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AUSTRALIAN DRUG TRENDS 2009
Findings from the Illicit Drug Reporting System (IDRS)

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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
BPAQ-SF	Buss-Perry Aggression Questionnaire – Short Form
Bup.	Buprenorphine
CI	Confidence Intervals
CPR	Cardiopulmonary resuscitation
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
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).
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see *Method* section for further details
LSD	Lysergic acid diethylamide
MCS	Mental Component Score
MDMA	3,4-methylenedioxymethamphetamine
MERIT	Magistrates Early Referral Into Treatment
MSIC	Medically Supervised Injecting Centre
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
ORT	Opioid replacement therapies
OST	Opioid substitution treatment

OTC	Over the counter codeine
PBS	Pharmaceutical Benefits Scheme
PCS	Physical Component Score
PGSI	Problem Gambling Severity Index
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
RAH	Royal Adelaide Hospital
RBT	Random Breath Testing`
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

Common terms used throughout the report

Regular injecting drug user (IDU): Injected a drug on six or more separate occasions in the previous six months

Recent use: Used at least once in the previous six months

Sentinel group: A surveillance group that point towards trends and harms

Median: The middle value of an ordered set of values (maximum: 180 days)

Mean: The average

Frequency: The number of occurrences within a given time period

Key findings from the 2009 IDRS

The Illicit Drug Reporting System (IDRS) is intended to serve as a monitoring 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 2009* draws largely on the IDU participant 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.

Demographics of the participant sample

Eight hundred and eighty-one participants were recruited to the 2009 IDRS participant survey component. The mean age of the national sample was 37 years (range 18-63) and 64% were male. The vast majority of the sample spoke English as their main language at home (96%), and 11% identified as being of Aboriginal and/or Torres Strait Islander descent. Just over three-quarters (77%) of the sample were currently unemployed, over half reported a previous prison history and nearly half were in current treatment, mainly methadone.

Consumption pattern results

Current drug use

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, followed by heroin.

Heroin was nominated by approximately half of the national sample as their drug of choice, followed by methamphetamine, morphine and cannabis.

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. Almost half of the participants in the national sample reported daily injecting.

[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*).

Heroin

Heroin use was reported as the main drug of choice among participants. Around two-thirds of the sample reported using heroin in the last six months on a median of 72 days. Around one-quarter of recent heroin users reported daily heroin use. Nearly all of the recent heroin users injected. Small numbers reported using homebake heroin recently. The majority of recent heroin users reported mainly using 'white/off white' coloured heroin compared to 'brown' heroin.

Methamphetamine

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

Over two-thirds of the national sample reported using one or more forms of methamphetamine recently on a median of 20 days. Recent speed use remained fairly stable, while recent base use was significantly higher and recent ice/crystal use was significantly lower than the previous year. Speed was the form mainly used by the sample. Small numbers reported using any form of methamphetamine daily.

Cocaine

The recent use of cocaine remained most common among participants in NSW (61%), with proportions elsewhere reporting use in the preceding six months remaining at less than 22%. The frequency of cocaine use among users remained low and sporadic in all jurisdictions except NSW. In NSW, the frequency of cocaine use was a median of 20 days (12 days in 2008).

Cannabis

The majority of participants in the national sample reported recent cannabis use. Daily use was common. Smoking cannabis in cones was more common then joints. Hydroponic cannabis continued to dominate the market.

Other opioids

Nearly half of the national sample reported recent use of methadone (any form) and of those who recently used over half reported recently injecting. Twenty-two percent of the national sample reported the use of illicitly obtained methadone liquid in the six months preceding interview, and 11% the recent use of illicitly obtained methadone tablets (Physeptone).

Eight percent of the national sample reported use of licitly obtained buprenorphine in the six months preceding interview and 18% the use of illicitly obtained buprenorphine. Four percent of the national sample reported the recent injection of licitly obtained buprenorphine on a median of 24 days and 14% the injection of illicitly obtained buprenorphine on a median of 12 days.

Nationally, equal proportions (12%) of the national sample reported using licitly and illicitly obtained buprenorphine-naloxone in the preceding six months. Illicit buprenorphine-naloxone recent use was significantly higher than 2008. Small numbers (3% and 8% of the national sample respectively) reported the recent injection of licitly and illicitly obtained buprenorphine-naloxone on a median of 60 and 10 days respectively.

Recent morphine use was lower compared to 2008 (44% compared to 50% in 2008), yet remained the most commonly injected pharmaceutical opioid in the national sample (42% in 2009). Jurisdictional variations were observed. The use of morphine remained highest in TAS and the NT, jurisdictions where heroin has traditionally not been freely available. Recent illicit morphine use was significantly lower in 2009. Seven percent of the national sample had injected licit morphine and 40% injected illicit morphine in the last six months.

Recent oxycodone use (licit or illicit) remained stable in 2009. Four percent of the national sample reported the recent injection of licitly obtained oxycodone and 28% the recent injection of illicitly obtained oxycodone. Overall, frequency of injection among those who had recently injected was low at approximately monthly.

Thirty-eight percent of the national sample reported using over the counter codeine on a median of 12 days (around twice a month) in the last six months. Eight percent of the national sample reported recent 'other' opioids use on a median of nine days in the last six months.

Other drugs

Around two-thirds (67%) of the national sample reported using ecstasy in their lifetime with around one-quarter (23%) reporting use in the last six months.

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (64%), recent use remained fairly low, with less than one-tenth (9%) reporting use in the six months preceding interview.

Consistent with previous years, two-thirds (66%) of the national sample had recently used benzodiazepines on a median of 58 days in the six months preceding interview. Benzodiazepines were typically used orally, with recent benzodiazepine injection comparatively uncommon (8%). Injection of benzodiazepines was higher in TAS (25%) and the NT (22%). The median frequency of injection was five days. Diazepam was the main type of benzodiazepine used in the last six months.

Fourteen percent of the national sample reported recently using pharmaceutical stimulants on a median of six days in the last six months.

Lifetime use of inhalants was reported by 22% of the national sample, however, only small numbers reported using inhalants in the last six months (4%).

Two-thirds of the national 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. Eleven percent of the national sample reported daily use of alcohol.

As in previous years, tobacco was widely used among the 2009 sample, with 93% having used it in the preceding six months. The vast majority of participants (87%) were daily smokers.

Drug Market: Price, Purity, Availability and Purchasing patterns

Heroin

Heroin was typically $50 per cap across the jurisdictions and remained stable compared to 2008. The median price for a gram varied. The majority of the participants reported heroin purity as either 'low' or 'medium'. Heroin was considered either 'easy' or 'very easy' to obtain in the last six months and this was stable. The most common source when purchasing heroin was through a known dealer or friend. The most common place of purchase was at an agreed public location.

Methamphetamine

Methamphetamines were reported to be around $50 per point regardless of form used, except in the NT where it was more expensive. Price was considered as 'stable' over the last six months by the majority of participants. The purity of speed was considered 'low, base 'medium' and ice/crystal 'high'. All forms for methamphetamine were generally considered 'easy' or 'very easy'

to obtain. Participants purchased all forms of methamphetamine from a variety of sources, most commonly friends and known dealers.

Cocaine

Small numbers except in NSW were able to comment on the price, purity, availability and purchasing of cocaine. The price of a gram and a cap of cocaine in NSW were $350 and $50 respectively. The purity of cocaine was considered 'medium or high' which has remained stable over the last six months. The availability of cocaine was reported as either 'easy; or 'very easy' nationally. Purchasing from a friend, known dealer or street dealer was most common in NSW.

Cannabis

The median cost of a gram of hydroponic cannabis was around $20-30, except in SA. While the median cost of an ounce of hydroponic cannabis was between $225 (SA) and $400 (NT). Price for both forms of cannabis (bush and hydroponic) was reported as 'stable' over the last six months. Nationally participants reported the potency of hydro as 'high' and bush 'medium'. This remained stable over the last six months. The availability of both forms of cannabis were considered 'very easy to easy' to obtain. Either form of cannabis was typically purchased through a friend or known dealer from either a friend's or dealer's home.

Methadone

The majority of those who commented reported the price of methadone syrup to be a median of $1 per millilitre and physeptone at $10 per 10mg tablet. Around two-thirds reported the availability of illicit methadone as 'very easy' or 'easy'. Price and availability remained stable over the last six months. The majority of participants reported purchasing methadone through a friend or an acquaintance, usually from a friend's home or at an agreed public location.

Buprenorphine

The median price for buprenorphine varied among the jurisdictions. Around two-thirds reported the availability of illicit buprenorphine as 'very easy' or 'easy' to obtain. Both price and availability were reported as stable over the last six months. The most common source was through a friend or street dealer, purchasing from the friend's home or at an agreed public location.

Buprenorphine-naloxone

The median price for buprenorphine-naloxone varied among the jurisdictions. Over three-quarters reported the availability of buprenorphine-naloxone as 'very easy' or 'easy' to obtain. Both price and availability were reported as stable over the last six months. The most common source was through a friend or street dealer, purchasing from a friend's home or at an agreed public location.

Morphine

The median price for each brand of morphine varied among the jurisdictions. The majority reported the price of morphine as stable over the last six months, while smaller proportions reported an increase in price. Nearly half reported that morphine was 'easy' to obtain and this remained stable. The majority reported purchasing morphine through a friend or known dealer most commonly at an agreed public location.

Oxycodone

The median price for each brand of oxycodone varied among the jurisdictions. Price of illicit oxycodone remained stable over the last six months. Around one-third reported the availability of oxycodone as 'easy', while one-third reported availability as 'difficult'. The majority reported purchasing oxycodone through a friend or known dealer usually from either a friend's home or an agreed public location.

Health-related trends associated with drug use

Overdose and drug related fatalities

Seventeen percent of IDRS participants (who reported ever overdosing on heroin) had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in WA and NSW (25% and 24% respectively). Of those who reported ever overdosing on another drug (not including heroin), 29% had done so in the past 12 months and 7% in the last month preceding interview.

Indicator data from the Australian Bureau of Statistics reported 266 accidental deaths due to opioids in 2007. The majority occurred in NSW and VIC. Males comprised the majority of accidental opioid deaths among 15-54year olds. Methamphetamine was determined to be the underlying cause of death in 41% (n=20) of all methamphetamine related deaths and cocaine was determined to be the underlying cause of death in around two-thirds (64%, n=7) of all cocaine-related deaths in 2007.

Drug treatment

In Australia, indicator data from the Australian Institute of Health and Welfare on the total number of clients registered in opioid substitution treatment remained relatively stable between 2004 and 2007, with a slight increase in numbers in 2008. The majority of clients were being prescribed methadone, followed by buprenorphine-naloxone. This pattern was also reflected among IDRS participants who reported current treatment.

Data from the Alcohol and Other Drug Treatment Services-National Minimum Data Set indicated that the ACT, VIC and NSW had the highest proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (drug of main concern). While WA reported the highest proportion of closed treatment episodes for clients who identified amphetamines as their principle drug of concern, NSW: cocaine and TAS: cannabis.

Hospital separations

The number of opioid-related hospital separations nationally remained stable between 2006/07 and 2007/08, 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. The number of amphetamine hospital admission per million persons decreased slightly between 2006/07 and 2007/08. Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Cannabis-related separations have steadily increased over time, but remained relatively stable between 2006/07 and 2007/08.

Injecting risk behaviours

Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (94%), followed by chemists (24%). Receptive sharing ('borrowing') of needles/syringes was reported by nine percent of participants in the month preceding interview, on one-two occasions and usually after a partner or close friend. While 18% reported that somebody had used a needle after them (lent) in the month preceding interview.

Nationally, over half (59%) reported re-using their own needle ranging from 37% in the NT to 72% in QLD. Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common (37%; stable from 38% in 2008) but remained lower than previously (e.g. 51% in 2000). The majority of participants reported last injecting in the arm.

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 (78%), with smaller proportions last injecting in a public location such as on the street, in a car or in a public toilet. Seventy-one percent of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

Mental health problems and psychological distress

Forty-four percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (71% of respondents) and/or anxiety (39%). The majority (70%) of those who experienced a problem saw a mental health professional during this period. Over half (56%) 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 (36%) and/or antipsychotics (18%).

Higher levels of psychological distress as measured by the Kessler Psychological Distress Scale (K10) were reported by the national sample compared to the Australian general population, with 30% reporting 'high' distress (8% in the general population) and 26% reporting 'very high' distress (2% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.

Driving risk behaviour

Driving under the influence of alcohol was reported by one-quarter (24%) of participants who had driven in the preceding six months. Eighty-six percent reported driving under the influence of an illicit drug during that time, 59% of whom believed that it had had no impact on their driving. One-quarter (23%) felt that their driving had been 'slightly impaired', 8% 'quite impaired', 7% 'slightly improved' and 3% 'quite improved'. A small proportion reported being saliva drug tested (16% of those who had driven soon after taking an illicit drug), of whom fourteen participants reported a positive result (cannabis only n=2; amphetamine only n=2; opiates only n=3; cannabis and opiates n=2; cannabis and amphetamine n=1; and other n=4).

Law enforcement-related trends associated with drug use

Reported of criminal activity

Participant reports of criminal activity remained stable compared to previous years, with two-fifths (45%) 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.

Arrests

Thirty-six percent of the national 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 2007/08. These data indicated that there had been an increase in those reported for heroin and other opioids between 2006/07 and 2007/08 (mainly in NSW and VIC). The number of arrests for amphetamine-type stimulants (including phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]) also increased. While cocaine arrests were slightly lower nationally but increased slightly in NSW. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.

Expenditure on illicit drugs

Among the national sample who commented, 64% reported spending money on illicit drugs the day before interview. The median amount spent by those who had purchase drugs was $80, ranging from $55 in TAS to $100 in QLD.

Special topics of interest

Personal Wellbeing Index

The Personal Wellbeing Index asked participants questions about how satisfied they were with various aspects of their life. Nationally, participants scored lower than the general population on each domain of the personal wellbeing index which monitors the wellbeing of participants. Participants also scored lower than the expected range of the wellbeing scores except for safety.

Chronic Physical Health

Around one-third (29%) of the national sample reported a lifetime diagnosis (by a doctor) for asthma. Smaller proportions reported a lifetime diagnosis for a heart/circulatory condition, gout/rheumatism or arthritis, cancer, stroke or diabetes. Among the 15-34 year age group, higher proportions of the IDRS national sample reported having been diagnosed with asthma, gout, rheumatism, or arthritis and cancer compared to the general population. While less reported a lifetime diagnosis of diabetes and equal proportions a heart/circulatory condition.

Dental Health

Among the IDRS national sample who reported visiting a dentist in the last 12 months, nearly half (47%) reported visiting for an extraction, 25% for a filling and 21% for a check-up. The median number of teeth lost was four. Fifty-nine percent reported not visiting the dentist in the last year.

Gambling

Around one-third (31%) of the national sample who commented reported gambling in the last month on a median of three days. Seventy-percent reported gambling weekly or less. The main form of gambling reported was poker machines (75%). Of those who recently gambled, 30% reported gambling while under the influence of alcohol and 74% while under the influence of an illicit drug, mainly heroin. The median amount of money spent on gambling was $30.

Aggression

Among those who completed the Buss-Perry Aggression Questionnaire – Short Form, 20% endorsed the anger aggression, while smaller proportions endorsed the hostility (14%), physical aggression and verbal aggression (13% each).

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 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)[2]; interviews with key experts (KE), people who, through the nature of their work, have regular contact with illicit drug users or knowledge of drug trends; and an examination of existing indicator data sources related to illicit drug use, such as opioid overdose data, treatment data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are presented in order to minimise the biases and weaknesses inherent in each one, and to ensure valid emerging trends are documented.

Please refer to the online version at www.ndarc.med.unsw.edu.au for past reports and updates.

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 via the National Drug and Alcohol Research Centre 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.

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 and Burns, 2010) or www.ndarc.med.unsw.edu.au for further details).

1.1 Study aims

The primary aims of the 2009 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 requires further and more detailed investigation.

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

2 METHOD

The 2009 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 2009, 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.

2.1 Survey of people who regularly inject drugs

A total of 881 people who inject drugs were interviewed in 2009. The 881 IDU who participated in the 2009 IDRS were interviewed between June and August, 2009. The sample sizes in each jurisdiction were: NSW n=152; VIC n=150; ACT n=100; TAS n=100; SA n=100; WA n=100; NT n=99; and QLD n=80. 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 2008 IDRS , which was based on previous NDARC studies of heroin and amphetamine users (Darke et al., 1992, Darke, 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 2009, amendments were made to the questionnaire in an attempt to collect more detailed information on mental and physical functioning using the Personal Wellbeing Index as well the inclusion of extra questions relating to physical and dental health. Other inclusions were the Buss-Perry aggression Questions – short form, Kessler Psychological Distress scale, injecting in prison questions and a section on gambling.

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 162 KE were interviewed, either by telephone or in person, between June and early October 2009. 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=36; QLD n=26; TAS n=31; SA n=31; VIC n=30; ACT n=16; NT n=12 and the WA n=10. KE included nurses, drug dealers, staff of drug treatment agencies, residential rehabs and therapeutic communities (e.g. counsellors, psychologists, 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 2009 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.

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). Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2008 and 2009 for drug of choice, last drug injected, drug injected most often in the last month, recent use, purity and availability. Confidence Intervals (CI) were calculated using an excel spreadsheet available at http://www.cebm.net/index.aspx?o=1023 (Tandberg). Higher and lower confidence interval results which crossed over the value of zero were not significant. This calculation tool was an implementation of the optimal methods identified by Newcombe (Newcombe, 1998). Significance testing using the Mann-Whitney U calculation was used to compare 2008 and 2009 median days of use for the major drug types discussed. For individual jurisdictional significance testing results please refer to jurisdictional reports.

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.

3 DEMOGRAPHICS

3.1 Overview of the IDRS participant sample

Key points

- A total of 881 participants were interviewed for the IDRS survey in 2009.
- Mean age was 37years (range 18-63years).
- Nearly two-thirds were male.
- Majority of the participants were unemployed, with a mean income of $364 per week
- Nearly half of the participants reported being in current treatment, mainly methadone maintenance.
- Around half of the participants had a prison history.

A total of 881 IDRS participants were interviewed for the 2009 IDRS. The mean age of participants was 37years (range 18-63years) with the majority of the sample being male (64%). The majority of the national sample spoke English as their main language at home (96%) and 11% identified as being of Aboriginal and/or Torres Strait Islander descent. About three-quarters (77%) of the sample were unemployed. The mean weekly income was $364 nationally.

Nearly half (45%) of the participants were currently in some form of drug treatment, with 27% reporting that their main treatment was methadone (includes Biodone® and Physeptone®), 9% buprenorphine-naloxone (Suboxone®) and 5% buprenorphine (Subutex®) maintenance treatment. Over the last six months, 55% of the sample had been in some form of drug treatment.

Fifty-two percent of the sample had previously been imprisoned; as in previous years, males were more likely to report previous imprisonment (63% of males versus 35% of females).

Demographic information by jurisdiction in the 2009 sample is shown in Table 1. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders, ranging from 3% in SA to 20% in NSW and the NT; completion of a trade or technical qualification (ranging from 31% in the ACT to 54% in WA); and completion of a university or college qualification (from 4% in TAS to 15% in the NT). Proportions reporting having no fixed address also varied and were highest in QLD (16%), while unemployed status ranged from 67% in the ACT and SA to 94% in QLD. There was substantial variation in those reporting a prison history, from 40% in SA to 65% in NSW, and proportions reporting current drug treatment ranged from 8% in the NT to 63% in VIC. Appendix A, Table A2 provides jurisdictional demographic data for 2007 and 2008.

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.

Appendix A, Table A1 provides a demographic overview of the national sample from 2000 to 2009 and Table A2 the jurisdictional demographics for 2007 and 2008.

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Mean age (years)	37	**37**	38	37	35	34	40	35	40	33
Male (%)	66	**64**	65	65	63	58	66	60	69	70
English speaking background (%)	94	**96**	90	97	93	99	99	99	97	96
Aboriginal and/or Torres Strait Islander (%)	11	**11**	20	8	6	17	3	4	20	9
Sexual identity (%)										
Heterosexual	89	**88**	88	89	88	84	89	81	90	93
Gay male	1	**3**	2	0	1	6	4	5	3	0
Lesbian	1	**2**	1	0	1	0	4	3	4	0
Bisexual	8	**7**	8	9	8	8	3	7	3	6
Other	1	**1**	1	2	1	2	0	4	0	1
Relationship status (%)										
Married/de facto	25	**19**	21	17	12	30	12	24	15	24
Partner	18	**22**	16	23	27	25	23	29	11	23
Single	49	**52**	52	52	51	41	60	44	65	50
Separated	4	**4**	7	5	6	1	2	0	5	1
Divorced	2	**2**	2	3	1	3	1	1	3	3
Widow/er	1	**1**	1	0	2	0	1	1	1	0
Other	1	**<1**	0	0	1	0	1	1	0	0
Mean grade at school completed	10	**10**	10	11	10	10	11	10	10	10
Completed trade/tech qualification (%)	40	**43**	36	31	47	44	49	54	42	40
Completed university/college (%)	12	**8**	7	10	5	4	13	9	15	8
Accommodation (%)										
Own home *(inc. renting)*	67	**70**	68	80	53	72	88	65	82	63
Parents'/family home	10	**8**	9	2	13	8	6	14	0	15
Boarding house/hostel	11	**10**	11	3	22	10	5	12	4	3
Shelter/refudge*	n/a	**2**	2	2	3	1	0	1	3	0
No fixed address	9	**8**	9	12	9	7	0	8	7	16
Other	3	**2**	3	1	0	2	1	0	4	4
Unemployed (%)	77	**78**	86	67	83	68	67	71	87	94
Full-time students[#] (%)	1	**1**	0	1	1	2	0	5	0	0
Mean income/ week ($)*	n/a	**N=838 $364**	n=139 $349	n=97 $417	n=149 $307	n=100 $323	n=100 $504	n=78 $304	n=98 $354	n=77 $385
Prison history (%)	52	**52**	65	46	55	47	40	49	55	56
Currently in drug treatment (%)	47	**45**	47	58	63	59	45	30	8	39

Source: IDRS IDU participant interviews

* introduced to questionnaire in 2009

[#] question wording changed in 2008 to include only full-time student

4 CONSUMPTION PATTERNS

4.1 Current drug use

Key points

- The mean age of first injection for the national sample was 19 years. Amphetamines were reported as the drug first injected.
- Over half of the national sample reported heroin as the drug of choice followed by methamphetamines.
- In 2009, a significantly larger proportion of the sample reported speed as their drug of choice, and a significantly lower number reported ice/crystal as their drug of choice compared to 2008.
- The drug injected most often in the last month was heroin followed by methamphetamines.
- In 2009, speed and base as the last drug injected significantly increased, whereas ice/crystal decreased compared to 2008.
- Polydrug use over the last six months was common among the national sample.

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 Appendix A, Table A3. Routes of administration, including injecting, swallowing, snorting and smoking/inhaling are also provided in some detail.

The mean age of first injection of the overall sample was 19 years (SD 6.1; range 7-59). Overall, amphetamines followed by heroin were most commonly reported as the drug first injected, with smaller proportions nominating other drugs (Table 2).

Table 2: Drug first injected and age at first injection, by jurisdiction, 2009

	National N=881	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Mean age first injected	**19**	19	19	19	19	21	19	21	19
Drug first injected (%)									
Heroin	**42**	58	48	47	15	44	34	46	33
Amphetamines*	**48**	34	46	49	57	50	56	40	61
Morphine	**4**	0	0	1	19	1	5	9	3
Cocaine	**2**	5	3	0	0	2	0	2	1
Methadone	**<1**	0	0	0	4	0	0	0	0
Buprenorphine**	**<1**	0	0	1	0	0	1	0	0
Other drugs	**2**	3	3	2	5	3	4	3	2

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

** excludes buprenorphine-naloxone (Suboxone)

4.1.1 Drug of Choice

Heroin was nominated by approximately half (52%) of the national sample as the 'drug of choice', followed by methamphetamine, morphine and cannabis. Differences were noted at the Jurisdictional level (Table 3).

A significant increase in the proportion of participants reporting speed as their drug of choice was found in 2009 compared to 2008 (12% in 2009 versus 9% in 2008; 95%CI -0.003, -0.06). Ice/crystal as the drug of choice was significantly lower than the previous year (7% in 2009 versus 11% in 2008; 95%CI 0.01, 0.07). No other significant differences were found for drug of choice between 2008 and 2009 for heroin, base, cocaine, morphine or cannabis ($p>0.05$).

4.1.2 Drug last injected and injected most often in the last month

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, with the majority nationally reporting heroin as the last drug injected except in TAS and the NT (Table 3).

In 2009, the proportion of participants last injecting speed or base was significantly higher compared to 2008 (speed: 14% in 2009 versus 11% in 2008; 95%CI -0.001, -0.06; base: 4% in 2009 versus 2% in 2008; 95%CI -0.003, -0.04). Whereas the proportion of participants reporting ice/crystal as the last drug injected significantly decreased in 2009 compared to 2008 (6% in 2009 versus 14% in 2008; 95%CI 0.05, 0.12). No other significant differences were found between 2008 and 2009 for last drug injected (for heroin, cocaine, morphine, buprenorphine or buprenorphine-naloxone).

The 'drug injected most often in the last month' broadly followed the same pattern. Forty-three percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine (Table 3). The proportion of participants reporting heroin or base as the drug they injected most often in the last month was significantly higher compared to 2008 (heroin: 43% in 2009 versus 37% in 2008; 95%CI -0.02, -0.11; base: 4% in 2009 versus 2% in 2008; 95%CI -0.003, -0.03). While the proportion reporting ice/crystal as the drug injected most often in the last month was significantly lower (6% in 2009 versus 13% in 2008; 95%CI 0.04, 0.09).

Thirty-five percent of participants had injected a drug other than their drug of choice most often in the past month. The main reasons for this were availability (46%), their drug of choice was not injectable (generally cannabis; 14%), price (11%), purity (6%), caused undesirable health effects (6%) or being in drug treatment (5%).

Almost half of the 2009 national sample reported injecting daily in the month preceding interview (Table 3).

Table 3: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Drug of choice (%)	2008	**2009**								
Heroin	52	**52**	72	53	56	33	55	58	27	53
Methamphetamine*	22	**21**	13	27	20	19	32	28	16	18
Morphine	10	**8**	2	3	1	12	2	3	37	9
Cocaine	4	**5**	10	2	3	4	6	1	8	0
Methadone	2	**2**	0	1	1	9	1	0	1	1
Buprenorphine**	<1	**<1**	0	0	1	0	0	1	0	0
Cannabis	6	**7**	3	6	13	7	2	4	3	17
Other drugs	3	**13**	0	8	4	17	2	5	8	2
Last drug injected (%)										
Heroin	36	**40**	64	41	52	1	50	46	4	39
Methamphetamine*	26	**24**	14	30	27	17	34	30	9	33
Morphine	18	**17**	4	3	1	37	11	4	72	15
Cocaine	3	**3**	13	1	1	0	2	1	1	0
Methadone	8	**6**	1	13	3	25	2	0	2	1
Buprenorphine**	3	**4**	1	3	12	1	1	1	1	6
Buprenorphine-naloxone	2	**2**	1	3	1	0	0	11	0	3
Other drugs	4	**4**	2	6	2	19	0	7	11	3
Drug injected most often last month (%)										
Heroin	37	**43**	70	48	55	1	50	50	6	46
Methamphetamine*	26	**24**	15	30	30	18	35	32	7	30
Morphine	19	**16**	3	3	1	33	9	3	77	13
Cocaine	2	**2**	11	0	0	0	2	1	0	0
Methadone	7	**6**	0	11	3	37	2	0	1	1
Buprenorphine**	4	**5**	1	4	9	2	0	11	0	8
Other drugs	5	**4**	0	4	2	11	2	1	9	2
Injection frequency last month (%)										
Not in last month	1	**<1**	0	0	0	0	0	1	1	0
Weekly or less	21	**19**	15	20	25	9	30	16	22	18
More than weekly (but less than daily)	34	**36**	33	35	37	61	44	33	14	27
Once daily	20	**20**	17	21	19	17	15	19	34	14
2-3 times daily	20	**20**	24	21	15	13	7	26	26	27
> 3 times a day	5	**5**	11	3	3	0	4	5	2	15

Source: IDRS IDU participant interviews

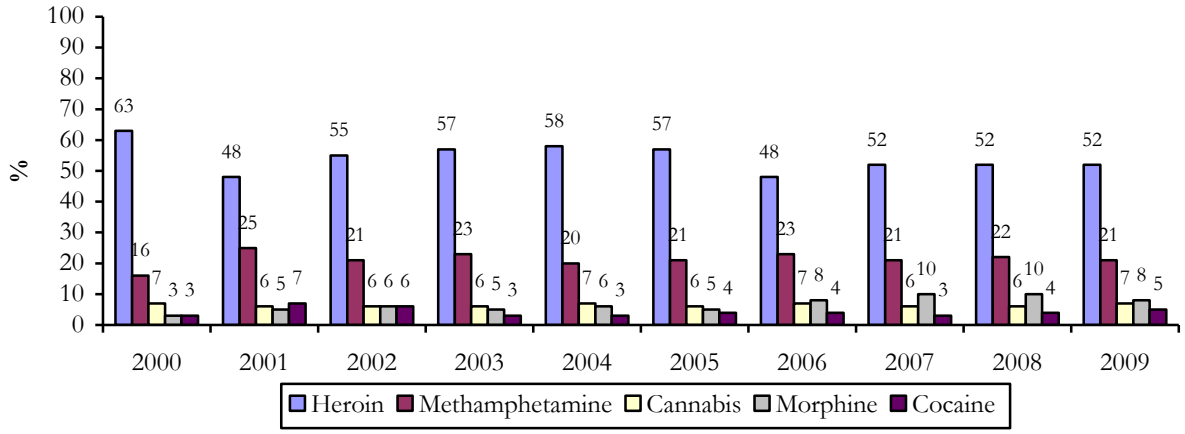
* includes speed powder, base, ice/crystal and liquid methamphetamine

** excludes buprenorphine-naloxone (Suboxone)

4.1.3 Trends over time

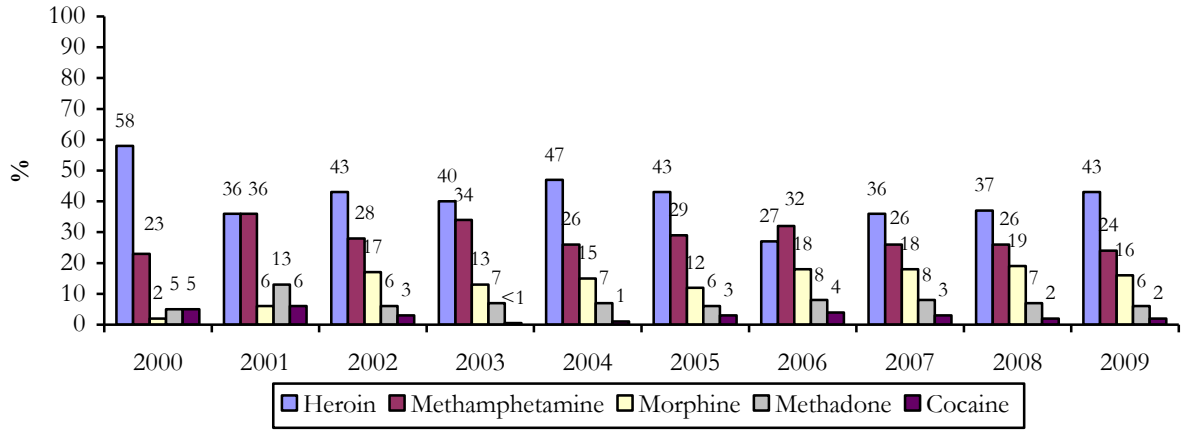
Presented in Figure 1 is Drug of choice and Figure 2 Drug injected most often in the last month between 2000 and 2009. Over time heroin has continued to be the main drug of choice and the drug injected most often in the last month except in 2006 when methamphetamines were reported as the drug injected most often in the last month.

Figure 1: Drug of choice, 2000-2009



Source: IDRS IDU participant interviews

Figure 2: Drug injected most often in the last month, 2000-2009



Source: IDRS IDU participant interviews

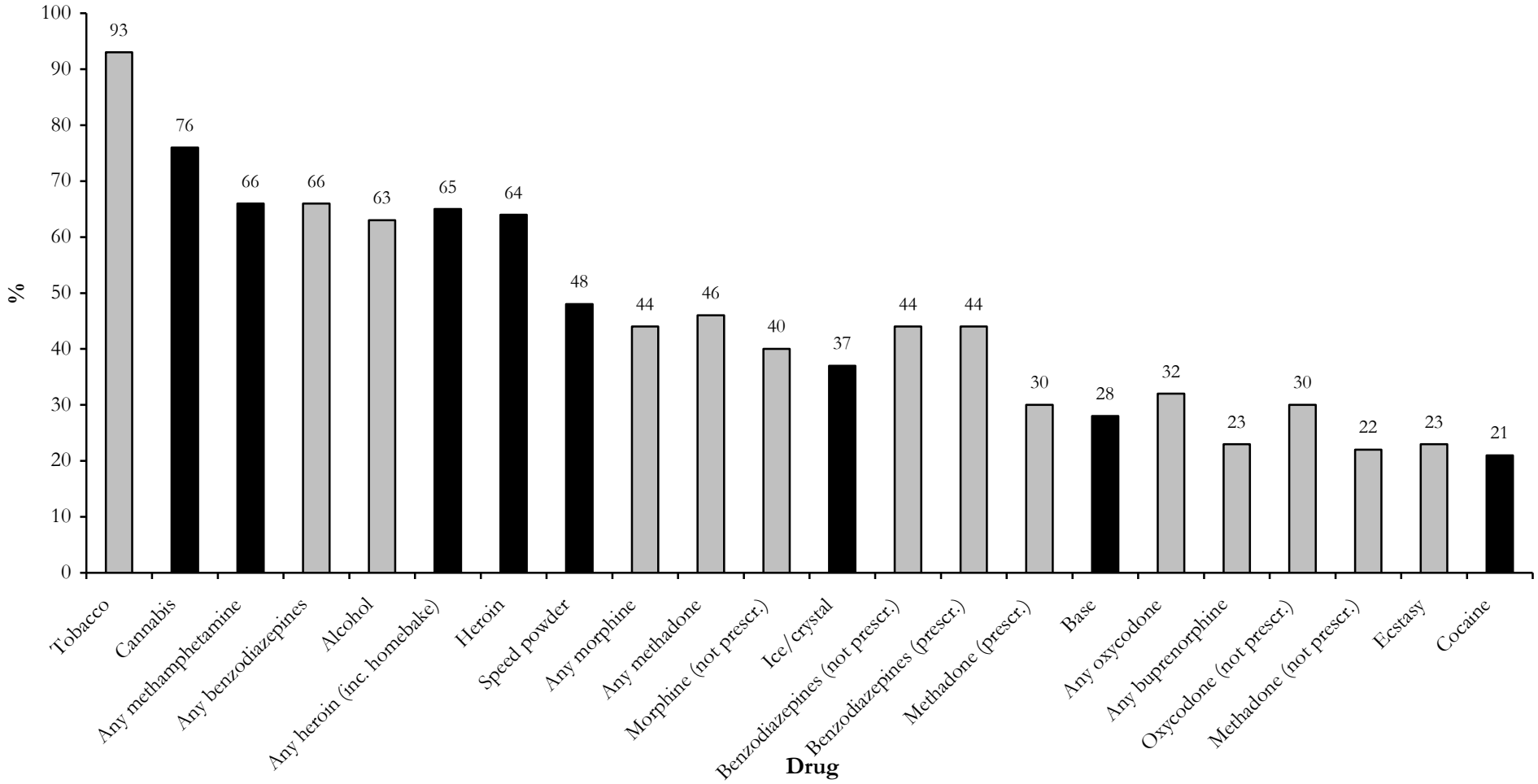
4.1.4 Polydrug use

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 were 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 (64%), cannabis (76%) and methamphetamine (any form; 66%).

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.

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, 2009



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 Appendix A

4.1.5 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 during that time. Table 4 depicts the proportion of participants in each jurisdiction who reported having used different forms of the drug in the preceding six months. Table 5 refers to the specific form of the drug type participants reported having used 'the most' in the preceding six months. For example, 77% of participants in the ACT sample (n=100) reported use of hydroponic cannabis in the preceding six months, 68% reported use of outdoor-grown 'bush' cannabis, 9% reported use of hashish and 3% the use of hash oil (Table 4). Among those who had used cannabis in the ACT, the majority (84%) stated that hydroponic cannabis was the form they had used most often during that time; about one-fifth stated bush (16%) was the form most used, and no participants reported using hashish or hash oil most often (Table 5).

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2009

Form of drug	National N=881	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Heroin (%)									
Powder – white/off-white	**36**	65	73	15	3	27	51	5	50
Rock – white/off-white	**39**	61	36	71	5	39	25	3	41
Any white/off-white heroin	***56***	*84*	*77*	*71*	*8*	*58*	*54*	*8*	*65*
Powder – brown	**23**	55	21	11	0	12	44	2	29
Rock – brown	**20**	38	11	16	4	15	31	1	38
Any brown heroin	***31***	*64*	*26*	*22*	*4*	*25*	*51*	*3*	*46*
Methadone (%)									
Liquid, licit	**30**	38	42	39	48	26	15	6	11
Liquid, illicit	**22**	36	23	19	52	7	10	15	10
Physeptone, licit	**2**	1	3	2	4	1	1	6	0
Physeptone, illicit	**12**	3	5	5	50	5	5	22	4
Buprenorphine (%)									
Licit	**8**	9	9	12	8	7	1	4	10
Illicit	**17**	18	23	25	12	9	16	5	31
Buprenorphine-naloxone (%)									
Licit	**12**	7	10	18	10	14	12	7	23
Illicit	**12**	6	11	14	2	9	28	8	22
Morphine (%)									
Licit	**8**	6	8	3	3	8	4	26	9
Illicit	**40**	28	38	31	81	22	33	61	38
Oxycodone (%)									
Licit	**5**	3	6	5	3	4	5	9	10
Illicit	**30**	27	27	25	56	9	29	35	34
Other opiates (%)									
Licit	**4**	<1	0	0	5	7	12	3	4
Illicit	**4**	3	3	1	12	1	2	4	9

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 4: Forms of drugs used in the preceding six months, by jurisdiction, 2009 (continued)

Form of drug	National N=881	NSW n=150	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Methamphetamine (%)									
Methamphetamine powder (speed)	**48**	33	46	65	56	33	54	50	46
Amphetamine liquid (oxblood)	**5**	5	2	2	9	9	1	6	10
Base methamphetamine (base/point/wax)	**28**	36	21	13	55	31	13	16	42
Crystalline methamphetamine (ice/crystal)	**37**	46	57	32	26	30	44	15	46
Prescription stimulants (%)									
Licit	**2**	1	3	4	0	0	1	6	1
Illicit	**12**	2	22	6	41	3	16	8	4
Cocaine (%)									
Powder	**18**	57	16	12	1	6	11	10	9
Crack	**1**	3	1	1	0	1	0	0	3
Rock	**7**	26	4	3	0	3			
Hallucinogens (%)									
LSD	**7**	2	3	7	12	7	13	2	10
Mushrooms	**2**	0	2	2	8	1	3	0	5
Ecstasy (%)									
Pills	**21**	11	19	19	32	25	28	20	24
Powder	**<1**	0	2	2	1	0	0	0	3
Benzodiazepines (%)									
Licit	**44**	43	49	51	45	34	54	32	45
Illicit	**44**	51	50	59	66	27	21	33	33
Cannabis (%)									
Hydro	**70**	77	77	69	79	58	64	71	61
Bush	**45**	45	68	30	83	28	45	20	49
Hashish (hash)	**6**	3	9	5	4	9	7	2	13
Hash oil	3	1	3	<1	1	5	5	3	5

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 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2009

Form of drug	National N=881	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Heroin (%)									
Powder – white/off-white	**35**	31	83	8	20	25	42	57	36
Rock – white/off-white	**35**	31	5	78	50	42	7	14	27
Powder – brown	**10**	20	5	3	0	7	15	0	10
Rock – brown	**14**	15	1	9	20	14	24	14	24
Other	**6**	3	6	2	10	12	12	15	3
Methadone (%)									
Liquid, licit.	**64**	60	71	87	57	81	57	12	50
Liquid, illicit	**28**	38	28	12	30	13	35	39	44
Physeptone, licit	**2**	0	0	2	3	0	0	15	0
Physeptone, illicit	**7**	2	2	0	10	7	9	35	6
Buprenorphine (%)									
Licit	**33**	33	30	35	39	53	6	38	30
Illicit	**67**	67	70	65	61	47	94	63	70
Buprenorphine-naloxone (%)									
Licit	**55**	61	50	58	91	67	33	43	62
Illicit	**45**	39	50	42	9	33	67	57	39
Morphine (%)									
Licit	**15**	11	14	6	4	29	11	38	12
Illicit	**85**	89	86	94	96	71	89	62	88
Main brand	***Ms Contin***	*Ms Contin*	*Ms Contin*	*Ms Contin*	*Ms Contin*	*Ms Contin*	*Ms Contin*	*Ms Contin*	*Ms Contin*
Oxycodone (%)									
Licit	**12**	8	13	10	2	27	12	23	19
Illicit	**88**	92	87	90	98	73	88	78	82
Main brand	***OxyContin***	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*	*OxyContin*
Other opiates (%)									
Licit	**45**	17	0	0	29	88	86	43	22
Illicit	**55**	83	100	100	71	12	14	57	78

Source: IDRS IDU participant interviews

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

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2009 (continued)

Form of drug	National N=881	NSW n=150	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Methamphetamine (%)									
Methamphetamine powder (speed)	**50**	26	37	81	41	41	60	83	31
Amphetamine liquid (oxblood)	**1**	0	0	0	6	3	0	0	0
Base methamphetamine (base/point/wax)	**20**	22	14	4	43	31	0	10	41
Crystalline methamphetamine (ice/crystal)	**29**	52	49	15	10	25	40	7	28
Prescription stimulants (%)									
Licit	**12**	50	9	39	0	0	6	27	25
Illicit	**88**	50	91	62	100	100	94	73	75
Main brand	***Dexamphet-amine***	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Dexamphet-amine*	*Other*	*Dexamphet-amine*
Cocaine (%)									
Powder	**9**	90	76	77	100	60	83	71	50
Crack	**2**	0	5	5	0	10	0	0	8
Rock	**10**	10	19	19	0	30	17	29	42
Hallucinogens (%)									
LSD	**73**	100	60	77	58	86	85	100	70
Mushrooms	**23**	0	40	8	42	14	15	0	20
Ecstasy (%)									
Pills	**93**	100	95	97	74	100	100	92	94
Powder	**2**	0	5	3	0	0	0	0	6
Benzodiazepines (%)									
Licit	**60**	48	69	60	46	61	81	54	76
Illicit	**40**	52	31	41	54	39	19	46	24
Main brand	***Diazepam***	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam*	*Diazepam, Xanax*	*Diazepam*
Cannabis (%)									
Hydro	**85**	95	84	91	55	89	87	96	81
Bush	15	5	16	10	45	8	13	5	19

Source: IDRS IDU participant interviews

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

4.2 Heroin

Key points

- Heroin remained the most commonly reported drug of choice among participants.
- Nationally around two-thirds of the sample reported recent heroin use.
- Prevalence of use in this group remained relatively stable across most jurisdictions, while increases in the frequency of use were seen in most jurisdictions.
- Frequency of use was higher in 2009.
- Nearly all of the recent heroin users reported injecting heroin.
- 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.

4.2.1 Use of heroin

In 2009, heroin was the drug of choice for half of the sample (52%, the same as in 2008), and nominated as the last drug and drug most injected over the preceding month (40% and 43% respectively, Appendix B, Table B1).

Around two-thirds (64%; 60% in 2008) of the national sample reported the use of heroin in the last six months on a median of 72 days (49 days in 2008). No significant difference was found between 2008 and 2009 for recent heroin use ($p>0.05$), however, the frequency of heroin use in the last six months was significantly higher in 2009 (median: 49 days in 2008 versus 72 days in 2009; $p=0.04$). Prevalence of use was relatively stable in most jurisdictions, while the frequency of use increased in most jurisdictions with exception of the ACT, VIC and SA where frequency of use decreased. Twenty-three percent of recent heroin users reported daily use of heroin in the last six months. The highest proportions of daily users were in NSW and WA (Table 6). Among those who recently used heroin nearly all reported injecting (99%) on a median of 72 days in the last six months. For a jurisdictional breakdown of heroin use patterns including daily use between 2000 and 2009 refer to Appendix B, Tables B1 and Figure B1.

Table 6: Recent use and median days of heroin use by jurisdiction, 2008-2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Recent use (%)									
2008	60	83	86	85	5	51	59	14	74
2009	**64**	94	78	79	12	72	71	13	75
Median days of use*									
2008	49	72	60	81	2	48	48	6	48
2009	**72**	96	48	51	6	30	96	17	72
Daily use* (%)									
2008	18	24	18	25	0	16	15	7	5
2009	**23**	36	17	16	0	10	36	8	25

Source: IDRS Injecting drug user interviews

* among those who had used. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

4.2.2 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. Homebake remained stable compared to 2008 (9%, n=83), with 11% (n=93) of the national sample reporting use on a median of six days over the past six months. Eleven percent reported injection on a median of six days in the preceding six months (Appendix A, Table A3). 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.

4.2.3 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 asks participants whether they would describe the heroin used as white/off-white, brown and/or another colour Participants were also asked which forms they had used most during this period.

Eighty-seven percent of recent heroin users reported use of 'white/off-white' heroin in the preceding six months, while around half (49%) reported use of 'brown' heroin. The vast majority of heroin users reported that they had used white/off-white heroin most often in the preceding six months. Two 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 (Table 7).

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.

Table 7: Reports of heroin forms used in the last six months among those who had recently used heroin, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used last 6 months (%)	**N=566**	n=143	n=78	n=118	n=12	n=72	n=70	n=13	n=60
White/off-white powder or rock	**87**	90	99	91	67	81	77	62	87
Brown powder or rock	**49**	68	33	28	33	35	71	23	62
Form most used last 6 months	**N=544**	n=137	n= 77	n=115	n=10	n=72	n=69	n=6	n=59
White powder or rock	**71**	61	88	86	70	67	52	83	63
Brown powder or rock	**25**	35	7	11	20	21	42	17	34
Homebake	**2**	2	5	2	0	0	4	0	0

Source: IDRS Injecting drug user interviews

IDRS participants who recently injected heroin were also asked 'Did you heat the last time you injected?, 'Did you use acid?' and 'What colour was the heroin?' Of those who commented, 37% reported heating the heroin before injecting last and 6% reported using acid. When asked what colour the heroin was, 46% reported white and 36% brown (Table 8).

Table 8: Use of heat and acid in the preparation of last heroin injection among recent heroin users who commented, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Heated in the last injection (%)	**N=495**	n=132	n=67	n=94	n=8	n=72	n=64	n=5	n=53
	37	46	37	12	0	47	44	100	40
Acid in the last injection (%)	**N=482**	n=121	n=67	n=94	n=8	n=72	n=64	n=4	n=52
	6	14	0	0	0	8	3	0	6
Main Colour*	**N=173**	n=57	n=21	n=7	n=0	n=37	n=28	n=0	n=23
White	**46**	37	81	71	0	43	46	0	35
Brown	**36**	53	19	29	0	8	39	0	52
Other	**18**	10	0	0	0	49	14	0	13

Source: IDRS Injecting drug user interviews
***among those who reported either heating or using acid to prepare their last injection of heroin

4.3 Methamphetamine

Key points

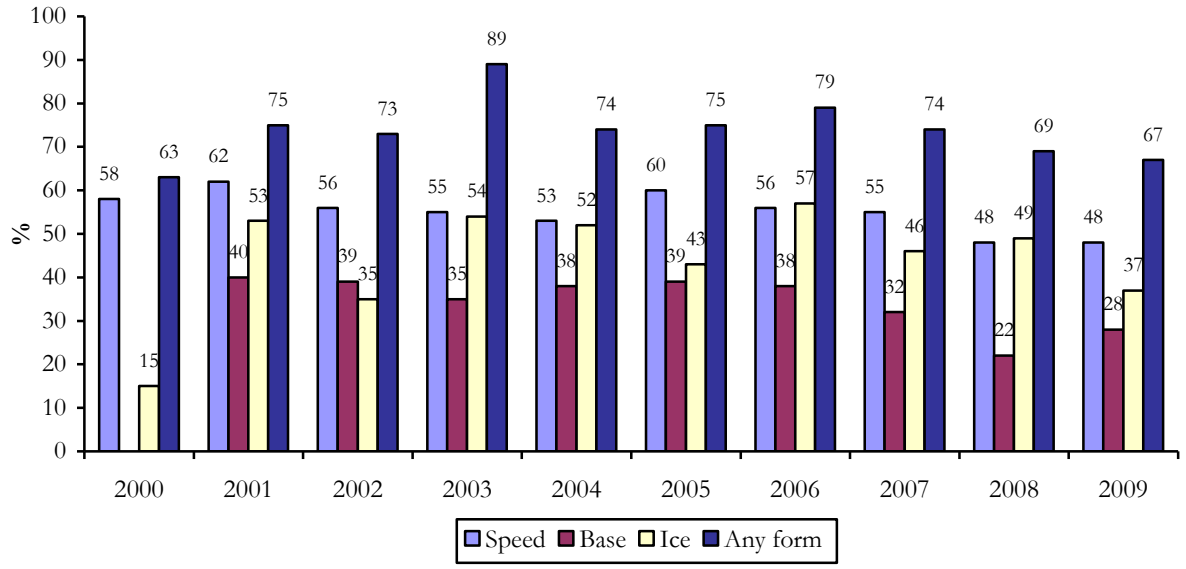
- Over three-quarters of the national sample reported using one or more forms of methamphetamine in the last six months on a median of 20 days in the last six months.
- Recent use of 'speed' varied by jurisdiction but remained stable among the jurisdictions compared to 2008.
- The recent use of 'base' was significantly higher compared to 2008, while the recent use of 'ice/crystal' was significantly lower.
- Minimal use of liquid amphetamine (or 'oxblood') was noted in all jurisdictions.
- The form mainly used in the past six months was 'speed' followed by 'ice/crystal' and 'base'.
- Frequency of use in the last six months was 12 days for 'speed', 10 days for 'base' and 7 days for 'ice/crystal'.

4.3.1 Use of methamphetamines

In 2009, sixty-seven 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. The proportion of participants reporting recent use of methamphetamine varied across the jurisdictions (Appendix B, Figure B2 to Figure B5).

Figure 4 shows the proportion of participants who reported using the three different forms of methamphetamine nationally from 2000-2009. For jurisdictional differences see Appendix B, Figure B2 to Figure B5). In 2009, the recent use of 'speed' remained stable compared to 2008 (48%), ranging from 33% in SA to 65% in VIC. Nearly all (99%) of the recent 'speed' users reported injecting 'speed' in the last six months. No significant difference was found between 2008 and 2009 for recent 'speed' use ($p>0.05$). Recent 'base' use was significantly higher in 2009 compared to 2008 (28% in 2009 versus 22% in 2008; 95%CI -0.02, -0.10). Recent 'base' use was also higher in most jurisdictions compared to 2008, ranging from 12% in WA to 55% in TAS. Nearly all (99%) recent 'base' users reported injecting base recently. Nationally, the recent use of 'ice/crystal' use was significantly lower in 2009 (37% in 2009 versus 49% in 2008; 95%CI 0.07, 0.16). All jurisdictions except QLD reported less use compared to 2008. The majority (95%) of recent 'ice/crystal' users reported injecting 'ice/crystal' in the last six months.

