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AUSTRALIAN DRUG TRENDS 2005
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Monograph No. 59

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Jennifer Stafford, Louisa Degenhardt, Emma Black, Raimondo Bruno, Kirsten Buckingham, James Fetherston, Rebecca Jenkinson, Stuart Kinner, Jaclyn Newman and Josephine Weekley

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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
ADHD	Attention Deficit Hyperactivity Disorder
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user (s)
KE	Key expert (s)
MDMA	3,4-methylenedioxymethamphetamine
N	(or n) Number of participants
NCHECR	National Centre in HIV and Epidemiology Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
PBAC	Pharmaceutical Benefits Advisory Committee
PDI	Party Drugs Initiative
QLD	Queensland
SA	South Australia
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with injecting drug users (IDU); 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.

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

Key findings from the 2005 IDRS

1. In 2005 there appeared to be a continual trend towards the stabilisation of heroin in most jurisdictions; however, the frequency of use decreased or remained stable in most jurisdictions. The availability of heroin was reported to be 'easy' or 'very easy', with large proportions reporting availability as stable. The price of a gram of heroin remained stable in most jurisdictions except in SA, WA and the NT where it increased by $50 or more. Heroin was cheapest in NSW and was most expensive in WA. The purity of heroin was reported to be low to medium.

2. Methamphetamine prices varied among the jurisdictions; however, prices for all forms were reported as stable. The majority of respondents in all jurisdictions reported that speed and base were all 'easy' or 'very easy' to obtain, whereas ice was 'easy'. Participants reported that availability of all forms of methamphetamine was stable over the last six months. Substantial proportions of IDU continued to use all forms of methamphetamine. The purity of speed was considered 'low', base 'medium' and crystal 'high'. Substantial proportions of IDU in TAS and WA reported use of pharmaceutical stimulants.

3. With the exception of NSW, only small numbers were able to comment on the price of cocaine. In NSW the price of cocaine has remained stable since 2004. The proportions of IDU reporting recent cocaine use increased slightly in all jurisdictions except in the NT and QLD. The frequency of cocaine use remained stable in all jurisdictions except in NSW (increased) and in QLD (decreased).

4. Cannabis remained easy to obtain in all jurisdictions. Hydroponically grown cannabis continued to dominate the market and was considered 'easy' or 'very easy' to obtain in all jurisdictions. The use of outdoor cultivated cannabis (bush), hashish (hash) and hash oil were noted in all jurisdictions. The price and availability were considered to be stable, and the potency 'high' for hydroponic and 'medium' for bush cannabis.

Demographic characteristics of the national IDU sample

Nine hundred and forty-three IDU participated in the 2005 IDRS, with a minimum of 100 in each jurisdiction. The mean age of the national sample was 34.1 years (SD 8.9; range 16-63) and 64% were male. The vast majority of the sample spoke English as their main language at home (97%), and 12% identified as being of Aboriginal and/or Torres Strait Islander (A&TSI) descent. About two-thirds of the sample currently resided in their own house or flat (including renting). The sample had completed a mean of 9.9 years (SD 1.8; range 0-12) of schooling and about half (47%) had completed courses after school. About three-quarters of the sample were unemployed. Three percent of the sample reported that they were currently involved in sex work.

Nearly half (48%) of the participants were currently in any form of drug treatment, predominantly in methadone or buprenorphine maintenance. Half (50%) of the national sample reported that they had previously been imprisoned.

Patterns of drug use among IDU

The mean age of first injection was 19.2 years. Of the national sample, 48% reported that amphetamine was the first drug injected, whereas 43% had first injected heroin and 4% morphine.

Heroin was nominated by over half (57%) of the national sample as the drug of choice, followed by methamphetamine (21%), cannabis (6%) and morphine (5%). Heroin (41%) was the last drug injected by the largest proportion of IDU, followed by methamphetamine (30%), morphine (12%), and then methadone (7%). Over half of the participants in NSW, VIC and the ACT reported heroin as the last drug injected (64%, 68% and 61% respectively). Substantial proportions of IDU in WA, QLD, TAS and SA had last injected methamphetamine. In the NT, the drug most likely to have last been injected was morphine (59%), followed by methamphetamine (27%). TAS remained the only jurisdiction where substantial proportions of IDU had last injected methadone (34%).

The drug injected most often in the last month followed the same pattern. Forty-three percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine (29%). Substantial proportions in all jurisdictions, except NSW and VIC, reported having injected methamphetamine most often in the preceding month. TAS reported the highest proportion that injected methadone (34%) most often in the preceding month. In the NT, morphine was injected most often in the preceding month by less than two-thirds (60%) of IDU.

Almost half (43%) of the 2005 national sample reported injecting daily in the month preceding interview, with frequency of injection highest in NSW. As in previous years of the IDRS, the IDU were polydrug users. There was little difference in the extent of polydrug use across jurisdictions.

Heroin

In 2005, there appeared to be a continued trend towards the stabilisation of the heroin market. Purity, availability and levels of use did not return to the levels reported prior to the heroin shortage. Indicator data reflected the IDU data, indicating stabilisation of the heroin market. Purity of analysed heroin seizures decreased markedly from 1999 and appears to have stabilised in the last financial year. Overdose deaths have shown a similar pattern, stabilising in 2003 after declining from 1999. The available data on heroin or other opioid arrests indicated that arrests remained relatively stable in 2004/05; however, they have not returned to the higher levels experienced prior to the shortage.

Price: In 2005, the price of heroin remained fairly stable in most jurisdictions except SA, WA and the NT, where it increased by $50 or more. Heroin was cheapest in NSW and the ACT ($300 per gram) and most expensive in WA ($550 per gram, Table 2).

Purity: IDU reported heroin purity as low to medium. Purity analyses of state police seizures from 2004/05 remained relatively stable, with a decrease in purity from 1999 (Table 1).

Table 1: Median purity of total heroin seizures[1] for financial year, 1999/00-2004/05

	Median purity											
	State police						AFP					
	99/00	**00/01**	**01/02**	**02/03**	**03/04**	**04/05**	**99/00**	**00/01**	**01/02**	**02/03**	**03/04**	**04/05**
NSW	59.3	49.0	n.a	26.0	30.5	**27.5**	69.2	71.0	64.6	71.1	67.1	**69.9**
ACT			21.1	23.9	32.2	**23.6**	52.5	38.8	-	19.6	32	**-**
VIC	53.1	43.0	15.0	22.6	25.7	**24.8**	58.8	36.8	75.1	68.8	71.5	**72.4**
TAS	-	-	-	70.4	-	**-**	74.6^	-	-	-	-	**-**
SA	48.3	43.2	22.4	18.9	25	**23.7**	69.0	-	54.3	-	-	**74.9**
WA	55.5	48.5	19.5	24.0	25	**20.5**	71.8	68.3^	36.3	-	29.7^	**74.7**
NT	-	31.0	**-**	n.a	-	**-**	-	75.3^	-	-	-	**-**
QLD	50.2	42.3	18.5	22.5	28	**23.4**	**-**	51.3^	57.5	69.9	73.4	**60.8**

Source: ABCI, 2001, 2002. ACC 2003, 2004 & 2005

1. Seizures ≤2g and >2g combined. Dashes represent no seizures analysed, ^ median purity based on one seizure. Due to industrial action no state police seizures were analysed in SA Jan-June 2001. 2001/02 state police data are not yet available for NSW. 2002/03 data not available for the NT. In 2003/04 and 2004/05 no heroin seizures were analysed for the NT and TAS. Figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania 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 joint operations between the AFP and state/territory police.

Availability: The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Larger proportions in 2005 reported that the availability had remained stable in the six months preceding interview (Table 2).

Use: Heroin use has stabilised in most jurisdictions. The frequency of use decreased or remained stable in most jurisdictions except WA and QLD where it increased. The median days of heroin use has not returned to the levels reported prior to the heroin shortage of 2001.

Table 2: Estimated availability and median price of heroin, by jurisdiction, 2000-2005

	Availability# 2005	Price $ per gram						Price $ per cap					
		2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005
NSW	Very easy to easy Stable	220	320	300	300	300	**300**	25	50	50	50	50	**50**
ACT	Very easy to easy Stable	300	485	350	350	300	**300**	50	50	50	50	50	**50**
VIC	Very easy to easy Stable	300	450	400	380	300	**310**	50	50	50	50	40	**45**
TAS	Very difficult Stable to difficult	375	325	350*	350*	350*	**360***	50	50	82.50*	50	50*	**90***
SA	Very easy to easy Stable	320	350*	450*	425*	320*	**400***	50	50	50	50	50	**50**
WA	Very easy to easy Stable	450	750	550	550	500	**550**	50	50	50	50	50*	**50**
NT	Difficult to very difficult Stable to difficult	600	550	500*	-	400*	**500***	50	100	85*	50	53	**80***
QLD	Very easy to easy Stable	350	450	350	400	380	**400**	50	50	50	50	50	**50**

Source: IDRS IDU interview * Reports based on small numbers. Dashes represent no purchases.
Participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?' Reported price is median price of last purchase.

Methamphetamine

Since 2002, the IDRS has distinguished between methamphetamine powder ('speed'), methamphetamine base, and crystal methamphetamine ('ice' or 'crystal').

Price: Methamphetamine prices varied among the jurisdictions (Table 4). The majority reported the price of all forms of methamphetamine as stable.

Purity: There is no clear trend in the purity of methamphetamine, with variations in purity across jurisdictions; however, nationally speed purity was reported as 'low', base as 'medium' and crystal as 'high'. The median purity of state police seizures remains below 32% (Table 3).

Table 3: Median purity of total[1] methylamphetamine seizures analysed, by state police and the AFP, 1999/00-2004/05

	Median purity											
	State police						AFP					
	99/00	00/01	01/02	02/03	03/04	04/05	99/00	00/01	01/02	02/03	03/04	04/05
NSW	6.0	4.5	n.a.	8.6	11.0	**18.0**	14.4	5.3	10.5	47.1	43.1	**4.0**
ACT	-	-	7.1	11.5	-	**24.3**	4.6	2.6	80.3	7.0	19.7	**-**
VIC	6.4	6.0	15.0	22.7	23.5	**19.0**	5.4	9.9	19.4	3.1	11.9	**-**
TAS	5.5	3.5	24.8	12.2	16.9	**32.3**	-	-	-	-	-	**-**
SA	8.3	n.a	14.6	21.5	19.8	**11.6**	-	-	2.0^	-	-	**-**
WA	15.0	19.0	23.0	18.0	32	**23.0**	77.1	12.6	80.0^	-	79.2	**-**
NT	4.0	6.0	5.5	n.a	-	**-**	-	-	80.3	77.3	-	**-**
QLD	26.3	28.6	19.7	19.4	16.9	**17.3**	6.0	-	2.3	-	78.6	**58.5**

Source: ABCI, 2001, 2002. ACC 2003, 2004 & 2005 1. Seizures ≤2g and >2g combined.
Dashes represent no seizures analysed, ^ median purity based on one seizure.

1. Due to industrial action no state police seizures were analysed in SA Jan-June 2001. 2001/02 state police data are not yet available for NSW. 2002/2003 data not available for the NT. In 2003/04 and 2004/05 no amphetamine seizures were analysed for the NT. Figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. Figures do not represent the purity levels of all amphetamine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and 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 methlyamphetamine 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.

Availability: The majority of respondents in all jurisdictions reported that speed and base were all 'easy' or 'very easy' to obtain, whereas crystal was 'easy'. Availability of all forms of methamphetamine was reported as having remained stable over the last six months.

Use: The proportion of IDU reporting use of speed in the six months preceding interview increased slightly in all jurisdictions, except in SA where it decreased slightly and in WA where it remained stable. Recent base use increased in NSW, TAS, SA and WA; however, it reduced in the NT and remained stable in VIC and the ACT. Recent crystal use decreased in all jurisdictions except TAS and SA, where it remained stable.

Table 4: Estimated availability and median price of methamphetamine, by jurisdiction, 2000-2005

	Availability* 2005	Price ($) gram of powder						Price point ($) base and ice*									
		2000	2001	2002	2003 (point)	2004 (point)	2005 (point)	2000	2001	2002		2003		2004		2005	
										Base	Ice	Base	Ice	Base	Ice	Base	Ice
NSW	**Powder, Base & Ice:** Easy/very easy, stable	90	100	100	50^ (50)	100 (50)	**90 (50)**	50	50	50	50	50	50	50	50	**50**	**50**
ACT	**Powder and Ice:** Easy/ very easy, stable **Base:** easy to difficult, stable	180	250	300	175^ (50)	200 (50)	**125 (50)**	-	50	50	50	50^	50	50	50	**50**	**50**
VIC	**Powder & Base^:** Easy, stable **Ice:** Easy/difficult, stable to more difficult	50	200	200	200 (40)	180 (40)	**200 (40)**	50	50	35^	50	40^	50	35^	50	**45**	**50**
TAS	**Powder and Base:** Easy/very easy, stable **Ice:** Easy/difficult, stable	80	70	80	215^ (50)	290 (50)	**300 (50)**	50	50	50	50^	50	50	50	50	**50**	**50**
SA	**Powder, Base:** Easy/very easy, stable **Ice:** Easy, stable	50	50	50	100 (25)	50 (27.50)	**200 (41.50)**	30	30	25	25	30	50	25	30	**50**	**50**
WA	**Powder, Base & Ice:** Easy/very easy, stable	200	250	250	260 (50)	260 (50)	**300 (50)**	50	50	50	50	50	50	50	50	**50**	**50**
NT	**Powder, Base & Ice:** Easy, stable	80	80	80	100 (50)	200 (50)	**280 (50)**	50	50	50^	80^	50	50^	50	50	**50**	**65**
QLD	**Powder, Base & Ice:** Easy, stable to more difficult	80	180	200	200 (50)	200 (50)	**200 (50)**	50	50	30	50	50	35	50	50	**50**	**50**

Source: IDRS IDU interview ^ Small numbers (n≤10) reported and therefore should be interpreted with caution.

Participants were asked 'How easy is it to get at the moment?' & 'Has this changed in the last 6 months?'

* In 2000 and 2001 base and ice were combined under 'potent forms' of methamphetamine. Therefore the price reflects both forms. From 2002 to 2005 they were separated to provide more information on the price and availability of the different forms of methamphetamine.

Cocaine

Reports of cocaine price, purity and availability were provided by small numbers of respondents in all jurisdictions except NSW, where larger numbers commented. This in itself is an indication of limited cocaine use in the sample surveyed by the IDRS and may reflect smaller or more hidden markets.

Price: With the exception of NSW, only small numbers (n<10) of IDU in all jurisdictions reported purchasing cocaine. Cocaine was cheapest in the ACT and NT at $250 a gram and most expensive in WA at $475. The price in NSW, where larger numbers commented, was $280. A cap of cocaine remained stable at a median price of $50 in NSW.

Purity: The purity of state police seizures analysed varied in each state in 2004/05 ranging from 30.7% in SA to 64.3% in NSW (Table 5). Many jurisdictions had few or no state police seizures analysed. In 2004/05 most of the cocaine seizures analysed were from NSW, VIC, QLD and SA. The AFP generally seizes cocaine at the border, with higher purity. Of those able to comment, there were mixed reviews on purity, nearly a quarter (23%) reported the purity as low, 37% as medium and 26% as high.

Availability: Cocaine was considered 'easy' or 'very easy' to obtain in NSW although 21% reported that it had become more difficult in the preceding six months. Substantial proportions in other jurisdictions reported it was 'difficult' or 'very difficult'.

Use: The proportion of IDU reporting recent cocaine use remained fairly stable in most jurisdictions. Most notable was an increase in recent use in NSW (47% in 2004 to 60% in 2005), VIC (10% in 2004 to 15% in 2005), the ACT (10% in 2004 to 20% in 2005) and SA (6% in 2004 to 16% in 2005). The frequency of use was sporadic in all jurisdictions. In NSW, the frequency of use increased from 6 days to 12 days and in QLD from 2 days to 7 days.

Table 5: Median purity of cocaine seizures, by jurisdiction, 1999/00-2004/05

	Median purity %											
	State police						AFP					
	99/00	**00/01**	**01/02**	**02/03**	**03/04**	**04/05**	**99/00**	**00/01**	**01/02**	**02/03**	**03/04**	**04/05**
NSW	34.0 n=36	52.0 n=101	n.a	27.0 n=52	32.0 n=97	**64.3 n=92**	53.3 n=119	44.9 n=57	73.0 n=233	72.3 n=271	72.3 n=348	**69.6 n=63**
ACT	-	-	35.9 n=5	-	48.0 n=3	**47.7 n=5**	25.9 n=2	35.9 n=2	-	-	-	**-**
VIC	40.1 n=72	47.0 n=101	37.0 n=47	31.0 n=39	32.6 n=27	**48.8 n=33**	80.7 n=21	65.7 n=21	72.4 n=24	61.6 n=36	75.3 n=34	**58.9 n=9**
TAS	-	44.6^ n=1	44.0^ n=1	-	-	**-**	-	-	-	-	-	**-**
SA	-	68.6 n=21	-	20.6 n=24	38.5 n=10	**30.7 n=64**	-	66.9 n=94	-	-	-	-
WA	30.5 n=10	35.0 n=25	30.5 n=16	59.0 n=6	3.0 n=4	**44.0 n=27**	35.8^ n=1	33.8 n=3	72.4 n=4	-	59.4 n=9	**77.4 n=1**
NT	-	-	24.0^ n=1	-	-	**-**	-	-	-	-	-	**-**
QLD	38.4 n=45	68.8 n=31	-	41.1 n=46	14.9 n=30	**35.2 n=90**	76.3 n=33	72.7 n=11	63.1 n=15	-	71.7 n=24	**79.9 n=7**

Source: ABCI 2001, 2002; ACC, 2003, 2004 & 2005

1. Seizures ≤2g and >2g combined. Dashes represent no seizures analysed. ^ median purity based on one seizure. Due to industrial action no state police seizures were analysed in SA Jan-June 2001. 2001/02 state police data are not available for NSW. In 2003/04 and 2004/05 no cocaine seizures were analysed for the NT or TAS. Figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania 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.

Cannabis

Price: The price of an ounce of hydroponic cannabis remained cheapest in SA ($200) and bush cannabis was cheapest in NSW, VIC, TAS, SA and the NT ($200, Table 6). The majority of IDU in all jurisdictions reported that the price of hydro and bush cannabis had remained stable in the preceding six months.

Potency: As in previous years, the IDU in all jurisdictions perceived potency of hydro cannabis as 'high', and 'medium' for bush cannabis. The potency was considered stable for both forms.

Availability: Hydro and bush cannabis was considered 'very easy' or 'easy' to obtain by the majority of IDU in all jurisdictions, and availability was described as stable.

Use: As in all previous years of the IDRS, cannabis use was common, and hydroponic cannabis continued to dominate the market with the majority in all jurisdictions reporting it as the form most used. The use of outdoor crop or bush cannabis in the six months preceding interview was reported in all jurisdictions by nearly half or more of respondents (43% in VIC to 71% in the ACT). The use of hash (5% in NSW to 24% in SA) and hash oil (2% in NSW and VIC to 18% in SA) in the preceding six months was also reported in all jurisdictions.

Table 6: Estimated median price, potency and availability of cannabis, by jurisdiction, 2000-2005

	Availability 2005		Price $ per gram									Price ($) per ounce								
			2000	2001	2002	2003[1]		2004[1]		2005[1]		2000	2001	2002	2003[1]		2004[1]		2005[1]	
	Hydro	Bush				Hydro	Bush	Hydro	Bush	Hydro	Bush				Hydro	Bush	Hydro	Bush	Hydro	Bush
NSW	Very easy/easy	Very easy/easy	20	20	20	20	20	20	20	**20**	**20**	300	320	300	310	225	300	175	**300**	**200**
ACT	Very easy/easy	Very easy/easy	25	20	20	20	20	20	20	**20**	**20**	300	280	250	322.5	200	280	200	**290**	**250**
VIC	Very easy/easy	Very easy/easy	20	20	20	20	20	20	20	**20**	**20**	280	250	250	280	250	240	180	**250**	**200**
TAS	Very easy/easy	Very easy/easy	25	25#	25	25	25	25	25	**25**	**22.5**	300	280	250	300	150	280	180	**290**	**200**
SA	Very easy/easy	Very easy/difficult	25*	25*	25*	20*	25*	25*	25*	**25***	**25***	220	200	180	200	180	200	180	**200**	**200**
WA	Very easy/easy	Very easy/easy	25^	25^	25	25	20	25	25	**25**	**25**	300	250	250	270	200	250	200	**300**	**232.5**
NT	Very easy/easy	Easy	25	25	25	25	25	25	23	**25**	**25**	300	300	300	305	200	300	200	**300**	**200**
QLD	Very easy/easy	Very easy/easy	25	25	25	25	15	25	20	**25**	**25**	300	320	300	310	240	300	200	**300**	**230**

Source: IDRS IDU interviews * approximately 2.5 grams, # approximately 1.5 grams, ^ approximately 2 grams.

1. In 2003, 2004 and 2005, IDU were asked about the price or hydroponic cannabis and bush cannabis separately.

Other opioids/drugs

Twenty-four percent of the national sample reported the use of illicit (diverted) methadone syrup and 12% reported illicit Physeptone® tablets in the six months preceding interview. Of those that reported recent methadone use, twenty-six percent stated that illicit methadone was the form of methadone used most often. The injection of illicit methadone syrup (49%) and illicit Physeptone® (40%) was highest in TAS.

Of the national sample, 23% had recently used licit buprenorphine and 18% had used illicit buprenorphine. Thirty-one percent of IDU in WA reported the injection of illicit buprenorphine followed by 23% in VIC, 16% in QLD, 10% in the ACT and NT and less than 10% in the other jurisdictions. VIC reported the highest level of injecting licit buprenorphine (26%).

Substantial proportions of IDU reported recent injection of morphine. Morphine injection remained highest in the NT and TAS. The majority of participants who reported they had used morphine stated they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

Nationally, 5% of the sample had recently used licit oxycodone and 18% had recently used illicit oxycodone. WA (39%) followed by TAS (30%) reported the highest level of recent illicit oxycodone use.

Sixty-six percent of the national sample had recently use benzodiazepines. Among those who had recently used benzodiazepines, only 8% had recently injected them, although significant minorities reported injecting in TAS (27%) and the NT (39%).

More than two-fifths (43%) of the TAS sample and nearly half (47%) of IDU in WA reported the recent use of pharmaceutical stimulants in the six months preceding interview. Of those that had recently used, 60% nationally had recently injected, ranging from 15% in QLD to 81% in TAS.

Overall, the injection of these oral preparations is a concern due to the risk of vein damage.

Associated harms

The proportion of IDRS IDU samples that report lending or borrowing needles has remained stable in 2005; however, the proportion of the sample that reported sharing some form of injecting equipment reduced slightly from 45% in 2004 to 37% in 2005. This proportion is still of concern due to the risk of transmission of BBVI, in particular HCV, which is prevalent in the IDU population.

Consistent with previous years, the majority of IDU (72%) in the national sample reported that they had last injected at home. However, substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

The majority (65%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview. Significant scarring/bruising (43%) and difficulty injecting (indicating poor vascular health, 40%) were commonly reported.

The proportion of the national IDU sample reporting having attended a health professional for a mental health problem other than drug use in the preceding six months remained stable at 75% (71% in 2004). Depression (31%) was the most commonly reported mental health problem among the IDU sample, followed by anxiety (16%).

Nearly three-quarters (72%) of the national sample had driven a car in the preceding six months. Of those who had driven recently, nearly two-thirds (62%) had driven while under the influence of an illicit drug, mainly heroin, cannabis or methamphetamine.

As in previous years, about half (46%) of the overall national sample reported having engaged in at least one criminal activity in the preceding month, most often drug dealing (30%) and property crime (21%). Thirty-nine percent of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences, reflecting the crimes most commonly reported in the past month.

Implications

Australian Drug Trends 2005 presents the findings of the sixth year in which the complete IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time of standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Data from recent years have highlighted the dynamic nature of drug markets and the need to monitor fluctuations to provide information on the way they impact other drug markets. The IDRS provides an opportunity to examine trends between and within jurisdictions with the aim to inform further research and policy decisions. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and the associated harms of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms.

As in previous years of the IDRS, the 2005 findings indicate that, although there are some commonalities in drug trends across the country, there is also substantial variation. For example, the diversion and misuse of specific pharmaceutical drugs raise issues to consider in different jurisdictions. Harm reduction strategies need to be individually tailored to the particular types of substances used and the problems associated with them within each state and territory.

The 2005 IDRS data suggests that the heroin market remains stable. The price of heroin remained fairly stable, and availability and use were stable, although the frequency of use reduced in most jurisdictions. Use has not returned to the levels reported prior to the heroin shortage in most jurisdictions. If heroin becomes increasingly available then it would be expected that there may be a concomitant increase in the harms associated with heroin use as well as the demand for treatment.

As there have been substantial changes in the methamphetamine market in recent years, continued monitoring of market fluctuation and patterns of use is required. A recently completed NDLERF-funded project, conducted by NDARC, the Australian Customs Service and the NSW police, focused on developing our understanding of these markets (McKetin and McLaren 2004).

While the use of crystal methamphetamine appeared to reduce slightly among IDU in 2005, the use and availability of methamphetamine raises issues for health and law enforcement professionals. Reports by KE suggest that there are concerns among health and law enforcement professionals as to how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt and Topp 2003), and health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information on the use of ice should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

Customs continue to seize cocaine at the Australian border, indicating that there is an ongoing cocaine market in Australia. The 2005 IDRS suggests that the use of cocaine, frequency of use and availability of cocaine has increased slightly in NSW, while use remains sporadic in other jurisdictions. As cocaine use is sporadic among the IDRS samples interviewed, more detailed research is needed to further investigate the cocaine markets in Australia. Partly in recognition of issues such as this, NDLERF in 2003 funded a two year national trial which targeted populations likely to consume a proportionally greater share of the cocaine market. The Party Drugs Initiative (PDI) provides information on cocaine use among regular ecstasy user populations across the country (Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005). The PDI continued to be funded in 2005 by the Australian Government Department of Health and Ageing and the Ministerial Council on Drug Strategy as a project under the cost-shared funding arrangement. Furthermore, NDLERF has funded a collaborative project between NDARC and Turning Point Alcohol and Drug Centre to examine the characteristics and dynamics of cocaine supply and demand in Sydney and Melbourne. This project investigated use among high socio-economic status users, recreational polydrug users and IDU in an attempt to provide more detailed information (Shearer, Johnston et al. 2005).

The frequency of cannabis use among IDU samples stabilised in all jurisdictions in 2005. Although IDU interviewed for the IDRS often report very frequent cannabis use, it is not the case that these groups form the majority of the cannabis using population in Australia. General population rates in Australia suggest that lifetime use is reported by at least one in three people aged 14 years and over (Australian Institute of Health and Welfare 2005), and cannabis use remains an entrenched behaviour among the broader community in this country. Given that many IDU reported cannabis potency as high, and that much of the cannabis used was apparently hydroponically grown, future work may further examine the characteristics and potency of street samples of cannabis to validate these reports.

Data from recent years of the IDRS have pointed to the misuse of a growing number of pharmaceutical preparations. Research into factors that would reduce the harms associated with the injection of morphine, methadone, buprenorphine, other opioids, benzodiazepines and pharmaceutical stimulants is needed. The dissemination of this information needs to occur through health professionals and peer groups. Continued education in this area is required.

As the IDU mainly reported using 'illicitly' sourced pharmaceuticals, further investigation into the sources is required. Turning Point Alcohol and Drug Centre Inc examined buprenorphine diversion

and injection among IDU in Melbourne and identified it as an issue that requires attention (Jenkinson, Clark et al. 2005). Careful monitoring is warranted as the buprenorphine program continues to expand across Australia.

Rates of sharing of injecting equipment (not including needles) decreased slightly in 2005; however, the rates remain relatively high (37% of the national sample). Consequently, continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment by IDU is required. In addition, as injection-related problems continue to be reported, attempts should be made to minimise the harms associated with poor injecting practice through improving awareness and adoption of safe injection techniques and vein care by IDU.

For the first time in 2005, the IDRS explored driving risk behaviours among IDU. The reports of users driving under the influence of illicit drugs is a concerning finding in this year's IDRS. Further investigation - for example, the frequency and circumstances under which it occurs - is already an area of considerable research effort (Kelly, Darke et al. 2002). The 2006 IDRS plans to include questions to explore some of these concerns further.

It is also important to disseminate information to users about the effects of different drug types upon driving ability, and, indeed, of the negative effects of polydrug use on such abilities. Recent discussions have suggested that NSW will be introducing random roadside drug testing in early 2006, as has recently been introduced in Victoria in late 2004. Other jurisdictions are considering introducing random roadside drug testing.

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among regular IDU, it cannot provide information on drug use and harms among all groups of drug users. The PDI, which has been funded in every jurisdiction in Australia from 2003-2005, has documented patterns and trends in use among regular ecstasy users (Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005). The information provided by the PDI is an important addition to Australia's monitoring of drug use and harms. Given that the use of new drugs and diversion of pharmaceutical drugs appears to be increasing, future research might include examination of groups who report using these drug types to investigate the patterns and circumstances of the use of newer drug types. Examination of trends in rural areas in Australia may also provide information about the patterns of use and harm among groups outside the major metropolitan centres of the country.

1.0 INTRODUCTION

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

The complete IDRS methodology consists of three components: interviews with injecting drug users (IDU); interviews with key experts (KE) who, through the nature of their work, have regular contact with illicit drug users; and an examination of existing indicator data sources related to illicit drug use, such as National Household Survey data on drug use, opioid overdose data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one, and to ensure valid emerging trends are documented.

The complete IDRS was trialled in NSW in 1996, and was expanded to include SA and VIC in 1997. In 1999, the complete IDRS was conducted in the same three jurisdictions, while a 'core' IDRS, consisting of key expert interviews and examination of existing indicator data sources, was conducted in all other jurisdictions. From 2000, with additional funding provided by NDLERF, the complete IDRS was conducted in all jurisdictions. This advance has provided six years in which standardised, directly comparable data relating to illicit drug use and markets were collected in all jurisdictions. The *Australian Drug Trends 2005* report presents these findings.

To provide an understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC) via the NDARC website: national http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/IDRSNational, and jurisdictional http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/IDRSJurisdictional TAS: (Bruno 2006); NSW: (Black, Degenhardt et al. 2006); VIC: (Jenkinson and O'Keefe 2006); WA: (Fetherston and Lenton 2006); SA: (Weekley, Simmonds et al. 2006); QLD: (Kinner, Fischer et al. 2006); NT: (Newman and Moon 2006); ACT: (Buckingham, Ward et al. 2006).

Since 2000, trends in the use of ecstasy and related drugs have formed a separate, specialised project called the PDI. The PDI adopts the some methodology as the IDRS, and results are reported elsewhere (Breen, Topp et al. 2002; White, Breen et al. 2003; White, Breen et al. 2004; Stafford, Degenhardt et al. 2005; Stafford, Degenhardt et al. 2006). Copies of these reports are available from the above website addresses.

