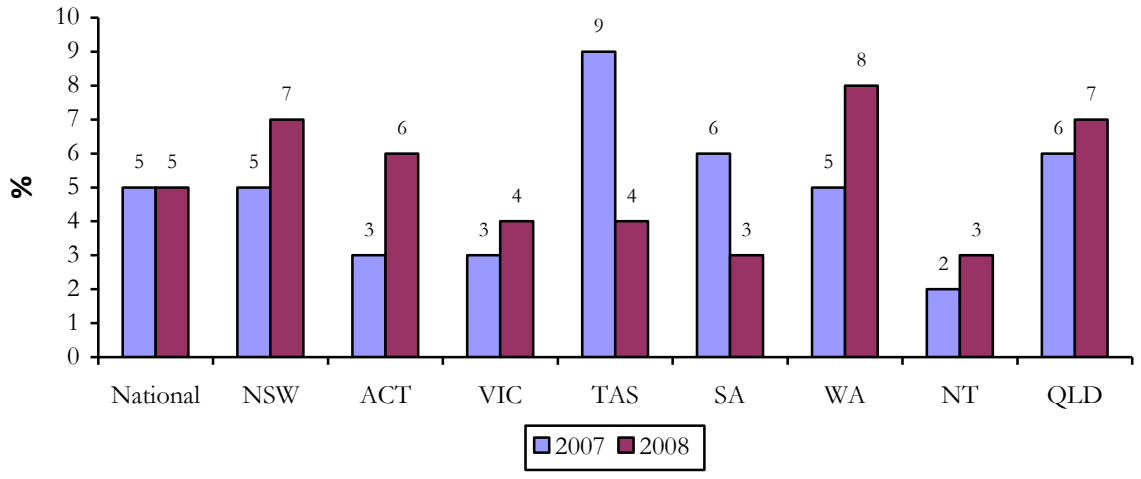
Since 2005, the IDRS has made a distinction between licit and illicit oxycodone (e.g. OxyContin, Endone) and other opioids, due to concerns that illicit use of, and problems associated with, diversion of oxycodone may be increasing. Prior to 2005, oxycodone was included under the category 'other opioids'. 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 15% in SA through to 53% in TAS, and have mainly increased or remained stable compared to 2007 (Figure 50 and Figure 51).

In 2008, five percent of the national sample reported recent (last six months) use of licitly obtained oxycodone. This contrasted with 28% of the sample who reported recent use of illicitly obtained oxycodone. Similar to previous years, 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 TAS where the median days of use was 10, i.e. approximately fortnightly (Table 52).

Injection of licitly obtained oxycodone was also rare, while for illicitly obtained oxycodone injection figures ranged from between approximately one-tenth (e.g. SA) to half (e.g. TAS) of participants in each jurisdiction. The median number of days on which licitly obtained oxycodone was injected ranged from zero days to 35 days, 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 52).

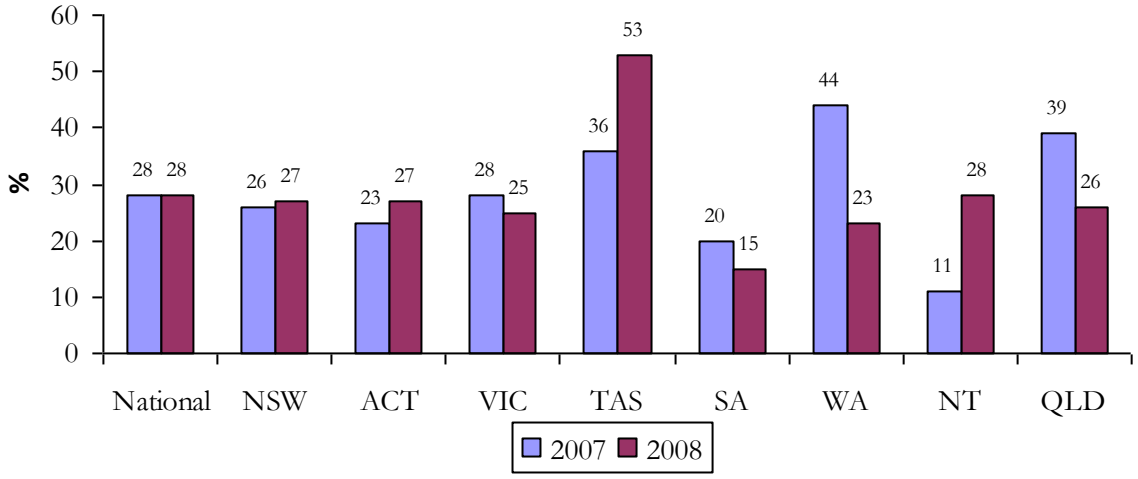
Figure 50: Recent use of 'licitly' obtained oxycodone, by jurisdiction, 2007-2008



Source: IDRS IDU participant interviews

[15] Refer to *Glossary* and Table 45 for definitions of terms used.

Figure 51: Recent use of 'illicitly' obtained oxycodone, by jurisdiction, 2007-2008



Source: IDRS IDU participant interviews

Table 52: Oxycodone use patterns, by jurisdiction, 2007-2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Recent use (%)									
Licit	5 (5)	7 (5)	6 (3)	4 (3)	4 (9)	3 (6)	8 (5)	3 (2)	7 (6)
Illicit	28 (28)	27 (26)	27 (23)	25 (28)	53 (36)	15 (20)	23 (44)	28 (11)	26 (39)
Any form (licit and/or illicit)	30 (30)	31 (27)	31 (26)	27 (29)	54 (42)	15 (23)	27 (46)	31 (12)	29 (39)
Median days used *									
Licit	30 (30)	31 (22^)	22^ (37^)	48.5^ (180^)	41^ (45^)	10^ (20^)	24^ (32^)	20^ (23.5^)	20^ (10^)
Illicit	5 (5)	6 (4)	4 (5)	3.5 (3)	10 (6)	4 (12)	2 (7)	2 (4)	7 (6)
Any form (licit and/or illicit)	6 (6)	12 (5)	5 (5)	5 (4)	10 (10)	7 (11)	2.5 (7)	2.5 (5)	9 (7)
Recent injection (%)									
Licit	3 (3)	3 (3)	3 (1)	3 (3)	0 (5)	0 (4)	3 (4)	3 (0)	7 (6)
Illicit	25 (25)	23 (24)	23 (22)	23 (27)	47 (26)	11 (18)	23 (41)	26 (9)	24 (38)
Any form (licit and/or illicit)	26 (27)	24 (25)	25 (23)	24 (28)	47 (30)	11 (20)	24 (43)	29 (9)	27 (38)
Median days injected *									
Licit	30 (24)	35^ (35^)	20^ (2^)	35^ (180^)	0 (48^)	0 (19^)	12^ (30^)	12^ (0)	20^ (10^)
Illicit	5 (6)	6 (4)	3 (5)	5 (4)	10 (9)	5 (12)	2 (7)	2 (4^)	7 (7)
Any form (licit and/or illicit)	6 (5)	6 (6)	4 (3)	5 (4.5)	13 (10)	17 (5)	12 (2)	4^ (2.5)	7 (8.5)

Source: IDRS IDU participant interviews

^ 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 xii for guide of days use/injection Medians rounded to the nearest whole number

Note: Data from 2007 shown in parentheses.

Of those who reported recent oxycodone use (N=273; 30% of the national sample), the majority (86%) reported illicit oxycodone as the form most used, ranging from 76% in WA to 97% in TAS (see Table 13).

Participants who commented and had used illicitly obtained oxycodone in the preceding six months (N=133) were asked about their reasons for doing so. The most commonly reported reasons were to seek an opiate effect (50%), to alleviate withdrawal symptoms (35%), to alleviate pain (23%), because it was cheaper than heroin or other opiates (17%) and/or to self-treat dependence (13%).

8.6.1 Price of oxycodone

Very small numbers were able to comment on the price of oxycodone except in NSW and TAS. The median price for Oxycontin 40mgs ranged from $17.50 (NSW) to $40 (TAS), where as the median price for Oxycontin 80mgs ranged from $30 (NSW, VIC and SA) to $80 (TAS). The majority (65%) reported the price over oxycodone was stable over the last six months (Table 53).

Table 53: Median price of oxycodone and price changes, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Median Price ($)									
Oxycontin 40mgs	-	17.5	25^	20^	40	22.5^	20^	30^	20
Oxycontin 80mgs	-	30	35^	30	80	30^	40^	50^	32.5
Price changes (%)									
Did not respond	80	76	78	91	53	91	89	86	76
Of those who responded	N=178	n=36	n=22	n=14	n=47	n=9^	n=11	n=14	n=25
(% of the entire sample)	*(20)*	*(24)*	*(22)*	*(9)*	*(47)*	*(9)*	*(11)*	*(14)*	*(24)*
Don't know	13 (3)	11 (3)	23 (5)	14 (3)	15 (7)	0	9 (1)	14 (2)	8 (2)
Increased	20 (4)	11 (3)	5 (1)	14 (3)	21 (10)	33 (3)	18 (2)	43 (6)	32 (8)
Stable	65 (13)	69 (17)	68 (15)	71 (7)	64 (30)	67 (6)	73 (7)	43 (6)	60 (14)
Decreased	0	0	0	0	0	0	0	0	0
Fluctuated	2 (<1)	8 (2)	5 (1)	0	0	0	0	0	0

Source: IDRS IDU participant interviews

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

8.6.2 Availability of oxycodone

Of those participants in the IDRS sample who were able to comment, 40% reported that the availability of oxycodone was 'easy' and 36% reported availability as 'difficult'. Over half (60%) of the national sample reported availability as stable in the last six months (Table 54).

Table 54: Availability of oxycodone, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Availability (%)									
Did not respond	80	76	78	91	53	91	89	86	76
Of those who responded	N=178	n=36	n=22	n=14	n=47	n=9^	n=11	n=14	n=25
(% of the entire sample)	*(20)*	*(24)*	*(22)*	*(9)*	*(47)*	*(9)*	*(11)*	*(14)*	*(24)*
Don't know	5 (1)	6 (1)	0	7 (<1)	11 (5)	0	9 (1)	0	0
Very easy	14 (3)	19 (5)	14 (3)	43 (4)	9 (4)	22 (2)	0	0	12 (3)
Easy	40 (8)	53 (13)	55 (12)	29 (3)	45 (21)	11 (1)	64 (7)	21 (3)	20 (5)
Difficult	36 (7)	22 (5)	32 (7)	21 (2)	34 (16)	44 (4)	27 (3)	57 (8)	60 (14)
Very difficult	5 (1)	0	0	0	0	22 (2)	0	21 (3)	8 (2)
Availability changes (%)									
Did not respond	80	76	78	91	53	91	89	86	76
Of those who responded	N=178	n=36	n=22	n=14	n=47	n=9^	n=11	n=14	n=25
(% of the entire sample)	*(20)*	*(24)*	*(22)*	*(9)*	*(47)*	*(9)*	*(11)*	*(14)*	*(24)*
Don't know	9 (2)	9 (2)	14 (3)	7 (<1)	11 (5)	11 (1)	27 (3)	0	0
More difficult	22(4)	17 (4)	5 (1)	0	23 (11)	34 (3)	18 (2)	36 (5)	40 (10)
Stable	60 (12)	60 (14)	73 (16)	71 (7)	57 (27)	57 (5)	46 (5)	64 (9)	52 (13)
Easier	9 (2)	14 (3)	5 (1)	21 (2)	6 (3)	0	9 (1)	0	8 (2)
Fluctuates	1 (<1)	0	5 (1)	0	2 (1)	0	0	0	0

Source: IDRS IDU participant interviews

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

Of those who had bought morphine, the most common source was a friend (49%) or a known dealer (36%). The most common place of purchase was a friend's home (34%) followed by an agreed public location (29%; Table 55).

Table 55: Oxycodone purchasing patterns, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS N=100	SA n=100	WA n=100	NT n=103	QLD n=104
Had not bought (%)	85	84	88	91	58	93	93	88	81
Of those who bought	N=136	n=24	n=12	n=13	n=42	n=7^	n=7^	n=12	n=19
(% of the entire sample)	*(15)*	*(16)*	*(12)*	*(9)*	*(42)*	*(7)*	*(7)*	*(12)*	*(19)*
Purchased from#									
Street dealer	21 (3)	67 (11)	8 (1)	8 (<1)	5 (2)	0	14 (1)	33 (4)	16 (3)
Friend	49 (7)	33 (5)	75 (9)	62 (5)	36 (15)	57 (4)	71 (5)	33 (4)	68 (13)
Known dealer	36 (5)	25 (4)	0	54 (5)	60 (25)	0	14 (1)	33 (4)	32 (6)
Acquaintance	20 (3)	25 (4)	17 (2)	39 (3)	12 (5)	29 (2)	14 (1)	17 (2)	21 (4)
Unknown dealer	7 (1)	29 (5)	0	8 (<1)	2 (1)	14 (1)	0	0	0
Mobile dealer	2 (<1)	0	0	8 (<1)	0	14 (1)	0	0	0
Places of usual purchase#									
Home delivery	23 (3)	8 (1)	25 (3)	15 (1)	36 (15)	14 (1)	14 (1)	25 (3)	21 (4)
Dealer's home	20 (3)	4 (<1)	0	15 (1)	38 (16)	0	0	17 (2)	32 (6)
Friend's home	34 (5)	16 (3)	42 (5)	39 (3)	24 (10)	57 (4)	71 (5)	33 (4)	53 (10)
Acquaintance's house	8 (1)	4 (<1)	0	23 (2)	7 (3)	0	0	8 (1)	16 (3)
Street market	20 (3)	76 (13)	17 (2)	15 (1)	0	0	14 (1)	17 (2)	5 (1)
Agreed public location	29 (4)	20 (3)	50 (6)	62 (5)	26 (11)	29 (2)	0	33 (4)	16 (3)

Source: IDRS IDU participant interviews

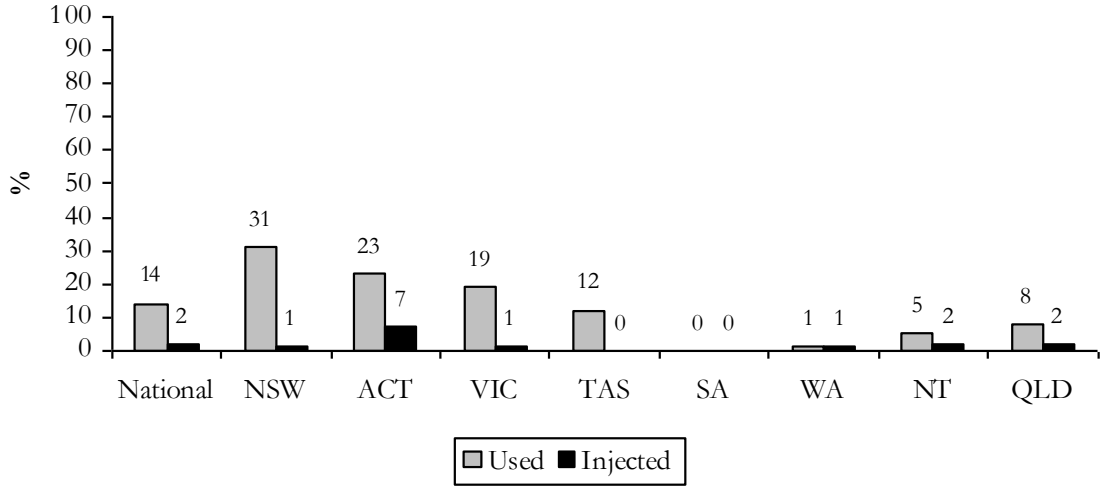
^ small numbers reporting (n<10); interpret with caution

multiple responses allowed

8.7 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. Fourteen percent (9% in 2006; 14% in 2005; 16% in 2007) of the national sample reported recent use of other opioids on a median of 12 days (i.e. once a fortnight) in the preceding six months. NSW followed by the ACT and VIC reported the highest recent use of other opioids. Proportions reporting recent injection were low, ranging from no reports in SA to seven percent in the ACT (Figure 52). Frequency of injection was reported on a median of four days during this time, i.e. less than monthly injection.

Figure 52: Recent use and injection of other opioids (not elsewhere specified), by jurisdiction, 2008



Source: IDRS IDU participant interviews

Use of licitly obtained 'other' opioids was most common in NSW, the ACT and VIC, while use of illicitly obtained 'other' opioids was most common in TAS (see 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, the ACT, VIC and QLD while illicitly obtained 'other' opioids were the most used form by users in TAS and the NT (see Table 13). No reports of other opiate use were recorded in SA and WA.

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 2008 was codeine (56% of users), including Panadeine/Panadeine Forte (43%).

[16] Refer to *Glossary* and Table 45 for definitions of terms used.

8.8 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 (Phillips and Burns, 2009), the ACT (Cassar et al., 2009), VIC (Quinn, 2009), TAS (de Graaff and Bruno, 2009), SA (White et al., 2009), WA (George and Lenton, 2009), the NT (Moon, 2009) and QLD (Cogger and Kinner, 2009).

8.8.1 New South Wales

Methadone

Approximately one-quarter (24%) of participants reported use of illicitly obtained methadone syrup in the six months preceding interview, a similar level compared to 2007 (22%), with use remaining relatively infrequent (approximately monthly). Eighteen percent of participants reported injecting illicit methadone syrup in the preceding six months (17% in 2007), indicating that prevalence had remained stable, however, frequency (median days) of injection did slightly decrease from fortnightly to monthly . Reports on illicit methadone availability varied, with just over one-third of the sample reporting that it was 'easy' and just over a quarter reporting (27%) it was 'difficult' and a further quarter (25%) reporting it as 'very easy' to obtain. The median price of 50 cents per ml remained stable with 2007 data. KE reports indicated that while takeaway doses continued to be sold and illicit methadone injected, the majority of injection was of licit, prescribed doses. Illicitly obtained Physeptone use and injection of tablets remained uncommon, with 3% reporting use, and only one participant reporting injection in the six months prior to interview.

Buprenorphine and buprenorphine-naloxone

A decrease was observed in the reported use of illicit buprenorphine in the preceding six months, from 16% in 2007 to 7% in 2008. There was a further slight decline in the reported prevalence of illicit buprenorphine injection during the six months prior to interview from 10% in 2007 to 6% in 2008, frequency of injection over this period continued to remain low decreasing slightly to less than monthly.

Buprenorphine-naloxone (Suboxone) has been investigated by the IDRS since its listing on the Pharmaceutical Benefits Scheme in April 2006. There was only one report of illicit buprenorphine-naloxone use in 2008 and no reports of injection. This remains stable with use reported in 2007.

Morphine

An increase in prevalence of morphine use among the NSW IDRS IDU sample has been observed since 2001, however, in 2008 the prevalence stabilised with 37% reporting use in the last six months (38% in 2007). However, frequency of use increased slightly to a median of 12 days (fortnightly use) from a median of five days (approximately monthly) in 2007. As in 2007, approximately one-third (31%) of the sample reported the use of illicitly obtained morphine in the six months preceding interview, with an increase in median of days use (12 days in 2008, eight days in 2007). Use of licitly obtained morphine increased slightly, with 13% (6% in 2007) of the sample having used, and median number of days increased to 35 (approximately weekly) from five days in 2007.

Nineteen percent of the sample reported injecting morphine in the month proceeding interview (18% in 2007) and of these, just under three-quarters (74%) reported experiencing problems that they attributed to morphine injection, such as difficultly injecting and prominent scarring or bruising, abscesses/infections and thrombosis. MS Contin remained the most common brand of

morphine used, with 100mg tablets costing a reported median price of $30 which remained stable with prices reported in 2007. Twenty-eight percent of the sample (41% in 2007) felt confident to comment on the price and/or availability of illicit morphine. These participants typically reported that it was 'easy', with a smaller percentage reporting 'difficult' to obtain. Availability was generally considered to have remained stable.

Oxycodone

Thirty-one percent of participants reported use of oxycodone in the six months preceding interview on a median of 12 days (i.e. fortnightly). One-quarter of the sample reported injecting it in this time on a median of six days. In comparison to 2007, the prevalence of use and injection remained stable in 2008, but there was a slight increase in the frequency of use for all forms. Unlike 2007 general use patterns between licitly and illicitly obtained oxycodone were very different, with 20% more participants reporting use of illicit oxycodone in the last six months. Similarly injection of oxycodone was more common when it was illicitly obtained.

Twenty-four 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 $30 each, a $5 increase since 2007. The majority (72%) of participants commenting reported that availability was considered 'easy' or 'very easy', with availability 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) remained relatively stable with 33% reporting use in the past six months, however, the frequency of use decreased from 67 days in 2007 to 14 days (i.e. approximately fortnightly use) in 2008. Panadeine Forte, a pharmaceutical drug containing 30mg codeine, was the main form used. Among participants who had used other opioids in this period, 30% reported using illicit opioids, and over two-thirds (70%) had not used illicitly obtained other opioids. Recent injection of other opioids remained infrequent (1% on a median of four days).