Figure 4: Recent use of methamphetamine (speed, base, ice/crystal and any form), 2000-2009



Source: IDRS IDU participant interviews
Note: Base data not collected in 2000

Recent use of liquid amphetamine was not commonly reported, with 5% of the national sample reporting having used it in the six months preceding interview. The proportions varied across jurisdictions, ranging from 1% in WA to 10% in QLD (Table 9).

Table 9: Recent use of amphetamine liquid, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Amphetamine liquid (%)	4	**5**	5	2	2	9	9	1	6	10

Source: IDRS IDU participant interviews

4.3.2 Methamphetamine form most used

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. The form of methamphetamine used most in the past six months was 'speed' (50%), followed by 'ice/crystal' (29%) and 'base' (20%) (Table 5). For comparison, in 2008, these figures were: 'ice/crystal' (47%), 'speed' (44%) and 'base' (8%). There are some jurisdictional variations in these findings. 'Ice/crystal' was the from reported as mainly used in NSW and the ACT, while base was reported as the form mainly used in TAS and QLD (Table 5).

4.3.3 Methamphetamine frequency of use

In 2009, the median number of days any form of methamphetamine was used by the national sample was 20 days (18 days in 2008), which reflects less than weekly use (Table 10). The median frequency of use among those who reported recent methamphetamine use was 12 days for 'speed' (ranging from five days in the NT to 30 days in SA; 10 days nationally in 2008), 10 days for 'base' (ranging from three days in VIC to 22 days in QLD; six days nationally in 2008) and 7 days for 'ice/crystal' (ranging from three days in the NT to 12 days in NSW; 12 days nationally in 2008). Among those who recently used either 'speed', 'base' or 'ice/crystal', the median days of

use for 'speed' and 'base' significantly increased between 2008 and 2009 (speed: 10 days versus 12 days; p=0.04, base: 6 days versus 10 days; p=0.005), while the median days for 'ice/crystal' significantly decreased between years (12 days versus 7 days; p=0.02).

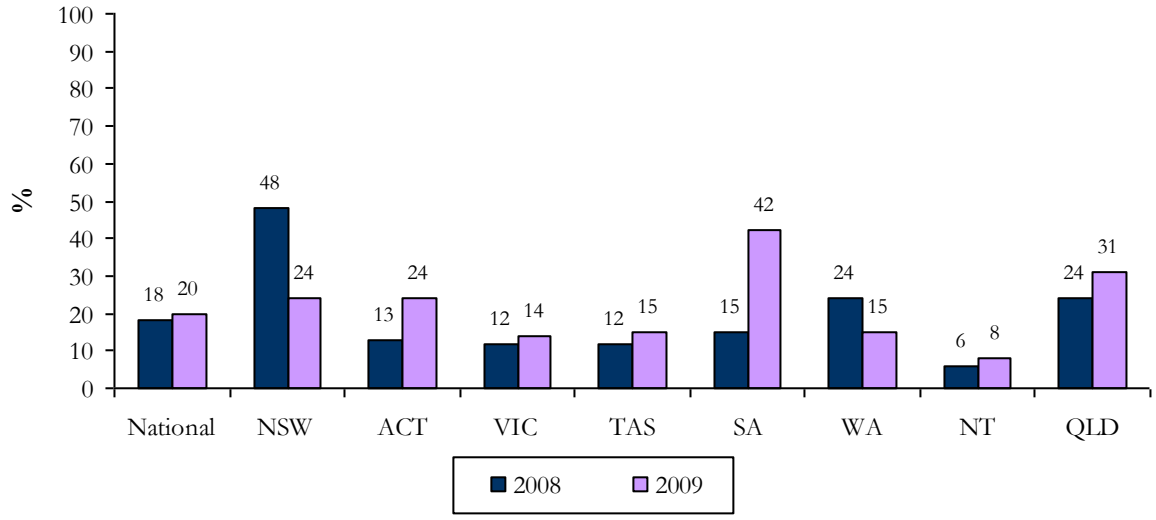
Table 10: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Speed	10	**12**	13	8	12	9	30	12	5	24
Base	6	**10**	12	20	3	10	20	2	5	22
Ice/crystal	12	**7**	12	7	5	6	10	6	3	10
Liquid	4^	**6**	7^	11^	3^	6^	6^	5^	1^	24^
Any form**	18	**20**	24	24	14	15	42	15	8	31

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 xiii for guide to days of use/injection

Figure 5 shows the median number of days of methamphetamine use (any form) among those who recently used any form of methamphetamine for 2008 and 2009. Majority differences were noted in NSW (decrease from 48 days in 2008 to 24 days in 2009) and SA (increase from 15 days in 2008 to 42 days in 2009). For jurisdictional differences between 2000-2009 refer to Appendix B, Figure B6. Daily use of any form of methamphetamine was reported by 3% of the national sample (4% of recent methamphetamine users).

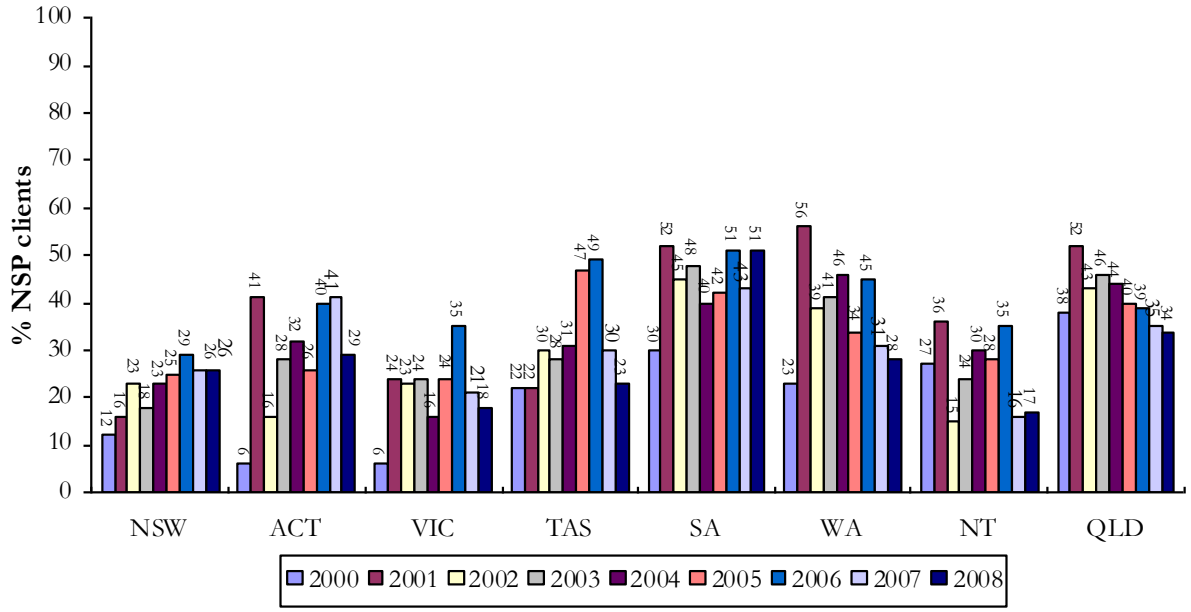
Figure 5: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2008-2009



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 xiii for guide to days of use/injection

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent Needle and Syringe Program (NSP) survey available (provided by NCHECR) provides data from 2000 to 2008 (Figure 6)(National Centre in HIV Epidemiology and Clinical Research, 2009)[3]. The graph depicts the proportion of NSP clients who report amphetamine as the drug they had last injected, by jurisdiction. SA had the largest proportion of NSP clients reporting amphetamine as the last drug injected.

Figure 6: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2008



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2005, National Centre in HIV Epidemiology and Clinical Research, 2009)[4]

[3] 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. FETHERSTON, J., TOPP, L., BLACK, E., IVERSEN, J. & MAHER, L. (2007) Blood borne virus surveillance among sentinel samples of injecting drug users. *Drug Trends Bulletin,* December..

[4] 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; 2008: 2 270.

4.4 Cocaine

Key points

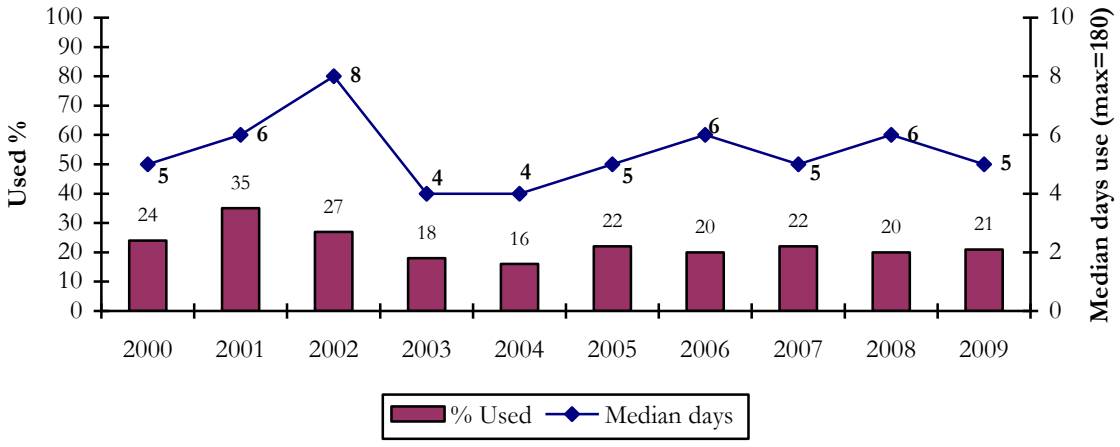
- The recent use of cocaine remained most common among participants in NSW (61%), with proportions elsewhere reporting use in the preceding six months remaining at less than 22%.
- The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine was 20 days compared to 12 days in 2008.
- Cocaine powder remained the most common form of the drug used by participants, with small reports of crack cocaine use.

4.4.1 Use of cocaine

Twenty-one percent of the national sample reported recent use of cocaine, the majority (85%) of whom also reported injecting it in the last six months (Figure 7). The recent use of cocaine remained most common among participants in NSW, ranging from 61% in NSW to 2% in TAS (Figure 8). No significant difference was found between 2008 and 2009 for recent cocaine use nationally or in NSW ($p>0.05$). The vast majority of cocaine used was cocaine powder (see Tables 4 and 5).

The median frequency of use was five days, ranging from 20 days in NSW to 2 days in TAS. Among those who recently used cocaine, no significant difference was found between 2008 and 2009 for median days of use (6 days versus 5 days; $p>0.05$). 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 (Figure 8). In NSW, the frequency of cocaine use was 20 days compared to 12 days in 2008, however this was not significant ($p>0.05$). Please refer to Appendix B, Figure B7 and Figure B8 for jurisdictional difference between 2000-2009.

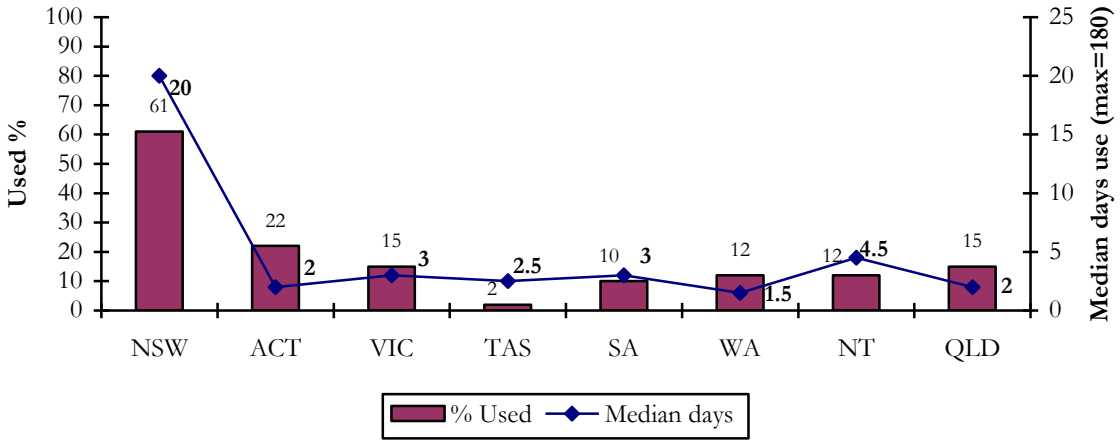
Figure 7: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2009



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 xiii for guide to days of use/injection

Figure 8: Proportion of participants who reported recent cocaine use and median days of use by jurisdiction, 2009



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 xiii for guide to days of use/injection

4.5 Cannabis

Key points

- 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 four cones on the last day of use.
- Hydro continued to dominate the market although the use of bush was also common. Use of hashish and hash oil were less common.

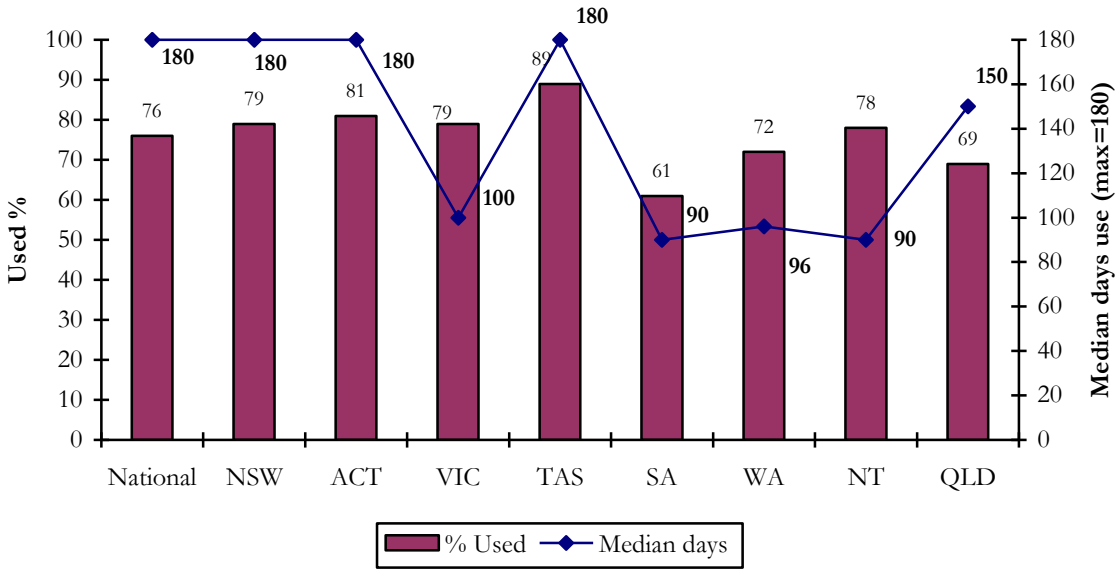
4.5.1 Use of cannabis

Seventy-six percent of the national sample reported they had used cannabis in the six months prior to interview, ranging from 61% in SA to 89% in TAS (Figure 9). No significant difference was found between 2008 and 2009 for recent cannabis use nationally (77% in 2008; p>0.05).

Nationally the median number of days used among those who use recently used cannabis was 180 days (daily use, Figure 9). No significant different in median days for cannabis was found between 2008 and 2009 (p>0.05). Nationally, 50% of recent cannabis users reported daily use ranging between 39% in SA to 61% in the ACT.

Recent cannabis use and median days of use among users varied across jurisdictions and, in some cases, within jurisdictions, over time (Appendix B, Figures 9B and B10)).

Figure 9: Proportion of participants who reported recent cannabis use and median days of use by jurisdiction, 2009



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 xiii for guide to days of use/injection

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, cannabis had typically been smoked in cones (84%; range 66% in VIC to 96% in QLD) rather than joints (11%; range 3% in the NT to 18% in SA). Among those who had smoked cones, the median number used on the last day was four (range: less than one cone to 60 cones), while the number of joints smoked was one (range: less than one cone to 30 joints). Daily users of cannabis had smoked a median of six cones (range: 1-60) or two joints (range: 1-30) on the last day of use.

4.5.2 Cannabis forms used

Seventy percent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months, ranging from 58% in SA to 79% in TAS. Nearly half (45%) reported use of outdoor-grown 'bush' cannabis, ranging from 20% in the NT to 83% in TAS. Six percent had used hashish and minimal proportions (3%) reported use of hash oil (see Table 4). Among users, hydro remained the form most commonly used in the preceding six months, followed by bush (see Table 5).

4.6 Other Opioids

Key-points

- Morphine remained the most commonly injected pharmaceutical in the national sample (42% in 2009).
- The proportion of participants reporting recent morphine use was significantly lower (44%) compared to 2008 (50%).
- 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
- Four percent of the national sample reported the recent injection of 'licitly' obtained oxycodone and around one-quarter 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.
- Nearly 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 reported recent (last six months) injection. TAS reported the highest rate of recent methadone injection. Nationally, 'illicitly' obtained methadone was injected on a median of 10 days compared to 48 days for 'licit' methadone.
- Twenty-two percent of the national sample reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview, and 11% of the national sample reported recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Eight percent of the national sample reported use of 'licitly' obtained buprenorphine in the six months preceding interview and 18% reported use of 'illicit' buprenorphine. Four percent of the national sample reported recent injection of 'licitly' obtained buprenorphine on a median of 24 days and 14% reported injection of 'illicit' buprenorphine on a median of 12 days.
- Equal proportions (12%) of the national sample reported using 'licitly' or 'illicitly' obtained buprenorphine-naloxone in the preceding six months. Small proportions (3% and 8% of the national sample respectively) reported injection of 'licitly' and 'illicitly' obtained buprenorphine-naloxone on a median of 60 days and 10 days respectively (based on small numbers commenting).
- Thirty-eight percent of the national sample reported using over the counter codeine on a median of 12 days in the last six months.
- Eight percent of the national sample reported recent use of 'other' opioids (i.e. those not elsewhere classified) on a median of nine days. Recent injection of these preparations was low at one percent. The most commonly used 'other' opioid was tramadol.

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).

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). Appendix G shows how this recent distinction applies to the IDRS.

4.6.1 Use of methadone

Methadone, which is prescribed for the treatment of opioid dependence, is usually prescribed as a liquid preparation and is often dosed under supervision. 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 is not tolerated.

In 2009, nearly half (46%) of the national sample reported recent use of 'licitly' and/or 'illicitly' obtained methadone (including Physeptone), on median of 179 days in the last six months (Table 13). Among the national sample, twenty-two percent (25% in 2008) reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview (see Figure 3). No significant difference was found nationally between 2008 and 2009 for recent 'illicit' methadone use ($p>0.05$). 'Illicitly' obtained methadone liquid was the form of methadone reported as the form used most by 28% of those who reported methadone use, ranging from 12% in VIC to 44% in QLD (see Table 5).

Eleven percent (15% in 2008) of the 2009 national sample reported recent use of 'illicit' Physeptone (Table 11). 'Illicitly' obtained Physeptone tablets were reported as the form of methadone 'most used' by 7% of the national sample who used methadone recently (11% in 2008). There were substantial jurisdictional differences among those who reported 'illicitly' obtained Physeptone tablets as the form 'most used', ranging from zero percent in VIC to 35% in the NT (results should be interpreted with caution due to small numbers, Table 5).

Participants who recently used methadone were asked about their reasons for using 'illicit' methadone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to substitute for heroin/opiates (43%), to self-treat dependence (39%), to seek an opiate effect (Intoxication; 34%), because they were away from home (3%) and/or another reason (12%).

Table 11: Methadone (any form) recent use and median days, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Recent use (%)	2008	**2009**								
Licit										
Methadone syrup	32	**30**	38	42	39	48	26	15	6	11
Physeptone	2	**2**	1	3	2	4	1	0	6	-
Illicit										
Methadone syrup	25	**22**	36	23	19	52	7	10	15	8
Physeptone	15	**11**	3	5	5	50	5	5	22	4
Any form (licit and/or illicit)	52	**46**	59	59	47	78	32	25	35	22
Median days used *										
Licit										
Methadone syrup	180	**180**	180	180	180	180	180	180	180	180
Physeptone	24	**16.5**	20^	13^	2^	92.5^	21^	-	69^	-
Illicit										
Methadone syrup	8	**6**	5	24	5	12	5	2	2	1
Physeptone	4	**3.5**	7.5^	3^	1^	6	5^	2^	5	2^
Any form (licit and/or illicit)	120	**179**	174	180	178	179	180	35	6	26

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 v for guide of days use/injection

4.6.1.1 Methadone injection

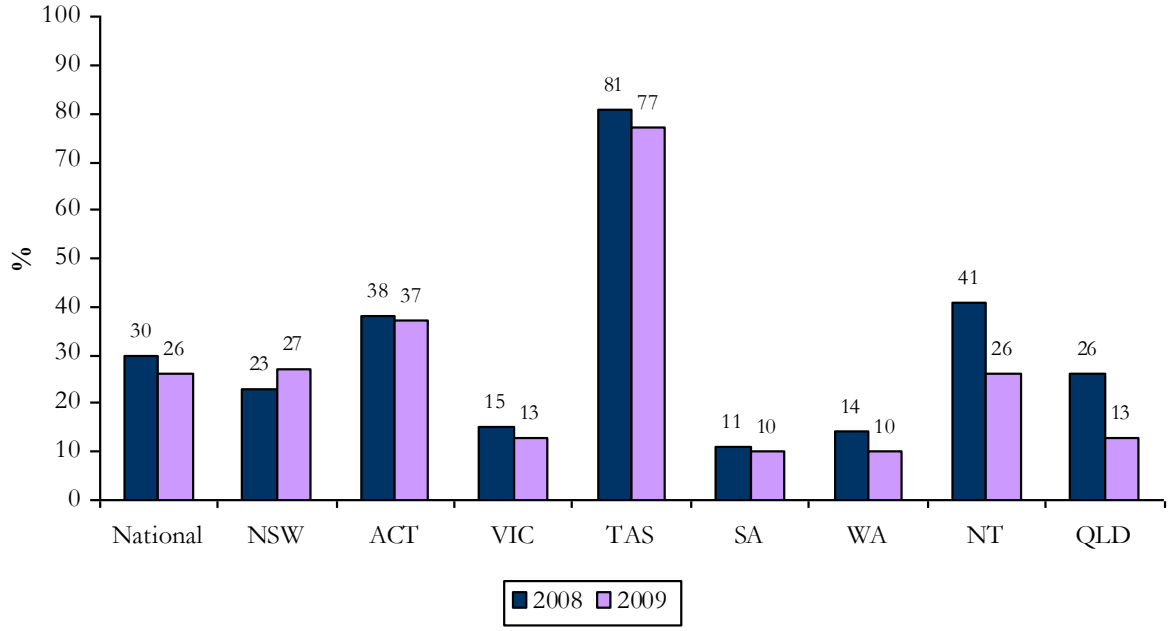
Twenty-three percent of the national sample reported recently injecting **licitly** and/or **illicitly** obtained methadone (including Physeptone) compared to 30% in 2008 (Figure 10).

The proportions of participants from the entire sample in each jurisdiction who reported having injected methadone in the preceding six months was lowest in SA and WA (10% each) and highest in TAS (77%) (Figure 10, Table 12). For jurisdictional differences over time refer to Appendix B, Figure B12. 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 the IDRS national monitoring began in 2000.

Nationally, injection of methadone tablets (Physeptone) was low at 1% for 'licitly' obtained, i.e. prescribed, tablets (range zero in QLD to 4% in TAS), and 10% for 'illicitly' obtained tablets, respectively (1% in NSW to 50% in TAS; Table 12).

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. The injection of 'licitly' and 'illicitly' obtained Physeptone was reported by few participants and typically on an infrequent basis (Table 12). No significant difference was observed nationally between 2008 and 2009 for median days injected 'licit' or 'illicitly' obtained methadone ($p>0.05$). Frequency of injection of methadone liquid and Physeptone varied by jurisdiction.

Figure 10: Recent injection of methadone (any form), by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews
Note: figures include licitly and illicitly obtained methadone and Physeptone

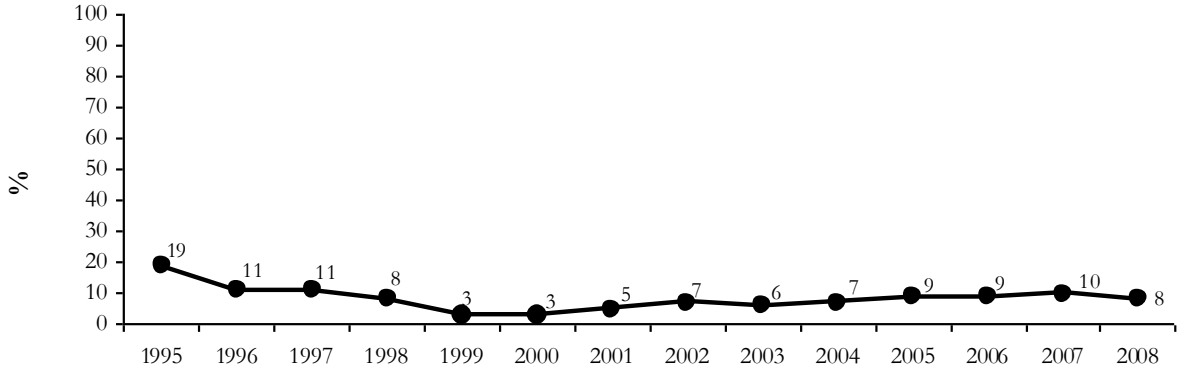
Table 12: Methadone (any form) recent injection and median days, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Recent injection (%)	2008	**2009**								
Licit										
Methadone syrup	12	**11**	9	20	6	43	5	1	2	6
Physeptone	1	**1**	0	2	1	4	0	0	2	0
Illicit										
Methadone syrup	19	**17**	23	22	8	51	5	7	11	6
Physeptone	12	**10**	1	4	4	50	2	4	18	4
Any form (licit and/or illicit)	30	**26**	27	37	13	77	10	10	26	13
Median days injected *										
Licit										
Methadone syrup	48	**48**	5	40	48^	48	50^	10^	92^	20^
Physeptone	22	**5**	0	14^	2^	92.5^	0	0	24.5^	0
Illicit										
Methadone syrup	10	**10**	5	24	8	12	6^	6^	2	2^
Physeptone	5	**3**	1^	4.5^	1^	6	6.5^	2^	3	2^
Any form (licit and/or illicit)	17	**22.5**	5	24.5	8	52	32	4	3.5	5.5

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 v for guide of days use/injection

Nationally, the proportion of NSP clients in Australia reporting methadone as the last drug injected was 8% in 2008 (Figure 11). Consistent with IDRS IDU participant reports, the NSP Survey results show that TAS recorded the highest proportion (42%) of NSP clients reporting methadone as the last drug injected, followed by NSW (12%)[5].

Figure 11: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2008



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2005, National Centre in HIV Epidemiology and Clinical Research, 2009, National Centre in HIV Epidemiology and Clinical Research, 2002)[6]

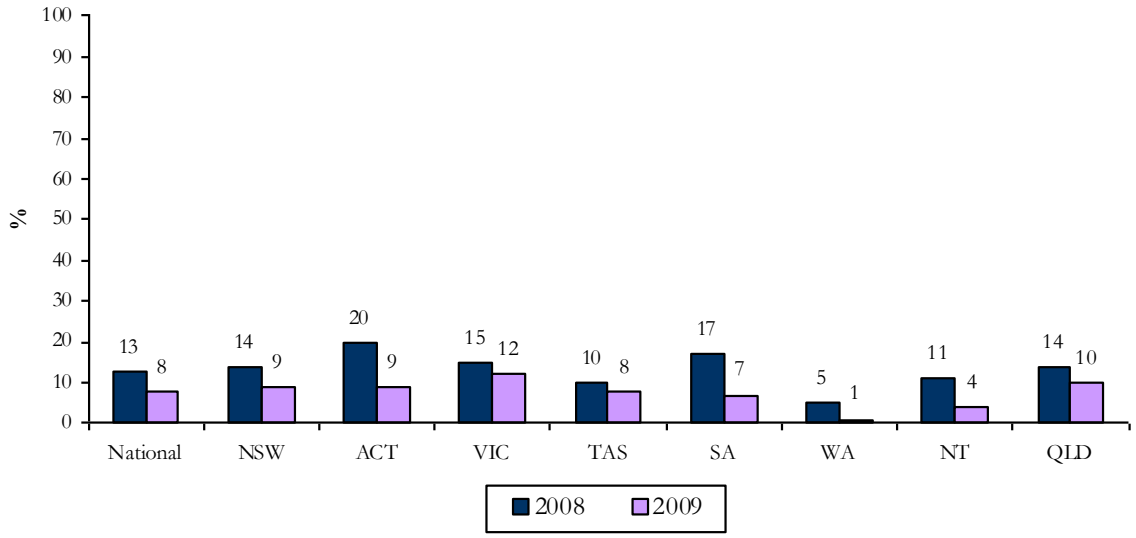
4.6.2 Use of buprenorphine

Eight percent of the national sample reported recently using 'licit' buprenorphine compared to 18% for 'illicitly' obtained buprenorphine in the six months preceding interview. A significantly lower proportion of the national sample reported the recent use of 'licit' buprenorphine in 2009 (Figure 12; 95%CI 0.08, 0.03). No significant difference was found between for recent 'illicit' buprenorphine use nationally ($p>0.05$). Use of 'licitly' obtained buprenorphine ranged between 1% in WA to 12% in VIC, while, for 'illicitly' obtained buprenorphine, this figure ranged from 5% in the NT to 31% in QLD (Figure 12 and 13).

[5] 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).

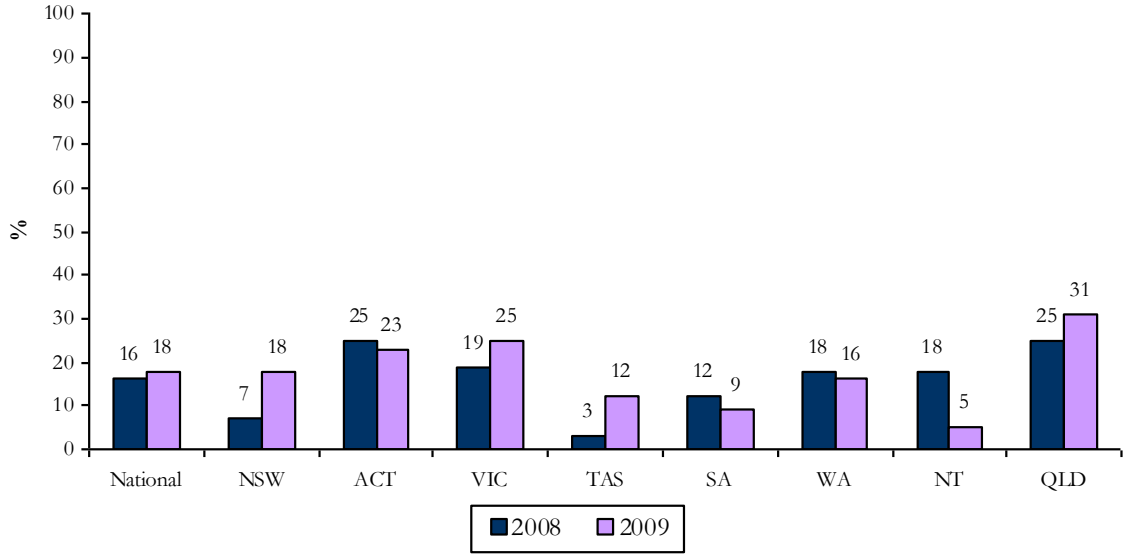
[6] Respective sample sizes for the NSP Survey were: 2000: 2 694; 2001: 2 454; 2002: 2 445; 2003: 2 495; 2004: 2 035; 2005: 1 800; 2006: 1 961; 2007: 1 912; 2008: 2 270.

Figure 12: Recent use of 'licitly' obtained buprenorphine, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

Figure 13: Recent use of 'illicitly' obtained buprenorphine, by jurisdiction, 2008-2009

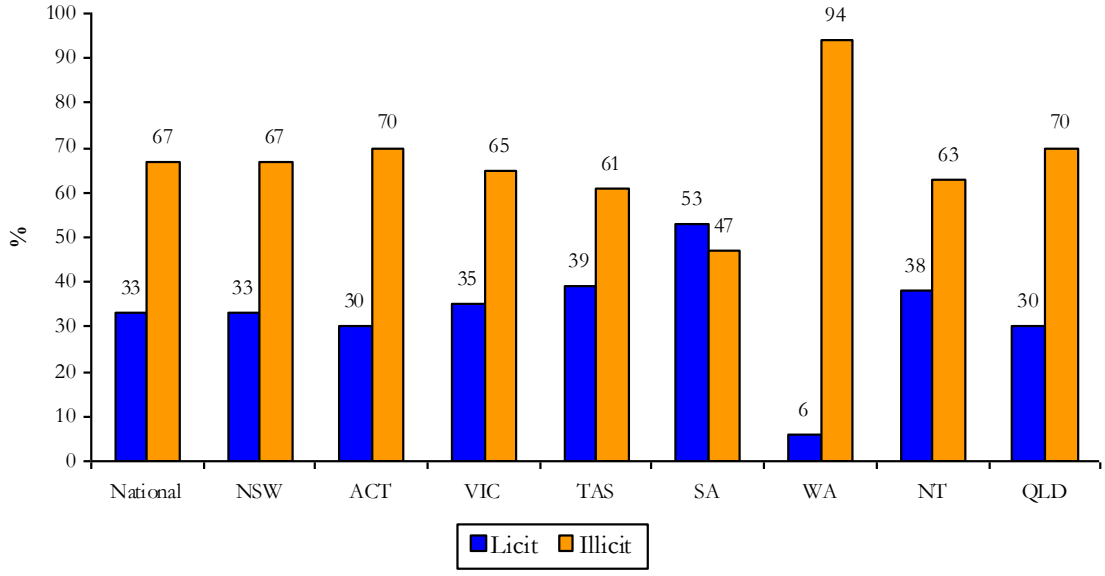


Source: IDRS IDU participant interviews

Of those who had recently used buprenorphine, 67% reported 'illicit' buprenorphine as the form used most recently compared to 33% for 'licit' buprenorphine. At a jurisdictional level the form used most varied. SA reported the use of 'licit' buprenorphine as the form used most, where as the other jurisdictions reported 'illicit' as the firm mainly used (Figure 14).

Participants who recently used buprenorphine were asked about their reasons for using 'illicit' bupernorphine. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being because they were away from home (40%), to self-treat dependence (34%), to substitute for heroin/opiates (20%), and/or another reason (19%).

Figure 14: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2009

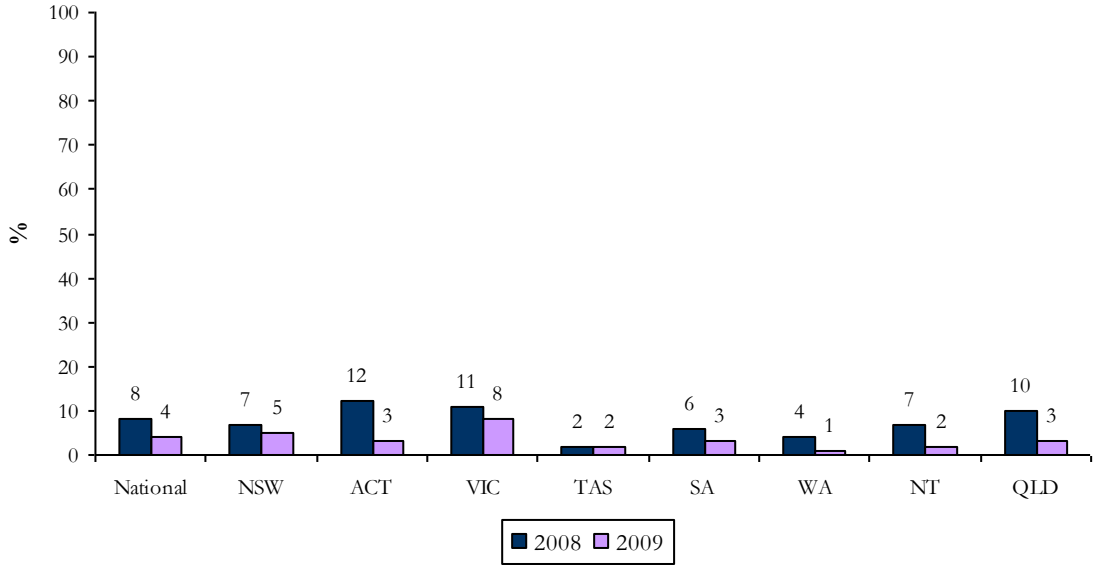


Source: IDRS IDU participant interviews

4.6.2.1 Buprenorphine injection

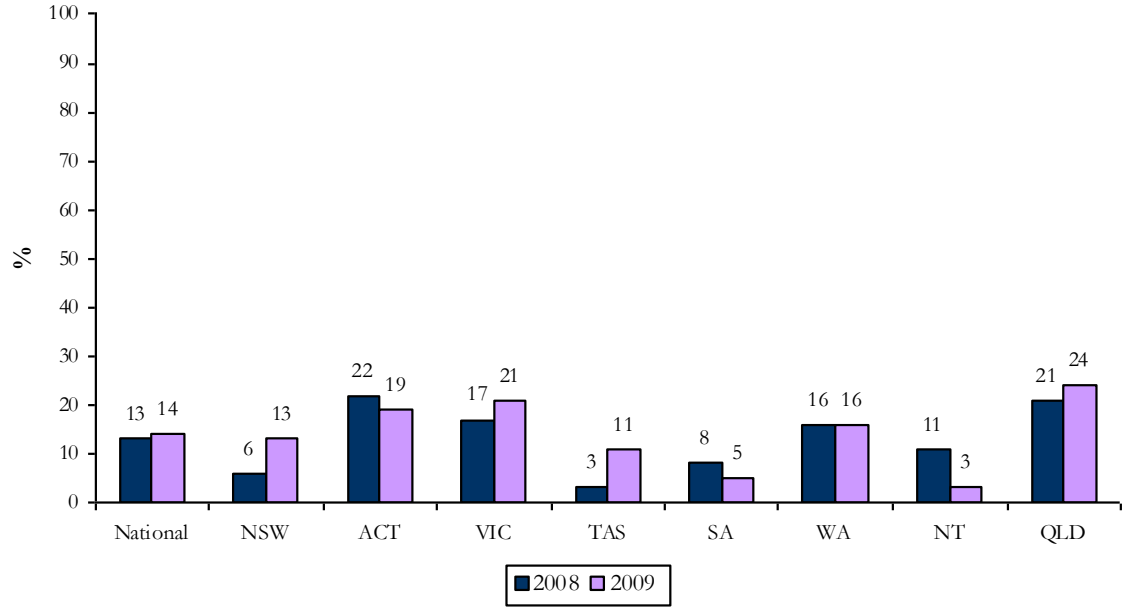
Four percent of the national sample reported injection of 'licit' buprenorphine and 14% reported injection of 'illicit' buprenorphine in the six months preceding interview (Figures 15 and 16 respectively). Injection of 'licitly' obtained buprenorphine ranged from 1% in WA to 8% in VIC (Figure 15), while injection of 'illicitly' obtained buprenorphine ranged from 3% in the NT to 24% in QLD (Figure 16).

Figure 15: Recent injection of 'licitly' obtained buprenorphine, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

Figure 16: Recent injection of 'illicitly' obtained buprenorphine, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

Of those in the national sample who reported injecting 'licit' buprenorphine recently, the median number of days on which they had injected was 24 (i.e. once a week, 48 days in 2008, Table 13). Thirty-eight 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 (53%) had injected weekly or less.

Frequency of 'illicitly' obtained buprenorphine injection by users in the national sample averaged around twice per month (median of 10 days). Median days of injecting 'illicitly' obtained buprenorphine varied by jurisdiction. Nationally, no significant difference was observed between 2008 and 2009 for median days injected 'licit' or 'illicit' buprenorphine ($p>0.05$).

Seventy-three percent of those who had injected 'illicit' buprenorphine in the last six months reported injecting weekly or less. Nineteen percent injected between every second day and daily. While larger proportions reported the injection of 'illicit' buprenorphine, they were injecting less frequently than the smaller numbers who reported injection of 'licitly' obtained buprenorphine (Table 13).

Table 13: Median days injected licitly and illicitly obtained buprenorphine among those who injected, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Licitly obtained buprenorphine	48	**24**	5^	48^	65	50.5^	24^	180^	57^	92.5^
Illicitly obtained buprenorphine	10	**10**	3.5	10	48	2	21^	11	1^	10
Any buprenorphine	12	**12**	3	15	72	3	24^	12	13^	11

Source: IDRS IDU participant interviews
^ medians based on small numbers (n<10); interpret with caution
Note: Data presented among those who had used. Maximum number of days, i.e. daily use = 180. See page v for guide.

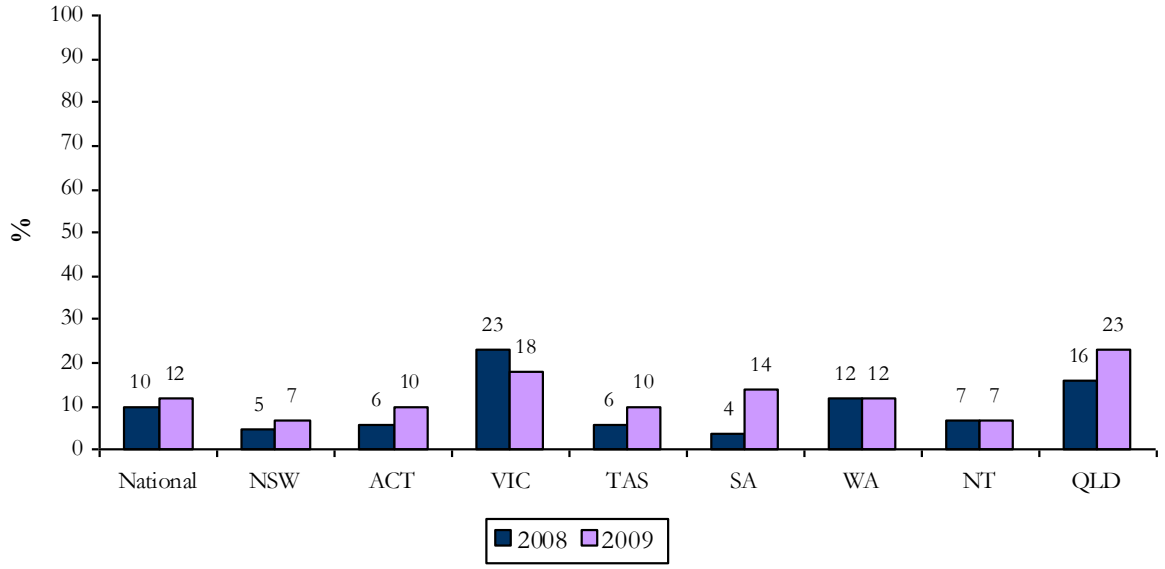
4.6.3 Use of buprenorphine-naloxone

In 2009, twelve percent of the national sample reported recently using 'licitly' obtained buprenorphine-naloxone on a median of 90 days (every second day). Twelve percent also reported the recent use of 'illicitly' obtained buprenorphine-naloxone on a median of eight days (around once a month) in the last six months. The recent use of 'illicit' buprenorphine-naloxone in 2009 was significantly higher compared to 2008 (9% in 2008; 95%CI -0.004, -0.06).

VIC and QLD reported the highest levels of recent 'licit' buprenorphine-naloxone use. The use of 'illicitly' obtained buprenorphine-naloxone was highest in WA, followed by QLD (Figure 17 and Figure 18; see Table 4). The form of buprenorphine-naloxone most used (i.e. whether 'licitly' or 'illicitly' obtained) among those who had used, varied by jurisdiction (see Table 5).

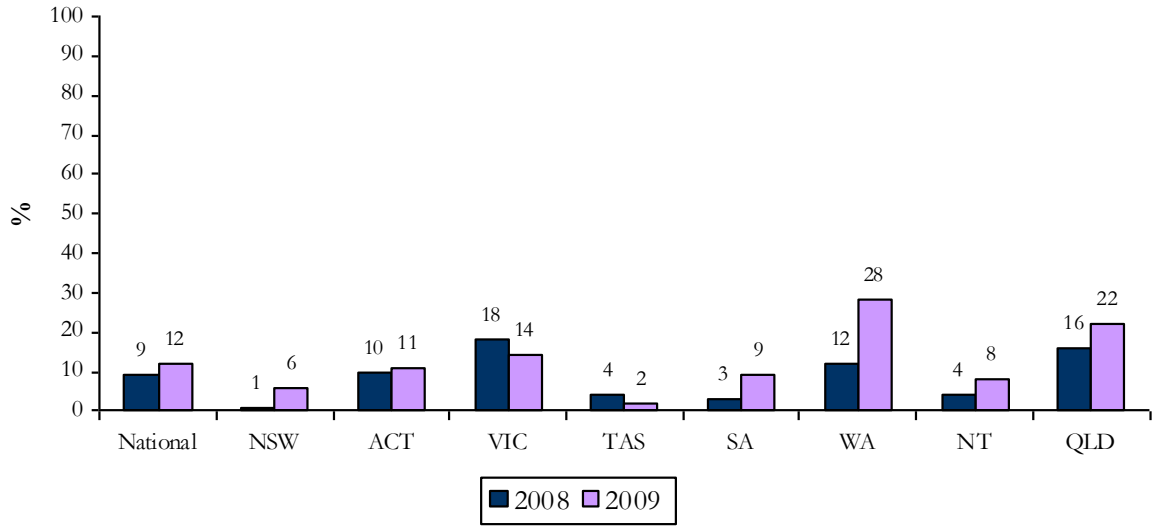
Participants who recently used buprenorphine-naloxone were asked about their reasons for using 'illicit' buprenorphine-naloxone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being because they were away from home (51%), to self-treat dependence (49%), to substitute for heroin/opiates (22%) and/or another reason (15%).

Figure 17: Recent use of 'licitly' obtained buprenorphine-naloxone, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

Figure 18: Recent use of 'illicitly' obtained buprenorphine-naloxone, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

4.6.3.1 Buprenorphine-naloxone injection

Small proportions of participants had injected 'licitly' obtained (i.e. their own) buprenorphine-naloxone in the preceding six months (n=29; 3% of the national sample), while a slightly larger number of participants had injected 'illicitly' obtained buprenorphine-naloxone during this time (n=67; 8% of the national sample). Overall, 10% (n=86) 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 24 days (12 days in 2008). For 'licit' buprenorphine-naloxone, this figure increased to 60 days (from 24 days in 2008) and for 'illicitly' obtained buprenorphine-naloxone 10 days (five days in 2008). Fifteen participants, or 2% of the national sample, injected daily (any form, Table 14). No significant difference was observed between 2008 and 2009 for median days injected illicit buprenorphine-naloxone ($p>0.05$), however the median days of licit buprenorphine-naloxone injection significantly increased between 2008 and 2009 ($p=0.047$).

Among those who had used any form of buprenorphine-naloxone (i.e. whether 'licitly' and/or 'illicitly' obtained), 55% reported that 'licitly' obtained buprenorphine-naloxone as the form most used, while 45% reported 'illicitly' obtained buprenorphine-naloxone as the form most used; however, there was some jurisdictional variation (see Table 5).

Table 14: Median days injected licitly and illicitly obtained buprenorphine-naloxone among those who injected, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Licitly obtained buprenorphine-naloxone	24	**60**	5^	180^	30^	31^	-	178.5^	1^	24^
Illicitly obtained buprenorphine-naloxone	5	**10**	7^	5^	12	2^	7^	12	1^	4^
Any buprenorphine-naloxone	12	**24**	7^	42^	25	2^	7^	24	48^	24

Source: IDRS IDU participant interviews

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

Note: Data presented among those who had used. Maximum number of days, i.e. daily use = 180. See page v for guide

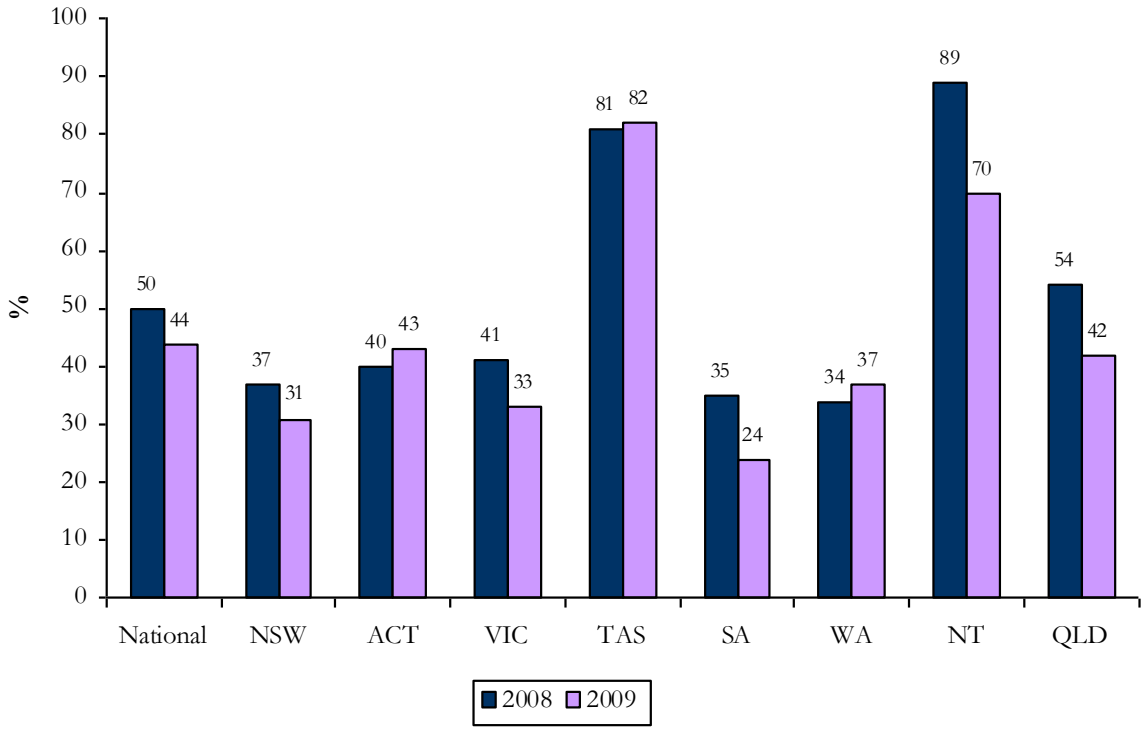
4.6.4 Use of morphine

Forty-four percent of the national sample had used morphine (includes both 'licitly' and 'illicitly' obtained morphine) in the last six months, ranging from 24% in SA to 82% in TAS (Figure 19). The recent use of morphine was significantly lower between 2008 and 2009 (50% in 2008; 95%CI 0.02, 0.11). 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 (Figure 19).

The recent use of 'licit' morphine was reported by 8% of the sample (range 3% in VIC and TAS to 26% in the NT) compared to 40% for 'illicit' morphine (range 22% in SA to 81% in TAS). The proportion of participants reporting the recent use of 'illicit' morphine was significantly lower in 2009 (47% in 2008; 95%CI 0.02, 0.11). Please refer to Appendix B. Figure B11 for jurisdictional differences over time. The most commonly used brand of morphine used in the preceding six months was MS Contin® followed by Kapanol®.

Participants who recently used morphine were asked about their reasons for using 'illicit' morphine. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to self-treat dependence (45%), to seek an opiate effect (intoxication; 37%), to substitute for heroin/opiates (29%), because they were away from home (3%) and/or another reason (20%).