1.1 Study aims

The primary aims of the 2005 national IDRS were:

1. to document the price, purity, availability and patterns of use of the four main illicit drug classes in this country, - namely heroin, methamphetamine, cocaine and cannabis; and

2. to detect and document emerging drug trends of national significance that require further and more detailed investigation.

2.0 METHOD

The 2005 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA (Hando, O'Brien et al. 1997; Hando, Darke et al. 1998). In 2005, 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 IDU;
2. a semi-structured interview with 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 survey and/or trends suggested by indicator data.

Comparable methodology was followed in each site for individual components of the IDRS. Any differences in methodology have been highlighted. Further information on methodology in each jurisdiction in 2005 can be found in the jurisdictional Drug Trends 2005 reports, available from the NDARC website.

2.1 Survey of injecting drug users

A total of 943 IDU were interviewed in 2005. Research has continually demonstrated that patterns of extensive polydrug use are the norm among Australian IDU (McKetin, Darke et al. 2000). As such, they can be considered an appropriate 'sentinel' population of drug users who provide information on drug use patterns and trends. The information from the IDU survey is not representative of illicit drug use in the general population nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring.

The 943 IDU who participated in the 2005 IDRS were interviewed between June and August, 2005. The sample sizes in each jurisdiction were: NSW, n=154; VIC, n=150; NT, n=107; QLD, n=106; ACT, n=125; SA, n=101; TAS, n=100; and WA, n=100. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, IDU needed to be at least 16 years of age (due to ethical constraints), history of injecting at least monthly during the six months preceding the interview, and to have been a resident for at least twelve 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 NSPs, 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 except

the ACT and QLD were reimbursed up to $30 for their time and expenses incurred. In QLD participants were reimbursed $20 and in the ACT money was provided to agencies that assisted with participant recruitment, and agency management redistributed a proportion of the fee to participants, either in cash or in kind. Informed consent to participate was obtained prior to the 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 2004 IDRS (Stafford, Degenhardt et al. 2005), which was based on previous NDARC studies of heroin and amphetamine users (Darke, Hall et al. 1992; Darke, Cohen et al. 1994). In 2005, amendments were made to the questionnaire in an attempt to collect more detailed information on the use of oxycodone and information relating to driving risk behaviours.

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 274 KE were interviewed, either by telephone or in person, between June and September 2005. All KE in the ACT, TAS, VIC, WA and the NT were interviewed in person, while the majority of KE in QLD and SA and one in NSW were interviewed in person. Criteria for entry to the KE component of the IDRS were at least weekly contact with illicit drug users in the six months preceding the interview, or contact with at least ten 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 the interview. The purpose and methodology of the IDRS were described to KE prior to the 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=56; QLD, n=41; TAS, n=31; SA, n=26; VIC, n=50; WA, n=23; ACT, n=28; and NT, n=17. KE included GPs, pharmacists, drug dealers, staff of drug treatment agencies, NSP workers, staff of research organisations, user groups, law enforcement agencies, youth services, counselling services, ambulance services and general health agencies.

In 2005, heroin and other opioids (such as morphine) were the most discussed drug classes by key experts. Over half (52%) of the KE sampled in WA, half in SA (50%), nearly half in QLD (46%), and one-third in TAS (36%) discussed methamphetamine. Smaller proportions discussed methamphetamine in the ACT (29%), NSW (14%), the NT (12%) and VIC (10%). As in previous years, a greater proportion of KE discussed heroin and other opioids in VIC (78%), the NT (47%), NSW (50%) and the ACT (29%). Smaller proportions discussed heroin and other opioids in SA (31%), QLD (31%), TAS (24%) and WA (9%). Cannabis was also discussed in TAS (24%), the NT (41%), WA (35%), the ACT (43%); and smaller proportions or none discussed cannabis in the other jurisdictions (NSW 25%; QLD 15%, VIC 10%, and SA 0%). Like previous years, there was an

absence of KE comments on cocaine; six (11%) discussed cocaine in NSW, while there were no KE in other jurisdictions commenting on cocaine.

KE interviews took approximately 45 minutes to administer. The 2005 KE interview schedule was very similar to KE interviews administered in previous years, which was based on previous NDARC research for the World Health Organization (Hando, Flaherty et al. 1997). 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 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. In an attempt to standardise data collection across jurisdictions and across time, while still retaining the primarily qualitative format, check boxes were added to the end of many questions to ensure that the necessary basic information was obtained. Once the interviews were transcribed, basic content analysis (Kelleher 1993) was used to identify recurring themes within drug classes.

Detailed reports of KE interviews may be found in each jurisdictional report: TAS: (Bruno 2006); NSW: (Black, Degenhardt et al. 2006); VIC: (Jenkinson and O'Keefe 2006); WA: (Fetherston and Lenton 2006); SA: (Weekley, Simmonds et al. 2006); QLD: (Kinner, Fischer et al. 2006); NT: (Newman and Moon 2006); ACT: (Buckingham, Ward et al. 2006).

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, O'Brien et al. 1997) recommended that such data should:

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

Data sources which fulfilled at least four of these criteria and were available for most or all jurisdictions, included:

- Drug purity data provided by the Australian Crime Commission (ACC). This included the number and median purity of seizures of illicit drugs made by state and federal law enforcement agencies that were analysed in Australia during the 2004/05 financial year.
- Data on consumer and provider arrests by drug type provided by the ACC.

- Data from the 2004 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2005).

- Data from the National Hospital Morbidity Database (NHMD) (Australian Institute of Health and Welfare**,** ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments).

- Data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS- NMDS) (Australian Institute of Health and Welfare 2005).

- Drug injection prevalence data and HIV/HCV seroprevalence data from the 2004 Australian needle and syringe program survey, provided by the National Centre for HIV Epidemiology and Clinical Research (National Centre in HIV Epidemiology and Clinical Research 2005).

- Pharmacotherapy statistics and national notifiable diseases data from the Australian Government Department of Health and Ageing.

- Opioid, cocaine and amphetamine-related overdose fatalities from the Australian Bureau of Statistics (ABS).

- Data on the number and weight of seizures of illicit drugs made at the border by the Australian Customs Service for the financial year 2004/05.

Indicator data reported in the individual state reports may contain data from different sources than reported in this national overview.

2.4 Data analysis

Since 2000, the complete IDRS has been conducted in all jurisdictions, providing comparable data across Australia. The year 2005 is the sixth year that directly comparable data drawn from standardised, quantitative IDU interviews conducted in all jurisdictions has been available, and therefore data can be presented not only across jurisdictions but also over time.

Therefore, the IDU survey results are used as the primary basis on which to estimate drug trends. IDU surveys 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 is also presented in this report.

For continuous, normally distributed variables, *t*-tests were employed and means reported. Categorical variables were analysed using χ^2. To investigate differences between jurisdictions, dummy variables were created and an individual state was compared against all the other jurisdictions combined. All analyses were conducted using SPSS for Windows, Version 12.0 (SPSS inc 2004).

3.0 RESULTS

3.1 Overview of the IDU sample

A total of 943 IDU were interviewed for the 2005 IDRS. The national sample comprised of 154 IDU from Sydney (NSW), 150 from Melbourne (VIC), 125 from the Canberra (ACT), 107 from Darwin (NT), 106 from Brisbane (QLD), 101 from Adelaide (SA) and 100 each from Hobart (TAS) and Perth (WA). The mean age of the overall sample was 34.1 years (SD 8.9; range 15-63), and 64% were male (Table 7). Female participants were, on average, significantly younger than males (32.4 versus 35.1 years, t_{946}=-4.5, p<0.001). The majority (97%) of the sample spoke English as their main language at home, and 12% identified as being of Aboriginal and/or Torres Strait Islander (A&TSI) descent (NSW did not collect this information in 2004). Seventy percent of the sample currently resided in their own house or flat (including renting), and 11% lived in their parents' or family home. Eleven percent described their current accommodation as a boarding house or hostel, 6% were homeless and a further 1% resided in temporary accommodation.

The mean number of school years completed by the overall sample was 9.9 (SD 1.8; range 0-12), and 47% had completed courses after school, with 36% possessing a trade or technical qualification, and 11% having completed a university degree or college course. About three-quarters (73%) of the sample were unemployed, 11% were employed on a part-time or casual basis, 7% were employed full-time, 7% were engaged in home duties and 3% were students. Three percent of the sample reported that they were currently involved in sex work.

Nearly half (48%) of the participants were currently in any form of drug treatment, with 30% in methadone maintenance treatment and 14% in buprenorphine treatment. In the preceding six months, 39% of the sample had been in some form of drug treatment, with 35% having been in methadone maintenance, 22% in buprenorphine maintenance or detoxification, 10% in drug counselling, 4% in detoxification, and 1% in naltrexone treatment.

Fifty percent of the sample had previously been imprisoned; males were significantly more likely to report previous imprisonment (56% of males versus 37% of females; OR 2.2; 95%CI: 1.67, 2.89). The demographic characteristics of the 2005 sample are similar to those of the national sample of IDU recruited for the IDRS in previous years (McKetin, Darke et al. 2000; Topp, Darke et al. 2001; Topp, Kaye et al. 2002; Breen, Degenhardt et al. 2003; Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005).

Table 7: Demographic characteristics of the national sample, 2000-2005

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943
Mean age in years (SD; range)	28.8 (8.0; 14-64)	30.1 (8.4; 14-58)	30.1 (8.2; 15-57)	32.9 (8.6; 16-62)	33.1 (8.6; 16-56)	**34.1 (8.9, 16-63)**
% male	68	67	64	64	66	**64**
% English speaking background	94	95	96	97	95	**97**
% A&TSI	11	14	14	14	10^	**12**
Mean years school education (SD; range)	10.4 (1.7; 0-16)	10.3 (1.8; 0-14)	10.3 (1.7; 0-13)	10.1 (1.6; 1-13)	10.1 (1.7; 2-13)	**9.9 (1.8, 0-12)**
% completed trade/technical qualification	31	37	37	49	37	**36**
% completed university/college	12	9	10	10	10	**11**
% unemployed	68	73	73	76	77	**73**
% students	5	4	3	2	2	**3**
% prison history	43	44	45	43	46	**50**
% currently in drug treatment	34	36	37	40	46	**48**

Source: IDRS IDU interviews
^ Information not obtained in NSW for 2004

As in previous years, the majority of participants in all jurisdictions were male (Table 8). Consistent with the IDU interviewed in 2004, the TAS sample along with VIC contained the youngest participants and the NT sample the oldest. Sample characteristics within jurisdictions were broadly consistent with previous years.

TAS, followed by the SA sample, contained a higher proportion of students than the other samples. The NSW sample were significantly more likely to have a history of imprisonment than IDU recruited in other jurisdictions (26% vs. 7%; OR=4.7, 95% CI 3.1, 7.1), while the ACT (10% vs. 16%), TAS (7% vs. 14%) and WA (7% vs. 14%) were less likely to have a prison history.

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 IDU who are current and active participants in illicit drug markets; as a result, those in the IDU samples who report being in treatment may be *unrepresentative* of treatment populations more generally.

Table 8: Demographic characteristics of IDU, by jurisdiction, 2005*

	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Mean age (years)	34 (34)	35 (35)	31 (31)	31 (30)	36 (33)	35 (33)	38 (36)	34 (34)
% male	62 (68)	68 (65)	60 (60)	62 (65)	64 (61)	66 (67)	71 (75)	62 (66)
% English speaking background	94 (88)	98 (98)	94 (96)	100 (93)	96 (98)	99 (97)	98 (99)	100 (97)
% A&TSI	23 (^)	9 (8)	6 (5)	11 (10)	8 (14)	6 (6)	15 (17)	16 (12)
% heterosexual#	83	89	87	87	82	88	89	82
Mean years of school education	9 (9)	10 (11)	10 (10)	10 (10)	10 (10)	11 (10)	10 (10)	10 (10)
% completed trade/tech qualification	23 (40)	39 (32)	47 (37)	24 (37)	44 (29)	42 (40)	36 (42)	31 (38)
% completed university/college	7 (3)	13 (17)	7 (5)	7 (4)	12 (26)	16 (16)	18 (8)	13 (9)
% unemployed	85 (83)	69 (81)	81 (85)	64 (76)	62 (63)	66 (61)	81 (83)	64 (72)
% students	1 (<1)	3 (1)	1 (2)	8 (3)	5 (6)	2 (1)	1 (0)	2 (0)
% prison history	79 (67)	38 (45)	53 (51)	34 (25)	46 (41)	33 (37)	56 (49)	44 (43)
% currently in drug treatment	67 (60)	57 (48)	40 (38)	54 (65)	48 (48)	50 (51)	24 (20)	32 (36)

Source: IDRS IDU interviews
*Comparable data from 2004 presented in brackets
^ Information not obtained from NSW 2004

3.2 Drug use history and current drug use

3.2.1 First drug injected

The mean age of first injection of the overall sample was 19.2 years (SD 5.7; range 9-53). IDRS results from previous years (McKetin, Darke et al. 2000; Topp, Darke et al. 2001; Topp, Kaye et al. 2002; Breen, Degenhardt et al. 2003; Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005) and other studies (Lynskey and Hall 1998) have identified a decrease in the age of initiation among new recruits to injecting. To investigate this trend, the overall sample of 943 IDU was divided into two groups: those aged ≤ 25 years at the time of interview (n=179), and those aged > 25 years (n=764). The younger group was significantly, on average four years younger at the time of first injection than the older group (15.9 versus 19.9 years; t_{941}=-8.7; p<0.001). Overall, there was a significant correlation between age at the time of interview and age of initial injecting (Pearson's r=0.35; p<0.001), indicating that more recent cohorts of IDU in Australia are initiating injecting at an earlier age (consistent with previous research by (Lynskey and Hall 1998). This correlation was significant in all jurisdictions, with the correlation coefficients ranging from Pearson's r=0.24 (ACT) to r=0.52 (TAS).

Of the overall sample, 48% reported that amphetamine was the first drug injected, whereas 43% had first injected heroin, and 4% morphine. In NSW (66%), VIC (53%) and the ACT (50%), the majority of participants reported heroin as the first drug injected. Among the other jurisdictions, between 49% (WA and the NT) and 62% (TAS) of participants reported first injecting amphetamine (Table 9). Nearly one-fifth (18%) of participants in TAS reported first injecting morphine.

Table 9: Drug use patterns among IDU, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Mean age first injected	19.2	19.2	18.3	18.6	18.7	19.7	18.9	21	19.3
First drug injected (%)									
Heroin	43	66	50	53	11	33	40	38	35
Amphetamine	48	28	42	43	62	60	49	49	59
Morphine	4	1	3	1	18	1	6	8	0
Cocaine	2	3	2	1	0	4	0	3	4
Methadone	<1	0	1	0	2	0	0	0	0
Other drugs	3	2	2	2	7	2	5	2	2
Drug of choice (%)									
Heroin	57	72	67	68	32	57	63	34	45
Methamphetamine	21	9	17	13	34	27	15	27	36
Morphine	5	2	1	1	15	1	6	21	2
Cocaine	4	15	2	2	2	4	1	2	2
Methadone	2	0	2	0	7	0	0	2	2
Cannabis	6	2	10	12	4	4	6	5	7
Other drugs	5	0	1	4	6	7	9	9	5
Last drug injected (%)									
Heroin	41	64	61	68	0	31	38	3	39
Methamphetamine*	30	13	28	15	41	51	32	27	50
Morphine	12	2	3	2	18	9	9	59	6
Cocaine	3	17	1	1	1	0	0	0	1
Methadone	7	2	6	0	34	6	6	5	3
Buprenorphine	4	0	0	13	1	3	8	2	0
Other drugs	3	2	1	1	5	0	7	4	1
Injected most often last month (%)									
Heroin	43	64	66	69	2	33	37	4	42
Methamphetamine*	29	14	28	19	48	47	32	26	46
Morphine	12	2	0	2	15	10	12	60	8
Cocaine	3	15	0	0	0	0	0	0	1
Methadone	6	2	5	0	34	6	4	2	2
Buprenorphine	3	0	0	8	0	4	8	3	1
Other drugs	4	3	1	2	1	0	7	5	0
Injection frequency last month (%)									
Not in last month	1	3	2	1	0	0	1	0	1
Weekly or less	19	12	23	23	8	25	22	15	24
< Daily-weekly	37	23	46	37	62	42	29	31	31
Daily	15	17	6	14	12	13	22	15	18
2-3 times daily	22	27	18	17	16	16	24	39	20
> 3 times a day	6	18	5	9	2	5	2	0	7

Source: IDRS IDU interviews * includes pharmaceutical stimulants

3.2.2 Drug of choice

Heroin was nominated by over half (57%) of the national sample as the drug of choice, followed by methamphetamine (21%), cannabis (6%) and morphine (5%). As in previous years, there were jurisdictional differences in the drug of choice among IDU (Table 9). In NSW, ACT, VIC, SA and WA, more than half of the IDU nominated heroin as their drug of choice and 27% or less in these jurisdictions nominated methamphetamine as their drug of choice. QLD (36%) had the highest proportion of IDU who nominated methamphetamine as their drug of choice, followed by TAS (34%) and SA and the NT (27%). Substantial minorities of IDU in the NT and TAS reported morphine as their drug of choice. Heroin is not as widely available in the NT and TAS and this may influence the reports of drug of choice; however, the data suggests that the majority of IDU in most jurisdictions prefer opioids. Cocaine was nominated as the drug of choice by 15% in NSW in 2005. This is an increase since previous years (4% in 2003 and 8% in 2004); however, it has not returned to those levels reported in 2002 (30%). VIC (12%) and the ACT (10%) reported the highest percentage reporting cannabis as their drug of choice.

Previously, NSW was the only jurisdiction where cocaine was nominated as a drug of choice by substantial proportions. In 2003 and 2004 there was a decrease in the proportion in NSW that nominated cocaine as the drug of choice (30% in 2002 to 4% in 2003 and 8% in 2004); however, in 2005 this increased to 15%.

3.2.3 Last drug injected

Forty-one percent of the national IDU sample reported that heroin was the last drug injected, followed by methamphetamine (30%), morphine (12%), and methadone (7%). Heroin was the drug last injected by more than half of participants in NSW, VIC and the ACT (64%, 68% and 61% respectively). Fifty-one percent of IDU in SA and substantial proportions of IDU in QLD, WA, TAS and NT had last injected methamphetamine (Table 9). NSW recorded the lowest proportion of IDU reporting methamphetamine as the drug last injected and the highest reporting cocaine. In the NT, the drug most likely to have last been injected was morphine (59%), followed by methamphetamine (27%). TAS remained the only jurisdiction where one-third of IDU had last injected methadone (34%).

3.2.4 Drug injected most often

There were similar patterns between the last drug injected and the drug injected most often in the last month. Forty-three percent of the national sample reported injecting heroin most often in the last month, followed by 29% injecting methamphetamine, 12% morphine, 6% injecting methadone and 3% injecting buprenorphine and cocaine most often in the last month. Heroin was reported by over 60% of IDU in NSW, VIC and the ACT, and had been injected most often by substantial minorities in QLD, SA and WA (Table 9). Methamphetamine was injected most often by over 25% of participants in SA, QLD, WA and TAS. Substantial proportions in all other jurisdictions, except NSW and VIC, reported having injected methamphetamine most often in the preceding month. TAS (34%) reported the highest proportion that injected methadone most often in the preceding month. In the NT, morphine was injected most often in the preceding month by less than two-thirds (60%) of IDU. Cocaine was reported by 15% of IDU as the drug injected most frequently in NSW and 1% in QLD. There were no other reports of cocaine in any of the other jurisdictions (Table 9).

3.2.5 Frequency of injection

More than two-fifths (43%) of the 2005 national sample reported injecting daily in the month preceding interview: 15% injected once per day, 22% injected two to three times a day and 6% reported injecting more than three times a day. Thirty-seven percent reported they had injected more than weekly but not daily and 19% reported injecting weekly or less. As in previous years, frequency of injection was highest in NSW (Table 9), where 62% of participants had injected at least daily in the preceding month, and 6% (14% in 2004) had injected more than three times per day. The NT also had more than half (54%) of the participants who reported injecting at least daily. The majority of participants in all other jurisdictions reported less than daily injection. The ACT and TAS reported the lowest frequency of injection in 2005, with 29% and 30% reporting at least daily injection.

3.2.6 Trends over time

Similar proportions of the 2002 (56%), 2003 (57%), 2004 (58%) and 2005 (57%) national samples nominated heroin as their drug of choice. This figure increased from 2001 (48%), when, in response to the shortage of heroin availability throughout 2001, it appeared some IDU switched their drug of choice to stimulant drugs-methamphetamine in most jurisdictions and cocaine in NSW (Topp, Kaye et al. 2002).

Those reporting heroin as the drug of choice is reflected in the behaviour of IDU: in 2005 heroin was the last drug injected by 41% of the national sample, followed by methamphetamine (30%), morphine (12%) and methadone (7%). The number reporting methamphetamine as the last drug injected remained fairly stable at 30% (26% in 2004, 32% in 2003).

As in previous years of the IDRS, the IDU were polydrug users. Of the 18 drug types asked about in 2005, the national sample had used an average of 11.8 (SD 3.1; range 2-18) drugs in their lives, and 7.2 (SD 2.5; range 2-17) in the preceding six months. Fifteen drugs types were asked about in relation to injecting. An average of 5.8 (SD 2.7; range 1-13) drugs had been injected by the sample over their lives, and 3.1 (SD 1.8; range 1-12) in the six months preceding interview. There was little difference in the extent of poly drug use across jurisdictions (Table 10). These figures may appear slightly greater than those reported in the 2004 reports; however, this is predominantly due to an increase in the number of drug categories from 17 in 2004 (14 for injecting) to 18 in 2005 (15 for injecting). In 2005, oxycodone was considered as a separate category from 'other opioids' under which it was previously included.

Table 10: Polydrug use history* of IDU, by Australian jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Mean no. drugs ever used	11.8	11.3	12.5	11.8	12.7	12.5	12.6	10.9	9.9
Mean no. drugs used last 6 mths	7.3	7.1	7.5	7.6	8.1	6.7	8.2	6.6	6.3
Mean no. drugs ever injected	5.8	5.3	6.4	5.5	6.1	5.8	7.2	5.8	4.8
Mean no. drugs injected last 6 mths	3.1	2.9	3.1	3.0	3.6	2.6	4.0	3.0	2.6

Source: IDRS IDU interviews

* All forms of methamphetamine and methadone were each considered to be a single drug type.

Table 11: Drug use history of the overall national IDU sample, 2005

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Total days used^ in last 6 mths*
Heroin	91	90	65	70	47	5	19	<1	20	4	66	70
Methadone (prescribed)	58	30	12	26					57	34	35	180
Methadone (not prescribed)	48	35	16	9					31	13	24	4
Physeptone (prescribed)	12	6	1	30	0	0	0	0	10	2	3	14
Physeptone (not prescribed)	33	27	10	6.5	<1	0	<1	0	17	5	12	5
Any methadone	*78*	*53*	*26*	*20*	*<1*	*0*	*<1*	*0*	*70*	*44*	*52*	*174*
Buprenorphine (prescribed)	38	20	11	24.5	<1	0	<1	<1	37	22	23	90
Buprenorphine (not prescribed)	28	21	14	5	<1	<1	<1	<1	13	7	18	4
Any buprenorphine	*52*	*33*	*21*	*12*	*<1*	*<1*	*<1*	*<1*	*44*	*27*	*35*	*60*
Morphine	77	73	41	12	2	<1	1	<1	37	15	44	12
Oxycodone (prescribed)	11	6	3	8	0	0	0	0	8	3	5	10
Oxycodone (not prescribed)	35	29	15	4	<1	<1	<1	<1	13	5	18	4
Any oxycodone	*41*	*31*	*17*	*4*	*<1*	*<1*	*<1*	*<1*	*19*	*8*	*21*	*4*
Homebake	25	24	7	6	2	<1	1	<1	2	<1	7	6
Other opioids	35	14	3	5	8	1	2	<1	23	12	14	5
Speed powder	90	88	58	10	17	5	49	7	42	10	60	10
Base/wax	54	53	38	10	5	2	5	1	11	5	39	10
Ice/shabu	70	65	40	6	24	12	5	2	8	4	43	6
Amphetamine liquid	27	25	7	3					6	1	7	3
Pharmaceutical stimulants	41	25	12	6	1	<1	3	1	28	11	20	6
Any meth/amphetamine	*95*	*94*	*74*	*20*	*33*	*15*	*51*	*9*	*55*	*22*	*77*	*24*
Cocaine	67	56	19	5	12	2	37	7	9	1	22	5
Hallucinogens	72	16	1	1.5	4	<1	2	<1	70	8	9	2
Ecstasy	62	34	12	2	1	<1	8	3	54	21	26	3
Benzodiazepines	83	32	8	5	4	<1	2	<1	81	65	66	30
Alcohol	94	7	<1	2					94	67	67	20
Cannabis	95										82	180
Anti–depressants	48	2	<1	2					48	24	25	180
Inhalants	26										2	2
Tobacco	96										94	180

Source: IDRS IDU interviews. ^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting * Among those who had used/injected.

The proportion of IDU that reported lifetime (i.e. having ever used) and recent (i.e. in the preceding six months) use of most drugs remained stable in 2005. The only notable exception is the proportions reporting recent use of licit and illicit buprenorphine; with a decrease in the proportion of IDU reporting recent use from 34% to 23% for licit, and from 23% to 18% for illicit, in 2005 (Table 11).

3.2.8 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most in that time. Table 12 depicts proportions of IDU samples in all jurisdictions that reported having used different forms of the drug in the preceding six months, in the columns headed 'used'. The columns headed 'used most' in Table 12 refer to the specific form of the drug class that IDU reported having used the most in the preceding six months. For example, 76% of IDU in NSW reported using heroin powder in the preceding six months, and 44% said that this was the form of heroin that they had used the most in the preceding six months. Eighty-three percent of IDU in NSW had used heroin 'rock' with 56% reporting 'rock' as the form most used.

Heroin

Generally, IDU in most jurisdictions were as likely to report that they had used heroin rock more so than heroin powder. Proportions reporting use of rock and powder were relatively high in all jurisdictions except TAS and the NT. It still remains unclear whether heroin rock is anything other than compressed powder. The proportions of IDU that reported recent heroin use were highest in VIC, followed by NSW, the ACT and WA. The proportion of IDU reporting recent use of heroin powder was highest in the ACT, followed by NSW and WA. No major changes were noted from 2004 to 2005.

Methamphetamine

The largest proportions of IDU reporting recent use of speed was in TAS, which increased from 60% in 2004 to 76% in 2005. Speed was the form most used in the preceding six months in VIC, QLD and NT. WA had the largest proportion of IDU reporting recent use of ice (however, this reduced from 85% in 2004 to 68% in 2005). Ice was also the form most used in the last six months in the ACT and WA. The recent use of base was common in TAS (79%) and SA (62%). In TAS and SA substantial proportions of IDU reported that base was the form of methamphetamine they had used most in the preceding six months. NSW reported equal proportions of recent use for speed (38%), base (38%) and ice (38%). Ice and base were the forms used most in the last six months in NSW. Proportion of IDU reporting recent use of liquid methamphetamine was less than 10% in all jurisdictions except QLD (17%) and SA (11%). As in previous years, recent licit prescription amphetamine use was generally low, with the highest proportion in the ACT and QLD (each 4%). Use of illicit prescription stimulants was reported by nearly half in WA (47%) and more than two-fifths (43%) in TAS; however, this form was generally not reported as the form most used.

NSW continued to record the lowest proportion of IDU reporting recent speed use, in addition to low proportions reporting base and ice, relative to other Australian jurisdictions. Previously it was suggested that this may be because cocaine is the stimulant of choice and more available to many IDU in Sydney. While the frequency and use of cocaine in NSW increased, frequency and use have not returned to those levels reported during the heroin shortage. Methamphetamine has not traditionally been the drug of choice among IDU sampled in NSW.

Cocaine

The recent use of cocaine powder in NSW increased in 2005 to 60% (47% in 2004); however, recent use did not to return to those levels reported in 2002 (79%). As in previous years, recent cocaine powder use remained most common in NSW. Small proportions in the other jurisdictions reported recent cocaine powder use.

As in previous years, only small numbers of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real crack. Real crack cocaine is only bioavailable when smoked, and, of the 22 participants in the national sample that reported using crack cocaine in the preceding six months, only eight (36%) of them reported smoking as a route of recent administration. Ongoing investigation is required to be able to confidently comment on the availability and use of crack in Australia.

Cannabis

As in all previous years of the IDRS, cannabis smoking among IDU was common, and hydroponic cannabis continued to dominate the market. However, recent use of outdoor crop cannabis was also high, ranging from 43% in VIC to 75% in ACT. Between 10% (QLD) and 32% (TAS) reported that outdoor crop cannabis was the form of cannabis they had used most in the preceding six months.

Hash had been used in the preceding six months by small proportions of IDU in most jurisdictions, ranging from 5% in NSW to 24% in SA, although only 1% reported that hashish was the form of cannabis they had used most in that time in SA and VIC. Rates of recent use of hash oil ranged from 2% in NSW and VIC to 18% in SA. No participants in the national sample reported that hash oil was the form of cannabis they had used the most in the preceding six months.

3.2.9 Pharmaceuticals obtained licitly and illicitly

Table 12 draws a distinction between pharmaceuticals (such as methadone, buprenorphine, morphine and anti-depressants) that were obtained *licitly* versus those that were obtained *illicitly*. *Licit* obtainment of pharmaceuticals was defined as pharmaceuticals 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. Methods such as these were defined as *illicit* obtainment. The definition does not distinguish between the inappropriate use of *licitly* obtained pharmaceuticals, such as the injection of methadone syrup or benzodiazepines, and appropriate use.

Methadone

Half of the IDU sample had used methadone in the six months preceding interview, with the frequency of use remaining stable at near-daily use (174 days in 2005 and 170 days in 2004). In most jurisdictions, more IDU had recently used methadone syrup obtained licitly than illicitly except in the NT, WA and TAS. The proportion of IDU reporting recent use of illicitly obtained methadone syrup ranged from 9% (VIC) to 52% (TAS). In comparison, methadone obtained licitly was lowest in the NT (18%) and highest in NSW (55%).

Generally low rates of recent use of licitly obtained Physeptone® tablets were recorded, ranging from 1% in VIC, SA and WA to 7% in TAS, while no participants reported use in QLD. Two-fifths of the IDU in TAS (41%), one-third in the NT (32%) and substantial minorities in SA (13%) reported the recent use of illicitly obtained Physeptone®. Of those who had used methadone syrup

or Physeptone® tables recently, the majority of the national sample reported licit methadone syrup (66%) as the form used most in the last six months.

Buprenorphine

In all jurisdictions except WA, QLD and the NT, more IDU had used buprenorphine licitly than illicitly.

The proportion that used licitly obtained buprenorphine ranged from 8% in TAS to 49% in VIC. The proportion that used illicitly obtained buprenorphine ranged from 5% in TAS to 34% in WA and 31% in VIC.