Benzodiazepines

Prevalence of benzodiazepine use increased slightly, with just under three-quarters (73%) reporting use in the six months preceding interview, a slight increase was also noted in the frequency of use from a median of 42 days in 2007 to 50 days (i.e. approximately twice weekly use). The proportion reporting daily use also increased to approximately a third (32%) of those reporting use, an 18% increase from 2007. Injection of benzodiazepines remained low with only 4% reporting any injection in the past six months. In general, injection of benzodiazepines has remained substantially lower since the removal of benzodiazepine gelatine capsules (e.g. Normison, Euhypnos) from the market in 2004. General use patterns of licitly and illicitly obtained benzodiazepines were similar, with use reported as slightly more common when it was licitly obtained. Forty-nine percent of participants reported use of illicitly obtained benzodiazepines in the last six months. Diazepam (Valium, Antenex and generic) remained the most common form used.

8.8.2 The Australian Capital Territory

Methadone

The use of illicit methadone among the ACT sample in 2008 was similar to levels reported in the previous year: approximately one-third (31%) reported any recent use. Among those who had recently used, the frequency of illicit methadone use was low with a median of 10 days (approximately once a fortnight) of use in the previous six months. Injecting (97%) and swallowing (19%) were the most common routes of illicit methadone administration. In 2008,

eighteen percent of participants reported injecting their own methadone (down from 28% in 2007).

Buprenorhpine

The recent use of illicit buprenorphine among the ACT sample decreased slightly from 28% in 2007 to 25% in 2008. The majority of participants used illicit buprenorphine infrequently, with a median of 10 days (approximately twice a month) of use in the six months prior to the interview. The most common routes of administration for recent illicit buprenorphine use among the 2008 sample was injecting. In 2008, a small proportion of the sample (12%) reported using their licit oral buprenorphine via injection.

Morphine

In the 2008 IDRS survey, participants were asked about use of licit and illicit forms of morphine. Eighty-two percent of participants reported that they had used illicit morphine at least once in their life. Thirty-five percent reported using illicit morphine in the preceding six months, a decrease from 53% in 2007. The main route of administration for participants who had recently used illicit morphine was injection (94%). 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. Twelve percent of participants reported that they had used licit morphine in the preceding six months. Eleven percent reported the recent injection of their morphine. The median days of injected licit morphine was reported to be four days (approximately once every six weeks) in the preceding six months.

Oxycodone

In 2008, sixty-three percent of participants reported lifetime use of illicit oxycodone. Use of illicit oxycodone refers to the use of oxycodone that is prescribed to someone else. Twenty-seven percent reported the recent use of illicit oxycodone. The median days of illicit oxycodone use remained low, at three days (approximately once every two months). Six percent of participants reported the recent use of licit oxycodone, with three participants reporting injection of their oxycodone. Median number of days of licit use was 30 days (approximately once a week) in the preceding six months.

Other opioids

The use of 'other opioids' such as codeine by participants in the ACT had increased to 52% reporting lifetime use of 'other opioids' and 23% reporting the recent use of 'other opioids' compared to 35% and 14% in 2007 respectively. The median number of days of use of other opioids was five (approximately once a week).

8.8.3 Victoria

Methadone

Reported methadone use and injection remained relatively stable in Melbourne in 2008. In the six months prior to interview, licit methadone syrup was reported to have been used by 37% of the Victorian sample, and illicit methadone syrup by 19%, while 15% reported injecting any methadone during that time. As in previous years, only a small number of IDU respondents reported use of Physeptone tablets during the last six months, with 1% reporting use of prescribed Physeptone, and a slightly larger proportion (4%) reporting use of non-prescribed Physeptone during that time. Frequency of non-prescribed methadone use during the past six months was low, with a median of six days reported (approximately once per month), a slight increase in comparison to a median of three days reported in 2007.

Buprenorphine and buprenorphine-naloxone

As in the previous year, participants in the 2008 IDRS study were asked about their use of both buprenorphine and buprenorphine-naloxone. In 2008, most (77%) of the 150 IDU respondents reported lifetime use of buprenorphine (prescribed or non-prescribed), with 30% reporting use during the past six months. Nearly two-thirds of (65%) respondents reported ever swallowing buprenorphine, and 16% had done so recently. In comparison, over half (58%) reported ever injecting buprenorphine, and 24% reported doing so during the last six months. Frequency of reported buprenorphine use (prescribed or non-prescribed) increased in 2008 (72 days compared to a median of 60 days in 2007).

For those who reported recently injecting their prescribed buprenorphine (24%), a median of 150 days (out of 180 days) was reported, a notable increase in frequency from 30 days in 2007. For those who reported recently injecting non-prescribed buprenorphine (16%), a median of 24 days use was reported (approximately once per week), again an increase in comparison to the previous year (17 days).

Less than half (45%) of the IDRS respondents reported lifetime use of buprenorphine-naloxone (prescribed or non-prescribed), with more than one-third (35%) reporting use during the past six months, and 16% reporting recent injection. The median number of days of buprenorphine-naloxone use during the past six months was 40 days (17 days in 2007), and injection was 12 days (five days in 2007). The majority (64%) of the respondents who reported using buprenorphine-naloxone during the past six months reported that they mostly obtained it licitly (i.e. with a prescription in their own name) during that time.

Morphine

Approximately three-quarters (74%) of the IDU surveyed reported lifetime use of morphine, and 41% reported use during the past six months. The preferred method of recent morphine administration among the 2008 IDRS sample was injecting (92%). Reported prevalence of recent morphine use remained stable in comparison to the previous year (41% in 2007 and 2008), while frequency of morphine use during the last six months has remained low and stable since 2003 (median of five days reported in 2008). As in previous years, the types of morphine reported to be most commonly used by IDU respondents were MS Contin and Kapanol.

Oxycodone

Over half (58%) of the IDU surveyed reported lifetime use of oxycodone, and 27% reported using it during the past six months (compared to 29% in 2007). Frequency of oxycodone use during the past six months was low, with a median of five days (out of 180) reported. The main brand of oxycodone reportedly used by IDU respondents was OxyContin.

Other opiates

Nineteen percent of the IDU interviewed reported using other opiates during the previous six months (21% in 2007; 8% in 2006; 12% in 2005; 27% in 2004), and the majority of these respondents (71%) reported obtaining these licitly. The main type of other opiate used by these respondents was Panadeine Forte (54%) and, as reported in previous years, the overall frequency of use during the last six months was low, with a median of 11 days reported (nine in 2007).

8.8.4 Tasmania

Morphine

Four-fifths (81%) of the TAS sample had used morphine in recent months, with all injecting the drug in this time. MS Contin remained the predominant preparation used by this group, used by

54% of the sample as a whole, and was the form used predominantly by two-thirds (67%) of those reporting recent morphine use, with Kapanol the next most commonly used preparation (used by 19% of the sample).

Tasmanian IDRS studies had shown a decreasing proportion of participants reporting recent morphine use, and a declining median frequency of this 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 this trend was reversed, with 62% of the sample reporting recent morphine use at a median frequency of use of 21 days in the preceding six months. In 2008, eighty-one percent of the sample reported recent use of morphine, at a median frequency of 48 days. 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 2007 and 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. The modal price estimate for 100mg Kapanol capsules was $70 between 2003 and 2007, however, in 2008 this estimate had increased to $80, similar to the price reported in 2002. Similarly, the modal price estimate for 50mg capsules of Kapanol hads also increased: between 2002 and 2007 the modal price estimate ranged between $35 and $40, in 2008 this increased to $50. Morphine was considered 'easy' to 'very easy' to obtain by those who commented, and this situation was reported as remaining stable in recent months. These increases in indications of use, and of the price of morphine, both speak to an increase in local demand for the drug in 2008.

Methadone

Methadone syrup (licit or illicit) was used by almost four-fifths of the sample (78%), with the majority of this use reported by clients of methadone maintenance programs. Illicit methadone syrup was used by just over half of the sample (55%) in the past six months, at a median frequency of fifteen days, equating to use approximately once per fortnight. Almost half of the IDRS respondents reporting recent use of illicit syrup (46%; n=25) were themselves enrolled in methadone maintenance treatment during this period. Use of illicit methadone syrup was less frequent among those who were not enrolled in methadone maintenance treatment (24 days versus 12 days in the preceding six months).

Illicit methadone syrup was reported to cost a median of approximately $1.00 per mg in 2008, consistent with all reports since 2001, with the exception of 2005, when participants reported a median market price of $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, a friend's home or by home delivery. 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: it was considered to be 'easy' to access (if pre-arranged and purchased from friends or acquaintances), and 'difficult' and decreasing in availability otherwise.

There have been continuing 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

Half of the sample (50%) reported recent use of illicit Physeptone, an increase from the 2007 study, in which 38% of the sample reported this. Between 2003 and 2007, recent use of illicit Physeptone had been in decline (from 64% in 2003 to 49% in 2006). Modal prices of illicit Physeptone tablets were $10 per 10mg (as has been reported in the past eight years of the IDRS), with prices reported as 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: from 31% reporting use in 2005 to 53% of the current sample. OxyContin tablets were the predominant formulation used in the preceding six months.

Despite their higher relative potency compared to morphine tablets, preparations of oxycodone tablets had been sold locally at lower comparative prices since 2005. Over the 2007 and 2008 surveys, participant reports suggested the cost of these drugs was increasing: the modal price estimate for 40mg OxyContin tablets increased from $20 in 2005 to $40 (in both the 2007 and 2008 surveys), and more dramatically, the modal price estimate for 80mg OxyContin tablets had doubled from $40 to $80 between 2007 and 2008. Participants commenting reported that prices were stable to increasing over the preceding six months.

Availability reports for oxycodone were mixed, with half of those who commented reporting it as either easy or very easy to access, and one-third reporting access as difficult. This situation was regarded as stable over the preceding six months by most participants, with a notable minority reporting decreasing availability over this period. While the drug remains somewhat difficult to access illicitly, the rapidly increasing rate of prescription of oxycodone (both nationally and locally), the apparent increasing demand in the morphine market, and its perceived similarity among users to morphine, render it likely that oxycodone use may continue to 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 reported obtaining them 'illicitly', i.e. not on a prescription in their name.

8.8.5 South Australia

Other opiates

As in recent years, in 2008, the use of other opioid substances by SA participants was common, with 73% 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 2008 sample. Specifically, the proportion of participants reporting recent use of morphine was slightly lower in 2008, and, there was a decrease in the frequency of use of morphine. The price of morphine increased slightly, with the availability of morphine reported as relatively unchanged compared to 2007, and stable. As in previous years, the majority of morphine users reported use by injecting, and they mainly used illicit supplies of Kapanol and MS Contin.

Methadone and buprenorphine

In addition, in 2008, the proportion of participants who reported recent use of illicit methadone syrup was lower, while the proportion reporting use of illicit buprenorphine remained stable. The frequency of illicit use of both pharmacotherapy medications decreased in 2008. The percentage

of participants reporting injecting of either licit or illicit methadone was lower, while recent use of buprenorphine also remained stable compared to 2007. There was an increase in the proportion of participants reporting mainly using an illicit supply of buprenorphine, there was also an 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.

Oxycodone

In 2008, a small proportion of the sample (15%) 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 was slightly lower, and there was a decrease in the frequency of that use. It is worth noting, that the majority reported mainly illicit use of this substance.

8.8.6 Western Australia

IDU in 2008 continued to report illicit use of methadone, buprenorphine, morphine and oxycodone. However, with the exception of buprenorphine, the proportions of IDU reporting recent illicit use of these drugs significantly decreased. In 2008, fourteen percent of IDU reported recent methadone use compared to 24% in 2007, while 7% reported recent illicit use of physeptone compared to 19% in 2007. Recent illicit use of morphine significantly decreased from 45% in 2007 to 31% in 2008, while recent illicit use of oxycodone significantly decreased from 44% in 2007 to 23% in 2008. With regard to buprenorphine, recent illicit use of buprenorphine was reported by 18% in 2008 (19% in 2007) and buprenorphine-naloxone by 12% in 2008 (15% in 2007).

8.8.7 The Northern Territory

Methadone

Twenty-five percent of the sample reported recent use of illicit methadone syrup, on a median of 25 days, increases in both measures on the results found in 2007 (19% for a median of five days). Illicit syrup (16%) was more likely to be the main form of methadone used than licit syrup (7%). One recent user of illicit methadone syrup reported daily use with weekly or less often (18%) being the most commonly reported frequency of use. Recent use of illicit physeptone tablets has fluctuated over the past five years, with 36% of the sample reporting recent use this year, compared to 26% in 2007. Illicit physeptone (26%) was considerably more likely than licit physeptone (1%) to be the main form used. As with illicit syrup, and consistent with previous years, weekly or less often use was the most common frequency reported.

Fifteen participants had recently purchased methadone syrup for a median price of $1 a millilitre while 16 participants had recently purchased 10mg physeptone tablets for a median of $15, in both cases consistent with earlier years. Two people bought sheets of 10 x 10mg tablets, one for $75 a sheet and one for $100 a sheet.

Participants were divided in their assessments of the availability of illicit methadone, with 50% rating it as 'easy' and 43% as 'difficult' to obtain, the latter rating increasing for the third year in a row. Fifty percent of those able to comment judged that illicit methadone availability had been stable over the six months before interview, with 29% rating it as more difficult.

Of the fourteen participants able to comment on the original source of the illicit methadone they had used in the six months before interview 71% identified 'someone else's takeaway dose', a result consistent with previous years.

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 (89% this year, 80% or greater in each year since 2003) of participant samples over the last six years reporting its recent use and by similarly consistent KE reports. Daily (38%) and more than weekly (23%) use were the most commonly reported patterns of use for illicit morphine.

The median price of the most common dose of morphine used in the illicit market, MS Contin 100mg, increased to $80 this year from the $60 seen since 2003. Similarly, 100mg of Kapanol also increased to $80. Most participants (77%) report that prices over the six months prior to interview had been increasing.

Survey participants were divided on the availability of morphine, with 46% rating it as 'difficult' to obtain and 43% as 'easy' to obtain. Since 2003, availability ratings have fluctuated, although since 2006 the samples have been more likely to rate morphine as difficult to obtain rather than easy. Fifty-two percent of those participants able to comment this year reported that morphine had become more difficult to obtain over the six months prior to interview.

Oxycodone
Thirty-one percent of the participants sample used some form of oxycodone in the six months prior to interview, 3% using licit oxycodone (2% in 2007) and 28% (11% in 2007) illicit. Most illicit oxycodone use was via injection, 92% of recent users. The use and injection of oxycodone had increased substantially this year primarily due to the increase in illicit use.

The median price for 80mg of oxycodone was lower this year, $50, compared to 2006 and 2007, $60, although participants reported that prices had been stable or increased over the six months prior to interview. Most of those able to respond (57%) reported that it was 'difficult' to obtain oxycodone, although an increased proportion rated oxycodone availability as 'easy' (21%)

Buprenorphine
Recent use of illicit buprenorphine among the participants increased to 18% in 2008 following declines in 2006 and 2007. The proportion injecting also showed an increase to 11%. Most recent users used on a weekly or less basis (13% of entire sample) while 5% of the sample used more frequently. Unlike 2007, where only 3% of the participants sample used illicit buprenorphine most often, this year 16% had done so. Buprenorphine was reported to cost $30 for an 8mg tablet and to be 'difficult' to obtain.

Buprenorphine-naloxone
In 2007, two participants had used illicit buprenorphine-naloxone in the six months prior to interview and were able to comment on market characteristics: they paid a median of $20 for 8mg tablets of buprenorphine-naloxone and one rated illicit buprenorphine-naloxone as 'very difficult' to obtain. In 2008, four participants had recently used illicit buprenorphine-naloxone. Two recent users had paid a median of $20, unchanged from 2007, and one rated buprenorphine-naloxone as 'very difficult' to obtain while another rated it as 'easy' to obtain. Both participants had used someone else's take away dose. No participants in either 2007 or 2008 were able to provide any other information about a buprenorphine-naloxone market or use.

8.8.8 Queensland

The Queensland heroin market has remained relatively unpredictable since onset of the national heroin shortage in 2001; in this context pharmaceutical opioid preparations have become viable

alternatives for primary opiate users. A substantial proportion of Queensland IDRS participants reported use of opioid pharmacotherapies in 2008 (i.e. methadone, buprenorphine, and buprenorphine-naloxone) and pharmaceutical opiate preparations such as morphine and oxycodone. Numerous and diverse reasons exist for the extra-medical use of opiate pharmacotherapies, and the use of these medications is a very complex issue.

Methadone

In 2008, there was an increase in the proportion of participants that reported recently using (24%) and injecting (19%) illicit methadone, although consistent with previous years, the frequency of use remained low. Among those who commented, the main reason for using unprescribed methadone in 2008 was 'self treatment'. Reports from ten participants who commented on the price of illicit methadone suggested that the price of unprescribed methadone in Queensland typically ranges from about $0.50 to $1.00 per ml. Almost three-quarters of those who commented (73%) reported that the price of illicit methadone had remained stable in the preceding six months.

As in 2007, in 2008 there was little consensus among participants who commented on the availability of unprescribed methadone (n=26); 43% reported that it was currently either easy or very easy to obtain, while 39% reported access as either difficult or very difficult. While 62% perceived that availability had remained stable in the past six months, 12% reported that obtaining methadone had become more difficult. In 2008, participants most commonly sourced unprescribed methadone from a friend (50%), at a friend's home (23%) or via home delivery (23%).

Buprenorphine

In 2008, there was a decrease in the prevalence of the illicit use (25% versus 31% in 2007) and injection (21% versus 28% in 2007) of buprenorphine in the six months preceding interview, and, compared to 2007, there was a significant decline in the proportion reporting using illicit more than licit buprenorphine (65% versus 73% in 2007). The median frequency of use and injection among recent users was nine days in the past six months. Among participants who commented, the main reason for using buprenorphine illicitly was 'self treatment'.

In 2008, twenty-four percent of participants reported on the price and availability of unprescribed buprenorphine. Sixteen participants indicated that the median price for an 8mg tablet was $40, with prices ranging from $20 to $50. The majority of those who commented reported that unprescribed buprenorphine was currently either easy or very easy to obtain (64%), although 20% reported that it was very difficult to access. Consistent with this, 64% perceived that availability had remained stable in the preceding six months, while 24% perceived that unprescribed buprenorphine had become more difficult to obtain. Of those who reported recent buprenorphine injection, more than half sourced their last injection from a friend or partner's medication (55%), a quarter purchased it on the street (25%), and a fifth injected their own dose (20%).

Buprenorphine-naloxone

In 2008, the prevalence of recent use and injection of unprescribed buprenorphine-naloxone decreased (use: 16% versus 24% in 2007; injection: 14% versus 21% in 2007). The median frequency of use and injection of buprenorphine-naloxone remained low, at five and four days in the past six months respectively. In 2008, fourty-two percent reported using more illicit than licit buprenorphine-naloxone (49% in 2007). Among those who commented, the main motivation for illicit use of buprenorphine-naloxone was 'intoxication', and some KE reported that illicit use of this drug was more common among a newer generation of poly-opioid injectors.

Twenty-one participants (20%) commented on the price and availability of illicitly obtained buprenorphine-naloxone. Of the 16 participants who reported purchasing an 8mg tablet in 2008, the median price was $37.50, which was considerably higher than the median price in 2007 ($20). Most participants who commented reported that illicit buprenorphine-naloxone was currently either easy or very easy to obtain (85%) – a marked increase from 2007 (68%) – and 50% reported that availability had remained stable in the preceding six months. The most common source of participants' last buprenorphine-naloxone injection was a friend (n=8).

Morphine

In 2008, the prevalence and frequency of the illicit use and injection of morphine in the six months before interview decreased, with half of participants reporting recent use (51% versus 58% in 2007) and injection (50% versus 58% in 2007), typically about twice per week (median days used=12; median days injected=11). Compared to 2007, the proportion nominating morphine as their drug of choice declined significantly in 2008 (9% versus 20% in 2007), as did the proportion reporting it as the last drug injected (19% versus 29% in 2007). Among those who commented (n=46), the most common reason for illicit use was 'self treatment'. KE noted that morphine injection was mostly concentrated among socially and economically disadvantaged groups of drug users, particularly the homeless.

Consistent with previous years, in 2008, the quantity and brand of morphine purchased most frequently among participants was 100mg tablets of MS Contin®; among 41 participants the median price reported was $50 (range $10 to $100) for their last purchase. Similarly, among 20 participants, the median price reported for their last purchase of a 100mg tablet of Kapanol was $50 (range $20 to $100). Participant reports of changes to morphine prices were split (n=53): 45% reported that prices had remained stable in the past six months, while 45% reported that prices were increasing. Fifty-four percent of those who commented reported that morphine was currently either easy or very easy to obtain, while 43% reported availability as either difficult or very difficult. While half (50%) of those who commented perceived that morphine availability had remained stable in the preceding six months, a third (33%) perceived that access had become more difficult. Participants most commonly reported purchasing morphine from their friends (59%), at a friend's home (35%) or at an agreed public location (26%).