Figure 19: Recent use of morphine (any form), by jurisdiction, 2008-2009



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

4.6.4.1 Morphine injection

Proportions reporting use and injection of 'licitly' obtained morphine in the preceding six months were lower than for 'illicitly' obtained morphine. By jurisdiction, 'licit' morphine use and injection were reported by less than 10% in all jurisdictions except the NT. 'Illicit' morphine use and injection were least common in SA with around 20% of participants reporting recent use, and was most common in the NT and TAS (Table 15).

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. Among those who recently used 'illicit' morphine the median number of days used significantly decreased between 2008 and 2009 (p=0.02). By jurisdiction, the median frequency of 'illicitly' obtained morphine use and injection among users varied (Table 15).

Table 15: Morphine use patterns, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Recent Use (%)	2008	**2009**								
Licit	10	**8**	6	8	3	3	8	4	26	9
Illicit	47	**40**	28	38	31	81	22	33	61	38
Any form (licit and/or illicit)	50	**44**	31	43	33	82	24	37	70	42
Median days used*										
Licit	90	**90**	9^	6.5^	150^	180^	82^	19.5^	180	10^
Illicit	15	**12.5**	7	4	6	24	10.5	6	90	18
Any form (licit and/or illicit)	24	**20**	9	4	6	29.5	13.5	10	180	24
Recent injection (%)										
Licit	8	**7**	5	8	2	2	7	2	23	8
Illicit	45	**40**	27	36	31	80	20	32	61	38
Any form (licit and/or illicit)	47	**42**	30	41	31	81	22	34	68	41
Median days injected*										
Licit	48	**66**	7^	4.5^	6^	180^	92^	19^	180	20^
Illicit	18	**14**	4	4	5	24	10.5	8	85	24
Any form (licit and/or illicit)	24	**18**	5.5	4	5	24	13.5	11	120	27

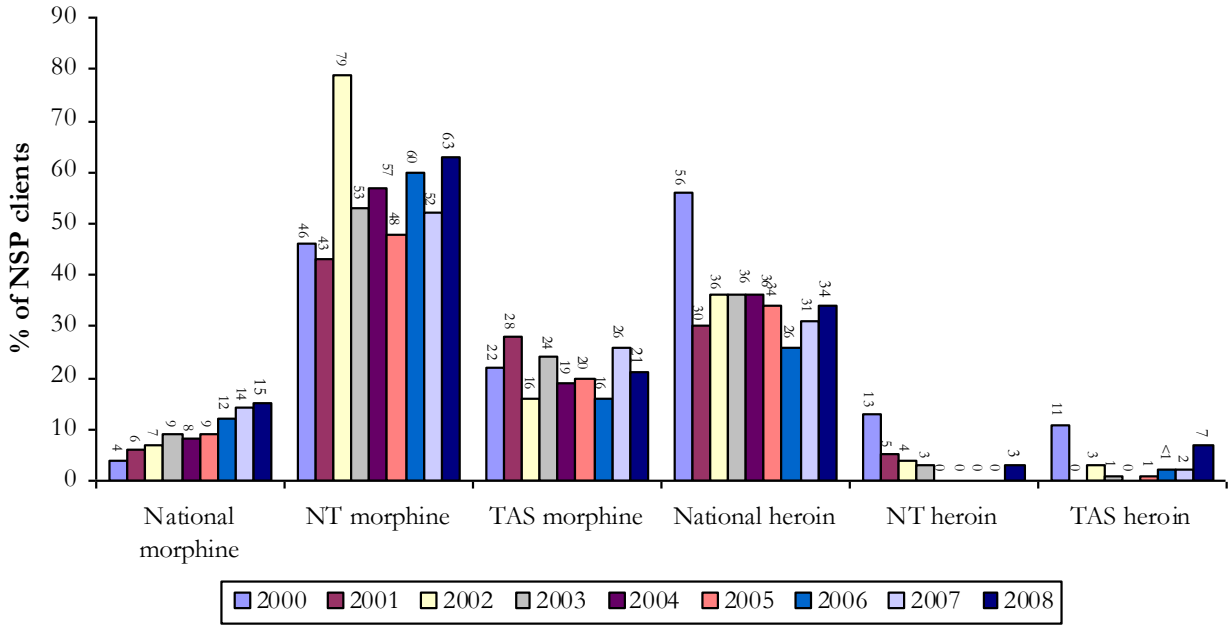
Source: IDRS IDU participant interviews

^ 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 v for guide for days of use/injection

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 2008 (the most recent NSP Survey results available) are depicted in Figure 20. The figure shows that while, at a national level, proportions of clients reporting morphine are relatively low (between 4% and 15%), 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 7% from 2001 onwards, (National Centre in HIV Epidemiology and Clinical Research, 2009).

Figure 20: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and morphine as the last drug injected, 2000-2008



Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2005, National Centre in HIV Epidemiology and Clinical Research, 2009)

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; 2008: 2 270

4.6.5 Use of oxycodone

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

Around one-third of the national sample reported the use of oxydocone in the last six months (30% in 2008), ranging from 11% in SA to 56% in TAS (Figure 21).

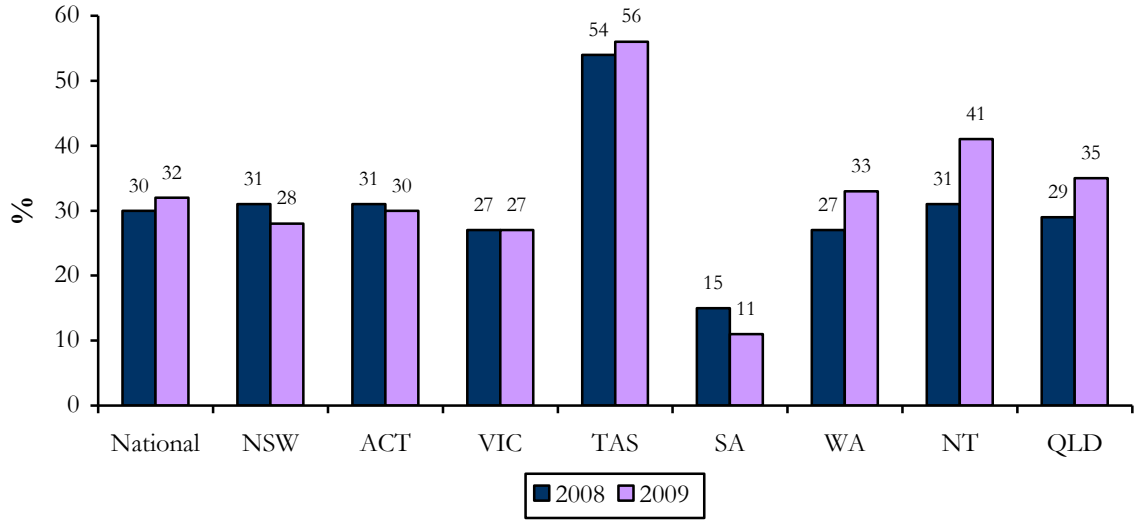
In 2009, five percent of the national sample reported recent (last six months) use of 'licitly' obtained oxycodone. This contrasted with 30% of the sample who reported recent use of 'illicitly' obtained oxycodone. Nationally, no significant difference was found between 2008 and 2009 for recent 'licit' or 'illicit' oxycodone use ($p>0.05$). Similar to previous years, TAS reported the highest levels of recent 'illicit' oxycodone use (Table 16).

Median days of use of 'illicitly' obtained oxycodone were relatively low at approximately monthly use in all jurisdictions, with the exception of WA where the median days of use was 10, i.e. approximately fortnightly (Table 16). Among those who recently used 'illicit' oxycodone the median number of days used significantly increased between 2008 and 2009 (5 days vs. 6 days; $p=0.01$).

4.6.5.1 Oxycodone injection

Injection of 'licitly' obtained oxycodone was also rare, while for 'illicitly' obtained oxycodone injection figures ranged from 9% in SA to 56% in TAS. The median number of days on which 'licitly' obtained oxycodone was injected ranged from two days to 48 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 16). Of those who reported recent oxycodone use, the majority (88%) reported 'illicit' oxycodone as the form most used, ranging from 73% in SA to 98% in TAS (see Table 5). The most commonly used brand of oxycodone used in the preceding six months was OxyContin®.

Figure 21: Recent use of oxycodone (any form), by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

Table 16: Oxycodone use patterns, by jurisdiction, 2008-2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Recent use (%)	2008	**2009**								
Licit	5	**5**	3	6	5	3	4	4	9	10
Illicit	28	**30**	27	27	25	56	9	29	35	34
Any form (licit and/or illicit)	30	**32**	28	30	27	56	11	33	41	35
Median days used *										
Licit	30	**14**	21^	8.5^	90^	8^	52.5^	11^	17.5^	24^
Illicit	5	**6**	5	3	6	6	6^	10	3	14
Any form (licit and/or illicit)	6	**10**	6	4.5	8	7.5	8	10	8	22.5
Recent injection (%)										
Licit	3	**4**	3	4	4	3	3	2	3	9
Illicit	25	**28**	25	25	23	56	9	28	29	33
Any form (licit and/or illicit)	26	**29**	26	27	24	56	11	29	30	34
Median days injected *										
Licit	30	**17.5**	20^	15^	18^	2^	48^	10^	4^	24^
Illicit	5	**6**	4.5	4	8	6	6	8	3	14.5
Any form (licit and/or illicit)	6	**10**	6.5	6.5	9	6	6	10	6	21

^ 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 v for guide of days use/injection

Participants who recently used oxycodone were asked about their reasons for using 'illicit' oxycodone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to substitute for heroin/opiates (42%), to seek an opiate effect (intoxication; 39%), to self-treat dependence (34%), because they were away from home (1%) and/or another reason (15%).

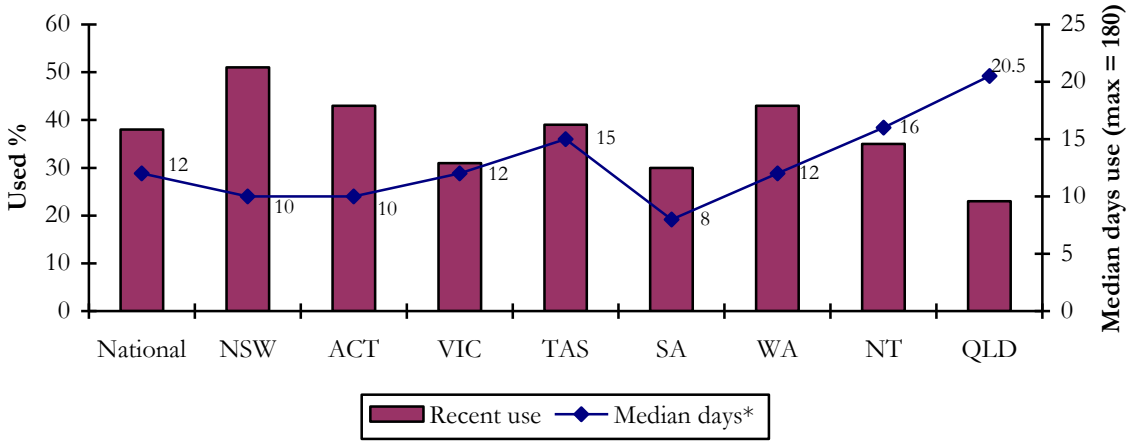
4.6.6 Use of over the counter codeine

In 2009, participants were asked about the use of over the counter codeine (OTC) separately. In previous years OTC have been included under 'other opioids'. Over half (55%) of the national sample reported using OTC in their lifetime. Thirty-eight percent reported using OTC on a median of 12 days (or around twice a month) in the last six months (Figure 22). Only six participants reported injecting OTC recently.

Of those who recently used OTC the main form used was 'licit' (93%) compared to 7% 'illicit' OTC. The main brands used were Panadeine® (38%) and Nurofen Plus® (32%).

Participants who recently used OTC were also asked about their reasons for using OTC. The most commonly reported (among those who commented) reasons were for pain (50%), a headache (41%), relieve withdrawal (18%), intoxication (3%), to sleep (3%) and/or another reason (21%).

Figure 22: Recent use and median days of over the counter codeine use, by jurisdiction, 2009

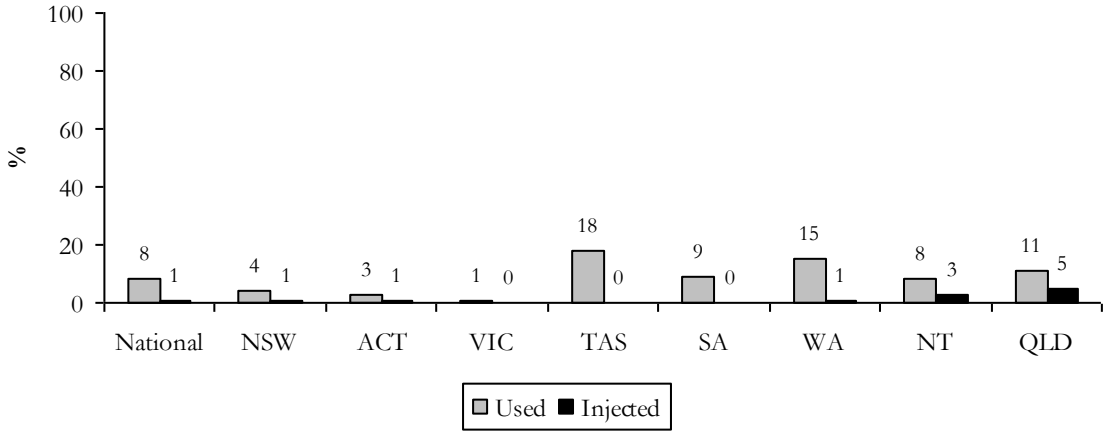


Source: IDRS IDU participant interviews
* among those who recently used OTC

4.6.7 Use of other opioids (not elsewhere specified)

Other opioids include (but are not limited to) opium and pethidine (not including OTC). Eight percent (14% in 2008) of the national sample reported the recent use of other opioids on a median of nine days in the preceding six months. TAS followed by WA reported the highest recent use of other opioids. Proportions reporting recent injection were low, ranging from no reports in VIC, TAS and SA to five percent in QLD (Figure 23). Frequency of injection was reported on a median of nine and half days during this time.

Figure 23: Recent use and injection of other opioids (not elsewhere specified), by jurisdiction, 2009



Source: IDRS IDU participant interviews

Among those who reported recent other opioid use and commented (n=66), 46% reported mainly using 'licit' other opiates while 55% reported 'illicit' use. It should be noted that, due to the introduction of questions relating to oxycodone and OTC, the figures for other opioids will not be directly comparable to figures prior to 2005. The most commonly used 'other' opioid reported in 2009 was tramadol (28% of users).

4.7 Other Drugs

Key points

- Around two-thirds of participants (67%) had used ecstasy in the past, and 23% had used ecstasy in the preceding six months, frequency of use by users was sporadic (median three days).
- While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (64%), recent use remained fairly low, with less than one-tenth (9%) reporting use in the six months preceding interview.
- Consistent with previous years, two-thirds (66%) of the national sample had recently used benzodiazepines on a median of 58 days in the six months preceding interview.
- Benzodiazepines were typically used orally, with recent benzodiazepine injection comparatively uncommon (8% of the national sample), although this figure was higher in TAS (25%) and the NT (22%). The median frequency of injection was five days. Diazepam was reported by the largest proportion of the national sample as the main type of benzodiazepine used in the preceding six months, followed by alprazolam.
- The recent (six months) use of pharmaceutical stimulants was reported by 14% of the national sample on a median of six days.
- Twenty-two percent of participants had used inhalants in the past but a very low proportion (4%) had used them in the last six months.
- Two-thirds of the national 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. Eleven percent of the national sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the 2009 sample, with 93% having used in the preceding six months.

4.7.1 Ecstasy and related drugs

A fairly large proportion of participants (67%) had ever used ecstasy in the past. Twenty-three 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 Appendix A, Table A3). No significant difference was found between 2008 and 2009 for recent ecstasy use nationally (22% in 2008; $p>0.05$).

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), which monitors trends in these drug types, has been conducted in each jurisdiction in Australia since 2003. 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).

4.7.2 Hallucinogens

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (64%), recent use (i.e. in the preceding six months) remained fairly low, with less than one-tenth (9%) reporting use in the six months preceding interview (see Appendix A, Table A3). No significant difference was found between 2008 and 2009 for the recent use of hallucinogens nationally (6% in 2008; $p>0.05$).

Frequency of use was also low, with those who had used reporting doing so on a median frequency of one day during the last six months. Nationally, the main type of hallucinogen used

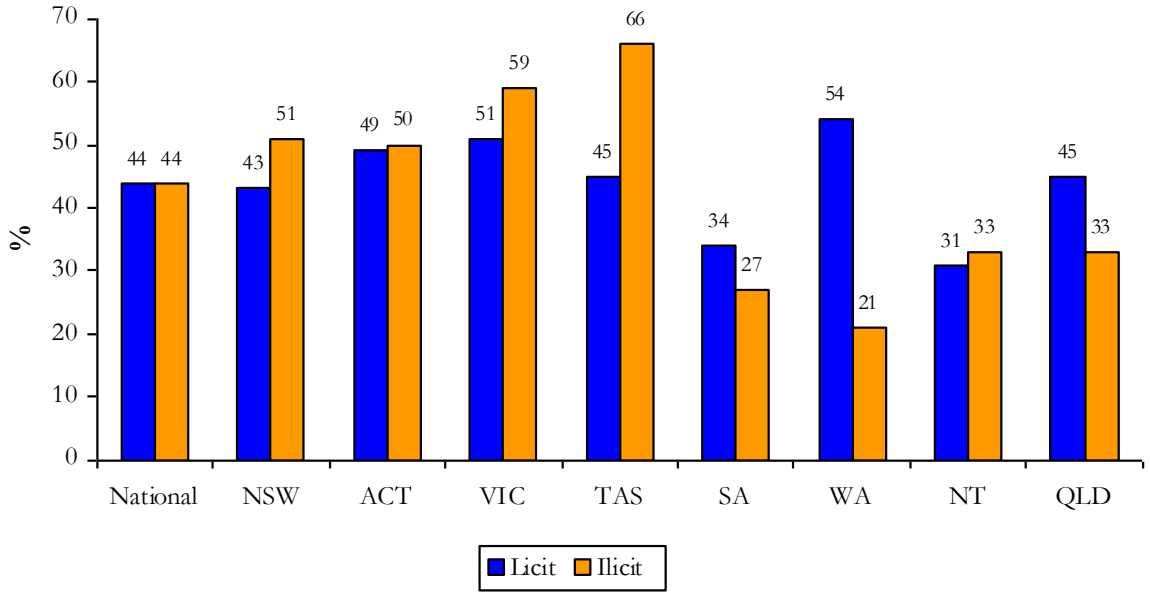
in the last six months was lysergic acid diethylamide (LSD), followed by magic mushrooms, although there was some jurisdictional variation (see Table 4 and 5). Ten percent of the sample reported injecting hallucinogens at some point in their lifetime, while less than 1% had injected them in the last six months (see Appendix A, Table A3).

4.7.3 Benzodiazepines

Consistent with previous years, two-thirds (66%) of the national sample had recently used any form benzodiazepines (licit/illicit) on a median of 58 days (approximately two and half times per week) in the six months preceding interview (see Appendix A, Table A3). No significant difference was observed between 2008 and 2009 for median days of use of any form of benzodiazepine ($p>0.05$).

Forty-four 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 (Figure 24). No significant difference was found between 2008 and 2009 for the recent use of 'licit' or 'illicit' benzodiazepines use nationally (65% in 2008; $p>0.05$).

Figure 24: Recent use of benzodiazepines (licit and illicit) in the preceding six months, by jurisdiction, 2009

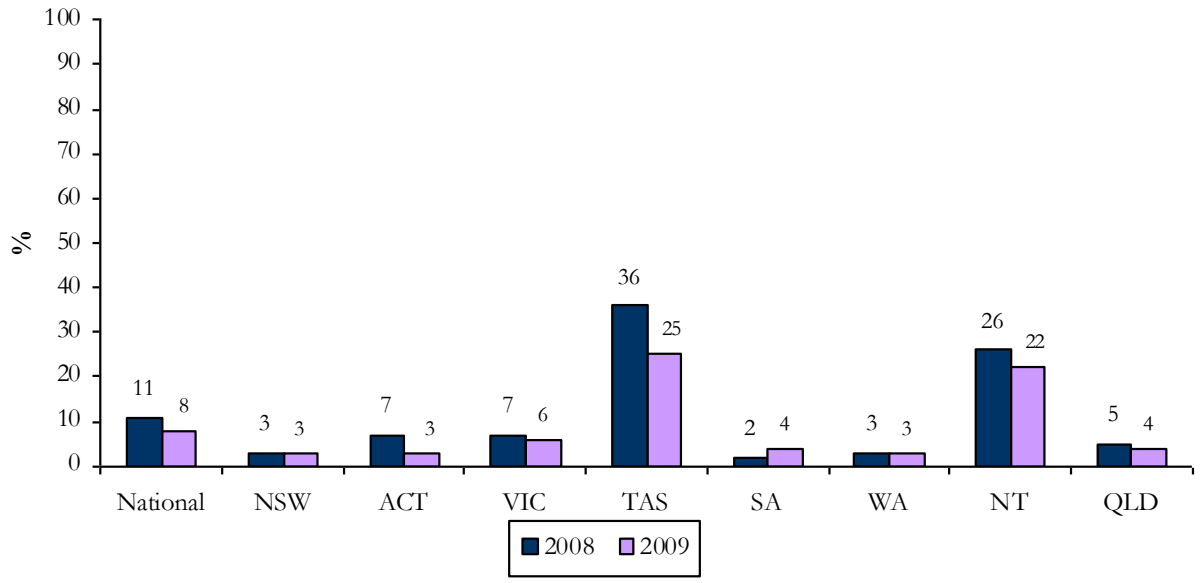


Source: IDRS IDU participant interviews

Proportions of respondents reporting the recent injection of benzodiazepine (any form) in the last six months were relatively low at 8% or less, with the exceptions of TAS (25%) and the NT (22%) (Figure 25).

Appendix B, Figure B13 shows recent injection of benzodiazepines (any form) over time nationally and jurisdictionally.

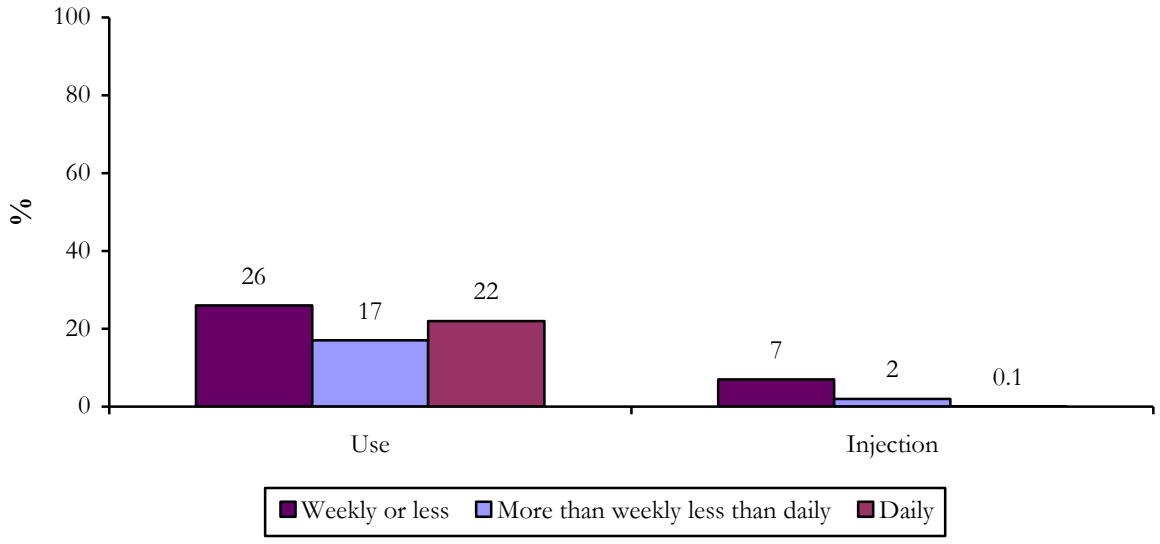
Figure 25: Recent injection of benzodiazepines (any form) among the national sample, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

The median frequency of injection was five days, i.e. approximately once a month. Four percent of recent benzodiazepine injectors (n=3; 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 national sample are shown in Figure 26.

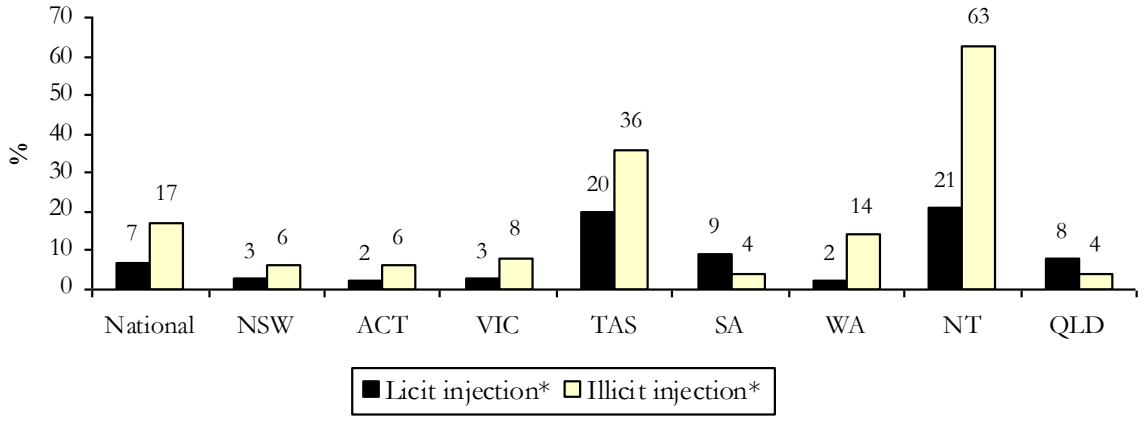
Figure 26: Patterns of benzodiazepine use and injection among the national sample, 2009



Source: IDRS IDU participant interviews

In Figure 27, the injection of 'illicit' benzodiazepines among those who reported recent 'illicit' benzodiazepine use remains an issue of concern, particularly in TAS (36%) and the NT (63%). 'Licit' benzodiazepine injection was also high in TAS (20%) and the NT (21%).

Figure 27: Recent injection of benzodiazepines (licit and illicit) in the preceding six months, by jurisdiction, 2009



Source: IDRS IDU participant interviews
* among those who reported recent use only (Licit N=384, Illicit N=387)

At a national level, around two-thirds (60%) 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 the ACT, VIC, SA , WA, the NT and QLD reported 'licit' benzodiazepines as the main form used in that time (see Table 5). The majority in NSW and TAS reported 'illicit' benzodiazepines as the main form.

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®, 11%; 17% of recent users) and oxazepam (e.g. Serapax®, Murelax®, 4%; 6% of recent users). Table 17 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 (76%) 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 17: Main benzodiazepine type used in the six months preceding interview, 2009

	Recent oral use among those who had used orally but had not injected N=510	Recent injectors* N=74
Diazepam (%) *e.g. Antenex, Ducene, Valium, Valmpam*	68 (70)	48 (31)
Alprazolam (%) *e.g. Alprax, Kalma, Xanax*	19 (14)	40 (54)
Oxazepam (%) *e.g. Serepax*	8 (8)	2 (8)
Nitrazepam (%) *e.g. Alodorm, Mogadon*	1 (<1)	0 (0)
Clonazepam (%) *e.g. Rivotril*	1 (3)	0 (2)
Temazepam (%) *e.g. Normison, Temaze*	3 (4)	5 (2)
Flunitrazepam (%) *e.g. Hypnodorm*	<1 (<1)	0 (2)

Source: IDRS IDU participant interviews

* 78% of recent benzodiazepine injectors also reported oral use; therefore one cannot make the assumption that the main brand reported is being injected

Note: 2008 results in parentheses

Table 18 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 five days among injectors nationally) was reported on a less than weekly basis in all jurisdictions except QLD where the median days of injection was 170 days (note: only three people commented in QLD). In contrast, frequency of use (i.e. mainly via oral administration) varied from a median of 24 days in SA to 93 days in WA.

Table 18: 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
2009	**58**	57	61	70	59	24	93	30	65
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
2009	**5**	3^	3^	5^	9	11^	2^	5	170^

Source: IDRS IDU participant interviews

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

Note: Maximum number of days, i.e. daily use = 180. See page v for guide to days of use/injection. Medians rounded to the nearest whole number

4.7.4 Pharmaceutical stimulants

In 2009, use and injection of pharmaceutical stimulants remained relatively low and infrequent in the national sample. A greater proportion of participants reported using (12%) or injecting (9%) 'illicitly' obtained pharmaceutical stimulants compared to pharmaceutical stimulants obtained through 'licit' means (2% use; <1% injection). Use and injection of 'illicitly' obtained pharmaceutical stimulants in the preceding six months was most common in TAS and the ACT (Table 19). No significant difference was found between 2008 and 2009 for the recent use of licit or illicit pharmaceutical stimulants nationally ($p>0.05$).

Table 19: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Recent use (%)	2008	**2009**								
Illicit	14	**12**	2^	22	6^	41	3^	16	8^	4^
Any form (licit and/or illicit)	15	**14**	3^	24	9	41	3^	17	13	5^
Median days used *										
Illicit	5	**5**	1^	4.5	12^	5	15^	5.5	3^	5^
Any form (licit and/or illicit)	5	**6**	2^	6	22	5	15^	6	5.5	4^
Recent injection (%)										
Illicit	10	**9**	2^	16	3^	36	1^	8^	5^	3^
Any form (licit and/or illicit)	10	**9**	2	18	4	36	1	8	7	3
Median days injected*										
Illicit	5	**5**	1^	5.5	30^	6	3^	3^	2^	3.5
Any form (licit and/or illicit)	5	**5**	1^	4	22^	6	3^	3^	3^	3.5^

Source: IDRS IDU participant interviews

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

^ 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.

4.7.5 Inhalants

Twenty-two percent reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Four percent of participants reported use in the six months preceding interview on a median of three days (see Appendix A, Table A3). No significant difference was found between 2008 and 2009 for recent inhalant use nationally (20% in 2008; $p>0.05$).

4.7.6 Alcohol and tobacco

Sixty-four percent of the national sample reported recently using alcohol (60% in 2008), on a median of 24 days, indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 20). Eleven percent of the national sample (17% of recent alcohol consumers) reported daily use in the preceding six months.

The vast majority of the national sample (93%; 94% in 2008) reported recent tobacco use (Table 20), with 87% of the sample (94% of recent tobacco users) reporting having smoked daily over the preceding six months.

No significant difference was found between 2008 and 2009 for recent alcohol or tobacco use nationally ($p>0.05$)

Table 20: Patterns of alcohol and tobacco use in the preceding six months, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Recent use (%)	2008	**2009**								
Alcohol	60	**64**	65	68	74	63	46	71	50	68
Tobacco	94	**93**	95	96	97	97	86	85	92	95
Median days used*										
Alcohol	24	**24**	24	48	24	24	22	24	48	20
Tobacco	180	**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 v for guide to days of use/injection. Medians rounded to the nearest whole number

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

5.1 Heroin

Key points

- Heroin was typically $50 per cap across the jurisdictions and remained relatively stable compared to 2008. The median prices per gram varied, ranging from $300 in the NT to $575 in WA.
- The majority of participants commenting reported that heroin was of 'low' or 'medium' purity.
- 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.
- Of those who had bought heroin, the most common source was a known dealer or a friend. The most common place of purchase was at an agreed public location.

This section contains information on the market characteristics (including price, perceived purity, availability and purchasing patterns) of heroin. 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 C.

5.1.1 Price of heroin

The median price of a gram of heroin was cheapest in the NT ($300, note: small numbers reporting; interpret with caution), followed by VIC ($310). Heroin was most expensive per gram in WA ($575, note: small numbers reporting; interpret with caution) (Table 21 and Figure 28).

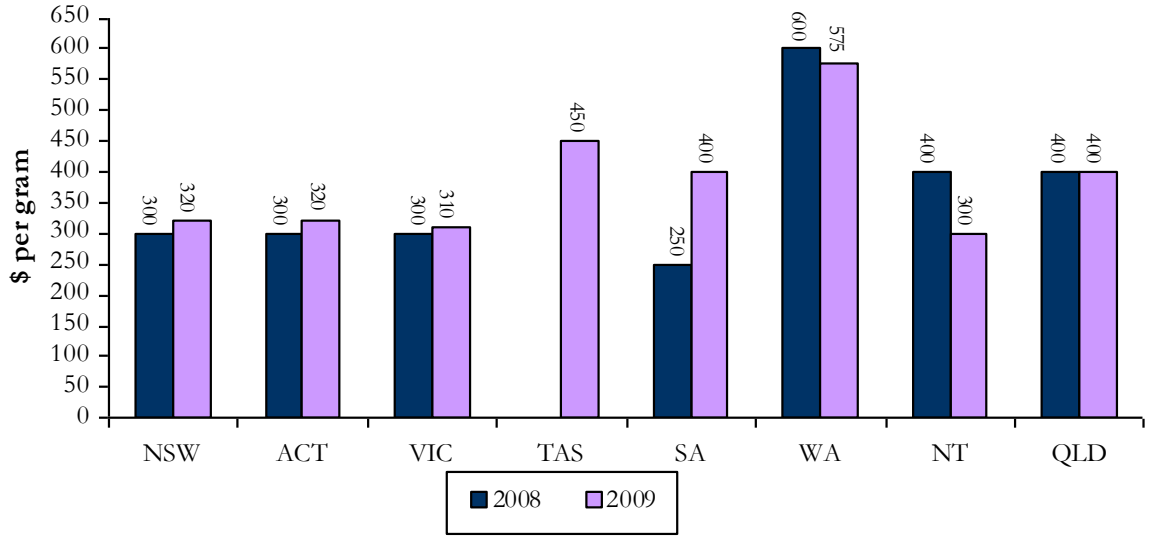
The median price of a 'cap' of heroin (a small amount typically used for a single injection) was $50 in all jurisdictions except TAS (no purchases), the NT ($80) and SA ($100). Small numbers reported purchasing caps in the NT, indicating low availability (Table 21). Appendix C, Figure C1 shows participant estimates of the median price of a gram of heroin over the several years of data collection. The majority (78%) of those who commented reported that price had remained stable in the last six months. Small numbers (11%) reported that the price of heroin has increased recently.

Table 21: Price of heroin, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median Price ($)	2008	**2009**								
Per gram	-	**-**	320	320	310	-	400^	575	300^	400
Per cap	-	**-**	50	50	50	-	100	50	80^	50
Price changes* (%)	N=491	**N=499**	n= 140	n=69	n=102	n=0	n=67	n=58	n=6	n=57
Increased	14	**11**	15	1	11	0	8	21	17	11
Stable	73	**78**	79	90	69	0	88	72	67	77
Decreased	8	**4**	4	3	13	0	0	0	0	4
Fluctuated	5	**6**	3	6	8	0	5	7	17	9

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

Figure 28: Median price per gram of heroin, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

5.1.2 Purity of heroin

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=501) 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. Purity was most commonly reported to have remained stable across the majority of jurisdictions (Table 22, Figure 29).

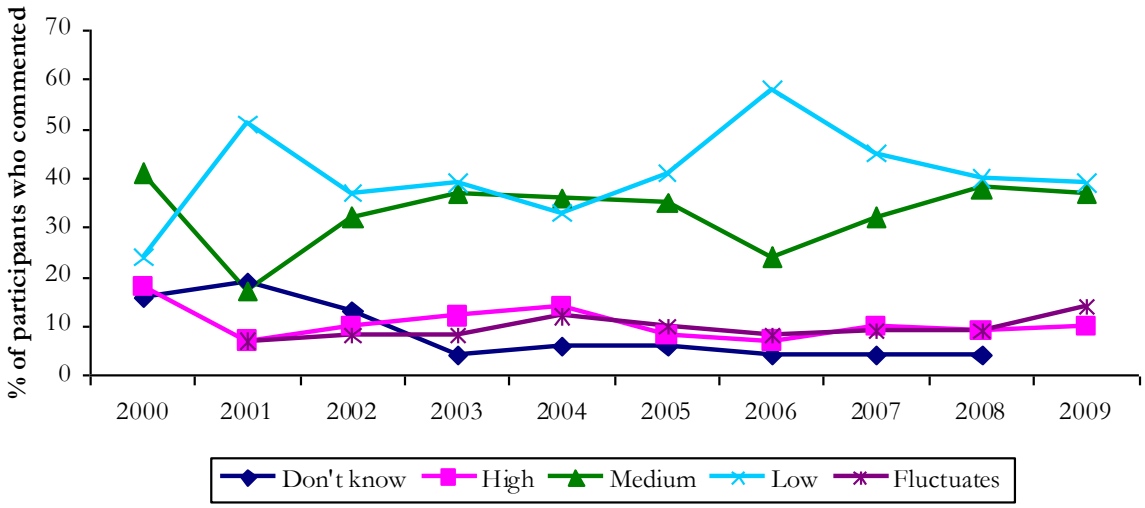
Significance testing was carried out on the current purity for "low', 'medium', 'high' and 'fluctuates' between 2008 and 2009. In 2009, there was a significantly higher proportion of participants reporting the current purity as 'fluctuates' in comparison to 2008 (14% in 2009 versus 10% in 2008; 95%CI -0.01, -0.09). No other significant differences were found (p>0.05).

Table 22: Perceived purity of heroin, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Current Purity (%)	N=491	**N=501**	n=140	n=68	n=102	n=3^	n=65	n=59	n=6^	n=58
High	9	**10**	6	6	12	33	14	14	17	9
Medium	40	**37**	40	37	30	67	49	39	50	22
Low	41	**39**	41	47	43	0	29	29	17	45
Fluctuates	10	**14**	13	10	15	0	8	19	17	24
Purity changes (%)	N=478	**N=488**	n=138	n=66	n=101	n=1^	n=64	n=55	n=6^	n=57
Increasing	22	**18**	17	27	19	0	17	18	0	16
Stable	37	**36**	34	29	36	100	48	40	17	30
Decreasing	23	**24**	31	24	26	0	5	16	33	33
Fluctuating	19	**22**	18	20	20	0	30	26	50	21

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

Figure 29: Participant reports of current heroin purity among those able to comment, 2000-2009



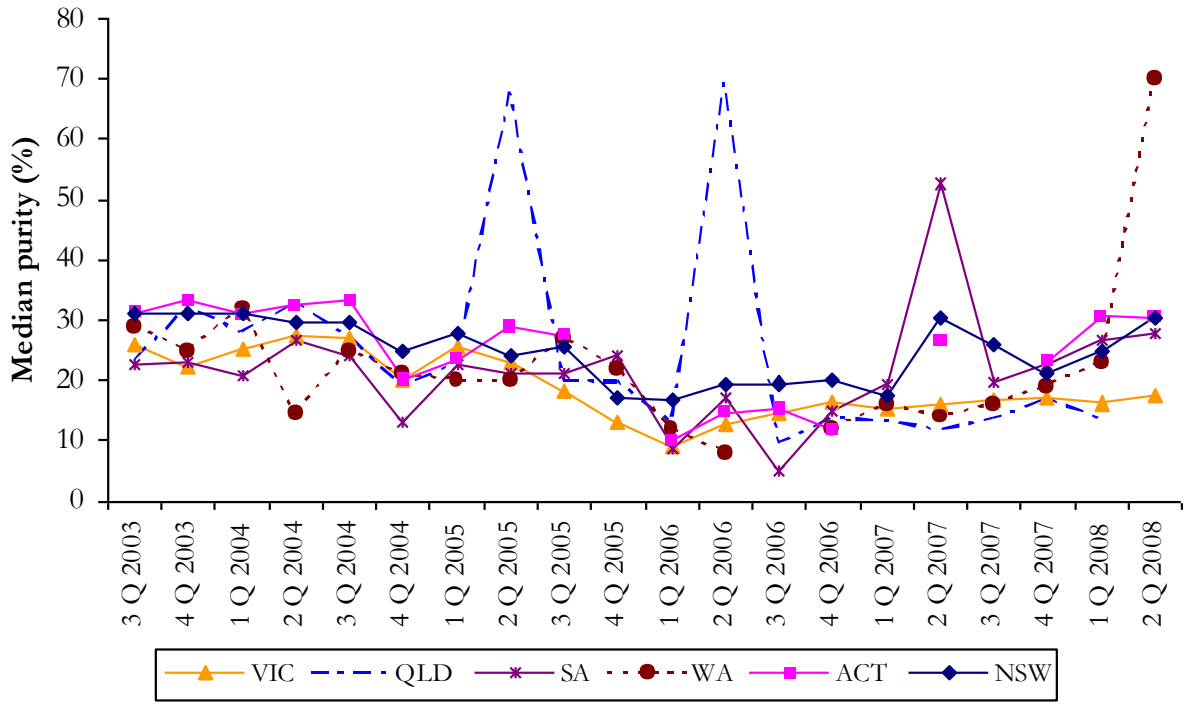
Source: IDRS IDU participant interviews
Note: the response option 'Don't know' was excluded from analysis in 2009.

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 30 through to Figure 33: 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 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 data from joint operations between the Australian Federal Police (AFP) and state/territory police. No heroin seizures were analysed for purity in the NT or TAS in 2007/08.

The median purity of analysed state/territory police heroin seizures in 2003/04 to 2006/07 financial years (displayed quarterly) by jurisdictions is displayed in Figure 30. The 'overall total' median purity of seizures analysed by state/territory police in 2007/08 was highest in ACT, SA and NSW (30.6%, 25.1% and 24.5% respectively) and lowest in QLD (14.9%) (Australian Crime Commission, 2009). The 2008/09 ACC seizure data were unavailable at the time of publication.

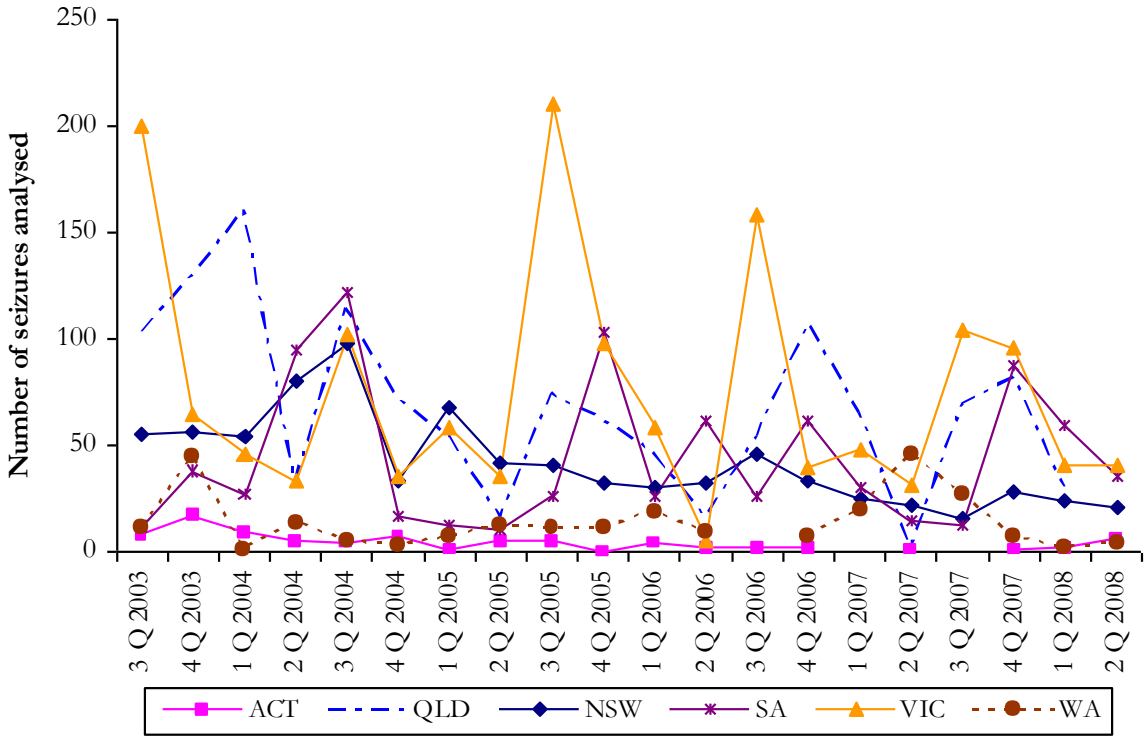
Figure 30: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 2003/04-2007/08



Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Seizures ≤2g and >2g combined; data for 2008/09 were not available at the time of publication

The number of state/territory police heroin seizures analysed for purity are presented in Figure 31. 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 30.

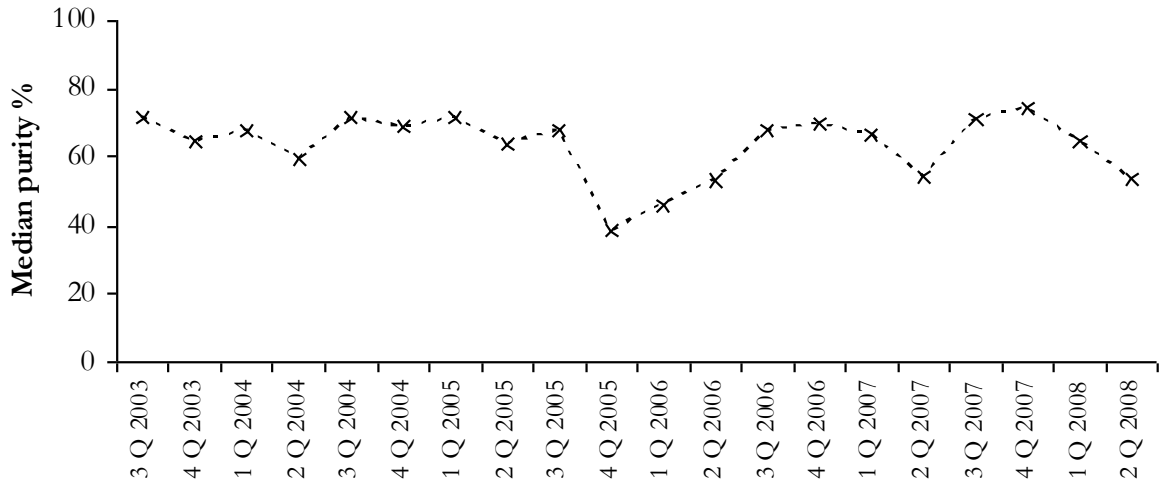
Figure 31: Number of state/territory police heroin seizures analysed, by jurisdiction, 2003/04-2007/08



Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were not available at the time of publication

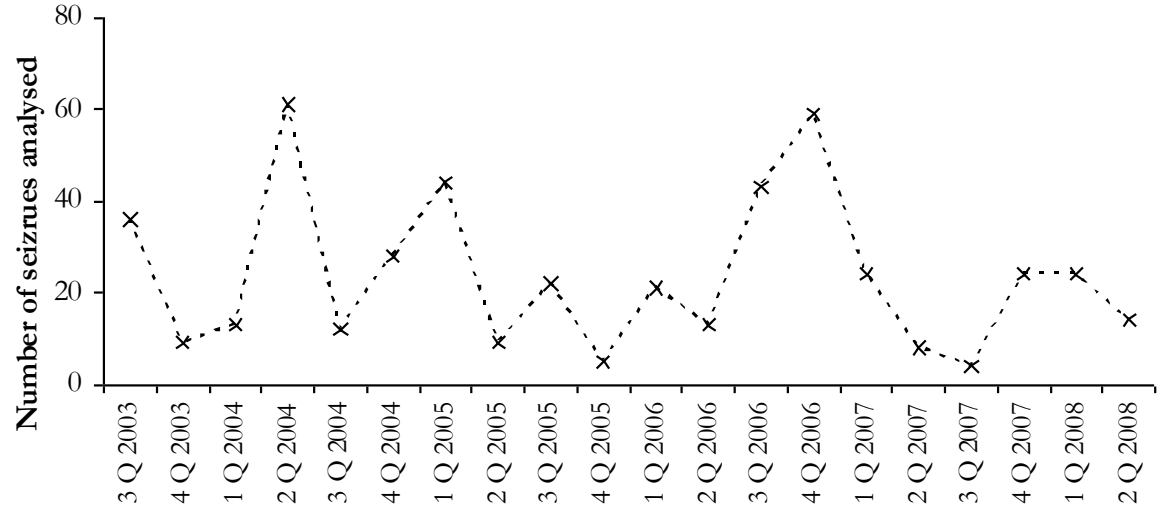
The median purity and number of AFP seizures for NSW are presented in Figures 32 and Figure 33. Only NSW data are presented as there were fewer seizures analysed in all other jurisdictions, some with no seizures analysed for many quarters. The median purity of these seizures is relatively higher than 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 (Figure 32). It should be noted, however, that this purity figure was only based on five seizures (Figure 33). In 2007/08, the median purity increased in the first quarter and then decreased in the last quarter (Australian Crime Commission, 2009). Data for 2008/09 were not available at the time of publication.

Figure 32: Median purity of heroin seizures analysed by AFP in NSW 2003/04-2007/08



Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were not available at the time of publication

Figure 33: Number of AFP heroin seizures analysed in NSW, 2003/04-2007/08



Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were not available at the time of publication

5.1.3 Availability of heroin

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-eight percent of the national sample commented on the availability of heroin. Of those who commented, 53% reported the availability of heroin as 'very easy' and 37% as 'easy' (Table 23).

Significance testing was carried out on current heroin availability between 2008 and 2009. A significantly larger proportion of participants in 2009 reported the current availability of heroin as 'very easy' compared to 2008 (53% in 2009 versus 39% in 2008; 95%CI -0.07, -0.12). Significantly fewer participants reported the current availability of heroin as 'easy' or 'difficult' (easy: 37% in 2009 versus 46% in 2008; 95%CI 0.15, 0.03; difficult: 9% in 2009 versus 14% in 2008; 95%CI 0.01, 0.09).

In 2009, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain, with the exception of TAS and the NT where few participants were able to comment. The largest proportions reporting heroin as 'difficult' and 'very difficult' to obtain were recorded in the NT and TAS (Table 23).

The majority of those commenting on heroin availability reported that availability had remained stable (72%) in the last six months, a finding recorded in most jurisdictions. Twelve percent of the national sample reported the availability of heroin as 'more difficult' (ranging from no reports in TAS and the NT to 16% in QLD (Table 23).

Table 23: Availability of heroin, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=506	**N=512**	n=143	n=70	n=104	n=3^	n=66	n=60	n=6^	n=60
Very easy	39	**53**	59	51	53	33	50	45	0	53
Easy	46	**37**	33	39	38	0	44	42	67	28
Difficult	14	**9**	8	9	6	0	6	13	33	13
Very difficult	1	**2**	0	1	3	67	0	0	0	5
Availability changes (%)	N=496	**N=508**	n=143	n=69	n=104	n=3^	n=65	n=60	n=6^	n=58
More difficult	13	**12**	14	10	13	0	9	8	0	16
Stable	72	**72**	72	71	70	100	85	73	83	60
Easier	11	**13**	11	19	14	0	6	13	0	16
Fluctuates	4	**3**	3	0	3	0	0	5	17	9

Source: IDRS IDU participant interviews

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.1.4 Purchasing patterns of heroin

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?'. Only one response was allowed. Of those who had bought heroin, the most common source was a known dealer (48%) or a friend (23%). The most common place of purchase was at an agreed public location (38%). Fifteen 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 24).