Frequency of buprenorphine use increased from 36 days in 2004 to 60 days in 2005 among those who reported licit or illicit buprenorphine recent use. IDU who reported recent use of licit buprenorphine had used on 90 days in the preceding six months, while illicit buprenorphine use was less frequent (median 4 days).

Morphine

As in previous years, substantial proportions of IDU in the NT reported recent use of morphine obtained licitly (30%), and it remained low in the other jurisdictions. The proportions of IDU reporting recent use of morphine obtained illicitly were higher in every jurisdiction, ranging from 24% in NSW to 70% in the NT. The majority of IDU in all jurisdictions who reported recent use of morphine reported that illicit morphine was the form of morphine they had used most in the preceding six months.

Oxycodone

In 2005, oxycodone use was asked about for the first time separately from other opioids. The proportion of IDU reporting recent use of oxycodone obtained illicitly was highest in WA (39%), followed by TAS (30%). The recent use of licit oxycodone was 7% or less in all jurisdictions. Illicit oxycodone was the form used most in the preceding six months.

Other opioids

The proportions reporting recent use of 'other opioids' obtained licitly, such as pethidine and codeine, ranged from 2% in SA to 17% in TAS. Rates of recent use of 'other opioids' obtained illicitly were highest in TAS (28%) and lowest in NT (2%). There were mixed reports from each jurisdiction as to which was the form used most.

Benzodiazepines

Between one- and two-thirds of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months (from 28% in SA to 66% in TAS). Unlike previous years, licit benzodiazepine was the form used most in the last six months, except in the NT (perhaps related to restrictions upon the availability of the traditionally preferred gel capsule preparations). Many of those who obtained benzodiazepines illicitly, however, also obtained them licitly. Rates of recent use of licit benzodiazepines were high in all jurisdictions, ranging from 27% in NT to 55% in TAS.

Anti-depressants

The proportions reporting recent use of licitly obtained anti-depressants ranged from 17% in QLD to 29% in VIC and TAS. As in previous years, rates of recent illicitly obtained anti-depressant use were very low (less than 10% in all jurisdictions), suggesting that these pharmaceuticals are not as likely to be diverted. Anti-depressants obtained licitly were the form of anti-depressants used most in the preceding six months.

Pharmaceutical stimulants

IDU were asked about their use of pharmaceutical stimulants or prescription amphetamines (including dexamphetamine). The proportions that reported recent use varied across jurisdictions. Recent use of illicit pharmaceutical stimulants was particularly high in TAS (43%) and in WA (47%). Recent licit pharmaceutical stimulant use ranged from 0% in TAS and WA to 4% in the ACT and QLD.

Table 12: Forms of drugs used by IDU in the preceding six months, by jurisdiction, 2005

Form of drug	NSW N=154		ACT N=125		VIC N=150		TAS N=100		SA N=101		WA N=100		NT N=107		QLD N=106	
	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*
Heroin (%)																
Powder	76	44	82	65	61	15	8	27	50	24	69	40	15	41	58	42
Rock	83	56	74	35	87	85	15	59	56	76	61	34	17	52	54	57
Methadone (%)																
Syrup, licit	55	87	46	72	27	83	45	61	28	60	22	52	18	30	25	57
Syrup, illicit	17	11	27	28	9	17	52	24	24	34	24	40	21	28	21	43
Physeptone, licit	3	1	4	0	1	0	7	4	1	2	1	0	6	9	0	0
Physeptone, illicit	3	1	6	0	1	0	41	10	13	4	8	8	32	32	3	0
Buprenorphine (%)																
Licit	25	82	19	55	49	76	8	73	27	75	25	49	11	34	11	37
Illicit	8	18	16	45	31	24	5	27	14	25	34	51	20	66	19	63
Morphine (%)																
Licit	5	15	9	20	6	13	3	5	10	27	6	10	30	33	4	3
Illicit	24	85	30	80	37	87	58	95	31	73	49	90	70	67	33	97
Oxycodone (%)																
Licit	3	17	7	35	3	18	3	10	7	41	6	12	1	8	6	16
Illicit	14	83	12	65	16	82	30	90	11	59	39	88	11	92	15	84
Other opiates (%)																
Licit	7	63	4	29	6	56	17	39	2	40	3	18	6	75	7	67
Illicit	5	37	9	71	6	44	28	61	4	60	11	82	2	25	3	33

Source: IDRS IDU interviews *among those that reported use

Table 12: Forms of drugs used by IDU in the preceding six months, by jurisdiction, 2005 (continued)

	NSW N=154		ACT N=125		VIC N=150		TAS N=100		SA N=101		WA N=100		NT N=106		QLD N=107	
Form of drug	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***
Methamphetamines (%)																
Powder	38	24	59	36	75	86	76	31	39	15	63	25	69	85	65	54
Liquid	7	1	7	0	5	0	1	0	11	1	8	1	5	0	17	5
Crystalline	38	35	62	54	30	9	49	9	46	25	68	48	21	8	35	10
Base	38	35	27	3	13	3	79	49	62	58	54	13	16	4	39	30
Prescription, licit	1	2	4	3	2	1	0	0	2	0	0	0	1	0	4	1
Prescription, illicit	5	2	18	4	7	1	43	11	10	0	47	13	15	4	10	1
Cocaine (%)																
Powder	60	98	17	87	14	91	8	100	14	100	19	100	8	89	11	100
Crack	5	2	5	13	2	9	0	0	0	0	1	0	2	11	2	0
Cannabis (%)																
Hydroponic	77	88	86	82	81	89	78	68	74	85	73	76	75	87	74	90
Naturally grown	55	12	75	19	43	11	71	32	62	14	70	24	61	13	56	10
Hashish	5	0	7	0	6	1	14	0	24	1	19	0	19	0	12	0
Hash oil	2	0	12	0	2	0	3	0	18	0	8	0	10	0	11	0
Benzodiazepines (%)																
Licit	41	55	42	62	48	60	55	54	44	65	54	66	27	49	34	57
Illicit	40	45	32	38	49	40	66	46	28	35	39	34	34	51	34	43
Anti-depressants (%)																
Licit	23	100	18	88	29	94	29	90	21	95	24	92	22	88	17	90
Illicit	0	0	3	12	2	6	5	10	10	5	3	8	3	12	4	10

Source: IDRS IDU interviews *among those that reported use

3.2.10 Drugs used the day before the interview

Table 13 presents the drugs that had been used by IDU on the day preceding the interview, by jurisdiction. Small proportions of IDU in all jurisdictions (ranging from 2% in NT to 12% in QLD) had not used any drugs on the day preceding the interview.

As in previous years, rates of heroin use on the day preceding the interview were highest in NSW (however, the percentage reported reduced from 61% in 2004 to 48% in 2005), with two-fifths in the ACT (41%) and more than two-fifths in VIC (45%) reporting heroin use the day prior to interview. As in previous years, TAS (1%) and NT (2%) reported low rates of heroin use on the previous day.

The highest proportion of IDU reporting methamphetamine use on the day prior to interview was in SA (30%), with the lowest in VIC (9%). Methadone use was much higher on the day preceding the interview in NSW (41%) than in all other jurisdictions (unlike previous years when TAS reported the highest use). TAS (38%) and the ACT (37%) also recorded a high level of methadone use the day before the interview. TAS (38%) recorded higher rates of benzodiazepine use on the day before the interview. The use of morphine on the day preceding interview was high in the NT (54% which decreased from 67% in 2004) relative to other jurisdictions. The use of other opioids was generally low. Cannabis use on the day preceding interview was reported by nearly half of respondents in all jurisdictions, with the highest reported in TAS (57%). Cocaine use on the day preceding the interview was reported by 2% or less in all jurisdictions except NSW (20%, representing an increase from 6% in 2004).

Table 13: Drugs used the day before the interview, by jurisdiction, 2005

Drug (%)	National N=943	NSW N=154	ACT N=125	VIC N=150	TAS N=100	SA N=101	WA N=100	NT N=107	QLD N=106
No drugs	6	4	5	5	7	6	10	2	12
Heroin	29	48	41	45	1	25	22	2	30
Methamphetamine*	17	12	17	9	22	30	17	15	25
Cocaine	4	20	2	1	0	1	0	0	2
Cannabis	48	45	54	48	57	49	43	49	40
Benzodiazepines	23	25	21	27	38	23	26	7	16
Other opiates	1	1	1	0	2	1	1	1	2
Methadone	26	41	37	12	38	28	20	15	14
Alcohol	21	14	25	25	20	15	23	28	22
Morphine	12	4	2	7	13	7	12	54	9
Anti-depressants	9	7	6	14	9	10	8	8	7
Buprenorphine	14	12	8	25	3	25	20	7	7

Source: IDRS IDU interviews * Includes powder, base and ice

4.0 HEROIN

The price, purity and availability of heroin in 2005 are reported in Table 14 by jurisdiction. At least half of the participants in all jurisdictions except TAS and the NT provided comment on some aspect of heroin price, purity and availability (NSW 95%; VIC 91%; ACT 87%; WA 65%; SA, 63%; QLD, 58%; NT 26%, TAS 16%). Comparable figures from 2004 are presented in Appendix A, Table A1.

4.1 Price

The prices in Figure 1 represent the median price of the last purchases of a gram of heroin made by participants. In 2001, the cost of heroin increased across Australian jurisdictions with established heroin markets (although excluding TAS and the NT). In 2002, the price of a gram of heroin decreased, remained stable in 2003, and reduced slightly in most jurisdictions - to those prices reported in 2000 - in 2004. In 2005, the median price for a gram of heroin remained fairly stable in most jurisdictions except SA, WA and NT, where it increased by $50 or more. The gram price reported in TAS was based on four purchases, in NT on seven purchases and in SA on ten purchases, so these median prices should be considered with caution.

As in previous years, the median price of a gram of heroin remained cheapest in NSW ($300), although this price remained $80 higher than the median price reported by IDU in 2000 ($220). The median price of heroin was also cheapest in the ACT ($300). Heroin remained most expensive in WA ($550).

The median price of a 'cap' of heroin (a small amount typically used for a single injection) remained at $50 in all jurisdictions except VIC, TAS and the NT. Small numbers reported purchasing caps in the WA (n=7) and TAS (n=3). In NSW, the price doubled between 2000 ($25) and 2001 ($50) and has remained stable since then.

Figure 1 shows IDU estimates of the median price of a gram of heroin over the several years of data collection of the IDRS in NSW, VIC and SA and since 2000 in all other jurisdictions. Since 1996, heroin prices have remained stable or decreased every year until 2001, when the IDRS detected increases in the cost of heroin for the first time. The prices have returned to those prices reported before the heroin shortage of 2001, except in NSW, SA, WA and QLD where it is higher.

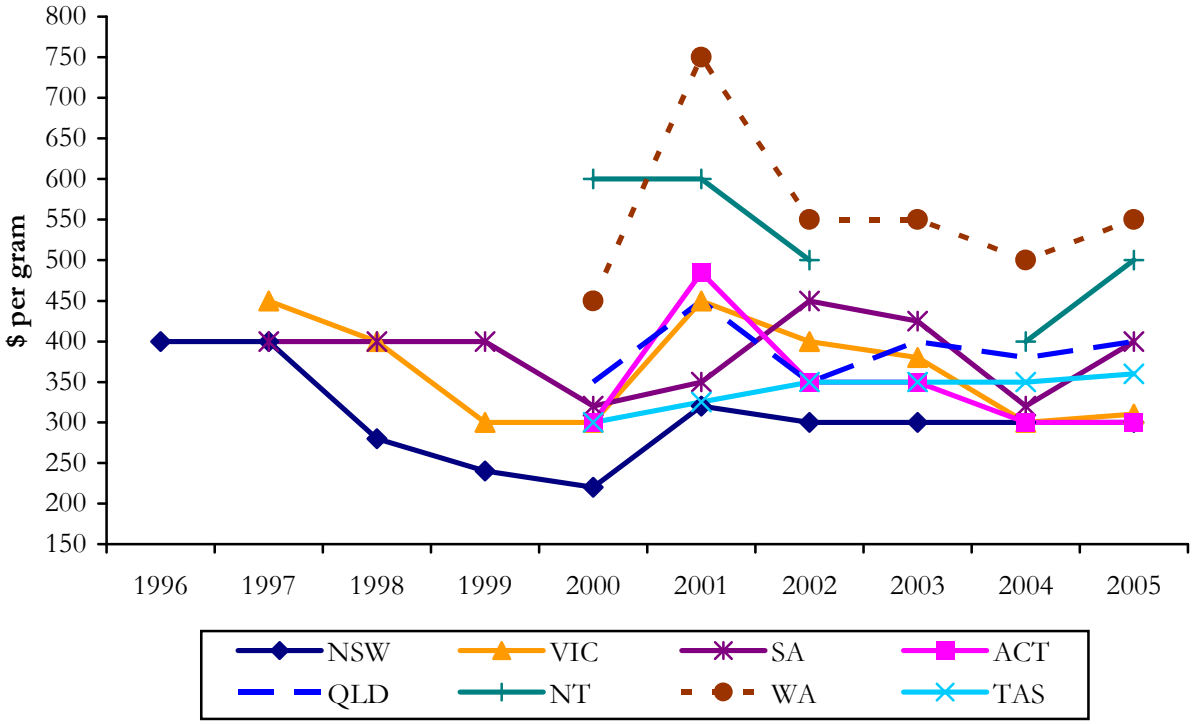
Table 14: Price, purity and availability of heroin, by jurisdiction, 2005

	National N=943	NSW N=154	ACT N=125	VIC N=150	TAS N=100	SA N=101	WA N=100	NT N=107	QLD N=106
Median Price ($)*									
Per gram	-	300	300	310	360*	400*	550	500*	400
Per cap	-	50	50	45	90*	50	50*	80	50
Price changes									
Did not respond (%)	34	5	13	9	84	37	35	74	42
Of those who responded (n)	(N=626)	(n=147)	(n=109)	(n=136)	(n=16)	(n=64)	(n=65)	(n=28)	(n=61)
(% of the entire sample)									
Don't know (%)	8 (5)	5 (5)	3 (2)	5 (5)	50 (8)	5 (3)	5 (3)	43 (11)	10 (6)
Increased (%)	13 (8)	18 (18)	6 (5)	17 (15)	6 (1)	14 (9)	9 (6)	18 (5)	5 (3)
Stable (%)	66 (43)	69 (66)	74 (65)	61 (55)	25 (4)	70 (45)	69 (45)	32 (8)	69 (40)
Decreased (%)	7 (5)	3 (3)	12 (10)	11 (10)	6 (1)	3 (2)	6 (4)	0 (0)	7 (4)
Fluctuated (%)	7 (5)	4 (4)	6 (5)	6 (5)	13 (2)	8 (5)	11 (7)	7 (2)	10 (9)
Median purity (%)^	-	27.5	23.6	24.8	^	23.7	20.5	^	23.4
Availability									
Did not respond (%)	34	5	13	9	84	37	35	74	42
Of those who responded (n)	(N=626)	(n=147)	(n=109)	(n=136)	(n=16)	(n=64)	(n=65)	(n=28)	(n=61)
(% of the entire sample)									
Very easy (%)	48 (32)	61 (58)	40 (35)	62 (56)	13 (2)	48 (31)	43 (28)	0 (0)	34 (20)
Easy (%)	35 (23)	25 (23)	48 (42)	30 (27)	13 (2)	39 (25)	35 (23)	14 (4)	54 (31)
Difficult (%)	11 (7)	8 (8)	12 (10)	6 (5)	6 (1)	9 (6)	19 (12)	50 (13)	7 (4)
Very difficult (%)	3 (2)	1 (1)	0 (0)	1 (1)	38 (6)	3 (2)	0 (0)	21 (6)	0 (0)
Don't know (%)	4 (2)	5 (5)	0 (0)	2 (1)	31 (5)	0 (0)	3 (2)	14 (4)	5 (3)
Availability changes									
Did not respond (%)	34	5	13	9	84	37	35	74	42
Of those who responded (n)	(N=626)	(n=147)	(n=109)	(n=136)	(n=16)	(n=64)	(n=65)	(n=28)	(n=61)
(% of the entire sample)									
Don't know (%)	6 (4)	5 (5)	2 (2)	3 (3)	38 (6)	3 (2)	3 (2)	29 (7)	7 (4)
More difficult (%)	17 (12)	21 (20)	18 (16)	18 (16)	13 (2)	19 (12)	9 (6)	21 (6)	13 (8)
Stable (%)	63 (42)	59 (56)	70 (61)	70 (63)	38 (6)	72 (46)	60 (39)	46 (12)	57 (33)
Easier (%)	10 (7)	12 (12)	8 (7)	6 (5)	6 (1)	5 (3)	20 (13)	0 (0)	16 (9)
Fluctuates (%)	4 (2)	3 (3)	2 (2)	4 (3)	6 (1)	2 (1)	8 (5)	4 (1)	7 (4)
Place usually score									
Did not respond (%)	40	12	16	15	90	44	39	85	46
Of those who responded (n)	(N=569)	(n=136)	(n=105)	(n=127)	(n=10)	(n=57)	(n=61)	(n=16)	(n=57)
(% of the entire sample)									
Street dealer (%)	18 (11)	32 (29)	16 (14)	12 (10)	10 (1)	11 (6)	8 (5)	19 (3)	23 (12)
Dealer's home (%)	20 (12)	17 (15)	23 (19)	24 (21)	10 (1)	14 (8)	20 (12)	0 (0)	23 (12)
Mobile dealer (%)	38 (23)	34 (30)	39 (33)	47 (37)	20 (2)	51 (29)	34 (21)	6 (1)	26 (14)
Friend# (%)	16 (9)	10 (8)	13 (11)	8 (7)	40 (4)	9 (5)	31 (19)	75 (11)	19 (10)
Other source (%)	8 (5)	7 (5)	9 (7)	9 (8)	20 (2)	15 (9)	7 (4)	0 (0)	9 (5)

Source: IDRS IDU interviews *Small numbers reported, # includes gift from friend.

^Purity data is provided by the ACC and reflects analysed seizures by state police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 1. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2004/05.

Figure 1: Median price of a gram of heroin, by jurisdiction, 1996-2005



Source: IDRS IDU interviews

4.2 Availability

In late 2000/early 2001 there was an unexpected and dramatic reduction in the availability of heroin in all Australian jurisdictions in which heroin had previously been freely available. IDRS data indicate that there was an increase in the availability of heroin in most jurisdictions in 2002 and this has been fairly stable since.

To collect information on the availability of heroin, IDU were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'. Sixty-six percent commented on the availability and the majority reported that heroin was 'easy' (35% or 23% of the entire sample) or 'very easy' (48% or 32% of the entire sample) to obtain (Table 14).

Nearly two-thirds (63% or 42% of the entire sample) of the national 2005 sample commented that the availability of heroin was stable in the last six months. This was similar to previous national samples (62% in 2004 and 65% in 2003); however, it was an increase from that reported in 2002 (44%) and 2001 (50%). Of those that commented, smaller proportions reported that it was more difficult (17% or 12% of the entire sample) to obtain and similar proportions reported it was easier (10% or 7% of the entire sample) to obtain (Table 14).

IDU were asked where they usually scored their heroin. Of those able to comment, most reported usually scoring from a mobile dealer (38%), where they would call the dealer and arrange to meet to obtain the drug. Twenty percent usually scored their heroin from the dealer's home. Street scoring remained stable and less than the levels reported in 2002. Street dealing remained most common in NSW (32%) and lowest in WA (8%). Scoring heroin from a friend (including gifts from a friend) remained stable at 16% (18% in 2004). Scoring from a friend

continued to be most common in NT (75%, but only small numbers replied and it is higher than that reported in 2004 with 48% and 2003 with 67%) and least common in VIC (9%, Table 14).

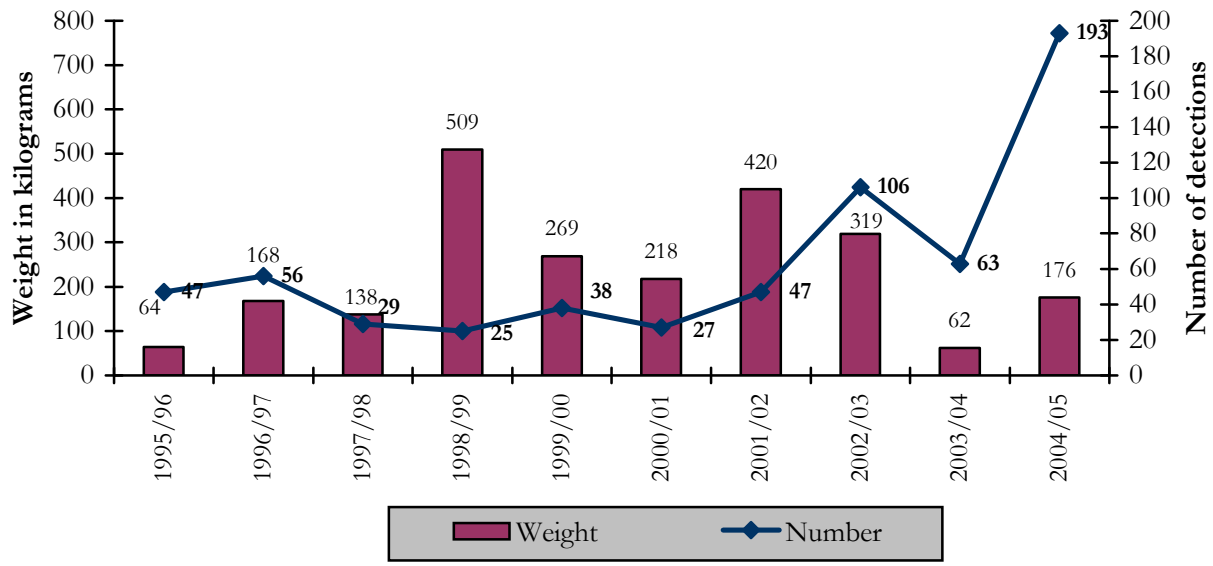
These changes may be due to recent fluctuations in heroin availability, as a result of which IDU are more likely to rely on prearranged or known sources. It may also reflect changes in legislation and policing practices.

4.2.1 Heroin detected at the Australian border

Figure 2 presents the weight and number of heroin detections by Customs at the Australian border since 1995/96. There were increases in the number of detections in the late 90s, which could be partly attributed to the allocation of resources and increased surveillance due to concerns regarding foot and mouth disease control and the Sydney Olympics in 2000.

In the financial year 2004/05 there were a record number (193) of heroin detections at or near the Australian border, representing an increase from 63 detections in 2003/04. However, the amount detected in 2004/05 (176 kg) was less than previous financial years except 2003/04. The greater number of detections in 2004/05 supports intelligence that indicates there has been a shift in importation strategies and methods of concealment in recent years. Namely, there has been a trend in importations towards smaller quantities, usually imported via the mail or by passengers on planes, rather than the larger quantities normally found in sea cargo.

Figure 2: Weight and number of detections of heroin made at the border by the Australian Customs Service, 1995/96-2004/05



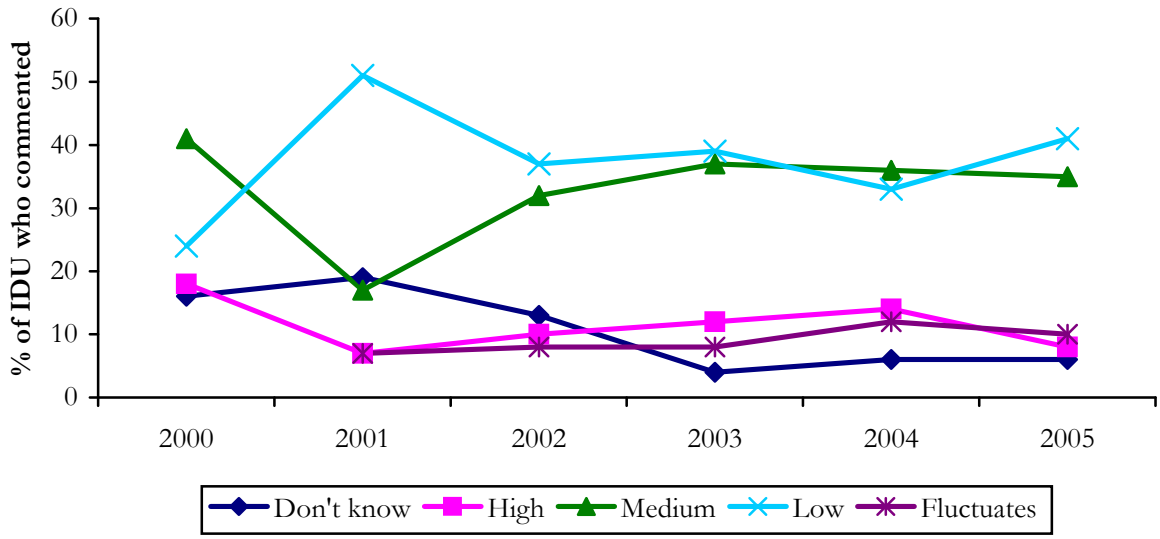
Source: Australian Customs Service, 2005

4.3 Purity

IDU were asked what the purity or strength of heroin was currently and if there had been any change in purity in the six months preceding interview. IDU reports of the purity of heroin were variable. Of those able to comment (n=626), most reported heroin purity as low (41% or 27% of the entire sample) to medium (35% or 23% of the entire sample) in 2005. Eight percent (6% of the entire sample) thought the purity was high, 10% (7% of the entire sample) thought it fluctuated and 6% (4% of the entire sample) did not know (Figure 3).

There has been a decrease in the proportion reporting low purity since 2001 and a corresponding increase in the proportion reporting the purity as medium. However, in 2005, purity was more commonly reported as low rather than medium. Those reporting purity as fluctuating increased in 2004 to 12% (8% in 2003) and remained stable in 2005 (10%).

Figure 3: IDU reports of current heroin purity among those able to comment*, 2000-2005

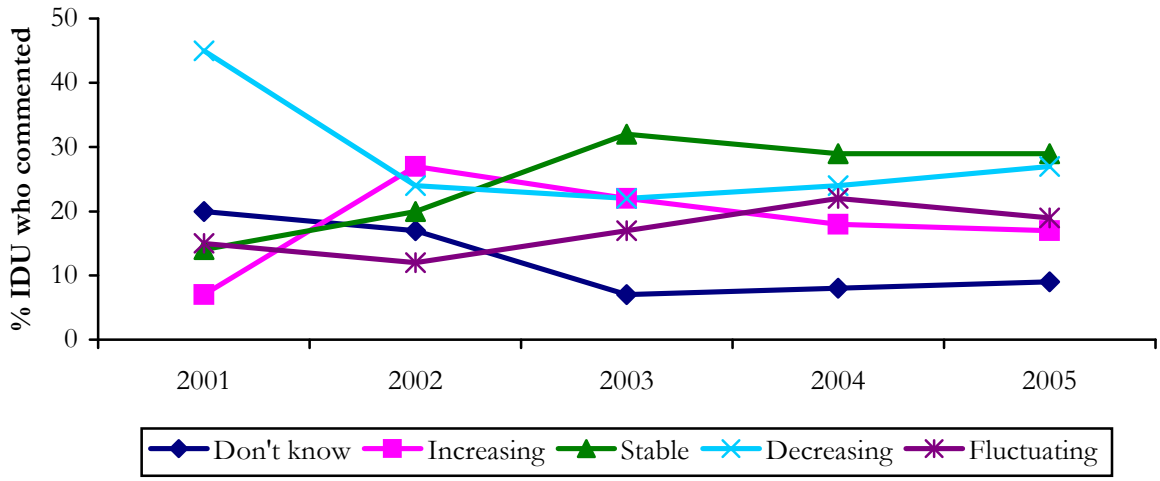


Source: IDRS IDU interviews
* among those that commented (n=626 in 2005).

The majority of those able to comment in all jurisdictions reported heroin purity to be either medium or low. Fifty-four percent of IDU who commented in NT reported the purity as low, followed by VIC (49%) and NSW (47%). WA (45%) had the largest proportion reporting medium purity followed by the ACT (43%).

As seen in Figure 4, the proportion of IDU reporting that the purity of heroin was 'stable' in the six months preceding interview has increased since 2001. However, in 2005 there was an increase in the number who reported the purity of heroin as decreasing. The ACT and WA had the largest percentage reporting the purity of heroin to be decreasing (33%).

Figure 4: IDU reports of changes in heroin purity among those able to comment*, 2001[1]-2005



Source: IDRS IDU interviews
[1]In 2000, IDU were not asked if the purity had changed in the six months preceding interview.
* among those that commented (n=626 in 2005)

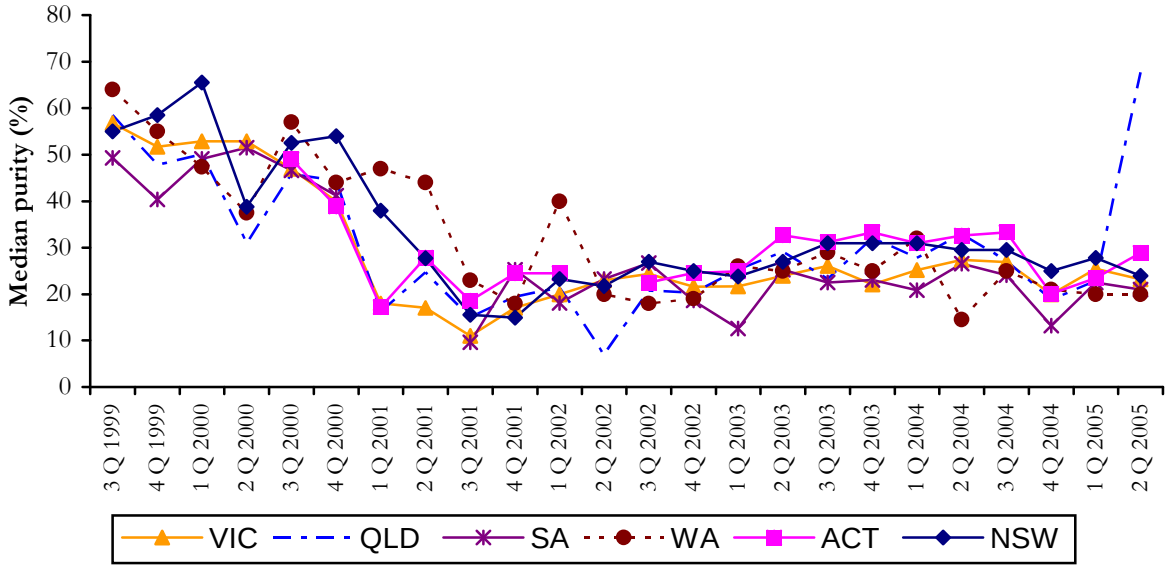
IDU reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. However, there are some important issues to consider when examining purity measures. Not all illicit 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. The purity figures for 2002/03, 2003/04 and 2004/05 have been provided by the Australian Crime Commission and previous data has been taken from the Australian Illicit Drug Reports (Australian Bureau of Criminal Intelligence 2000; Australian Bureau of Criminal Intelligence 2001; Australian Bureau of Criminal Intelligence 2002; Australian Crime Commission 2003; Australian Crime Commission 2004).

Figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figures 5 to 8 the following caveat applies: figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of heroin received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of heroin seized by state police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police. No heroin seizures were analysed for purity in the NT or TAS in 2004/05.

The median purity of analysed Australian Federal Police (AFP) and state police heroin seizures in 1999/00 to 2004/05 financial year (displayed quarterly) by jurisdictions is displayed in Figure 5 and Figure 7. No seizures of heroin were analysed for purity in TAS or the NT in 2001/02, 2003/04 or 2004/05 and in the NT in 2002/03 or 2004/05. However, there were eight seizures analysed in TAS in 2002/03 with a median purity of 70%. The overall total median purity for 2004/05 was highest in NSW (27.5%) and lowest in QLD (23.4%) and WA (20.5%). There has

been a steady decline in the median purity of state police heroin seizures analysed from mid-1999 in all jurisdictions (Figure 5). In 2004/2005 the purity of heroin seizures analysed remained fairly stable, except in QLD were the purity of heroin seizures analysed increased in the second quarter of 2005 to 67.7% (n=16).

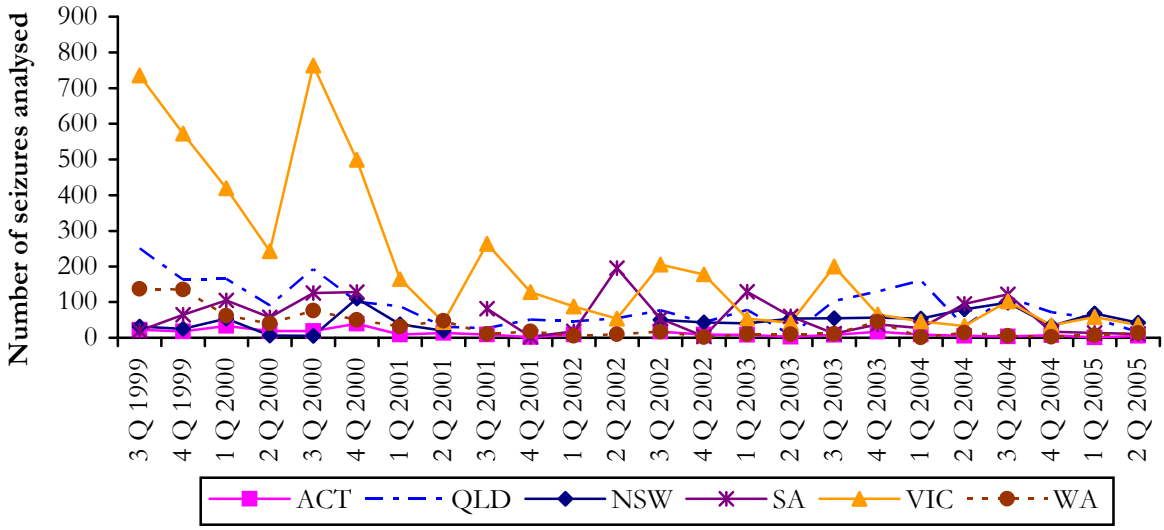
Figure 5: Median purity of heroin seizures[1] analysed by state police, by jurisdiction 1999-2005



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004 & 2005. 1. Seizures ≤2g and >2g combined.

The numbers of state police heroin seizures analysed for purity are presented in Figure 6. As mentioned previously, not all seizures are analysed, so these data do not provide an indication whether there have been changes in the number of seizures made. Instead it provides an indication of how many seizures contribute to the median purity presented in Figure 5.

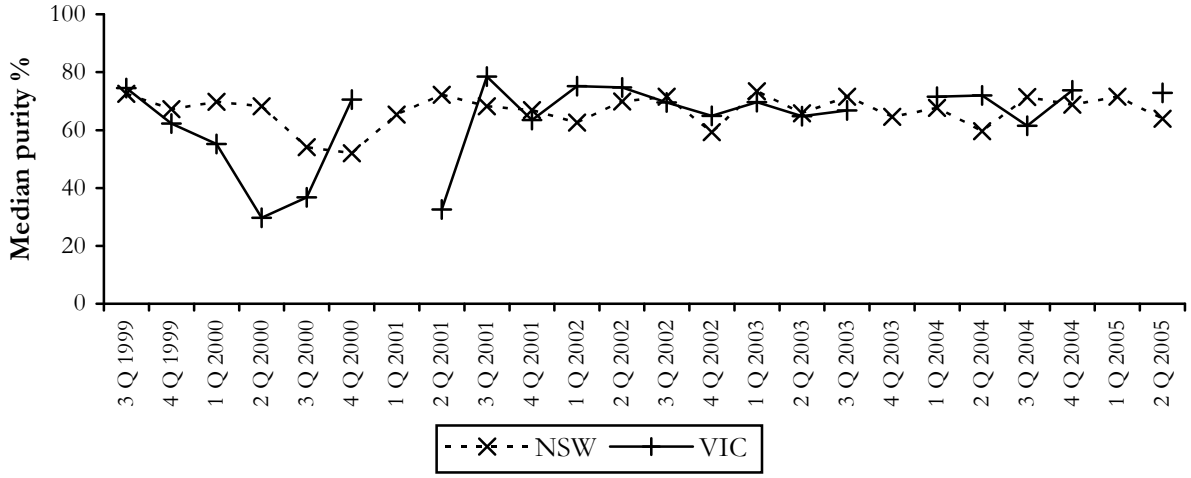
Figure 6: Number of state police heroin seizures analysed, by jurisdiction, 1999-2005



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004 & 2005

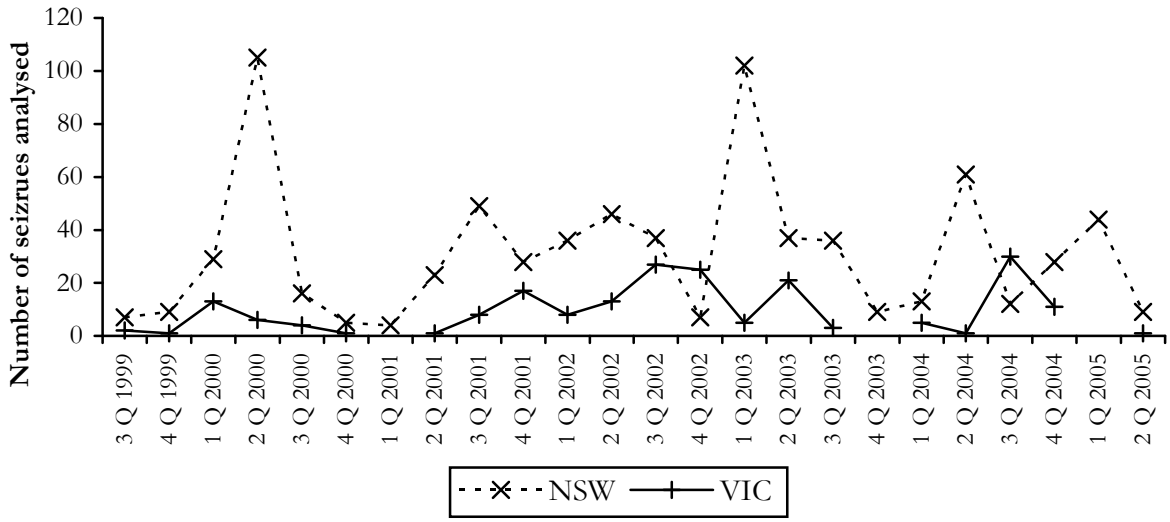
AFP seizures for NSW and VIC are also presented. There were fewer seizures analysed for other jurisdictions, with no seizures analysed for many quarters (for information on other jurisdictions see (Australian Bureau of Criminal Intelligence 2002; Australian Crime Commission 2003). The purity of the AFP seizures analysed has remained more stable over time. As can be seen in Figure 7, the AFP seizures are generally of higher median purity than those of jurisdictional police seizures, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of state police agencies. The number of AFP heroin seizures analysed for NSW and VIC are presented in Figure 8 below.

Figure 7: Median purity of heroin seizures analysed by AFP in NSW and VIC, 1999-2005



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004 & 2005

Figure 8: Number of AFP heroin seizures analysed in NSW and VIC, 1999-2005



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004 & 2005

4.4 Use

4.4.1 Current patterns of heroin use

In 2005, heroin was the drug of choice for the majority (57%) and the last drug injected by two-fifths (41%) of the national sample. NSW had the largest percentage of participants reporting heroin as their drug of choice (72%). VIC had the highest number reporting heroin as the last drug injected (68%), followed by NSW (64%, 80% in 2004). Three percent in the NT and no participants in TAS reported last injecting heroin (Table 15).

From 2000 to 2001, there was a decrease in the proportion of the national IDU sample that reported heroin use in the preceding six months (79% to 66%). The proportion reporting recent use has remained at similar levels since 2001 (68% in 2002, 65% in 2003, 69% in 2004 and 66% in 2005, Table 15).

Consistent with previous years, a high proportion of IDU in NSW, VIC and the ACT reported recent heroin use while TAS and the NT reported lower proportions (Table 15).

The proportion of IDU reporting recent heroin use is not a highly sensitive indicator of changes in availability, as a single occasion of use in the preceding six months will be counted. A more sensitive indicator of availability is the frequency of use. Between 2000 and 2001, there was a considerable reduction in the frequency of heroin use in all jurisdictions, most notably VIC and the ACT (Table 15). The median number of days IDU reported using heroin remained stable or decreased slightly in most jurisdictions in 2002; however, increases in frequency of use were reported in NSW and QLD at this time. In 2005 the median days of heroin use decreased or remained stable in the majority of jurisdictions except WA and QLD where it increased.

In 2005, 24% of the national IDU sample reported daily heroin use. There remains wide variation across jurisdictions in the proportion of daily heroin users, ranging from two-fifths of the NSW sample (42%) to none in TAS (one participant in TAS reported daily heroin use in 2003 for the first time since the commencement of the IDRS in all jurisdictions). The NT reported a jump in the number of daily heroin users from 1% in 2004 to 12% in 2005. In 2000 the proportion of daily heroin users was similar across the three major heroin markets (NSW, VIC and the ACT); however, in the last four years the proportion of IDU that report daily heroin use in NSW has been higher (Table 15).

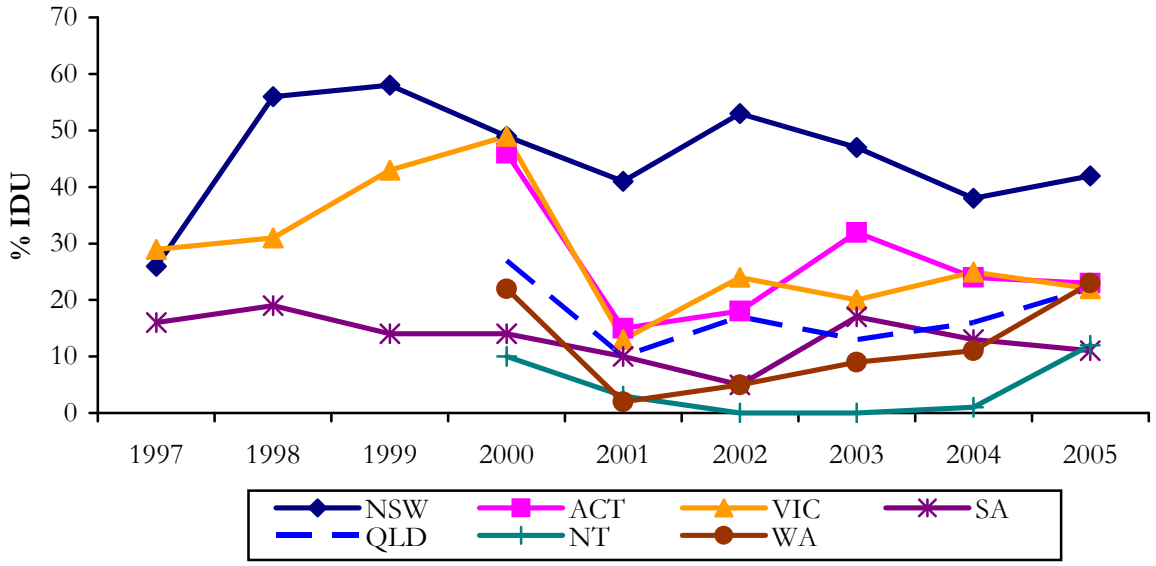
Table 15: Heroin use patterns of IDU, by jurisdiction, 2000-2005

	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
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
Used last 6 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
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	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
Daily users (%)									
2000	29	49	47	47	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13
2004	25	38	24	25	0	13	16	1	16
2005	24	42	23	22	0	11	23	12	22

Source: IDRS IDU interviews

Figure 9 shows the reduction in the proportion of the national sample reporting daily heroin use in the six months preceding interview in every jurisdiction between 2000 and 2001, except TAS where there were no reports of daily heroin use. The drops were most dramatic in VIC and the ACT, while NSW recorded only a moderate decline. In 2002, the proportion reporting daily heroin use increased in NSW and VIC, and, to a lesser extent, in QLD and WA. Stabilisation in the proportion reporting daily heroin use in NSW and VIC, increases in the ACT and SA, and a decrease in QLD were seen in 2003. The proportion of daily heroin users increased in all jurisdictions in 2004 except NSW, ACT and SA. In 2005, the number of daily heroin users remained fairly stable except in the NT where it increased from 1% in 2004 to 12% in 2005, and in WA where it increased from 11% in 2004 to 23% in 2005.

Figure 9: Proportion of IDU samples that reported daily heroin use, by jurisdiction, 1997-2005



Source: IDRS IDU interviews
Note: TAS not presented in graph as there were no daily heroin users

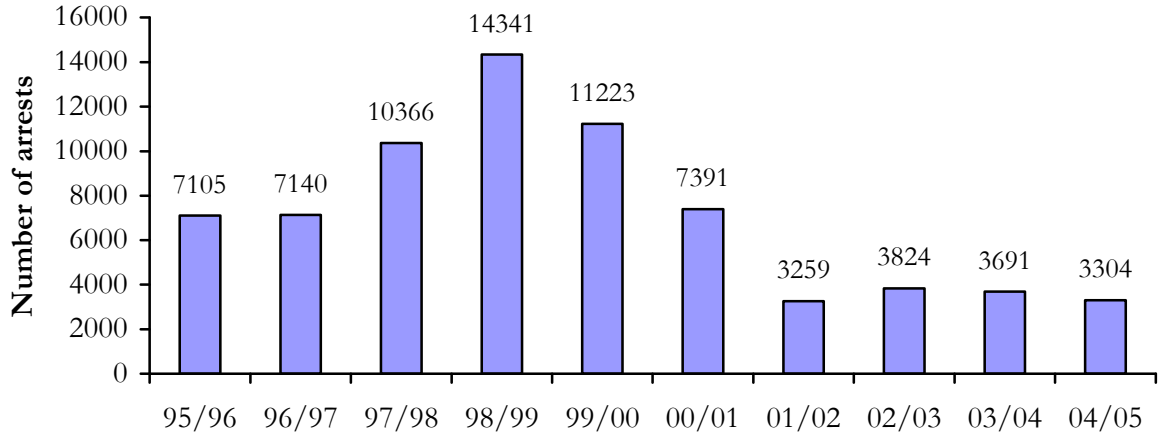
4.5 Heroin-related harms

Law Enforcement

Arrests
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 2006).

In 2004/05 there was a slight decrease in the number of heroin and other opioids consumer and provider arrests Australia-wide from 3,691 in 2003/04 to 3,304. As can be seen from Figure 10, there was a peak in the number of consumer and provider arrests in 1998/99, with a steady decline since that time.

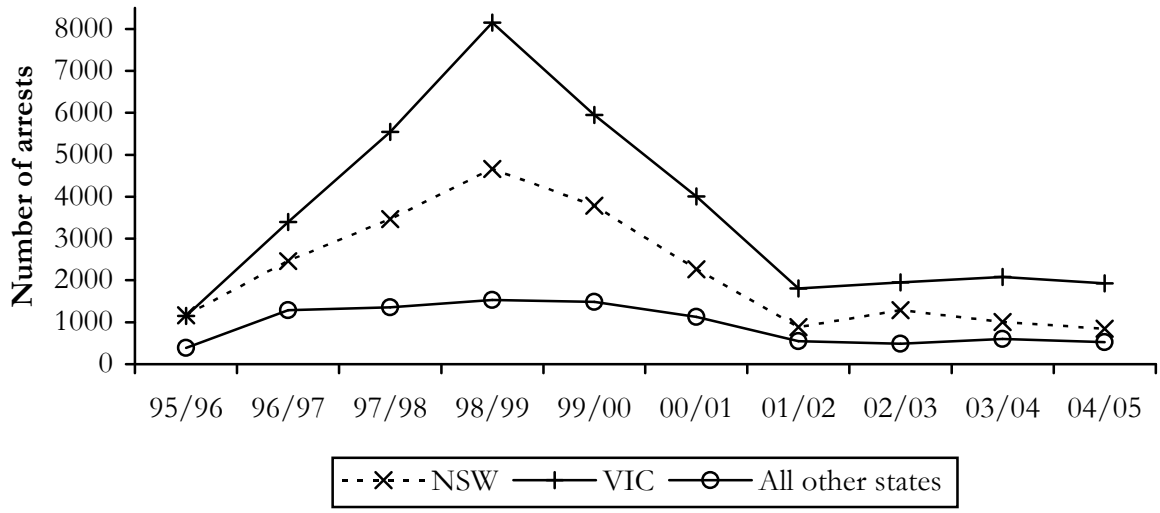
Figure 10: Total number of heroin and other opioids consumer and provider arrests, 1995/96-2004/05



Source: ABCI, 95-01; ACC 2001-2005
Note: The arrest data for each state and territory include Australian Federal Police data.

As can be seen from Figure 11, there was a peak in the number of heroin and other opioids consumer and provider arrests in 1998/99. Since 2001/02, arrests have remained relatively stable and continued to remain stable in 2004/05. VIC has consistently had the highest number of consumer and provider arrests from 1995-2005.

Figure 11: Total number of heroin and other opioids consumer and provider arrests by NSW, VIC and all other jurisdictions, 1995/96-2004/05



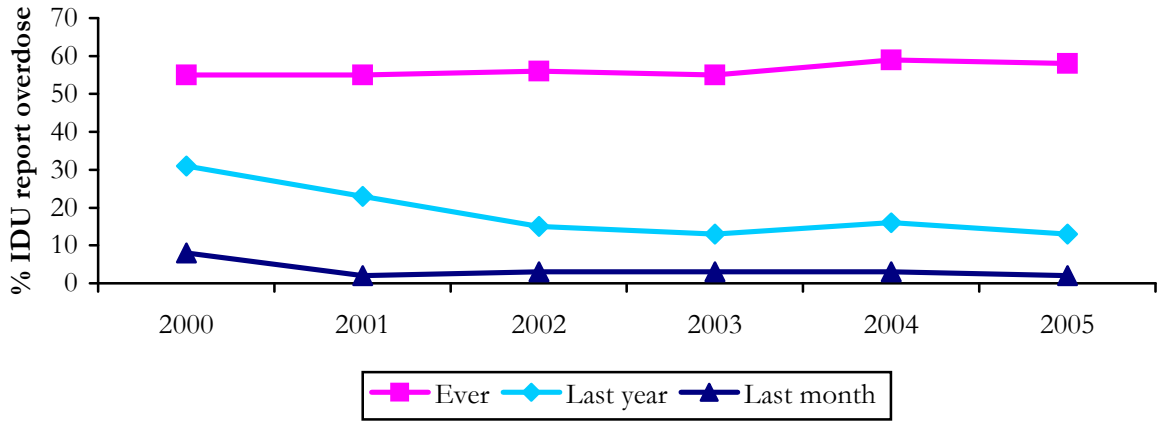
Source: ABCI, 95-01; ACC 2001-2005
Note: The arrest data for each state and territory include Australian Federal Police data.

Health

Overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Of those that reported heroin use in the six months preceding interview, nearly three-fifths (58%) had overdose in their lifetime, 13% in the last year and 2% in the last month (Figure 12).

Figure 12: Proportion of recent heroin users that reported heroin overdose, 2000-2005



Source: IDRS IDU interviews

There was some jurisdictional variation in the proportion reporting overdose in the last year, with the highest proportions of the sample reporting heroin overdose in the last year in VIC (19%). There has been a decrease in the proportion of IDU reporting heroin overdose in the last year since 2000 in all jurisdictions (Table 16).

Table 16: Proportion of recent heroin users reporting heroin overdose in the year preceding interview, by jurisdiction, 2000-2005

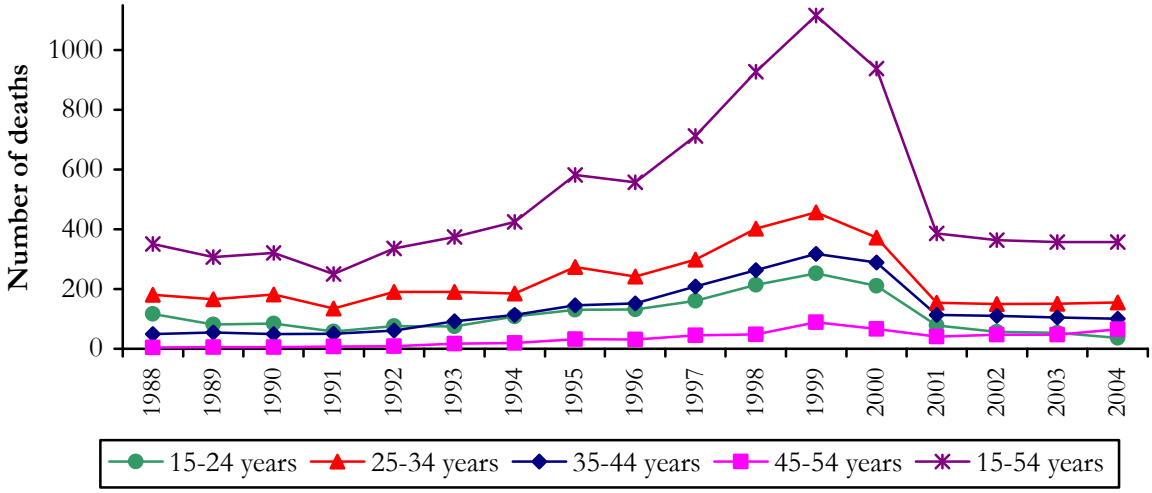
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	**31**	20	35	43	21*	22	41	28	27
2001	**23**	24	16	30	17	23	22	12	24
2002	**15**	17	13	19	10	8	16	0	13
2003	**13**	14	19	14	8	6	21	8	7
2004	**16**	16	26	21	26	3	19	8	11
2005	**13**	13	12	19	5	8	10	4	12

Source: IDRS IDU survey *In 2000, in TAS, participants were asked about opiate overdoses

According to the 2004 Australian Bureau of Statistics (ABS) data on opioid overdose deaths (Degenhardt, Roxburgh et al. 2006), there has been a stabilisation in the number of opioid-related deaths (Figure 13). In 2004 there were 357 deaths in which opioids were determined to be the underlying cause of death (i.e. the primary factor responsible for the person's death) among those aged 15-54 years (Degenhardt, Roxburgh et al. 2006). This is a significant reduction from the 938

reported in 2000 and the 1,116 of 1999. The reason for this dramatic decrease and subsequent stabilisation is likely to be attributable to the reduction in heroin supply experienced across Australia in 2001. It should be noted that the deaths reported are opioid-related and not necessarily heroin overdose deaths. In jurisdictions such as TAS and the NT where heroin is less available, deaths are more likely to be related to pharmaceutical opioids.

Figure 13: Number of accidental deaths due to opioids among those aged 15-54 years, Australia, 1988-2004.



Source: Australian Bureau of Statistics, (Degenhardt, Roxburgh et al. 2006)

As in previous years, just less than half (40%) of the deaths occurred in NSW, and over three-quarters (76%) of all opioid-related deaths occurred in NSW and VIC (Table 17). Examination of jurisdictional trends revealed that the number of opioid induced deaths remained stable in most jurisdictions except for SA (where they increased from 14 in 2003 to 25 in 2004) and the ACT (where they declined dramatically from 17 in 2003 to 2 in 2004).

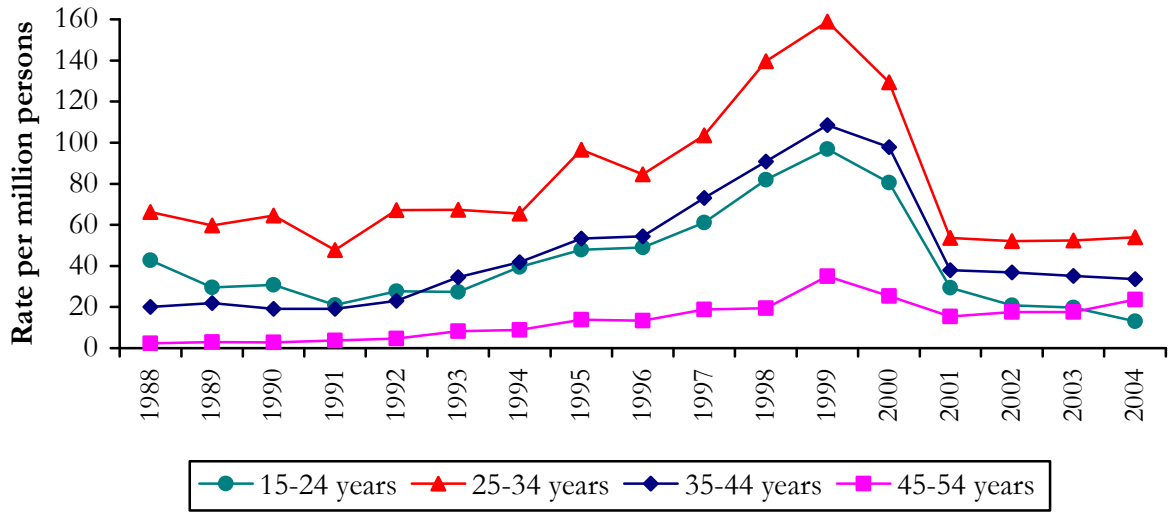
Table 17: Number of opioid deaths among those aged 15-54, by jurisdiction, 1988-2004

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
1988	204	99	16	12	18	0	0	2	**351**
1989	158	99	19	8	18	1	2	2	**307**
1990	196	79	8	19	14	5	0	0	**321**
1991	146	64	9	13	13	3	0	2	**250**
1992	182	79	18	30	22	0	1	4	**336**
1993	188	86	23	41	24	5	2	5	**374**
1994	209	97	37	32	38	4	5	3	**425**
1995	273	140	42	38	70	6	0	13	**582**
1996	260	145	32	32	64	5	2	17	**557**
1997	333	203	36	52	76	2	2	9	**713**
1998	452	243	64	53	78	10	13	14	**927**
1999	481	376	79	64	92	5	8	11	**1116**
2000	349	323	124	50	72	8	2	10	**938**
2001	177	73	58	18	35	8	5	12	**386**
2002	158	93	40	21	28	9	6	8	**364***
2003	143	129	32	14	16	4	2	17	**357**
2004	**144**	**126**	**34**	**25**	**19**	**6**	**1**	**2**	**357**

Source: Australian Bureau of Statistics, (Degenhardt, Roxburgh et al. 2006)
* one death in 2002 had a missing state

The rate of accidental deaths due to opioids in Australia was 31.3 per million persons aged 15 to 54 years. This rate was effectively unchanged compared to 2003 (where the rate was 31.5 per million persons). The largest proportions of deaths continue to be among the 25-34 year age group, followed by the 35-44 year age group (Figure 14) (Degenhardt, Roxburgh et al. 2006).

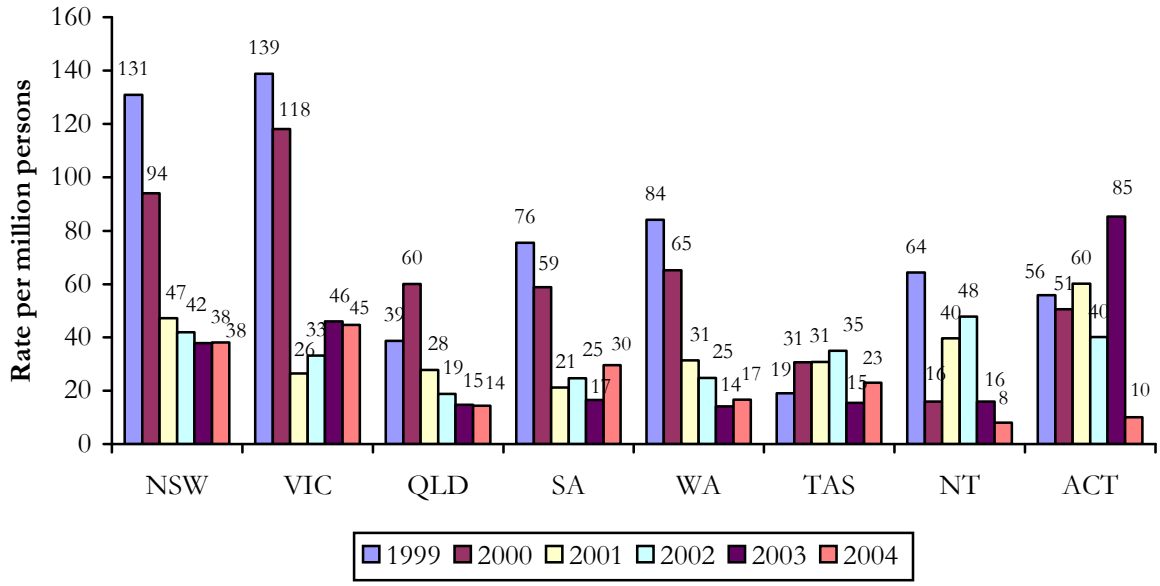
Figure 14: Rate of accidental deaths due to opioids per million persons aged 15-54 years, Australia, 1988-2004



Source: Australian Bureau of Statistics, (Degenhardt, Roxburgh et al. 2006)

In 2004, overdose rates remained fairly stable in most jurisdictions with the exception of the ACT where the rate per million person reduced from 85.3 in 2003 to 10.1 in 2004 (Figure 15). In 2004, VIC had the highest overdose rate in Australia, with a rate of 44.6 per million persons (n = 126 overdoses). The lowest rate was reported in the NT (8 per million persons, n=1) (Degenhardt, Roxburgh et al. 2006).