Oxycodone

The prevalence of the recent use and injection of illicitly obtained oxycodone significantly decreased among participants in 2008 compared to 2007 (use: 26% versus 39%; injection: 24% versus 38%), with oxycodone use and injection occurring at a median frequency of approximately once per month in the preceding six months. Consistent with 2007, the majority (85%) of recent users in 2008 reported using the brand OxyContin most, and, among those who commented, the main motivation for use was 'self treatment'. Very few KE commented on the use of oxycodone in 2008, although one suggested that this form of pharmaceutical opiate was not as popular as morphine.

The most common form of oxycodone purchased by 2008 participants was 80mg tablets of OxyContin; among the 25 participants who commented the median price was $32.50 (range $20 to $50) for their last purchase, which was cheaper than in 2007 ($40). Among those who commented, 60% indicated that prices had remained stable in the preceding six months. More than two thirds (68%) reported that oxycodone was currently either difficult or very difficult to access; approximately half (52%) reported that availability had remained stable in the past six months, while two fifths (40%) reported that oxycodone had become more difficult to obtain.

Other opioids

The recent use of other opioids, such as codeine and tramadol, remained low among participants in 2008, with 8% reporting licit (5%) and illicit (3%) use of these drugs in the preceding six months. The increasing incidence of problematic use of over the counter opiate preparations was noted by one KE, who indicated that there was a small, but increasing proportion of people being registered for opioid replacement therapy for use of these drugs.

8.9 Summary of other opioid trends

- Morphine remained the most commonly injected pharmaceutical in the national sample (47% in 2008) and the proportion of participants reporting recent (last six months) morphine use remained stable compared to 2007. 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.
- Among those that responded, nearly half reported that the price of morphine had remained stable over the past six months. While 42% reported that the price of morphine had increased. Of those who commented 43% reported that the availability of morphine was 'easy' and 31% as 'difficult'.
- 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 (any form) among those who had recently injected was low at approximately monthly.
- The majority (65%) reported the price over oxycodone was stable over the last six months. Forty percent reported that the availability of oxycodone was 'easy' and 36% reported availability as 'difficult'.
- Fourteen percent of the national sample reported recent (last six months) use of 'other' opioids (i.e. those not elsewhere classified). Recent injection of these preparations was low at two 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.
- Twenty-five percent of the national sample reported the use of illicitly obtained methadone liquid in the six months preceding interview, and 15% of the national sample reported recent use of illicitly obtained methadone tablets (Physeptone). This represented little change from 2007. 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 29% of those commenting stated that it was 'difficult'. Availability was generally reported to have remained stable in the six months preceding interview, although 16% 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 $0.40 to $50 per ml across the jurisdictions. Few participants reported having purchased Physeptone in the preceding six months.
- Over 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, over half (i.e. 30% of the entire sample) reported recent (last six months) injection. TAS reported the highest rate of recent methadone injection and SA the lowest. Nationally, illicitly obtained methadone was injected on a median of 10 days compared to 48 days for licit methadone. This represented little change from 2007.
- Among those who injected, illicit Physeptone was injected on a median of five days and licit Physeptone on a median of 22 days (i.e. around weekly injection) in the past six months. Again, this represented little change from 2007.
- Thirteen percent of the national sample reported use of licitly obtained buprenorphine in the six months preceding interview and 16% reported use of illicit buprenorphine. These represented slight decreases compared to 2007.
- Eight percent of the national sample reported recent injection of licitly obtained buprenorphine on a median of 48 days and 13% reported injection of illicit

buprenorphine on a median of six and a half days. Nationally, this represented little change from 2007 with the exception of an increase in the frequency of licitly obtained buprenorphine injection (from 30 days among users in 2007 to 48 days in 2008).

- Nationally, 10% of the national sample reported using licitly obtained buprenorphine-naloxone and 9% illicitly obtained buprenorphine-naloxone in the preceding six months. Small proportions (4% and 6% of the national sample respectively) reported injection of licitly and illicitly obtained buprenorphine-naloxone on a median of 24 days and five days respectively. Nationally, this represented little change from 2007 with the exception of an increase in the frequency of licitly obtained buprenorphine-naloxone injection (from two days among users in 2007 to 24 days in 2008).

9 OTHER DRUGS

9.1 Ecstasy and related drugs

Twenty-two percent of the national sample had used ecstasy in the six months preceding interview on a median of three days, while nine percent injected it on a median of two occasions (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 (Phillips and Burns, 2009, Cassar et al., 2009, Quinn, 2009, de Graaff and Bruno, 2009, White et al., 2009, George and Lenton, 2009, Moon, 2009, Cogger and Kinner, 2009). 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., 2008a, Dunn et al., 2007, Stafford et al., 2005a, 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 (69%), recent use (i.e. in the preceding six months) remained fairly low, with less than one-tenth (6%) 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 (see Table 13). Eleven 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).

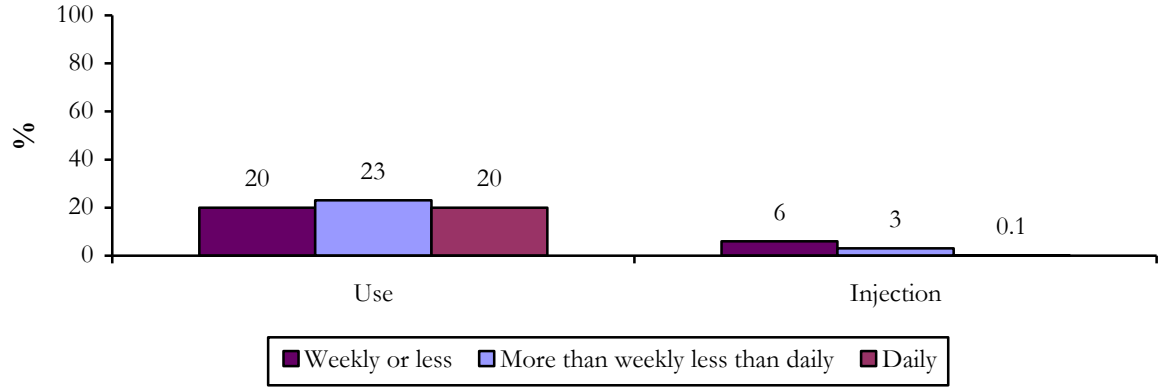
9.3 Benzodiazepines

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 and Bruno, 2002, Strang, 1994, Dupont, 1998, Iguchi et al., 1993). Consistent with previous years, two-thirds (66%) of the national sample had recently used any form benzodiazepines (licit/illicit) on a median of 70 days (approximately three times 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, although this figure was higher in TAS (36%) and the NT (26%). The median frequency of injection was 11.5 days, i.e. approximately once a fortnight. Five percent of recent benzodiazepine injectors (n=5; 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 53.

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

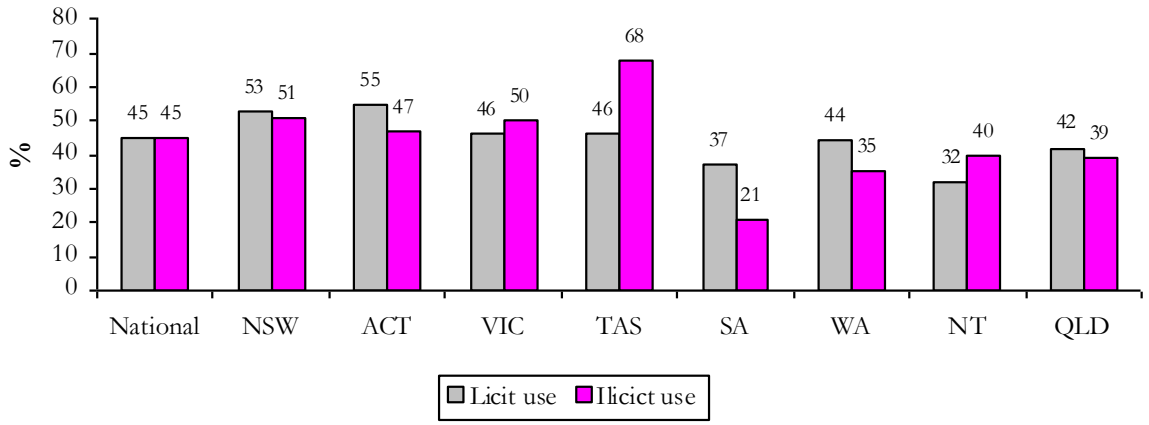
Figure 53: Patterns of benzodiazepine use and injection among the national sample, 2008



Source: IDRS IDU participant interviews

At least half of participants in all jurisdictions reported use of benzodiazepines (whether licitly and/or illicitly obtained). Forty-five percent of the national sample reported having used licitly obtained benzodiazepines and illicitly obtained benzodiazepines in the six months preceding interview. Reports of recent use of licitly and illicitly obtained benzodiazepines varied across jurisdictions. Licit use was highest in the ACT and NSW (55% and 53% respectively). Illicit use was highest in TAS (68%, Figure 54, see Table 12).

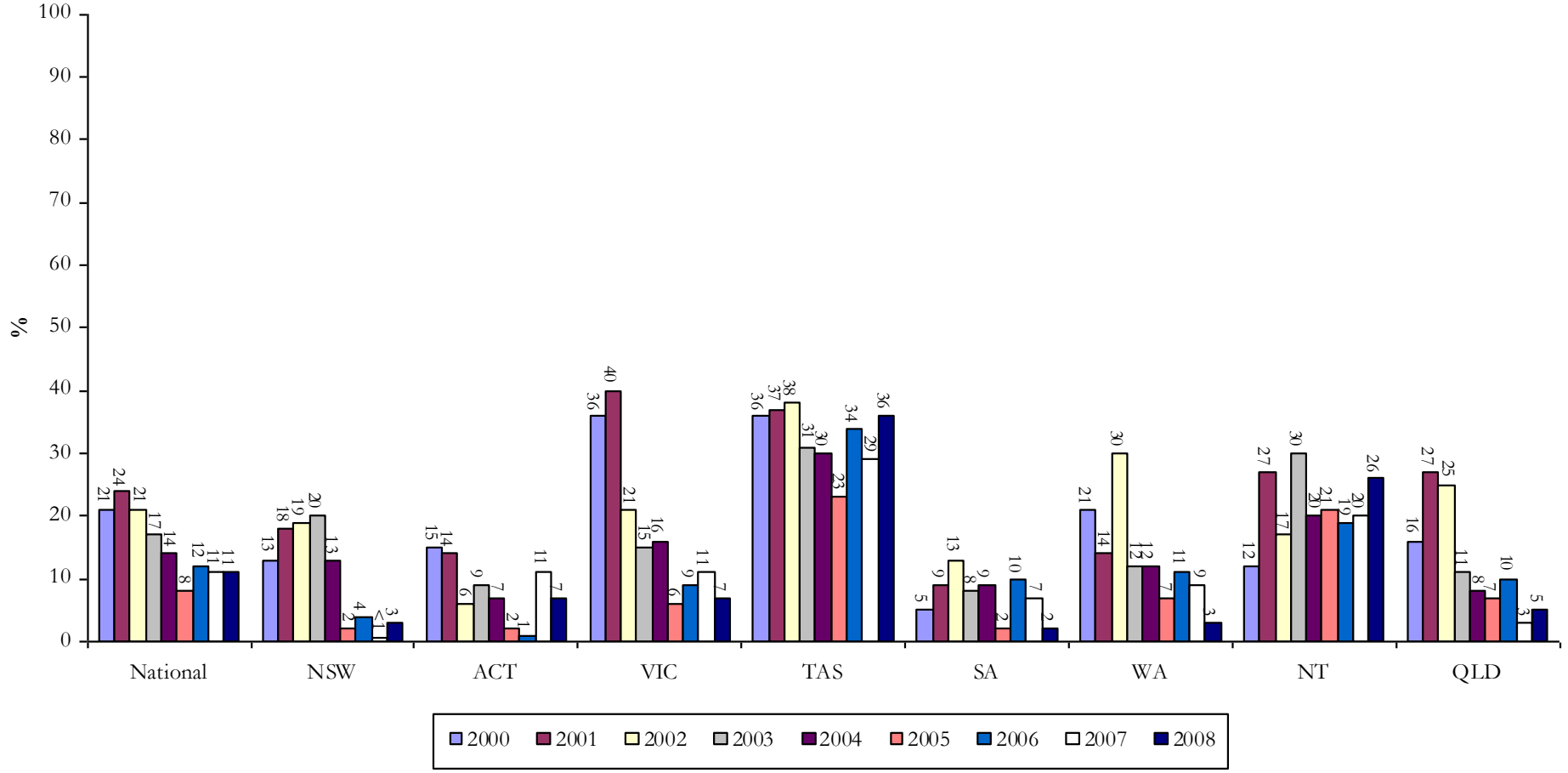
Figure 54: Recent use of benzodiazepines (licit and illicit) in the preceding six months, by jurisdiction, 2008



Source: IDRS IDU participant interviews

Proportions of respondents reporting the recent injection of benzodiazepine (any form) in the last six months were relatively low at 11% or less, with the exceptions of TAS and the NT. Nationally, there was little change from 2007; however, between years there were some jurisdictional differences (Figure 55; note: figures differ from Figure 54 above as they refer to the entire sample).

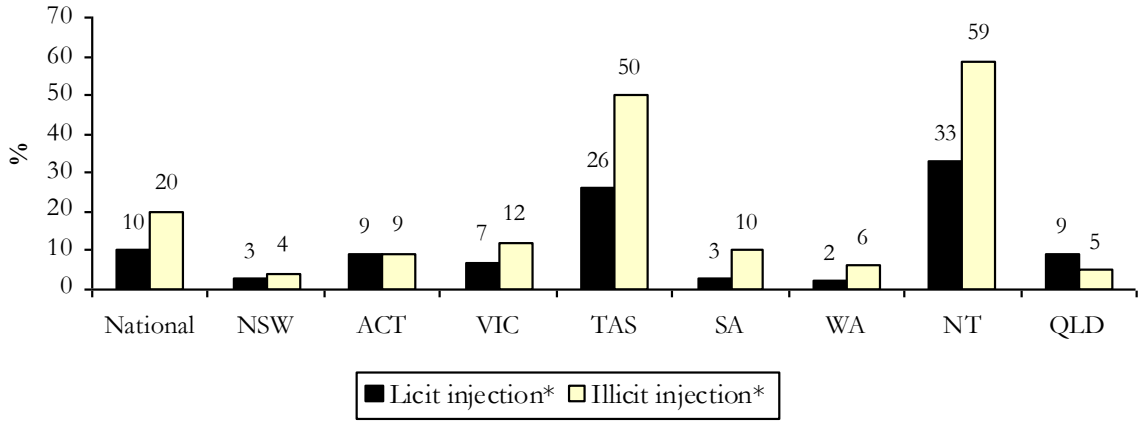
Figure 55: Recent injection of benzodiazepines (any form) among the national sample, by jurisdiction, 2000-2008



Source: IDRS IDU participant interviews

In Figure 56, the injection of illicit benzodiazepines among those who reported recent illicit benzodiazepine use remains an issue of concern, particularly in TAS (50%) and the NT (59%). Licit benzodiazepine injection was also highest in TAS (26%) and the NT (33%).

Figure 56: Recent injection of benzodiazepines (licit and illicit) in the preceding six months, by jurisdiction, 2008



Source: IDRS IDU participant interviews
* among those who reported recent use only (Licit N=409, Illicit N=404)

At a national level, around two-thirds (63%) 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, the ACT, VIC, SA and QLD reported licit benzodiazepines as the main form used in that time (see Table 13). The majority in TAS reported illicit benzodiazepines as the main form. Equal proportions in WA and the NT 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 (39%; 59% of recent users) as the main type of benzodiazepine used in the preceding six months, followed by alprazolam (e.g. Xanax, Kalma, 12%; 19% of recent users) and oxazepam (e.g. Serapax, Murelax, 5%; 7% of recent users). Table 56 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. 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 (73%) also reported oral use, and data on the main brand used did not differentiate between different routes of administration (i.e. swallowed versus injected).

Table 56: Main benzodiazepine type used in the six months preceding interview, 2008

	Recent oral use (among those who had used orally but had not injected) N=455	Recent injectors* N=91
Diazepam (%) *e.g. Antenex, Ducene, Valium, Valmpam*	70 (63)	31 (38)
Alprazolam (%) *e.g. Alprax, Kalma, Xanax*	14 (11)	54 (50)
Oxazepam (%) *e.g. Serepax*	8 (11)	8 (1)
Nitrazepam (%) *e.g. Alodorm, Mogadon*	<1 (3)	0 (1)
Clonazepam (%) *e.g. Rivotril*	3 (2)	2 (1)
Temazepam (%) *e.g. Normison, Temaze*	4 (2)	2 (2)
Flunitrazepam (%) *e.g. Hypnodorm*	<1 (<1)	2 (1)

Source: IDRS IDU participant interviews

***** 74% of recent benzodiazepine injectors also reported oral use, therefore one cannot make the assumption that the main brand reported is being injected

Note: 2007 results in parentheses

Table 57 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 11.5 days among injectors nationally) was reported on a less than weekly basis in all jurisdictions except TAS where injection averaged around twice a week (44 days). In contrast, frequency of use (i.e. mainly via oral administration) varied from a median of 24 days in the NT to 120 days in the ACT (Table 57).

Table 57: Median days used and injected benzodiazepines (any form) in the last six months, among those who used/injected, by jurisdiction, 2003-2008

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median days 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
2008	70	49	120	48	96	72	72	24	70
Median days 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
2008	11.5	6.5	4	11	44	1.5	24	14	4

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 xii for guide to days of use/injection. 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 2008, 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 (1% use; <1% injection).

In 2008, use and injection of illicitly obtained pharmaceutical stimulants in the preceding six months was most common in WA, TAS and the ACT (Table 58). While approximately one-quarter to one-third of participants in WA, TAS and the ACT had used (and one-tenth to one-third had injected), frequency of use in the past six months remained low across all jurisdictions (Table 58).

Table 58: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Recent use (%)									
Illicit	14	7	28	15	35	3^	22	10	4^
Any form (licit and/or illicit)	15	13	31	11	35	3^	22	11	4^
Median days used *									
Illicit	5	6	6	2	6	2^	4.5	4.5	3^
Any form (licit and/or illicit)	5	7	7	2.5	6	2^	5	5	3^
Recent injection (%)									
Illicit	10	3^	22	5^	30	1^	12	9^	1^
Any form (licit and/or illicit)	10	3^	22	5^	30	1^	11	10	1^
Median days injected *									
Illicit	5	4.5^	5.5	3^	8	2^	4	5^	2^
Any form (licit and/or illicit)	5	4.5^	6.5	3^	8	2^	4	5	2^

Source: IDRS IDU participant interviews

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

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

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 17 for national figures

9.5 Inhalants

Twenty percent reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Three percent of participants reported use in the six months preceding interview on a median of two days (see Table 11).

9.6 Alcohol and tobacco

Sixty 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 (see Table 11). Twelve 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 59), with 90% of the sample (96% of recent tobacco users) reporting having smoked daily over the preceding six months.

Table 59: Patterns of alcohol and tobacco use in the preceding six months, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Recent use (%)									
Alcohol	60	54	62	61	70	55	65	57	62
Tobacco	94	97	99	95	95	94	88	93	90
Median days used *									
Alcohol	24	24	12	24	24	12	30	24	20
Tobacco	180	180	180	180	180	180	180	180	180

Source: IDRS IDU participant interviews

***** among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xii for guide to days of use/injection. 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 70 days (approximately three times a week) in the six months preceding interview (48 days in 2007).
- Benzodiazepines were typically used orally, with recent benzodiazepine injection comparatively uncommon (11% of the national sample), although this figure was higher in TAS (36%) and the NT (26%). The median frequency of injection was 11.5 days, i.e. approximately once a fortnight. Five participants reported daily injection.
- The recent (six months) use of pharmaceutical stimulants was reported by 15% of the national sample on a median of five days (i.e. once per month).
- While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (69%), recent use (i.e. in the preceding six months) remained fairly low, with less than one-tenth (6%) reporting use in the six months preceding interview.
- Similarly, 20% of participants had used inhalants in the past but a very low proportion (3%) had used them in the last six months.
- A fairly large proportion of participants (67%) had used ecstasy in the past, and 22% had used it in the preceding six months, frequency of use by users was sporadic (median three days).
- Sixty percent 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. Twelve percent of the national sample reported daily use of alcohol (15% of users).
- As in previous years, tobacco was widely used among the 2008 sample, with 94% having used in the preceding six months.