Table 24: Purchasing patterns of heroin, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from# (%)	**N=508**	n=142	n=69	n=104	n=3^	n=67	n=60	n=6^	n=57
Street dealer	**14**	30	7	16	0	2	5	33	4
Friends	**23**	21	42	15	67	16	35	17	16
Known dealer	**48**	32	36	63	33	60	37	0	75
Acquaintance	**6**	4	3	3	0	10	15	17	4
Unknown dealer	**3**	1	6	2	0	3	5	33	2
Mobile dealer	**5**	11	4	1	0	9	2	0	0
Other	**1**	1	2	0	0	0	1	0	0
Places of usual purchase# (%)	**N=508**	n=142	n=69	n=104	n=3^	n=67	n=60	n=6^	n=57
Home delivery	**17**	22	16	13	0	24	13	50	9
Dealer's home	**16**	15	19	16	33	8	22	17	16
Friend's home	**10**	6	20	8	33	6	15	17	5
Acquaintance's house	**2**	1	1	1	0	5	7	17	2
Street market	**15**	26	6	26	0	2	12	0	4
Agreed public location	**38**	30	36	37	0	54	28	0	63
Other	**2**	0	2	0	34	1	3	0	1

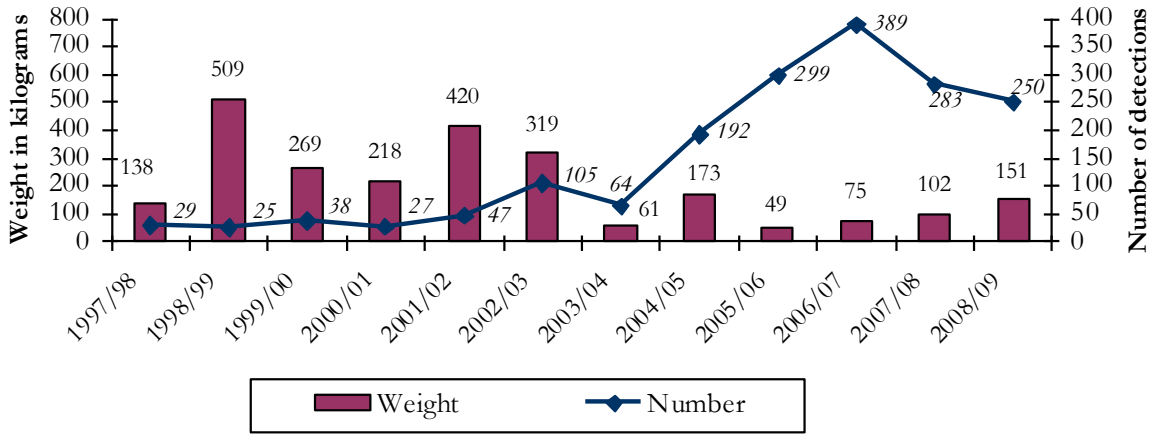
Source: IDRS IDU participant interviews
only one response allowed ^ small numbers reporting (n<10); interpret with caution

5.1.5 Heroin detected at the Australian border

Figure 34 presents the weight and number of heroin detections by the Australian Customs Service at the Australian border over the past 12 years.

In the financial year 2008/09, there were 250 heroin detections at the Australian border, representing a decrease from a record high of 389 detections in 2006/07. Numbers of detections have been steadily increasing since 2003/04, while weights remain much lower. The total weight of detections in 2008/09 was 151 kilograms (an increase from 102 kilograms in 2007/08), indicating a continuing trend towards smaller amounts of heroin coming in via postal methods and air passenger/crew concealment (Figure 34).

Figure 34: Weight and number of detections of heroin made at the border by the Australian Customs Service, financial years 1997/98-2008/09



Source: Australian Customs Service

5.2 Methamphetamine

Key points

- 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 $75 and ice/crystal was $100.
- 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.
- The majority of participants reported the purity of speed as 'low', base as 'medium' and ice/crystal as 'high'.
- All forms of methamphetamines were generally considered 'easy' or 'very easy' to obtain in all jurisdictions and this was reported to have remained stable, although some jurisdictional variations were noted.
- Participants purchased all forms of methamphetamine from a variety of sources, most commonly through friends and known dealers. The most common purchase locations for all forms were at an agreed public location, a dealer's home and/or a friend's home.

This section contains information about market characteristics of methamphetamine (including price, perceived purity, availability and purchasing patterns). 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. Comparable findings on price, availability and perceived purity are shown in Appendix D.

5.2.1 Price of methamphetamines

The median price of the last purchase of speed, base and ice/crystal are presented in Table 25.

5.2.1.1 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 $120 in NSW to $425 in SA. Half grams of speed were cheapest in VIC and QLD and most expensive in SA. Seventy-one percent of those participants who commented reported that the price of speed had remained stable over the last six months (Table 25).

5.2.1.2 Base

Purchase of a 'point' (0.1 gram) of base was most commonly reported in NSW (n=22), TAS (n=41) and SA (n=20), with small numbers reported in the other states (n<11). There were no reports of purchase in WA. As in previous years, overall, a point was the most popular purchase amount and was a median of $50 in most jurisdictions. Small numbers in most jurisdictions commented on the price of half gram and a gram of base so results should be interrupted with caution. The median price for a half gram of base ranged from $100 in VIC and QLD to $250 in the NT. A gram of base ranged from $150 in NSW to $425 in SA. Seventy-two percent of those who commented reported that the price of base had remained stable over the last six months (Table 25).

5.2.1.3 Crystal methamphetamine (ice)

As in previous years and as with other methamphetamine forms, a 'point' (0.1 gram) was the most popular purchase amount, typically being reported as costing $50 per point except in the NT where it was $100. Few participants purchased half grams, from 15 participants in WA to no

reports in SA. Purchase of a gram was uncommon, with fewer than 10 participants in all jurisdictions except in WA (n=11) 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 (65%) 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 fluctuated (Table 25).

Table 25: Price of methamphetamine, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Price ($) SPEED										
Per point	-	**-**	50	50	50	50	50^	50	50	50
Per ½ gram	-	**-**	112.5^	150	100	150	225^	200	200^	100
Per gram	-	**-**	120^	250	200	300^	425^	400	350	200
Price ($) BASE										
Per point	-	**-**	50	50	50^	50	50	-	75^	50
Per ½ gram	-	**-**	150	150	100^	150	200^	-	250^	100
Per gram	-	**-**	150^	275^	200^	300^	425^	-	400^	200
Price ($) ICE/CRYSTAL	**-**									
Per point	-	**-**	50	50	50^	50	50	50	100^	50
Per ½ gram	-	**-**	200	250	200	150^	-	200	500^	100
Per gram	-	**-**	350^	450	380^	300^	600^	400	800^	350
Price changes										
Methamphetamine powder (speed) (%)	N=339	**N=356**	n=46	n=41	n=76	n=57	n=24	n=40	n=30	n=42
Increased	17	**19**	15	10	15	7	33	33	37	26
Stable	75	**71**	74	81	75	86	67	60	43	64
Decreased	2	**3**	2	2	5	4	0	0	3	2
Fluctuated	6	**7**	9	7	5	4	0	8	17	7
Methamphetamine base (base) (%)	N=118	**N=179**	n=42	n=21	n=7^	n=46	n=27	n=1^	n=7^	n=28
Increased	15	**19**	19	10	14	13	37	0	43	14
Stable	75	**72**	67	71	86	85	59	100	57	68
Decreased	3	**3**	5	19	0	0	0	0	0	0
Fluctuated	7	**6**	10	0	0	2	4	0	0	18
Crystalline methamphetamine (ice/crystal) (%)	N=299	**N=228**	n=59	n=42	n=20	n=21	n=22	n=22	n=10	n=32
Increased	18	**24**	19	14	35	10	50	32	20	25
Stable	74	**65**	68	81	55	86	41	59	50	59
Decreased	2	**4**	7	5	5	5	5	5	0	0
Fluctuated	6	**7**	7	0	5	0	5	5	30	16

Source: IDRS IDU participant interviews

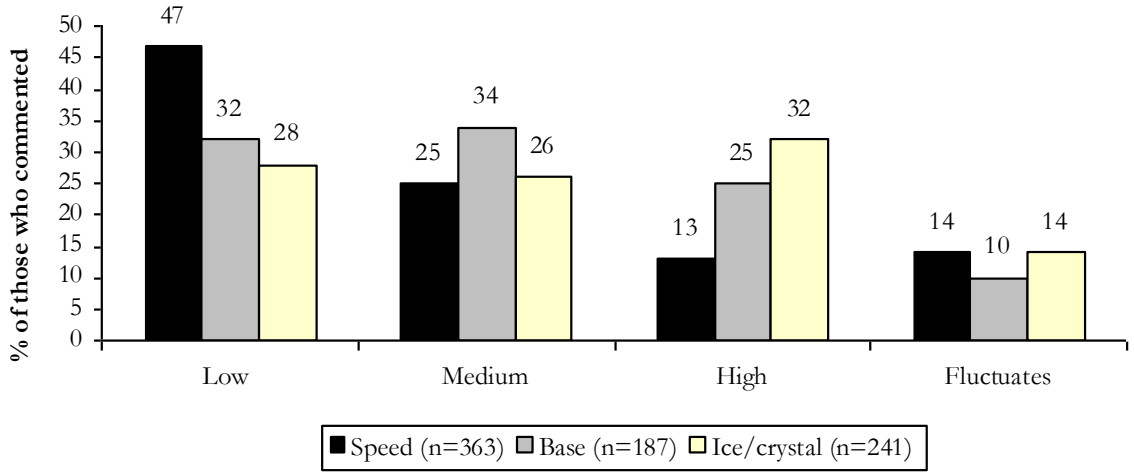
^ small numbers reporting (n<10); interpret with caution

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.2.2 Purity of methamphetamines

Participants were asked to describe the current purity of speed, base and ice/crystal. In 2009, the majority of participants reported speed purity as 'low', base as 'medium' and ice/crystal as 'high'. However, substantial proportions also reported base as 'low' or high' and ice/crystal as 'low' or medium' (Figure 35; Tables 26, 27 and 28).

Figure 35: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2009

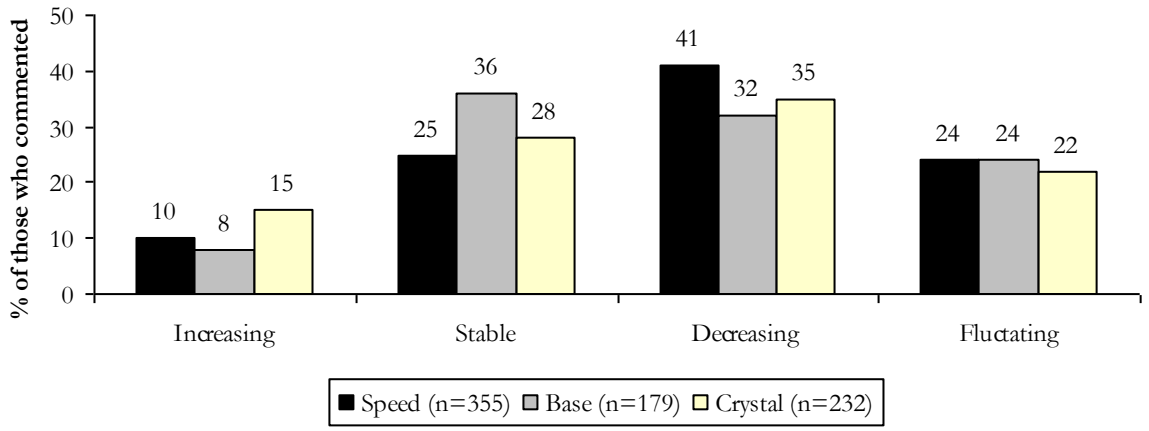


Source: IDRS IDU participant interviews
Note: the response option 'Don't know' was excluded from analysis in 2009.

Significance testing was carried out on the current purity of speed, base and ice/crystal for 'low', 'medium', 'high' and 'fluctuates' between 2008 and 2009. The proportion of participants who reported on the current purity of ice/crystal reported current purity as significantly lower than in 2008 (low: 28% in 2009 versus 15% in 2008; 95%CI -0.06, -0.19; high: 32% in 2009 versus 41% in 2008; 95%CI 0.01, 0.17). No other significant differences were found ($p>0.05$).

Participant reports of recent changes in purity for all forms of methamphetamine varied. The majority of participants who commented described the purity or strength of speed and ice/crystal as 'decreasing'. Around one-quarter also thought the purity of speed and ice/crystal had remained stable recently. Similar proportions reported changes in base purity as either 'stable' or 'decreasing' (Figure 36; Tables 26, 27 and 28).

Figure 36: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2009



Source: IDRS IDU participant interviews
Note: the response option 'Don't know' was excluded from analysis in 2009.

Table 26: Perceived purity of methamphetamine powder, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Current purity (%)	N=342	**N=363**	n=45	n=44	n=77	n=58	n=25	n=42	n=32	n=40
High	12	**13**	9	7	17	2	16	26	25	10
Medium	28	**25**	42	27	14	24	44	21	22	20
Low	45	**47**	29	57	55	64	40	33	41	45
Fluctuates	15	**14**	20	9	14	10	0	19	12	25
Purity changes (%)	N=331	**N=355**	n=46	n=42	n=76	n=55	n=25	n=40	n=32	n=39
Increasing	6	**10**	15	5	11	7	16	5	13	10
Stable	37	**25**	33	31	25	16	16	23	25	26
Decreasing	41	**41**	30	41	42	51	48	53	28	36
Fluctuates	17	**24**	22	24	22	26	20	20	34	28

Source: IDRS IDU participant interviews
Note: the response option 'Don't know' was excluded from analysis in 2009.

Table 27: Perceived purity of methamphetamine base, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Current purity (%)	N=120	**N=187**	n=42	n=21	n=8	n=53	n=27	n=1	n=7	n=28
High	33	**25**	24	19	25	26	26	100	14	25
Medium	28	**34**	50	24	50	26	30	0	43	32
Low	30	**32**	24	52	0	40	33	0	29	21
Fluctuates	10	**10**	2	5	25	8	11	0	14	21
Purity changes (%)	N=116	**N=179**	n=40	n=21	n=8^	n=49	n=27	n=1^	n=6^	n=27
Increasing	10	**8**	15	0	0	8	11	0	**0**	7
Stable	40	**36**	35	43	50	31	26	100	50	41
Decreasing	28	**32**	33	48	25	29	48	0	17	19
Fluctuates	22	**24**	18	10	25	33	15	0	33	33

Source: IDRS IDU participant interviews ^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

Table 28: Perceived purity of crystalline methamphetamine, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Current purity (%)	N=312	**N=241**	n=64	n=43	n=21	n=24	n=22	n=22	n=13	n=32
High	41	**32**	28	21	29	33	36	32	54	44
Medium	32	**26**	27	19	33	38	23	32	15	25
Low	15	**28**	28	54	19	17	18	32	15	16
Fluctuates	11	**14**	17	7	19	13	23	5	15	16
Purity changes (%)	N=304	**N=232**	n=60	n=44	n=21	n=20	n=22	n=22	n=10	n=33
Increasing	16	**15**	13	11	14	20	18	18	10	15
Stable	40	**28**	28	25	19	40	18	23	50	33
Decreasing	24	**35**	33	48	38	20	27	46	20	33
Fluctuates	20	**22**	25	16	29	20	36	14	20	18

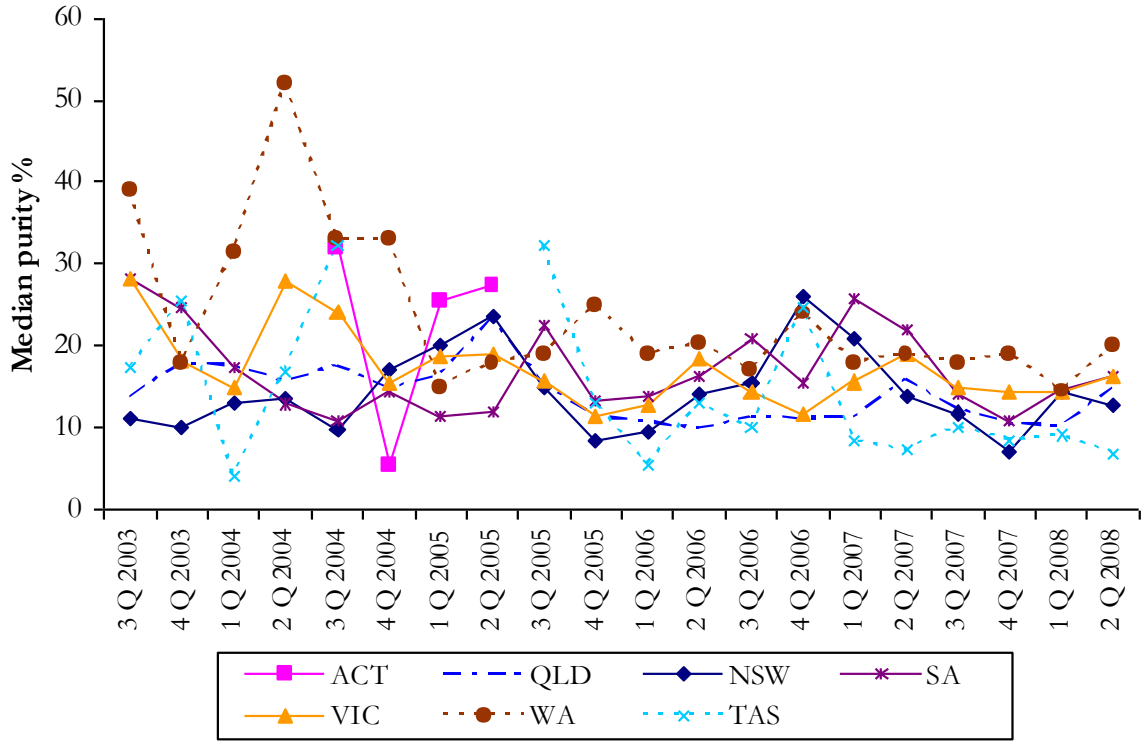
Source: IDRS IDU participant interviews
Note: the response option 'Don't know' was excluded from analysis in 2009.

The ACC provides purity data for state/territory police and AFP seizures that have been analysed for methylamphetamine. There are important caveats (in addition to those already discussed within the heroin section) to consider when interpreting these data. The purity of methylamphetamine 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 2007/08, forensic analysis of seizures of methylamphetamine 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 37, the following caveat applies: figures do not represent the purity levels of all methylamphetamine 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 methylamphetamine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of methylamphetamine 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 37 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 2003/04. 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 four 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 or the NT in 2007/08 (Australian Crime Commission, 2009). Data for 2008/09 were not available at the time of publication of this report.

Figure 37: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2007/08



Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)

Note: Data for 2008/09 were not available at the time of publication

5.2.3 Availability of methamphetamines

Among those who commented, all forms of methamphetamines were generally considered 'easy' or 'very easy' to obtain in all jurisdictions. Substantial proportions also reported ice/crystal as 'difficult' to obtain. Nationally, the availability of all forms were reported as 'stable' in the last six months (Tables 29, 30 and 31).

Significance testing was carried out on the current availability of speed, base and ice/crystal for 'very easy', 'easy', 'difficult' and 'more difficult' between 2008 and 2009. The current availability of speed as 'very easy' was significantly higher in 2009 compared to 2008 (37% in 2009 versus 29% in 2008; 95%CI -0.01, -0.15).

The proportion of participants who reported the current availability of base as 'very easy' was significantly higher (34% in 2009 versus 20% in 2008; 95%CI -0.04, -0.23), while 'easy' was significantly lower in 2009 (41% in 2009 versus 55% in 2008; 95%CI 0.03, 0.25).

The current availability of ice/crystal was reported to be significantly harder to obtain compared to 2008 (easy: 33% in 2009 versus 46% in 2008; 95%CI 0.05, 0.21; difficult: 26% in 2009 versus 15% in 2008; 95%CI -0.05, -0.19; very difficult: 9% in 2009 versus 2% in 2008; 95%CI -0.03, -0.11).

Table 29: Availability of methamphetamine powder, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=353	**N=368**	n=48	n=46	n=75	n=58	n=25	n=42	n=31	n=43
Very easy	29	**37**	44	41	48	26	36	24	16	51
Easy	50	**44**	42	30	37	62	48	55	65	23
Difficult	18	**16**	13	22	13	12	16	21	16	21
Very difficult	3	**2**	2	7	1	0	0	0	3	5
Availability changes (%)	N=344	**N=362**	n=47	n=44	n=74	n=58	n=24	n=41	n=31	n=43
More difficult	17	**18**	17	25	16	16	13	17	16	26
Stable	68	**67**	70	59	65	76	75	68	65	58
Easier	9	**10**	13	11	15	7	8	5	7	12
Fluctuates	5	**5**	0	5	4	2	4	10	13	5

Source: IDRS IDU participant interviews

Note: the response option 'Don't know' was excluded from analysis in 2009.

Table 30: Availability of methamphetamine base, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=126	**N=188**	n=43	n=21	n=8^	n=49	n=28	n=1^	n=7^	n=31
Very easy	20	**34**	35	43	75	18	36	100	29	39
Easy	55	**41**	42	33	25	55	25	0	43	42
Difficult	22	**20**	16	19	0	25	32	0	14	16
Very difficult	3	**5**	7	5	0	2	7	0	14	3
Availability changes (%)	N=126	**N=185**	n=43	n=21	n=8^	n=49	n=26	n=1^	n=7^	n=30
More difficult	23	**19**	14	14	13	25	31	0	14	13
Stable	68	**69**	70	86	88	63	62	100	71	67
Easier	6	**8**	14	0	0	8	0	0	14	10
Fluctuates	3	**4**	2	0	0	4	8	0	0	10

Source: IDRS IDU participant interviews

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

Note: the response option 'Don't know' was excluded from analysis in 2009.

Table 31: Availability of crystalline methamphetamine, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=317	**N=242**	n=62	n=45	n=21	n=24	n=22	n=23	n=13	n=32
Very easy	37	**31**	40	36	38	4	46	30	8	25
Easy	46	**33**	21	29	38	33	23	65	62	31
Difficult	15	**26**	32	27	14	46	18	4	31	28
Very difficult	2	**9**	7	9	10	17	14	0	0	16
Availability changes (%)	N=307	**N=238**	n=59	n=45	n=21	n=24	n=22	n=23	n=12	n=32
More difficult	13	**30**	36	33	24	33	41	4	8	34
Stable	68	**53**	48	60	48	46	50	78	67	44
Easier	15	**10**	14	4	14	13	5	13	0	9
Fluctuates	4	**7**	3	2	14	8	5	4	25	13

Source: IDRS IDU participant interviews

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.2.4 Purchasing patterns of methamphetamines

Participants purchased speed from a variety of sources, most commonly from friends (41%) and known dealers (36%). Speed powder was purchased from a range of locations. Nationally, the most common responses were at an agreed public location (25%), a dealer's home (21%) and/or a friend's home (21%) (Table 32).

As with speed, participants had most commonly obtained base from a known dealer (41%) and/or a friend (38%). Again, locations of purchase were varied, with the most commonly reported being an agreed public location (28%), a friend's home (24%) and/or a dealer's home (23%) (Table 33).

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (43%) and known dealers (32%) were the most typical people from whom it had been purchased, with an agreed public location (27%), friend's home (25%) and/or dealer's home (18%) reported as the most common locations of purchase (Table 34).

Table 32: Methamphetamine powder purchasing patterns, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from# (%)	**N=359**	n=45	n=45	n=77	n=57	n=25	n=40	n=32	n=38
Street dealer	**9**	13	7	10	0	8	5	31	0
Friend	**41**	38	64	35	28	32	55	41	37
Known dealer	**36**	38	24	39	60	36	20	6	45
Acquaintance	**11**	7	2	10	11	8	18	22	16
Unknown dealer	**1**	2	0	3	2	0	3	0	0
Mobile dealer	**1**	2	0	0	0	4	0	0	0
Other	**1**	0	3	3	0	12	0	0	2
Places of usual purchase# (%)	**N=359**	n=45	n=45	n=77	n=57	n=25	n=40	n=32	n=38
Home delivery	**18**	18	16	21	14	20	25	19	11
Dealer's home	**21**	29	22	19	26	20	18	6	24
Friend's home	**21**	18	36	18	11	20	15	31	29
Acquaintance's house	**5**	0	2	4	2	8	10	9	5
Street market	**9**	16	2	16	0	0	15	19	0
Agreed public location	**25**	20	22	21	46	28	18	13	26
Other	**1**	0	0	1	1	4	0	3	5

Source: IDRS IDU participant interviews
only one response allowed

Table 33: Methamphetamine base purchasing patterns, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from# (%)	**N=191**	n=43	n=21	n=8^	n=53	n=28	n=2^	n=7^	n=29
Street dealer	**6**	7	5	25	0	4	50	43	0
Friend	**38**	51	38	13	28	61	50	43	21
Known dealer	**41**	28	48	38	59	25	0	0	55
Acquaintance	**9**	5	0	25	11	4	0	14	21
Unknown dealer	**<1**	0	0	0	0	0	0	0	3
Mobile dealer	**2**	2	5	0	2	4	0	0	0
Other	**3**	7	4	0	0	2	0	0	0
Places of usual purchase# (%)	**N=190**	n=43	n=20	n=8^	n=53	n=28	n=2^	n=7^	n=29
Home delivery	**15**	16	15	13	13	25	0	14	7
Dealer's home	**23**	28	45	0	17	14	0	14	31
Friend's home	**24**	28	20	25	11	39	0	57	24
Acquaintance's house	**3**	0	0	13	4	0	0	0	7
Street market	**4**	9	5	25	0	0	0	14	0
Agreed public location	**28**	14	15	25	53	14	100	0	31
Other	**3**	5	0	0	2	8	0	1	0

Source: IDRS IDU participant interviews
only one response allowed
^ small numbers reporting (n<10); interpret with caution

Table 34: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2009

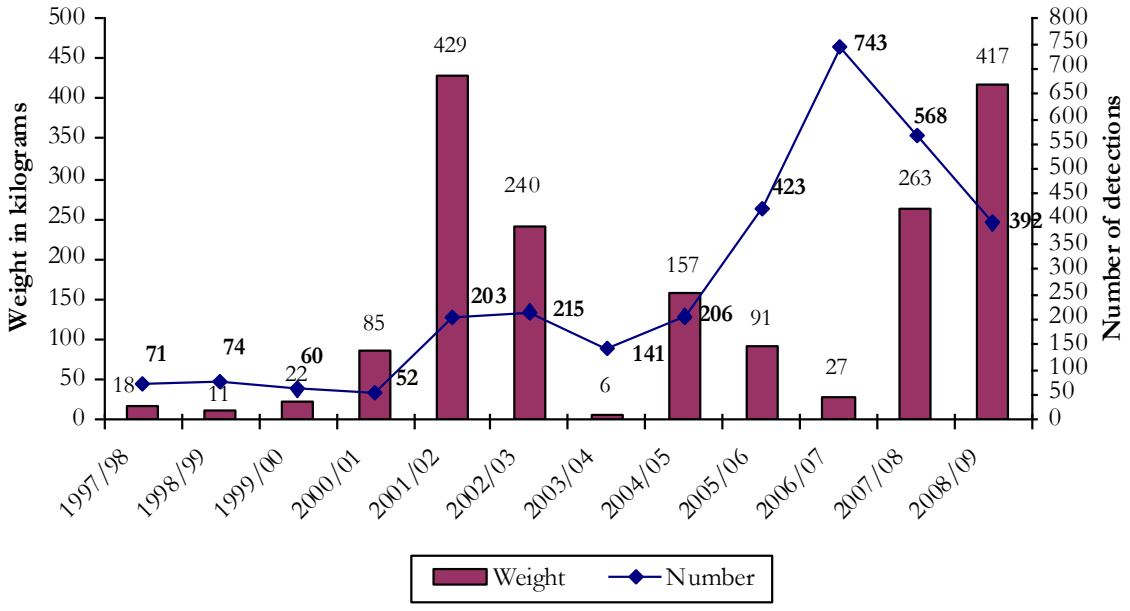
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from# (%)	**N=241**	n=63	n=44	n=21	n=25	n=22	n=24	n=13	n=29
Street dealer	**12**	22	11	10	4	5	8	31	0
Friend	**43**	38	43	43	28	55	54	54	41
Known dealer	**32**	30	30	38	56	23	17	0	48
Acquaintance	**8**	3	14	10	4	9	13	15	7
Unknown dealer	**3**	2	0	0	8	5	8	0	3
Mobile dealer	**1**	5	0	0	0	0	0	0	0
Other	**1**	0	2	0	0	3	0	0	1
Places of usual purchase# (%)	**N=240**	n=62	n=44	n=21	n=25	n=22	n=24	n=13	n=29
Home delivery	**17**	16	11	14	12	36	21	31	7
Dealer's home	**18**	22	23	19	8	5	8	8	28
Friend's home	**25**	21	27	33	20	18	17	46	31
Acquaintance's house	**4**	2	7	5	4	0	13	0	3
Street market	**8**	11	2	19	4	0	17	15	0
Agreed public location	**27**	24	30	10	52	27	25	0	31
Other	**1**	3	0	0	0	14	0	0	0

Source: IDRS IDU participant interviews
only one response allowed

5.2.5 Amphetamine-type stimulant detections at the Australian border

Figure 38 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs Service. In 2008/09, the number of detections decreased to 392 from 568 in 2007/08. While the weight increased from 263 kilograms in 2007/08 to 417 kilograms in 2008/09.

Figure 38: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs Service, financial years 1997/98-2008/09



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

5.3 Cocaine

Key points

- 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 $350 and $50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.
- The majority of participants nationally and in NSW reported purity as 'medium or high' with most reporting purity as 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.
- In NSW, purchasing from a friend, a known dealer or from a street dealer were most popular. Home delivery or the street market were reported as the most common purchase location.
- The limited participant data on cocaine suggest that there remains a limited market for cocaine among IDRS participants in jurisdictions other than NSW. The market for cocaine continues to appear smaller and less visible than the methamphetamine and heroin markets.

This section contains information about data on market characteristics (including price, perceived purity, availability and purchasing patterns) of cocaine. Information on harms (health and law enforcement-related) 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 IDRS participants 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 E displays comparable figures from the 2008 IDRS.

5.3.1 Price of cocaine

Prices in Table 35 represent the median prices of the last purchase 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=18, the ACT n=2, VIC n=4, SA n=2, WA=1, NT=1 and QLD=1 with no purchases in TAS), and, therefore, these figures should be interpreted with caution. The price of a gram and a cap of cocaine in NSW remained largely stable at $350 and $50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months. Fifty-one participants in NSW bought a cap of cocaine in the last six months, as did four participants in the ACT, two participants in VIC and one participant in SA; there were no purchases in any other jurisdiction. Twenty-three participants in NSW had purchased a half gram of cocaine at the median price of $200.

Table 35: Price of cocaine, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Median price ($) per gram	-	**-**	350	250^	325^	-	700^	450^	250^	325^
Median price ($) per cap	-	**-**	50	50^	50^	-	250^	-	80^	-
Price changes (%)	N=94	**N=105**	n=80	n=6^	n=8^	n=0	n=2^	n=1^	n=5^	n=3^
Increased	18	**13**	11	0	25	-0	0	100	40	0
Stable	73	**82**	86	83	63	-	100	0	40	100
Decreased	3	**3**	3	0	0	-	0	0	20	0
Fluctuated	5	**2**	0	17	13	-	0	0	0	0

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

5.3.2 Purity of cocaine

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 eight-two participants were able to comment on the purity of cocaine, while less than 10 participants were able to comment in the others states. Of those able to comment, 41% reported the purity as 'medium' while, 32% reported it as 'high' (Table 36). In 2009, a larger number of participants in the national sample reported the purity of cocaine as 'medium' or 'high' compared to 2008 (35% and 29% respectively). While a smaller number reported the purity as 'low' compared to 2008 (15% in 2009, 31% in 2008).

Significance testing was carried out on the current purity of cocaine for 'low', 'medium', 'high' and 'fluctuates' between 2008 and 2009. The proportion of participants who reported on the current purity of cocaine reported current purity as significantly lower than 2008 (low: 15% in 2009 versus 31% in 2008; 95%CI 0.04, 0.27). No other significant differences were found ($p>0.05$).

Participant reports regarding the changes in cocaine purity varied between jurisdictions. Of those who commented in the 2009 national sample, 40% reported the purity of cocaine as stable and 25% as fluctuating (Table 36).

The purity of analysed state/territory police seizures varied in each state/territory in 2007/08, ranging from 6.2% in the ACT to 80% in WA (Australian Crime Commission, 2009). In 2007/08 most of the cocaine seizures analysed were from NSW, QLD and VIC (Table 37). The AFP seizures of cocaine were generally higher in purity. There were no AFP or state/territory cocaine seizures analysed in the ACT, TAS and the NT in 2007/08 (Table 37). Data for 2008/09 were unavailable at the time of publication.

Table 36: Perceived purity of cocaine, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Current purity (%)	N=97	**N=111**	n=82	n=8^	n=8^	n=0	n=3^	n=1^	n=5	n=4^
High	29	**32**	29	25	50	0	100	0	20	50
Medium	35	**41**	40	63	25	0	0	100	60	50
Low	31	**15**	18	0	13	0	0	0	20	0
Fluctuates	5	**11**	12	13	13	0	0	0	0	0
Purity changes (%)	N=95	**N=101**	n=75	n=6^	n=7^	n=0	n=3^	n=1^	n=5^	n=4^
Increasing	15	**18**	21	0	14	0	0	0	0	25
Stable	45	**40**	32	83	57	0	67	100	60	25
Decreasing	27	**18**	20	0	29	0	0	0	0	25
Fluctuating	13	**25**	27	17	0	0	33	0	40	25

Source: IDRS IDU participant interviews

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

Note: the response option 'Don't know' was excluded from analysis in 2009.

Table 37: Median purity of cocaine seizures, by jurisdiction, 2003/04-2007/08

	Median purity %									
	State/Territory police					AFP				
	03/04	**04/05**	**05/06**	**06/07**	**07/08**	**03/04**	**04/05**	**05/06**	**06/07**	**07/08**
NSW	32.0 n=97	64.3 n=92	56.3 n=108	61.5 n=119	**37.0 n=84**	72.3 n=348	69.9 n=63	74.3 n=98	76.4 n=491	**71.7 n=93**
ACT	48.0 n=3	47.7 n=5	30.6 n=5	-	**36.6 n=7**	-	-	-	-	**-**
VIC	32.6 n=27	48.8 n=33	31.7 n=43	46.0 n=60	**18.3 n=50**	75.3 n=34	58.9 n=9	55.3 n=7	75.5 n=25	**75.6 n=16**
TAS	-	-	-	-	**-**	-	-	-	-	**-**
SA	38.5 n=10	30.7 n=64	32.8 n=9	48.2 n=35	**48.2 n=21**	-	-	-	59.9 n=2	**-**
WA	3.0 n=4	44.0 n=27	21 n=12	55.0 n=22	**46.5 n=16**	59.4 n=9	77.4^ n=1	53.8 n=6	52.7 n=1	**68.6 n=2**
NT	-	-	-	-	**-**	-	-	-	-	**-**
QLD	14.9 n=30	35.2 n=90	38 n=109	40.2 n=109	**35.2 n=133**	71.7 n=24	79.9 n=7	42.7 n=4	76.1 n=63	**84.6 n=6**

Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)

^ 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 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. Data for 2008/09 were not available at the time of publication.

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

5.3.3 Availability of cocaine

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, 81% described cocaine as 'easy' or 'very easy' to obtain, while 18% considered it to be 'difficult' to obtain. Availability in the six months preceding interview was generally thought to be stable nationally and in NSW (65% and 64% respectively, Table 38).

Significance testing was carried out on the current availability of cocaine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2008 and 2009. Nationally, the current availability of cocaine as 'very easy' was significantly higher in 2009 compared to 2008 (35% in 2009 versus 18% in 2008; 95%CI -0.05, -0.28). No other significant differences were found (p>0.05).

Table 38: Availability of cocaine, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=103	**N=116**	n=85	n=8^	n=8^	n=0	n=3^	n=2^	n=5^	n=4^
Very easy	18	**35**	38	22	13	0	100	0	20	25
Easy	54	**46**	47	33	63	0	0	100	40	25
Difficult	22	**18**	13	44	25	0	0	0	40	50
Very difficult	6	**2**	2	0	0	0	0	0	0	0
Availability changes (%)	N=102	**N=110**	n=81	n=8^	n=7^	n=0	n=3^	n=2^	n=5^	n=4^
More difficult	17	**16**	16	13	14	0	0	0	40	25
Stable	66	**65**	64	63	86	0	67	50	40	75
Easier	13	**16**	17	13	0	0	33	50	20	0
Fluctuates	5	**3**	3	13	0	0	0	0	0	0

Source: IDRS IDU participant interviews

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

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.3.4 Purchasing patterns of cocaine

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. Purchasing from a friend (34%), a known dealer (33%) or from a street dealer (23%) were popular in NSW. Home delivery (25%) or the street market (25%) were reported as the most common purchase location in NSW (Table 39).

Table 39: Purchasing patterns of cocaine, by jurisdiction, 2009

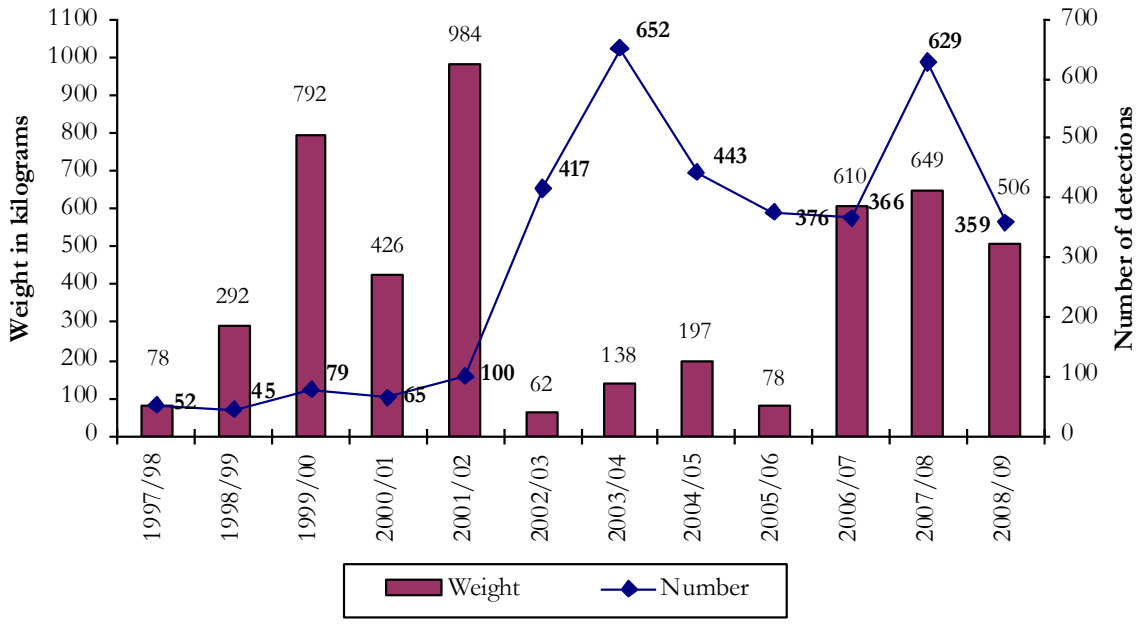
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from# (%)	**N=114**	n=83	n=9^	n=8^	n=0	n=3^	n=2^	n=5^	n=4^
Street dealer	**19**	23	0	13	0	0	0	40	0
Friend	**41**	34	67	63	0	67	50	40	75
Known dealer	**27**	33	22	25	0	0	0	0	0
Acquaintance	**4**	4	0	0	0	0	50	0	25
Unknown dealer	**1**	0	0	0	0	0	0	20	0
Mobile dealer	**4**	5	0	0	0	33	0	0	0
Other	**4**	1	11	0	0	0	0	0	0
Places of usual purchase# (%)	**N=112**	n=81	n=9^	n=8^	n=0	n=3^	n=2^	n=5^	n=4^
Home delivery	**26**	25	22	0	0	100	50	40	25
Dealer's home	**16**	20	11	13	0	0	0	0	0
Friend's home	**15**	7	44	50	0	0	0	20	50
Acquaintance's house	**2**	0	11	0	0	0	0	0	25
Street market	**20**	25	0	13	0	0	0	20	0
Agreed public location	**20**	21	11	25	0	0	50	0	0
Other	**1**	2	1	0	0	0	0	20	0

Source: IDRS IDU participant interviews
only one response allowed
^ small numbers commenting (n<10); interpret with caution

5.3.5 Cocaine detected at the Australian border

During 2008/09, the Australian Customs Service made 359 detections of cocaine at the Australian border (Figure 39). The detections weighed a total of 506 kilograms a decrease from 649 kilograms in 2007/08.

Figure 39: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, financial years 1997/98-2008/09



Source: Australian Customs Service

5.4 Cannabis

Key points

- An ounce of hydroponic cannabis (hydro) cost between a median of $225 (SA) and $400 (the NT) and a gram cost $20 to $30. Prices for both forms were generally reported to have remained stable in the six months preceding interview.
- 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.
- Hydro was considered to be 'very easy' or 'easy' to obtain by the majority of participants. The availability of both forms was perceived to have remained stable over the preceding six months.
- The most commonly reported sources of hydro and bush nationally were from a friend or known dealer. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home, a dealer's home or home delivery.

This section contains information about cannabis market characteristics (including price, perceived purity, availability and purchasing patterns). 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, availability and supply 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. Appendix F provides comparable data to 2008.

In 2009, participants completing the section (N=851) were asked if they were able to differentiate between hydroponic and bush cannabis in terms of price, perceived potency, availability and supply. Most participants reported that they could make a distinction: 76% of participants in NSW; 72% in the ACT; 62% in VIC; 84% in TAS; 38% in SA; 46% in WA; 99% in the NT; and 62% in QLD.

5.4.1 Price of cannabis

Table 40 contain the median price of the last purchase made by participants in the preceding six months for cannabis. Gram and ounce prices for bush tended to be equal to or lower than prices for hydroponic. In 2009, an ounce of hydro cost between a median of $225 (SA) and $400 (the NT), a gram cost $20 to $30, except in SA (no reports) and the price for a 'bag' of hydro ranged from $25 (TAS, SA and WA) to $210 (VIC – small numbers commenting). Refer to Appendix F, Figure F1 for a jurisdictional breakdown over time.

Overall, participants reported that the price of hydro and bush remained stable over the preceding six months (68% and 74% respectively among those who commented; Table 40).

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

Table 40: Median price of cannabis and price changes, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Price ($) HYDRO										
Per gram	-	-	20	20	20	25	-	25	30	25
Per quarter ounce	-	-	100	100	80	90	50^	95	100^	90
Per ounce	-	-	320	300	250	300	225	350	400	300
Per Bag	-	-	50^	100^	210^	25	25	25^	50^	50
Price ($) BUSH										
Per gram	-	-	20	20	20	25	-	25^	30^	20
Per quarter ounce	-	-	80	80	80	70	75^	90^	50^	70
Per ounce	-	-	229	250	225	200	200^	290	175^	280
Per Bag	-	-	20^	50^	210^	37.5^	25	25^	50^	32.5^
Price changes (%)										
HYDRO (%)	N=551	**N=523**	n=110	n=70	n=83	n=73	n=37	n=43	n=71	n=36
Increased	17	**23**	21	14	15	10	19	49	47	14
Stable	76	**68**	77	70	68	78	73	47	48	72
Decreased	2	**3**	0	1	6	6	5	3	0	3
Fluctuated	5	**7**	2	14	12	7	3	2	6	11
BUSH (%)	N=276	**N=307**	n=51	n=60	n=29	n=67	n=18	n=21	n=27	n=34
Increased	7	**11**	6	7	10	6	0	24	33	18
Stable	81	**74**	86	82	83	67	94	71	41	65
Decreased	8	**7**	0	2	3	15	6	5	7	12
Fluctuated	4	**9**	8	10	3	12	0	0	19	6

Source: IDRS IDU participant interviews

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

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.4.2 Potency of cannabis

Participants were asked 'How strong would you say hydro/bush is at the moment?' and whether the potency or strength had changed in the last six months. Almost three-fifths (58%) of the national sample who commented reported that hydro potency was 'high' (ranging from 38% in the NT to 69% in WA) and nearly one-third (31%) described it as 'medium' (ranging from 21% in WA to 42% in the ACT). By contrast, around half (54%) reported the potency of bush cannabis as 'medium' (ranging from 28% in the NT to 64% in the ACT). The potency of hydro and bush cannabis was generally reported to have remained stable over the preceding six months (63% and 65% respectively) (Table 41 and Table 42).

Significance testing was carried out on the current purity of hydroponic and 'bush' cannabis for 'low', 'medium', 'high' and 'fluctuates' between 2008 and 2009. No significant differences were found ($p>0.05$).

Table 41: Perceived potency of hydroponic cannabis, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Current Potency (%)	N=552	**N=526**	n=111	n=71	n=84	n=74	n=37	n=42	n=71	n=36
High	61	**58**	61	54	58	66	65	69	38	58
Medium	28	**31**	31	42	31	27	24	21	31	33
Low	4	**4**	3	3	2	3	3	0	14	6
Fluctuates	7	**7**	5	1	8	4	8	10	17	3
Potency changes (%)	N=548	**N=516**	n=111	n=70	n=82	n=72	n=36	n=40	n=71	n=34
Increasing	13	**9**	9	9	10	7	0	10	6	24
Stable	65	**63**	62	67	60	71	81	75	39	59
Decreasing	8	**9**	11	11	7	4	6	3	13	9
Fluctuating	14	**20**	18	13	23	18	14	13	42	9

Source: IDRS IDU participant interviews
Note: the response option 'Don't know' was excluded from analysis in 2009.

Table 42: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Current Potency (%)	N=283	**N=328**	n=58	n=61	n=32	n=74	n=18	n=22	n=29	n=34
High	23	**23**	14	15	25	24	28	32	21	41
Medium	50	**54**	59	64	53	60	56	55	28	35
Low	21	**18**	26	15	16	15	17	9	35	15
Fluctuates	7	**5**	2	7	6	1	0	5	17	9
Potency changes (%)	N=269	**N=312**	n=54	n=58	n=31	n=72	n=17	n=20	n=27	n=33
Increasing	12	**12**	9	7	13	7	6	0	15	39
Stable	71	**65**	76	66	65	61	88	75	52	46
Decreasing	7	**9**	7	10	7	10	6	15	11	9
Fluctuating	9	**14**	7	17	16	22	0	10	22	6

Source: IDRS IDU participant interviews
Note: the response option 'Don't know' was excluded from analysis in 2009.

5.4.3 Availability of cannabis

Ninety percent 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, it was most commonly reported as 'very easy' or 'easy' to obtain. Smaller numbers of participants were able to comment on bush cannabis (from n=19 in SA to n=56 in NSW) suggesting that it continued to be less available than hydro in many jurisdictions (ranging from n=37 in SA to n=110 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 (73% and 64% respectively) (Tables 43 and 44).

Significance testing was carried out on the current availability of hydro and bush cannabis for 'very easy', 'easy', 'difficult' and 'more difficult' between 2008 and 2009. Nationally, the current availability of bush cannabis was significantly easier to obtain in 2009 compared to 2008 (very easy: 38% in 2009 versus 26% in 2008; 95%CI -0.04, -0.19; easy: 36% in 2009 versus 46% in 2008; 95%CI 0.02, 0.18). No other significant differences were found ($p>0.05$).

Table 43: Availability of hydroponic cannabis, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=558	**N=529**	n=110	n=72	n=84	n=75	n=37	n=44	n=71	n=36
Very easy	45	**48**	58	42	66	47	32	27	30	64
Easy	44	**42**	37	44	27	45	46	61	54	28
Difficult	10	**9**	5	11	7	8	16	9	17	6
Very difficult	1	**1**	0	3	0	0	5	2	0	3
Availability changes (%)	N=553	**N=526**	n=109	n=70	n=84	n=75	n=37	n=44	n=71	n=36
More difficult	11	**13**	9	19	11	8	27	5	21	6
Stable	76	**73**	81	69	73	76	62	73	62	81
Easier	8	**7**	6	1	13	7	5	5	7	11
Fluctuates	5	**8**	5	11	4	9	5	18	10	3

Source: IDRS IDU participant interviews

Note: the response option 'Don't know' was excluded from analysis in 2009.

Table 44: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=283	**N=318**	n=56	n=59	n=31	n=71	n=19	n=22	n=26	n=34
Very easy	26	**38**	43	29	32	47	37	18	27	56
Easy	46	**36**	32	44	36	38	21	64	23	24
Difficult	24	**23**	20	20	29	16	42	18	50	15
Very difficult	4	**3**	5	7	3	0	0	0	0	6
Availability changes (%)	N=276	**N=318**	n=56	n=59	n=31	n=71	n=19	n=22	n=26	n=34
More difficult	14	**15**	11	17	19	7	21	19	39	6
Stable	66	**64**	79	63	61	58	68	62	50	68
Easier	14	**14**	5	9	13	30	11	5	0	24
Fluctuates	6	**7**	5	12	7	6	0	14	12	3

Source: IDRS IDU participant interviews

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.4.4 Purchasing patterns of cannabis

As in 2008, the most commonly reported sources of hydro nationally were from a friend (48%) or known dealer (32%). Proportions reporting purchase from a street dealer ranged widely, from no reports in QLD to 41% in the NT, indicating the presence and accessing of street markets. Sources were similar for bush cannabis, with friends (57%) and known dealers (21%) 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 24% in the NT. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home (hydro 31%; bush 37%), a dealer's home (hydro 24%; bush 16%), home delivery (hydro 18%; bush 21%) and/or an agreed public location (hydro 13%; bush 12%) (Tables 45 and 46).