Figure 15: Rates of opioid overdose per million persons aged 15-54, by jurisdiction, 1999-2004



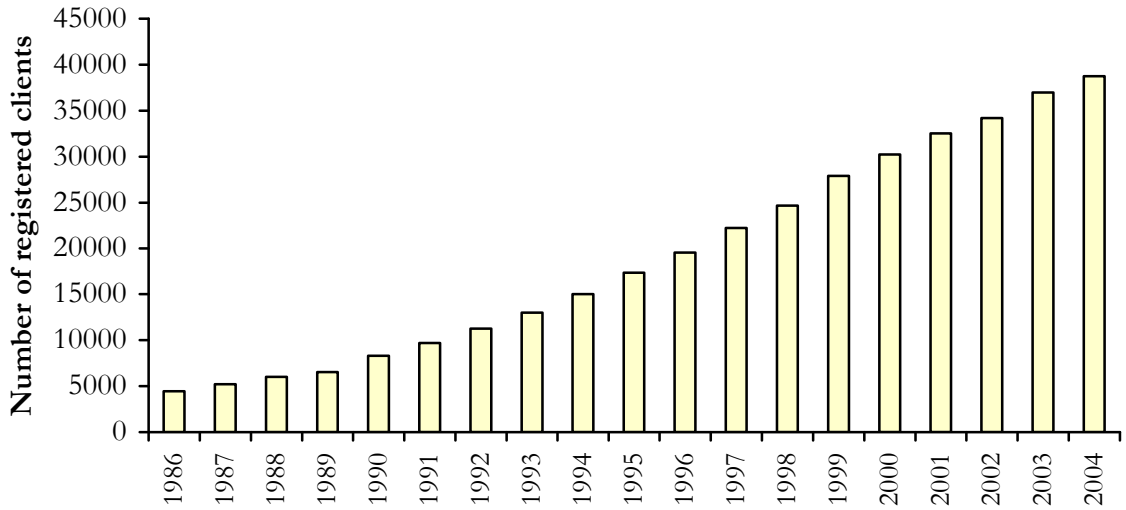
Source: Australian Bureau of Statistics, (Degenhardt, Roxburgh et al. 2006)

Earlier research has shown that the 'typical' fatal heroin overdose case is an opiate-dependent male in his early 30s, not in drug treatment, who has consumed other drugs in combination with heroin, primarily alcohol and/or benzodiazepines (Darke, Ross et al. 2000). Once again, the 2004 accidental opioid deaths accord well with these observations (Degenhardt, Roxburgh et al. 2006): deaths in the 25 to 34 year age group made up 43% of deaths attributed to opioids in Australia; males formed 78% of this group.

4.6 Treatment for opioid dependence

The two major pharmacotherapies for the treatment of opioid dependence available in Australia are methadone and buprenorphine maintenance treatments. As can been seen in Figure 16, there has been an increase in the total number of clients registered in pharmacotherapy treatment from 1986. A higher proportion of clients are in private pharmacotherapy treatment.

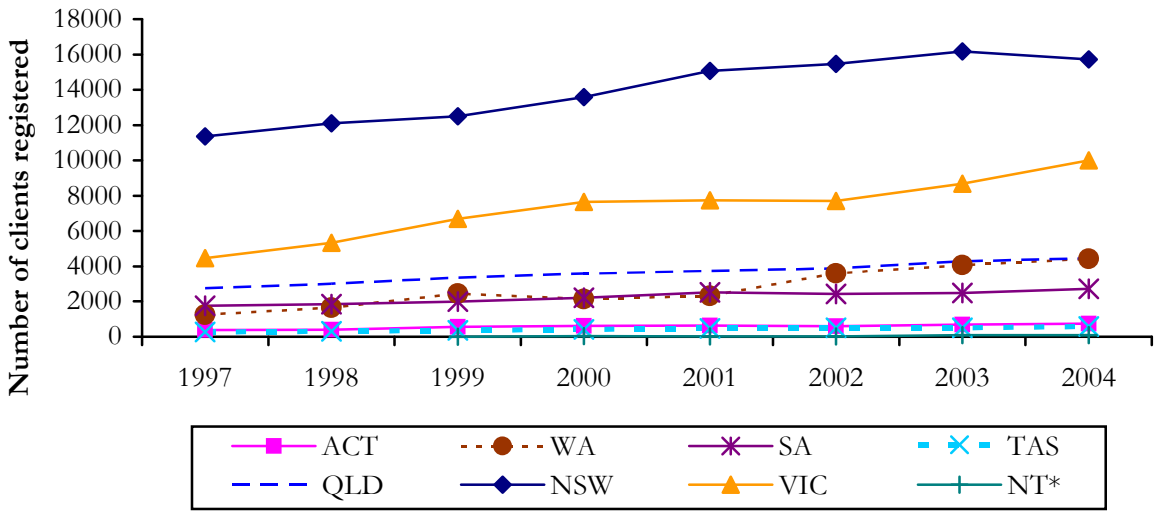
Figure 16: National pharmacotherapy client numbers by financial year, 1986-2004



Source: Australian Government Department of Health and Ageing
Data from 2001 includes buprenorphine.

There were slight increases in all jurisdictions over time (Figure 17), which may be an indication of increasing demand for pharmacotherapy treatment and/or greater funding for treatment places. The highest number of clients registered was in NSW followed by VIC, reflecting population size.

Figure 17: Pharmacotherapy client numbers by financial year 1997-2004, by jurisdiction



Source: Australian Government Department of Health and Ageing
Data from 2001 includes buprenorphine.
* Northern Territory data exclude the number of pharmacotherapy patients/clients receiving treatment at the public clinic in Alice Springs.

Methadone maintenance treatment is an established form of treatment in all jurisdictions in Australia. In October 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia by the Therapeutic Goods Administration (TGA) for the treatment of opiate maintenance and detoxification. In March 2001, the Pharmaceutical Benefits Advisory Committee (PBAC) recommended that buprenorphine be listed as a treatment for opiate dependence and is available in all jurisdictions, for this purpose.

The IDRS accesses IDU that are not all engaged in treatment, because it aims to interview active participants in the illicit drug market, and those in treatment are typically less active in illicit drug markets than their non-treatment counterparts. However, as in previous years, substantial proportions of IDU in all jurisdictions reported involvement in pharmacotherapy treatment for opiate dependence. In 2005, 30% reported current enrolment in methadone and 14% in buprenorphine treatment. Current enrolment in either methadone or buprenorphine treatment has been stable since 2004 (30% and 12% respectively). There were jurisdictional differences in those reporting current involvement in methadone treatment, ranging from 15% in VIC and the NT to 43% in TAS and 51% in NSW (Table 18).

Table 18: Proportion of IDU that report current involvement in pharmacotherapy treatment, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Methadone	30	51	42	15	43	27	20	15	23
Buprenorphine	14	15	10	22	4	24	21	4	8

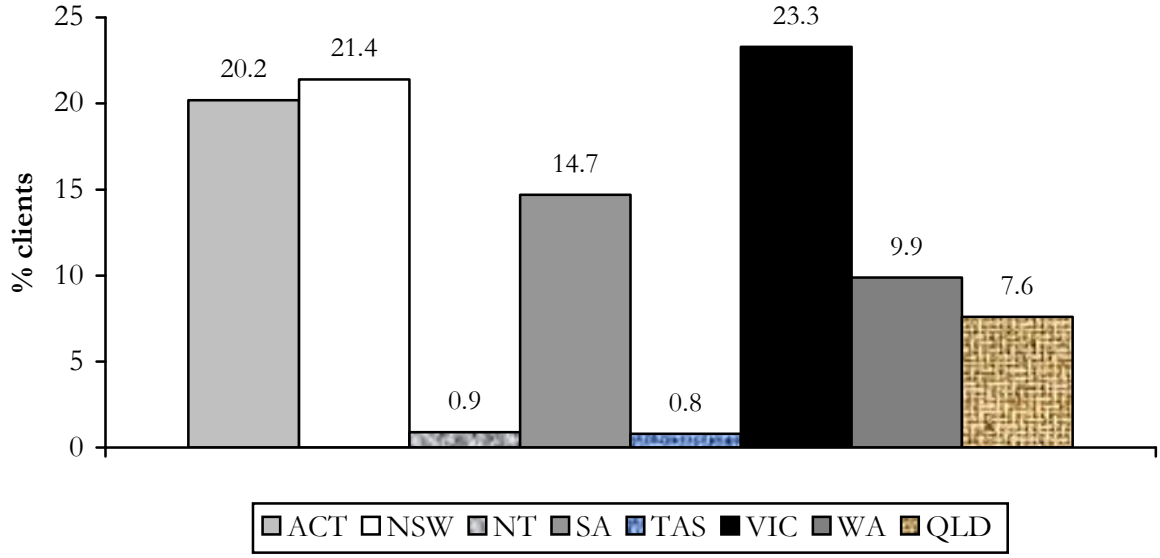
Source: IDRS IDU interviews

Smaller proportions of IDU in all jurisdictions, except VIC and WA, reported involvement in buprenorphine treatment compared to methadone treatment (Table 18). This is possibly because buprenorphine has been registered as a treatment for opioid dependence for a shorter period of time compared to methadone, which has been available for a few decades. There is variation in the uptake of buprenorphine as a treatment option by jurisdiction, which may in part relate to the numbers of doctors that have been trained to prescribe buprenorphine. The majority of patients that were registered on buprenorphine treatment as at 30 June 2002, and, therefore, the largest distribution of buprenorphine, was in VIC (Breen, Degenhardt et al. 2003). Data for 2003 and 2004 with the breakdown of numbers in methadone and buprenorphine were not available at the time of report finalisation.

The diversion of methadone and buprenorphine are issues to be considered (see Section 8.1 and 8.2); however, it should be noted that the majority of IDU that reported recent use of methadone and buprenorphine reported that they had used *licit* methadone and buprenorphine most in the preceding six months (i.e. they had used methadone or buprenorphine that was prescribed to them).

Treatment statistics are also collected by the Alcohol and Other Drug Treatment Services-National Minimum Data Set (AODTS-NMDS). The AODTS-NMDS aims to provide measures of service utilisation for clients of alcohol and other drug treatment services. It provides ongoing information on the demographics of clients who use these services, the treatment they receive and administrative information about the agencies that provide the treatment (Australian Institute of Health and Welfare 2005).

Figure 18: Proportion of closed treatment episodes for clients who identified heroin as their principle drug of concern (excluding pharmacotherapy), by jurisdiction, 2003-04*



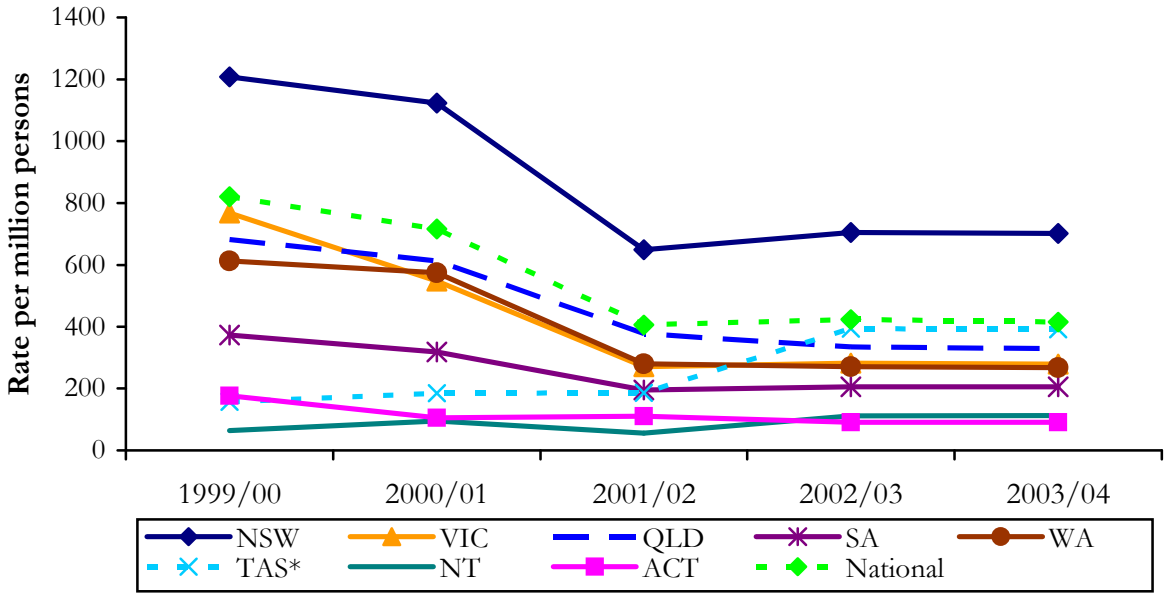
Source: AODTS-NMDS (Australian Institute of Health and Welfare 2004)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.
Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

Figure 18 indicates that NSW, the ACT and VIC had the highest proportions of closed treatment episodes for clients who identified heroin as their principle drug of concern (excluding pharmacotherapy) in 2003-04. This is consistent with IDU data that shows higher proportions of users reporting recent heroin use, greater frequency of heroin use and heroin as their drug of choice in these jurisdictions (Table 18).

Hospital admissions

The number of inpatient hospital admissions among persons aged 15-54 years, in which opioids were coded as the principal diagnosis, are shown in Figure 19 below. Data from the National Hospital Morbidity Database (NHMD), managed by the Australian Institute of Health and Welfare (AIHW), shows a decrease in national inpatient hospital admissions for opioids in 2001-02, consistent with the other decreases in heroin-related harms documented such as non-fatal and fatal overdoses (Degenhardt, Conroy et al. 2005) following the heroin shortage of 2001. NSW has consistently had the highest rate of inpatient hospital admissions of all jurisdictions, which dropped to a low of 717 in 2001-02, and has remained at the lower level in 2003-04. In 2003-04 the national inpatient hospital admissions rate was 415 per million persons aged 15-54 years, down from 851 per million in 1999-00. NSW (702 hospital admissions per million persons) continued to have the highest rate of inpatient hospital admissions for opioids, followed by TAS (391 inpatient hospital admissions per million persons) in 2003-04. One possible reason for an increase in inpatient hospital admissions in TAS may be due to the inclusion of an additional drug withdrawal unit. Overall, these data are consistent with IDU survey data, with proportions in NSW reporting the highest recent opioid use.

Figure 19: Rate of inpatient hospital admissions where opioids were the principal diagnosis per million persons aged 15 -54 years, by jurisdiction, 1999/00-2003/04



Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments *From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit. Note: Diagnoses for the period 1998 to 2004 were coded using ICD-10-AM codes (First edition for 1998/99 and 1999/00, Second edition for 2000/01 and 2001/02, and Third edition for 2002/03 and 2003/04), and, prior to this, ICD-9-CM was used to code hospital separations.

4.7 Jurisdictional trends for heroin

4.7.1 NSW

As in 2004, the vast majority of IDU reported that it was 'easy' or 'very easy' to obtain heroin. More than half of the IDU (59%) that commented thought that heroin availability had remained stable (66% of those commenting thought so in 2004), while one-fifth (21%) thought it had become 'more difficult' (18% in 2004).

Prevalence of heroin use among IDU in NSW has decreased, with 88% of participants reporting use in the last six months as compared with 95% in 2004. Frequency of use has also decreased to 96 days (120 in 2004), although this decrease was not uniform across drug market areas, with an increase in the number of days used reported in central areas of Sydney. A similar proportion reported heroin as their drug of choice (72% compared to 78% in 2004). While heroin remained the most commonly nominated drug injected in the month preceding interview (64%) and the drug most recently injected (64%), these figures represented slight decreases from 2004 (80% each). Key expert comments were generally consistent with that of IDU, suggesting that heroin was readily available, and that this had remained stable or had become easier over the last six months. Reports on price were also consistent with those reported by IDU, although a number suggested that the price per cap had reduced to less than $50 in some areas of South-West Sydney. The decrease in prevalence and frequency of use is likely to have been influenced by the relative proportions of methadone clients in each area.

4.7.2 The ACT

The proportion of IDU reporting use of heroin in the six months preceding the interview remained fairly stable from 91% in 2004 to 86% in 2005. In terms of the frequency of use, heroin

use patterns varied from less than monthly to daily use. In the six months preceding the interview, the median days of heroin use were 60, compared to 72 days of use reported by IDU in the ACT in 2004. The proportion of IDU that reported daily heroin use remained stable from 24% in 2004 to 23% in 2005. The proportion of daily heroin users in the ACT has yet to approach the level reported prior to the heroin shortage in 2000 (47%), with findings from 2005 suggesting a decrease in the frequency of heroin use by IDU in the ACT.

The median price of heroin remained stable in 2005. The reported price for a cap of heroin remained stable from 2004 to 2005 at $50 and the reported price for a gram of heroin remained stable from 2004 to 2005 at $300. IDU respondents reported heroin to be easy (40%) to very easy (48%) to obtain in the ACT. In 2005, IDU perceived the purity of heroin to be currently low (39%) to medium (43%).

4.7.3 VIC

Over two-thirds (68%) of the IDU survey respondents reported that heroin was their main drug of choice, and 89% of the sample reported having used and injected the drug in the preceding six months. As in previous years, a higher proportion of the VIC IDU sample reported that they had most commonly used heroin rock (85%), compared to powder (15%) in the past six months.

Respondents reported using heroin on a median of 81 days in the past six months, with almost one-quarter (22%, n=29) reporting using heroin on a daily basis during that time. Frequency of heroin use appears to have been relatively stable over the past three years, and remains much lower than that reported prior to 2001.

In 2005, respondents reported that the current median price of a 'cap' of heroin was $45; a quarter gram $100; a half gram $175; and a gram $310. The reported price of heroin increased slightly in 2005. 'Caps' of heroin remained the most popular purchase amount (n=80), followed by half grams (n=71).

Current heroin purity was reported as low (49%), to medium (30%) by the majority of IDU respondents who commented (n=136). Most key experts reported that purity was generally medium, and that this had been stable for the past six months.

The majority of IDU respondents who could comment on the availability of heroin (n=136), reported it as either very easy (62%) or easy (30%) to obtain at the time of interview, and that availability had been stable (70%) over the past six months. Most participants reported that they usually scored/purchased heroin from mobile dealers or a dealer's home, and this has remained relatively stable since 2003. Key experts confirmed that heroin availability was easy to very easy, and that mobile dealing had become entrenched and is far more common than street dealing in most areas.

Eleven percent (n=16) reported having experienced an overdose at least once within the previous six months, and 7% (n=10) had received Narcan® in that time. Most key experts noted that overall the level of non-fatal heroin overdose is reportedly low, and has been stable in the past six months.

4.7.4 TAS

Very few of the IDU consumers interviewed in the 2005 Tasmanian IDRS could report on local trends in price, purity, or availability of heroin. Consistent with patterns seen in previous studies, only a small proportion of the cohort (19%) reported using the drug in the preceding six months,

with this use being very infrequent (6 of the previous 180 days), despite a high preference for heroin as a drug of choice.

The price of heroin purchased within the state was reported as $100 per 'packet' (0.05-0.2g) and $360 per gram, and considered stable in recent months by the very small number of consumer reports on use (n=8). Consistent with trends noted in previous years, the majority of IDU considered heroin as 'difficult' or 'very difficult' to access, and that this situation had not changed in recent months. In further support of this, half of those reporting on availability had accessed the drug through having it sent directly to them from another jurisdiction, rather than being able to access the drug locally.

Consumers predominantly used rock-form heroin and considered the drug as 'low' to 'medium' in subjective purity in the preceding six months. Consumers were very mixed in their reports of changes in purity, and as there was only a single seizure of heroin in Tasmania in 2004/05 (of 0.2g), and none in the preceding three years, there is no objective purity data to compare consumer reports against.

The majority of indicators - such as a steadily declining proportion of use of heroin among clients of the state's Needle Availability Program, findings such as the low median rate of use of heroin (six days in last six months amongst those who had used the drug) and that, of the 32% of the IDU sample that reported heroin as their drug of choice, only around two-fifths (40%) had recently used heroin - indicate that the low availability of heroin in the state, identified in earlier IDRS studies, has continued in 2005.

4.7.5 SA

There was an increase in the price of heroin from 2004 to 2005, though it was still considered 'easy' or 'very easy' to obtain by most IDU and availability was reported as stable to easier in the preceding six months. There was an increase in the proportion of IDU obtaining heroin from a mobile dealer, and a concomitant decrease in the proportion being supplied at the homes of dealers. According to the majority of IDU, heroin purity remained at low to medium levels in 2005, with the current levels of purity perceived as stable.

SA police data revealed that total heroin-related possession offences remained stable, though heroin-related provision offences decreased from 2003/2004 to 2004/2005.

The proportion of IDU who reported recent use of heroin remained stable compared to 2004. There was, however, a decrease in the frequency of use of heroin for the second year in a row, following the dramatic rise in frequency seen in 2003, as indicated both by a drop in median number of days used, as well as % daily users, in 2005. Analysis of IDU that nominated heroin as their drug of choice indicated users continue to supplement or substitute their heroin use with other opioid substances such as morphine and methadone.

Experience of recent heroin overdose among IDU remained low, though information from KE as well as the Royal Adelaide Hospital suggested a spike in non-fatal overdoses occurred in July/August of 2005.

The proportion of opioid-related calls to ADIS remained stable, as did the total number of clients attending Drug and Alcohol Services SA (all services), including inpatient (detox) treatment, with heroin as the primary drug of concern. However, a small increase was apparent in the number of clients attending DASSA inpatient (detox) services nominating opioid analgesics as the primary drug of concern. Similarly, SA hospital emergency department data shows that heroin-related

attendances have remained stable while attendances for other opioids continue to increase gradually. Both state (SA) and national hospital admissions data showed the number of opioid-related admissions were stable (as at 2003/04) and still below pre-heroin shortage levels, though these data lag other indicators by a year.

4.7.6 WA

Heroin remained the most commonly cited drug of choice amongst the WA sample, increasing from 47% in 2004 to 63% in 2005. Despite this, numbers of recent users had remained unchanged from 2004 with 69% of the IDU interviewed having consumed heroin in the past six months.

One contributing factor in this may be the increase in the price of heroin, with a gram now costing $550 ($500 in 2004), thereby cementing the position of heroin in Western Australia as being the most expensive of any Australian jurisdiction. The availability of heroin remained unchanged, with 81% of those reporting obtaining the drug reporting it as being either 'very easy' or 'easy'. Some 45% of heroin users interviewed in 2005 said that heroin in Western Australia was of 'medium' purity, up from 38% in the previous year.

Among those IDU who had used heroin in the last six months, the median number of days of use was 60, with 23% of IDU reporting use on a daily basis, which was not an increase on 2004 findings (48 days and 16% using daily).

4.7.7 The NT

The number of IDU able to report on price, purity and availability of heroin in the NT was similar to last year.

The median price of a gram of heroin in the NT was $500 (from 8 purchasers) and the median price of a cap was $80 (from 7 purchasers) and both of these prices have increased compared to last year. The price of heroin in the NT was reported to be stable or increasing and the bulk of recent users reported the purity as low.

Heroin may be less available, with more respondents rating it as difficult to very difficult to obtain.

The proportion of the IDU sample who had used heroin in the six months prior to interview has decreased (24%) compared to 2004 (34%), but still higher than previous years. The median number of days used has also decreased, although continues to be popular as a drug of choice.

4.7.8 QLD

The price of heroin is relatively stable in QLD. Larger quantities of heroin may be more indicative of price fluctuations than smaller quantities, with the price of a 'cap' stable at $50. In 2005 a slight increase in the price of gram was reported (from a median of $380 in 2004 to $400 in 2005), along with a small decrease in the price of half gram and quarter gram quantities.

Availability also remained relatively stable with fewer IDU in 2005 reporting the availability as 'very easy' (34%) or 'easy' (54%) in 2005 compared to 2004 (61% and 34% respectively).

Heroin purity was reported as 'medium' by nearly forty percent (39%) of IDU, and as 'low' by a further 23%. The perceived purity of heroin in QLD continues to fluctuate: the proportion of

IDU reporting that it was fluctuating increased from 11% in 2004 to 15% in 2005, while the proportion reporting that it was stable decreased from 33% in 2004 to 28% in 2005.

The prevalence of use of heroin among IDU decreased from 2004 to 2005; however, the frequency of use increased twofold from a median of 26 days in 2004 to 52 days in 2005. There was little change in patterns of use, with continued high levels of polydrug use, with the majority of users reporting purchasing and injecting rock heroin. Key experts also reported high levels of polydrug use, including simultaneous use of multiple CNS depressants (e.g. heroin and benzodiazepines).

The proportion of IDU reporting that they were currently in treatment decreased slightly from 36% in 2004 to 32% in 2005. Pharmacotherapy is still the treatment of choice among heroin-dependent IDU, with 23% of IDU currently receiving methadone treatment and 8% receiving buprenorphine.

4.8 Summary of heroin trends

- The price of heroin remained fairly stable in each jurisdiction in 2005 except SA, WA and the NT where price increased by $50 or more. Heroin was cheapest in NSW and the ACT ($300 per gram) and most expensive in WA ($550 per gram).
- The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Large proportions in 2005 reported that the availability had remained stable in the six months preceding interview.
- IDU reported the purity of heroin as low to medium. In 2004/2005 the purity of heroin seizures analysed remained fairly stable, except in the second quarter of 2005 where purity increased in QLD.
- Heroin use has stabilised in most jurisdictions; however, the frequency of use decreased or remained stable except in WA and QLD where it increased. The median days of heroin use has not returned to the levels reported prior to the shortage in supply of heroin in 2001.
- Overall in 2005, there appears to be a continual trend towards the stabilisation of the heroin market.

5.0 METHAMPHETAMINE

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

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

The 2001 IDRS distinguished between the powder form of methamphetamine that has traditionally been available in Australia ('speed'), and the more potent forms (shabu, ice, crystal meth, base and paste). From 2002 a further distinction was made between methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('ice') in an attempt to collect more comprehensive information on the use, price, purity and availability of each of the different forms. 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure), is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base is reported to be difficult to dissolve for injection without heating. Base is also thought to be manufactured in Australia. 'Ice' (also called shabu, crystal or crystal meth), is a crystal or coarse powder that ranges from translucent to white but may also have a green, blue or pink tinge. Ice is thought to be manufactured in Asia and imported (Topp and Churchill 2002). Reports suggest that ice may also be produced within Australia, although the extent to which this occurs is unclear (McKetin, McLaren et al. 2005). A fourth form, liquid methamphetamine (also known as 'oxblood') is also available; however, as prevalence and frequency of use remain infrequent, further detail on price, purity and availability is not sought.

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

Detailed research has been conducted on methamphetamine markets in an attempt to gain a better understanding of the market (McKetin and McLaren 2004; McKetin, McLaren et al. 2005).

Table 19 displays the price, purity and availability of methamphetamine powder ('speed') in 2005 by jurisdiction. Table 20 displays the price and availability of methamphetamine base in 2005 and Table 21 displays the price and availability of crystalline methamphetamine ('ice') in 2005 by jurisdiction. Data from 2004 are presented in Appendix B, Table B1, B2 and B3.

5.1 Price

The median price of the last purchase of speed, base and ice are presented in Tables 19, 20 and 21.

5.1.1 Powder (speed)

IDU typically bought speed as points or half grams. A smaller number purchased grams. A 'point' (0.1 gram) of speed was cheapest in VIC ($40), while a point cost $41.50 in SA and $50 in all other jurisdictions. The price of a gram ranged from $90 in NSW to $300 in TAS and WA and half grams of speed varied (range $60 in NSW to $200 in WA). Just over two-thirds of those that commented (n=524) reported that the price of speed remained stable over the last six months (Table 19).

Previously, grams of speed were commonly purchased. The smaller quantities may reflect local manufacturers trying to compete with imported methamphetamine by selling in the same quantities as the more potent forms of methamphetamine (base and ice).

Table 19: Price, purity & availability of methamphetamine powder, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Price ($) per gram	-	n=10	n=10	n=23	n=15	n=11	n=27	n=21	n=20
		90	125	200	300	200	300	280	200
Price ($) per point	-	n=29	n=37	n=33	n=54	n=14	n=41	n=49	n=26
		50	50	40	50	41.50	50	50	50
Price ($) per ½ gram	-	n=20	n=15	n=36	n=36	n=7	n=37	n=12	n=24
		60	150	100	155	100	200	142.5	100
Price changes									
Did not respond %	44	46	47	45	21	69	45	35	45
Of those who responded (n)	(N=524)	(n=83)	(n=66)	(n=82)	(n=79)	(n=31)	(n=55)	(n=70)	(n=58)
(% of the entire sample)									
Don't know **%**	11 (6)	7 (4)	11 (6)	13 (7)	15 (12)	7 (2)	6 (3)	7 (5)	19 (10)
Increased **%**	13 (1)	10 (5)	11 (6)	10 (5)	6 (5)	13 (4)	33 (18)	20 (13)	7 (4)
Stable **%**	66 (37)	77 (42)	61 (32)	67 (37)	68 (54)	65 (20)	51 (28)	63 (41)	69 (38)
Decreased **%**	4 (2)	5 (3)	8 (4)	6 (3)	7 (2)	7 (2)	4 (2)	1 (<1)	2 (<1)
Fluctuated **%**	2 (3)	1 (<1)	11 (6)	4 (2)	10 (3)	10 (3)	7 (4)	9 (6)	3 (2)
Median methylamphetamine purity*	-	18.0	24.3	19.0	32.3	11.6	23.0	-	17.3
Availability									
Did not respond %	44	46	47	45	21	69	45	35	45
Of those who responded (n)	(N=525)	(n=83)	(n=66)	(n=83)	(n=79)	(n=31)	(n=55)	(n=70)	(n=58)
(% of the entire sample)									
Don't know %	5 (3)	6 (3)	6 (3)	1 (<1)	10 (8)	3 (1)	0 (0)	4 (3)	7 (4)
Very easy %	42 (23)	36 (19)	46 (24)	45 (25)	39 (31)	45 (14)	62 (34)	14 (9)	60 (31)
Easy **%**	37 (21)	33 (18)	41 (22)	35 (19)	42 (33)	36 (11)	38 (21)	51 (34)	21 (11)
Difficult **%**	13 (7)	18 (10)	8 (4)	17 (9)	8 (6)	16 (5)	0 (0)	24 (16)	14 (8)
Very difficult **%**	3 (1)	7 (4)	0 (0)	2 (1)	1 (<1)	0 (0)	0 (0)	6 (4)	2 (<1)
Availability changes									
Did not respond %	45	45	47	45	21	69	45	35	46
Of those who responded (n)	(N=523)	(n=82)	(n=66)	(n=83)	(n=79)	(n=31)	(n=55)	(n=70)	(n=57)
(% of the entire sample)									
Don't know **%**	8 (14)	7 (4)	8 (4)	6 (3)	15 (12)	7 (2)	0 (0)	9 (6)	5 (3)
More difficult **%**	12 (7)	17 (9)	11 (6)	12 (7)	6 (5)	16 (5)	4 (2)	16 (10)	16 (8)
Stable **%**	62 (35)	66 (35)	68 (36)	69 (36)	53 (42)	48 (15)	66 (36)	61 (40)	60 (32)
Easier %	14 (8)	9 (5)	11 (6)	11 (6)	23 (18)	19 (6)	22 (12)	10 (7)	12 (7)
Fluctuates **%**	5 (3)	1 (<1)	3 (2)	3 (2)	3 (2)	10 (3)	9 (5)	4 (3)	7 (4)
Place usually score									
Did not respond (%)	50	60	50	49	29	71	48	38	52
Of those who responded (n)	(N=471)	(n=62)	(n=63)	(n=77)	(n=71)	(n=29)	(n=52)	(n=66)	(n=51)
(% of the entire sample)									
Street dealer (%)	16 (8)	29 (12)	13 (6)	10 (5)	6 (4)	3 (1)	8 (4)	26 (16)	29 (14)
Dealer's home (%)	28 (14)	27 (11)	38 (19)	27 (14)	30 (21)	28 (8)	21 (11)	17 (10)	33 (16)
Mobile dealer (%)	20 (10)	18 (7)	13 (6)	26 (13)	34 (24)	31 (9)	21 (11)	9 (6)	8 (4)
Friend* (%)	31 (15)	24 (10)	27 (14)	29 (15)	25 (18)	24 (7)	44 (23)	47 (29)	24 (11)
Other source (%)	5 (3)	2 (<1)	9 (5)	8 (4)	5 (4)	14 (4)	6 (3)	1 (1)	6 (3)

Source: IDRS IDU interviews *includes gift from friend

Source of purity data: ABCI, 2001, 2002. ACC 2003, 2004 & 2005. Purity data reflects analysed seizures by state police in each jurisdiction, AFP purity figures by jurisdiction are reported in Table 3. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2004/05. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice.