10 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

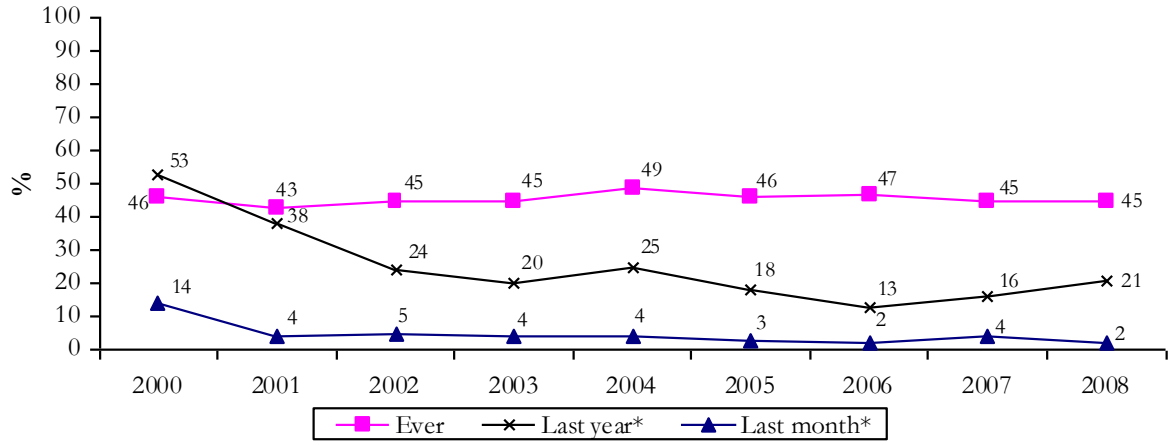
10.1 Overdose and drug-related fatalities

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. Nearly half (45%) of the national sample reported a heroin overdose in their lifetime. Of those who had ever overdosed on heroin, one-fifth (21%) reported overdosing in the last year and 2% reported overdosing in the last month (Figure 57).

Figure 57: The prevalence of heroin overdose among participants, 2000-2008



Source: IDRS IDU participant interviews

*among those who had 'ever' overdosed on heroin

Note: Data may differ to previous national and jurisdictional reports due to the method of data analysis

Participants who had ever overdosed on heroin had done so on a median of three occasions (range 1-67), ranging from a median of four times in WA to once in SA.

There was some jurisdictional variation in the proportion reporting heroin overdose in the last year. Heroin overdose in the last year among those who had ever overdosed on heroin was highest in VIC (32%) followed by WA (28%) and NSW (27%). Proportions reporting overdose in the last year have remained lower than 2000 levels in all jurisdictions (Table 60).

Table 60: Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2000-2008

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000*	53	37	55	78	30	37	64	51	56
2001	38	45	23	46	33	40	50	17	39
2002	24	32	22	29	13	12	31	3	23
2003	20	28	30	21	7	14	29	2	13
2004	25	26	47	30	17	5	28	9	20
2005	18	19	19	29	9	15	14	3	21
2006	13	20	15	12	10	9	14	7	9
2007	16	22	10	22	0	16	6	3	25
2008	21	27	19	32	0	19	28	0	10

Source: IDRS IDU participant interviews
* in 2000 participants were asked about any overdose'
Note: Data may differ to previous national and jurisdictional reports due to the method of data analysis

Participants were also asked about morphine overdose. Nationally, 6% of the entire IDRS sample reported a morphine overdose in their lifetime. Of those who had ever overdosed on morphine, 29% (2% of the entire sample) had done so in the past year, and 8% (<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), except in the NT (n=12).

Nationally, 18% 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.

In 2008, participants who had overdose on any drug in the last six months were asked 'The last time you overdosed, what treatment or information did you receive about overdose?'. Of those who had overdosed on any drug recently and commented (n=78), the majority (53%) reported that they did not receive treatment or information, 21% went to a hospital emergency department, 20% had an ambulance attend, 10% received Narcan and 7% received oxygen.

Fatal overdose

The Australian Bureau of Statistics (ABS) has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre (Degenhardt and Roxburgh, 2007a, 2007b,) difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006, that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. In addition, a number of jurisdictions, notably NSW and QLD, reported

backlogs in cases that 'had' been finalised by the coroner (i.e. cases where the coroner has determined the cause of death), but not yet loaded onto NCIS. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005. Accordingly, only drug-related deaths for 2006 are reported here. These data should be interpreted in conjunction with the ABS Technical Note 2: Coroner Certified Deaths, 3303.0 2006. Excerpt taken from (Roxburgh and Burns, in press)

In 2006, there were 269 accidental deaths due to opioids. Forty-two percent of deaths occurred in NSW, with 72% of all opioid-related deaths occurring in NSW and VIC (Table 610. 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.

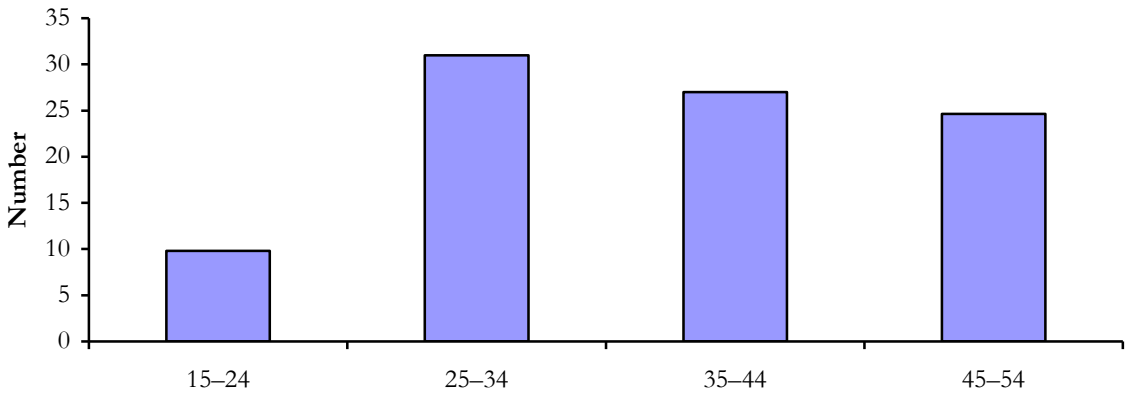
Table 61: Number of accidental deaths due to opioids by jurisdiction among those aged 15-54 years, 2006*

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
2006	**269**	114	80	13	17	29	10	np**	np**

Source: ABS; (Roxburgh and Burns, in press)
***** Data unable to be compared to previous years due to the way the ABS collate deaths data
** np means that the data in these jurisdictions were not published in order to protect confidentiality

In 2006, there were approximately 31 accidental opioid deaths per million persons among those aged 25-34 years. Opioid-related deaths were lowest among the 15-24 year age group (Figure 58).

Figure 58: Number of accidental opioid deaths per million persons by ten year age group, 2006*



Source: ABS; (Roxburgh and Burns, in press)
***** data unable to be compared to previous years due to the way the ABS collate deaths data

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 74% of the 2006 accidential opioid deaths among the 15 to 54 year age group. NSW and VIC reported the largest number of accidental opioid deaths among males and females (Table 62).

Table 62: Number of accidental opioid deaths due to opioids among those aged 15-24 years by gender and jurisdiction, 2006*

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Males	**198**	86	60	8	11	23	4	np**	np**
Females	**71**	**28**	20	5	6	6	6	np**	np**

Source: ABS; (Roxburgh and Burns, in press)
***** data unable to be compared to previous years due to the way the ABS collate deaths data
** np means that the data in these jurisdictions were not published in order to protect confidentiality

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, 28% in the last year and 71% had ever witnessed another person's overdose. This compares with 6%, 23% and 69% of the 2007 national sample who had witnessed an overdose, respectively.

By jurisdiction, proportions witnessing an overdose in the preceding year were NSW 32%; the ACT 45%; VIC 33%; TAS17%; SA 16%; WA 39%; the NT 14%; and QLD 24%. Nationally, heroin was the most commonly reported drug that participants believed had been primarily responsible for the last overdose witnessed (60%), and this was also the case in the majority of jurisdictions. The exceptions were TAS and the NT, where pharmaceutical opioids were most commonly reported as primarily responsible for the last overdose witnessed.

Of those who had been present at another person's overdose in the last month (n=50), the vast majority were in NSW (n=14) and VIC (n=13).

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). Four percent of the national sample believed that they had overdosed on amphetamines at some stage during their lifetime. By form, 2% thought that they had overdosed on speed, 2% on ice/crystal and less than one percent on base. No jurisdictional differences were observed due to small numbers reporting (n<10).

Fatal overdose/methamphetamine related fatalities

There were fewer deaths attributable to methamphetamine than were attributable to opioids. There was a limited understanding of the role of methamphetamine in causing death and, therefore, mortality data may under-represent cases where methamphetamine contributed 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. In 2006, there was a total of 66 '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 27% (n=18) of all methamphetamine related deaths in 2006 (Roxburgh and Burns, in press). The 2007 ABS data on amphetamine deaths were not available at the time of publication.

10.1.3 Cocaine

Non-fatal overdose

Participants were asked whether they considered themselves to have ever accidentally overdosed on cocaine. Seven participants (<1% of the national sample) believed that they had experienced a cocaine overdose at some stage during their lifetime.

Fatal overdose

Thirteen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2006 (Roxburgh and Burns, in press). Cocaine was determined to be the underlying cause of death in nearly half (46%) of all cocaine-related deaths in 2006 (n=6). The 2007 ABS data on cocaine-related deaths were not available at the time of publication.

10.1.4 Cannabis

While toxicity from cannabis is possible, it does not directly cause death through overdose (see McLaren and Mattick, 2007 for a review).

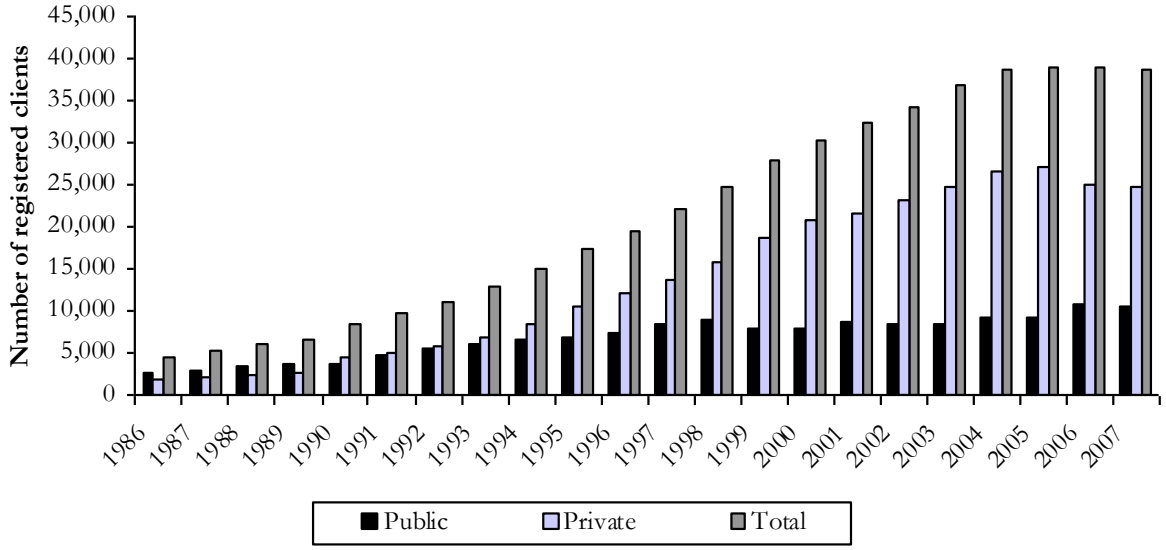
10.2 Drug treatment

10.2.1 Heroin

Opioid substitution treatment

Methadone maintenance treatment is an established form of opioid substitution treatment (OST) 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, 2007 (Figure 59). The majority of clients (72%) were being prescribed methadone, with smaller number being prescribed buprenorphine (18%) and buprenorohine-naloxone (10%).

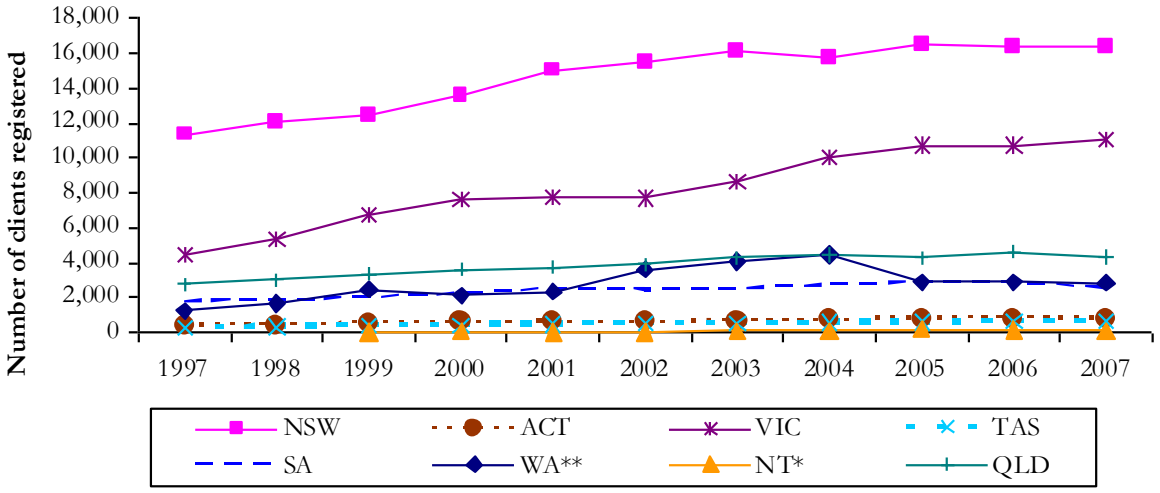
Figure 59: National OST client numbers by financial year, 1986-2007



Source: AIHW
Note: Data from 2001 includes buprenorphine, and from 2006 includes buprenorphine-naloxone

The number of clients enrolled in opioid substitution treatment has remained relatively stable across all jurisdictions in 2007 (Figure 60). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 60: OST client numbers by financial year 1997-2007, by jurisdiction



Source: Australian Institute of Health and Welfare
* 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
** in WA the number of clients receiving pharmacotherapy treatment are reported though the month of June 2007. In 2005, 2006 and 2007 figures for WA are substantially lower than previous years, which included the data for the whole year
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

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 63). Current enrolment in either methadone or buprenorphine treatment in the IDRS sample has remained relatively stable at a national level since 2005 (29% and 8% respectively).

Table 63: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Methadone (%) *(of which Biodone)*	29 *(3)*	39 *(5)*	43 *(1)*	33 *(0)*	46 *(8)*	22 *(1)*	17 *(0)*	5 *(0)*	20 *(6)*
Buprenorphine (%)	8	5	15	8	3	16	2	7	8
Buprenorphine-naloxone (%)	6	2	2	15	5	3	10	2	9
Any OST (%)	43	47	59	56	54	41	29	14	37

Source: IDRS IDU participant interviews

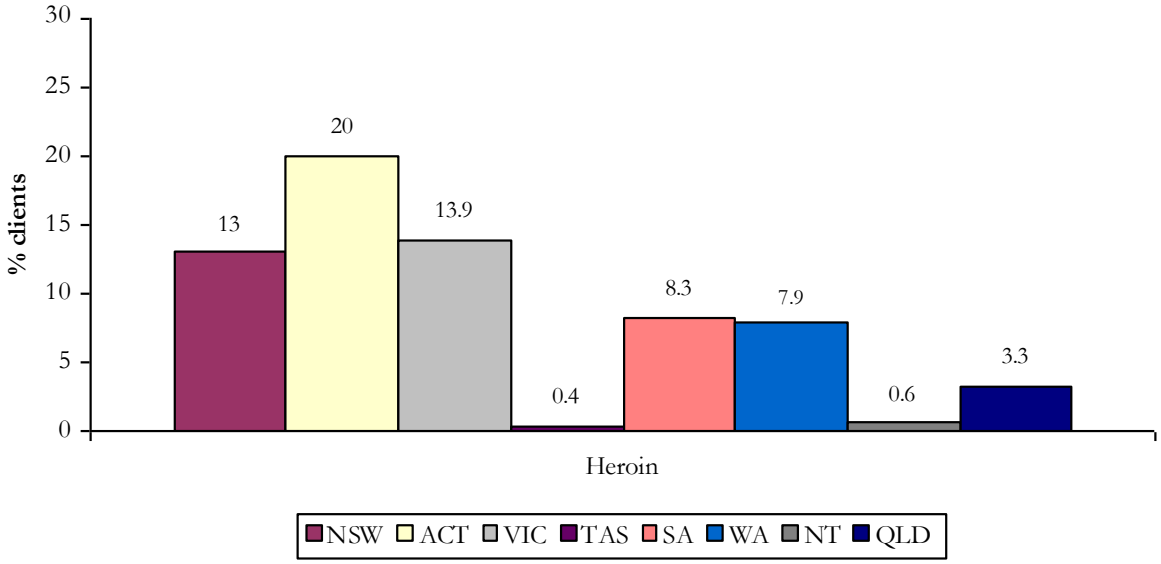
The diversion of opioid substitution treatment is an issue that needs to be considered (see *Other opioids* section). However, it should be noted that large proportions of participants in the IDRS who reported recent use of these pharmaceuticals reported that they had mainly used methadone, buprenorphine 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 61 indicates that the ACT (20%), VIC (13.9%) and NSW (13%) had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2006/07 (Australian Institute of Health and Welfare, 2008b). 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.

Figure 61: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2006/07*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2008b)

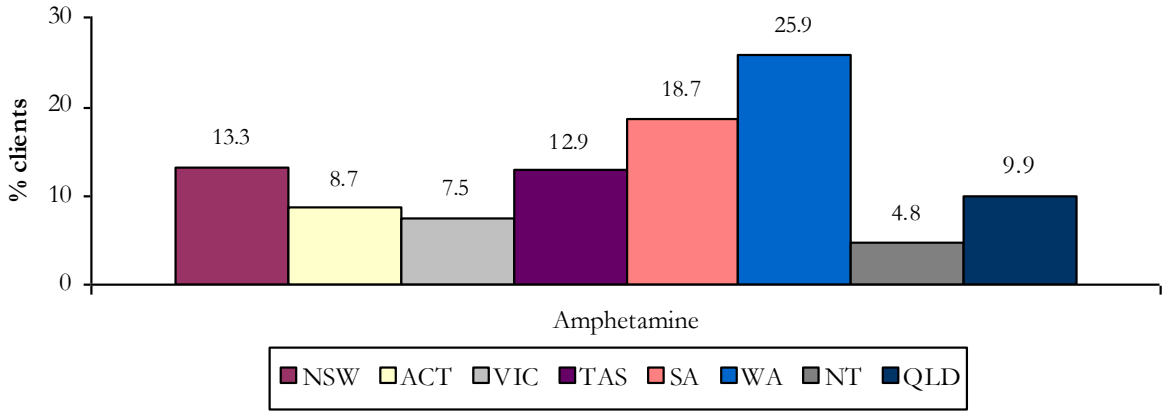
***** excludes closed treatment episodes for clients seeking treatment for the drug use of others. The total number of closed treatment episodes for QLD may be under-counted due to the exclusion of a number of non-government agencies. The total number of closed treatment episodes for TAS may be under-counted because two agencies only supplied drug diversion data. The total number of closed treatment episodes for the NT are due to technical difficulties which prevented data being collected from one-in-scope agency, and under-counted data from government agencies in two-quarters

Note: Treatment utilisation depends on demand and jurisdictional funding; data do not include clients from methadone maintenance treatments, NSP, 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 (25.9%), followed by SA (18.7%), and NSW (13.3%; Figure 62; (Australian Institute of Health and Welfare, 2008b). These proportions increased slightly from the 2005/06 data except in QLD.

Figure 62: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2006/07*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2008b)

***** excludes closed treatment episodes for clients seeking treatment for the drug use of others. The total number of closed treatment episodes for QLD may be under-counted due to the exclusion of a number of non-government agencies. The total number of closed treatment episodes for TAS may be under-counted because two agencies only supplied drug diversion data. The total number of closed treatment episodes for the NT are due to technical difficulties which prevented data being collected from one-in-scope agency, and under-counted data from government agencies in two-quarters

Note: Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, NSP, correctional institutions, halfway houses and sobering up shelters

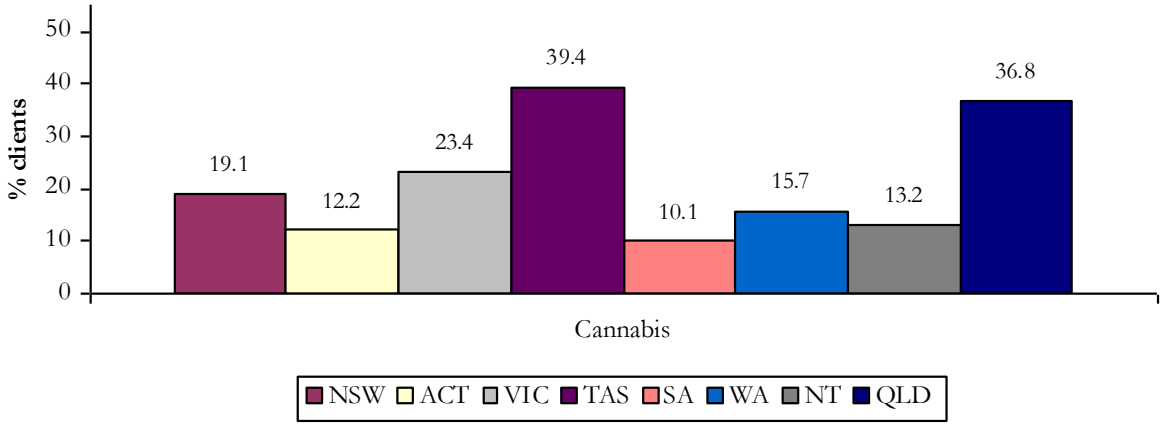
10.2.3 Cocaine

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2006/07 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.7%) across jurisdictions (Australian Institute of Health and Welfare, 2008b). These figures remain unchanged from 2005/06.