Table 45: Hydroponic cannabis purchasing patterns, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from# (%)	**N=522**	n=110	n=70	n=85	n=74	n=37	n=41	n=71	n=34
Street dealer	**10**	15	1	5	1	3	2	41	0
Friend	**48**	41	63	49	47	54	59	35	44
Known dealer	**32**	36	27	40	45	22	20	13	47
Acquaintance	**5**	3	1	5	5	8	15	7	6
Unknown dealer	**1**	0	0	0	1	0	2	3	0
Mobile dealer	**1**	4	0	0	0	3	0	0	0
Other	**3**	1	8	1	2	10	2	1	3
Places of usual purchase# (%)	**N=521**	n=109	n=70	n=85	n=74	n=37	n=41	n=71	n=34
Home delivery	**18**	20	24	15	12	19	22	13	18
Dealer's home	**24**	25	20	20	35	16	15	24	41
Friend's home	**31**	22	37	29	37	38	27	35	24
Acquaintance's house	**3**	2	1	2	4	0	5	3	3
Street market	**9**	16	1	8	0	0	17	21	0
Agreed public location	**13**	14	13	24	12	14	10	1	12
Other	**2**	1	4	2	0	13	7	3	2

Source: IDRS IDU participant interviews
only one response allowed

Table 46: Outdoor-grown 'bush' cannabis purchasing patterns by IDU who commented, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from# (%)	**N=317**	n=58	n=59	n=32	n=72	n=19	n=21	n=29	n=27
Street dealer	**7**	14	2	13	0	0	0	24	7
Friend	**57**	60	64	31	60	58	67	55	44
Known dealer	**21**	17	20	41	26	11	10	10	22
Acquaintance	**7**	3	5	9	6	11	14	7	15
Unknown dealer	**2**	0	2	0	1	0	10	0	7
Mobile dealer	**1**	2	0	3	0	5	0	0	0
Other	**5**	4	7	3	7	15	0	4	5
Places of usual purchase# (%)	**N=317**	n=58	n=59	n=32	n=72	n=19	n=21	n=29	n=27
Home delivery	**21**	12	29	13	22	37	33	17	11
Dealer's home	**16**	16	14	19	19	5	14	14	22
Friend's home	**37**	41	36	22	39	37	24	24	48
Acquaintance's house	**3**	3	3	3	1	0	10	0	7
Street market	**7**	10	0	19	0	0	14	14	7
Agreed public location	**12**	10	14	22	14	21	5	0	7
Other	**4**	8	4	2	5	0	0	31	0

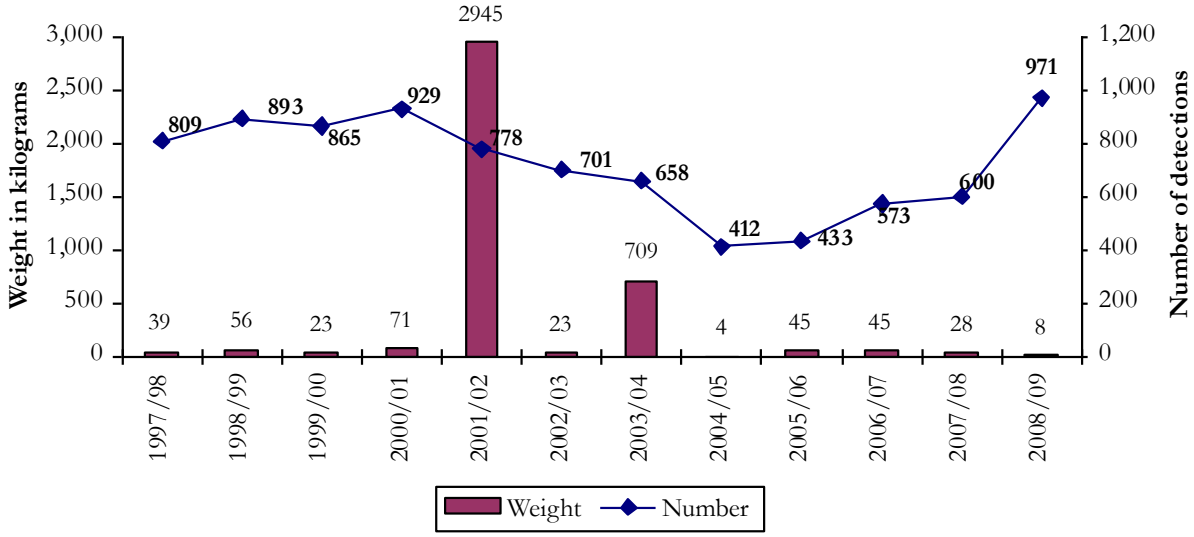
Source: IDRS IDU participant interviews
only one response allowed

5.4.5 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 2008/09, over 900 detections of cannabis were made (representing an increase from 600 in 2007/08), with a total weight of eight kilograms (Figure 40).

Figure 40: Weight and number of detections of cannabis made at the border by the Australian Customs Service, financial years 1997/98-2008/09



Source: Australian Customs Service

5.5 Methadone

Key points

- Of those who commented, the majority reported the price of 'illicit' methadone syrup to be a median of $1 per millilitre and physeptone at $10 per 10mg tablet (small numbers commenting). The price of 'illicit' methadone was reported mainly as stable over the last six months.
- Around two-thirds reported the availability of 'illicit' methadone as 'very easy' or 'easy'. The majority reported the availability of 'illicit' methadone as stable over the last six months.
- The most common source among those who had bought 'illicit' methadone was through a friend or an acquaintance. The most common place of purchase was a friend's home followed by an agreed public location.

5.5.1 Price of illicit methadone

Around eighteen percent of the national sample commented on the price or availability of 'illicitly' obtained methadone liquid. Twenty-six participants in the national sample commented on the price range of one- millilitre (1ml) of methadone. Of those who commented, 42% reported that it cost a median of $1.00 per ml of liquid, 38% reported $0.50 and 15% $2.00 (range $0.50 to $50 per ml).

Only three participants (<1% of the national sample) reported having purchased 5mg Physeptone tablets, having paid between $2 and $20 per tablet. The 55 participants (6% of the national sample) who bought 10mg tablets paid between $10 to $20 per tablet (Table 47), with 36% paying $10, 31% paying $15 and 9% paying $20 per tablet.

Seventy-eight percent of those who commented reported that the price of illicitly obtained methadone had remained stable in the last six months.

Table 47: Median price of illicit methadone and price changes, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Median Price ($)										
Syrup per 1ml	-	**-**	0.50	1^	-	-	-	-	1^	1^
Physeptone 10mgs	-	**-**	10^	-	-	12.5	-	-	20^	10^
Price changes (%)	N=179	**N=151**	n=50	n=24	n=6^	n=45	n=4^	n=2^	n=11	n=9^
Increased	18	**17**	24	13	0	18	0	0	27	0
Stable	74	**78**	70	79	83	78	100	100	73	100
Decreased	1	**1**	0	4	0	2	0	0	0	0
Fluctuated	6	**4**	6	4	17	2	0	0	0	0

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

5.5.2 Availability of illicit methadone

Among those who commented on availability, 46% reported that it was 'easy' to obtain 'illicit' methadone and 18% reported availability as 'very easy'. Twenty-seven percent reported it as 'difficult', and a small proportion as 'very difficult' (9%). Seventy-two percent reported that

availability had remained 'stable' in the six months preceding interview, although 23% reported that it had become 'more difficult' (Table 48).

Significance testing was carried out on the current availability of 'illicit' methadone (any form) for 'very easy', 'easy', 'difficult' and 'more difficult' between 2008 and 2009. Nationally, methadone was significantly more difficult to obtain in 2009 compared to 2008 (very difficult: 9% in 2009 versus 3% in 2008; 95%CI -0.01, -0.11).

Table 48: Availability of illicit methadone, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=192	**N=158**	n=51	n=23	n=5^	n=50	n=4^	n=3^	n=12	n=10
Very easy	18	**18**	24	39	40	4	0	67	0	20
Easy	45	**46**	41	30	40	58	75	0	50	40
Difficult	33	**27**	31	22	20	30	0	33	25	20
Very difficult	3	**9**	4	9	0	8	25	0	25	20
Availability changes (%)	N=183	**N=159**	n=51	n=24	n=5^	n=50	n=4^	n=3^	n=12	n=10
More difficult	21	**23**	18	8	0	40	0	33	17	20
Stable	75	**72**	80	79	80	58	75	67	67	80
Easier	3	**3**	0	13	0	0	25	0	0	0
Fluctuates	0	**3**	2	0	20	2	0	0	17	0

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

5.5.3 Purchasing patterns of illicit methadone

Of those who had bought 'illicit' methadone, the most common source was a friend (69%) or an acquaintance (15%). The most common place of purchase was a friend's home (37%) followed by an agreed public location (31%) (Table 49).

Table 49: Purchasing patterns of illicit methadone by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from#	**N=137**	n=43	n=17	n=6^	n=46	n=4^	n=4^	n=11	n=6^
Street dealer	**10**	14	0	0	4	0	0	46	0
Friend	**69**	70	100	83	57	100	75	36	83
Known dealer	**5**	2	0	0	9	0	0	9	17
Acquaintance	**15**	14	0	0	26	0	25	9	0
Unknown dealer	**1**	0	0	17	0	0	0	0	0
Other	**0**	0	0	0	4	0	0	0	0
Places of usual purchase#	**N=137**	n=43	n=17	n=6^	n=46	n=4^	n=4^	n=11	n=6^
Home delivery	**12**	21	6	0	7	50	25	9	0
Dealer's home	**4**	0	0	0	2	0	0	36	0
Friend's home	**37**	19	77	83	26	50	50	36	67
Acquaintance's house	**2**	0	0	0	4	0	0	9	0
Street market	**12**	28	0	17	4	0	0	9	0
Agreed public location	**31**	30	18	0	52	0	25	0	17
Other	**2**	2	0	0	5	0	0	1	16

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
# only one response allowed

5.6 Buprenorphine

Key points

- The median price of 'illicit' buprenorphine varied among the jurisdictions. The majority reported the price of 'illicit' buprenorphine as stable over the last six months.
- Around two-thirds reported the availability of 'illicit' buprenorphine as 'very easy or easy' to obtain. The majority reported the availability of 'illicit' buprenorphine as stable over the last six months.
- The most common source among those who had bought 'illicit' buprenorphine was through a friend or street dealer. The most common place of purchase was a friend's home followed by an agreed public location.

5.6.1 Price of illicit buprenorphine

Very small numbers were able to comment on the price of 'illicit' buprenorphine (Subutex®). The median price for Subutex® 2mgs ranged from no reports in TAS or the NT to $10 in SA, where as the median price for Subutex® 8mgs ranged from $20 (NSW, the ACT, VIC and SA) to $40 (TAS, WA and QLD). In 2009, participants were asked if the price of buprenorphine had changed in the last six months. Of those who commented, the majority (68%) reported the price of 'illicit' buprenorphine as stable over the last six months (Table 50).

Table 50: Median price of illicit buprenorphine and price changes, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median Price ($)									
Subutex® 2mgs	-	5^	7.5^	5^	-	10^	7.5^	-	15^
Subutex® 8mgs	-	20	20^	20	40^	20^	40^	30^	40
Price changes (%)	**N=95**	n=20	n=18	n=21	n=2^	n=4^	n=6^	n=0	n=24
Increased	**26**	25	28	14	0	25	50	0	33
Stable	**68**	60	67	86	100	50	50	0	67
Decreased	**1**	5	0	0	0	0	0	0	0
Fluctuated	**4**	10	6	0	0	25	0	0	0

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

5.6.2 Availability of illicit buprenorphine

Of those participants in the IDRS sample who were able to comment, 34% reported the availability of 'illicit' buprenorphine as 'very easy' and 35% reported availability as 'easy'. Sixty-nine percent of the national sample reported availability as stable in the last six months (Table 51).

Significance testing was carried out on the current availability of 'illicit' buprenorphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2008 and 2009. No significant differences were found ($p>0.05$).

Table 51: Availability of illicit buprenorphine, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=105	**N=105**	n=25	n=18	n=21	n=5^	n=4^	n=7^	n=1^	n=24
Very easy	30	**34**	16	33	76	0	50	14	0	29
Easy	37	**35**	56	28	10	40	25	57	100	33
Difficult	21	**23**	24	33	5	40	0	29	0	29
Very difficult	12	**8**	4	6	10	20	25	0	0	8
Availability changes (%)	N=100	**N=100**	n=22	n=16	n=21	n=5^	n=4^	n=7^	n=1^	n=24
More difficult	26	**20**	0	31	14	0	25	43	0	33
Stable	63	**69**	91	50	76	100	50	57	100	54
Easier	10	**11**	9	19	10	0	25	0	0	13
Fluctuates	1	**0**	0	0	0	0	0	0	0	0

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

5.6.3 Purchasing patterns of illicit buprenorphine

Of those who had bought 'illicit' buprenorphine, the most common source was a friend (76%) or a street dealer (10%). The most common place of purchase was a friend's home (30%) followed by an agreed public location (29%) (Table 52).

Table 52: Purchasing patterns of illicit buprenorphine by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from#	**N=92**	n=19	n=15	n=22	n=8	n=4^	n=7^	n=0	n=17
Street dealer	**10**	16	7	23	0	0	0	0	0
Friend	**76**	74	87	73	88	75	71	0	71
Known dealer	**3**	5	0	0	0	25	0	0	6
Acquaintance	**9**	5	7	5	0	0	14	0	24
Unknown dealer	**1**	0	0	0	0	0	14	0	0
Other	**1**	0	0	0	12	0	1	0	0
Places of usual purchase#	**N=92**	n=19	n=15	n=22	n=8	n=4^	n=7^	n=0	n=17
Home delivery	**16**	5	20	18	25	25	14	0	18
Dealer's home	**1**	0	0	0	0	25	0	0	0
Friend's home	**30**	16	40	27	25	50	43	0	35
Acquaintance's house	**1**	0	0	0	0	0	0	0	6
Street market	**19**	32	7	41	0	0	14	0	0
Agreed public location	**29**	42	27	14	38	0	29	0	41
Other	**4**	5	6	0	12	0	0	0	0

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
# only one response allowed

5.7 Buprenophine-naloxone

Key points

- The median price of 'illicit' buprenorphine-naloxone varied among the jurisdictions. The majority reported the price of 'illicit' buprenorphine-naloxone as stable over the last six months.
- Among those who commented, over three-quarters reported the availability of 'illicit' buprenorphine-naloxone as 'very easy or easy' to obtain. The majority reported the availability of 'illicit' buprenorphine-naloxone as stable over the last six months.
- The most common source among those who had bought 'illicit' buprenorphine-naloxone was through a friend or an acquaintance. The most common place of purchase was a friend's home followed by an agreed public location.

5.7.1 Price of illicit buprenorphine-naloxone

Very small numbers were able to comment on the price of 'illicit' buprenorphine-naloxone (Suboxone®). The median price for Suboxone® 2mgs ranged from no reporting in TAS to $20 in the NT, where as the median price for Suboxone® 8mgs ranged from $10 in NSW to $80 in TAS. In 2009, participants were asked if the price of buprenorphine-naloxone had changed in the last six months. Of those who commented, the majority (80%) reported the price of 'illicit' buprenorphine-naloxone as stable over the last six months (Table 53).

Table 53: Median price of illicit buprenorphine-naloxone and price changes, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median Price ($)									
Suboxone® 2mgs	-	2^	5^	5^	-	10^	15^	20^	10
Suboxone® 8mgs	-	10^	22.5^	20^	80^	20^	50	30^	32.5^
Price changes (%)	**N=54**	n=5^	n=5^	n=10	n=1^	n=2^	n=12	n=2^	n=17
Increased	**15**	0	20	10	0	0	33	0	12
Stable	**80**	100	60	90	100	100	67	100	77
Decreased	**4**	0	20	0	0	0	0	0	6
Fluctuated	**2**	0	0	0	0	0	0	0	6

Source: IDRS IDU participant interviews

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

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.7.2 Availability of illicit buprenorphine-naloxone

Of those participants in the IDRS sample who were able to comment, 58% reported the availability of 'illicit' buprenorphine-naloxone as 'very easy' and 27% reported availability as 'easy'. Of those who commented, 75% reported availability as stable in the last six months (Table 54).

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2008 and 2009. Nationally, 'illicit' buprenorphine-naloxone was significantly easier to obtain in 2009 compared to 2008 (very easy: 58% in 2009 versus 36% in 2008; 95%CI -0.04, -0.38).

Table 54: Availability of buprenorphine-naloxone, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=53	**N=62**	n=5^	n=8	n=11	n=3^	n=2^	n=13	n=2^	n=18
Very easy	36	**58**	60	25	64	33	100	69	0	67
Easy	45	**27**	0	63	18	33	0	23	100	22
Difficult	13	**13**	40	0	18	33	0	8	0	11
Very difficult	6	**2**	0	13	0	0	0	0	0	0
Availability changes (%)	N=48	**N=60**	n=5^	n=8	n=11	n=3^	n=2^	n=12	n=2^	n=17
More difficult	13	**7**	0	13	0	33	0	0	0	12
Stable	58	**75**	100	63	91	67	50	83	50	65
Easier	29	**15**	0	13	9	0	50	17	50	18
Fluctuates	0	**3**	0	13	0	0	0	0	0	6

Source: IDRS IDU participant interviews

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

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.7.3 Purchasing patterns of illicit buprenorphine-naloxone

Of those who had bought 'illicit' buprenorphine-naloxone, the most common source was through a friend (70%) or an acquaintance (18%). The most common place of purchase was a friend's home (38%) followed by an agreed public location (20%) (Table 55).

Table 55: Buprenorphine-naloxone purchasing patterns, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from#	**N=56**	n=5^	n=6^	n=11	n=3^	n=2^	n=14	n=1^	n=14
Street dealer	**4**	20	0	9	0	0	0	0	0
Friend	**70**	40	83	73	100	100	57	100	71
Known dealer	**7**	0	0	9	0	0	14	0	7
Acquaintance	**18**	40	0	9	0	0	29	0	21
Other	**1**	0	17	9	0	0	0	0	1
Places of usual purchase#	**N=56**	n=5^	n=6^	n=11	n=3^	n=2^	n=14	n=1^	n=14
Home delivery	**18**	0	50	0	33	50	7	0	29
Dealer's home	**5**	0	0	9	0	0	7	0	7
Friend's home	**38**	20	33	55	33	50	29	100	38
Acquaintance's house	**5**	20	0	0	0	0	0	0	14
Street market	**13**	40	0	18	0	0	21	0	0
Agreed public location	**20**	20	17	18	33	0	36	0	7
Other	**1**	0	0	0	1	0	0	0	5

Source: IDRS IDU participant interviews

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

only one response allowed

5.8 Morphine

Key points

- The median price for each brand of morphine varied among the jurisdictions. Over half reported the price of 'illicit' morphine as stable over the past six months, while one-third reported that price had increased recently.
- Nearly half reported that 'illicit' morphine was 'easy' to obtain where as one-quarter reported that it was 'difficult'. The majority reported that availability had remained stable over the last six months preceding interview.
- The most common source among those who had bought 'illicit' morphine was through a friend or a known dealer and the most common place of purchase was at an agreed public location followed by a friend's home.

5.8.1 Price of illicit 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 56). Participants were asked to comment on any change in the price of 'illicit' morphine in the six months preceding interview. Among those who commented, over half (58%) reported that the price of 'illicit' morphine had remained stable over the past six months (51% in 2008). While 31% reported that the price of 'illicit' morphine had increased recently.

Table 56: Median price of illicit morphine and price changes, by jurisdiction, 2009

		National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median Price ($)	2008	**2009**								
MS Contin® 60mgs	-	**-**	20^	30^	30	50	27.5^	30^	50	30
MS Contin® 100mg	-	**-**	30	50	50	90	50^	50	80	60
Kapanol ® 0mgs	-	**-**	-	27.5^	27.5^	50	25^	25^	40	20^
Kapanol® 100mgs	-	**-**	30^	80^	50	100	60^	50^	80^	50
Price changes (%)	N=337	**N=307**	n=34	n=23	n=29	n=78	n=8^	n=20	n=80	n=35
Increased	45	**31**	35	4	14	32	38	20	38	43
Stable	51	**58**	53	83	72	64	63	70	40	51
Decreased	2	**2**	6	4	3	3	0	0	0	0
Fluctuated	2	**10**	6	9	10	1	0	10	23	6

Source: IDRS IDU participant interviews
^ small numbers reporting (n<10); interpret with caution
Note: the response option 'Don't know' was excluded from analysis in 2009.

5.8.2 Availability of illicit morphine

Of those participants in the IDRS sample who were able to comment, 47% reported that the availability of 'illicit' morphine was 'easy' and 26% as 'difficult'. The exceptions were in TAS and the NT where greater numbers reported the availability of morphine as 'easy' (60% and 55% respectively). Sixty percent of the national sample reported availability as stable in the last six months (Table 57).

Significance testing was carried out on the current availability of 'illicit' morphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2008 and 2009. No significant differences were found ($p>0.05$).

Table 57: Availability of illicit morphine, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=341	**N=319**	n=38	n=29	n=30	n=78	n=10	n=19	n=80	n=35
Very easy	18	**23**	26	21	33	19	30	26	14	37
Easy	45	**47**	47	35	30	60	50	32	55	31
Difficult	33	**26**	21	38	30	15	20	42	31	23
Very difficult	4	**4**	5	7	7	5	0	0	0	9
Availability changes (%)	N=334	**N=317**	n=37	n=29	n=29	n=78	n=10	n=19	n=80	n=35
More difficult	32	**23**	24	17	21	27	20	21	21	23
Stable	58	**60**	57	59	62	64	70	63	61	49
Easier	5	**6**	11	17	7	4	0	0	1	11
Fluctuates	5	**11**	8	7	10	5	10	16	16	17

Source: IDRS IDU participant interviews

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.8.3 Purchasing patterns of illicit morphine

Of those who had bought 'illicit' morphine, the most common source was through a friend (43%) or a known dealer (23%). The most common place of purchase was an agreed public location (28%) followed by a friend's home (23%) (Table 58).

Table 58: Purchasing patterns of illicit morphine by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from# (%)	**N=308**	n=36	n=26	n=31	n=77	n=11	n=18	n=80	n=29
Street dealer	**19**	33	23	23	0	0	17	33	10
Friend	**43**	44	62	52	31	55	44	39	52
Known dealer	**23**	11	0	23	55	18	11	11	17
Acquaintance	**13**	6	15	3	12	27	22	14	21
Unknown dealer	**1**	0	0	0	1	0	6	3	0
Mobile dealer	**<1**	3	0	0	0	0	0	0	0
Other	**0**	3	0	0	1	0	0	0	0
Places of usual purchase# (%)	**N=307**	n=36	n=25	n=31	n=77	n=11	n=18	n=80	n=29
Home delivery	**11**	8	24	13	9	27	6	11	0
Dealer's home	**16**	6	4	7	30	18	0	18	14
Friend's home	**23**	25	20	19	20	18	11	26	31
Acquaintance's house	**7**	0	16	0	5	9	11	9	7
Street market	**15**	25	0	32	0	0	22	24	10
Agreed public location	**28**	33	24	29	36	27	50	11	35
Other	**0**	3	12	0	0	1	0	1	3

Source: IDRS IDU participant interviews

only one response allowed

5.9 Oxycodone

Key points

- The median price for 'illicit' oxycodone varied among the jurisdictions. The majority reported the price of 'illicit' oxycodone as stable over the last six months.
- Around one-third reported that the availability of 'illicit' oxycodone was 'easy', while another one-third reported availability as 'difficult'. The majority reported the availability of oxycodone as stable over the last six months.
- The most common source among those who had bought 'illicit' oxycodone was through a friend or a known dealer. The most common place of purchase was a friend's home followed by an agreed public location.

5.9.1 Price of illicit oxycodone

The median price for 'illicit' Oxycontin® 40mgs ranged from $17.50 (NSW) to $40 (TAS), where as the median price for 'illicit' Oxycontin® 80mgs ranged from $30 (NSW) to $75 (TAS). The majority (71%) reported the price of 'illicit' oxycodone as stable over the last six months (Table 59).

Table 59: Median price of illicit oxycodone and price changes, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median Price ($)	2008	**2009**								
Oxycontin® 40mgs	-	**-**	20^	20^	20^	40	20^	30^	22.5^	20
Oxycontin® 80mgs	-	**-**	30	40^	40	75	40^	50	60^	40
Price changes (%)	N=155	**N=164**	n=31	n=17	n=20	n=43	n=5^	n=18	n=6^	n=24
Increased	23	**21**	19	12	30	16	60	22	50	17
Stable	74	**71**	74	65	70	79	20	72	50	71
Decreased	0	**2**	0	12	0	2	0	0	0	0
Fluctuated	3	**6**	7	12	0	2	20	6	0	13

Source: IDRS IDU participant interviews

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

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.9.2 Availability of illicit oxycodone

Of those participants in the IDRS sample who were able to comment, 39% reported the availability of 'illicit' oxycodone as 'easy' and 35% reported availability as 'difficult'. Sixty-four percent of those who commented (n=174) reported availability as stable in the last six months (Table 60).

Significance testing was carried out on the current availability of 'illicit' oxycodone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2008 and 2009. No significant differences were found ($p>0.05$).

Table 60: Availability of illicit oxycodone, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Availability (%)	N=169	**N=182**	n=36	n=19	n=20	n=46	n=6^	n=19	n=10	n=26
Very easy	15	**22**	22	42	35	20	17	11	0	19
Easy	43	**39**	42	26	40	41	33	58	40	23
Difficult	38	**35**	31	32	25	37	50	32	50	42
Very difficult	5	**4**	6	0	0	2	0	0	10	15
Availability changes (%)	N=161	**N=174**	n=33	n=18	n=20	n=44	n=5^	n=19	n=9^	n=26
More difficult	24	**25**	27	17	20	34	40	16	11	23
Stable	66	**64**	61	72	75	61	40	68	78	54
Easier	9	**4**	6	6	0	5	0	0	0	8
Fluctuates	1	**8**	6	6	5	0	20	16	11	15

Source: IDRS IDU participant interviews

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

Note: the response option 'Don't know' was excluded from analysis in 2009.

5.9.3 Purchasing patterns of illicit oxycodone

Of those who had bought 'illicit' oxycodone, the most common source was through a friend (54%) or a known dealer (24%). The most common place of purchase was a friend's home (29%) followed by an agreed public location (28%) (Table 61).

Table 61: Purchasing patterns of illicit oxycodone by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Purchased from#	**N=178**	n=36	n=17	n=20	n=49	n=6^	n=18	n=10	n=22
Street dealer	**14**	33	6	30	0	0	11	20	5
Friend	**54**	53	88	45	53	67	50	50	41
Known dealer	**24**	8	0	20	41	33	11	20	41
Acquaintance	**8**	6	6	5	4	0	28	10	14
Unknown dealer	**1**	0	0	0	2	0	0	0	0
Other	**0**	0	0	0	0	0	0	0	0
Places of usual purchase#	**N=177**	n=36	n=16	n=20	n=49	n=6^	n=18	n=10	n=22
Home delivery	**11**	3	25	0	20	33	6	0	5
Dealer's home	**14**	3	0	10	25	33	11	30	9
Friend's home	**29**	25	44	25	31	17	28	40	27
Acquaintance's house	**3**	0	6	5	0	0	11	0	5
Street market	**14**	28	0	40	2	0	17	20	5
Agreed public location	**28**	42	19	20	22	17	28	0	46
Other	**1**	0	6	0	0	0	0	10	3

Source: IDRS IDU participant interviews

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

only one response allowed

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Seventeen percent of IDRS participants who reported ever overdosing on heroin had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in WA and NSW (25% and 24% respectively).
- Of those who had ever overdosed on another drug (not including heroin), 29% had done so in the past year, and 7% had done so in the last month preceding interview.
- Nearly half of the IDRS sample reported current treatment, mainly methadone with a median of 36 months in treatment.
- The total number of clients registered in opioid substitution treatment (OST) remained relatively stable over the last five years with a slight increase seen in 2008. The majority of clients were being prescribed methadone.
- The number of opioid-related hospital separations remained stable between 2006/07 and 2007/08, the most recent data available at the time of publication. Separations relating to opioid use were higher than for methamphetamine at the national level, and figures for the latter remained relatively stable or decreased between 2006/07 and 2007/08 in most jurisdictions. Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Figures were highest in NSW in 2007/08. Cannabis-related separations have steadily increased over time, but remained relatively stable between 2006/07 and 2007/08.
- Receptive sharing (borrowing) of needles/syringes was reported by 9% 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. 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.
- The majority of IDRS participants reported injecting last in a private home, followed by in a car.
- Seventy-one percent of the national 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).
- 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.
- Nearly half of the national sample self reported experiencing a mental health problem in the last six months, mainly depression, followed by anxiety. Higher levels of psychological distress (as measured by the K10) were reported among the national sample compared to the general population.
- Driving a car while under the influence of alcohol was reported by around one-quarter of participants who had driven in the preceding six months. Over 80% reported driving under the influence of an illicit drug during that time, mainly cannabis, heroin and methamphetamines.

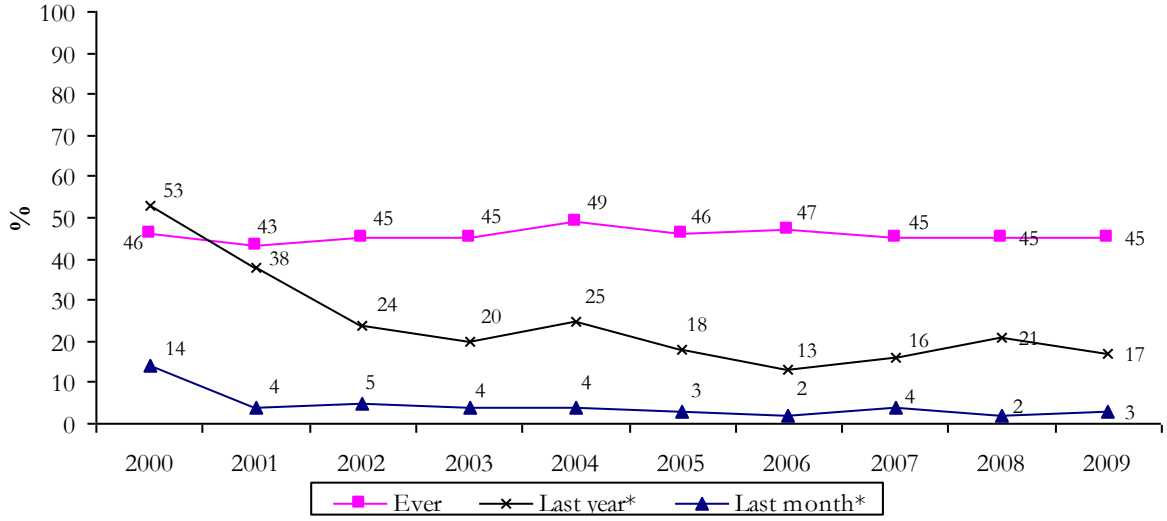
6.1 Overdose and drug-related fatalities

6.1.1 Heroin and other opioids

6.1.1.1 *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, 17% reported overdosing in the last year and three percent in the last month (Figure 41).

Figure 41: The prevalence of heroin overdose among participants, 2000-2009



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 two occasions (range 1-100), ranging from a median of three times in NSW, the ACT and VIC to once in TAS.

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 WA (25%) followed by NSW (24%) and QLD (21%). Proportions reporting overdose in the last year have remained lower than 2000 levels in all jurisdictions (Table 62).

Table 62: Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2000-2009

	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
2009	**17**	24	19	12	4	9	25	4	21

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 the treatment they received at the time of a recent heroin overdose (in the past year). Thirty percent of those who overdosed on heroin in the last year reported not receiving any treatment, while 52% reported receiving Narcan®. Forty-two percent had an ambulance attend, 31% attended the hospital emergency department, 22% reported receiving Cardiopulmonary resuscitation (CPR) from a friend/partner, 15% received CPR from a health professional and 12% received oxygen.

6.1.1.2 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, Degenhardt and Roxburgh, 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. There are large numbers of deaths in both NSW and QLD that were coded 'cause unknown', where a coroner's decision had not yet been made. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2007, 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 2007 are reported here. These data should be interpreted in conjunction with the ABS Technical Note 2: Coroner Certified Deaths, 3303.0 2007 (Roxburgh and Burns, 2010)

In 2007, there were 266 accidental deaths due to opioids (compared to 269 in 2006). Thirty-nine percent of deaths occurred in NSW, with 67% of all opioid-related deaths occurring in NSW and VIC (Table 63). 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.

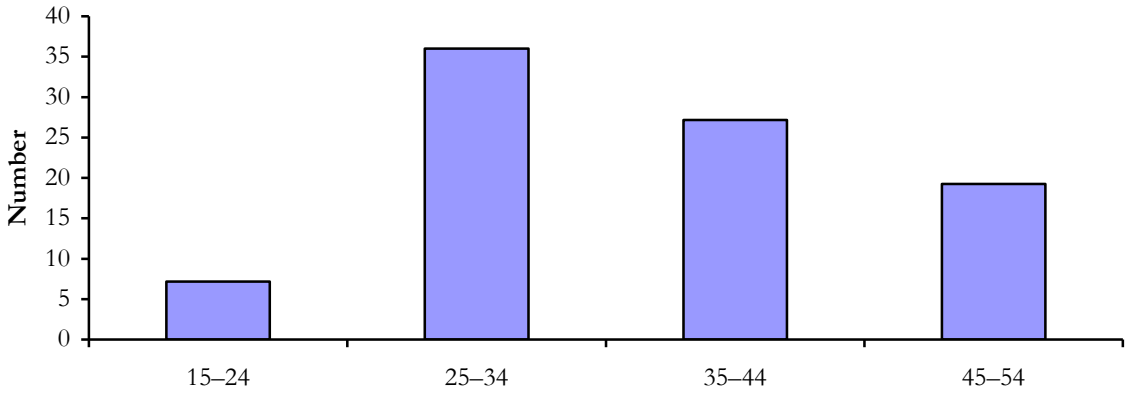
Table 63: Number of accidental deaths due to opioids by jurisdiction among those aged 15-54 years, 2006-2007*

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
2006	**269**	114	80	13	17	29	10	np**	np**
2007	**266**	104	73	14	30	22	11	6	6

Source: ABS; (Roxburgh and Burns, 2009, Roxburgh and Burns, 2010)
* Data unable to be compared to previous years (before 2006) 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 2007, there were approximately 36 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 42).

Figure 42: Number of accidental opioid deaths per million persons by ten year age group, 2007*



Source: ABS; (Roxburgh and Burns, 2010)
***** data unable to be compared to previous years due to the way the ABS collate deaths data

Males comprised 74% of the 2007 accidental 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 64).

Table 64: Number of accidental opioid deaths due to opioids among those aged 15-54 years by gender and jurisdiction, 2007*

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Males	**198**	78	54	14	21	17	5	np**	np**
Females	**68**	28	19	0	9	5	6	np**	np**

Source: ABS; (Roxburgh and Burns, 2010)
* data unable to be compared to previous years (before 2006) 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

6.1.2 Other drugs

6.1.2.1 Non-fatal overdose

In addition to heroin overdose, participants were asked whether they considered themselves to have ever accidentally overdosed on any other drug(s).

Nationally, 21% of the entire IDRS sample reported an overdose on another drug (besides heroin) in their lifetime. Of those who had ever overdosed on another drug, 29% had done so in the past year, and 7% had done so in the last month preceding interview. There were no clear jurisdictional trends; small numbers were reported (n<10 in all jurisdictions) (Table 65).

Among those who had overdosed on another drug (not including heroin) in the last year, 47% reported receiving no treatment at the time of overdose, while 34% attended a hospital emergency department and 21% had an ambulance attend. Small numbers received CPR from a friend/partner (9%) or health professional (8%).

Table 65: Overdose on other drugs (not including heroin) in the last 12mths and in the last month among those who had ever overdosed on other drugs, by jurisdiction, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Ever overdosed on other drugs (%)	**21**	18	22	18	36	13	21	23	18
	N=184	n=28	n=22	n=27	n=36	n=13	n=21	n=23	n=14
OD last 12mths (%)	**29**	21	14	37	28	39	38	39	21
OD last month (%)	**7**	0	5	11	11	23	0	4	0

Source: IDRS IDU participant interviews

Participants were asked whether they considered themselves to have ever accidentally overdosed on other drugs. Twenty-one percent (4% of national sample) believed they had overdosed on a benzodiazepine at some stage in their lifetime, while 9% believed they had overdosed on alcohol and 7% on methadone.

6.1.3 Methamphetamine

6.1.3.1 Non-fatal overdose

Ten percent of the national sample believed that they had overdosed on amphetamines at some stage during their lifetime. By form, 5% thought that they had overdosed on speed, 4% on ice/crystal and 2% on base. No jurisdictional differences were observed due to small numbers reporting (n<10).

6.1.3.2 Fatal overdose

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 2007, there was a total of 49 '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 41% (n=20) of all methamphetamine related deaths in 2007 (Roxburgh and Burns, 2010). The 2008 ABS data on amphetamine deaths were not available at the time of publication.

6.1.4 Cocaine

6.1.4.1 Non-fatal overdose

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

6.1.4.2 Fatal overdose

Eleven drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2007 (Roxburgh and Burns, 2010). Cocaine was determined to be the underlying cause of death in around two-thirds (64%, n=7) of all cocaine-related deaths in 2007. The 2008 ABS data on cocaine-related deaths were not available at the time of publication.

6.2 Drug treatment

6.2.1 IDRS participant survey

Participants interviewed for the IDRS who were currently in treatment (45%) were asked a number of questions about their reported treatment. Participants reported a median of 24 months (ranging from one week to 31 years) in any current treatment. Those in current methadone treatment reported a median of 36 months (ranging from one week to 31 years). Thirty-nine percent of participants in current treatment reported that they had been in treatment for 12 months or less.

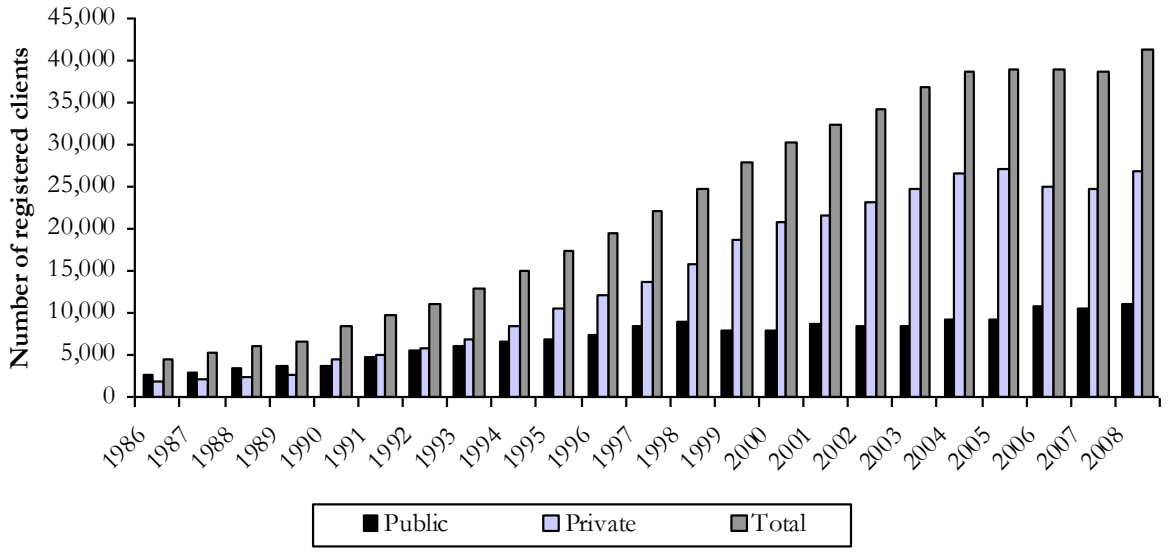
Participants in current treatment were asked 'What forms of treatment have you been in over the last six months?'. Of those currently in treatment, 60% reported methadone syrup, 19% buprenorphine-naloxone, 12% buprenorphine, and 5% drug counselling.

6.2.2 Heroin

6.2.2.1 Opioid substitution treatment

Methadone maintenance treatment is an established form of opioid substitution treatment (OST) in all jurisdictions in Australia. In 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia and listed on the Pharmaceutical Benefits Scheme (PBS) in March 2001. Suboxone® (buprenorphine-naloxone) was registered in Australia in 2005 and listed on the PBS in April 2006. The total number of clients registered in opioid substitution treatment has remained relatively stable over the past five years, with a slight increase seen in 2008. A higher proportion of clients are registered in private pharmacotherapy treatment compared to public pharmacotherapy treatment (Australian Institute of Health and Welfare, 2009b). In total, just over 41,000 persons were registered in pharmacotherapy treatment for opioid dependence as at 30th June, 2008 (Figure 43). The majority of clients (70%) were being prescribed methadone, with smaller numbers being prescribed buprenorphine-naloxone (16%) and buprenorphine (15%).

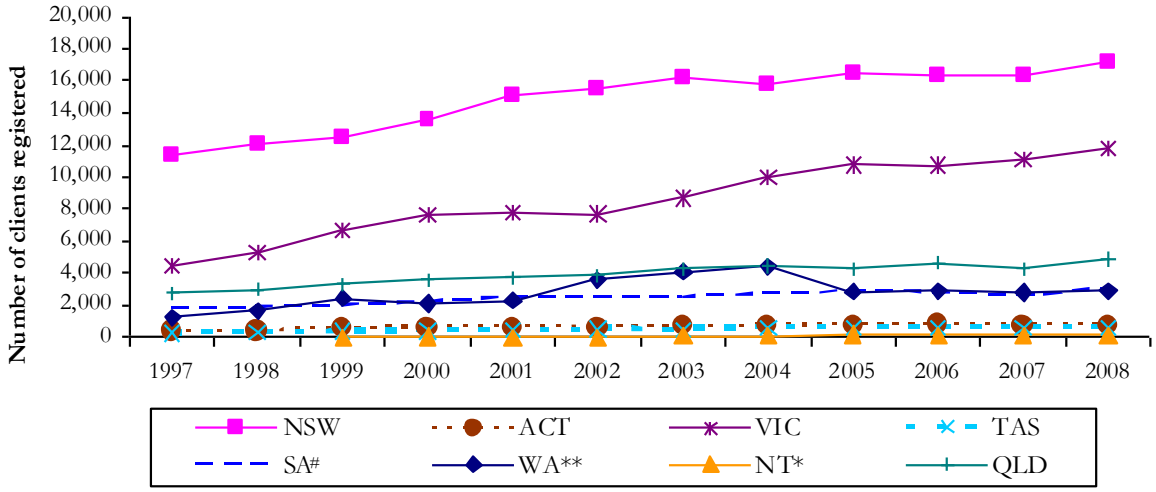
Figure 43: National OST client numbers by financial year, 1986-2008



Source: (Australian Institute of Health and Welfare, 2009b)
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 2008 (Figure 44). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 44: Total OST client numbers by financial year 1997-2008, by jurisdiction



Source: (Australian Institute of Health and Welfare, 2009b)
* 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 Western Australia the numbers of clients receiving pharmacotherapy treatment are reported through the month of June 2008. The 2005, 2006, 2007 and 2008 figures reported for Western Australia are substantially lower than previous years, which included data for the whole year
# In 2008, South Australia made a slight variation to its reporting practices which has resulted in a revision to the total numbers of clients for 2006 (from 2,517 to 2,823) and 2007 from (2,559 to 2,834). This revision has also resulted in a change in the total number of clients for 2006 from 38,659 to 38,965 and 2007 from 38,568 to 38,843
Notes: Data from 2001 includes buprenorphine and from 2006, buprenorphine-naloxone. Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction

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. Those in treatment tend to be less active in illicit drug markets. However, as in previous years, substantial proportions of participants in all jurisdictions reported involvement in opioid substitution treatment, although jurisdictional variations were observed. In the 2009, national IDRS sample around one-quarter were currently involved in methadone maintenance, 9% in buprenorphine-naloxone and 5% buprenorphine (Table 66).

Table 66: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Methadone (%)	29	**27**	34	41	35	45	26	13	2	9
Buprenorphine (%)	8	**5**	4	8	10	6	4	0	2	8
Buprenorphine-naloxone (%)	6	**9**	6	6	11	7	10	12	2	16
Any OST (%)	43	**41**	44	55	57	58	40	25	6	33

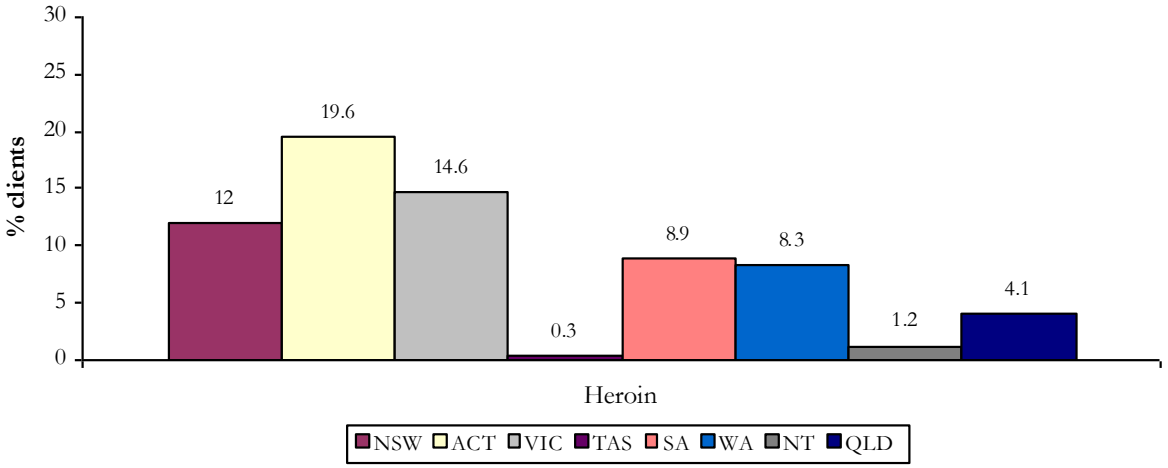
Source: IDRS IDU participant interviews

6.2.2.2 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 45 indicates that the ACT (19.6%), VIC (14.6%) and NSW (12%) had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2007/08 (Australian Institute of Health and Welfare, 2009a). 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 45: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2007/08*

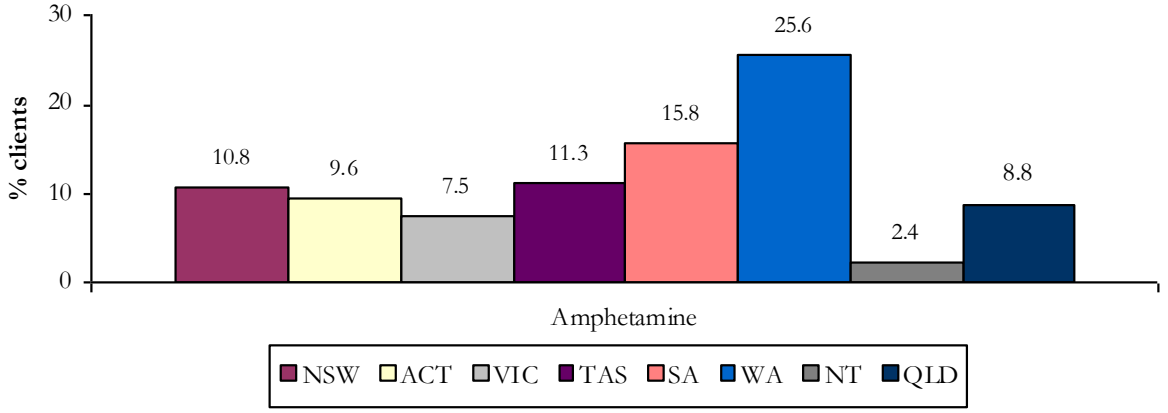


Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2009a)
* excludes closed treatment episodes for clients seeking treatment for the drug use of others. The total number of closed treatment episodes for QLD may be under-counted due to the exclusion of a number of non-government agencies. The total number of closed treatment episodes for TAS may be under-counted because two agencies only supplied drug diversion data
Note: Agencies who sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS.

6.2.3 Methamphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (25.6%), followed by SA (15.8%), and NSW (11.3%) (Figure 46) (Australian Institute of Health and Welfare, 2009a).

Figure 46: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2007/08*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2009a)
* 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
Note: Agencies who sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS

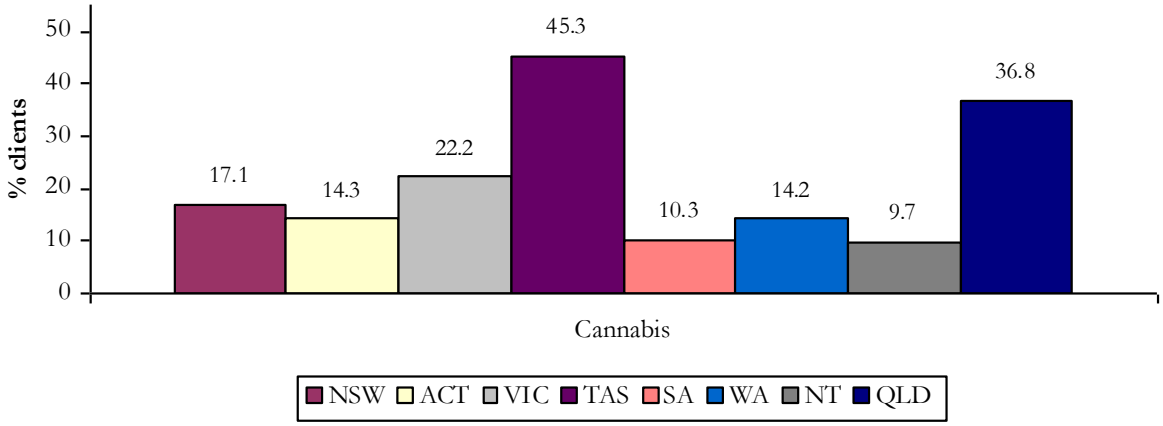
6.2.4 Cocaine

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2007/08 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.6%) across jurisdictions (Australian Institute of Health and Welfare, 2009a). These figures remain unchanged from 2006/07.

6.2.5 Cannabis

Data from the AODTS-NMDS indicate that in 2007/08, TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (45.3%), followed by QLD (36.8%) and VIC (22.2%) (Figure 47) (Australian Institute of Health and Welfare, 2009a).

Figure 47: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2007/08*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2009a)

* 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

Note: Agencies who sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS

6.2.6 Other drugs

For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW (Australian Institute of Health and Welfare, 2009a).

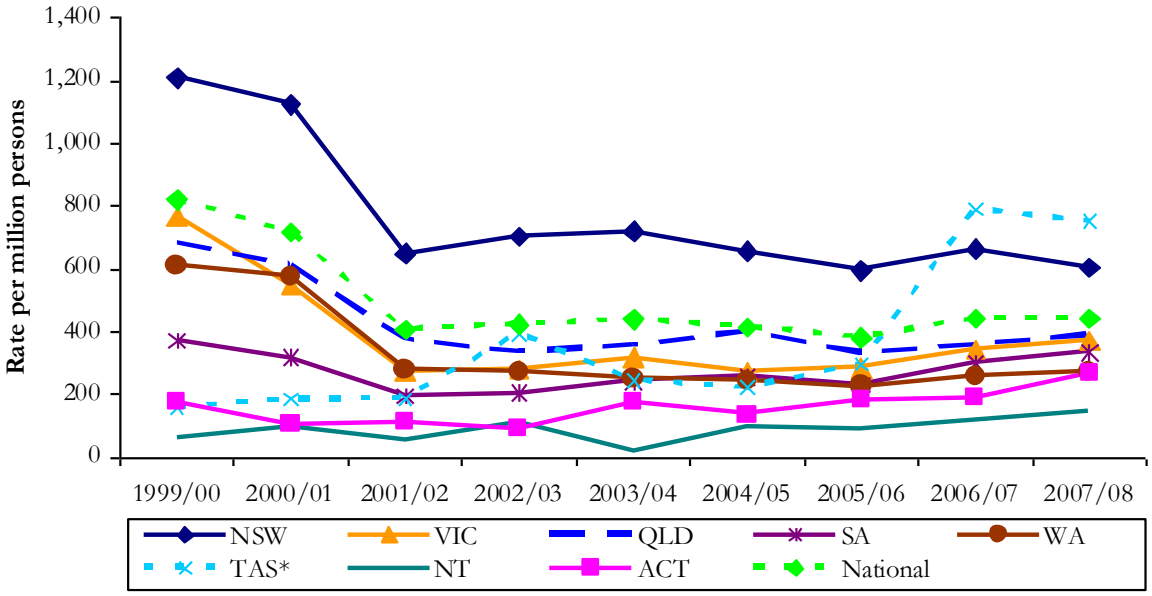
6.3 Hospital admissions

6.3.1 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 48. 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., 2005), following the heroin shortage of 2001. In 2007/08, the number of opioid-related hospital admissions per million persons at a national level was 441 admissions among persons aged 15-54 years. In 2007/08, TAS recorded the highest number (752) of opioid-

related hospital admissions per million persons aged 15-54yrs, followed by NSW (604 admissions per million persons).