5.1.2 Base

In 2005, participants in all jurisdictions reported buying a 'point' (0.1 gram) of base in the six months preceding interview, with only small numbers reporting purchase in VIC (n=2), the NT (n=7) and QLD (n=8). As in previous years, a point was the most popular purchase amount. The price for a point of base was cheapest in VIC ($45), and $50 in the other jurisdictions (Table 20).

The median price for half a gram of base varied from $100 in SA and QLD to $200 in WA. Small numbers purchased half grams in other jurisdictions (except TAS). A gram of base varied from $150 (VIC) to $325 (TAS). Over two-thirds (67% or 23% of the entire sample) of those that commented reported that the price of base remained stable over the last six months (Table 20).

Table 20: Price and availability of methamphetamine base, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Price ($)per 'point'		n=36	n=18	n=2	n=54	n=29	n=30	n=7	n=8
	-	50	50	45	50	50	50	50	50
Price ($) per ½ gram		n=5	n=4	n=3	n=37	n=17	n=22	-	n=13
	-	150	150	150	150	100	200		100
Price ($) per gram		n=8	n=3	n=3	n=18	n=14	n=19	n=4	n=6
	-	160	280	150	325	200	300	250	200
Price changes									
Did not respond	66	56	83	93	20	47	62	85	67
Of those who responded (n)	(N=323)	(n=68)	(n=21)	(n=11)	(n=80)	(n=54)	(n=38)	(n=16)	(n=35)
(% of the entire sample)									
Don't know	10 (3)	12 (5)	0 (0)	9 (<1)	11 (3)	9 (5)	3 (1)	6 (1)	20 (7)
Increased	15 (5)	13 (6)	5 (<1)	46 (3)	13 (10)	24 (13)	11 (4)	19 (3)	9 (3)
Stable	67 (23)	73 (32)	86 (14)	27 (2)	61 (49)	61 (33)	76 (29)	63 (9)	66 (22)
Decreased	4 (1)	0 (0)	0 (0)	9 (<1)	9 (7)	2 (1)	3 (1)	6 (1)	3 (1)
Fluctuated	5 (2)	2 (<1)	10 (2)	9 (<1)	6 (5)	4 (2)	8 (3)	6 (1)	3 (1)
Availability									
Did not respond	66	56	82	93	20	47	62	85	67
Of those who responded (n)	(N=324)	(n=68)	(n=22)	(n=11)	(n=80)	(n=54)	(n=38)	(n=16)	(n=35)
(% of the entire sample)									
Don't know	4 (1)	2 (<1)	5 (<1)	9 (<1)	6 (5)	2 (1)	3 (1)	19 (3)	0 (0)
Very easy	40 (14)	47 (21)	23 (4)	9 (<1)	38 (30)	50 (27)	42 (16)	13 (2)	43 (14)
Easy	37 (13)	32 (14)	41 (7)	46 (3)	41 (33)	32 (17)	40 (15)	44 (7)	34 (11)
Difficult	19 (6)	19 (8)	32 (6)	36 (3)	15 (12)	17 (9)	13 (5)	19 (3)	23 (8)
Very difficult	< (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (1)	6 (1)	0 (0)
Availability changes									
Did not respond	66	56	82	93	20	47	62	85	67
Of those who responded (n)	(N=324)	(n=68)	(n=22)	(n=11)	(n=80)	(n=54)	(n=38)	(n=16)	(n=35)
(% of the entire sample)									
Don't know	6 (2)	4 (2)	5 (1)	0 (0)	10 (8)	4 (2)	5 (2)	13 (2)	3 (1)
More difficult	15 (5)	18 (8)	14 (3)	18 (1)	16 (13)	15 (8)	8 (3)	19 (3)	14 (5)
Stable	63 (22)	68 (30)	68 (30)	73 (5)	56 (45)	59 (32)	68 (26)	38 (6)	71 (24)
Easier	13 (4)	10 (5)	10 (5)	0 (0)	16 (13)	19 (10)	8 (3)	19 (3)	11 (4)
Fluctuates	4 (1)	0 (0)	0 (0)	9 (<1)	1 (1)	4 (2)	11 (4)	13 (2)	0 (0)
Place usually score									
Did not respond (%)	68	60	82	94	26	47	64	88	70
Of those who responded (n)	(N=302)	(n=61)	(n=22)	(n=9)	(n=74)	(n=54)	(n=36)	(n=13)	(n=32)
(% of the entire sample)									
Street dealer (%)	10 (3)	25 (10)	18 (3)	0 (0)	3 (2)	4 (2)	6 (2)	8 (1)	13 (4)
Dealer's home (%)	30 (9)	28 (11)	32 (6)	22 (1)	28 (21)	35 (19)	25 (9)	15 (2)	37 (11)
Mobile dealer (%)	25 (8)	21 (8)	5 (1)	22 (1)	35 (26)	35 (19)	11 (4)	0 (0)	28 (8)
Friend* (%)	29 (9)	23 (9)	41 (7)	33 (2)	28 (21)	15 (8)	50 (18)	54 (7)	22 (7)
Other source (%)	6 (2)	3 (1)	12 (2)	22(1)	6 (5)	11 (6)	8 (3)	23 (3)	0 (0)

Source: IDRS IDU interviews *includes gift from friend

5.1.3 Crystal methamphetamine (ice)

The number of participants in all jurisdictions who were able to comment on the price of ice remained stable in 2005 (36% in 2005, 45% in 2004 and 44% in 2003 compared to 29% in 2002). As in previous years, a 'point' (0.1 gram) was the most popular purchase amount. The price for a point of ice was cheapest in SA ($30) and most expensive in the NT ($65). In the other jurisdictions the price was $50. A half gram of ice ranged from $100 in QLD to $250 in NSW. The price for a gram of ice was highest in WA ($400) and lowest in QLD ($200). Fifty-seven percent (21% of the entire sample) of those that commented reported that the price has remained 'stable' over the last six months (Table 21).

Table 21: Price and availability of crystal methamphetamine, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Price ($) per 'point'	-	n=37 50	n=40 50	n=5 50	n=19 50	n=13 30	n=49 50	n=12 65	n=9 50
Price ($) per ½ gram	-	n=7 250	n=12 200	n=9 150	n=12 170	n=10 125	n=31 200	n=1 150	n=9 100
Price ($) per gram	-	n=10 350	n=9 300	n=4 300	n=6 340	n=10 300	n=34 400	n=4 250	n=3 200
Price changes									
Did not respond	64	55	44	88	56	67	38	80	75
Of those who responded (n)	(N=343)	(n=69)	(n=70)	(n=18)	(n=44)	(n=33)	(n=62)	(n=21)	(n=26)
(% of the entire sample)									
Don't know	18 (6)	20 (9)	9 (5)	11 (1)	46 (20)	9 (3)	7 (4)	24 (5)	23 (6)
Increased	17 (6)	17 (8)	14 (8)	0 (0)	16 (7)	36(12)	16 (10)	19 (4)	12 (3)
Stable	57 (21)	61 (27)	64(36)	78 (9)	27 (12)	49(16)	69 (43)	52 (10)	54 (13)
Decreased	5 (2)	1 (<1)	10 (6)	11 (1)	7 (3)	0 (0)	2 (1)	0 (0)	8 (2)
Fluctuated	4 (1)	0 (0)	3 (2)	0 (0)	5 (2)	6 (2)	7 (4)	5 (1)	4 (1)
Availability									
Did not respond	64	55	44	88	56	67	37	80	75
Of those who responded (n)	(N=344)	(n=69)	(n=70)	(n=18)	(n=44)	(n=33)	(n=63)	(n=21)	(n=26)
(% of the entire sample)									
Don't know	7 (3)	10 (5)	0 (0)	0 (0)	21 (9)	3 (1)	6 (4)	10 (2)	8 (2)
Very easy	26 (9)	22 (10)	39(22)	28 (3)	11 (5)	18 (6)	30 (19)	14 (3)	15 (4)
Easy	37 (13)	55 (25)	50(28)	11 (1)	32 (14)	52(17)	37 (23)	29 (6)	46 (11)
Difficult	25 (9)	10 (5)	11 (6)	56 (7)	25 (11)	24 (8)	27 (17)	29 (6)	27 (7)
Very difficult	5 (2)	1 (<1)	0 (0)	6 (<1)	11 (5)	3 (1)	0 (0)	19 (4)	4 (1)
Availability changes									
Did not respond	64	55	44	88	56	67	37	80	75
Of those who responded (n)	(N=344)	(n=69)	(n=70)	(n=18)	(n=44)	(n=33)	(n=63)	(n=21)	(n=26)
(% of the entire sample)									
Don't know	10 (3)	12 (5)	0 (0)	0 (0)	34 (15)	3 (1)	3 (2)	14 (3)	15 (4)
More difficult	18 (7)	22 (10)	9 (5)	33 (4)	11 (5)	18 (6)	19 (12)	29 (6)	27 (7)
Stable	50 (18)	55 (25)	59(33)	44 (5)	32 (14)	58(19)	52 (33)	52 (10)	35 (8)
Easier	17 (6)	10 (5)	27(15)	17 (2)	18 (8)	18 (6)	18 (11)	5 (1)	19 (5)
Fluctuates	4 (2)	1 (<1)	6 (3)	6 (<1)	5 (2)	3 (1)	8 (5)	0 (0)	4 (1)
Place usually (%)									
Did not respond	67	61	45	89	64	69	43	84	78
Of those who responded (n)	(N=309)	(n=60)	(n=69)	(n=16)	(n=36)	(n=31)	(n=57)	(n=17)	(n=23)
(% of the entire sample)									
Street dealer	14 (4)	25 (10)	17(10)	6 (<1)	8 (3)	3 (1)	7 (4)	12 (2)	17 (4)
Dealer's home	26 (8)	17 (6)	32(18)	19 (2)	17 (6)	36(11)	32(18)	24 (4)	22 (5)
Mobile dealer	20 (6)	27 (10)	13 (7)	13 (1)	33 (12)	29(9)	16 (9)	12 (2)	9 (2)
Friend*	35 (12)	27 (10)	33(18)	56 (6)	39 (14)	13 (4)	42(24)	47 (7)	48(10)
Other source	5 (2)	4 (2)	5 (2)	6 (<1)	3 (1)	19 (6)	3 (2)	5 (1)	4 (1)

Source: IDRS IDU interviews *includes gift from friend

5.2 Availability

5.2.1 Methamphetamine powder (speed)

As in previous years, among those IDU who commented, speed was considered 'easy' or 'very easy' to obtain in all jurisdictions. The majority of IDU who commented considered that the availability of speed had remained 'stable' in the six months preceding interview (Table 19).

IDU obtained speed from a variety of sources, most commonly from friends (31%), dealers' homes (28%) or mobile dealers (20%, Table 19). This pattern varied among the jurisdictions with some jurisdictions reporting a dealer's home as the most common source and others reporting a mobile dealer. Obtaining speed from a street dealer was reported by 16% of the national sample that commented.

5.2.2 Base

Among those IDU who commented, the majority of respondents across the national sample considered base to be 'easy' (37% or 13% of the entire sample) or 'very easy' (40% or 14% of the entire sample) to obtain, and availability was considered stable (Table 20). There is some variation across the jurisdiction among IDU reports regarding the availability of base, with half of those in SA reporting availability as 'very easy'. Substantial proportions in VIC (36%) and ACT (32%) considered it 'difficult' to obtain. The numbers commenting on availability in VIC (n=11) was small, providing further indication of limited availability.

As with speed, IDU obtained base from a variety of sources, most commonly a dealer's home (30%), friends (29%) or mobile dealers (25%). Street deals were less common (10%, Table 20).

5.2.3 Crystal (ice)

In 2005, among those IDU who could comment (n=344), just over one-third (37%, 42% in 2004) considered ice to be 'easy' to obtain (Table 21). A further 26% considered it to be 'very easy' to obtain. Reports of availability varied among the jurisdictions, with over half in VIC (56%) reporting availability as 'difficult' and over one-third (39%) in ACT reporting availability as 'very easy'.

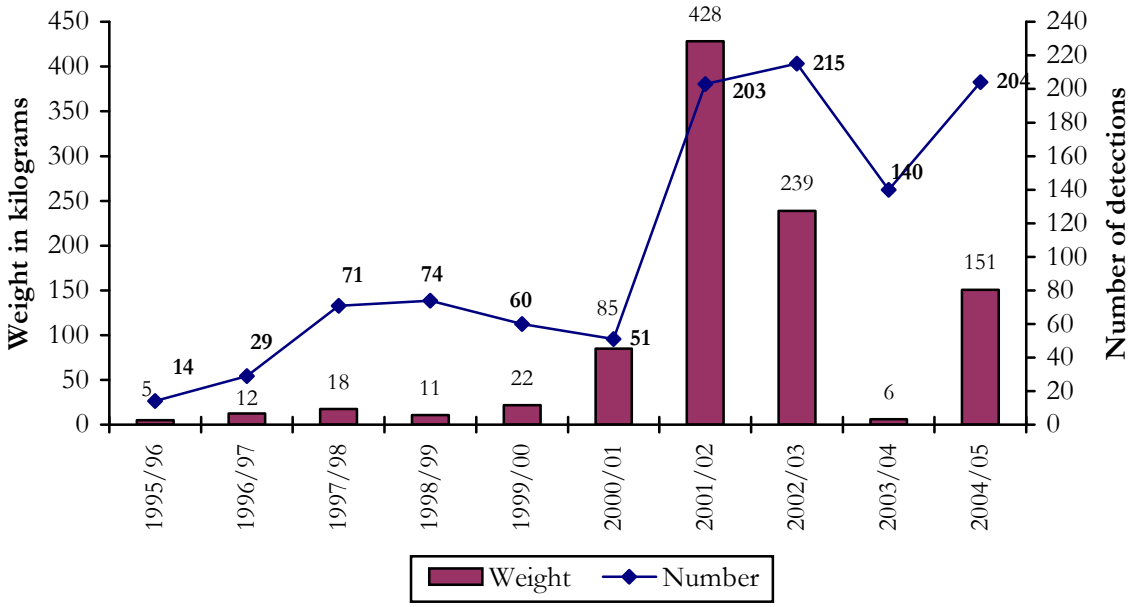
Half (50%) of the national sample considered the availability of ice to be stable, with similar amounts reporting it is to be easier (17%) and more difficult (18%) to obtain in the last six months. This pattern of stability was reflected in all jurisdictions in 2005.

Ice was also obtained from a variety of sources, in a similar pattern to speed and base. Friends were the most typical source (35%), followed by a dealer's home (26%), mobile dealers (20%) and street dealers (14%, Table 21).

5.2.4 Amphetamine-type stimulant detections at the Australian border

Data provided by the Australian Customs Service show increases in the number of detections of amphetamine-type stimulants at the Australian border. In 2004/05 the number (204) and weight (151kgs) of the detections increased since 2003/04 (Figure 20).

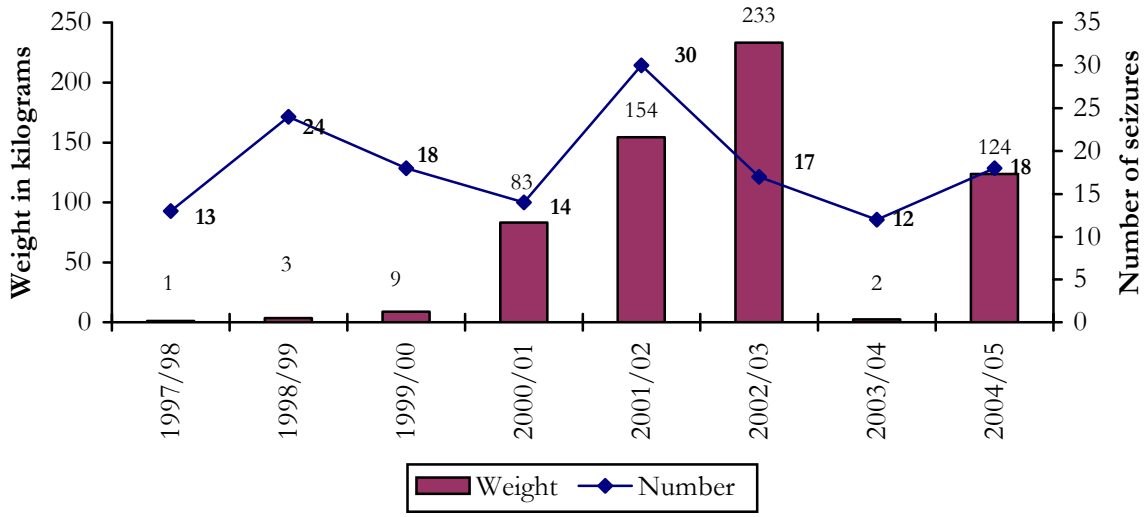
Figure 20: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs Service, 1995/96-2004/05



Source: Australian Customs Service 2005
* Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA

There has been a large increase in the weight of crystal methamphetamine (ice) detected at the Australian border (Figure 21). In 2001/02 the largest quantity of ice (233 kilograms) was detected at the border to date. There were 18 detections of ice in 2004/05, a slight increase from 12 detected in 2003/04. The weight of the detections increased from 2 kilograms in 2003/04 to 124 kilograms in 2004/05 (Figure 21).

Figure 21: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, 1997/98-2004/05

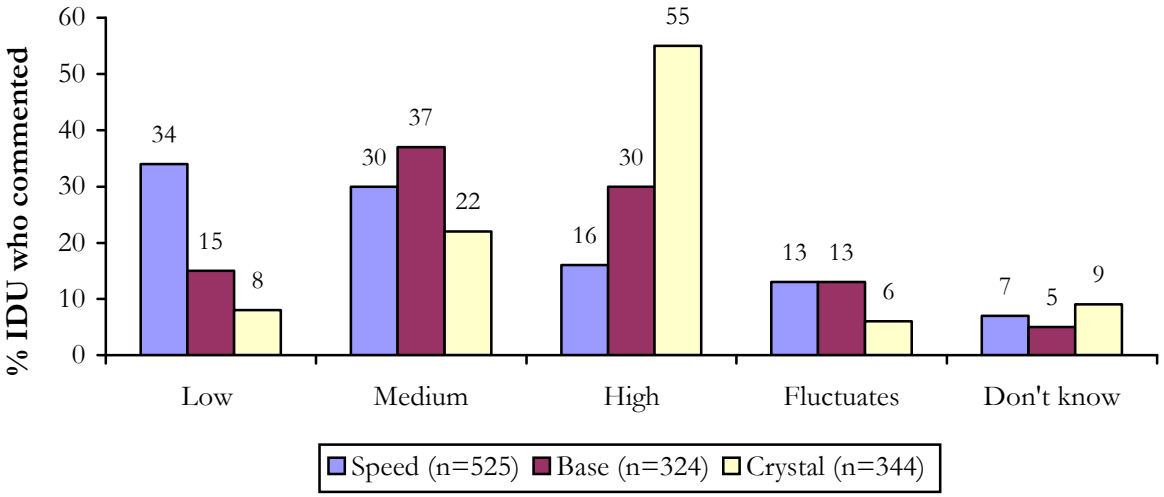


Source: Australian Customs Service 2005

5.3 Purity

IDU were asked to describe the current purity of speed, base and ice. As was to be expected, speed had the highest proportion report the purity as 'low', base as 'medium' and ice as 'high' (Figure 22).

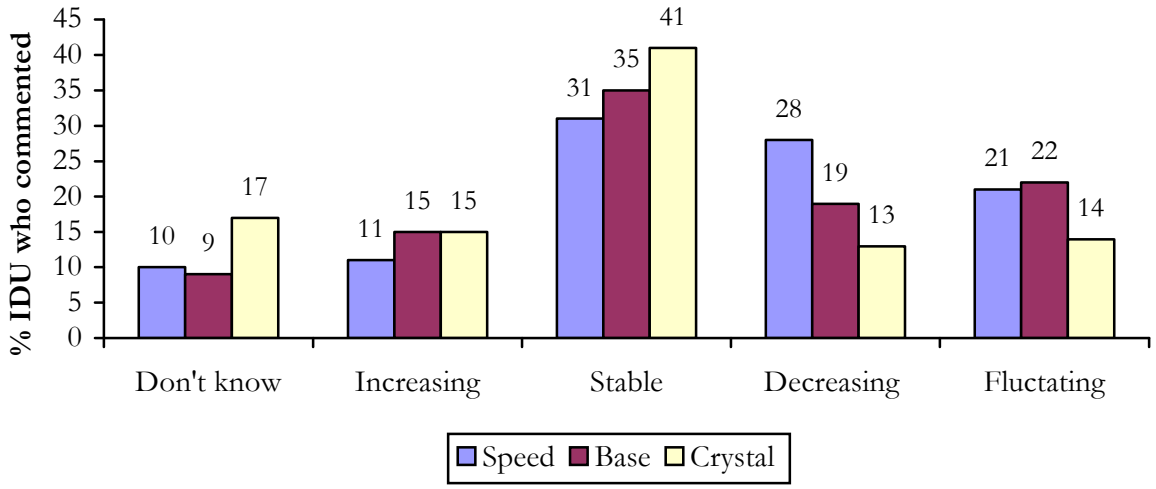
Figure 22: IDU reports of current purity of speed, base and ice, 2005



Source: IDRS IDU interviews

The largest proportion of IDU who commented described the purity or strength of all three forms of methamphetamine as stable in the six months preceding interview (Figure 23).

Figure 23: IDU reports of changes in speed, base and ice purity among those able to comment, 2005



Source: IDRS IDU interviews

There are important caveats to consider when interpreting the methylamphetamine purity data. The Australian Crime Commission (ACC) has provided the purity figures for state police and AFP seizures. At present, it is not feasible to distinguish the average purity of speed from the more potent forms, base and ice. Therefore, median methylamphetamine purity figures for 2004/05 displayed in Figure 24 reflect purity of seizures of all methylamphetamine forms (i.e. speed, base and ice) combined.

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from this purity data remains difficult (Australian Crime Commission 2006).

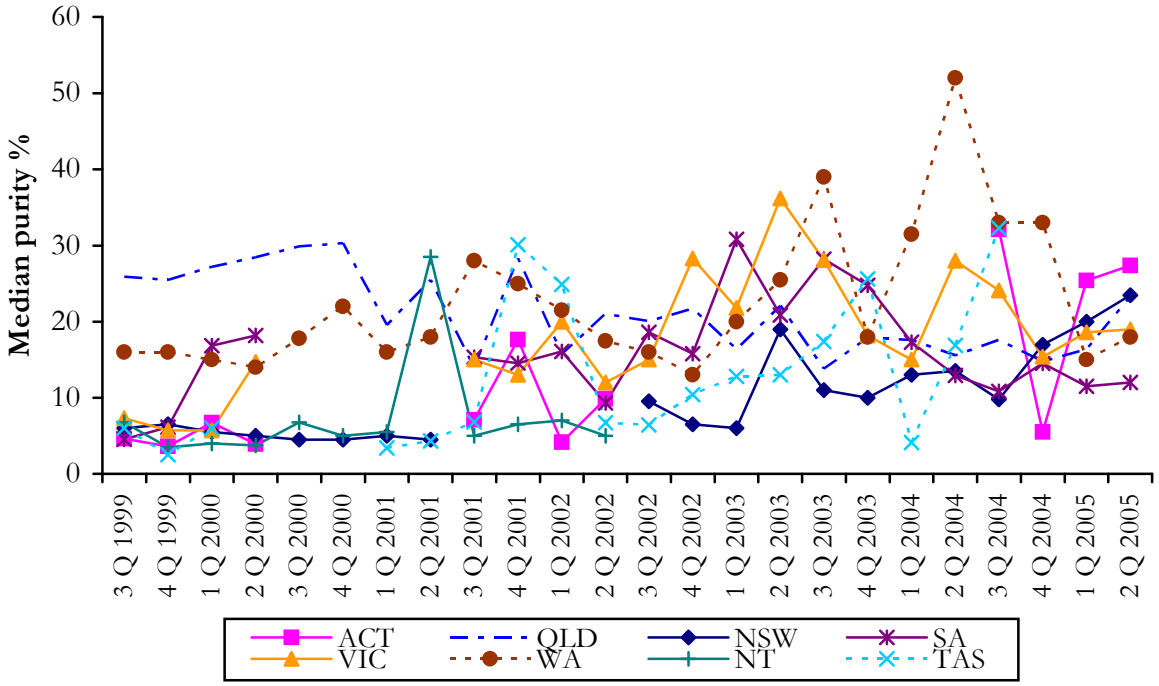
Finally, the purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 2004/05, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 86%. This wide range in purity should be considered when looking at the median purity figures presented.

As with the heroin purity, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figures 24 and 25 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 Western Australia, Tasmania 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 24 shows the median purity across jurisdictions of methylamphetamine seizures by quarter from 1999/00. As there were few AFP seizures analysed in most jurisdictions, they were not

included on the graph. As can be seen from the graph, there is no clear trend in the purity of methylamphetamine at a national level, although overall the median purity generally remains low at less than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004.

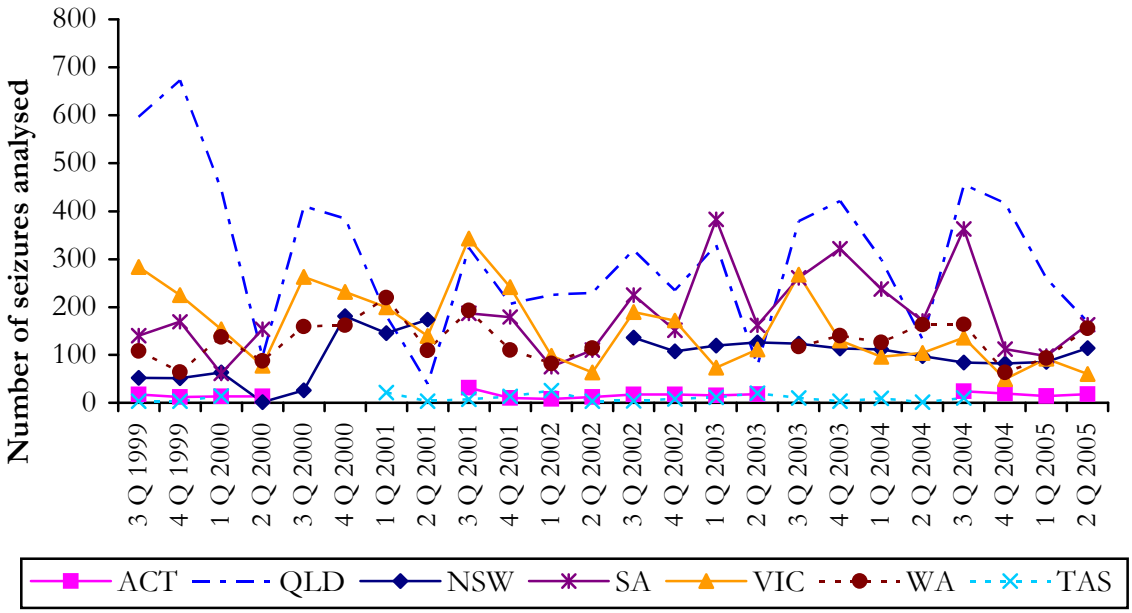
Figure 24: Median purity of methylamphetamine seizures analysed by state police, by jurisdiction, 1999-2005



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004 & 2005 1. Seizures ≤2g and >2g combined. 2001/02 data not available for NSW. 2002/03 data not available for NT. In 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT.

The number of seizures analysed shows no clear trend (Figure 25). As mentioned previously, not all seizures are analysed, so these data do not provide an indication whether there have been changes in the number of seizures made. Instead it provides an indication of how many seizures contribute to the median purity presented in Figure 24.

Figure 25: Number of methylamphetamine seizures analysed by state police, by jurisdiction, 1999-2005



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004 & 2005. 2001/2002 not available for NSW. 2002/2003 data not available for the NT. In 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT.

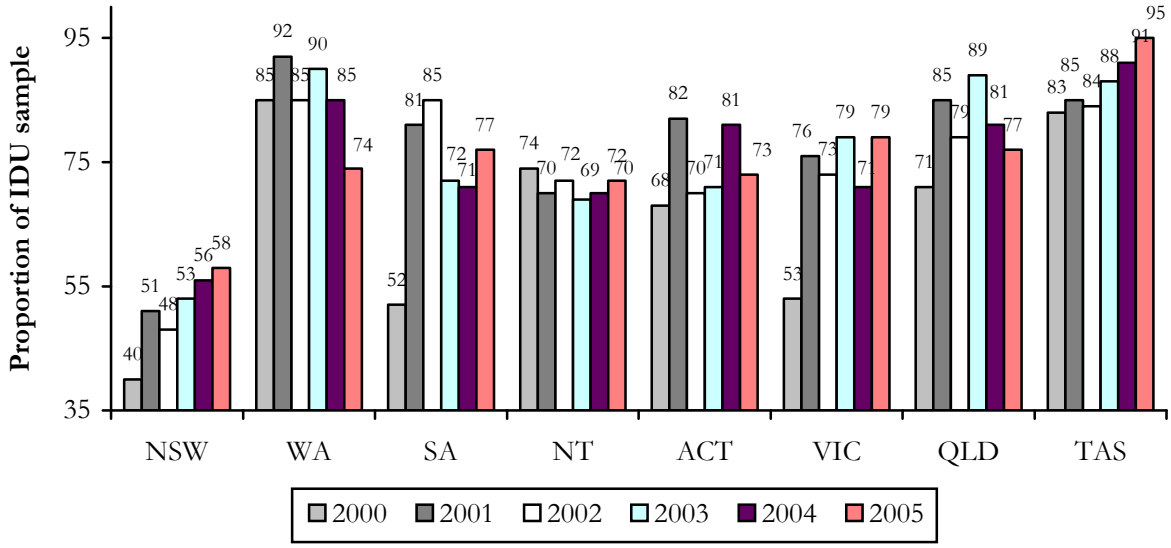
There were only limited AFP seizures analysed. In the 2004/05 financial year, there were only four AFP seizures analysed in QLD, with a median purity of 58.5%, and two AFP seizures analysed in NSW with a median purity of 4%. There were no methamphetamine AFP seizures analysed in the other states in 2004/05.