10.2.4 Cannabis

Data from the AODTS-NMDS indicate that in 2006/07, TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (39.4%), followed by QLD (36.8%) and VIC (23.4%; Figure 63) (Australian Institute of Health and Welfare, 2008b). Figures either remained stable or decreased in all jurisdictions except TAS where it increased in comparison to 2005/06.

Figure 63: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2006/07*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2008b)
***** excludes closed treatment episodes for clients seeking treatment for the drug use of others. The total number of closed treatment episodes for QLD may be under-counted due to the exclusion of a number of non-government agencies. The total number of closed treatment episodes for TAS may be under-counted because two agencies only supplied drug diversion data. The total number of closed treatment episodes for the NT are due to technical difficulties which prevented data being collected from one-in-scope agency, and under-counted data from government agencies in two-quarters
Note: Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, NSP, correctional institutions, halfway houses and sobering up shelters

10.2.5 Other drugs

For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW (Australian Institute of Health and Welfare, 2008b).

10.2.6 Reasons for treatment

Participants in the 2008 IDRS who were currently in treatment (47%) were asked a number of questions about their reported treatment. Participants reported a median of 24 months (ranging from one week to 30 years) in any current treatment. Those in current methadone treatment reported a median of 30mths (ranging from one week to 30yrs).

Participants in current treatment were asked 'What forms of treatment have you been in over the last six months?'. Of those currently in treatment, 58% reported methadone syrup, 21% buprenorphine, 16% buprenorphine-naloxone and 13% drug counselling.

Forty percent of participants in current treatment (N=168) reported that they had been in treatment for 12 months or less. Of those in treatment for 12 months or less, the reasons given for entering the current treatment were self referral (73%), referral from GP/health professional (15%), drug court requirement (5%) and other legal court (4%).

Those participants who self-referred themselves to treatment (N=123) were then asked 'What was your main motivation for entering treatment?' and 'Why did you enter this particular type of treatment?'. The most common reasons given for main motivation were felt drug habit was a problem (58%) and/or negative drug experience (7%). The reasons given for entering the type of treatment were only treatment offered (11%), word of mouth (7%) and/or family/partner/friend experience (7%).

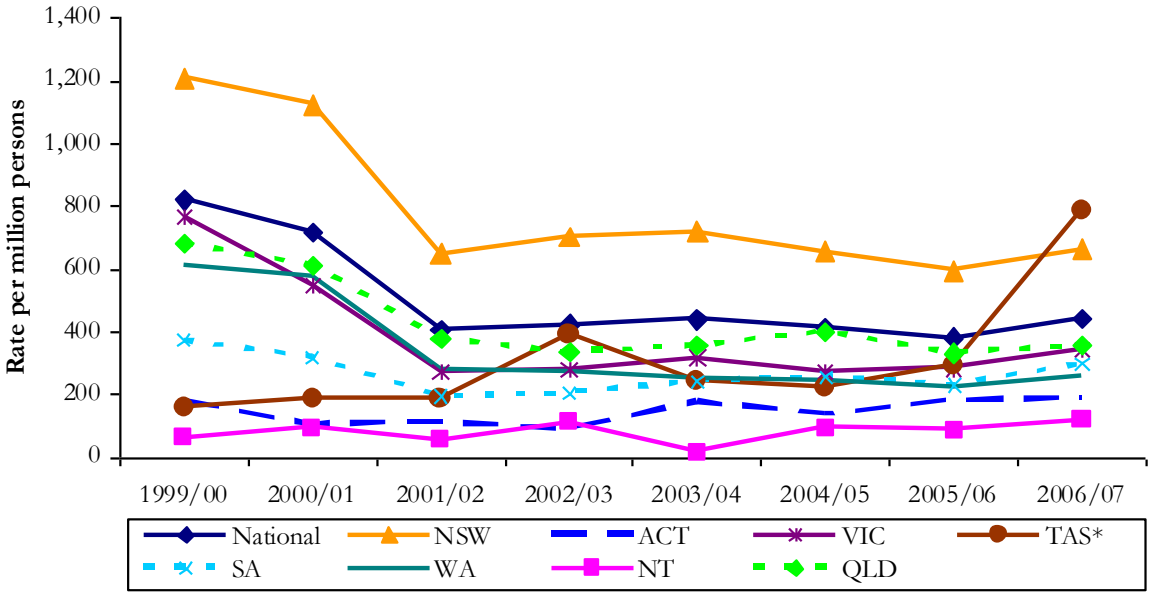
Nationally, 15% of participants in the 2008 IDRS reported that they tried to enter a drug/alcohol treatment program but were turned away due to lack of places in the last 12 months.

10.3 Hospital admissions

10.3.1 Heroin including other opioids

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 64. 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 2006/07, the number of opioid-related hospital admissions per million persons at a national level was 442 admissions among persons aged 15-54 years, representing an increase from 2005/06. In previous years NSW recorded the highest number of opioid-related hospital admissions per million persons, however, in 2006/07 TAS reported a large increase from 295 admissions per million persons in 2005/06 and to 789 admissions per million persons aged 15-54yrs. NSW reported the second highest (663 admissions per million persons) in 2006/07. These data are consistent with IDRS IDU survey data, with an increase in the use of other opiates such as morphine and oxycodone in TAS in 2008.

Figure 64: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2006/07



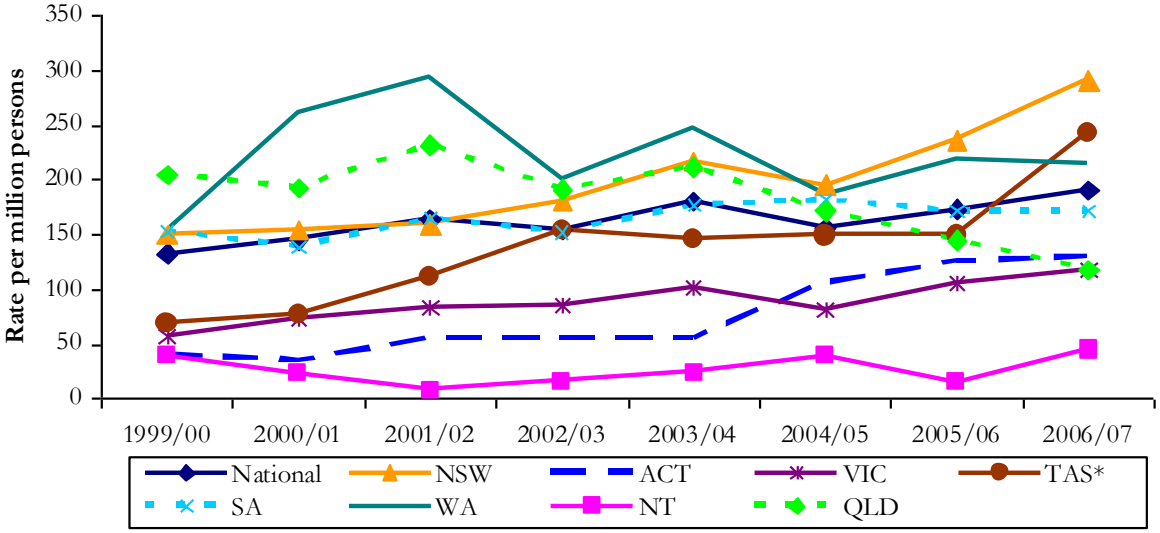
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, Roxburgh and Burns (in press)

* from 2001, numbers in TAS included admissions from an additional drug withdrawal unit

10.3.2 Methamphetamine

Figure 65 shows the number of inpatient hospital admissions per million persons, since 1999/2000, with a principal diagnosis relating to amphetamines among persons aged 15-54 years. Figures steadily increased at a national level between 1999/00 and 2006/07 (from 133 admissions per million persons to 191 admissions per million persons). NSW recorded the highest number of amphetamine-related hospital admissions in 2006/07 at 291 admissions per million persons, representing an increase from 237 admissions per million persons in 2005/06. TAS reported an increase in amphetamine-related hospital admissions from 147 admissions per million persons to 244 admissions per million persons. The other states remained relatively stable.

Figure 65: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2006/07



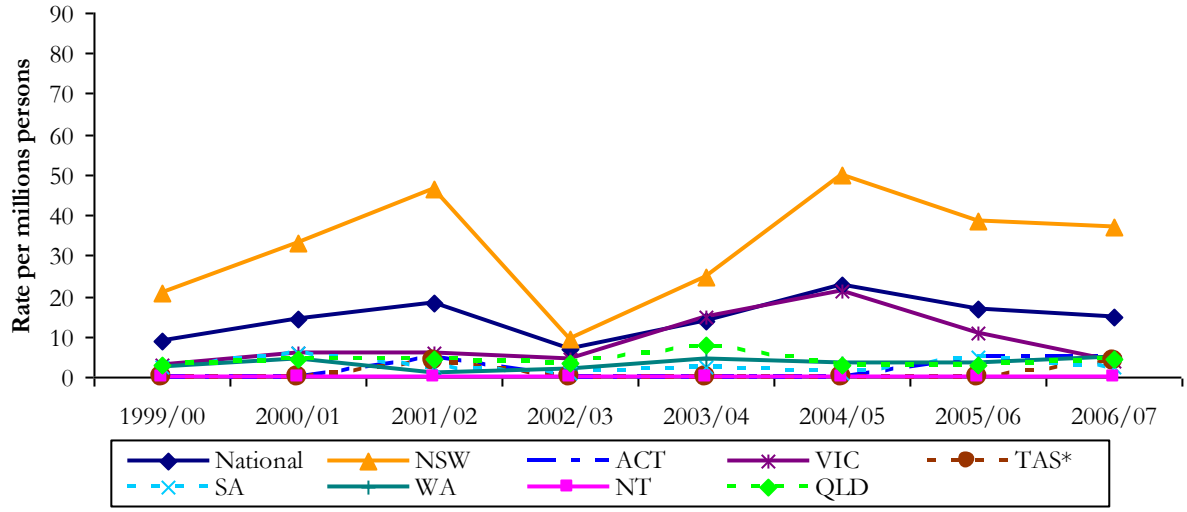
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, Roxburgh and Burns (in press)

* from 2001, numbers in TAS included admissions from an additional drug withdrawal unit

10.3.3 Cocaine

Figure 66 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 eight year period, ranging from seven admissions per million persons in 2002/03 to 23 admissions per million persons in 2004/05. In 2006/07, the number of inpatient hospital admissions was 15 admissions per million persons. 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 admissions per million persons in 2004/05, and declined to 38 and 37 admissions per million persons in 2005/06 and 2006/07 respectively. Figures were relatively lower in all other jurisdictions.

Figure 66: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2006/07



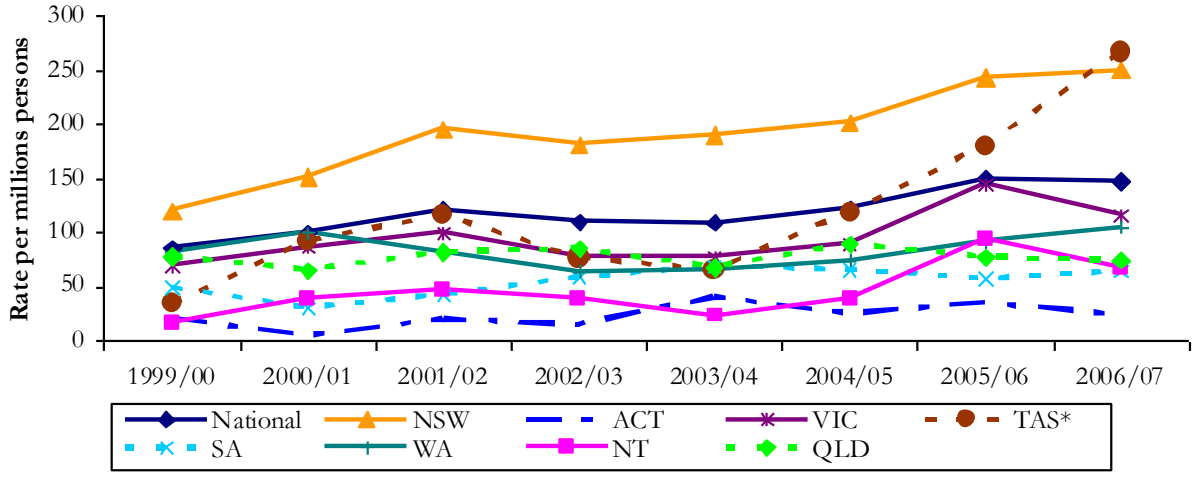
Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, Roxburgh and Burns (in press)

* from 2001, numbers in TAS included admissions from an additional drug withdrawal unit

10.3.4 Cannabis

Figure 67 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the eight-year period from 85 admissions per million persons in 1999/00 to 148 per million persons in 2006/07. In previous years NSW recorded the highest figures across the period, however, in 2006/07 TAS reported a large increase from 180 per million persons in 2005/06 to 269 per million persons in 2006/07. NSW has reported a steady increase over time from 120 admissions per million persons in 1999/00 to 250 admissions per million persons in 2006/07. VIC and the NT recorded decreases in cannabis-related hospital admissions.

Figure 67: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2006/07



Source: AIHW; ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments, Roxburgh and Burns (in press)

* from 2001, numbers in TAS included admissions from an additional drug withdrawal unit

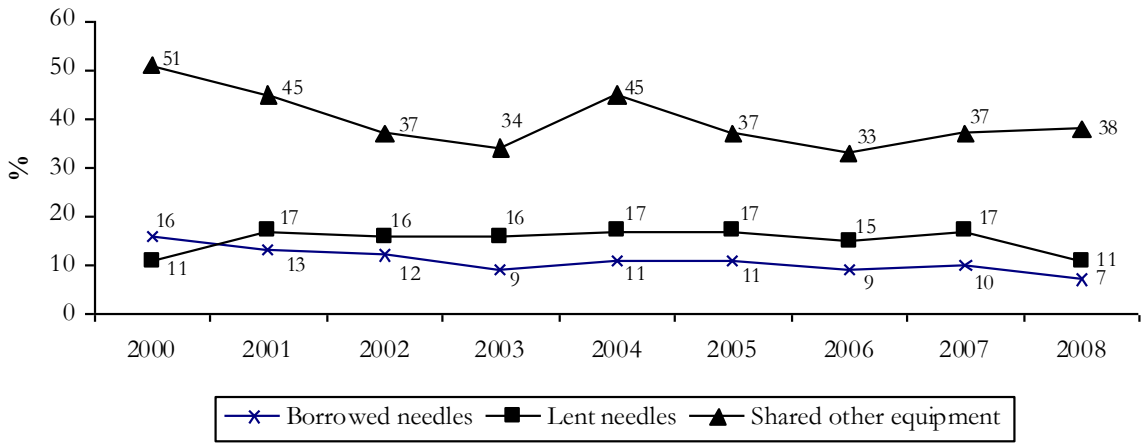
10.4 Injecting risk behaviours

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 virus (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 68).

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 was stable between 2007 and 2008, and remained lower than in 2000 (Figure 68). It should be noted that data on equipment sharing include the sharing of both new and/or re-used equipment.

Figure 68: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2008



Source: IDRS IDU participant interviews

Proportions reporting borrowing needles varied by jurisdiction, from no reports (SA) to one-fifth (the ACT), while lending needles ranged from less than one-tenth (SA) to just under two-fifths (VIC; Table 64). The borrowing of needles in the past month reduced in all jurisdictions from 2007 to 2008 except in VIC where it increased and in the NT where it remained stable (Figure 69) Self-reported lending of used needles and/or syringes reduced in comparison to 2007 figures in all jurisdictions except in VIC and the NT where it increased in 2008 (Figure 70). The self-reported sharing of used injecting equipment not including needles and/or syringes increased in NSW, the ACT and QLD and reduced slightly in the other jurisdictions (Figure 71).

Participants in 2008 were also asked if they re-used their own needle due to the risks associated with re-using needles such as infection. Nationally, just over half (53%) reported re-using their own needle ranging from 40% in the NT to 64% in the ACT (Table 64).

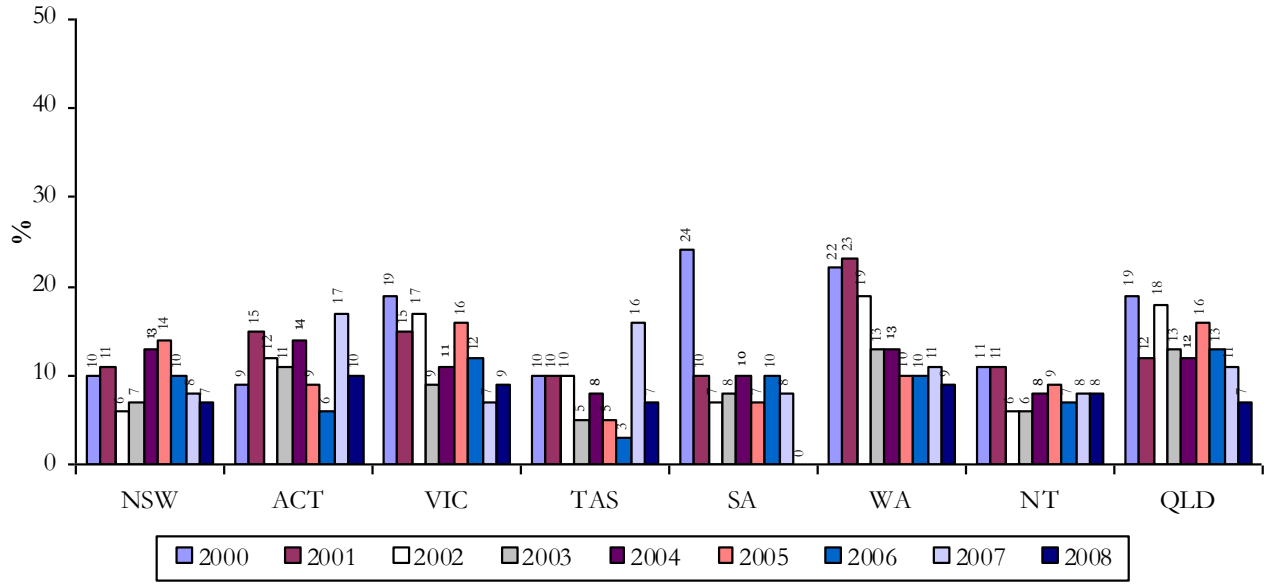
Table 64: Sharing needles and injecting equipment in last month, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Borrowed a needle (%)	7	7	10	9	7	0	9	8	7
Lent a needle (%)	11	11	13	16	9	4	14	9	6
Shared any injecting equipment* (%)	38	52	45	41	30	24	24	32	44
Shared spoon/mixing container**	72	60	96	77	50	75	71	67	78
Shared filter**	37	28	47	48	20	63	38	27	35
Shared tourniquet**	36	18	40	28	37	46	63	64	35
Shared water**	38	39	51	43	37	58	29	30	22
Re-used own needle (%)	53	57	64	54	55	47	53	40	49

Source: IDRS IDU participant interviews
***** includes spoons, water, tourniquets and filters; excludes needles/syringes
** among those who reported sharing any injecting equipment

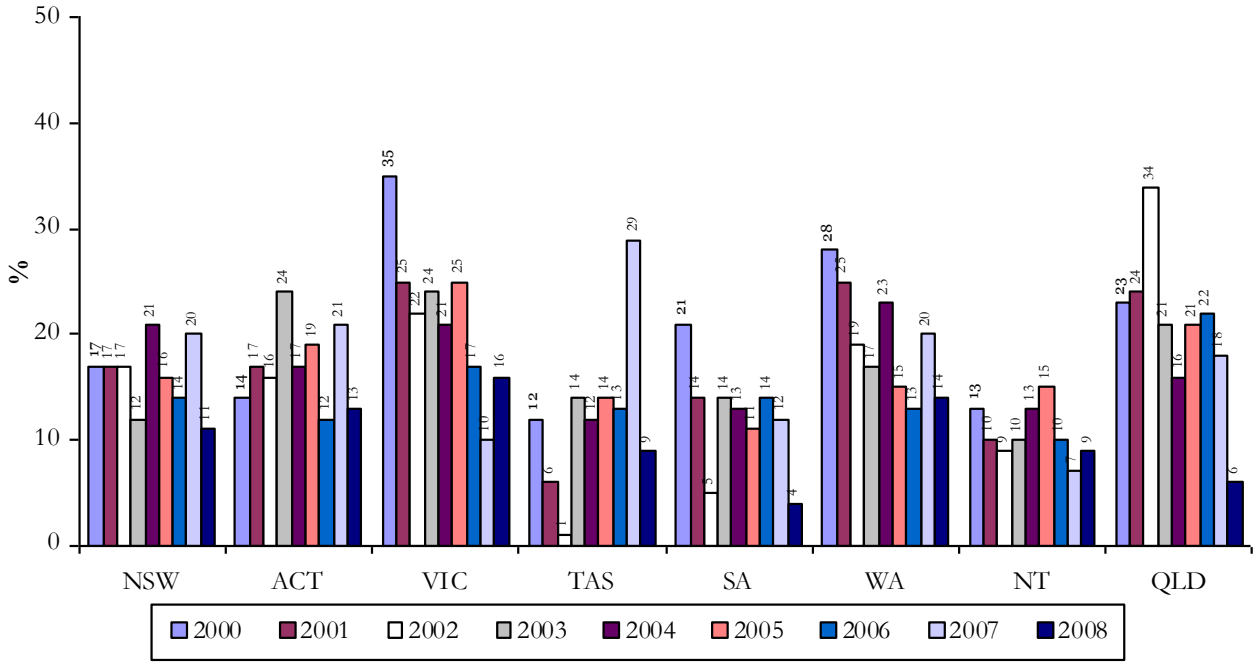
The sharing of injecting equipment other than needles and syringes also carries the risk of BBVI transmission. Approximately two-fifths of the national sample reported that they had shared any other injecting equipment in the last month. The most commonly reported types of equipment shared were spoons/mixing containers and water (Table 58). By jurisdiction, the highest rates of sharing other equipment were reported in NSW. Compared to 2007, increases were observed in NSW, the ACT and QLD whereas a slight decreased was seen in the other jurisdictions (Figure 71). For the first time in 2008, participants who shared injecting equipment were asked 'In the last month, on how many occasions did you share any injecting equipment after somebody else?'. The majority of those who shared (38%) reported sharing more than ten times in the last month. Similar proportions reported sharing injecting equipment 'two times' and '3-5 times' (13% and 14% respectively) in the last month.