Figure 48: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2007/08



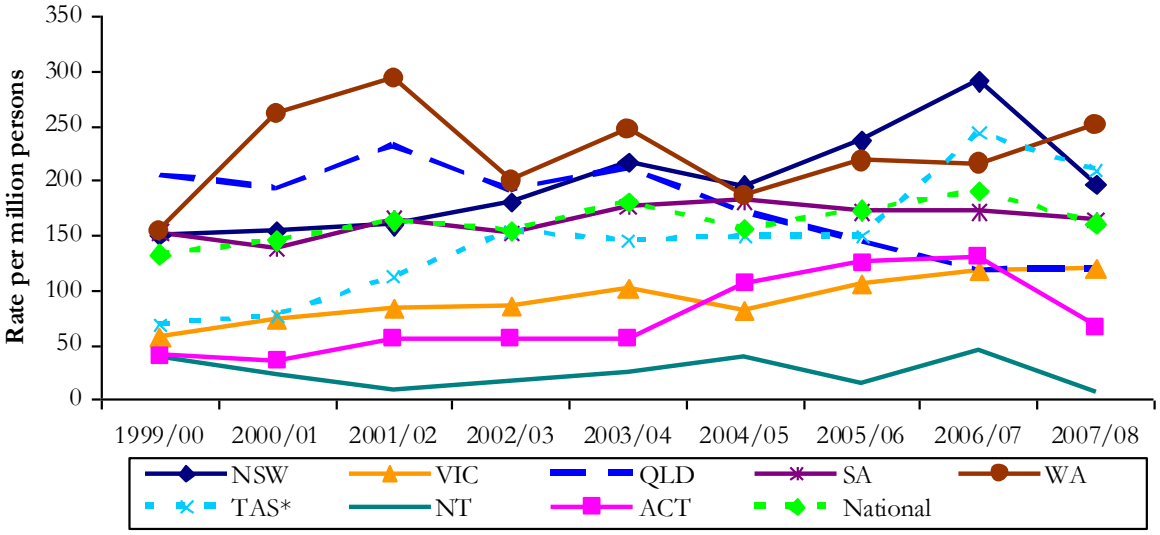
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)

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

6.3.2 Methamphetamine

Figure 49 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) and reduced to 161 admissions per million persons in 2007/08. WA recorded the highest number of amphetamine-related hospital admissions in 2007/08 at 251 admissions per million persons, representing an increase from 216 admissions per million persons in 2006/07. NSW, the ACT and the NT reported a decrease in amphetamine-related hospital admissions in 2007/08. The other states remained relatively stable.

Figure 49: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



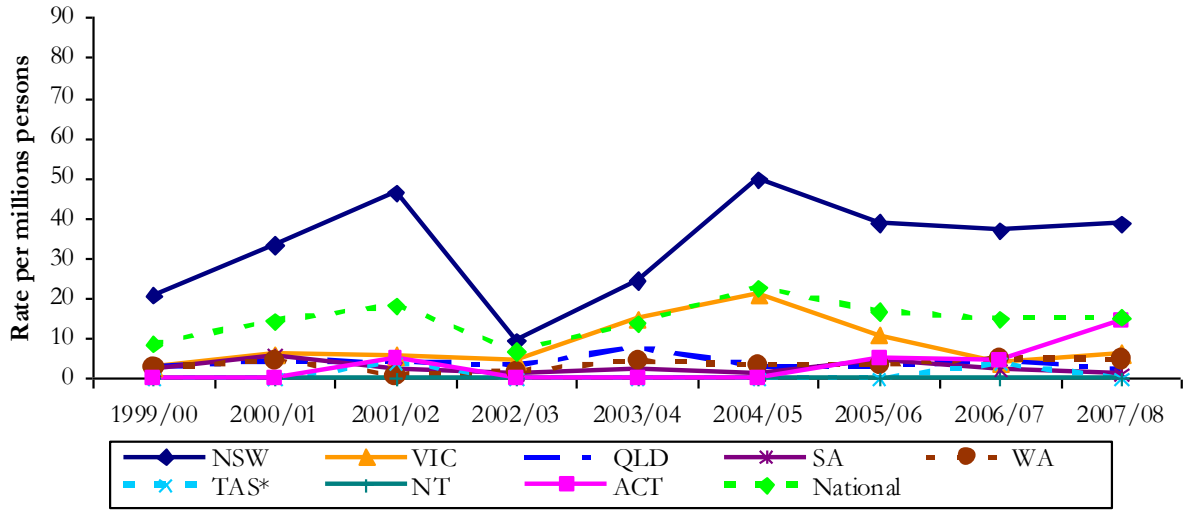
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)

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

6.3.3 Cocaine

Figure 50 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 nine-year period, ranging from seven admissions per million persons in 2002/03 to 23 admissions per million persons in 2004/05. In 2007/08, 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. In 2007/08, NSW recorded 39 admissions per million persons. Figures were relatively lower in all other jurisdictions.

Figure 50: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



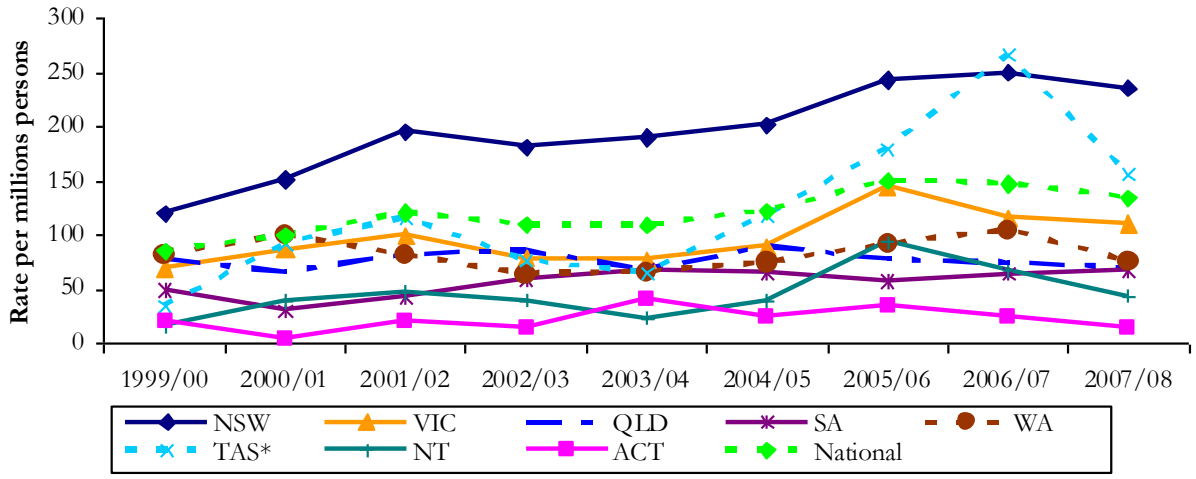
Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)

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

6.3.4 Cannabis

Figure 51 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 nine-year period from 85 admissions per million persons in 1999/00 to 135 per million persons in 2007/08. NSW recorded the highest number of admissions per million persons among people aged 15-54 years in 2007/08 (236 admissions per million persons) A number of the jurisdictions recorded decreases in cannabis-related hospital admissions in 2007/08.

Figure 51: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



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

6.4 Injecting risk behaviours

6.4.1 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 (94%), followed by chemists (24%). NSP vending machines were used by 43% of participants in the ACT and 18% in NSW. Proportions reporting friends, partners and/or dealers varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 67).

Table 67: Main sources of needles and syringes in the preceding six months, 2009

Accessing from (%)	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
NSP	96	**94**	91	93	98	98	96	83	95	95
NSP Vending machine*	7	**8**	18	43	0	1	0	1	1	1
Chemist	19	**24**	31	51	23	19	14	21	4	30
Partner	3	**2**	5	8	1	1	0	0	0	3
Friend	10	**11**	15	24	8	8	8	15	0	10
Dealer	5	**5**	7	10	2	2	4	6	0	9
Hospital	1	**2**	7	3	1	0	0	1	0	3
Outreach/peer worker	2	**3**	8	3	5	0	0	1	0	1

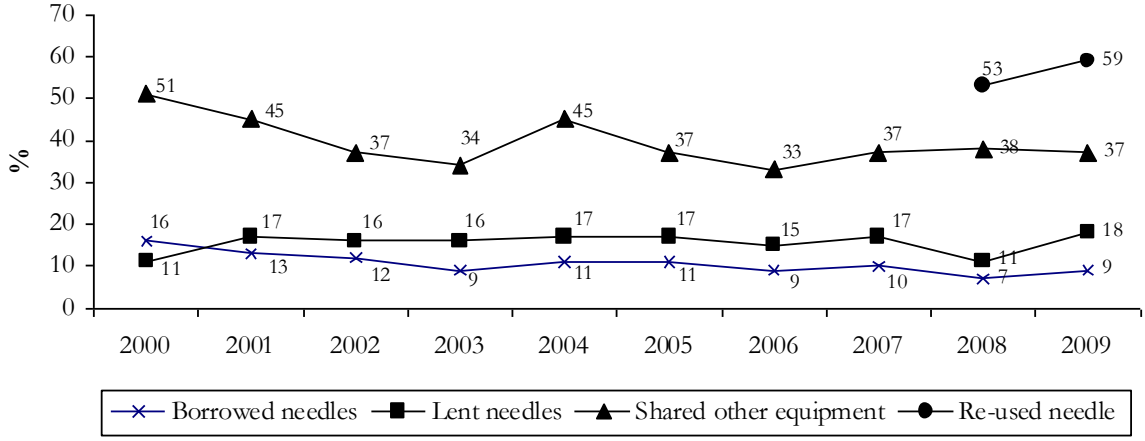
Source: IDRS IDU participant interviews
* vending machines not available in all jurisdictions
Note: Multiple responses allowed

6.4.2 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') remained relatively stable in 2009 (9%; 7% in 2008), while the proportion reporting that someone had used a needle after them ('lent') in the month was higher (18% in 2009, 11% in 2008). The proportion that 'lent' is 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 52).

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. This was stable between 2008 (38%) and 2009 (39%) (Figure 52). It should be noted that data on equipment sharing include the sharing of both new and/or re-used equipment.

Figure 52: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2009



Source: IDRS IDU participant interviews

Proportions reporting borrowing needles varied by jurisdiction, from 2%s (TAS) to 15% (QLD) (Table 68 and Figure 53), while lending needles ranged from 3% (NT) to 31% (QLD) (Table 68 and Figure 54). The borrowing of needles in the past month was higher in most jurisdictions from 2008 to 2009 except in TAS and SA where it was lower and the ACT and WA where it remained stable (Figure 53). Self-reported lending of used needles and/or syringe was higher in 2009 (in comparison to 2008), except in the NT where it was lower (Figure 54). The self-reported sharing of used injecting equipment not including needles and/or syringes was higher in TAS, WA and the NT in comparison to 2008, while it was lower in the other jurisdictions (Figure 55).

IDRS participants were also asked if they re-used their own needle due to the risks associated with re-using needles such as infection. Nationally, fifty-nine percent reported re-using their own needle ranging from 37% in the NT to 73% in QLD (Table 68).

For the first time in 2009, participants were asked 'The last time you injected what was the injection side (on the body)?. Of those who commented, the majority (79%) reported injecting in the arm, while 9% reported the hand and 4% the leg (Table 68).

For jurisdictional difference over time for borrowing of needles, lending or needs and sharing of injecting equipment please refer to Appendix H.

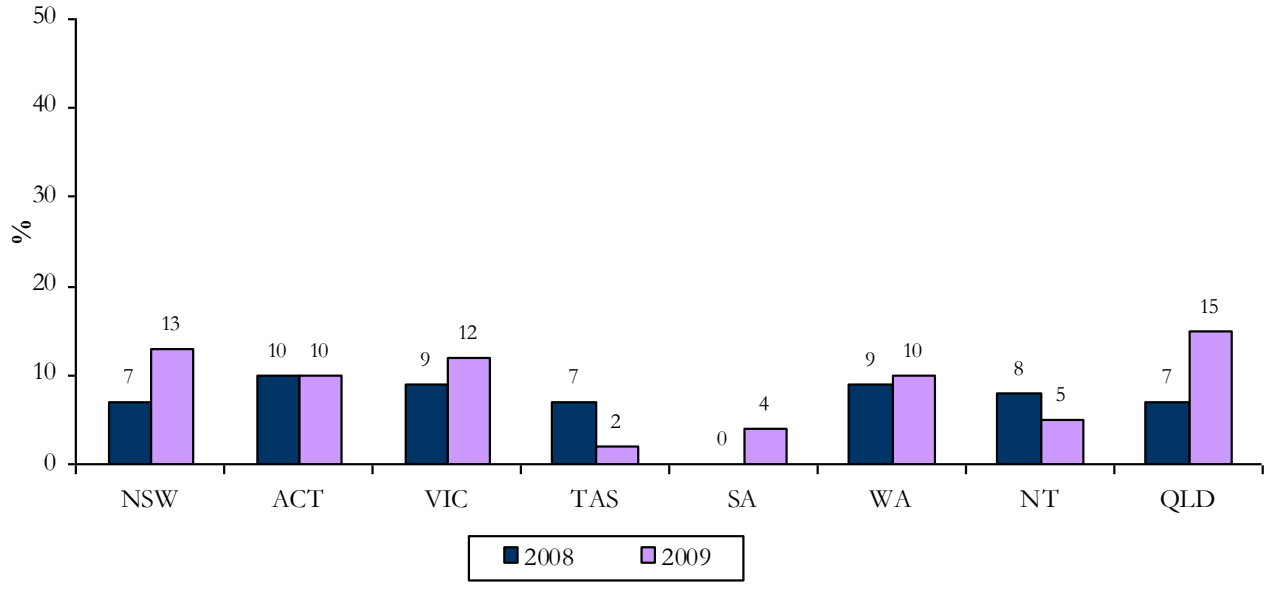
Participants who had used a needle after someone else in the last month had typically used after a regular partner (47%) or close friend (41%). These participants had usually borrowed a needle on one or two occasions during that time (65%). Twenty-one percent reported 'borrowing' a needle on three to five occasions in the last month.

Table 68: Sharing needles and injecting equipment in last month, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Borrowed a needle (%)	7	**9**	13	10	12	2	4	10	5	15
Lent a needle (%)	11	**18**	20	20	21	13	9	29	3	31
Shared any injecting equipment* (%)	38	**37**	48	39	27	34	21	32	58	36
Shared spoon/mixing container**	72	**80**	93	87	95	50	81	88	63	72
Shared filter**	37	**38**	45	31	24	24	29	47	40	59
Shared tourniquet**	36	**32**	27	28	12	47	24	34	49	24
Shared water**	38	**42**	48	56	46	12	43	38	39	48
Re-used own needle (%)	53	**59**	67	67	60	63	48	56	37	73
Last site of injection										
Arm		**79**	75	90	77	72	83	83	72	84
Leg		**4**	3	2	3	5	2	4	11	3
Hand		**9**	7	6	11	14	7	8	7	9
Foot	n.a.	**2**	2	2	0	3	2	1	5	0
Groin		**2**	3	0	3	5	0	1	1	0
Neck		**3**	7	0	5	1	3	3	2	3
Other		**2**	5	0	1	0	3	0	2	3

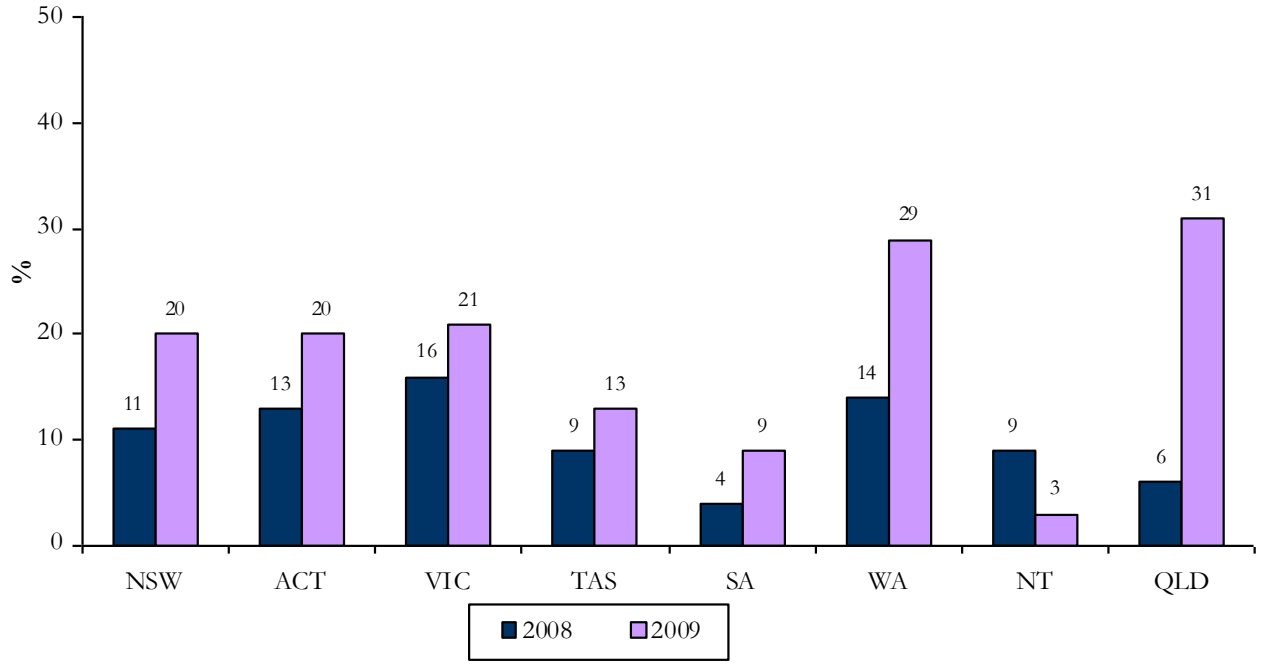
Source: IDRS IDU participant interviews
* includes spoons, water, tourniquets and filters; excludes needles/syringes
** among those who reported sharing any injecting equipment
Note: n.a. is not applicable

Figure 53: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2008-2009



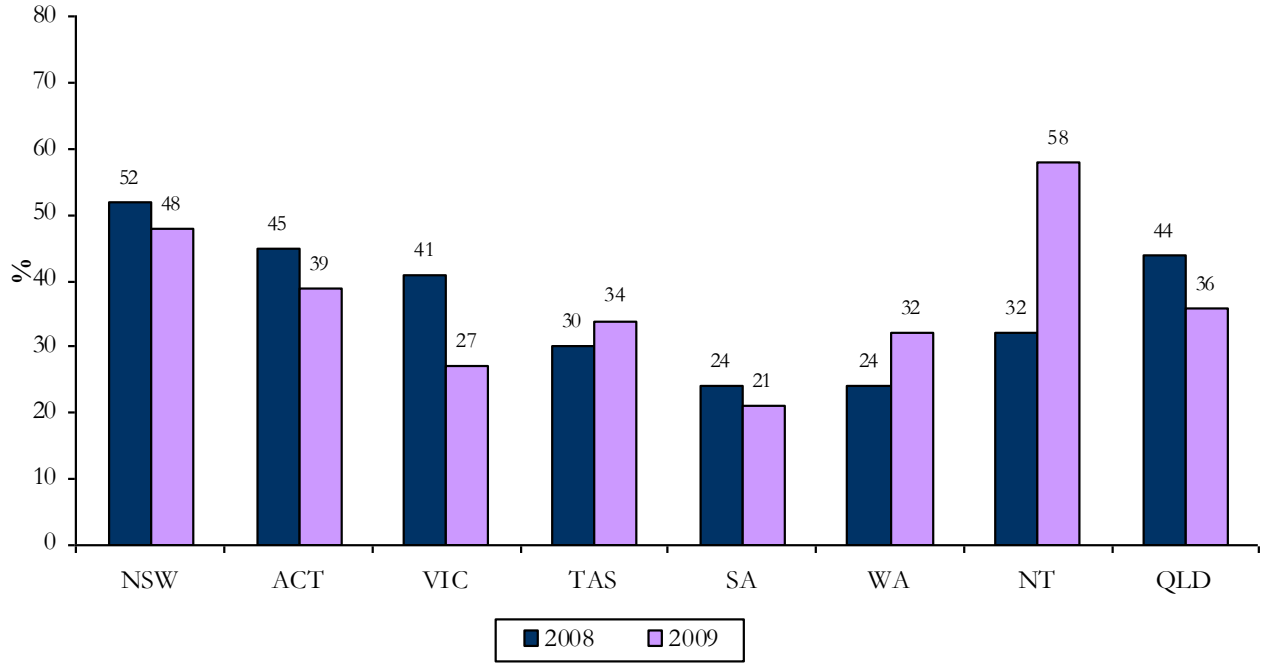
Source: IDRS IDU participant interviews

Figure 54: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

Figure 55: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2008-2009



Source: IDRS IDU participant interviews

6.4.3 Location of injections

Consistent with previous years, the majority of participants (78%) 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 70% in NSW to 90% in 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 two percent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC) (Table 69).

Table 69: Location of last injection, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Private home (%)	75	**78**	70	83	73	86	85	74	90	68
Car (%)	8	**8**	5	6	9	6	11	10	0	19
Street/car park/beach (%)	6	**5**	9	3	11	2	0	5	2	6
Public toilet (%)	5	**5**	4	8	7	6	2	8	2	6
Shooting room (%) *(excludes Sydney MSIC)*	1	**1**	2	0	0	0	0	0	0	0
Sydney MSIC (%)	n.a.	**n.a.**	6	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Other (%)	5	**2**	4	0	1	0	2	2	5	1

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

In 2009, participants were asked about injecting behaviour while in prison. Around half of the national sample reported a prison history in their lifetime. Of those with a prison history, 42% reported ever injecting while in prison. Sixteen percent of participants with a history of injecting while in prison reported injecting in the last year while in prison.

6.4.4 Self-reported injection-related health problems

Seventy-one percent of participants in the national sample had experienced an injection-related health problem in the month preceding interview. As in previous years, the most prominent injection-related problems among the national sample were significant scarring/bruising (51%, comparable to 49% in 2008) and difficulty injecting (42%, comparable to 44% in 2008), most likely indicating poor vascular health among a proportion of this group. Eighteen 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 (Table 70).

Table 70: Proportion of injection-related issues in last month, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Any injection related problem (%)	67	**71**	70	68	63	80	68	66	72	79
Scarring/bruising (%)	49	**51**	53	40	43	71	53	47	46	64
Difficult injecting (%)	44	**42**	45	37	41	53	44	37	42	38
Dirty hit (%)	14	**18**	13	19	18	17	12	17	25	31
Infection/abscess (%)	8	**8**	8	0	6	7	8	8	16	15
Thrombosis (%)	7	**5**	5	3	7	10	5	4	6	9
Overdose (%)	1	**4**	4	4	5	4	3	3	11	1
Total median score*	2	**2**	2	1	2	2	2	1	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=35), heroin was most commonly reported as the main drug (53%), followed by morphine (17%). Those experiencing a dirty hit (n=142), most commonly attributed it to the injection of heroin (27%), followed by morphine (24%) and methamphetamine (18%).

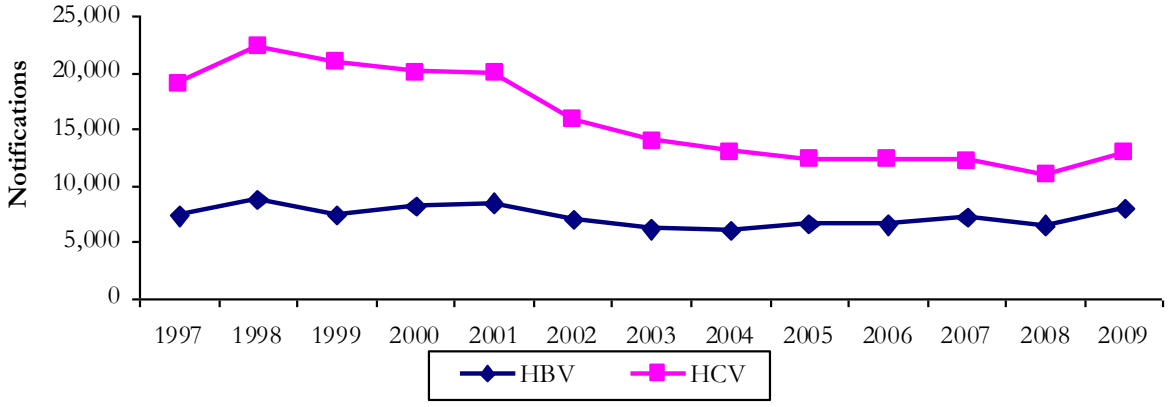
6.4.5 Blood-borne viral infections

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV)[7] and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 56 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. In 2009, the number of HBV and HCV notifications recorded was higher than previous years (HBV: 6,503 in 2008 and 7,967 in 2009 and HCV 10,945 in 2008 and 12,980 in 2009). HCV continued to be more commonly notified than HBV.

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

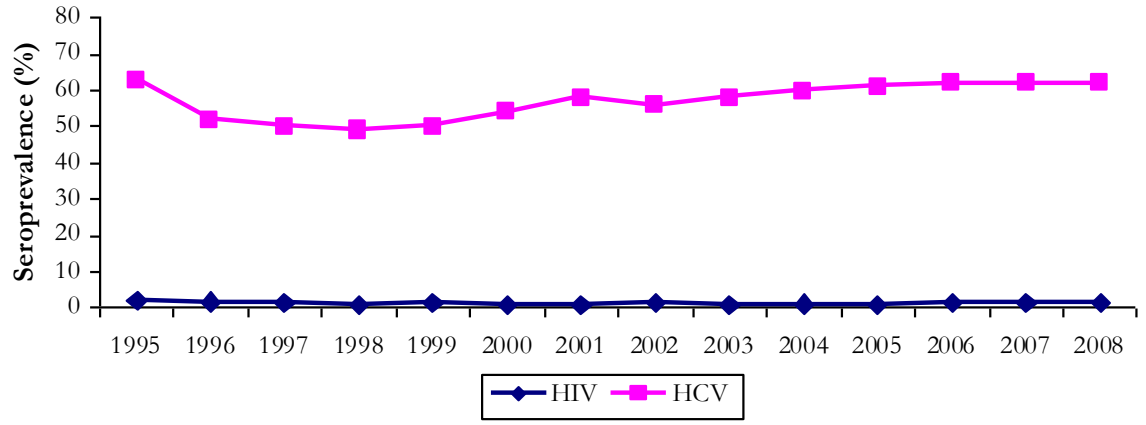
Figure 56: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2009



Source: Communicable Diseases Network – Australia – NNDSS[8]
Note: Data accessed on 28 January 2010. 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 1.5% in 2008 (Figure 57). HCV prevalence among this group was much higher (62% in 2008), with a gradual increase apparent since 1998 when this figure was 49%(National Centre in HIV Epidemiology and Clinical Research, 2009).

Figure 57: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2008



Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2005, National Centre in HIV Epidemiology and Clinical Research, 2009, National Centre in HIV Epidemiology and Clinical Research, 2002)[9]

[8] 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.
[9] 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; 2008: 2 270.

6.5 Mental health problems and psychological distress

6.5.1 Self-reported mental health problems

In 2009, the 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-four 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=386), 70% reported seeing 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 (71%), followed by anxiety (39%). 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, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2009**								
Self-reported mental health problem (%)	43	**44**	39	48	62	46	41	36	30	41
Problem:* (%)	N=385	**N=386**	n=59	n=48	n=93	n=46	n=41	n=36	n=30	n=33
Depression	75	**71**	76	69	75	67	68	78	57	64
Anxiety	43	**39**	34	38	41	44	37	39	33	46
Manic-depression/Bipolar	12	**12**	9	13	14	20	2	6	10	18
Schizophrenia	10	**10**	12	8	11	7	7	8	20	9
Panic	10	**8**	12	15	3	11	10	6	7	6
Paranoia	10	**7**	17	6	0	4	12	6	0	12
Drug-induced psychosis	5	**5**	9	10	1	2	4	3	0	12
Attended health professional for mental health problem* (%)	68	**70**	63	85	75	61	59	78	73	58

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

Fifty-six percent of participants who had experienced a mental health problem in the last six months reported having been prescribed medication for this problem during this time period. Approximately one-third (36%) of those who had experienced a mental health problem had been prescribed antidepressants, most commonly mirtazepine (e.g. Avanza®, n=42), venlafaxine (e.g. Efexor®, n=15), sertraline (e.g. Zoloft®, n=12), escitalopram (e.g. Lexapro®, n=10), amitriptyline (e.g. Endep®, n=5) and fluoxetine (e.g. Prozac®, n=5). Eighteen percent of those with a mental health problem had been prescribed an antipsychotic, most commonly olanzapine (e.g. Zyprexa®, n=23), quetiapine (e.g. Seroquel®, n= 16) and risperodone (e.g. Risperdal®, n=11). 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 20% of those who had experienced a mental health problem in the preceding six months. Diazepam (e.g. Valium®, n=46) and alprazoam (e.g. Xanax®, n=18) were most commonly prescribed.

6.5.2 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 et al., 2002, 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=836), the mean score was 23.9 (median 23; SD 8.9; range 10-50). The 2007 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2008) 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 (Table 72).

Table 72: K10 scores by jurisdiction (method used in AIHW National Drug Strategy Household Survey), 2009

	National Drug Strategy Household Survey	IDRS								
K10 category	**National**	**National N=836**	**NSW n=149**	**ACT n=100**	**VIC n=149**	**TAS n=95**	**SA n=93**	**WA n=75**	**NT n=95**	**QLD n=80**
No or low distress (%) (score 10-15)	69	**19**	13	21	9	14	32	24	34	13
Moderate distress (%) (score 16-21)	21	**25**	22	24	28	21	28	29	26	26
High distress (%) (score 22-29)	8	**30**	32	30	32	38	22	27	23	34
Very high distress (%) (score 30-50)	2	**26**	34	25	31	27	18	20	17	28

Source: IDRS IDU participant interviews; (Australian Institute of Health and Welfare, 2008)
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

6.6 Driving risk behaviour

Due to the introduction of roadside drug testing 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.

Of the national sample, 53% had driven a car in the last six months. Of those who had driven recently (n=459), one-quarter (24%) reported driving while under the influence of alcohol on a median of five occasions during that time (range 1-180 days). Of those who had driven while under the influence of alcohol (n=109), 57% reported driving while over the limit of alcohol (range 33% in VIC to 88% in TAS). A large proportion (86%) reported driving shortly after using an 'illicit' or 'illicitly' obtained drug on a median of 25 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 73).

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 (59%) felt that it had had 'no impact' on their driving, while 23% felt that it had been 'slightly impaired' and 8% felt that it had been 'quite impaired'. Seven percent felt that their driving had 'slightly improved' and 3% 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. Sixteen percent (n=64) 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[10]. Fourteen participants reported a positive result, as follows: cannabis only n=2; amphetamine only n=2; opiates only n=3; cannabis and opiates n=2; cannabis and amphetamine n=1; and other n=4.

[10] Participants may not necessarily have been under the influence of drugs when they were drug tested.

Table 73: Driving behaviour by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Driven in the last six months (n)	53 (N=479)	**53 (N=459)**	36 (n=55)	40 (n=40)	41 (n=62)	65 (n=65)	73 (n=73)	56 (n=54)	60 (n=58)	65 (n=52)
Driven under the influence of alcohol last six months* (%)	24	**24**	22	25	34	26	11	30	26	20
Driven while over the limit of alcohol# (%)	55	**57**	50	50	33	88	63	63	64	50
Driven soon after using an illicit drug(s) last six months* (%)	83	**86**	82	83	86	89	90	87	78	89
Drug(s) taken (%)**	N=396	**N=393**	n=45	n=33	n=53	n=58	n=66	n=47	n=45	n=46
Heroin	34	**48**	82	64	66	2	56	64	4	59
Methadone	11	**15**	22	15	13	41	5	6	7	7
Buprenorphine	3	**4**	3	12	4	2	3	0	4	11
Buprenorphine-naloxone	2	**3**	0	0	8	2	2	9	0	7
Morphine	18	**24**	2	12	4	52	12	9	71	33
Oxycodone	1	**7**	0	6	4	22	3	6	4	11
Other opiates (not elsewhere specified)	1	**<1**	0	0	0	2	0	2	0	0
Speed	12	**25**	13	12	28	41	23	28	13	30
Base	1	**14**	7	9	2	31	21	0	0	30
Ice/crystal	10	**13**	29	18	2	5	15	15	0	22
Any methamphetamine	*23*	***38***	*36*	*33*	*28*	*64*	*44*	*36*	*13*	*41*
Cocaine	2	**4**	20	3	0	0	2	2	0	4
Ecstasy	1	**5**	7	6	6	7	0	9	2	4
Benzodiazepines	9	**16**	11	12	25	24	6	23	9	20
Cannabis	35	**50**	64	64	59	69	30	38	33	48

Source: IDRS IDU participant interviews

* among those who had driven a car in the last six months

#among those who had driven while under the influence of alcohol

** among those who had driven soon after taking a drug. Refers to the last occasion of driving under the influence of an illicit drug

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Thirty-six percent of the sample reported having been arrested in the preceding 12 months, mainly for property crime.
- Nearly half of the national sample reported engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.
- In 2007/08, numbers of consumer and provider arrests for heroin and other opioids were higher than 2006/07 number. The number of arrests for amphetamine-type stimulants (including phenethylamines such as MDMA) has increased over the past six years. Cocaine arrests were higher 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 (64%), the median expenditure was $80.

Please refer to the 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.

7.1 Reports of criminal activity

Table 74 shows self-reported criminal activity in the month preceding interview by jurisdiction. Nearly half (45%) of the 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 (29%) and property crime (24%). Proportions reporting engaging in drug dealing ranged from 14% in the NT to 37% in TAS, while proportions reporting engaging in property crime ranged from 10% in SA to 33% in TAS and QLD. Violent crime and fraud were less commonly reported among the jurisdictional samples.

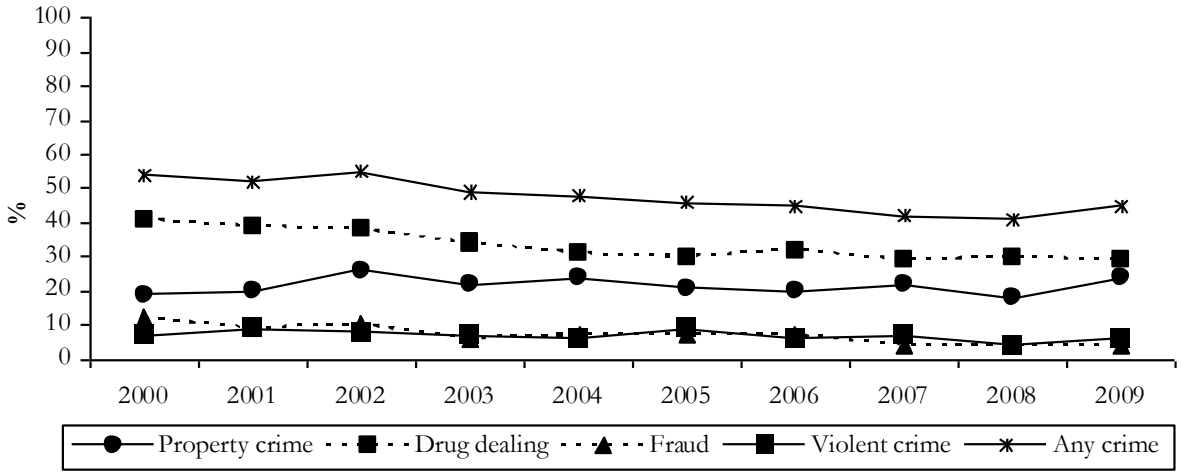
Table 74: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Crime in the last month (%)										
Drug dealing	30	**29**	34	31	27	37	20	37	14	34
Property	18	**24**	29	30	17	33	10	21	16	33
Fraud	4	**4**	5	3	1	2	1	6	3	11
Violence	4	**6**	7	5	7	13	1	5	3	8
Any crime (%)	41	**45**	53	51	39	63	28	43	26	53

Source: IDRS IDU participant interviews

Figure 58 shows self-reported criminal activity in the preceding month, over time. The proportions reporting engagement in any crime was greater in 2009 compared to 2008. This may be related to a greater number reporting involvement in property crime. Reports of other crime have remained relatively stable since 2000.

Figure 58: Self-reported criminal activity in the month preceding interview, 2000-2009



Source: IDRS IDU participant interviews

7.2 Arrests

Thirty-six percent of the 2009 national sample reported having been arrested in the 12 months preceding interview (35% in 2008), ranging from 20% in SA and the NT to 48% in TAS. Some fluctuations at the jurisdictional level have been noted (Table 75 and Figure 59). For a jurisdictional difference over time please refer to Appendix I.

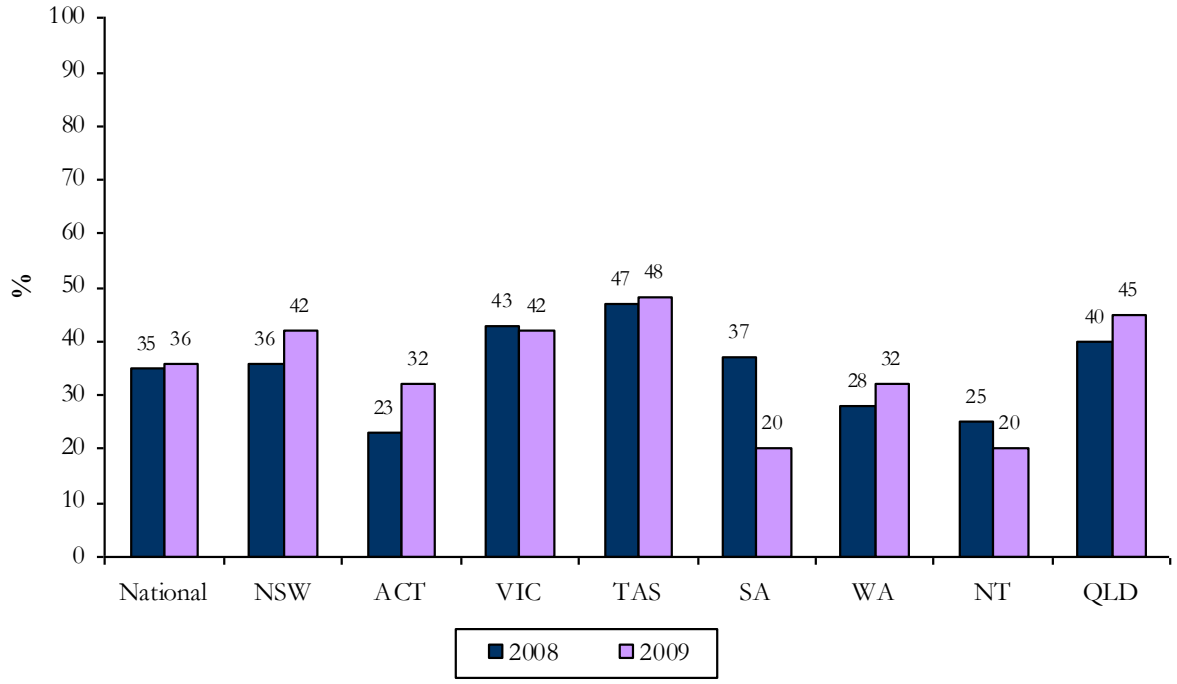
Among those participants who reported being arrested in the last year, nearly half reported being arrested for property crime (43%) and use/possession of drugs (23%) (Table 75).

Table 75: Main reasons for arrest in the last 12 months, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	**2009**								
Arrested last 12 months (%)	36 (N=319)	**36 (N=315)**	42 (n=64)	32 (n=32)	42 (n=63)	48 (n=48)	20 (n=20)	32 (n=32)	20 (n=20)	45 (n=36)
Use/Possession drugs*	26	**23**	38	9	25	8	15	19	10	36
Property crime*	32	**43**	34	44	52	48	50	47	15	42
Violent crime*	11	**16**	14	22	11	21	10	13	15	25
Driving offence*	17	**14**	8	6	11	23	15	16	30	14
Other offence*	20	**20**	20	16	6	13	15	38	25	39

Source: IDRS IDU participant interviews
*among those arrested in the last 12 months. Multiple responses allowed

Figure 59: Proportion reporting having been arrested in the preceding 12 months, 2008-2009



Source: IDRS IDU participant interviews

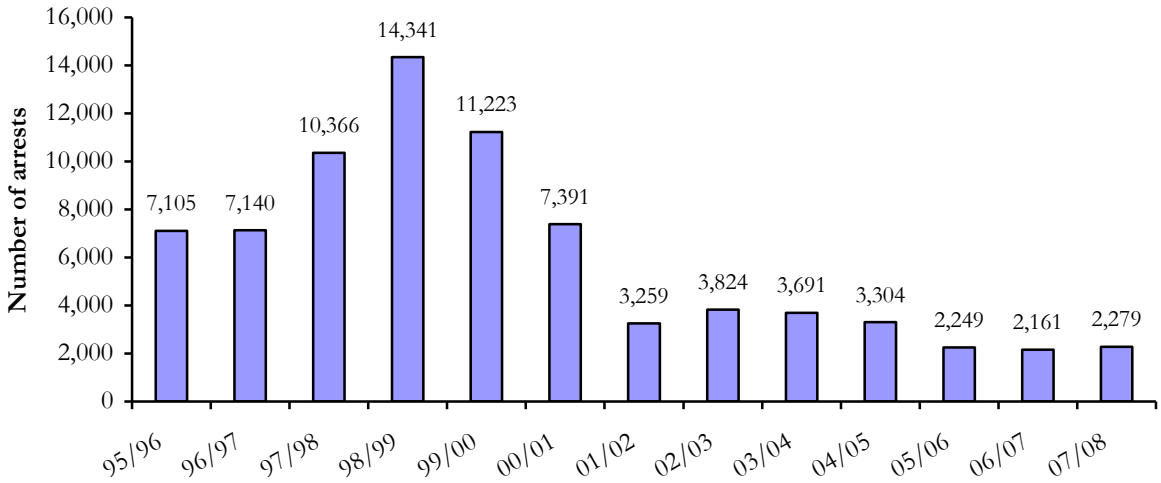
In addition to IDRS participant data on arrest over the past year, population level statistics related to drug use are also available from the Australian Crime Commission (latest available year 2007/08). These are reported in the following sub-sections by drug type.

7.2.1 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, 2009).

In 2007/08, numbers of consumer and provider arrests for heroin and other opioids increased to 2,279 from 2,161 in 2006/07. Arrests have steadily declined since 1998/99 (Figure 60). Data for 2008/09 were not available at the time of publication of this report.

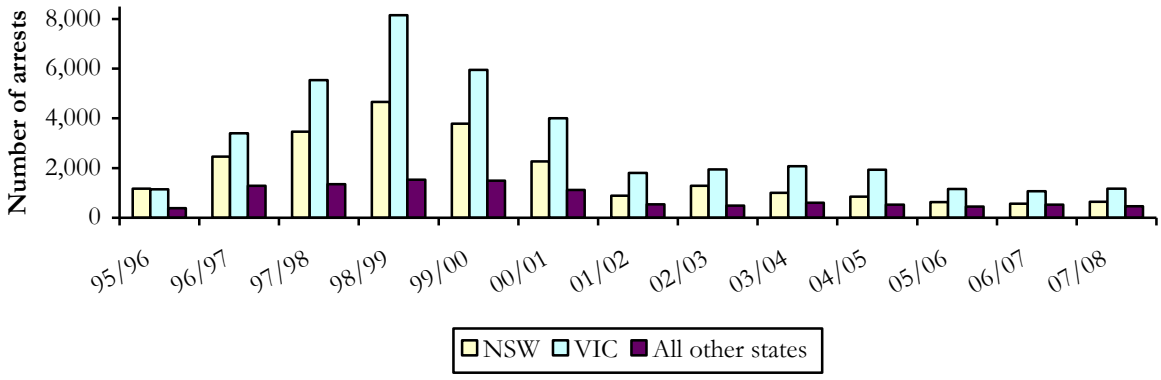
Figure 60: Total number of heroin and other opioids consumer and provider arrests, 1995/96-2007/08



Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2009)
Note: The arrest data for each state and territory include AFP data. Data for 2008/09 were not available at the time of publication

Figure 61 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 increase in numbers in 2007/08 in both NSW and VIC. Data for 2008/09 were not available at the time of publication of this report.

Figure 61: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2007/08

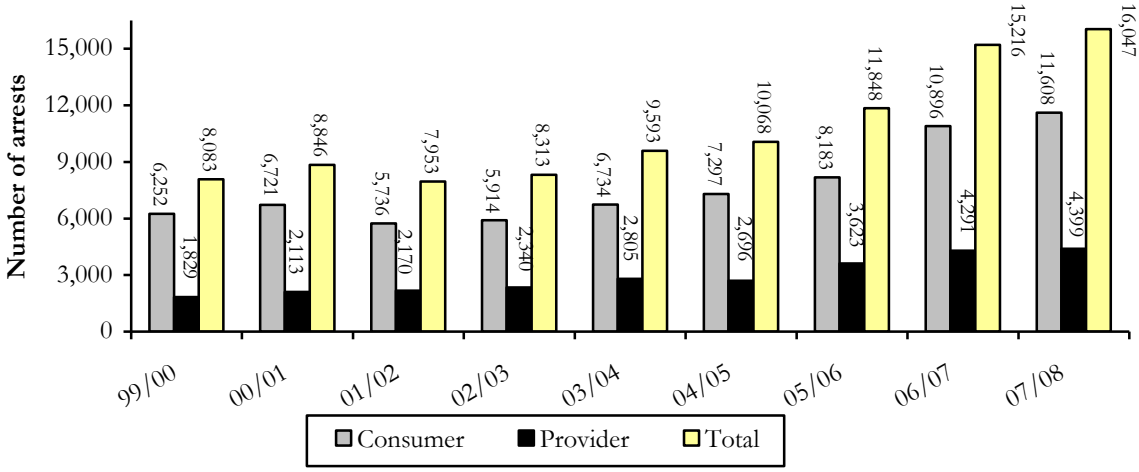


Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2009)
Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2008/09 were not available at the time of publication

7.2.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants (ATS) and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2009). Consumer and provider arrests for ATS have continued to increase Australia-wide over the past six years. In 2007/08, the total number of consumer and provider arrests increased from 15, 216 (2006/07) to 16, 047 (Figure 62). Data for 2008/09 were not available at the time of publication of this report.

Figure 62: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2007/08

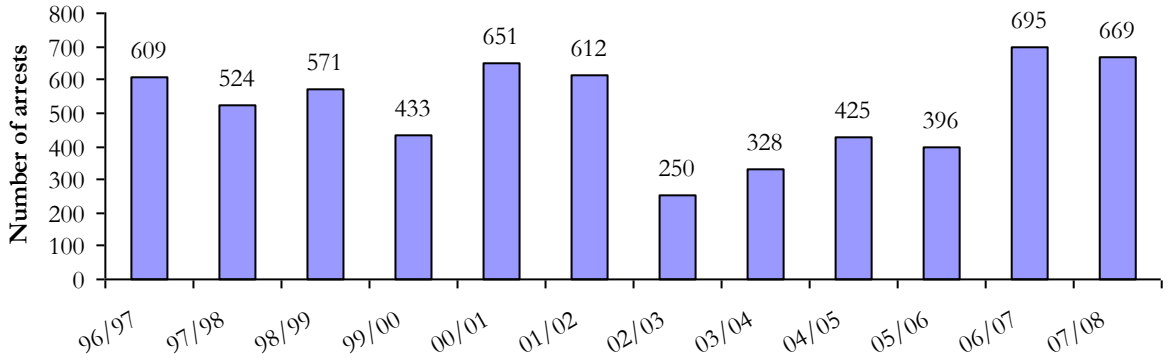


Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2009)
Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 2008/09 were not available at the time of publication

7.2.3 Cocaine

In 2007/08, the number of cocaine arrests Australia wide was slightly lower from 695 in 2006/07 to 669 (Figure 63). The majority of these arrests (58%) 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 slightly increased from 366 in 2006/07 to 385 in 2007/08. Data for 2008/09 were not available at the time of publication of this report.

Figure 63: Total number of cocaine consumer and provider arrests, 1996/97-2007/08

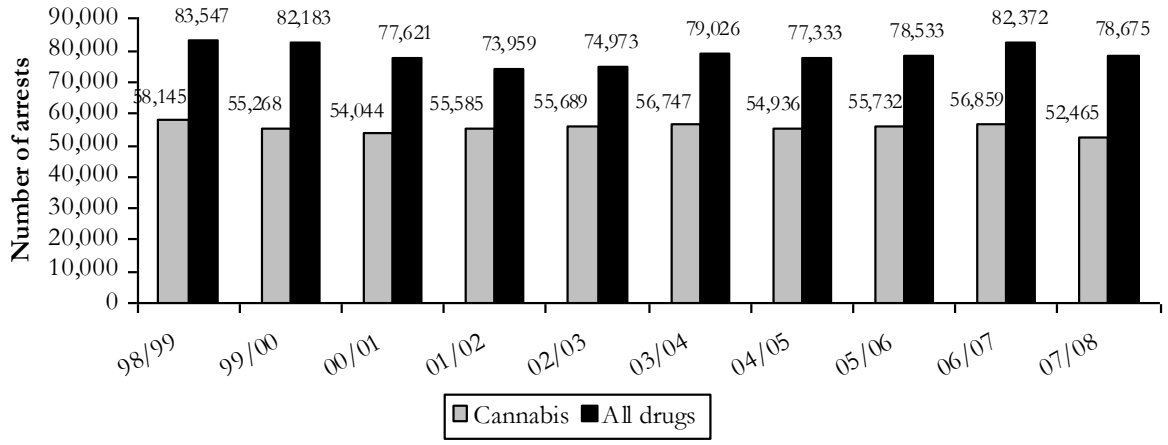


Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2009)
Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2008/09 were not available at the time of publication

7.2.4 Cannabis

Cannabis arrests continue to account for the majority (67%) of all drug-related arrests in Australia (Figure 64). Numbers have remained relatively stable in the past ten years. As in previous years, the number of cannabis arrests in QLD (17,130) accounted for one-third (33%) of the national total. Numbers increased in NSW from 9,906 in 2006/07 to 10,699 in 2007/08. Data for 2008/09 were not available at the time of publication of this report.

Figure 64: Number of cannabis and all drug consumer and provider arrests, 1998/99-2007/08



Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2009)
Note: Data for 2008/09 were not available at the time of publication

7.3 Expenditure on illicit drugs

Among the national sample who commented, sixty-seven percent reported spending money on illicit drugs the day prior to interview, ranging from 88% in NSW to 54% in VIC. The median amount spent by those who had purchased drugs ranged from $55 in TAS to $100 in SA and QLD (median of $80 nationally) (Table 76).