5.4 Use

5.4.1 Recent use among IDU

In 2005, 75% of the national IDU sample reported using a form of methamphetamine (speed, base or ice) in the six months preceding interview. This is similar to figures reported in previous years (74% in 2004, 75% in 2003, 73% in 2002, and 76% in 2001). Figure 26 indicates that the proportion of IDU reporting recent use of methamphetamine varies across the jurisdictions.

Figure 26: Proportion of recent methamphetamine* use among IDU, by jurisdiction, 2000-2005



Source: IDRS IDU interviews * speed, base and ice ONLY

Table 22 shows that the proportion of IDU that reported using the different forms of methamphetamine varied across jurisdictions. Nationally, 60% of the sample had recently used speed, 39% base and 43% ice.

The proportion of IDU reporting recent use of speed increased in all jurisdictions except SA, where it decreased slightly, and in WA and NSW, where it remained stable. The proportion of IDU that reported recent use of base increased in NSW, TAS, SA and WA, reduced in the NT and remained stable in the ACT and VIC.

In 2005, the recent use of ice decreased in most jurisdictions except TAS and SA where it remained stable. WA reported the largest drop from 83% in 2004 to 68% in 2005.

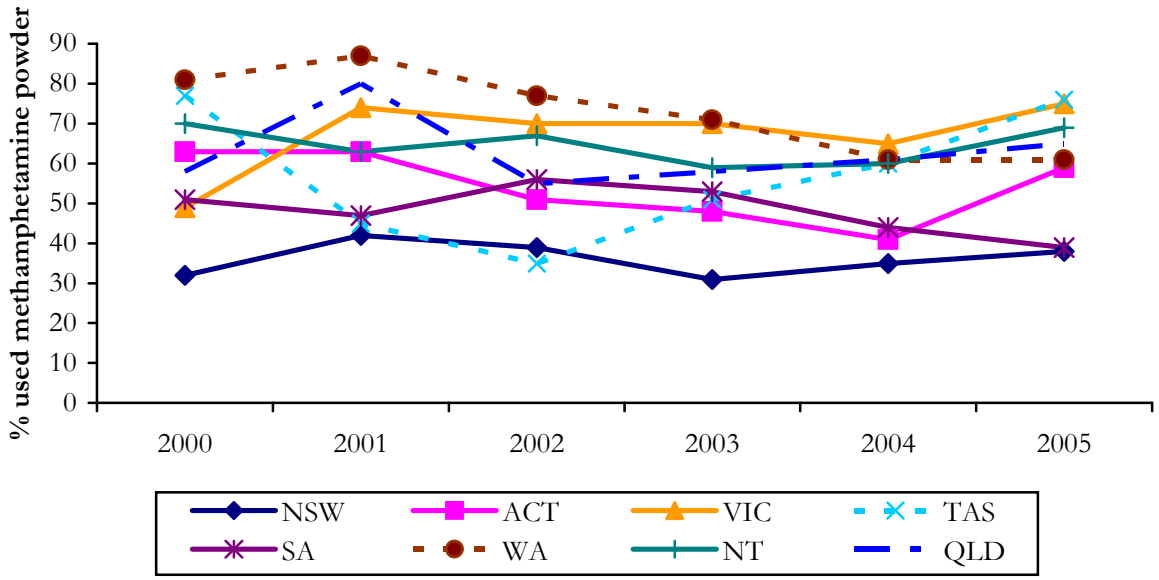
Table 22: Proportion of IDU reporting recent use of different forms of methamphetamine, by jurisdiction, 2000-2005

	SPEED						BASE					ICE					
	2000	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005
National	58	62	56	55	53	60	40	39	35	38	39	15	53	35	54	52	43
NSW	32	42	39	31	35	38	23	23	32	31	38	14	29	25	38	45	38
ACT	63	63	51	48	41	59	36	30	13	25	28	17	72	34	65	73	62
VIC	49	74	70	70	65	75	32	20	18	11	13	9	52	26	50	41	29
TAS	77	45	35	51	60	76	52	74	46	72	79	6	56	20	69	52	50
SA	51	47	56	53	44	39	59	65	51	46	61	11	58	56	48	48	46
WA	81	87	77	71	61	61	56	56	40	45	54	51	85	74	80	83	68
NT	70	63	67	60	60	69	18	21	30	26	16	6	24	20	34	32	21
QLD	58	80	55	58	61	65	75	42	50	60	40	13	75	39	60	51	36

Source: IDRS IDU interviews
*did not ask about base in 2000

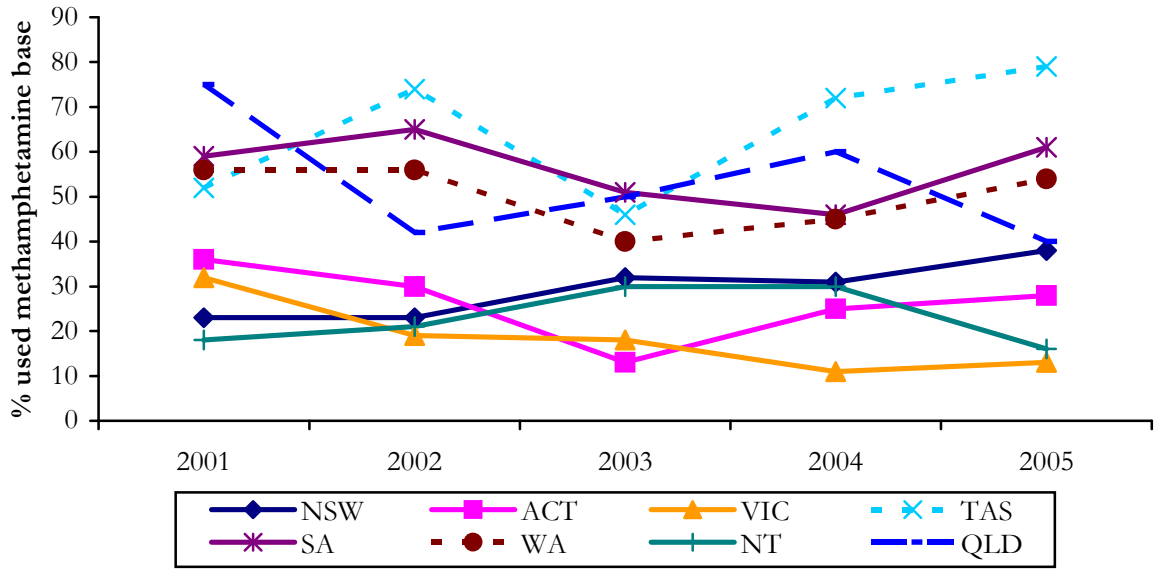
Figures 27, 28 and 29 graphically present the proportion of samples that reported recent use of the three forms of methamphetamine over time. As can be seen, with the exception of SA, most jurisdictions have shown stable or increasing rates of recent use of the less potent form of the drug (speed). Reports of base use have varied over time and among the jurisdictions. Ice use over the years has increased except in 2002; however, in 2005 recent ice use decreased in all jurisdictions except TAS and SA.

Figure 27: Proportion of IDU that reported recent use of methamphetamine powder, by jurisdiction, 2000-2005



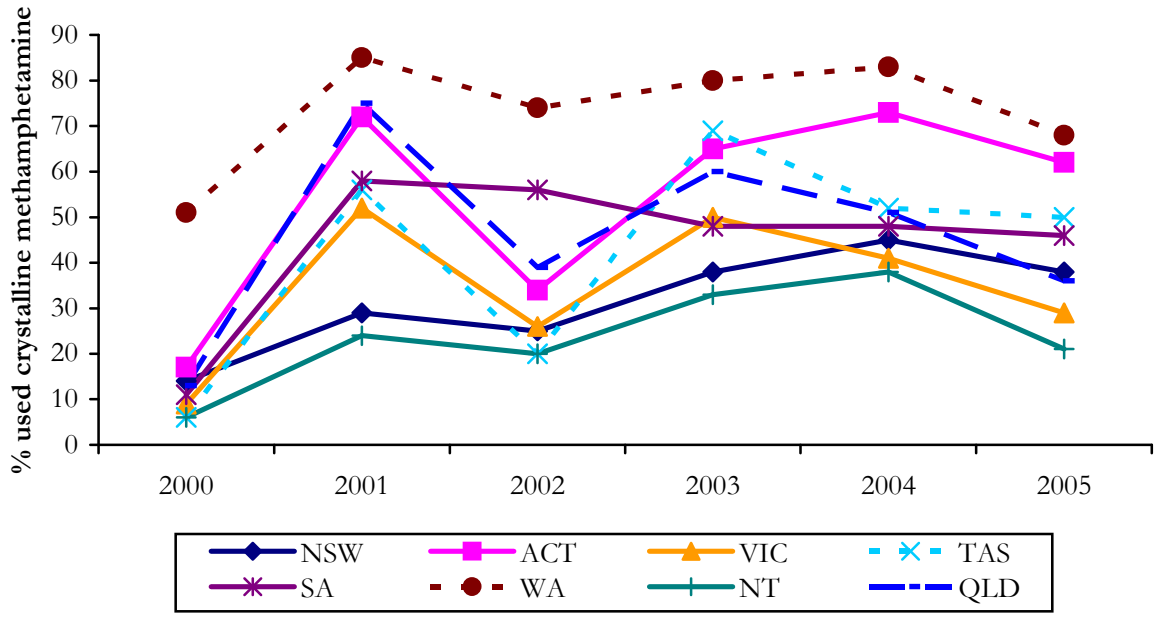
Source: IDRS IDU interviews

Figure 28: Proportion of IDU that reported recent use of methamphetamine base, by jurisdiction, 2001-2005



Source: IDRS IDU interviews

Figure 29: Proportion of IDU that reported recent use of crystalline methamphetamine, by jurisdiction, 2000-2005



Source: IDRS IDU interviews

Recent use of liquid amphetamine was not commonly reported, with 7% of the national sample reporting having used it in the six months preceding interview. The proportions varied across jurisdictions, ranging from 1% in TAS to 17% in QLD (Table 23).

Table 23: Proportion of IDU reporting recent use of amphetamine liquid, 2005

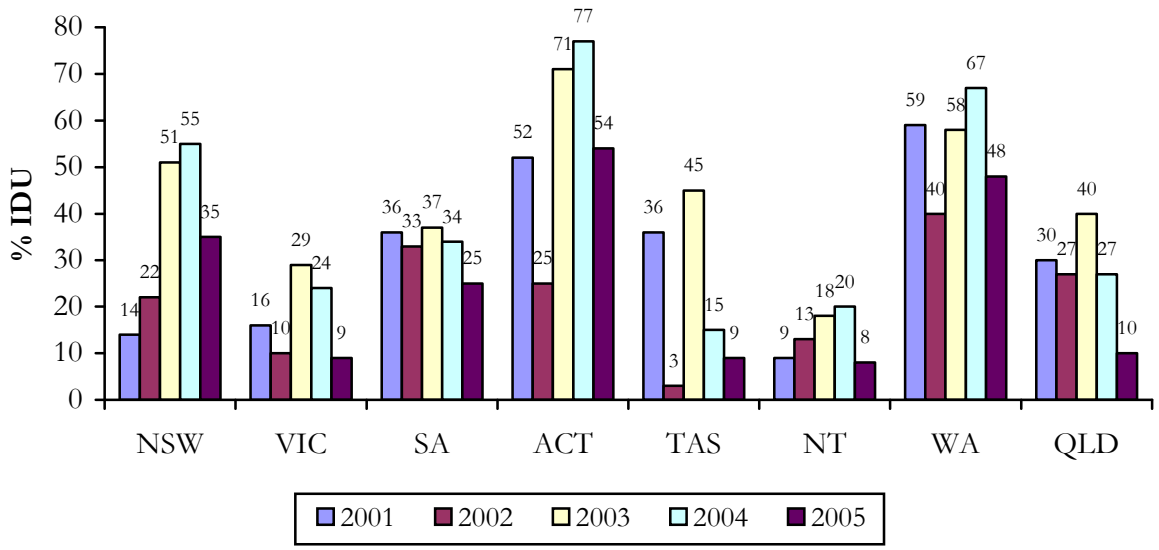
	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Liquid amphetamine	7	6	7	5	1	11	8	5	17

Source: IDRS IDU interviews

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. Unlike previous years, the form of methamphetamine reported as the form used most in the past six months was speed (46%), followed by ice (24%) and base (24%).

As can be seen from Figure 30, in 2005 the use of ice as the form of methamphetamine used most recently decreased in all jurisdictions. The ACT reported the highest proportion using ice; however, this reduced from 77% in 2004 to 54% in 2005.

Figure 30: Proportion of IDU that used methamphetamine and reported crystal as the form most used in the six months preceding interview, 2001-2005



Source: IDRS IDU interviews

5.4.2 Frequency of use

The median days used for any form of methamphetamine in the national sample was 24 days in 2005, reflecting weekly use (Table 24).

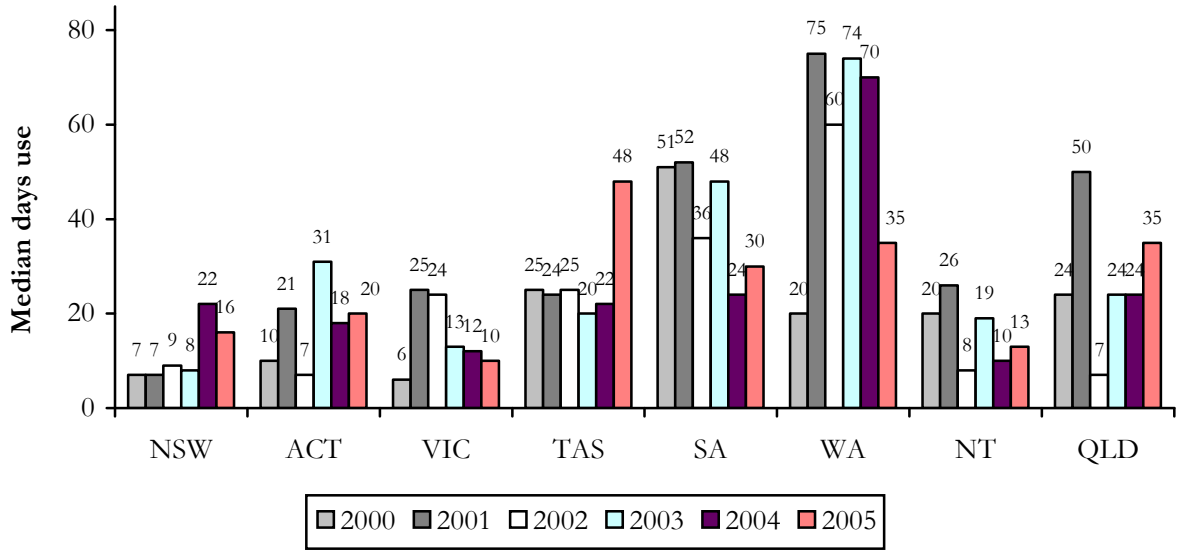
Table 24: Median days used methamphetamine in past six months among those that used, by jurisdiction, 2005**

	Speed	Base	Ice	Liquid	Pharm. stim.	Any form*
National	10	10	6	3	4	24
NSW	10	6	4	12^	2^	16
ACT	6.5	5	9	4^	5	20
VIC	7	10	4	6^	4	10
TAS	12	20	3	1^	6	48
SA	12	24	12	4	3.5	30
WA	12	5	12	2^	6	35
NT	13.5	8	6	1.5^	3	13
QLD	15	15	4	2.5^	3	35

Source: IDRS IDU interviews
*includes speed, base, ice, liquid amphetamine and pharmaceutical amphetamine
** Maximum number of days = 180 ^ Very small numbers reported

Figure 31 shows the median number of days of methamphetamine use among those who used methamphetamine in the six months preceding interview. It should be noted that in 2000 and 2001, IDU were asked how many days they had used speed (only) in the last six months. From 2002, they were asked how many days they had used speed, base and ice separately, as well as overall number of days used any methamphetamine. From 2002, figures represent *any* methamphetamine. As can be seen in the graph, there was a stabilisation or decrease in the median number of days used in 2002 followed by an increase in all jurisdictions apart from NSW, VIC and TAS, where frequency of use remained stable. In 2005 the median number of days varied across the jurisdictions, with some jurisdictions remaining relatively stable. WA experienced a large drop in the median number of days from 70 days in 2004 to 35 days in 2005. QLD and TAS both increased in the median number days of used (Figure 31).

Figure 31: Median number of days of methamphetamine use among IDU who had used methamphetamine in the preceding six months, by jurisdiction, 2000-2005

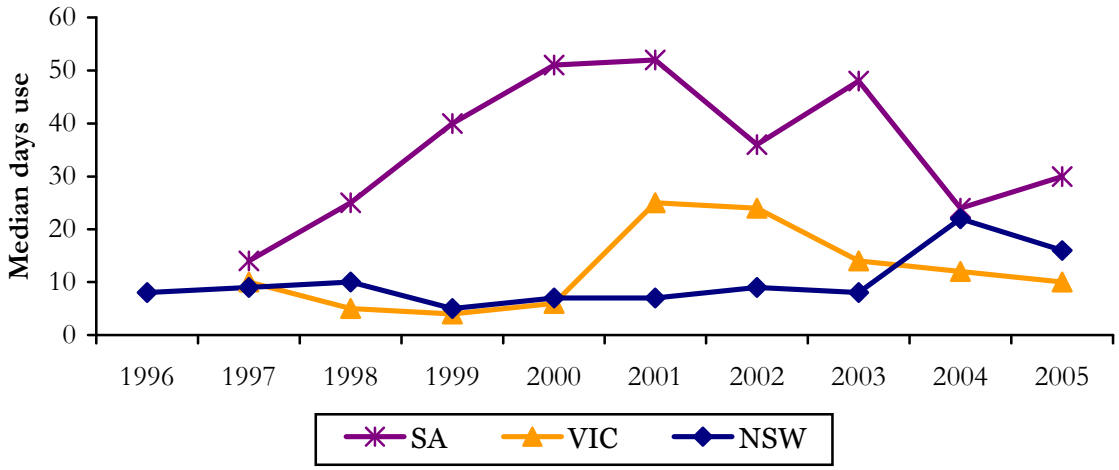


Source: IDRS IDU interviews
2003, 2004 and 2005 data – any form includes pharmaceutical stimulants and liquid amphetamines

There was wide variation in the frequency of methamphetamine use across Australia. Unlike previous years, TAS reported the most frequent use of methamphetamine (48 days), more than double the frequency of 2004 (22 days). A drop in the median days used methamphetamine was observed in WA, reducing from 70 days to 35 days.

An examination of frequency of methamphetamine use data over a longer time period (1996 to 2005) in NSW, SA and VIC indicates that there has been a relatively low and stable frequency of use in NSW since 1996, until the increase in 2004 which reduced slightly in 2005. SA recorded steady increases in frequency of methamphetamine use between 1998 and 2000, which appeared to stabilise between 2000 and 2001, and has fluctuated since that time. On the other hand, VIC had recorded low and stable frequencies of methamphetamine use until 2001, when frequency of use jumped from an average of once per month to once per week, stabilised in 2002, decreased again in 2003 and has remained fairly stable in 2005 (Figure 32).

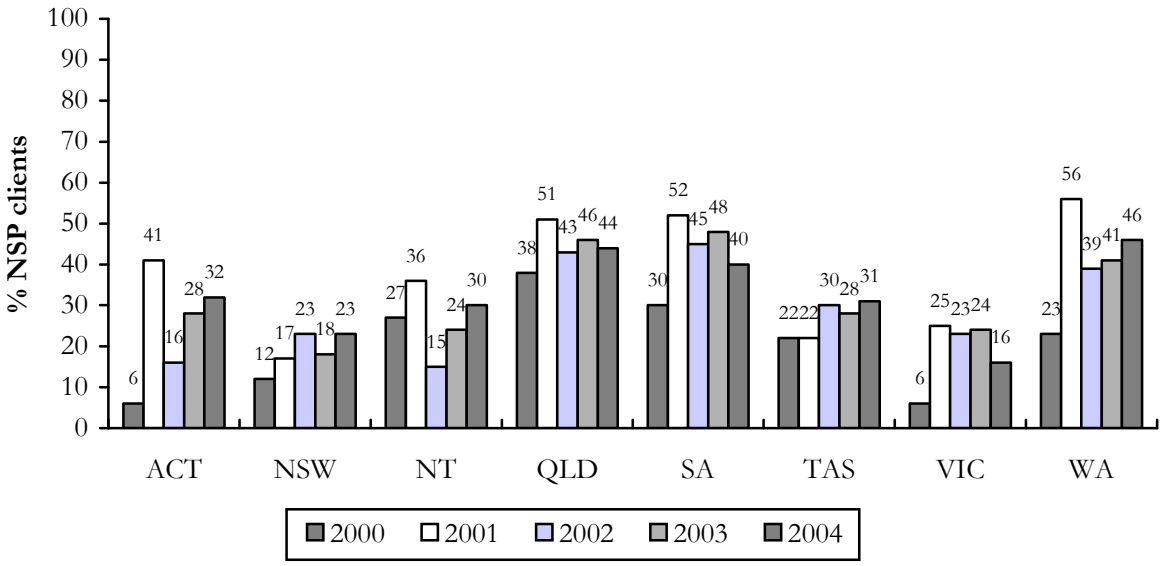
Figure 32: Median number of days of methamphetamine use in preceding six months among methamphetamine users, in NSW, VIC and SA, 1996-2005



Source: IDRS IDU interviews

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent NSP survey available (provided by the National Centre in HIV Epidemology and Clinical Research, NCHECR) shows data from 2000 to 2004 (Figure 33). The graph depicts the proportion of NSP clients that report amphetamine as the drug they had last injected, by jurisdiction. The 2004 data reflects findings from last year's IDRS, in which there was an increase in methamphetamine injection as the last drug injected. As in the past, IDRS and NSP Survey results have complemented each other and the two surveys thus serve to validate the findings of the other. The 2005 NSP survey results should continue to show jurisdictional differences in levels of amphetamine injection, and potentially show a stabilisation in the proportion reporting amphetamine as the last drug injected.

Figure 33: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2004



Source: Australian NSP Survey, (NCHECR, 2005)

5.5 Methamphetamine-related harms

5.5.1 Law enforcement

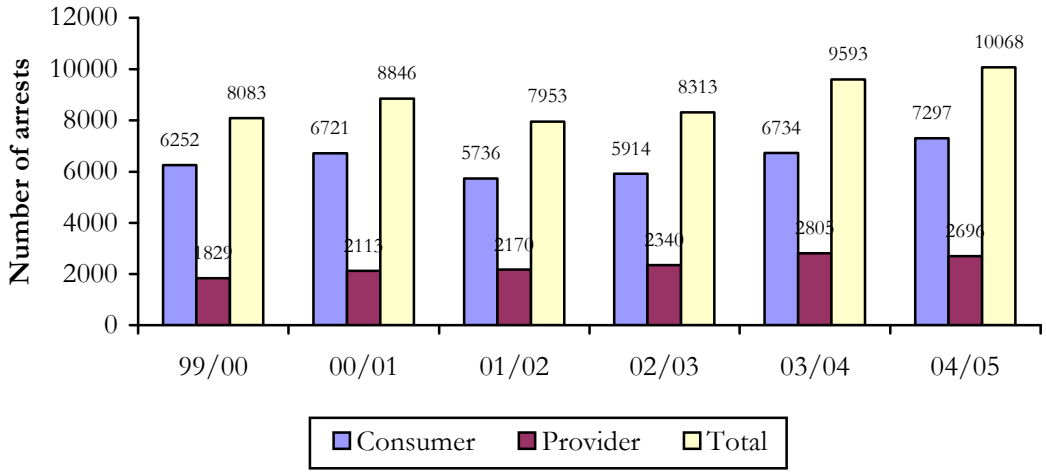
Arrests

As mentioned previously, it should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. A number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission 2006).

Consumer and provider arrests Australia-wide increased from 9,593 in 2003/04 to 10,068 in 2004/05, reaching levels higher than those reported prior to the heroin shortage (which were 8,083 in 1999/2000) (Australian Crime Commission 2006). The slight decrease in the number of consumer and provider arrests in 2001/02 (7,953) was consistent with the 2002 IDRS IDU data, which suggested that, although substantial proportions of IDU continued to use methamphetamines, frequency of use stabilised or decreased (Figure 34).

The number of amphetamine-type stimulant arrests increased in the majority of jurisdictions in 2003/04. In WA the number of arrests increased from 1,711 in 2003/04 to 2,045 in 2004/05. QLD also had an increase from 3,000 in 2003/04 to 3,337 in 2004/05. The arrest data for each state and territory include AFP data.

Figure 34: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2004/05



Source: ABCI, 2001, 2002; ACC 2003, 2004 & 2005. Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated.

5.5.2 Health

Overdose

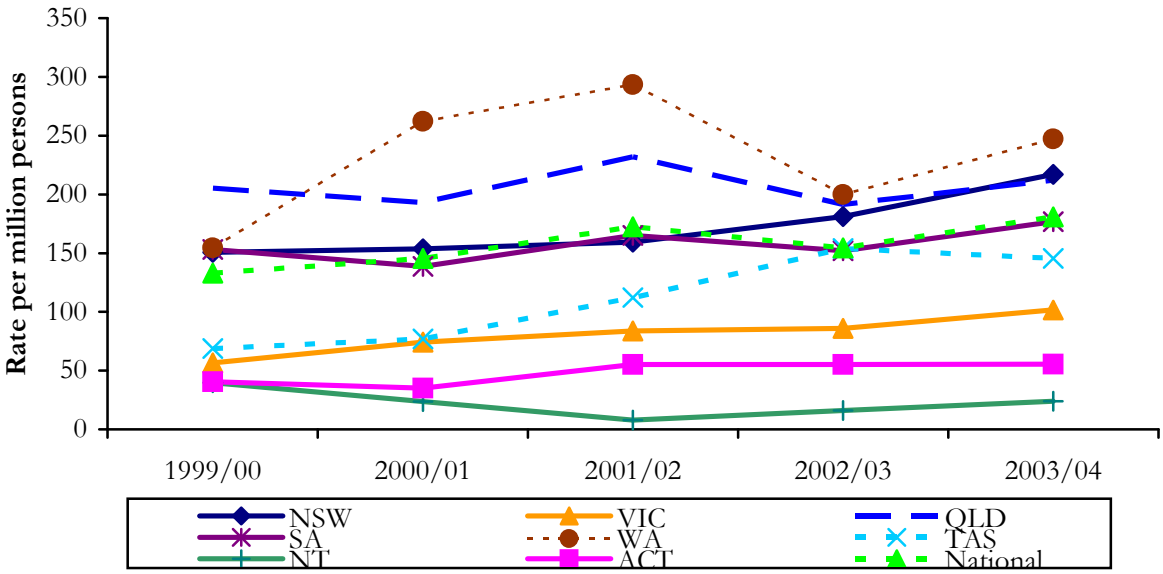
There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in death, and therefore mortality data may under-represent cases where methamphetamine contributes to the death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997 (Degenhardt, Roxburgh et al. 2006). In 2004, there was a total of 75 "drug induced" deaths in which methamphetamine was mentioned among those aged 15 to 54 years. This represents an increase from 50 methamphetamine-related deaths in 2003. Just under half of these deaths (44%) occurring in New South Wales (n=33). Just under one-third (28%) of these deaths occurred in Victoria, and 15% occurred in Western Australia. Methamphetamine was determined to be the underlying cause of death in 22% (n = 17) of all methamphetamine related deaths in 2004. The rate of methamphetamine related deaths among those aged 15 to 54 years increased to 6.6 per million persons in 2004, from 4.4 in 2003.

Hospital admissions

Data from the NHMD managed by the AIHW shows national inpatient hospital admissions for amphetamines (where the principal diagnosis is coded as amphetamine) since 1999/2000 (Figure 35). In 2003/04 the number of inpatient hospital admissions increased from 155 per million persons in 2002/03 to 181 per million persons. Since 2000/01, WA has had the highest rate of inpatient hospital admissions of all jurisdictions, reaching a peak of 293 per million persons aged 15-54 years in 2001-02. In 2003/04, WA (247 inpatient hospital admissions per million persons) continued to have the highest rate of inpatient hospital admissions for amphetamines, followed by NSW (217 inpatient hospital admissions per million persons). This is consistent with IDU survey data, in which the highest rates of methamphetamine use were reported in WA.

Figure 35: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million persons aged 15-54 years, by jurisdiction, 1999/00-2003/04

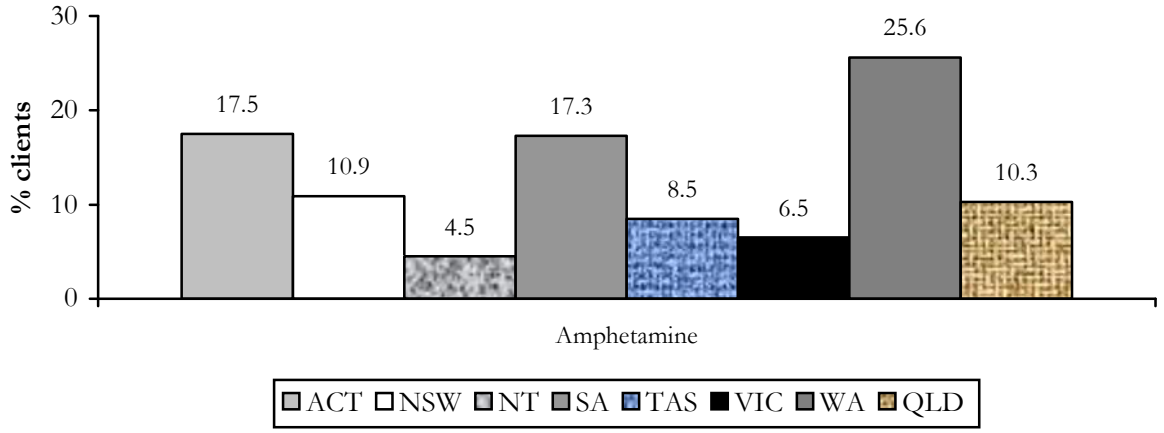


Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments. *From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit . Note: Diagnoses for the period 1998 to 2004 were coded using ICD-10-AM codes (First edition for 1998/99 and 1999/00, Second edition for 2000/01 and 2001/02, and Third edition for 2002/03 and 2003/04), and, prior to this, ICD-9-CM was used to code hospital separations.

Treatment

Data from the AODTS-NMDS indicate that in 2003/04 WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (26%), followed by the ACT (18%), SA (17%), NSW (11%) and 10% or under in the other jurisdictions (Australian Institute of Health and Welfare 2005).

Figure 36: Proportion of closed treatment episodes for clients who identified amphetamine as their principle drug of concern (excluding pharmacotherapy), by jurisdiction, 2003/04*



Source: AODTS-NMDS (Australian Institute of Health and Welfare 2004)

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

5.6 Jurisdictional trends for methamphetamine

5.6.1 NSW

The price for all three forms of methamphetamine (speed, base and ice) remained stable, with the median price paid for a point of each reported as $50. A 'point' was the most popular purchase amount for all forms of methamphetamine.