Figure 69: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2000-2008



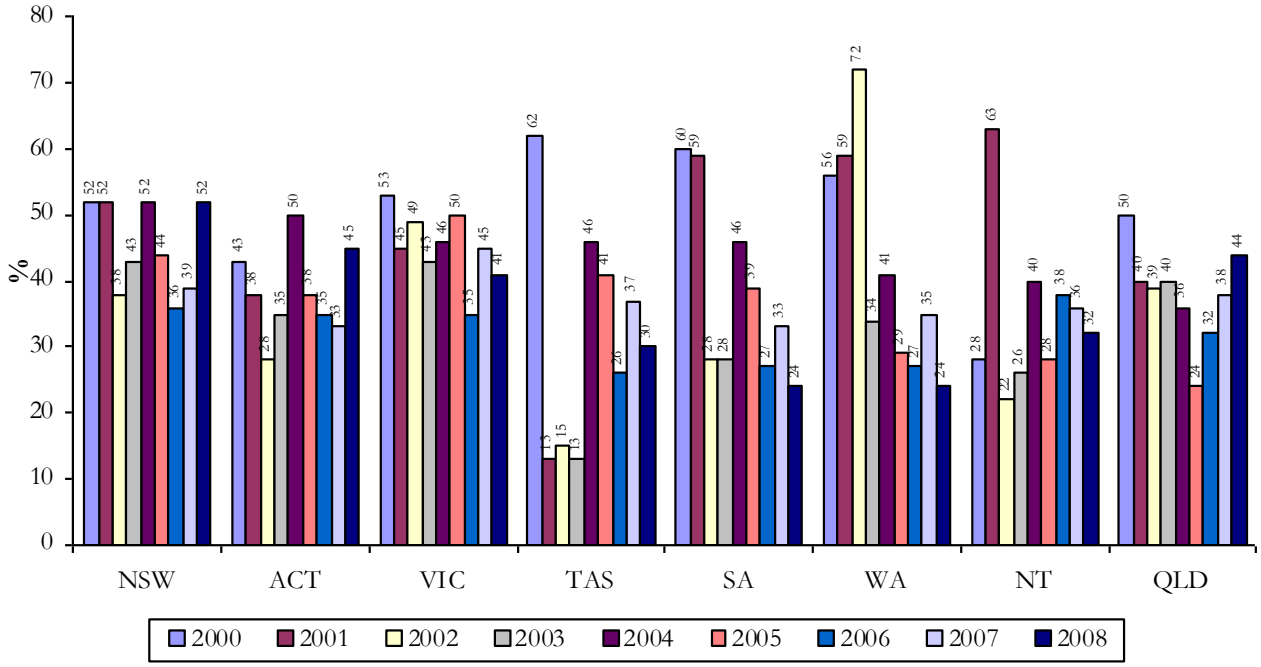
Source: IDRS IDU participant interviews

Figure 70: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2000-2008



Source: IDRS IDU participant interviews

Figure 71: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 1999-2008



Source: IDRS IDU participant interviews

Participants who had used a needle after someone else in the last month (n=65) had typically used after a partner (54%, n=35) or close friend (28%, n=18). These participants had usually borrowed a needle on one or two occasions during that time (77%, n=50). In 2008, participants who reported using a needle after somebody else were asked if they cleaned the needle before use. Seventy-five percent reported cleaning the needle before using it. Of those who cleaned the needle (n=48), 45% reported flushing with water only, 15% boiled the needle, 14% used bleach and 6% used the 2x2x2 method (which comprises 2x water washes, 2x bleach washes containing 5.25% w/v chlorine for 30 seconds each and 2x water washes; Table 65).

The main reasons given for sharing needles/syringes (the last time) among those who either borrowed or lent a needle/syringe (n=119) were outlet was closed (19%), outlet was too far away (11%), couldn't be bothered to get clean equipment (8%) and/or social situation (6%).

Table 65 also outlines the cleaning of shared injecting equipment (not including needles/syringes) among those who shared that particular injecting equipment. The majority of participants for each form of equipment reported 'other' forms of cleaning the equipment. The most common 'other' response was the use of alcohol swabs or swabs with water. Small numbers reported using water only to clean the injecting equipment.

Table 65: Cleaning of injecting equipment among those who shared any injecting equipment, 2008

	Needle	Spoon	Filter	Tourniquet	Water
Cleaned equipment (%)	80	62	60	46	59
Method used among those who cleaned equipment#	(N=49)	(N=150)	(N=69)	(N=52)	(N=73)
Bleach (%)	14	1	3	4	2
2x2x2x method* (%)	6	0	0	0	0
Water only (%)	45	13	16	16	18
Boiled (%)	15	5	6	6	7
Other (i.e. Alcohol swabs, swabs) (%)	27	88	83	75	84

Source: IDRS IDU participant interviews
multiple responses allowed
* 2x2x2 method comprises 2x water washes, 2x bleach washes containing 5.25% w/v chlorine for 30 seconds each and 2x water washes

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

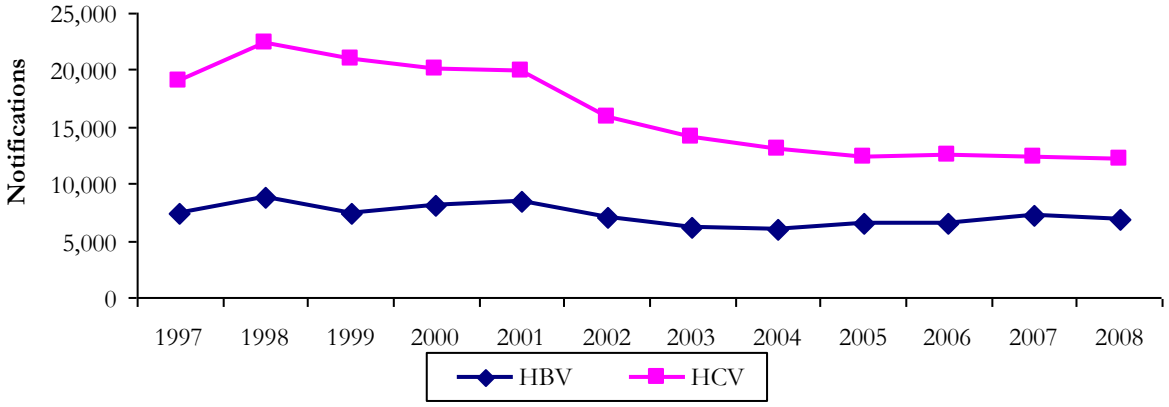
People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV)[18] and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 72 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

[18] HCV antibody testing has only been available since 1990.

over the past five years. HCV notifications began to decrease in 2001 and have remained relatively stable since. HCV continued to be more commonly notified than HBV. 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).

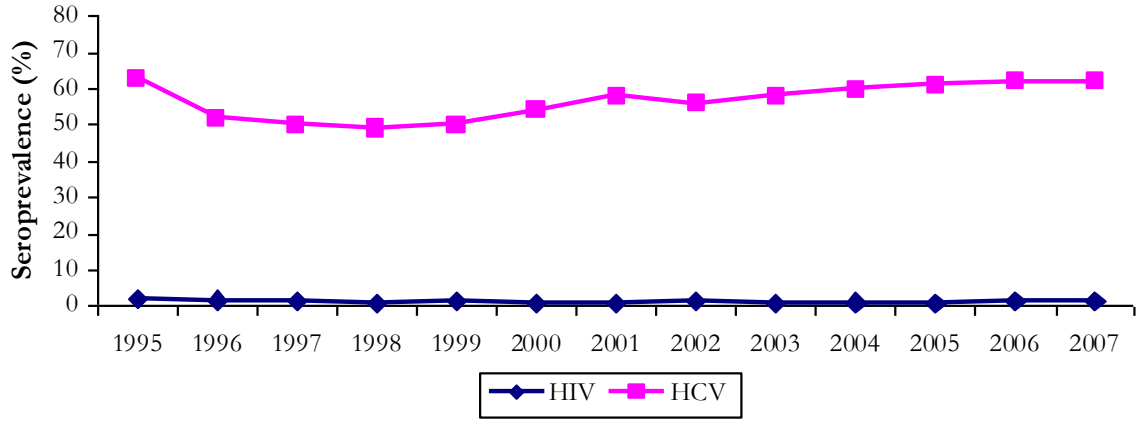
Figure 72: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2008



Source: Communicable Diseases Network – Australia – NNDSS[19]
Note: Data accessed on 15 January 2009. Figures are updated on an ongoing basis

The prevalence of HIV among people who inject drugs in Australia also remained stable at relatively low rates, between 0.9% in 2001 and 1.6% in 2007. HCV prevalence among this group was much higher (62% in 2007), with a gradual increase apparent since 1998 when this figure was 49% (National Centre in HIV Epidemiology and Clinical Research, 2008).

Figure 73: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2007



Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2002, 2007, 2008)[20]

[19] 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.

[20] Respective 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; 2007 – 1,912 National Centre in HIV Epidemiology and Clinical Research (2003, 2008).

10.4.3 Location of injections

Consistent with previous years, the majority of participants (75%) 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 five percent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC; Table 66).

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 66: Location of last injection, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Private home (%)	75	60	80	62	87	82	70	93	80
Street/car park/beach (%)	6	7	5	13	0	1	6	4	5
Car (%)	8	6	6	9	7	10	14	1	8
Public toilet (%)	5	3	7	12	6	4	2	1	6
Shooting room (%) *(excludes Sydney MSIC)*	1	5	0	0	0	0	0	0	0
Sydney MSIC (%)	n.a.	17	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Other (%)	5	2	2	4	0	3	8	1	1

Source: IDRS IDU participant interviews
Note: n.a. is not applicable

Participants were also asked the location of usual injection, which followed the same pattern as location of last injection: home (83%), car (5%), street/car park/beach (3%) and public toilet (3%).

10.4.4 Self-reported injection-related health problems

Approximately two-thirds (67%) 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 (49%, comparable to 51% in 2007) and difficulty injecting (44%, comparable to 41% in 2007), most likely indicating poor vascular health among a proportion of this group. Fourteen percent 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 except in WA where scarring/bruising was reported to be around three-quarters of the participants (Table 67).

Table 67: Proportion of injection-related issues in last month, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Any injection related problem (%)	67	64	74	63	54	71	79	74	63
Infection/abscess (%)	8	7	4	7	5	8	15	11	8
Dirty hit (%)	14	11	14	15	9	17	10	18	20
Scarring/bruising (%)	49	44	55	47	31	46	73	53	46
Difficult injecting (%)	44	40	47	39	39	54	56	45	38
Thrombosis (%)	7	7	4	10	4	3	11	11	4
Overdose (%)	1	0	1	3	0	0	0	1	3
Total median score*	2	1	1	2	1	2	2	2	2

Source: IDRS IDU participant interviews
* among those who reported an injection related problem

Among those who had overdosed in the last month (n=9), heroin was most commonly reported as the main drug (56%, n=5), followed by morphine (22%, n=2). Many participants who had overdosed in the preceding month attributed it to polydrug use (not necessarily injection; 68%, n=6), predominantly benzodiazepines (33%, n=3) and/or alcohol (22%, n=2). Those experiencing a dirty hit (n=130), most commonly attributed it to the injection of heroin (28%), followed by morphine (19%) and methamphetamine (19%). The majority of these participants considered that no other drugs had contributed to their dirty hits; among the minority that did (17%, n=22), use of methamphetamine (5%, n=6), morphine (2%, n=3), heroin (4%, n=5), and/or alcohol (2%, n=3) were believed to have contributed.

Research suggests that the injection of preparations designed for oral administration can result in injection-related health problems (Ross, 1996, 1997, 2000, Klee, 1990, Fry and Bruno, 2002, Strang, 1994, Darke, 1994, 1995, 2002). IDRS participants were also asked about injection-related problems specifically associated with the injection of benzodiazepines, methadone, buprenorphine, morphine and oxycodone. It should be noted that 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 versus poor), length of time injected and equipment used (e.g. brand new versus blunt needles).

Benzodiazepines

Seven percent (n=65) of the 2008 national IDRS sample reported injecting benzodiazepines in the month preceding interview, ranging from <1% in NSW to 27% in TAS. No participants in WA reported engaging in this behaviour during this time. Sixty-nine 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 68).

Methadone

Injection of methadone in the last month was more prevalent than benzodiazepine injection. Nineteen percent (n=175) of the 2008 sample reported injecting methadone during the preceding month, ranging from 3% in SA to 71% in TAS. Around three-quarters of those who had injected methadone in the past month reported experiencing one or more injection-related problems that they attributed to this behaviour: difficulty injecting, depenence and scarring and/or bruising were the most commonly reported problems (Table 68).

Buprenorphine

As with methadone, buprenorphine injection was more prevalent than benzodiazepine injection. Eleven percent of the national sample (N=102) had injected buprenorphine in the month prior to interview, ranging from 1% in TAS to 20% in the ACT (for data on the preceding six months, see *Other opioids* section). Eighty percent of those who had injected buprenorphine in the past month reported injection-related problems, with difficulty injecting, dependence and scarring and/or bruising being the most commonly reported problems (Table 68).

Buprenorphine-naloxone

Buprenorphine-naloxone had been injected in the past month by a small number of participants in the national sample (5%, N=42), 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, dependence and difficulty injecting (Table 68).

Morphine

Morphine injection in the past month was more prevalent than the other drugs reported here. Just over one-third of the national sample (N=317) had injected morphine in the month prior to interview, ranging from 11% in WA to 87% in the NT. Just over two-thirds of this group reported experiencing injection-related problems due to morphine injection, again with difficulty injecting, dependence and scarring and/or bruising being the most commonly reported problems (Table 68).

Table 68: Injection-related issues due to benzodiazepine, methadone, buprenorphine, and morphine among those reporting injecting these drugs in last month, 2008

Injection problems (%)	Benzodiazepines N=65	Methadone N=175	Buprenorphine N=102	Buprenorphine-naloxone N=42	Morphine N=317
Any problem	69	76	79	76	77
Infection/abscess	11	3	8	10	6
'Dirty hit'	2	11	8	12	10
Scarring/bruising	40	39	49	45	39
Thrombosis	12	5	7	7	5
Swelling of the arm	19	12	16	19	13
Swelling of leg	8	<1	4	2	3
Swelling of hand	11	7	10	7	9
Swelling of feet	6	2	5	2	5
Hospitalisation	3	<1	2	0	2
Contact with an ambulance	2	<1	2	2	2
Contact with police	0	1	2	2	3
Dependence	17	45	50	43	40
Difficulty injecting	49	41	52	45	37
Skin ulcers	6	1	2	0	2
Gangrene	0	0	1	0	<1

Source: IDRS IDU participant interviews

10.5 Crystal smoking (pipes) risk behaviours

Due to the risk behaviours associated with the use of crystal/ice pipes (pipes) the 2008 IDRS asked participants questions concerning the use of crystal/ice pipes; how they obtained pipes, what they did if they were unable to obtain new pipes, the availability of pipes, the sharing of pipe equipment and the reasons for smoking crystal/ice.

Of those who commented, just over half reported obtaining pipes from a friend and 42% from a shop. If participants were unable to obtain a pipe, just over half reported injecting instead and 44% made their own pipe (Table 69).

Crystal/ice pipes were considered to be 'easy' (25%) or 'very easy' (31%) to obtain. The majority (37%) reported availability as 'stable' or 'more difficult' (24%) over the six months preceding interview (Table 69).

Table 69: Availability of crystal/ice pipes among those who commented, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Where obtain pipes (%)	(N=119)	(n=34)	(n=24)	(n=26)	(n=4^)	(n=12)	(n=3^)	(n=5^)	(n=11)
Shop	42	74	50	23	0	17	67	40	9
Dealer	8	9	8	0	25	8	33	20	0
Friend	56	55	38	65	50	58	88	60	55
Internet	1	0	0	0	0	0	0	20	0
Other	16	6	4	19	25	17	40	40	36
If unable to obtain pipes (%)	(N=114)	(n=29)	(n=22)	(n=26)	(n=4^)	(n=12)	(n=4^)	(n=7^)	(n=11)
Use old	24	66	18	0	50	0	0	14	9
Other source	21	11	9	4	25	17	25	43	9
Inject	55	70	77	62	0	8	40	57	36
Snort	3	0	14	0	0	0	0	0	0
Swallow	4	3	14	0	0	0	0	14	0
Make own	44	55	32	39	25	58	50	29	46
Stop using	4	7	0	4	0	17	0	0	0
Other	11	13	4	4	0	0	86	0	0
Availability (%)	(N=134)	(n=40)	(n=23)	(n=27)	(n=4^)	(n=12)	(n=10)	(n=7^)	(n=11)
Don't know	28	13	26	30	25	67	60	14	18
Very easy	31	40	48	37	25	8	10	0	9
Easy	25	38	26	0	25	0	30	71	27
Difficult	9	5	0	26	0	0	0	14	18
Very Difficult	8	5	0	7	25	25	0	0	27
Availability changes (%)	(N=134)	(n=40)	(n=23)	(n=27)	(n=4^)	(n=12)	(n=10)	(n=7^)	(n=11)
Don't know	32	13	35	33	25	75	50	43	18
More difficult	24	23	26	30	0	17	10	14	46
Stable	37	51	30	30	75	8	40	43	27
Easier	7	13	9	7	0	0	0	0	0
Fluctuates	1	0	0	0	0	0	0	0	9

Source: IDRS IDU participant interviews

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

Seventy-five percent of participants who commented reported sharing crystal/ice smoking equipment with other(s). Of those who had shared, around one-third shared more than 10 times and one-fifth shared on one occasion in the last six months (Table 70).

The main reasons for not smoking crystal/ice among those who had not smoked crystal/ice in the last six months (but had smoked in the past) were 'didn't like smoking' followed by 'prefer to inject'. When asked if they were likely to smoke in the future, one-third responded 'never' and nearly one-third responded 'very unlikely' (Table 70)

Table 70: Crystal smoking (pipes) risk behaviours among those who commented, 2008

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Shared smoking equipment (%)	(N=134) 75	(n=40) 70	(n=23) 74	(n=27) 78	(n=4^) 50	(n=12) 100	(n=10) 70	(n=7) 86	(n=11) 64
Number of times shared* (%)	(N=100)	(n=28)	(n=17)	(n=21)	(n=2^)	(n=12)	(n=7)	(n=6^)	(n=7)
One time	21	14	29	14	0	25	43	17	29
Two times	16	29	18	5	0	17	0	0	29
3-5 times	19	14	12	33	50	8	29	17	14
6-10 times	14	18	12	24	0	8	0	17	0
> 10 times	30	25	29	24	50	42	29	50	29
Main reason not smoked (%)	(N=113)	(n=28)	(n=15)	(n=31)	(n=8^)	(n=14)	(n=6^)	(n=0)	(n=11)
No opportunity	8	4	0	16	13	7	17	0	0
Didn't like	42	36	53	58	50	36	0	0	18
Prefer inject	31	54	33	13	0	14	50	0	55
Other method	2	0	7	0	0	0	0	0	9
No equipment	2	0	0	0	0	7	0	0	9
Other	16	7	7	13	38	36	33	0	9
Likely to smoke in future (%)	(n=109)	(n=28)	(n=15)	(n=30)	(n=8^)	(n=14)	(n=3^)	(n=0)	(n=11)
Never	33	29	40	37	13	64	0	0	9
Very unlikely	29	36	27	20	38	21	0	0	55
Unlikely	12	0	7	17	38	7	0	0	27
Somewhat likely	17	28	7	17	13	0	100	0	9
Likely	6	4	20	3	0	7	0	0	0
Very likely	3	4	0	7	0	0	0	0	0

Source: IDRS IDU participant interviews
***** among those who reported sharing crystal/ice smoking equipment

10.6 Mental and physical 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 and Bruno, 2007). These causal pathways may vary across drug types and psychiatric symptomatology (Jane-Lopis and 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 and Bruno, 2007, Teesson and Burns, 2001). Because of this, the 2007 and 2008 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).