Table 76: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2009

Expenditure (%)	National N=763	NSW n=143	ACT n=90	VIC n=108	TAS n=96	SA n=100	WA n=99	NT n=57	QLD n=70
Nothing	**36**	22	42	46	34	43	41	37	26
Less than $20	**4**	2	8	4	5	0	3	4	7
$20 to $49	**12**	10	10	12	15	5	15	14	14
$50 to $99	**19**	29	19	13	24	15	17	18	13
$100 to $199	**19**	25	20	14	18	24	14	18	20
$200 to $399	**8**	6	1	5	1	5	4	4	17
$400 or more	**2**	2	0	1	0	6	4	4	0
Median expenditure ($)	**80**	85	80	85	55	100	60	80	100

Source: IDRS IDU participant interviews

8 SPECIAL TOPICS OF INTEREST

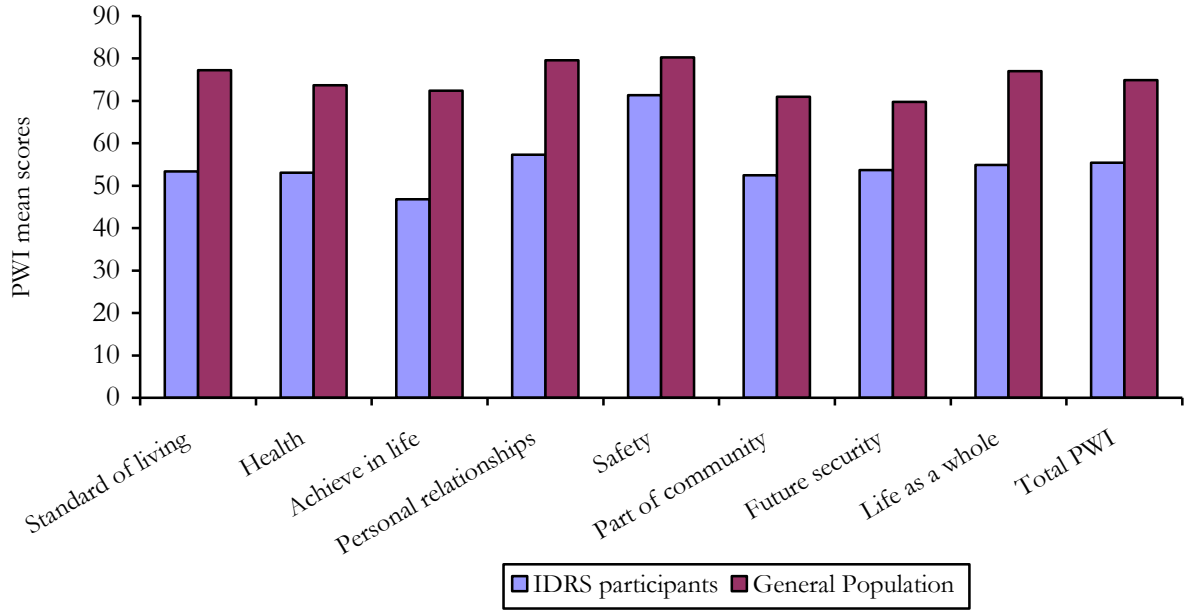
Key points

- Nationally, participants scored lower than the general population on each domain of the personal wellbeing index. The PWI is an index which asks participants how satisfied they were with various aspects of their life. A similar pattern was observed in each jurisdiction.
- Among the national sample, around one-third reported a lifetime diagnosis (by a doctor) for asthma. Smaller proportions reported a lifetime diagnosis for a heart/circulatory condition, gout/rheumatism or arthritis, cancer, stroke or diabetes.
- Among the 15-34 year age group, higher proportions of the IDRS national sample reported having ever been diagnosed with asthma, gout, rheumatism, or arthritis and cancer compared to the general population. While less reported a lifetime diagnosis of diabetes and equal proportions a heart/circulatory condition.
- Among the IDRS national sample who reported visiting a dentist in the last 12 months, nearly half reported visiting for an extraction, one-quarter for a filling and 21% for a check-up.
- Around one-third of the sample who commented reported gambling in the last months on a median of three days. The main form of gambling reported was poker machines.
- Around one-third of those who recently gambled reported gambling while under the influence of alcohol and three-quarters while under the influence of an illicit drug, mainly heroin.
- Among those who completed the Buss-Perry Aggression Questionnaire – Short Form, a self-report measure for aggression, 20% endorsed the anger aggression, while smaller proportions endorsed the hostility, physical aggression and verbal aggression.

8.1 Personal Wellbeing Index

The Personal Wellbeing Index (PWI) was included in the IDRS survey to monitor the personal wellbeing of participants in the IDRS. Questions asked participants how satisfied they were with various aspects of their life, including; standard of living, health, personal achievement, personal relationships, personal safety, feeling a part of the community, future security and life as a whole. Participants were asked to answer on a 0-10 scale of satisfaction (0 = very unsatisfied and 10= very satisfied). Scores were then combined across the seven domains to produce an overall index score and adjusted to have a range between 0-100 points (Cummins et al., 2007). Figure 65 shows the mean national IDRS scores compared to the Australian general population. Nationally, participants scored lower than the general population on each domain of personal wellbeing index. Participants were also below the expected range (between 60 and 90 percentage points) of wellbeing scores for each domain except safety. Personal wellbeing will continue to be monitored in the 2010 IDRS survey.

Figure 65: Personal Wellbeing Index - National IDRS and Australian general population mean scores, 2009



Source: IDRS Injecting drug user interviews; (Cummins et al., 2007)

Table 77 provides a breakdown by jurisdiction for PWI mean scores. A similar pattern was observed in each jurisdiction with participant's scores lower than the general population on each domain. At normal levels of wellbeing (average scores lies between 70-80 points) people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. In comparison individuals with scores below 50 points are at a higher risk of depression. (Cummins et al., 2007)

Table 77: Personal Wellbeing Index mean scores by jurisdiction, 2009

PWI factors	General Population mean scores*	IDRS								
		National N=778	NSW n=137	ACT n=98	VIC n=145	TAS n=100	SA n=86	WA n=66	NT n=83	QLD n=63
Standard of living	77.25	**53.37**	51.61	50.71	50.62	54.9	56.86	59.24	56.87	49.68
Health	73.71	**53.09**	52.7	55.31	50.97	55.6	53.95	55.46	52.05	49.05
Achieve in life	72.4	**46.81**	40.88	47.25	46.62	48.5	47.09	49.55	54.22	43.81
Personal relationships	79.6	**57.31**	53.87	54.8	60.48	59.7	54.77	63.33	58.07	53.81
Safety	80.25	**71.34**	65.69	72.65	74.48	69.1	78.95	73.64	68.55	68.73
Part of community	70.99	**52.51**	49.05	52.45	55.03	50.9	53.02	58.79	56.27	44.60
Future security	69.78	**53.66**	46.93	51.22	57.52	55.7	54.42	55.0	59.16	50.32
Life as a whole	77.02	**54.90**	49.27	56.33	55.24	57.3	56.05	57.81	59.4	49.84
Total PWI	74.88	**55.44**	51.53	54.91	56.53	56.34	57.01	59.29	57.88	51.43

Source: IDRS IDU participant interviews;
*(Cummins et al., 2007)

8.2 Chronic Physical Health

In 2009, participants in the IDRS were asked whether they had ever been diagnosed with a range of physical conditions, how old they were when diagnosed and if they had received treatment in the previous 12 months. Among the national sample, around one-third reported a lifetime diagnosis (by a doctor) for asthma, followed by any heart/circulatory condition and gout/rheumatism or arthritis. Of those who commented (n=715), nearly half (46%) reported back/neck pain or problems, 41% liver disease (including Hepatitis), 32% migraines, 28% vision problems and 21% skin problems. A similar pattern was seen among the jurisdictions with some differences noted (Table 78).

Table 78: Lifetime diagnosed physical health conditions, 2009

	National N=881	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
Diagnosed conditions (%)									
Asthma	**29**	34	24	36	38	17	20	31	29
Any (other) heart or circulatory condition	**12**	14	14	9	8	9	4	24	14
Gout, rheumatism or arthritis	**11**	13	12	9	14	9	4	22	4
Cancer	**6**	7	4	5	9	4	2	8	8
Stroke (effects of a stroke)	**3**	3	1	2	3	2	2	5	4
Diabetes or high blood sugar levels	**3**	2	3	3	7	3	3	4	2
Other diagnosed conditions among those who commented	**N=715**	**n=132**	**n=88**	**n=117**	**n=99**	**n=74**	**n=56**	**n=83**	**n=66**
Back/neck pain or problems	**46**	42	42	44	52	43	30	57	53
Liver disease	**41**	46	46	42	47	42	38	16	52
Migraines	**32**	28	18	33	47	22	32	39	32
Vision problems	**28**	31	35	21	22	30	16	36	35
Skin problems	**21**	23	22	20	25	22	16	16	27
Joint/muscular skeletal	**19**	13	19	12	24	20	11	31	20
Bronchitis	**19**	20	23	11	25	12	11	21	24
Hay fever	**15**	8	13	18	22	15	13	17	20
Hearing problems	**10**	10	8	11	10	8	7	16	9
High blood pressure	**10**	10	10	6	10	8	13	12	11
Sinus/sinus allergy	**10**	5	13	9	20	10	7	6	15

Source: IDRS Injecting drug user interviews

Table 79 shows the age of first diagnosis among those who had ever been diagnosed with the condition and commented. As well as the proportions who had recently received treatment for these chronic conditions.

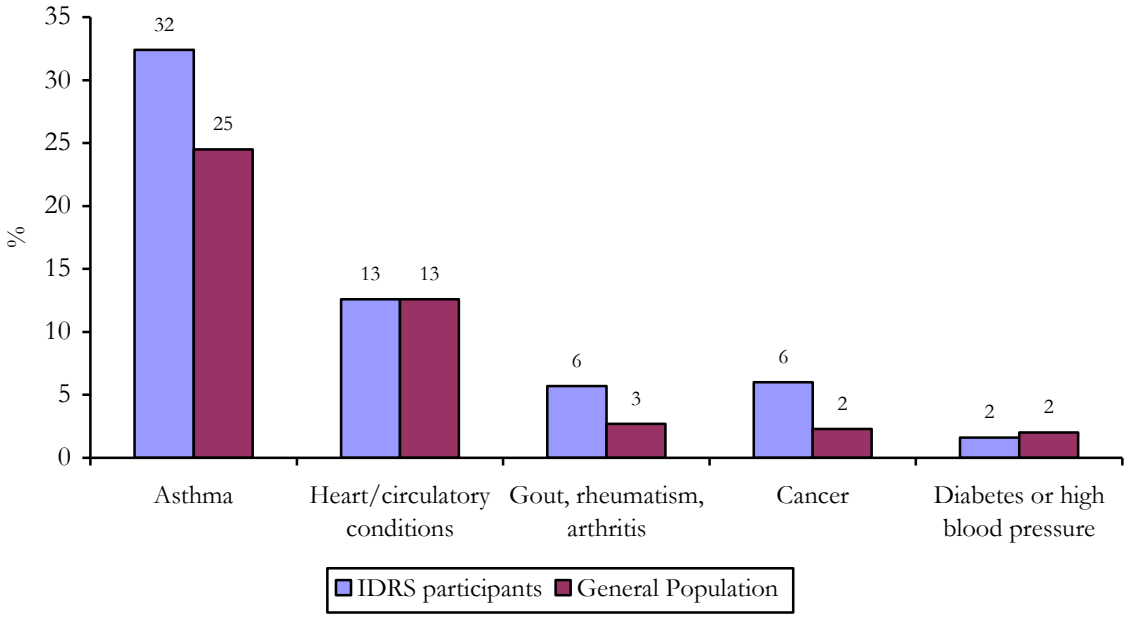
Table 79: Lifetime diagnosed, age and treatment of chronic physical health conditions nationally, 2009

Condition	Lifetime diagnosis among those who commented (n)	Mean age first diagnosed (years)*	Received treatment last 12 months* (%)
Asthma	252	13	57
Heart/circulatory conditions	104	27	39
Gout, rheumatism or arthritis	93	30	54
Cancer	50	31	43
Diabetes or high blood sugar levels	26	32	63

Source: IDRS Injecting drug user interviews
* of those who had ever been diagnosed and commented.

Figure 66 shows the proportion of the IDRS sample aged 18-34 (n=366) reporting lifetime diagnosis of some chronic conditions compared to the Australian general population aged 15-34. No participants under the age of 18 were interviewed in the 2009 IDRS. Higher proportions of the IDRS national sample reported having been diagnosed with asthma, gout, rheumatism or arthritis and cancer compared to the general population. While less IDRS participants reported a lifetime diagnosis of diabetes and equal proportions a heart/circulatory condition (Australian Bureau of Statistics, unpublished data).

Figure 66: Prevalence of chronic conditions among the national IDRS sample aged 18-35 and Australian general population aged 15-34



Source: IDRS Injecting drug user interviews (n=366 aged 18-34yrs, no IDRS participants were aged less than 18); (Australian Bureau of Statistics, unpublished data)

8.3 Dental Health

In 2009, among the IDRS national sample who reported visiting a dentist in the last 12 months, nearly half (47%) reported visiting for an extraction, one-quarter (25%) for a filling and 21% for a check-up. The median number of visits in the last year was one (range zero to 24 visits). Around one-third reported paying for the last visit (from 19% in NSW and the NT to 55% in WA) (Table 80).

Among the national sample who commented, the median number of teeth lost was four ranging from zero to 28 (all teeth excluding wisdom teeth). Over half (59%) reported not visiting a dentist when required in the last year (Table 80).

Table 80: Self reported dental health issues in the preceding 12 months, 2009

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Paid for last visit (%)*	**33**	19	43	31	36	51	55	19	20
Reason for last dentist visit (%)	**N=748**	n=143	n=94	n=131	n=96	n=100	n=27	n=84	n=73
Check up	**21**	23	16	18	21	17	85	20	16
Relief of pain	**8**	6	15	5	0.	9	46	6	15
Fillings	**25**	27	18	22	15	27	85	13	34
Extraction	**47**	41	48	47	49	35	93	49	48
Other procedure	**24**	25	27	24	23	13	65	22	23
Median number of teeth lost (range) **	**N=837** **4** **(0-28)**	n=145 5 (0-28)	n=95 4 (0-28)	n=146 3 (0-28)	n=97 5 (0-28)	n=95 3 (0-28)	n=87 2 (0-28)	n=92 4 (0-28)	n=80 4 (0-28)
Did not attend a dentist when required last 12 months (%)	**59**	53	70	57	62	49	56	65	69
Median number of visits to dentist in last 12 months (range)	**1** **(0-24)**	1 (0-12)	1 (0-20)	1 (0-24)	0 (0-6)	1 (0-12)	0 (0-15)	0 (0-24)	1 (0-12)

Source: IDRS Injecting drug user interviews

* among those who last visited the dentist

** maximum number of teeth not including wisdom teeth is 28

8.4 Gambling

For the first time in 2009, participants were asked about their gambling experience in the month prior to interview. Around one-third of the sample (31%) had gambled on a median of three times (range 1 to 30) in the month prior to interview. Seventy percent had gambled weekly or less, with three participants gambling daily.

Among those who had recently gambled, usual forms of gambling were poker machines (75%) and gambling on the horses/dog races (20%). Sixty-nine percent reported poker machines as the last form of gambling (Table 81).

Of those who had gambled in the last month, nearly one-third (30%) reported gambling while under the influence of alcohol. The majority (86%) reported continuing to drink while gambling. Three-quarters of recent gamblers reported last gambling while under the influence of an illicit drug, mainly heroin (40%) followed by speed (20%) and cannabis (19%). The median amount of money spent on gambling on the last occasion was $30 among those who commented nationally (ranging from $12 in WA to $50 in the ACT) (Table 81). Note that participants in TAS were not asked the gambling questions as this section was optional in the IDRS participant survey.

Table 81: Self reported gambling among those who commented, by jurisdiction 2009

	National N=769	NSW n=151	ACT n=150	VIC n=144	TAS#	SA n=100	WA n=96	NT n=99	QLD n=79
Gambled in the last 30 days (%)	**32**	36	34	33	n.a.	41	9	30	39
Usual form of gambling*	**N=246**	n=54	n=34	n=47	n.a.	n=41	n=9	n=30	n=31
Poker machines (%)	**75**	83	68	79	n.a.	81	11	70	77
Horse/dog racing (%)	**20**	19	27	21	n.a.	7	78	17	19
Casino (%)	**11**	4	0	11	n.a.	7	22	30	16
Other (%)	**14**	19	12	4	n.a.	15	22	17	16
Last form of gambling*	**N=246**	n=54	n=34	n=47	n.a.	n=41	n=9	n=30	n=31
Poker machines (%)	**69**	78	68	77	n.a.	73	0	63	65
Horse/dog racing (%)	**13**	9	18	15	n.a.	7	56	10	13
Casino (%)	**6**	0	0	4	n.a.	5	22	13	16
Other (%)	**11**	13	15	4	n.a.	15	22	13	7
Median days gambled in the last 30 days (n)	**3**	4	2.5	2	n.a.	3	3	4	3
Under the influence of alcohol when last gambled (%)	**30**	38	32	26	n.a.	10	22	48	32
Under the influence of illicit drugs when last gambled (%)	**74**	83	71	66	n.a.	76	89	70	71
Median amount spent on gambling the last time ($)	**$30**	$45	$50	$27.5	n.a.	$26	$12	$40	$40

Source: IDRS Injecting drug user interviews * among those who reported gambling in the last 30 days

TAS did not ask participants any questions relating to gambling (these questions were optional)

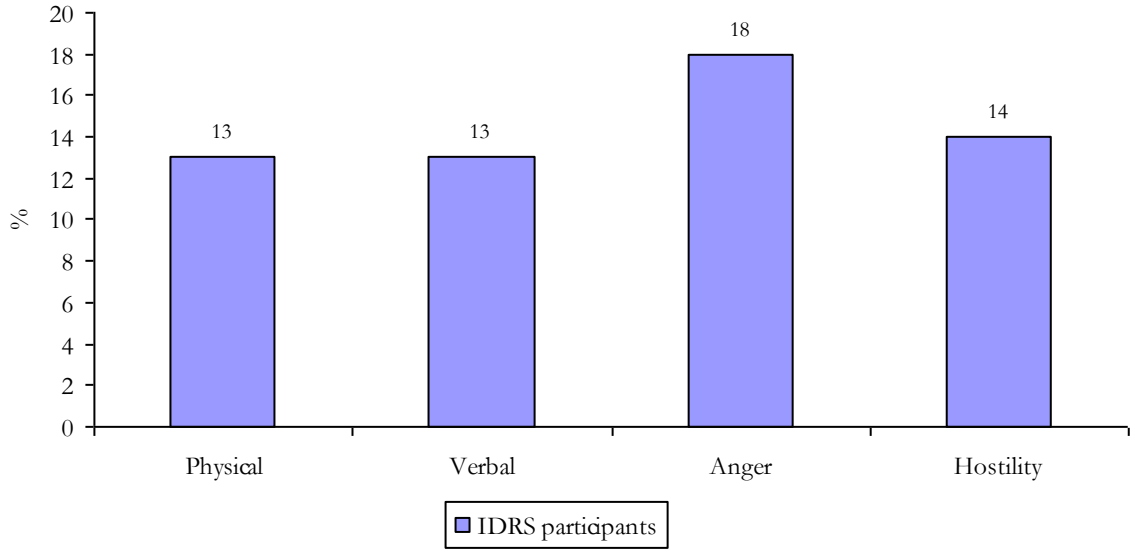
Participants who had gambled four or more days in the previous month were administered the Problem Gambling Severity Index (PGSI). The measure is made up of nine items which assess problem gambling behaviours and consequences of gambling. Participants answer on a five point Likert scale (1= never and 5= always). Categories are then formed from the total PGSI score to make categories of recreational gambling, low risk, moderate risk and problem gambling (Holtgraves, 2009). Twelve percent (105 participants) of the national sample reported gambling four or more days in the previous month and, therefore, completed the PGSI. Fourteen percent of these participants scored in the recreational gambling category, 10% in the 'low risk' and 28% in the 'moderate risk' and 48% (50 participants) in the 'problem' gambling categories.

8.5 Aggression

In 2009, the IDRS included a new module investigating the presence of aggression as a characteristic, or trait, among the IDRS sample. Involvement in obtaining/using drugs, the use of other illicit substances such as cocaine and other stimulants as well as the high prevalence of cannabis use have all been associated with aggression (Murray et al., 2008). To investigate aggression amongst the IDU sample participants were administered the Buss-Perry Aggression Questionnaire-Short Form (BPAQ-SF). This self-report measure addresses three major components of aggression: the motor components (physical and verbal aggression); the emotional component (anger); and the cognitive component (hostility). This questionnaire provides a valid and reliable measure of 'dispositional aggression' which correlates well with the original 29-item Buss-Perry Aggression Questionnaire (Bryant and Smith, 2001).

IDRS participants were asked to report on a Likert scale from 1 (very characteristic of me) to 6 (very un-characteristic of me). Each domain consists of three questions used to measure the specific domain of aggression. Figure 67 shows the proportion of participants who answered each of the three questions related to a domain as characteristic of them. Among those who commented (n=580), anger aggression was endorsed by 18% of the participants. Hostility was the second most endorsed aggression domain (14%) followed by physical aggression and verbal aggression (13% each).

Figure 67: National IDRS participants endorsing aggression domains, 2009



Source: IDRS Injecting drug user interviews
Note: Results represent those participants who endorsed 'all' three questions within each domain

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APPENDICES

Appendix A: Demographic characteristics (2000-2009) and lifetime use

Table A1: Demographic characteristics of the national sample, 2000-2009

	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	2009 N=881
Mean age in years (range)	28.8 (14-64)	30.1 (14-58)	30.1 (15-57)	32.9 (16-62)	33.1 (16-56)	34.1 (16-63)	34.5 (16-63)	35.8 (16-60)	36.7 (17-62)	**36.7 (18-63)**
Male (%)	68	67	64	64	66	64	64	66	66	**64**
English speaking background (%)	94	95	96	97	95	97	97	95	94	**96**
Aboriginal and/or Torres Strait Islanders (%)	11	14	14	14	10^	12	13	15	11	**11**
Sexual identity (%)										
Heterosexual						86	86	87	89	**88**
Gay male						2	2	2	1	**3**
Lesbian						2	1	2	1	**2**
Bisexual						9	9	7	8	**7**
Other						1	2	2	1	**1**
Relationship status (%)										
Married/de facto									25	**19**
Partner									18	**22**
Single									49	**51**
Separated									4	**4**
Divorced									2	**2**
Widow/er									1	**1**
Other									1	**1**
Mean years school education (range)	10.4 (0-16)	10.3 (0-14)	10.3 (0-13)	10.1 (1-13)	10.1 (2-13)	9.9 (0-12)	9.9 (3-12)	10.0 (0-12)	10.1 (0-12)	**10.1 (3-13)**
Completed trade/technical qualification (%)	31	37	37	49	37	36	39	36	40	**43**
Completed university/college (%)	12	9	10	10	10	11	9	11	12	**9**
Accommodation (%)										
Own home *(inc. renting)*		56	63	67	62	69	69	65	67	**70**
Parents'/family home		15	14	11	11	11	9	10	10	**8**
Boarding house/hostel		8	8	10	14	11	11	11	11	**10**
Shelter/refuge		-	-	-	-	-	-	-	-	**2**
No fixed address		9	7	6	8	6	6	11	9	**8**
Other		12	8	6	5	3	5	4	3	**2**
Unemployed/on a pension (%)	68	73	73	76	77	73	77	79	77	**78**
Students (%)	5	4	3	2	2	3	2	<1	1	**1**
Prison history (%)	43	44	45	43	46	50	51	51	52	**53**
Currently in drug treatment (%)	34	36	37	40	46	48	44	43	47	**45**

Source: IDRS IDU participant interviews (see also Topp et al., 2002, McKetin et al., 2000, Topp et al., 2001, Stafford et al., 2005, Stafford et al., 2006, Breen et al., 2003, Breen et al., 2004, O'Brien et al., 2007, Black et al., 2008, Stafford et al., 2009)

^ information not obtained in NSW for 2004

Table A2: 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 (Stafford et al., 2009)

* comparable data from 2007 presented in brackets

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

Table A3: Drug use history of the national sample, 2009

	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	88	85	64	72	42	7	17	2	19	3	64		72
Homebake heroin	35	32	11	6	3	<1	<1	<1	2	<1	11		6
Any heroin (inc. homebake)	*89*	*85*	*65*	*72*	*42*	*7*	*17*	*2*	*19*	*4*	*65*		*97*
Methadone (licit/prescribed)	56	26	11	48					53	30	30	180	180
Methadone (illicit/not prescribed)	49	33	17	10					28	10	22		6
Physeptone (licit/prescribed)	10	5	1	5	<1	0	0	0	6	1	2	20.5	16.5
Physeptone (illicit/not prescribed)	28	22	10	3	<1	0	<1	<1	10	2	12		3.5
Any methadone (inc. Physeptone)	*74*	*47*	*26*	*22.5*					*64*	*37*	*46*		*179*
Buprenorphine (licit/prescribed)	32	14	4	24	1	0	<1	0	29	7	8	90	90
Buprenorphine (illicit/not prescribed)	35	28	14	10	2	<1	<1	<1	14	6	17		10
Any buprenorphine (exc. buprenorphine-naloxone)	*52*	*34*	*17*	*12*	*3*	*<1*	*<1*	*<1*	*36*	*12*	*23*		*20*
Buprenorphine-naloxone (licit/prescribed)	21	7	3	60	<1	0	*<1*	<1	20	12	12	90	90
Buprenorphine-naloxone (illicit/not prescribed)	19	13	8	10	<1	<1	<1	0	10	6	12		8
Any buprenorphine-naloxone	*33*	*16*	*10*	*24*	*1*	*<1*	*<1*	*<1*	*26*	*16*	*22*		*48*
Morphine (licit/prescribed)	27	20	7	66	0	0	<1	0	14	4	8		90
Morphine (illicit/not prescribed)	65	61	39	14	1	<1	<1	<1	19	7	40		12.5
Any morphine	*73*	*67*	*42*	*18*	*1*	*<1*	*<1*	*<1*	*29*	*10*	*44*		*20*
Oxycodone (licit/prescribed)	14	8	4	17.5	0	0	<1	<1	9	4	5		14
Oxycodone (illicit/not prescribed)	54	47	28	6	<1	<1	<1	<1	14	5	30		6
Any oxycodone	*58*	*49*	*29*	*10*	*<1*	*<1*	*<1*	*<1*	*21*	*8*	*32*		*10*
Over the counter codeine	54	3	1	1.5	<1	0	<1	0	51	37	38		12
Other opioids (not elsewhere classified)	18	5	1	9.5	4	1	<1	<1	10	6	8		9

Source: IDRS IDU participant interviews

Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

[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 A3: Drug use history of the national sample, 2009 (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 in treatment last six months [a, d]	Median days used last six months [a, c]
Speed powder	90	83	47	12	20	5	44	5	39	6	48		12
Base/point/wax	54	51	27	10	6	2	3	<1	11	4	28		10
Ice/shabu/crystal	74	66	35	6	34	11	4	<1	11	3	37		7
Methamphetamine liquid	26	22	5	5					5	<1	5		6
Any methamphetamine [e]	*95*	*88*	*64*	*20*	*43*	*14*	*45*	*5*	*45*	*10*	*66*		*20*
Pharmaceutical stimulants (licit/prescribed)	7	2	1	5	<1	0	<1	0	6	2	2		48
Pharmaceutical stimulants (illicit/not prescribed)	34	20	9	5	<1	0	1	<1	21	6	12		5
Any pharmaceutical stimulants	*38*	*21*	*9*	*5*	*<1*	*0*	*1*	*<1*	*25*	*7*	*14*		*6*
Cocaine	66	48	18	5	9	2	34	5	9	1	21		5
Hallucinogens	64	9	<1	1	0	0	0	0	58	8	9		1
Ecstasy	67	28	9	2	1	0	7	2	58	18	23		3
Benzodiazepines (licit/prescribed)	65	10	3	12	<1	<1	0	0	62	43	44		133
Benzodiazepines (illicit/not prescribed)	59	13	7	4.5	<1	0	<1	<1	55	42	44		12
Any benzodiazepines	*82*	*18*	*8*	*5*	*1*	*<*	*<1*	*<1*	*79*	*64*	*66*		*58*
Alcohol	94	6	0	0					91	63	63		24
Cannabis	95										76		180
Inhalants	22										4		3
Tobacco	96										93		180

Source: IDRS IDU participant interviews

Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

[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

[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

Appendix B: Drug use history by jurisdiction, 2000-2009

Table B1: Heroin use patterns, by jurisdiction, 2000-2009

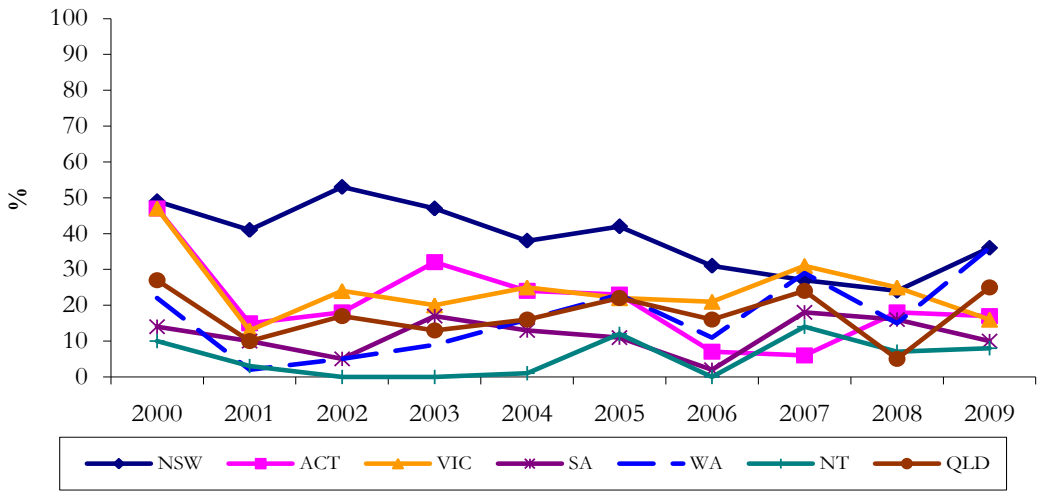
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Drug of choice – heroin (%)									
2000	63	81	78	78	36	56	57	44	62
2001	48	62	61	61	33	43	34	39	42
2002	56	72	69	64	40	30	48	46	63
2003	57	84	73	69	40	48	40	43	47
2004	58	78	68	63	38	48	47	44	61
2005	57	72	67	68	32	57	63	34	45
2006	48	49	46	59	36	63	46	31	49
2007	52	67	55	69	27	55	54	38	42
2008	52	50	69	73	25	53	49	28	63
2009	52	72	53	56	33	55	58	27	53
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
2009	40	64	41	52	1	50	46	4	39
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
2009	64	94	78	79	12	72	71	13	75
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	49	72	60	81	2	48	48	6	48
2009	72	96	48	51	6	30	96	17	72
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
2009	15	34	13	13	0	7	25	1	19
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
2009	23	36	17	16	0	10	36	8	25

Source: IDRS IDU participant interviews

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

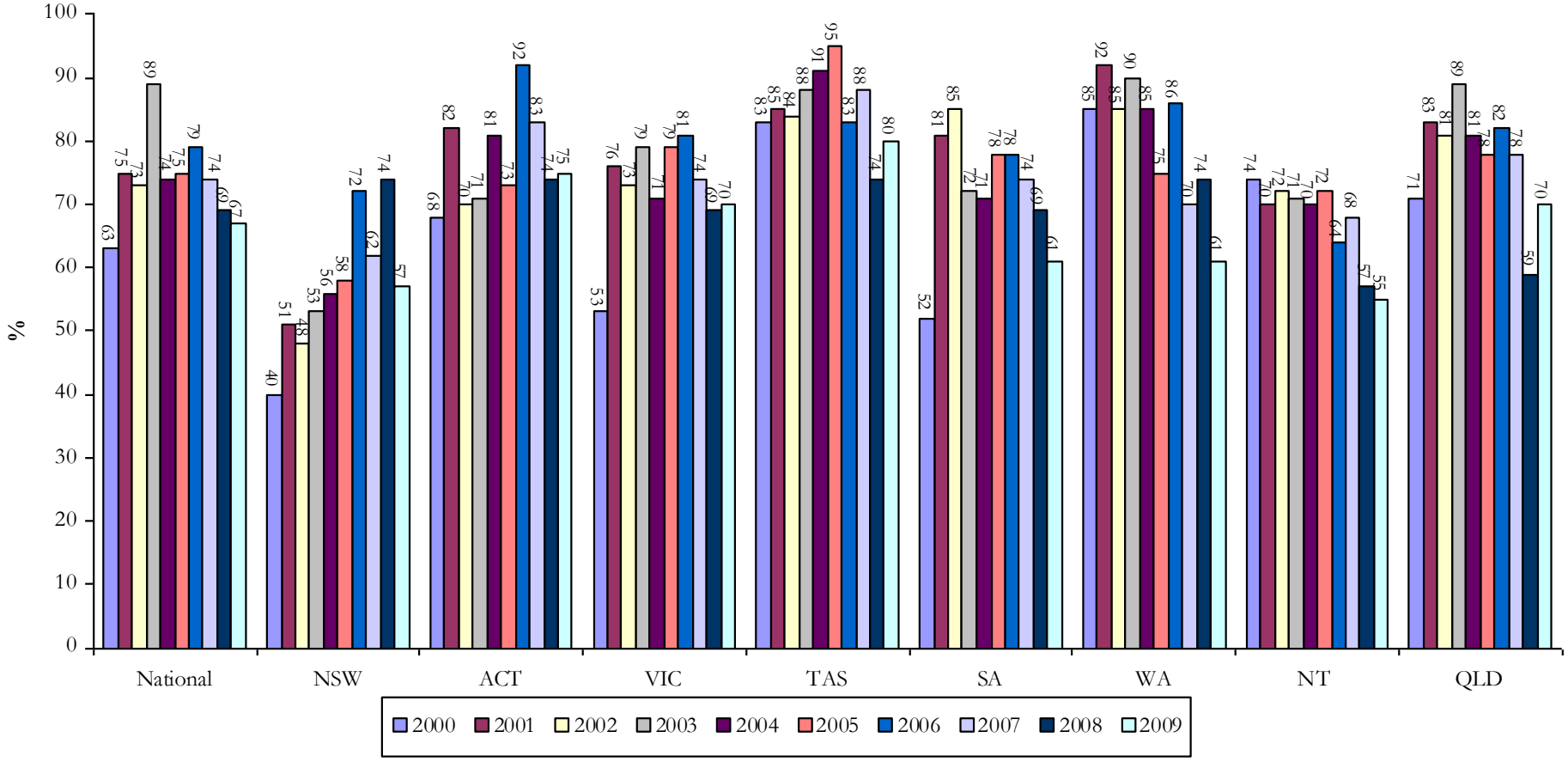
* among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

Figure B1: Proportion of heroin users who reported daily use, by jurisdiction, 2000-2009



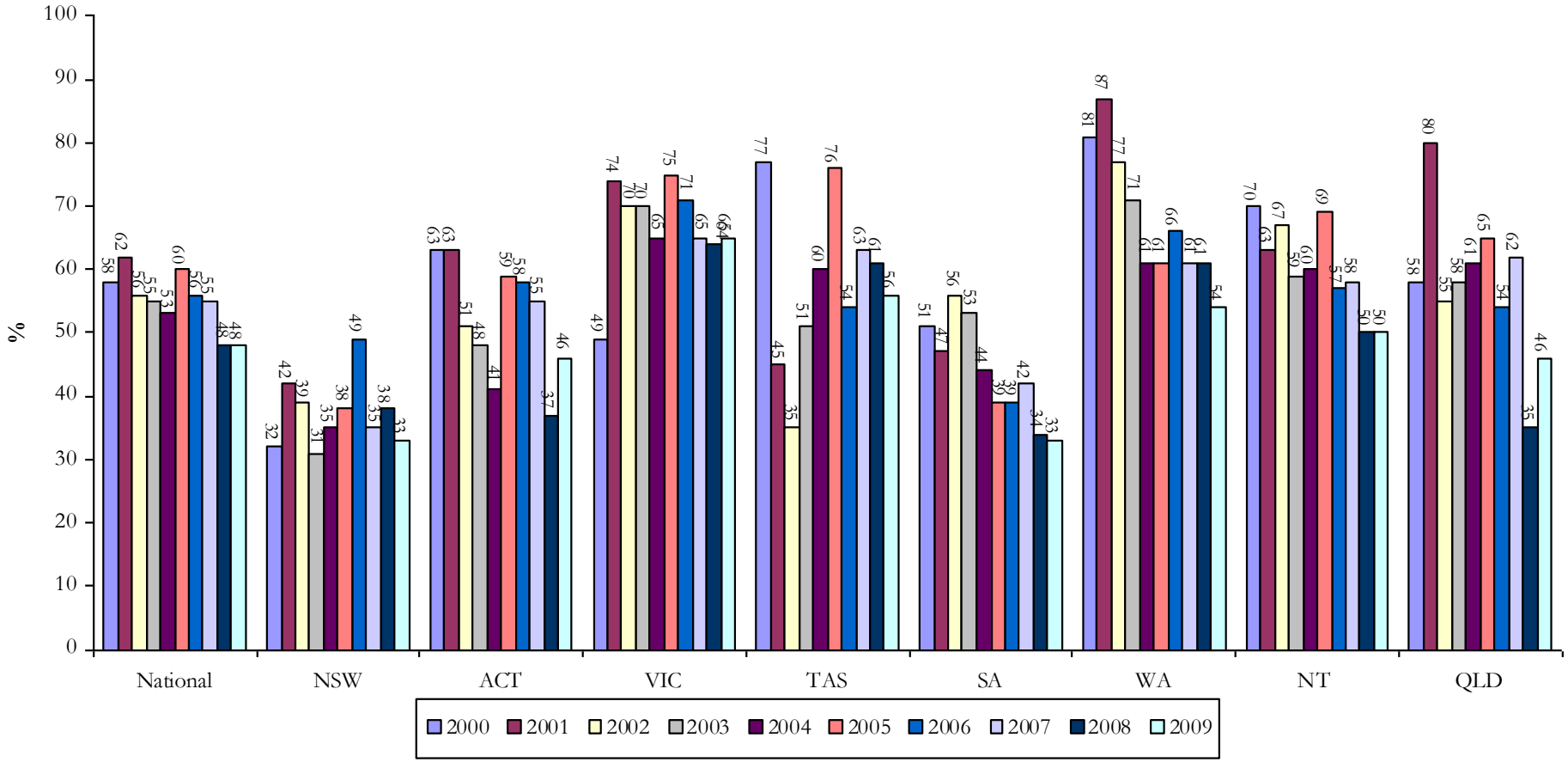
Source: IDRS IDU participant interviews
Note: TAS not presented in graph as the proportion of daily heroin users has remained at 1% or less over time

Figure B2: Recent use of methamphetamine (any form), by jurisdiction, 2000-2009



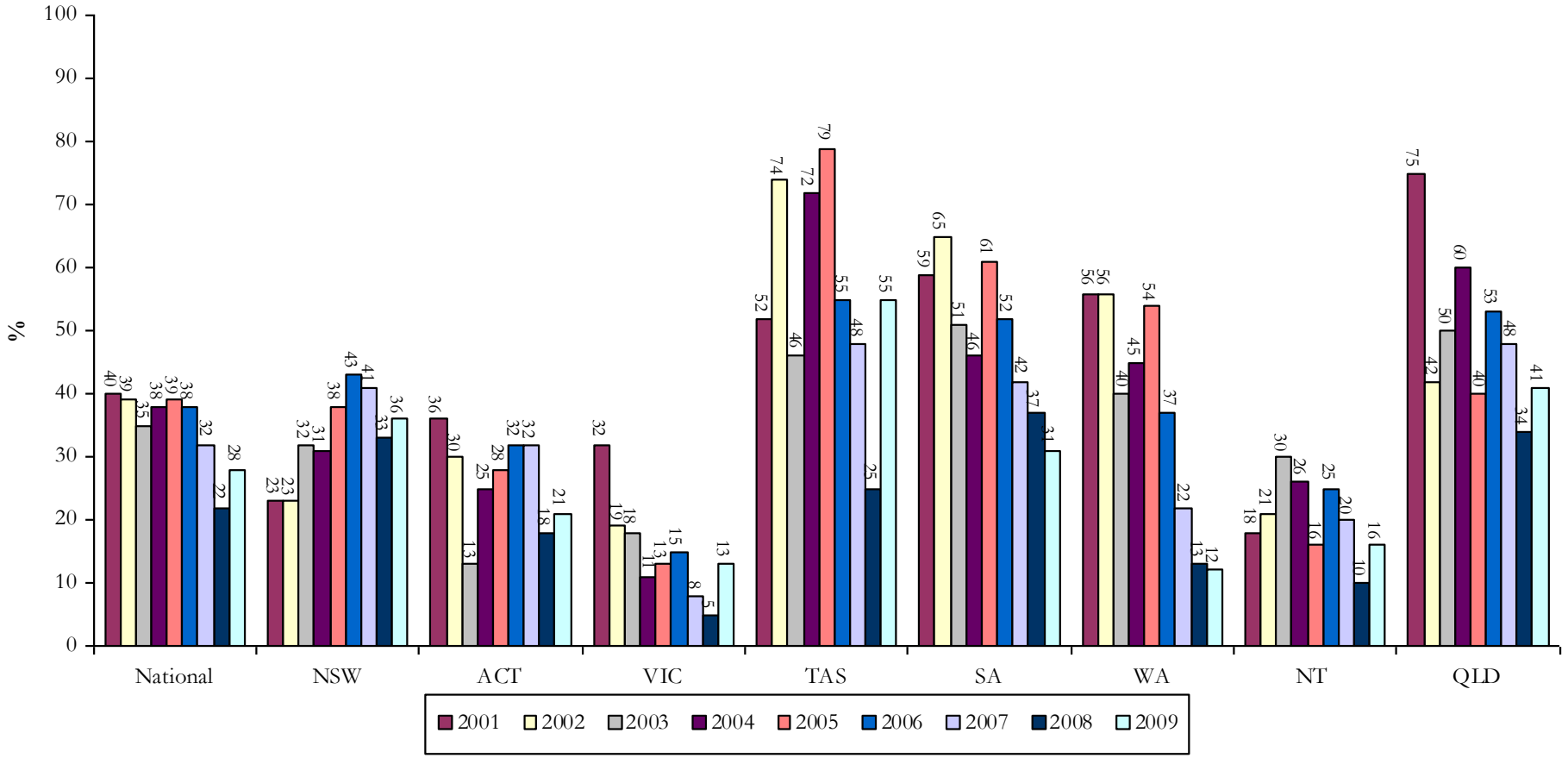
Source: IDRS IDU participant interviews

Figure B3: Recent use of methamphetamine powder (speed), by jurisdiction, 2000-2009



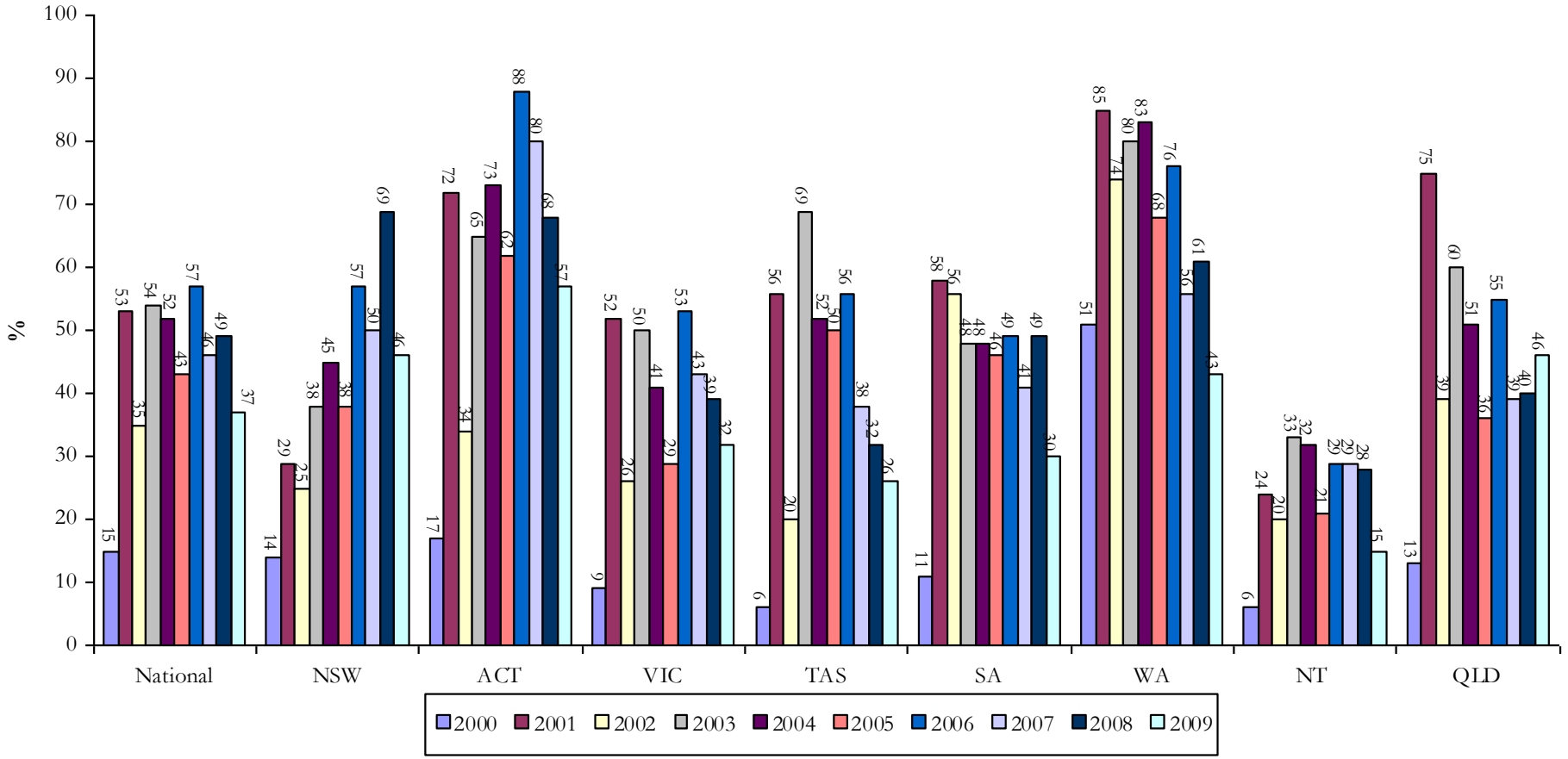
Source: IDRS IDU participant interviews

Figure B4: Recent use of methamphetamine base, by jurisdiction, 2001-2009



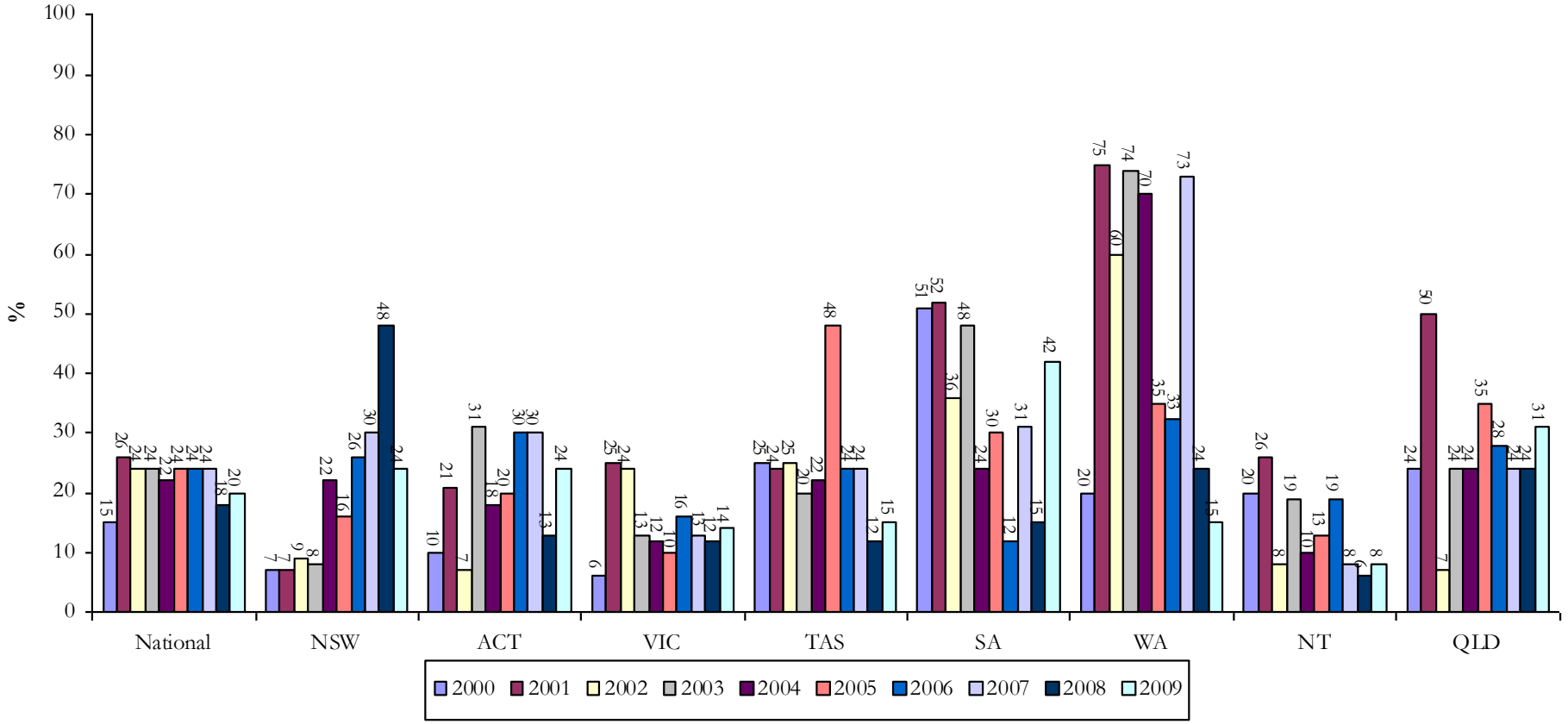
Source: IDRS IDU participant interviews
Note: Data not collected in 2000

Figure B5: Recent use of crystalline methamphetamine (ice/crystal), by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

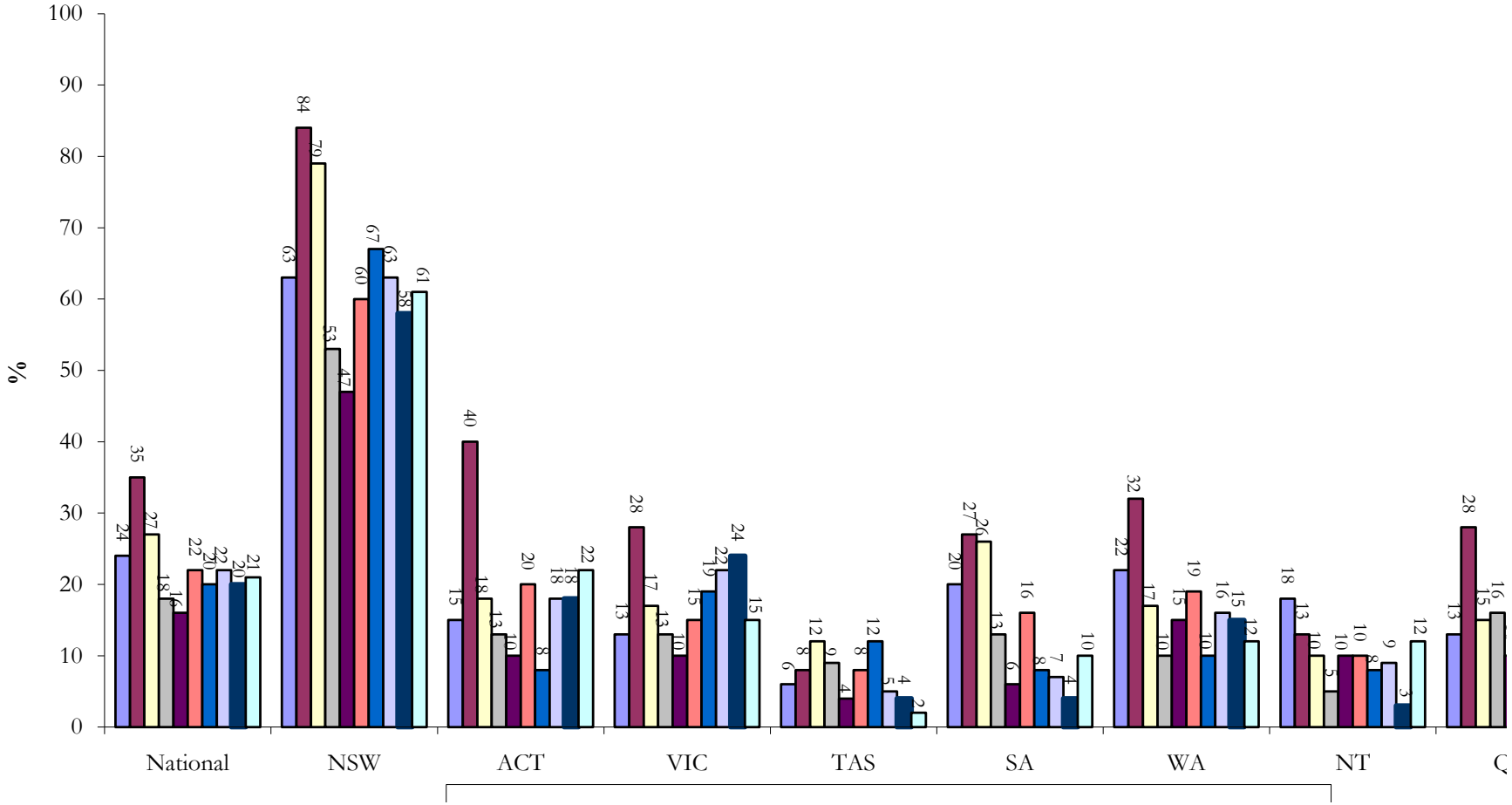
Figure B6: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

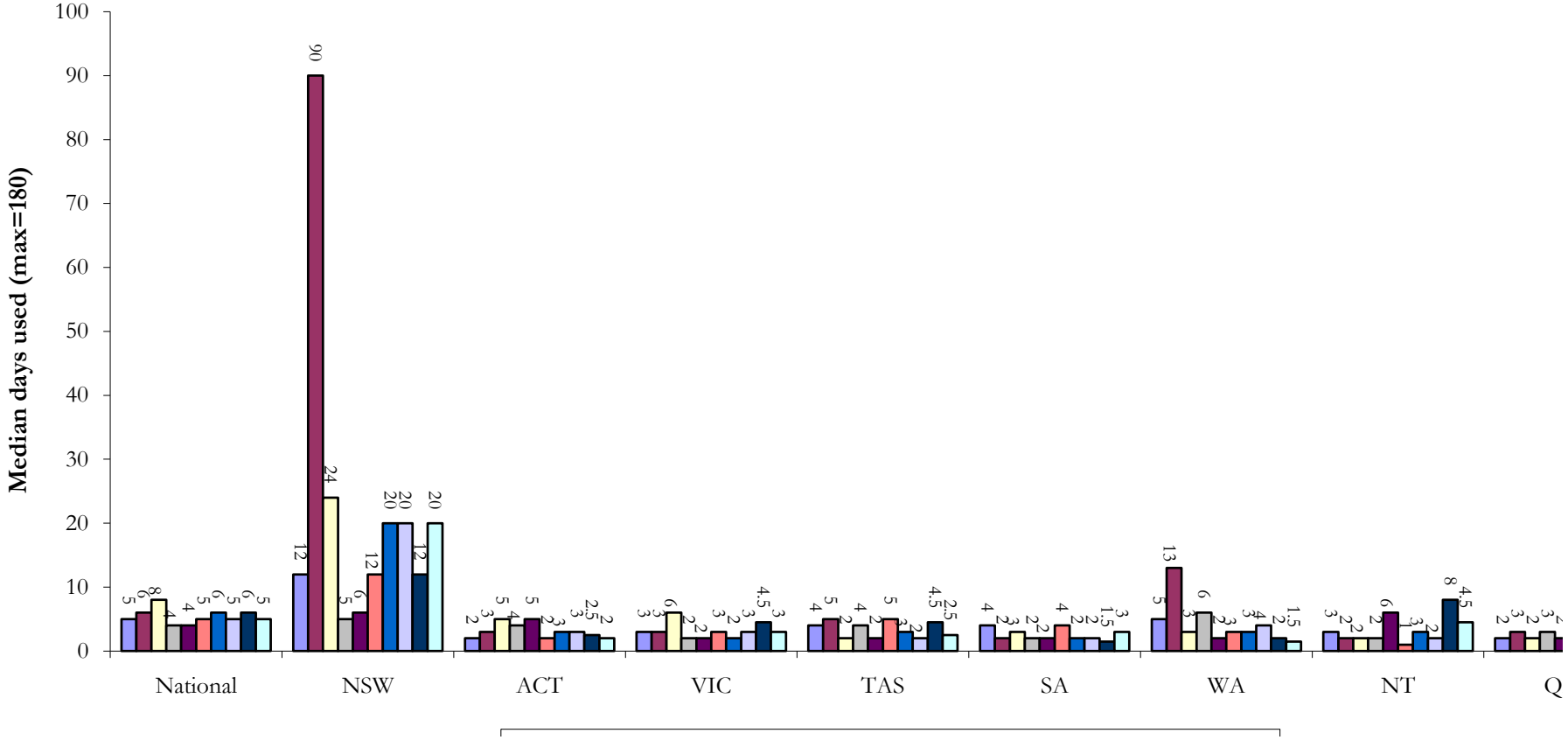
Note: 2003, 2004 and 2005 data – 'any form' includes pharmaceutical stimulants and liquid amphetamine. From 2006, data include liquid amphetamine and exclude pharmaceutical stimulants. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

Figure B7: Proportion of participants who reported recent cocaine use in the past six months, by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

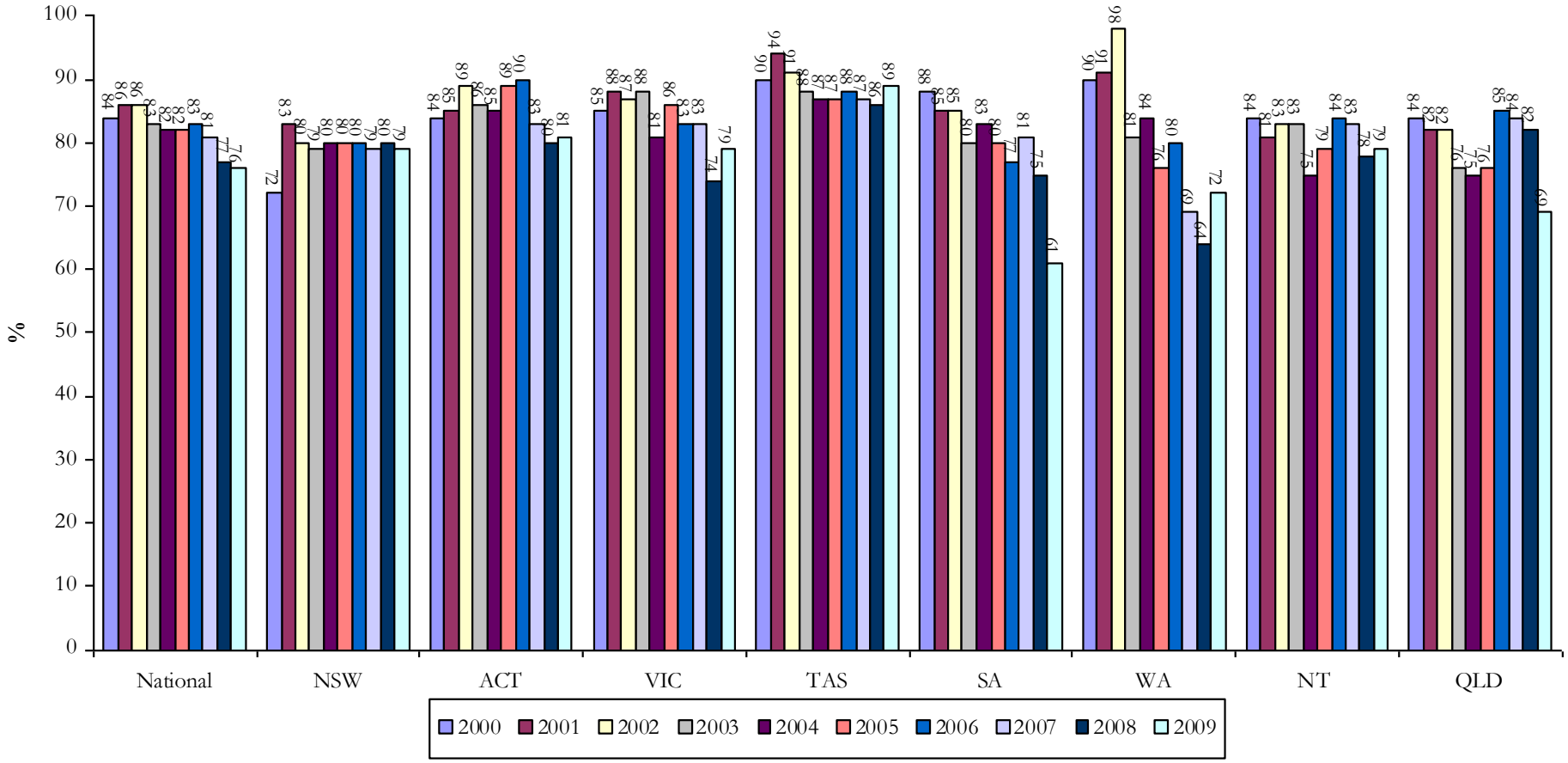
Figure B8: Median days of cocaine use among participants who had used cocaine in the past six months, by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

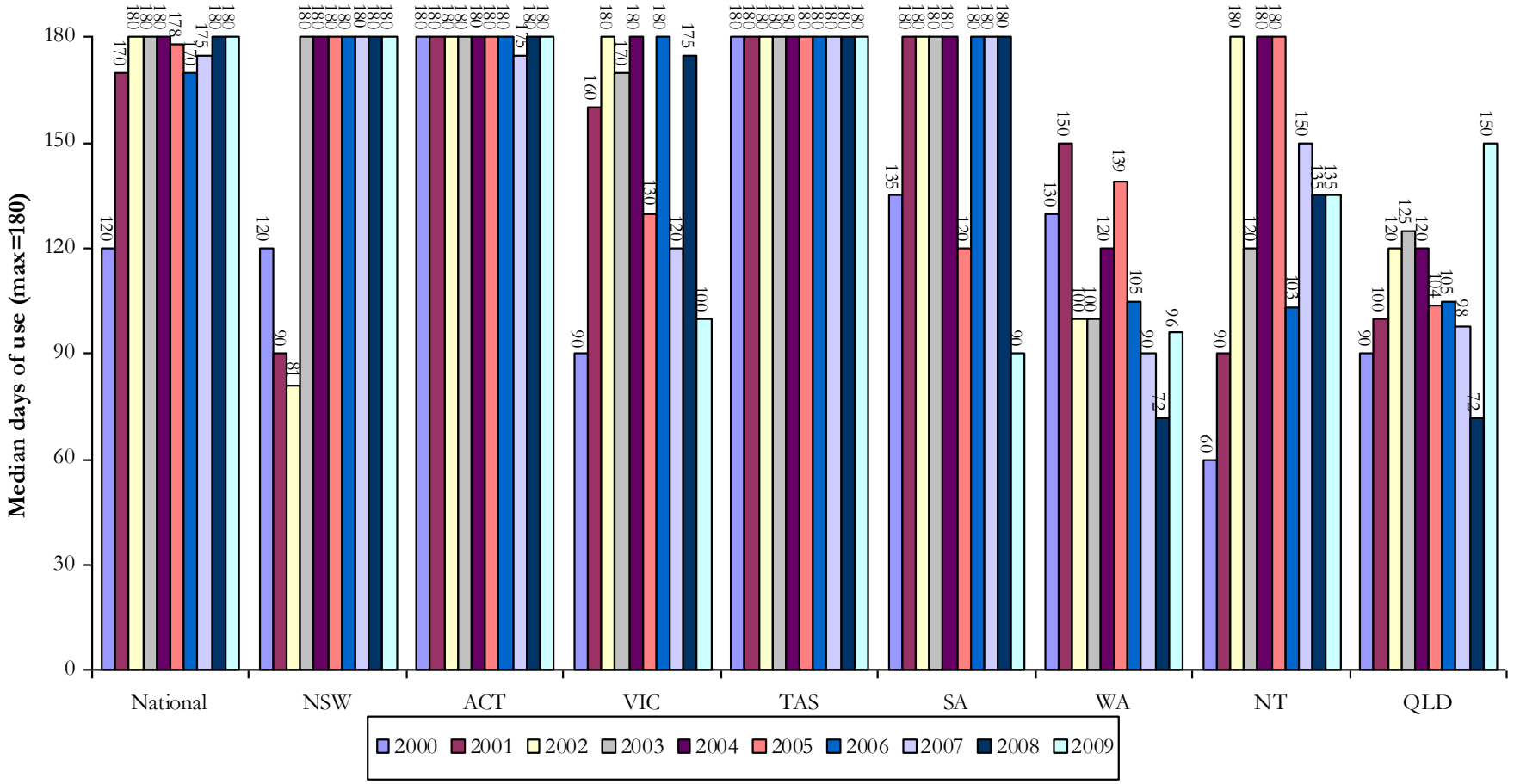
Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection. Median days rounded to the nearest whole number

Figure B9: Recent use of cannabis, by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

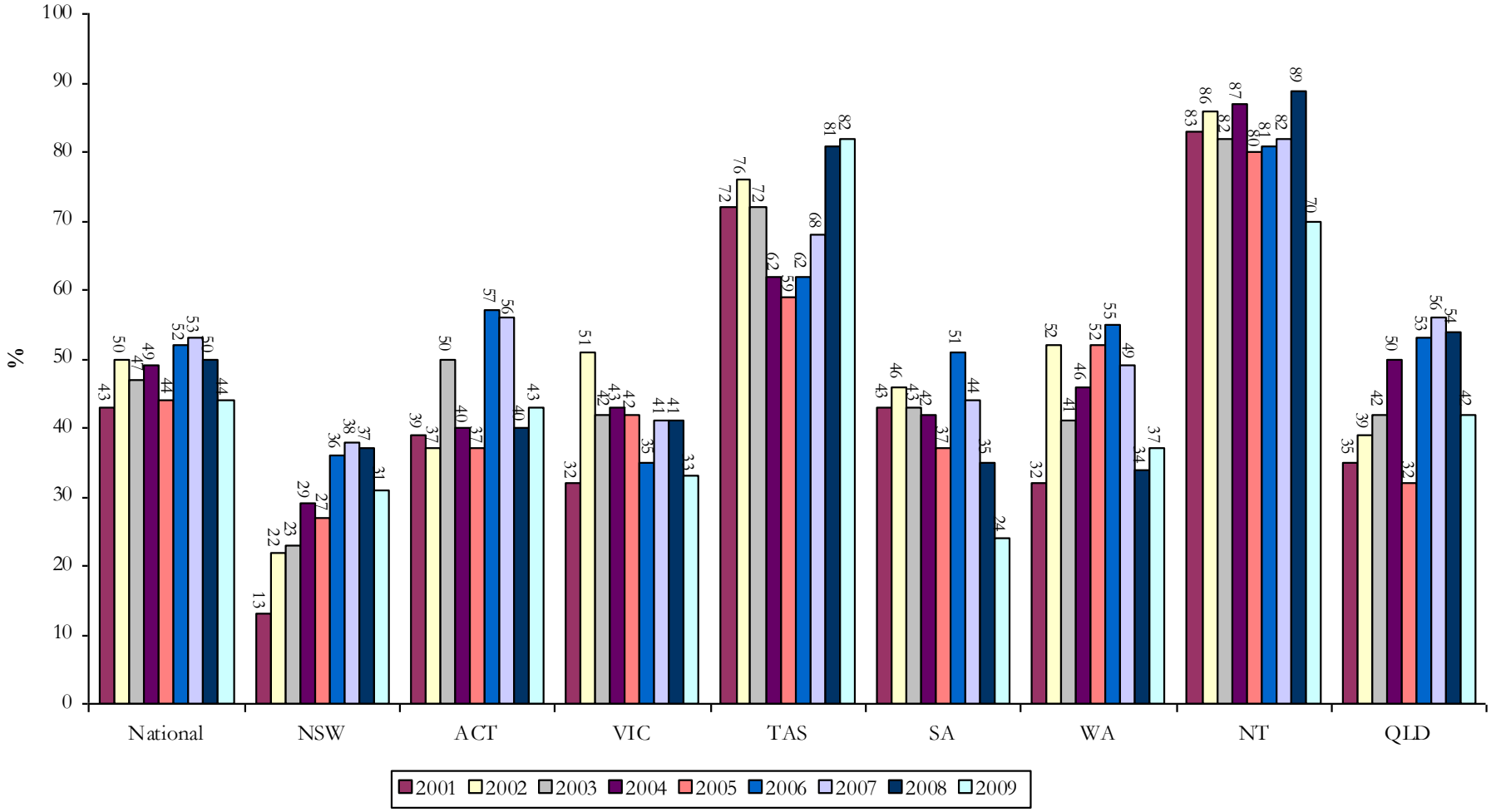
Figure B10: Median days of cannabis use among those who had used cannabis in the past six months, by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

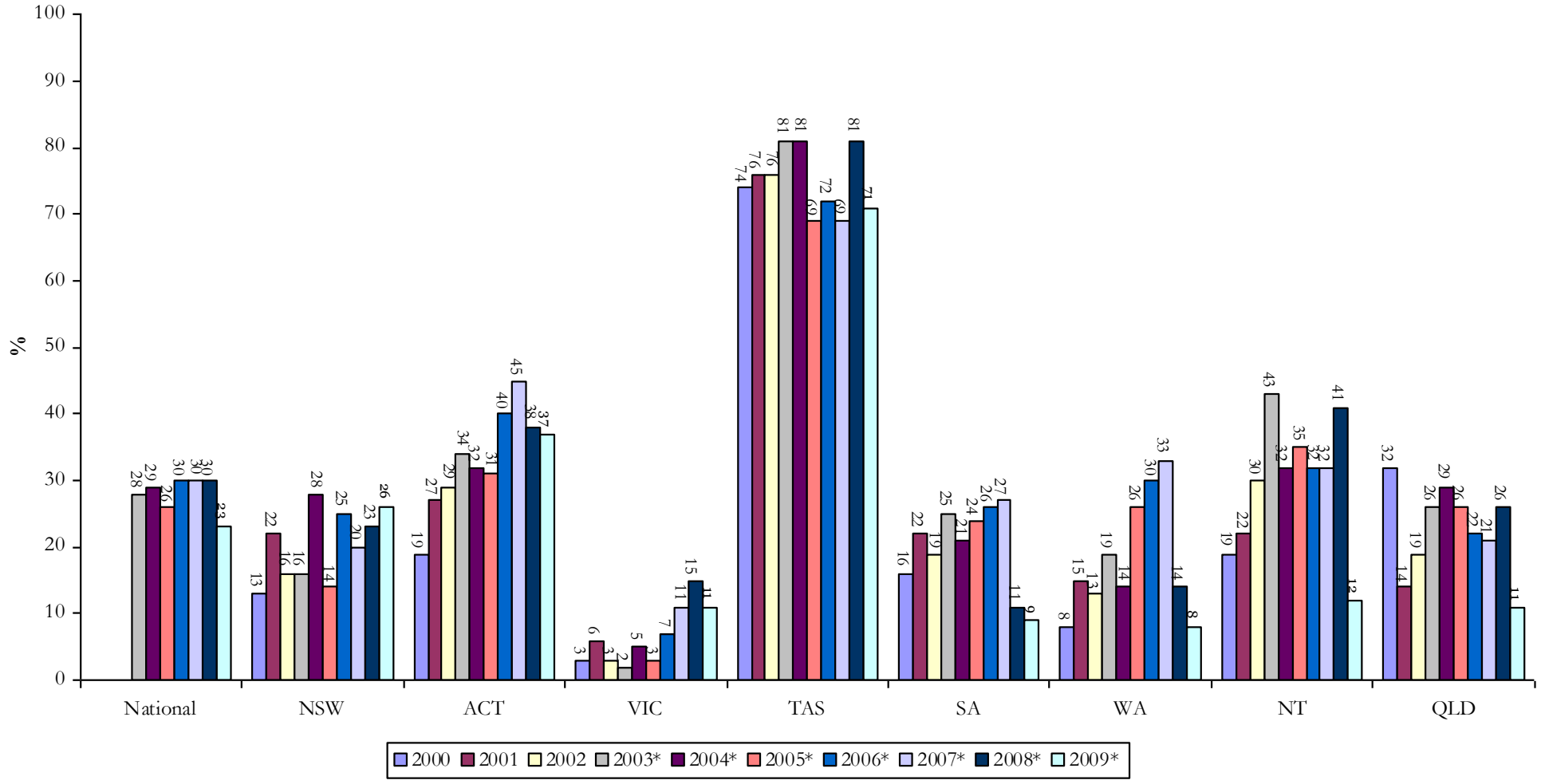
Note: Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection
Median days rounded to the nearest whole number

Figure B11: Recent use of morphine (any form), by jurisdiction, 2001-2009



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

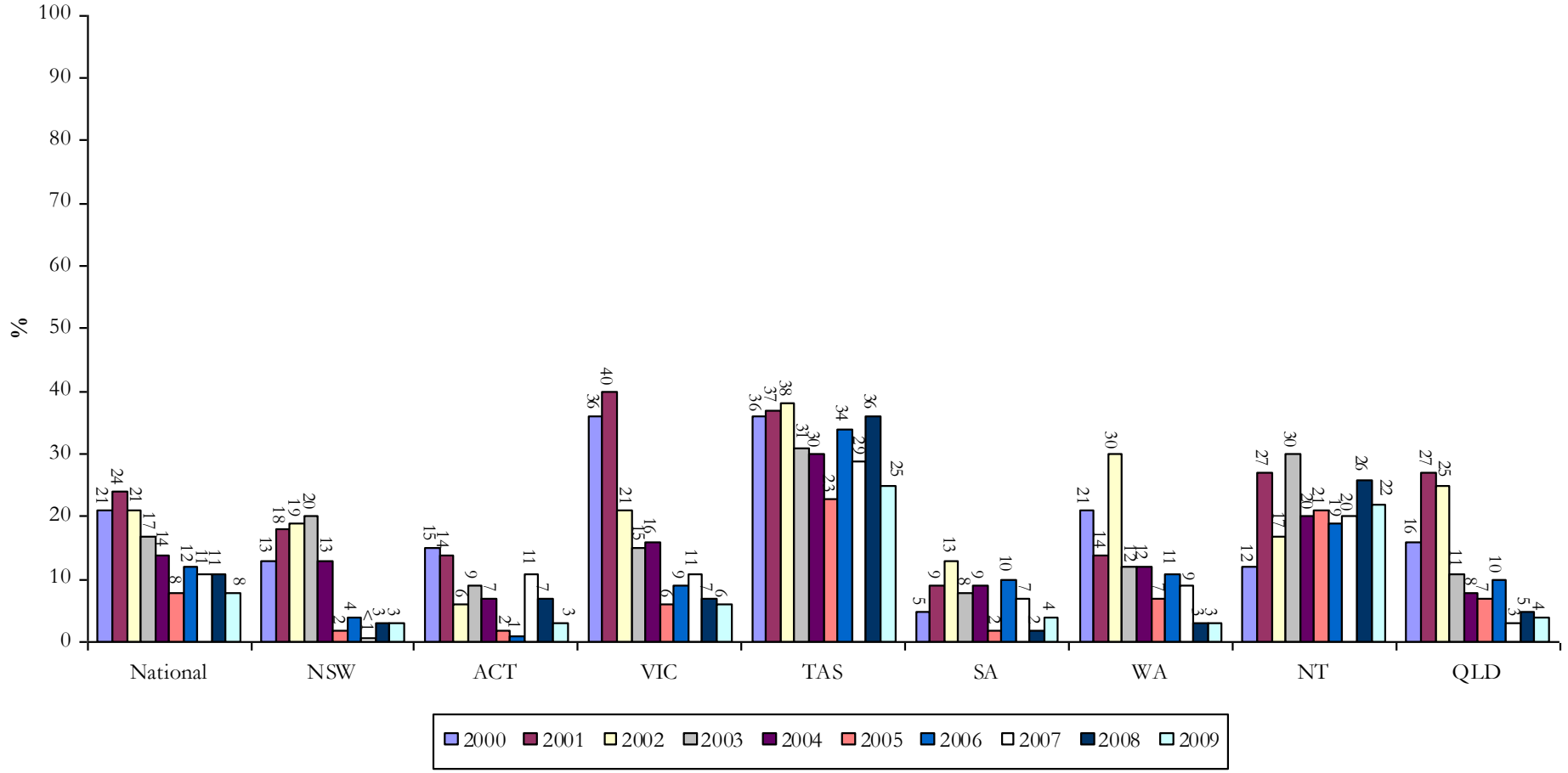
Figure B12: Recent (last six months) injection of methadone (any form), by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

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

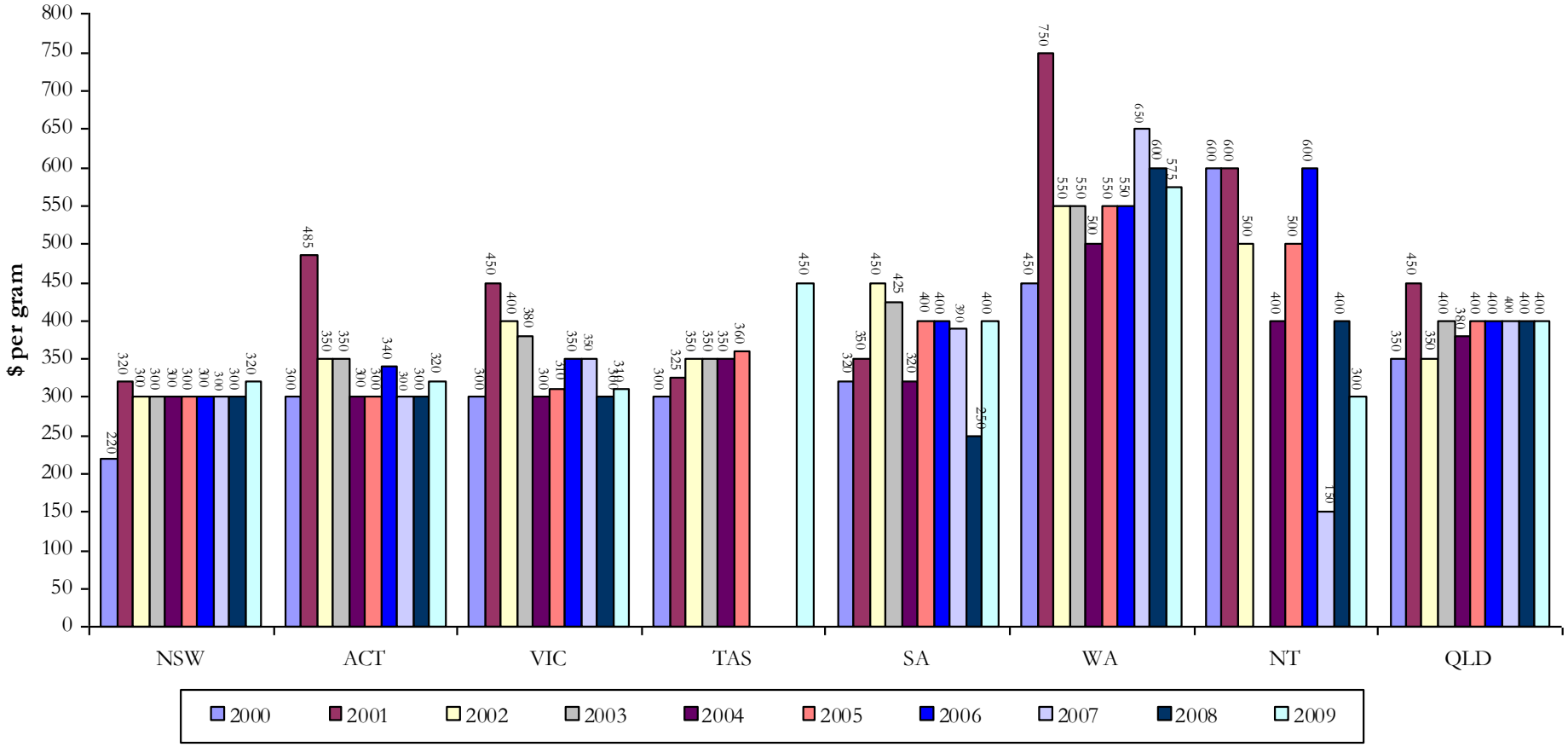
Figure B13: Recent injection of benzodiazepines (any form) among the national sample, by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

Appendix C: Heroin price, availability and perceived purity, 2008

Figure C1: Median price per gram of heroin, by jurisdiction, 2000-2009



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

The following tables are reproduced from *Australian Drug Trends 2008* (Stafford et al., 2009).

Table C1: 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 (Stafford et al., 2009)

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

* percentage of entire sample presented in brackets

Table C2: 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 (Stafford et al., 2009)

multiple responses allowed

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

* percentage of entire sample presented in brackets

Table C3: 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 (Stafford et al., 2009)

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

* percentage of entire sample presented in brackets

Appendix D: Methamphetamine price, availability & perceived purity, 2008

The following tables are reproduced from *Australian Drug Trends 2008* (Stafford et al., 2009).

Table D1: Median 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 ($) SPEED									
Per point	-	50	50	40	50	50^	50	60	50
Per ½ gram	-	150	110^	100	150	150^	200	165^	100
Per gram	-	200	200^	200	300^	50^	350^	300	200
Price ($) BASE									
Per point	-	50	22.5^	-	50	50	50^	100^	50^
Per ½ gram	-	150^	160^	150^	150^	125^	200^	200^	100
Per gram	-	200^	-	200^	300^	-	425^	600^	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 (Stafford et al., 2009)

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

* percentage of entire sample presented in brackets

Table D2: 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 (Stafford et al., 2009)

* percentage of entire sample presented in brackets

Table D3: 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 (Stafford et al., 2009)

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

* percentage of entire sample presented in brackets

Table D4: 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 (Stafford et al., 2009)

* percentage of entire sample presented in brackets

Table D5: 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	N=323	n=47	n=35	n=62	n=60	n=20	n=31	n=36	n=32
(% of the entire sample)	(36)	(47)	(23)	(62)	(60)	(20)	(31)	(35)	(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 (Stafford et al., 2009)

multiple responses allowed

* percentage of entire sample presented in brackets

Table D6: 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 (Stafford et al., 2009)

multiple responses allowed

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

* percentage of entire sample presented in brackets

Table D7: 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 (Stafford et al., 2009)

multiple responses allowed

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

* percentage of entire sample presented in brackets

Table D8: 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 (Stafford et al., 2009)

* percentage of entire sample presented in brackets

Table D9: 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 (Stafford et al., 2009)

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

* percentage of entire sample presented in brackets

Table D10: 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 (% of the entire sample)	N=325 (36)	n=88 (58)	n=71 (70)	n=27 (18)	n=28 (28)	n=23 (23)	n=51 (51)	n=6^ (6)	n=31 (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 (% of the entire sample)	N=325 (36)	n=88 (58)	n=71 (70)	n=27 (18)	n=28 (28)	n=23 (23)	n=51 (51)	n=6^ (6)	n=31 (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 (Stafford et al., 2009)

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

* percentage of entire sample presented in brackets

Appendix E: Cocaine price, availability and perceived purity, 2008

The following tables are reproduced from *Australian Drug Trends 2008* (Stafford et al., 2009).

Table E1: 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 (Stafford et al., 2009)
^ small numbers reporting (n<10); interpret with caution
* percentage of entire sample presented in brackets

Table E2: 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 (% 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	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 (% 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	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 (% of the entire sample)	N=87 (10)	n=56 (37)	n=12 (12)	n=11 (7)	n=2^ (2)	n=1^ (1)	n=1^ (1)	n=0 (0)	n=4^ (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 (% of the entire sample)	N=87 (10)	n=56 (37)	n=12 (12)	n=11 (7)	n=2^ (2)	n=1^ (1)	n=1^ (1)	n=0 (0)	n=4^ (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 (Stafford et al., 2009)

multiple responses allowed

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

* percentage of entire sample presented in brackets

Table E3: 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	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	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	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	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

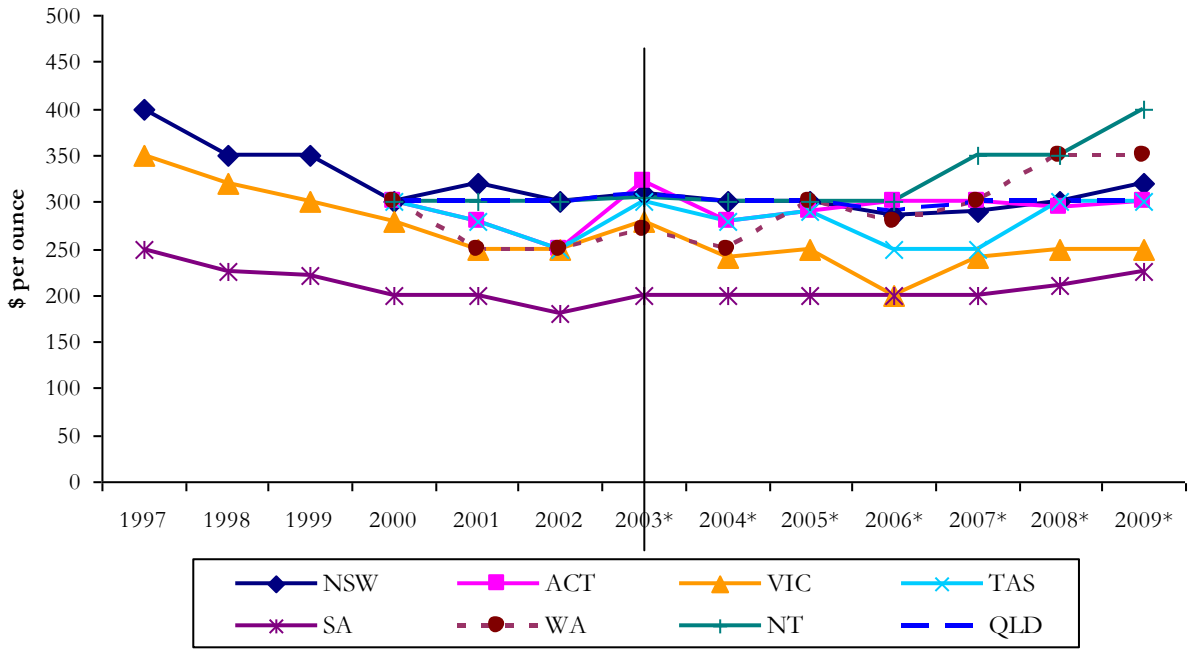
Source: IDRS IDU participant interviews (Stafford et al., 2009)

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

* percentage of entire sample presented in brackets

Appendix F: Cannabis price, availability and perceived potency, 2008

Figure F1: Price of an ounce of cannabis (hydroponic from 2003 onwards), by jurisdiction, 1997-2009



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

The following tables are reproduced from *Australian Drug Trends 2008* (Stafford et al., 2009).

Table F1: 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 (Stafford et al., 2009)

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

* percentage of entire sample presented in brackets

Table F2: 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 (Stafford et al., 2009)

* percentage of entire sample presented in brackets

Table F3: 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 (Stafford et al., 2009)

* percentage of entire sample presented in brackets

Table F4: 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 (Stafford et al., 2009)

multiple responses allowed

* percentage of entire sample presented in brackets

Table F5: 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 (Stafford et al., 2009)

multiple responses allowed

* percentage of entire sample presented in brackets

Table F6: 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 (Stafford et al., 2009)

* percentage of entire sample presented in brackets

Table F7: 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 (Stafford et al., 2009)

* percentage of entire sample presented in brackets

Appendix G: Mapping the IDRS Findings

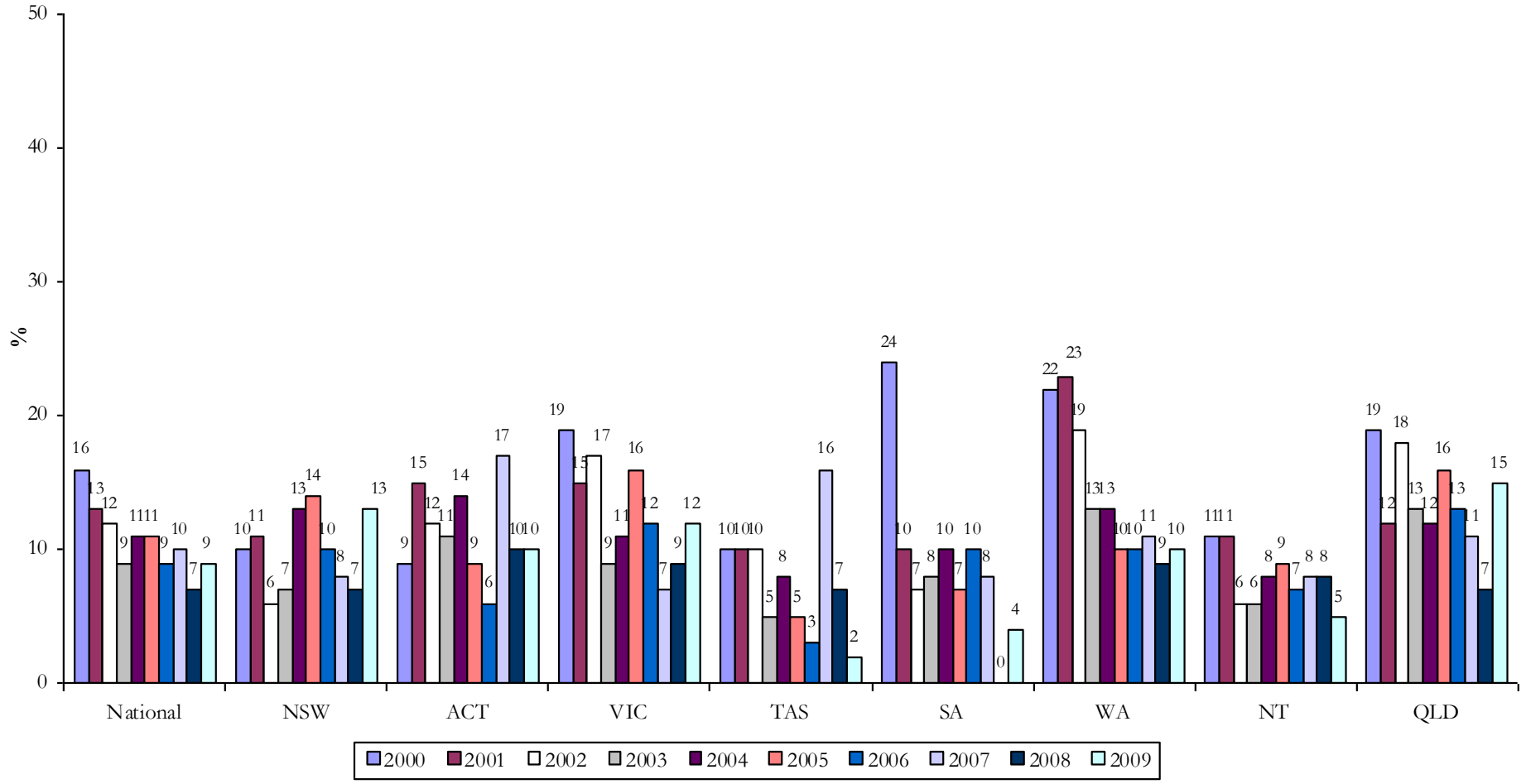
Table G1: Mapping IDRS findings onto the work of Larance et al.

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).

Source: (Larance et al., in preparation)

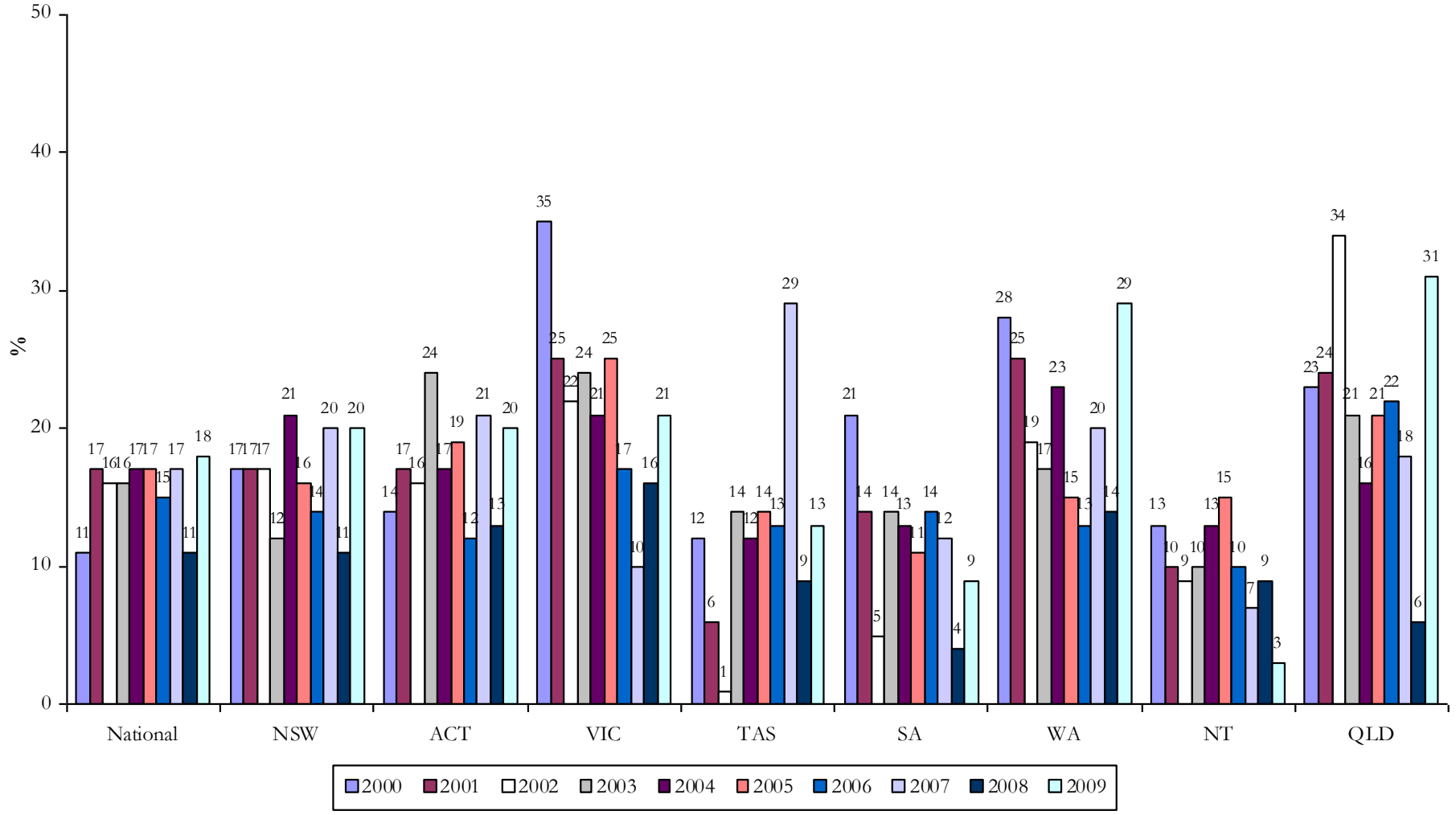
Appendix H: Injecting risk behaviours by jurisdiction, 2000-2009

Figure H1: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2000-2009



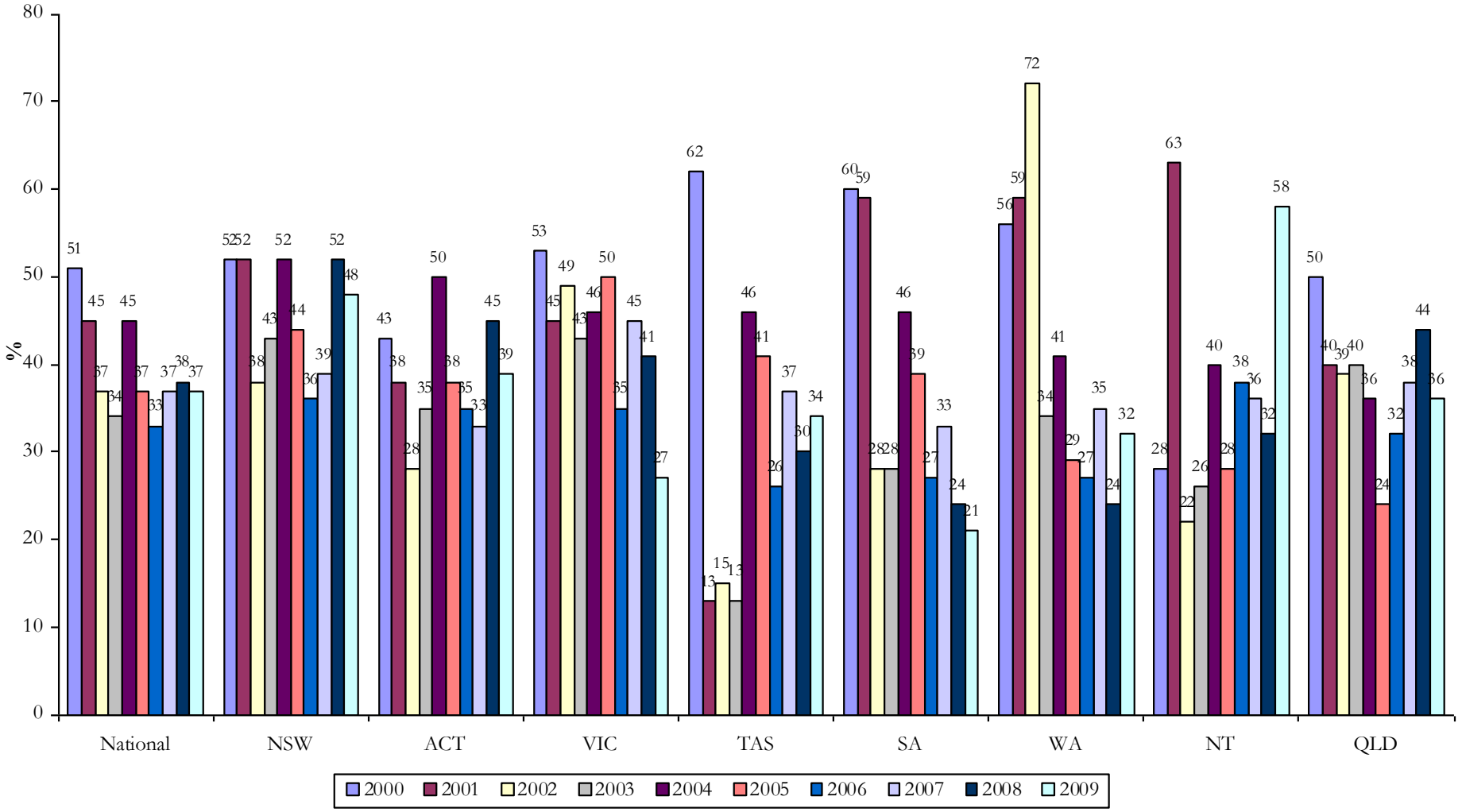
Source: IDRS IDU participant interviews

Figure H2: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

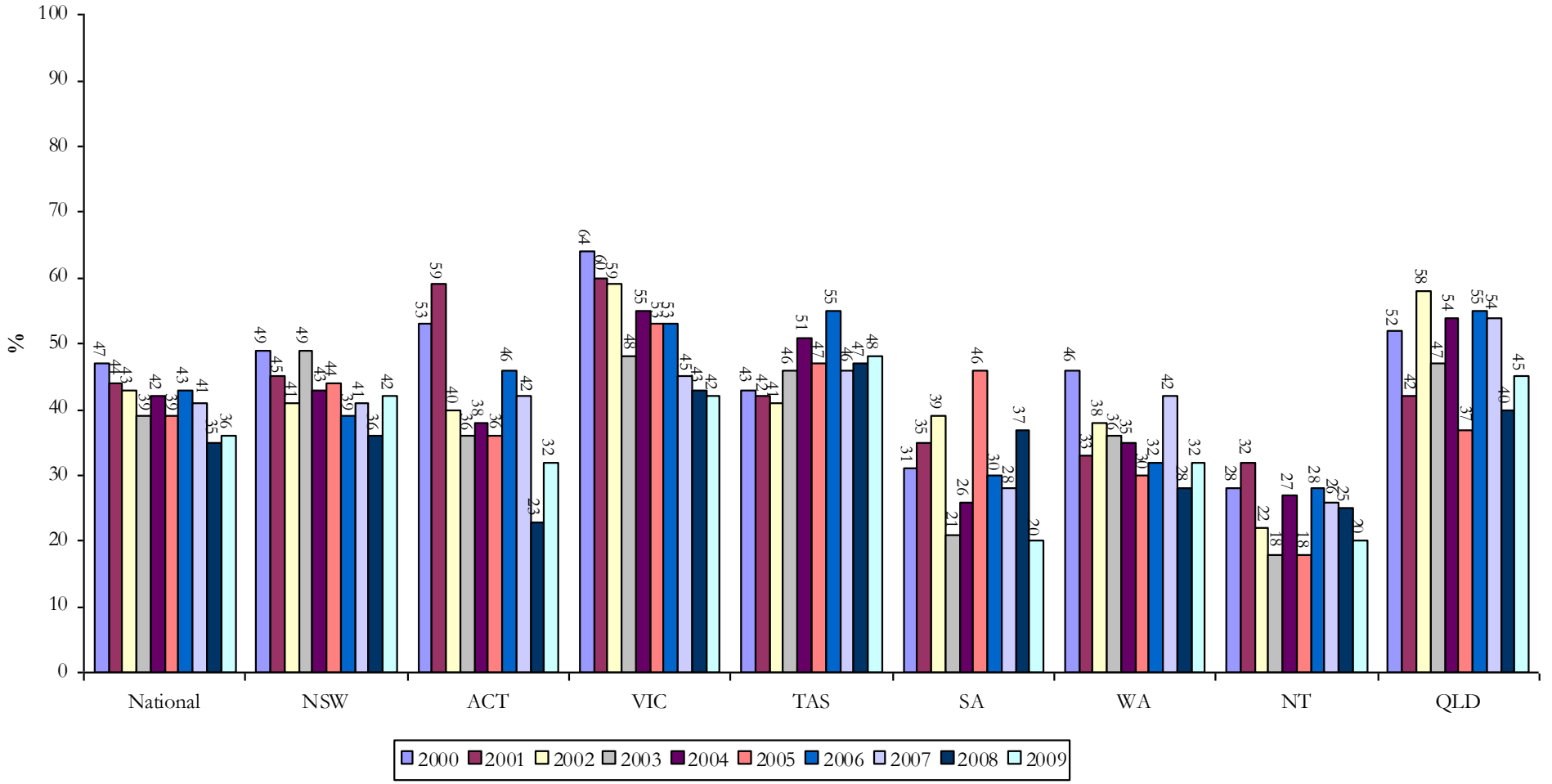
Figure H3: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2000-2009



Source: IDRS IDU participant interviews

Appendix I: Arrests by jurisdiction, 2000-2009

Figure I4: Proportion reporting having been arrested in the preceding 12 months, 2000-2009



Source: IDRS IDU participant interviews