Forty-three percent of participants self-reported that they had experienced a mental health problem in the preceding six months. Among these who had experienced a problem (N=385), 68% reported attending a mental health professional during this period. See Table 71 for breakdown of these results by jurisdiction, problems experienced among those reporting a problem, and contact with mental health professionals.

The most commonly reported mental health problems were depression (75%; 32% of the entire sample), followed by anxiety (43%; 18% 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 12% or less of the national sample.

Table 71: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Self-reported mental health problem (%)	43	42	55	41	43	47	40	30	45
Problem:* (%)	N=385	n=61	n=55	n=62	n=43	n=46	n=40	n=31	n=47
Depression	75	69	78	69	79	85	78	65	75
Anxiety	43	36	42	37	42	44	55	32	60
Bipolar disorder	12	15	15	15	9	9	3	13	13
Panic	10	18	7	2	19	9	3	3	17
Paranoia	10	23	6	7	0	11	3	10	15
Schizophrenia	10	15	9	11	3	9	0	10	19
Drug-induced psychosis	5	15	2	0	0	2	3	3	11
Attended health professional for mental health problem* (%)	68	71	69	64	72	63	65	52	81

Source: IDRS IDU participant interviews
***** among those who reported a mental health issue

Fifty-three 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 one-third of those who had experienced a mental health problem had been prescribed antidepressants (33%; 14% of the entire sample), most commonly mirtazepine (e.g. Avanza, n=22), venlafaxine (e.g. Efexor, n=19), amitriptyline (e.g. Endep, n=7) fluoxetine (e.g. Prozac, n=8) and sertraline (e.g. Zoloft, n=20). Fifteen percent of those with a mental health problem had been prescribed an antipsychotic (representing 6% of the entire sample), most commonly quetiapine (e.g. Seroquel, n= 17), olanzapine (e.g. Zyprexa, n=14) and risperodone (e.g. Risperdal, n=8). 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 26% of those who had experienced a mental health problem in the preceding six months (n=100).

10.6.1 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, SCID; Andrews and Slade, 2001).

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=853), the mean score was 23.4 (median 22; SD 9.2; range 7-50). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and 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 populations of people who inject drugs (see Hides et al., 2007).

The 2007 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2008a) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be 'low', 16-21 as 'moderate', 22-29 as 'high' and 30-50 as 'very high'. Using these categories, IDRS participants reported greater levels of 'high' and 'very high' distress compared to the National Drug Strategy Household Survey with the exception of the ACT where it was higher (Table 72).

Table 72: K10 scores by jurisdiction (method used in AIHW National Drug Strategy Household Survey), 2008

	National Drug Strategy Household Survey	IDRS								
K10 category	**National**	**National N=853**	**NSW n=149**	**ACT n=101**	**VIC n=146**	**TAS n=92**	**SA n=97**	**WA n=67**	**NT n=98**	**QLD n=103**
No or low distress (%) (score 10-15)	69	24	16	18	29	22	32	16	30	24
Moderate distress (%) (score 16-21)	21	21	18	20	20	20	24	19	25	25
High distress (%) (score 22-29)	8	28	31	31	20	26	22	57	24	29
Very high distress (%) (score 30-50)	2	27	35	32	31	33	23	8	19	21

Source: IDRS IDU participant interviews; (Australian Institute of Health and Welfare, 2008a)
Note: The extent to which cut-offs derived from population samples can be applied to the IDRS population is yet to be established and therefore these findings should be taken as a guide only

IDRS participants in 2008 were also asked how frequently the feelings reported in the K10 had occurred in the past 30 days[21]. Of those who commented (n=846), the majority of participants (54%) reported 'about the same as usual' indicating that while this item is a snapshot measure of participants mental health in the four weeks preceding interview, it appears apparent that the feelings reported are consistent with feelings experienced by participants normally rather than attributing it to an event that had occurred in the four weeks preceding the interview. State trends were similar to the national trends (Table 73), for individual state results, please consult individual jurisdictional reports.

[21] Sourced from the National Comorbidity Survey http://www.hcp.med.harvard.edu/ncs/k6_scales.php

Table 73: Frequency of feelings reported in the K10 over the past 30 days, 2008

	National (N=846)
A lot more often than usual (%)	**9**
Somewhat more often than usual (%)	**8**
A little more often than usual (%)	**15**
About the same as usual (%)	**54**
A little less often than usual (%)	**8**
Somewhat less often than usual (%)	**3**
A lot less often than usual (%)	**2**
Don't know (%)	**1**

Source: IDRS IDU participant interviews

Participants in 2008 were also asked how often they felt their physical health problems were the main cause of the levels of distress reported in the K10 (over the past 30 days). Less than half (45%) of participants did not attribute the feelings reported in the K10 to physical health problems, and one-fifth (20%) attributed physical health problems to psychological distress (over the past 30 days) 'some of the time' (Table 74). For individual state results, please consult jurisdictional reports.

Table 74: Attribution of physical health problems to feelings reported in the K10, 2008

	National (N=843)
All of the time (%)	**6**
Most of the time (%)	**11**
Some of the time (%)	**20**
A little of the time (%)	**15**
None of the time (%)	**45**
Don't know (%)	**3**

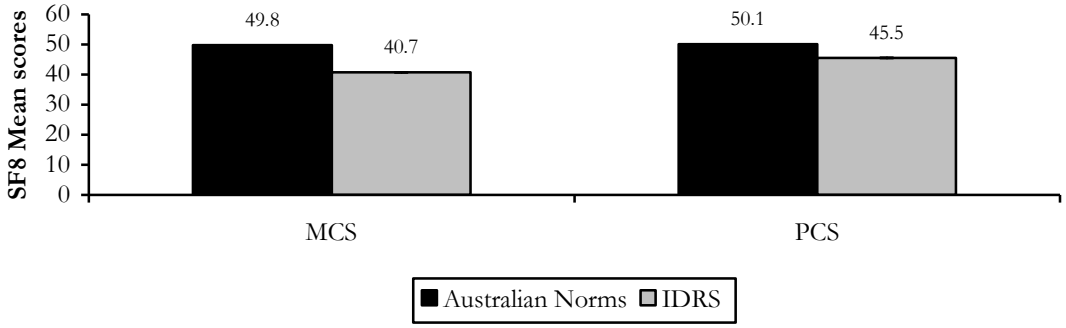
Source: IDRS IDU participant interviews

10.6.2 Mental and Physical Health problems (SF-8)

The Short Form-8 Health Survey (SF-8) is a questionnaire designed to provide information on general health and wellbeing. It was administered for the first time in the IDRS in 2008. The SF-8 measures eight health concepts physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. The scores generated by these eight variables are combined to generate two composite scores, the physical component score (PCS) and the mental component score (MCS) (Lefante Jr. et al., 2005).

The SF-8 scoring system was developed to yield a mean of 50 and a standard deviation of 10. IDU in the 2008 IDRS scored a mean of 40.7 (SD=12.9) for the MCS and 45.5 (SD=10.4) for the PCS (Figure 74).

Figure 74: SF-8 scores for IDRS participants compared with the general Australian population, 2008.



Source: IDU participant interviews 2008

Figure 74 presents the MCS and PCS for participants interviewed in the IDRS compared with those of the general Australian population[22] (Australian Bureau of Statistics, 1995). It appears that IDRS participants in 2008 had a significantly lower MCS compared with the Australian population average (40.5% versus 49.8%; t_{815}=-20.19; 95%CI=-9.97, -8.20). It was also found that IDRS participants reported a significantly lower PCS score than the Australian population (45.5% versus 50.1%; t_{815}=-12.73; 95%CI=-5.364, -3.93, Table 75). The MCS was found to be one standard deviation and PCS half a standard deviation below the Australian population mean score. This would indicate that IDRS participants had poorer mental and physical health than the population average.

Table 75: SF-8 Mental and Physical Health Mean Component Scores, 2008

	ABS	IDRS								
SF-8 Component scores	**SF-36 Australian Population Norms**	**National N=909**	**NSW n=151**	**ACT n=101**	**VIC n=150**	**TAS n=100**	**SA n=100**	**WA n=100**	**NT n=103**	**QLD n=104**
MCS	49.8	40.7	40.4	38.8	41.2	39.3	43.0	38.8	41.6	41.2
PCS	50.1	45.5	45.5	45.1	46.9	45.5	43.5	47.1	43.3	47.3

Source: (IDRS participant interviews, 2008; (Australian Bureau of Statistics, 1995)

In terms of state differences, an interesting finding was that all states and territories were found to have a significantly lower MCS and PCS than the Australian population average apart from QLD with their PCS. For further discussion, see the 2009 individual state reports.

The issue of physical health problems within this sample will be investigated further in 2009.

[22] The SF-8 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

10.7 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, 53% had driven a car in the last six months. Of those who had driven recently (n=479), one-quarter (24%) reported driving while under the influence of alcohol on a median of two occasions during that time (range 1-180 days). Of those who had driven while under the influence of alcohol, 55% (n=62) reported driving while over the limit of alcohol (range TAS 80% to ACT 40%). Approximately four-fifths (83%) 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 76).

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'. Nearly two-thirds (62%) felt that it had had 'no impact' on their driving, while 23% felt that it had been 'slightly impaired' and 6% felt that it had been 'quite impaired'. Seven percent felt that their driving had 'slightly improved' and 2% thought it had 'quite improved'.

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, six percent of whom had been found to be over the legal alcohol limit (Table 77)[23]. Ten percent (n=41) 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[24]. Seven participants reported a positive result, as follows: cannabis only n=2; cannabis and amphetamine n= 1; amphetamine only n=2; amphetamine and MDMA n=1. One participant reported testing positive but data regarding the drug(s) they had tested positive for were unavailable.

[23] Participants may not necessarily have been under the influence of alcohol when they were random breath tested.
[24] Participants may not necessarily have been under the influence of drugs when they were drug tested.

Table 76: Driving behaviour by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Driven in the last six months (n)	53 (N=479)	30 (n=45)	45 (n=45)	47 (n=71)	64 (n=64)	67 (n=67)	65 (n=65)	61 (n=63)	57 (n=59)
Driven under the influence of alcohol last six months* (%)	24	22	33	30	16	16	31	21	20
Driven soon after using an illicit drug(s) last six months* (%)	83	87	89	85	78	79	83	76	90
Drug(s) taken (%)**	N=396	n=39	n=40	n=60	n=50	n=52	n=54	n=48	n=53
Heroin	34	56	45	57	0	35	39	0	42
Methadone	11	13	15	8	20	8	7	6	9
Buprenorphine	3	0	5	5	0	2	6	0	4
Buprenorphine-naloxone	2	0	0	2	0	0	9	0	6
Morphine	18	0	5	2	38	10	4	73	11
Oxycodone/other opioids (not elsewhere specified)	1	3	0	2	0	0	0	0	2
Speed	12	0	5	22	10	12	19	17	8
Base	1	0	0	0	0	4	0	0	4
Ice/crystal	10	10	10	3	2	23	22	4	8
Any methamphetamine	*23*	*10*	*15*	*25*	*12*	*39*	*37*	*17*	*19*
Cocaine	2	5	3	7	0	0	0	0	2
Ecstasy	1	0	0	2	4	0	0	0	0
Benzodiazepines	9	15	5	7	20	6	7	13	4
Cannabis	35	36	35	42	56	37	15	29	30

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

Table 77: Random breath testing among those who had driven a car in the preceding six months, by jurisdiction, 2008

	National n=479	NSW n=45	ACT n=45	VIC n=71	TAS n=64	SA n=67	WA n=65	NT n=63	QLD n=59
Random breath tested (RBT) last six months* (%)	29	31	29	23	38	30	25	17	44
RBT result over the legal alcohol limit† (%)	6 (n=10)	6 (n=1)	7 (n=1)	5 (n=1)	3 (n=1)	8 (n=2)	11 (n=2)	7 (n=1)	3 (n=1)

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)

10.8 Summary of health-related trends

- Fifteen percent of IDRS participants had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in VIC and WA (22% and 20% respectively). Morphine overdose in the past year was reported by 3% of recent users.
- Six percent of the national IDRS sample had witnessed another person's overdose in the preceding year, with the highest proportions in NSW (32%), the ACT (45%) and VIC (33%). These overdoses were commonly reported to be primarily attributable to heroin (60%). In TAS and the NT, overdose was more commonly reported to be due to the use of pharmaceutical opioids.
- The total number of clients registered in opioid substitution treatment (OST) remained relatively stable between 2002 and 2007. The majority of clients were being prescribed methadone, followed by buprenorphine, and only small numbers were prescribed buprenorphine-naloxone.
- Clients of treatment services reporting cocaine or cannabis as their primary drug of concern remained relatively unchanged between 2005/06 and 2006/07. There was a slight increase in the proportions reporting amphetamines as their principle drug of concern in all jurisdictions except QLD.
- The number of opioid-related hospital separations remained stable between 2005/06 and 2006/07, 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 increased between 2005/06 and 2006/07 in most jurisdictions. Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Figures were highest, and increased, in NSW in 2006/07. Cannabis-related separations have steadily increased over time, but remained relatively stable between 2005/06 and 2006/07.
- Receptive sharing (borrowing) of needles/syringes was reported by 7% 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 from 2007. Over half of the participants re-used their own needle in the last month. Sterile needles and syringes were predominantly obtained from NSP, 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 those who injected drugs 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 six percent 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).
- Over half of those who commented reported obtaining crystal/ice pipes from a friend and 42% from a shop. If a pipe was unavailable, over half reported injecting instead. Around one-third reported obtaining a pipe as 'very easy'.
- Forty-three 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 among IDRS participants than among the general population. It appears that IDRS participants in 2008 had a significantly lower MCS and PCS compared with the Australian population average as measured by the SF-8.

- Driving under the influence of alcohol was reported by around 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. Nearly one-third of those who had driven a car reported having been random breath tested in the preceding six months, of whom 6% were over the legal alcohol limit. Small proportions reported being saliva drug tested.

11 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 78 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 ranged from 15% in SA to 38% in the ACT and TAS, while proportions reporting engaging in property crime ranged from 5% in WA to 23% in NSW. Violent crime and fraud were less commonly reported among the jurisdictional samples.

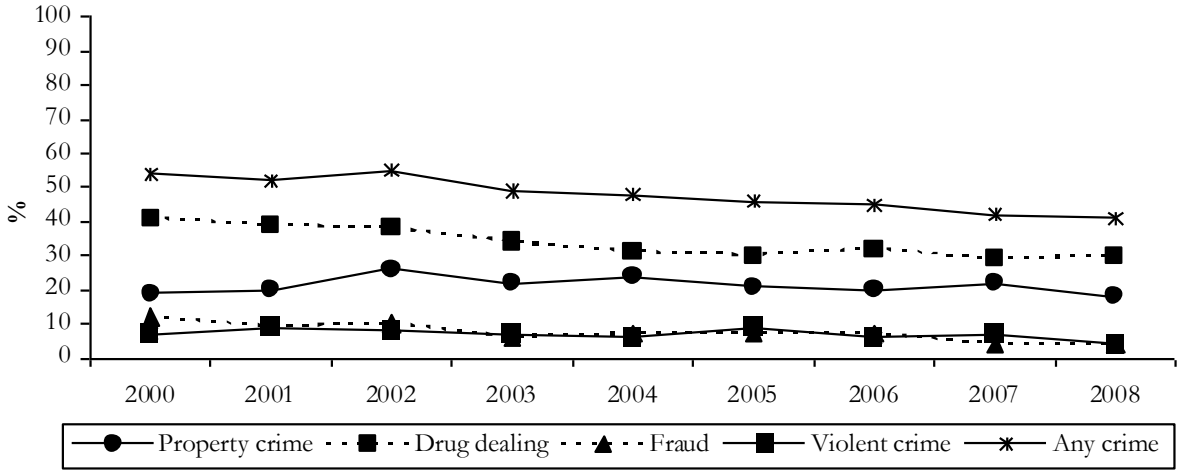
Table 78: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2008

	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=1080	NT n=103	QLD n=104
Crime in the last month (%)									
Drug dealing	30	33	38	35	38	15	18	19	32
Property	18	23	22	21	20	10	5	17	20
Fraud	4	4	4	5	2	3	2	5	4
Violence	4	3	7	3	7	4	1	4	2
Any crime (%)	41	46	50	47	50	26	26	35	42

Source: IDRS IDU participant interviews

Figure 75 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 remained relatively stable since 2000.

Figure 75: Self-reported criminal activity in the month preceding interview, 2000-2008



Source: IDRS IDU participant interviews

In 2008, the IDRS asked participants who had committed a crime in the past month if they were under the influence of an illicit/licit drug or alcohol at the time. Of those who had committed a property crime and were under the influence of a drug or alcohol (N=116), 32% reported heroin followed by benzodiazepines (31%). Of those who dealt drugs (N=222), most reported using either heroin (32%) or cannabis (29%) while dealing. Benzodiazepines (35%) were reported as the drug mainly used while committing fraud. Alcohol (38%) followed by ice/crystal (25%) were reported when committing a crime involving violence (Table 79).

Table 79: Drugs used while under the influence of an illicit/licit drug or alcohol among those who had committed a crime in the last month

	Property	Dealing	Fraud	Violence
Under the influence of a drug or alcohol (%)	73	87	53	73
Drugs used* (%)	N=116	N=222	N=17	N=24
Heroin	32	32	18	13
Methadone	10	12	6	8
Burprenorphine	3	5	12	0
Morphine	16	15	24	4
Oxycodone	3	3	6	0
Cocaine	1	3	0	0
Speed	13	7	18	8
Base	2	1	6	4
Ice/Crystal	11	14	18	25
Benzodiazepines	31	12	35	17
Cannabis	16	29	12	13
Alcohol	8	5	6	38

Source: IDRS IDU participant interviews
***among those committed a crime in the last month**

Participants were also asked what the main reason was for committing a crime the last time they did so. Of those who had committed a property crime (N=160), the majority reported that they needed money to buy drugs (39%). The main reasons given for dealing (N=258) were; needed the money to buy drugs (55%), followed by needed the money to support myself/family (26%). Forty-four percent reported needing the money to buy drugs among those who committed fraud

and over one- third (36%) reported losing their temper as the reason for committing a crime involving violence (Table 80).

Table 80: **Main reasons for committing a crime on the last occasion, 2008**

	Property (N=160)	Dealing (N=258)	Fraud (N=32)	Violence (N=33)
Needed money to buy drugs (%)	39	55	44	9
Needed money to support myself /family (%)	27	26	31	3
Need to repay debts (%)	0	2	3	3
Enjoy the rush (%)	2	0	0	0
Lost temper (%)	0	0	0	36
Looking for revenge (%)	1	0	3	3
Urged by friends (%)	1	4	3	0
Acting on spur of the moment (%)	6	<1	0	3
Drunk (%)	0	0	0	6
Were under the influence of drugs (%)	3	0	3	6
Coming down (%)	0	<1	0	0
Hanging out (%)	1	0	0	0
Other (%)	21	13	13	30

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, WA and QLD perceiving it to have increased, while the majority of those in VIC, SA and the NT perceiving it to have remained stable (Table 81).

Table 81: Perceptions of police activity towards participants, 2008

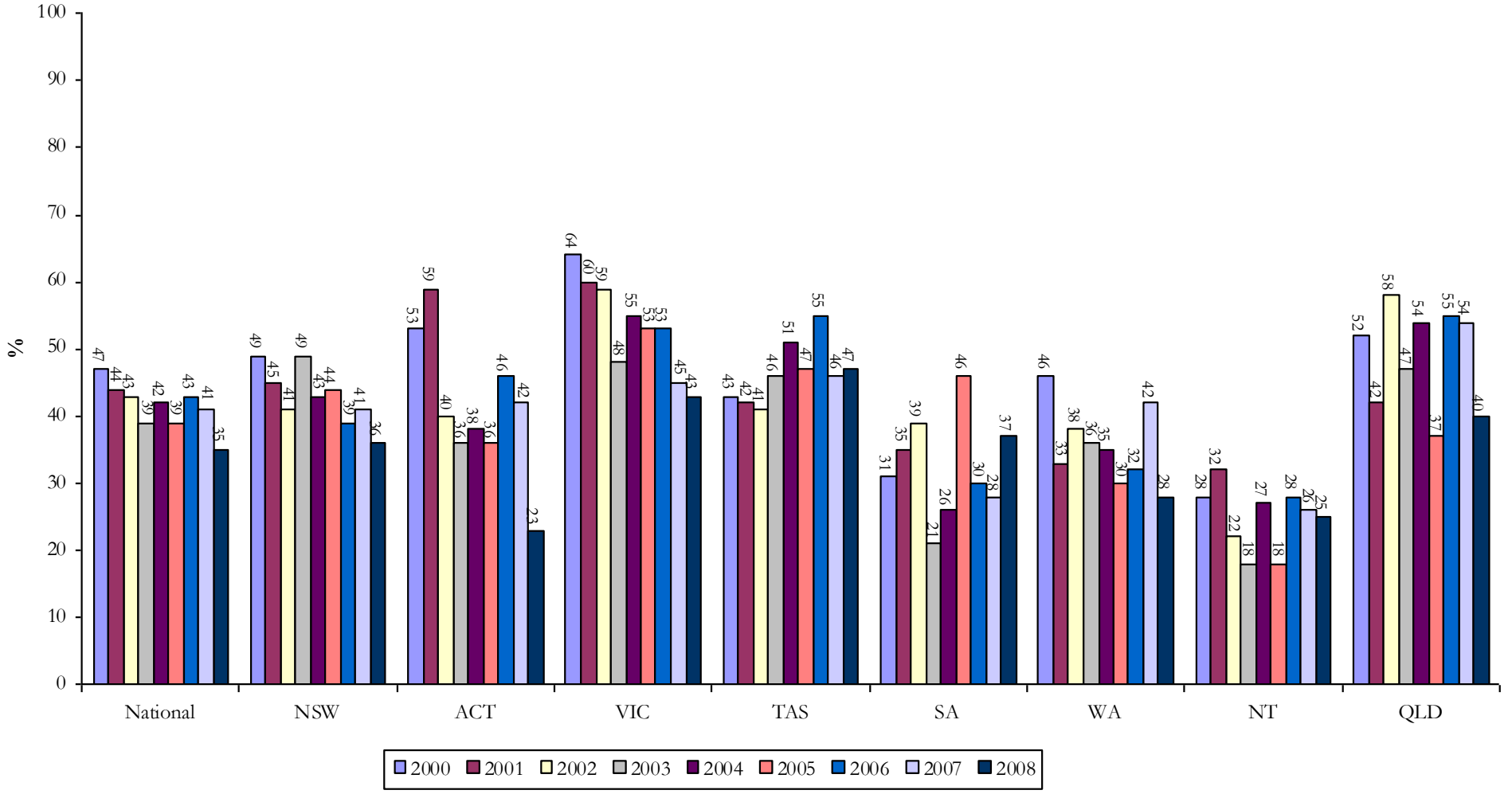
	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Recent police activity (%)									
Decreased	3	3	2	5	0	3	2	4	3
Stable	40	34	42	47	44	49	24	53	27
Increased	39	54	40	32	40	25	40	27	50
Don't know	18	9	17	16	16	24	34	16	21

Source: IDRS IDU participant interviews

11.3 Arrests

Thirty-five percent of the 2008 national sample reported having been arrested in the 12 months preceding interview (decrease from 41% in 2007), ranging from 23% in the ACT to 47% in TAS. Nationally, the percentage reporting being arrested in the last 12 months in 2008 reduced to the lowest percent reported since 2000. Some fluctuations at the jurisdictional level have been noted (Figure 76).

Figure 76: Proportion reporting having been arrested in the preceding 12 months, 2000-2008



Source: IDRS IDU participant interviews

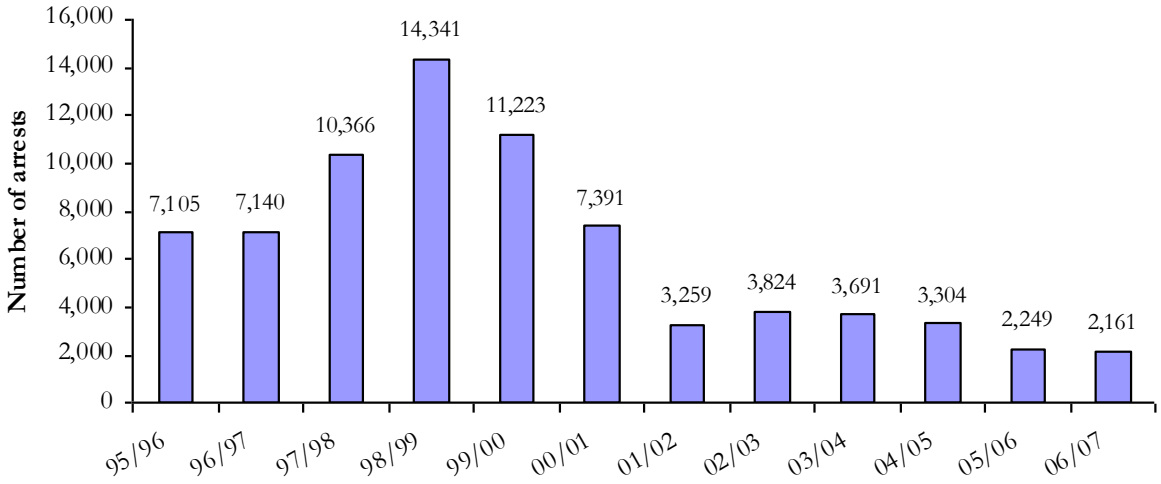
In addition to IDRS participant data on arrest over the past year, population level statistics related to drug use are also available from the Australian Crime Commission (latest available year 2006/07). These are reported in the following sub-sections by drug type.

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 2006/07, numbers of consumer and provider arrests for heroin and other opioids declined slightly from 2,249 in 2005/06 to 2,161. Arrests have steadily declined since 1998/99 (Figure 77). Data for 2007/08 were not available at the time of publication of this report.

Figure 77: Total number of heroin and other opioids consumer and provider arrests, 1995/96-2006/07

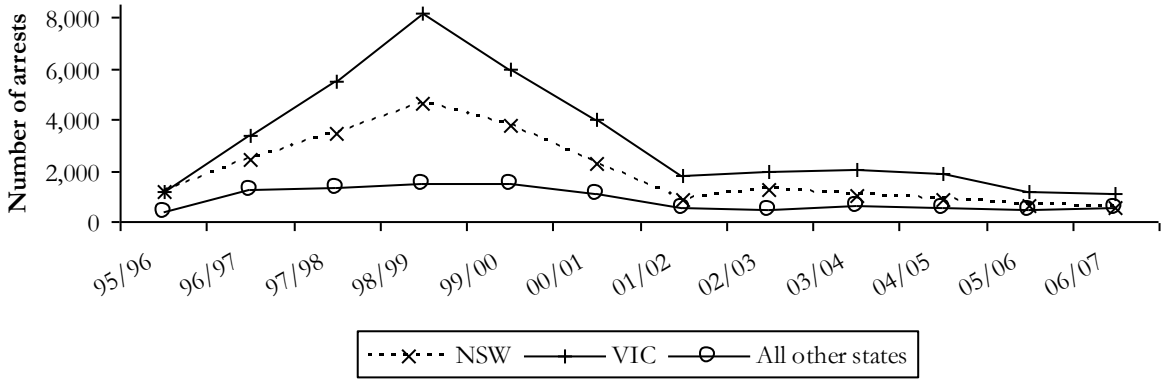


Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)

Note: The arrest data for each state and territory include AFP data. Data for 2007/08 were not available at the time of publication

Figure 78 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 slight decline in numbers in 2006/07 in both NSW and VIC. Data for 2007/08 were not available at the time of publication of this report.

Figure 78: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2006/07



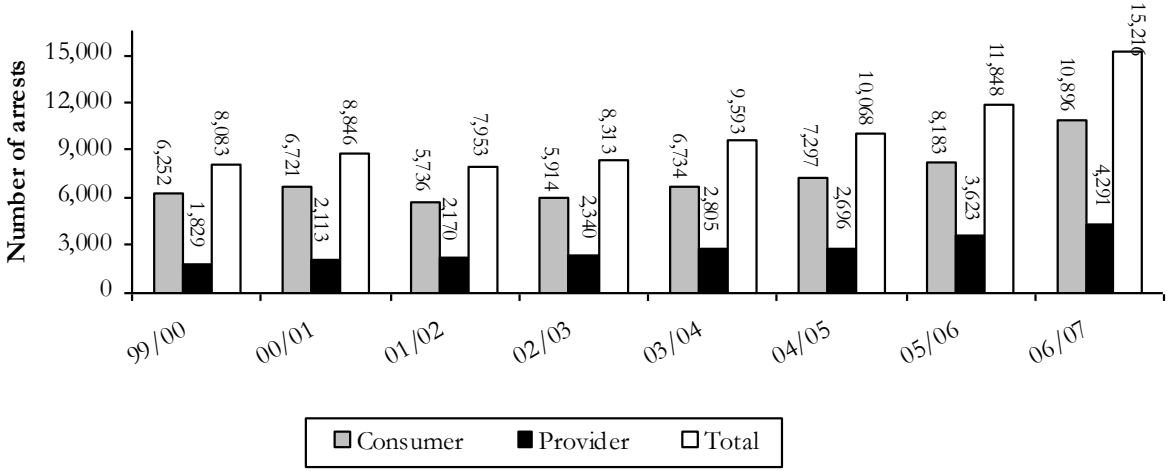
Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)

Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2007/08 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 five years. In 2006/07, the total number of consumer and provider arrests increased from 11, 848 (2005/06) to 15, 216 (Figure 79). Data for 2007/08 were not available at the time of publication of this report.

Figure 79: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2006/07



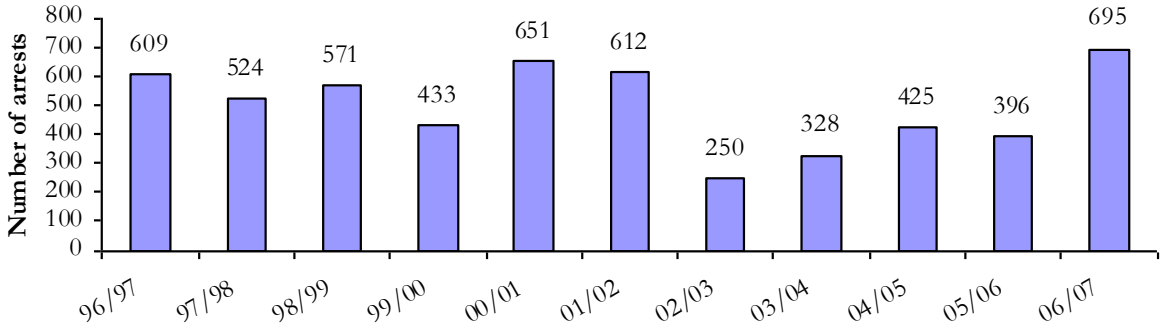
Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)

Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 2007/08 were not available at the time of publication

11.3.3 Cocaine

In 2006/07, the number of cocaine arrests Australia wide increased from 396 in 2005/06 to 695 (Figure 80). The majority of these arrests (53%) 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 increased from 208 in 2005/06 to 366 in 2006/07. Data for 2007/08 were not available at the time of publication of this report.

Figure 80: Total number of cocaine consumer and provider arrests, 1996/97-2006/07



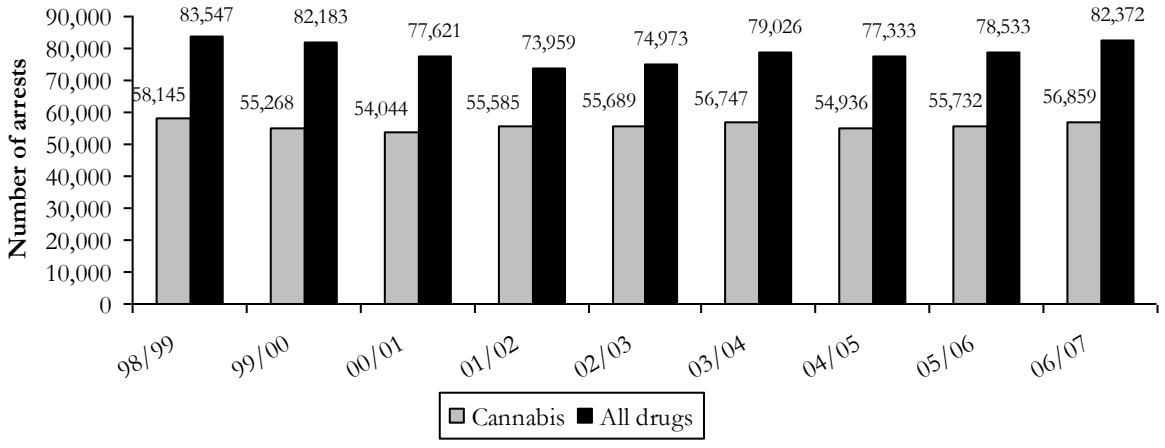
Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)

Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2007/08 were not available at the time of publication

11.3.4 Cannabis

Cannabis arrests continue to account for the majority (69%) of all drug-related arrests in Australia (Figure 81). Numbers have remained relatively stable in the past nine years. As in previous years, the number of cannabis arrests in QLD (22,699) accounted for two-fifths (40%) of the national total. Numbers increased in NSW from 8,842 in 2005/06 to 9,906 in 2006/07. Data for 2007/08 were not available at the time of publication of this report.

Figure 81: Number of cannabis and all drug consumer and provider arrests, 1998/99-2006/07



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008)

Note: Data for 2007/08 were not available at the time of publication

11.4 Expenditure on illicit drugs

Forty percent of the national sample reported they had not spent any money on illicit drugs on the day prior to interview, ranging from approximately 20% in NSW to 61% in SA. The median amount spent by those who had purchased drugs ranged from $50 to $100 (median of $80 nationally; Table 82).

Table 82: Expenditure on illicit drugs on the day preceding interview, by jurisdiction, 2008

Expenditure (%)	National N=909	NSW n=151	ACT n=101	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=103	QLD n=104
Nothing	40	20	40	35	46	61	44	42	40
Less than $20	4	5	9	5	2	4	5	1	1
$20 to $49	13	15	10	11	18	7	10	11	22
$50 to $99	15	20	14	11	15	7	18	21	12
$100 to $199	17	25	16	21	17	16	12	15	13
$200 to $399	9	13	11	13	2	3	9	8	8
$400 or more	2	2	1	4	0	1	2	3	5
Median expenditure* ($)	80	100	80	100	65	100	50	80	50

Source: IDRS IDU participant interviews

* by those who reported spending money on illicit drugs. Medians rounded to nearest whole number

11.5 Summary of law enforcement-related trends

- Participant reports of criminal activity remained stable compared to previous years, with around 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. Thirty-five percent of the sample reported having been arrested in the preceding 12 months.
- In 2006/07, 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) had increased over the past five years. Cocaine arrests increased 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 (60%), the median expenditure was $80.

12 IMPLICATIONS AND RECOMMENDATIONS

Australian Drug Trends 2008 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 2008 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. The prevalence of heroin use remained stable among IDU participants across jurisdictions, however, decreases in the frequency of use were noted in all jurisdictions with established heroin markets except in the ACT and QLD compared to 2007. 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 and 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. With the ongoing 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). However, heroin has remained the drug of choice for the largest proportion of IDRS participants since 2000.

8. As in previous years, the majority of IDRS participants in 2008 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 2008, there was a decline in prevalence of methamphetamine use overall compared to 2007, suggesting that drug availability alone does not account for use patterns. Self-reported purity of speed and ice/crystal appeared to have remained relatively stable, with participant responses indicating that the crystalline form generally remained of 'high' purity and speed of 'low' purity. Purity reports for base were more varied than in 2007. This may reflect changes in the production (e.g. domestic versus 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 2008 national sample. Care also needs to be taken when considering the purity of ice/crystal. In addition to findings of the 2008 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 2008, 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 and

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 and 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/NDARCWeb.nsf/resources/Ice+Resource/$file/ICE+RESOURCE.pdf or 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, 2004b, 2006)

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 over one-thrid 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 versus 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 NSP) 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 90% of the 2008 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 (Sindicich et al., 2009). 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.

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APPENDICES

Appendix A: Heroin price, availability and perceived purity, 2007

The following tables are reproduced from *Australian Drug Trends 2007* (Black et al., 2008b).

Table A1: 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=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	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 (4)	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 (Black et al., 2008b)

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

Table A2: 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 (Black et al., 2008b)

multiple responses allowed

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

Table A3: 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 (14)	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)

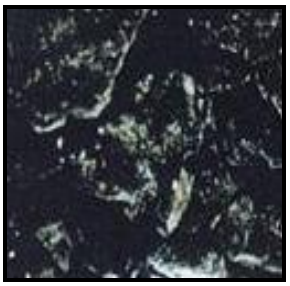
Source: IDRS IDU participant interviews (Black et al., 2008b)

^ small numbers reporting (n<10)

Appendix B: Heroin Forms 'Flashcard', 2008

HEROIN FORMS

This flashcard has been designed for use in a study of drug trends and related issues in Australia. It is intended to investigate descriptions of the colours of heroin reported to be available by people who regularly inject drugs in capital cities around Australia. The appearance of heroin does not necessarily indicate the geographic source of the drug. However, we hope it will add to our understanding of the heroin used in Australia



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Compiled by: Emma Black and Natasha Sindicich of the National Drug and Alcohol Research Centre.
Source pictures obtained from publicly available websites worldwide and the Australian Federal Police.

Appendix C: Methamphetamine price, availability and perceived purity, 2007

The following tables are reproduced from *Australian Drug Trends 2007* (Black et al., 2008b).

Table C1: 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 (3)
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)	6 (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 (Black et al., 2008b)

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

Table C2: 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 (20)	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 (Black et al., 2008b)

Table C3: 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 (Black et al., 2008b)

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

Table C4: 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 (Black et al., 2008b)

Table C5: 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	N=399	n=54	n=51	n=57	n=62	n=23	n=40	n=47	n=65
(% of the entire sample)	*(44)*	*(35)*	*(51)*	*(38)*	*(62)*	*(23)*	*(50)*	*(44)*	*(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 (Black et al., 2008b)

multiple responses allowed

Table C6: 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	N=211	n=51	n=23	n=1^	n=43	n=24	n=14	n=12	n=43
(% of the entire sample)	*(23)*	*(33)*	*(23)*	*(<1)*	*(43)*	*(24)*	*(18)*	*(11)*	*(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 (Black et al., 2008b)

multiple responses allowed

^ small numbers reporting (n<10)

Table C7: 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	N=298	n=68	n=73	n=20	n=29	n=20	n=35	n=19	n=34
(% of the entire sample)	*(33)*	*(44)*	*(72)*	*(13)*	*(29)*	*(20)*	*(44)*	*(18)*	*(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 (Black et al., 2008b)

multiple responses allowed

Table C8: 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	N=464	n=86	n=63	n=61	n=64	n=28	n=42	n=51	n=69
(% of the entire sample)	*(51)*	*(56)*	*(62)*	*(41)*	*(64)*	*(28)*	*(53)*	*(48)*	*(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	N=464	n=86	n=63	n=61	n=64	n=28	n=42	n=51	n=69
(% of the entire sample)	*(51)*	*(56)*	*(62)*	*(41)*	*(64)*	*(28)*	*(53)*	*(48)*	*(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 (7)	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 (Black et al., 2008b)

Table C9: 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	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)*	*(39)*
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)	16 (4)	0	24 (11)	8 (2)	13 (3)	15 (2)	17 (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	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)*	*(39)*
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 (Black et al., 2008b)

^ small numbers reporting (n<10)

Table C10: 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 (Black et al., 2008b)

Appendix D: Cocaine price, availability and perceived purity, 2007

The following tables are reproduced from *Australian Drug Trends 2007* (Black et al., 2008b).

Table D1: 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	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	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 (Black et al., 2008b)
^ small numbers reporting (n<10), interpret with caution

Table D2: 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)	*(18)*	*(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 (Black et al., 2008b)

[#] multiple responses allowed

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

Table D3: 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 (Black et al., 2008b)

^ small numbers reporting (n<10)

Appendix E: Cannabis price, availability and perceived potency, 2007

The following tables are reproduced from *Australian Drug Trends 2007* (Black et al., 2008b).

Table E1: 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 (4)
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 (Black et al., 2008b)

* 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

Table E2: 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 (Black et al., 2008b)

Table E3: 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 (Black et al., 2008b)

Table E4: 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	N=480	n=102	n=65	n=62	n=66	n=28	n=22	n=60	n=75
(% of the entire sample)	*(53)*	*(67)*	*(64)*	*(41)*	*(66)*	*(28)*	*(28)*	*(57)*	*(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 (Black et al., 2008b)

multiple responses allowed

Table E5: 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	N=267	n=48	n=56	n=24	n=52	n=13	n=12	n=28	n=34
(% of the entire sample)	*(29)*	*(31)*	*(55)*	*(16)*	*(52)*	*(13)*	*(15)*	*(26)*	*(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 (Black et al., 2008b)

multiple responses allowed

Table E6: 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 (Black et al., 2008b)

Table E7: 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 (Black et al., 2008b)