All forms of methamphetamine remained readily available in 2005. The majority of those commenting (approximately half of the entire sample) reported the availability of speed (69%) and base (79%) as 'very easy' or 'easy' to obtain. Reports of ice availability were more mixed, with 53% reporting it to be 'easy' or 'very easy' to obtain and 38% believing it to be 'difficult' or 'very difficult' to obtain (these figures were 79% and 18% in 2004, respectively). Over half reported the availability of speed (66%), base (68%) and ice (55%) as stable.

Approximately one-third of participants had used speed, base and/or ice in the last six months (38% each). As compared with 2004, prevalence of speed use remained stable (35% in 2004). Prevalence of ice use decreased slightly to 38% from 45% in 2004, while base use increased marginally to 38% from 31% in 2004. Frequency of use of all three forms remained sporadic, with the median days remaining at fortnightly or less. Ice and base were the most commonly used forms (32% each in 2005; as compared with 52% who nominated ice and 14% base in 2004). Ten

percent of IDU reported methamphetamine use (any form) on 60 days or more (i.e. approximately every three days) in the preceding six months.

5.6.2 The ACT

In 2005, three-fifths (59%) of the sample reported the recent use of speed, a significant increase when compared to the proportion of IDU reporting the recent use of speed in 2004 (41%). The majority of recent speed users used this substance infrequently in the six months prior to the interview, with a median of six and half days of use during this period. Injection was the most common route of administration with 56% of IDU having injected speed in the six months preceding the interview. The reported price for a point of speed remained stable from 2004 to 2005 at $50 and the reported price for a gram of speed was $200 (compared to $125 in 2004). IDU respondents reported speed to be easy (41%) to very easy (46%) to obtain in the ACT. In 2005, IDU perceived the purity of speed to be currently low (41%) to medium (24%).

Methamphetamine base was the form of methamphetamine used least by the 2005 IDU sample, with only 28% of the IDU sample reporting recent use. Base users used this substance infrequently, with a median of five days of use in the six months preceding the interview. As was the case with speed, injection was the most common form of administration, with 27% of the IDU sample reporting recent base injection. The reported price for a point of base remained stable from 2004 to 2005 at $50 and the reported price for a gram of base was $280 (compared to $220 in 2004). IDU respondents were divided in their perception of the current availability of base in the ACT with 23% of recent users reporting it to be very easy to obtain, 41% easy and 32% difficult. In 2005, IDU perceived the purity of base to be currently low (41%) to medium (27%).

Almost two-thirds (62%) of the sample reported the recent use of ice, a decrease from 73% of IDU reporting recent ice use in 2004. In 2005, recent ice users reported a median of nine days of use in the six months prior to the interview. There was a significant decrease in the proportion of the IDU sample reporting recent ice injection from 78% in 2004 to 62% in 2005. The median price of ice remained stable in 2005. The reported price for a point of ice remained stable from 2004 to 2005 at $50 and the reported price for a gram of ice remained stable at $300. IDU respondents reported ice to be very easy (39%) to easy (50%) to obtain in the ACT. In 2005, IDU perceived the purity of ice to be currently medium (24%).

5.6.3 VIC

As in previous years, almost the entire sample (97%) of IDU survey respondents reported having used some form of methamphetamine (speed, base or ice) in their lifetime, and 79% had used methamphetamine in the past six months (speed 75%, ice 29%, base 13%). Prevalence of use of speed and base increased slightly in 2005, whilst the use of ice reportedly decreased. As in the 2004 IDRS, key experts commented that methamphetamine use is still very prevalent amongst the IDU in Melbourne, with the majority of key experts reporting that from one-third to 'most' heroin users were also using methamphetamines.

Injecting was reported to be the most commonly used route of administration of methamphetamine in the last six months (94%, n=112). Smaller numbers reported swallowing (25%, n=30), smoking (24%, n=28), and snorting (13%, n=15) methamphetamine in that time. Those who had used methamphetamine in the preceding six months reported a median of 10 days, with 13 participants reporting using between every second day and daily. Of the key experts who were able to report on methamphetamine use, several reported that clients were using an average of three to five times per week, whilst others reported that their clients were daily users, often using 1-2 points of speed once to twice per day.

In 2005, the reported median prices for a point of each of the three forms of methamphetamine were: speed $40; base $45; and ice $50 (the purer forms were slightly more expensive). Most reported that prices had been stable, although only small numbers were able to comment on the price of the purer forms (base and ice).

The majority reported that speed was easy to very easy to obtain at present (80%) and the availability had been stable in the six months preceding interview (69%). The purer forms (in particular ice) were reported to be more difficult to obtain at present, and availability had been stable, or had become more difficult in the past six months. In terms of source of methamphetamine, most people reported scoring from a friend (including gift from friend), dealer's home or mobile dealer.

Reports of methamphetamine purity were variable, particularly in the case of speed and base. Most reported that speed was of low to medium purity, although one-fifth also reported it was high. Base was generally perceived to be of medium to high purity, and most reported that the purity of ice was high.

Some key experts noted that there had been an increase in mental health issues associated with methamphetamine use. In particular, the use of ice and the availability of inexpensive, but poor quality, methamphetamine were seen to be related to the increase in mental health issues.

5.6.4 TAS

The market prices locally for all three presentations of methamphetamine appear to have remained relatively stable since those reported in the 2004 IDRS study, particularly in relation to the most common purchase amount, a 'point' (0.1g) of the drug, at $50 for any form. Modal purchase prices for larger amounts of powder and 'base/paste' methamphetamine remained stable since 2004 at $300 per gram. However, there were some indications of a decrease in median prices for grams of crystal methamphetamine, falling from $400 in 2004 to $340 in the 2005 survey (there was no mode in each survey), although only small numbers of participants reported purchasing in such amounts. Consumers predominantly regarded the prices of each presentation of the drug as remaining stable in recent months.

IDU reports on subjective purity of powder methamphetamine were 'low' to 'medium' and fluctuating toward decreased purity in recent months. 'Base' was considered by consumers as 'medium' to 'high' in subjective purity, with potency fluctuating in recent months. Consumers considered crystalline methamphetamine used locally as 'high' in subjective purity, with this remaining stable or trending toward increased purity in the preceding six months.

Consumers interviewed regarded powder form methamphetamine as 'easy' to 'very easy' to access, with availability stable to increasing in recent months. 'Base' was also considered as 'easy' to 'very easily' accessed, with availability stable in the preceding six months. In contrast, while some consumers found crystal methamphetamine 'easy' to access, equal proportions noted that it was 'very difficult' to access. While consumers noted little recent change in availability of crystal methamphetamine in recent months, a smaller proportion of consumers regarded the drug as 'easy' to access and there was a decrease in the median frequency of use of this form between the 2004 and 2005 surveys (frequency of use falling from 8 to 3 days of the preceding 180, despite an equal number of consumers – half of the sample in each survey – reporting recent use). This represents a sustained reduction in the local availability and use of crystal methamphetamine, in comparison to a marked increase in use of the drug between 2002 and 2003 (where use increased from one-fifth to more than two-thirds of those interviewed). Use of the powder and base forms of methamphetamine were consistent with availability trends, in that a steadily increasing

proportion of consumers sampled have reported recently using powder form in the past four IDRS surveys (increasing from one-third of the sample in 2002 to three-quarters in 2005), while use of 'base' has remained stable (by around three-quarters of the cohort) between 2004 and 2005. However, the median frequency of use of both of these forms increased between the 2004 and 2005 cohorts, with the median frequency of use of any form of the drug more than doubling to 48 days out of the previous 180 in the 2005 sample, compared to a steady rate of between 20 and 25 out of the previous 180 days in the previous 5 years of the IDRS locally. Indeed, there have been indications of increasing use of methamphetamine both amongst recent IDRS cohorts and amongst clients of the state's Needle Availability Program, with Tasmania police also reporting an increase in identification of local clandestine methamphetamine laboratories (although remaining small in number), and an increase in the number of arrests and weight of seizures relating to methamphetamine in 2004/05 compared to 2003/04.

Consumers noted a change in the local drug culture developing, with methamphetamine being used at greater frequency, and the drug increasingly used among different demographic groups – previous predominant consumers of opioids, younger teenage groups, and young females, as well as into a wider range of socio-economic groups. Service providers also noted the impact of increasing polydrug use and extended methamphetamine binges on clients seeking their services, and noted concern about the limited range of treatment options available for this client group within the state.

5.6.5 SA

Overall, there have been increases in the price, particularly of 'points' and gram amounts, of all three forms of methamphetamine from 2004 to 2005. While prices increased across all forms, the largest increases were seen for powder, and subsequently there was little difference in the median price paid for any amount of all three forms of methamphetamine, though crystal still tended toward being more expensive. Again it was noticeable in 2005 that there were wide ranges in reported prices paid, across all types of methamphetamine. IDU reported the price of all forms of methamphetamine as stable or increasing in the short term. KE reports are in agreement with IDU information on price.

In 2005, all forms of methamphetamine were reported as 'easy' or 'very easy' to obtain by the majority of IDU able to comment, though slightly larger proportions of IDU reported difficulty obtaining base and crystal forms. The majority also reported that availability of all forms had recently been stable. The majority of KE also reported availability as 'easy 'or 'very easy' and stable. There was an increase in the proportion of IDU reporting that they usually obtained any form of methamphetamine from mobile dealers, and a decrease in the proportion scoring from a friend. Data from SA police revealed a decrease in both methamphetamine-related provision and possession/use offences compared to 2004. Information from SA police regarding clandestine laboratory detections suggests that local manufacture of methamphetamine was still a contributor to the SA methamphetamine market.

Since 2004, there has been a slight increase in the perceived purity of base and crystal forms of methamphetamine, though perceptions of recent change in purity have been variable. However, the base and crystal forms were still perceived as high or medium purity by the majority of those IDU able to comment.

The proportion of IDU reporting recent use of *any* methamphetamine remained stable, and the frequency of use of *any* methamphetamine increased in 2005, stabilising the dramatic decrease seen in 2004. Increased frequency of use was noted across all main forms of methamphetamine,

particularly base, and this form remains the most used type of methamphetamine among IDU. KE report no significant changes in parameters of methamphetamine use.

Calls to ADIS in SA regarding methamphetamine remained stable, as have the number of clients (with amphetamines as the primary drug of concern) to all DASSA services. However, the number of clients to DASSA inpatient (detoxification) services with amphetamine as the primary drug of concern continued to decline, and in 2005 was at the lowest since 2001/2002. State (SA) hospital admissions data showed the number of amphetamine-related admissions was continuing to increase (as at 2003/04). Hospital emergency department attendances with amphetamine-related diagnoses also continued to increase.

5.6.6 WA

For the first time since 2000, methamphetamines were not the drug most commonly reported as most injected in the month prior to interview, having been narrowly eclipsed by heroin. They remained the second most commonly nominated drug of choice despite having declined from 35% of the 2004 IDU sample citing them in this role to just 15% of the 2005 sample. There had also been a significant drop in the number of IDU reporting recent use of any form of amphetamines from 85% in 2004 to 77%. Much of this drop was attributable to lower numbers (68% down from 83% in 2004) reporting recent use of crystal methamphetamine. Recent use of the paste form had actually risen from a low of 40% to 54% while rates of use of powder methamphetamine remained unchanged at 61%. This decline in the use of crystal was also reflected in a significant fall in numbers of IDU reporting recent smoking of crystal methamphetamine from 42% in 2004 to just 19% in 2005.

There was evidence that prices of both the powder and base forms had increased significantly: user estimates of a gram of either form in 2005 costing a median price of $300. The estimated price of a gram of crystal methamphetamine in 2005 was $400 as opposed to the 2004 price of $350; however, this change was not found to be statistically significant.

There was evidence of a decline in purity regardless of methamphetamine form. Thus 20% of those responding rated the purity of powder as 'high' as opposed to 33% in 2004, 32% rated paste purity as 'high' compared with 44% the previous year, and 51% described the purity of crystal as 'high', down from 65% in 2004.

The availability of both powder and paste appeared to have increased, with 100% of those responding describing powder as 'easy' or 'very easy' to obtain and 82% saying this of paste. Crystal, however, had become harder to obtain with just 67% rating its availability as 'easy' or 'very easy', down from 94% the previous year.

Days of recent use for any amphetamine among those who had used in the last six months ranged from one to 180 with a median of 35 days, representing a decline from the 70 days in 2004. There were seven IDU reporting daily use of amphetamines compared with 13 in the 2004 sample.

5.6.7 The NT

The median price of a gram of speed powder has increased from $80 in 2001 and 2002, $100 in 2003, $200 in 2004, to $280 this year. A 'point' of speed and base was $50, consistent with previous years; however, a point of crystal rose by $15 to $65 this year. The majority of those who could comment on the recent price changes of all of the forms reported that they were stable, with a substantial proportion (about 1 in 3) reporting they were increasing.

Speed and base continues to be 'easy' to obtain. Ice was less easy to obtain compared to speed and base, with equal proportions rating it as 'easy' or 'difficult'. Speed's purity was rated as low, base as medium and crystal as high.

Recent methamphetamine use remains high (73% of the IDU sample), although recent base and crystal use has decreased. Speed remains the third most recently used illicit drug by the IDU after cannabis and morphine. Any form of methamphetamine had the second highest proportions for: drug of choice, drug injected most often in the last month, and most recent drug injected. It was the most common first drug injected.

The number of treatment episodes in Northern Territory alcohol and other drug treatment services with amphetamines as the principal or other drug of concern has declined since 2001 but is stable over 2003 to 2004.

5.6.8 QLD

In 2005 the price of powder, base and crystal methamphetamine ('ice') remained stable at $50 per point. The price of a gram was $200 for all forms, with ice having dropped from a median of $250 in 2004.

The availability of speed and base was reported as 'easy' to 'very easy' and stable; however, while the availability of ice was reported as stable by over one-third, almost one-third thought it had become more difficult to obtain. All forms of methamphetamine were reported as mainly purchased either through friends, at a dealer's home or from a mobile dealer.

The purity of methamphetamine powder was perceived to be medium (43%) to low (29%) and decreasing; however, the majority of IDU reported that the purity of base and ice was medium or high, and stable. As in previous years, IDU considered ice to be the purest form of methamphetamine, with 65% describing the current purity as 'high'.

Use of ice has continued to decrease in 2005, perhaps at least partly in response to a stabilising heroin market. While there has also been a decrease in the use of base among IDU, there was a corresponding increase in the use of powder in 2005.

There continues to be a high number of clandestine laboratory seizures in QLD, but with a slight decrease in the number of detections in 2005. In contrast to other jurisdictions, many of the lab detections in QLD involve small 'box labs'.

A number of key experts expressed concern over the incidence of amphetamine-related aggression and mental health problems (depression, anxiety, psychotic symptoms).

5.7 Summary of methamphetamine trends

- Methamphetamine prices varied among the jurisdictions. All forms of methamphetamine were commonly purchased in points. Price was considered to have been 'stable' over the last six months.
- Speed and base methamphetamine were considered to be 'very easy' or 'easy' to obtain, whereas crystal was considered 'easy'. All forms of methamphetamine considered the availability stable in the six months preceding interview.
- The majority of IDU reported the purity of speed as 'low', base purity was considered to be 'medium' and crystal to be 'high'. There is no clear trend in purity of analysed seizures of methylamphetamine, with variation in purity across jurisdictions.
- Recent use of speed increased in all jurisdictions except SA where it decreased slightly, and in WA and NSW where it remained stable. The recent use of base increased in NSW, TAS, SA and WA, reduced in the NT and remained stable in the ACT and VIC. Recent ice use decreased in most jurisdictions except TAS and SA where it remained stable.
- There were decreases in the proportions of IDU in all jurisdictions reporting crystal methamphetamine as the form they had used most in the preceding six months.
- Inpatient hospital admissions for amphetamines increased slightly in 2003/04.

6.0 COCAINE

The price, purity and availability of cocaine in 2005 by jurisdiction are presented in Table 25. As in previous years, a higher proportion of IDU in NSW (66%, 48% in 2004) than in other jurisdictions commented on aspects of the price, purity and availability of cocaine (ACT 11%, QLD 9%; VIC, SA and the NT 8%, WA 5% and TAS 4%). The fact that only small numbers were able to report on cocaine is an indication of the limited use and availability of cocaine among IDU outside of NSW. In 2005, the proportion of IDU in all jurisdictions that could comment on cocaine was greater than in previous years, suggesting a sight increase in cocaine availability and use. As very small numbers were able to comment in some jurisdictions, the results should be interpreted with caution. Appendix C, Table C1 displays comparable figures from the 2004 IDRS.

Detailed research has been conducted on the cocaine markets in Sydney and Melbourne in an attempt to gain a better understanding of the market (Shearer, Johnston et al. 2005). Interested readers are encouraged to examine this work.

6.1 Price

Prices in Table 25 represent the median prices of the last purchases made by participants in the preceding six months.

Small numbers in all jurisdictions, including NSW, had bought a gram of cocaine in the past six months (NSW n=14, QLD n=4, ACT and VIC n=3 and one purchase in all of the other jurisdictions), and therefore these figures should be interpreted with caution. The median price ranged from $250 in the ACT and NT to $475 in WA; the price in NSW was $280. Although few IDU in all jurisdictions other than NSW commented on changes in the price of cocaine, the majority of IDU who commented reported that the price had remained stable.

Sixty-one participants in NSW bought a cap of cocaine in the last six months, as did five participants in the ACT and three in the NT; there were no purchases in QLD and only one person in the other jurisdictions. The median price for a cap was $50 in NSW. The median price of a cap of cocaine has remained relatively stable in NSW since 1996.

Twelve participants in NSW purchased a half gram of cocaine at the median price of $150, an increase from $140 in2004 and $100 in 2003.

Table 25: Price, purity and availability of cocaine, by jurisdiction, 2005

	National N=943	NSW N=154	ACT N=125	VIC N=150	TAS N=100	SA N=101	WA N=100	NT N=107	QLD N=106
% used last 6 months	22	60	20	15	8	16	19	10	11
Median price ($) per gram	-	n=14 280	n=3 250	n=3 350	n=1 400	n=1 315	n=1 475	n=1 250	n=4 300
Median price ($) per cap	-	n=61 50	n=5 50	n=4 50	n=1 60	n=1 60	n=1 50	n=3 100	-
Price changes (%)									
Did not respond	83	34	89	92	96	92	95	92	91
Of those who responded (n)	(N=164)	(n=102)	(n=14)	(n=12)	(n=4)	(n=8)	(n=5)	(n=9)	(n=10)
(% of the entire sample)									
Don't know	23 (4)	16 (10)	36 (4)	17 (1)	75 (3)	38 (3)	20 (1)	44 (4)	30 (3)
Increased	12 (2)	11 (7)	7 (1)	17 (1)	0 (0)	13 (1)	20 (1)	11 91)	20 (2)
Stable	57 (10)	67 (44)	43 (5)	42 (3)	25 (1)	38 (3)	20 (1)	44 (4)	50 (5)
Decreased	6 (1)	6 (4)	7 (1)	17 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Fluctuated	4 (<1)	1 (<1)	7 (1)	8 (<1)	0 (0)	13 (1)	40 (2)	0 (0)	0 (0)
Availability (%)									
Did not respond	83	34	89	92	96	92	95	92	91
Of those who responded (n)	(N=164)	(n=102)	(n=14)	(n=12)	(n=4)	(n=8)	(n=5)	(n=9)	(n=10)
(% of the entire sample)									
Don't know	6 (1)	4 (3)	7 (1)	0 (0)	25 91)	13 (1)	0 (0)	22 (2)	10 (1)
Very easy	34 (6)	48 (32)	14 (2)	17 (1)	0 (0)	13 (1)	0 (0)	11 (1)	10 (1)
Easy	23 (4)	21 (14)	21 (3)	17 (1)	0 (0)	13 (1)	80 (4)	33 (3)	40 (4)
Difficult	26 (5)	21 (14)	29 (4)	58 (5)	25 (1)	63 (5)	0 (0)	33 (3)	20 (2)
Very difficult	10 (2)	7 (5)	29 (4)	8 (<1)	50 (2)	0 (0)	20 (1)	0 (0)	20 (2)
Availability changes (%)									
Did not respond	83	34	89	93	96	92	95	92	91
Of those who responded (n)	(N=163)	(n=102)	(n=14)	(n=11)	(n=4)	(n=8)	(n=5)	(n=9)	(n=10)
(% of the entire sample)									
Don't know	11 (2)	7 (15)	21 (3)	9 (<1)	25 (1)	13 (1)	0 (0)	44 (4)	10 (1)
More difficult	17 (3)	17 (12)	7 (1)	27 (2)	0 (0)	25 (2)	40 (2)	22 (2)	0 (0)
Stable	56 (10)	62 (41)	36 (5)	64 (5)	75 (3)	50 (4)	0 (0)	33 (3)	60 (6)
Easier	12 (2)	13 (8)	12 (3)	0 (0)	0 (0)	0 (0)	20 (1)	0 (0)	20 (2)
Fluctuates	4 (<1)	1 (<1)	14 (2)	0 (0)	0 (0)	13 (1)	40 (2)	0 (0)	10 (1)
Place usually score (%)									
Did not respond	86	45	90	93	97	92	96	93	93
Of those who responded (n)	(N=136)	(n=85)	(n=12)	(n=10)	(n=3)	(n=8)	(n=4)	(n=7)	(n=7)
(% of the entire sample)									
Street dealer	29 (4)	37 (20)	33 (3)	10 (<1)	0 (0)	0 (0)	0 (0)	29 (2)	17 (1)
Dealer's home	17 (2)	14 (8)	8 (1)	40 (3)	0 (0)	13 (1)	25 (1)	29 (2)	33 (2)
Mobile dealer	28 (4)	31 (17)	25 (2)	30 (2)	33 (1)	50 (4)	0 (0)	14 (1)	0 (0)
Friend*	21 (3)	13 (7)	33 (3)	20 (2)	67 (2)	25 (2)	75 (3)	28 (2)	50 (3)
Other source	5 (<1)	5 (3)	0 (0)	0 (0)	0 (0)	12 (1)	0 (0)	0 (0)	0 (0)

Source: IDRS IDU interviews
*includes gift from friend

6.2 Availability

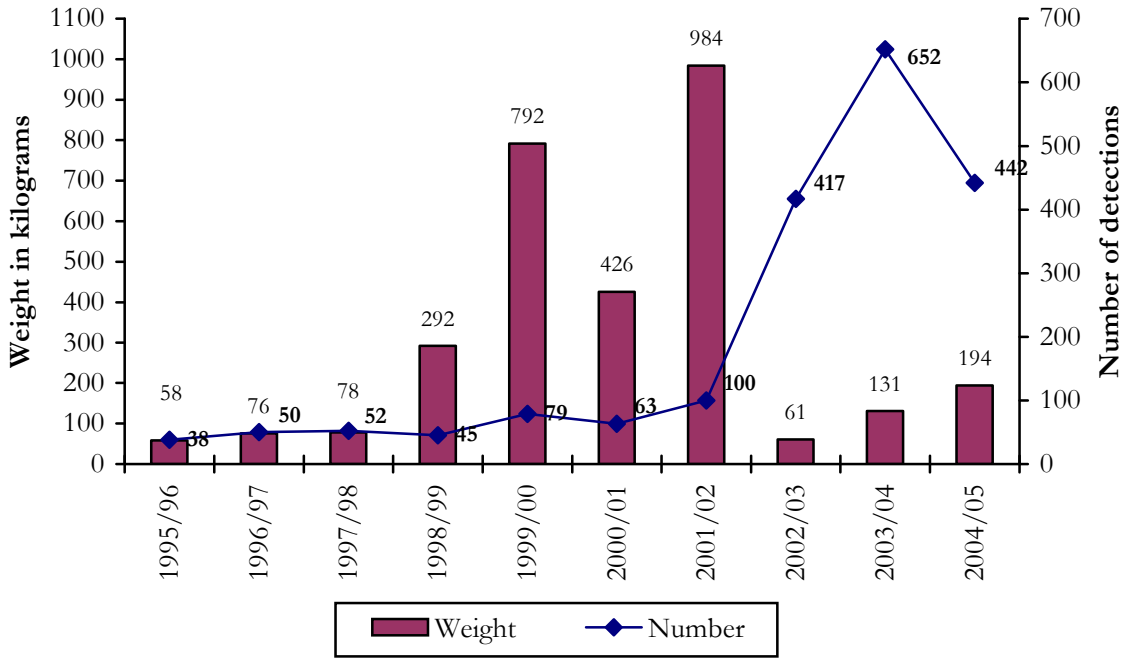
In jurisdictions other than NSW, only small numbers of IDU felt able to comment on the availability of cocaine, which in itself suggests that the drug is not widely available in those jurisdictions. In 2005, larger proportions in NSW commented on availability (66% in 2005 compared to 48% in 2004). Of those that commented in NSW, 69% described it as 'easy' or 'very easy' and a further 28% considered it to be 'difficult' or 'very difficult' to obtain. Substantial proportions in the other jurisdictions reported cocaine as 'difficult' or 'very difficult' to obtain except in WA, where 80% reported the availability of cocaine as 'easy' (however, the number commenting was small, n=5). Availability in the six months preceding interview was generally thought to be relatively stable (56%, Table 25).

Again only small numbers reported on where they usually scored cocaine, and it appears that NSW remains the only jurisdiction in which a significant street-based cocaine market exists, with nearly one-third of those that commented in NSW reporting that they usually scored from a street dealer (37%) and from a mobile dealer (31%). Cocaine use in other jurisdictions appears to be more opportunistic with most IDU scoring from friends.

6.2.1 Cocaine detected at the Australian border

During 2004/05, the Australian Customs Service made 442 detections of cocaine at the Australian border. The detections weighed a total of 194 kilograms, a lower weight than has been reported previously, but an increase from 2003/04 (Figure 37). The large weight detected in the 2001/02 financial year was mainly due to a single detection in WA in July 2001, which accounted for 938kg of the total 984kg in 2001/02.

Figure 37: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, 1995/96-2004/05

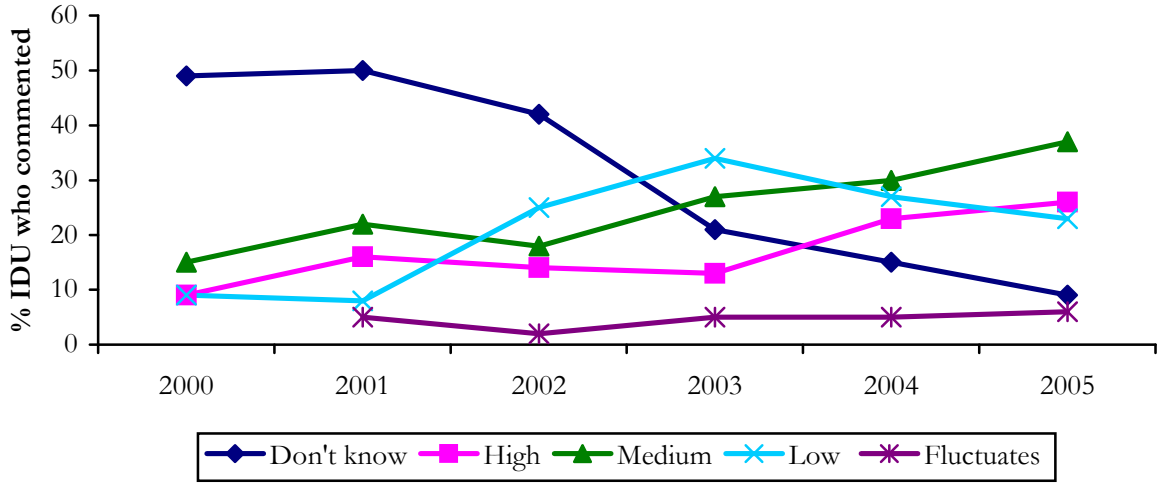


Source: Australian Customs Service, 2005

6.3 Purity

IDU 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. Of those able to comment (n=164), over one-third (37% or 6% of the entire sample) reported the purity as medium, 26% (4% of the entire sample) high and 23% (4% of the entire sample) as low. Since 2003 there has been an increasing number reporting the purity as medium or high and a reduction in the number reporting it as low or don't know (Figure 38).

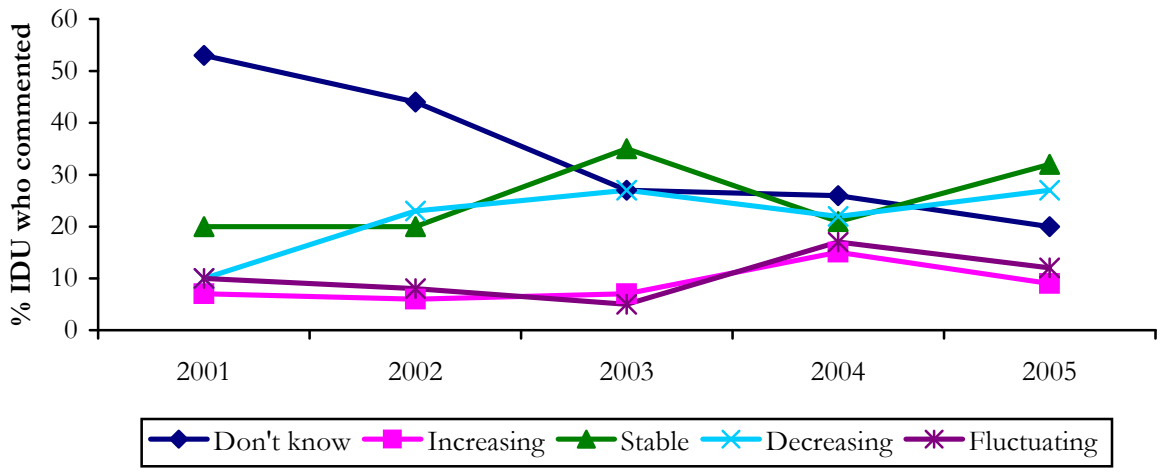
Figure 38: IDU reports of current purity of cocaine among those that commented*, 2000-2005



Source: IDRS IDU interviews
* among those that commented (n=164 in 2005)

IDU reports regarding the changes in cocaine purity were variable (Figure 39). Of those that commented in 2005 (n=164), one-third reported the purity of cocaine as stable (32% or 6% of the entire sample), 27% (5% of the entire sample) as decreasing, 12% (2% of the entire sample) as fluctuating and a further 9% reported the purity as increasing. In 2004 there was a drop in the number reporting the purity as stable (21%); however, this number increased in 2005 (32%) to similar levels reported in 2003 (35%). A slight increase in the number reporting the purity change as decreasing was reported in 2005 compared to previous years.

Figure 39: IDU reports of changes in purity of cocaine among those that commented*, 2001#-2005



Source: IDRS IDU interviews
* among those that commented (n=164 in 2005)
# Participants in 2000 were not asked about changes in purity

As previously mentioned, 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 therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult.

Furthermore, there were no AFP cocaine seizures analysed in the ACT, TAS, SA and the NT and no TAS or NT state police cocaine seizures analysed in 2004/05.

The purity of state police seizures analysed varied in each state in 2004/05, ranging from 30.7% in SA (n=64) to 64.3% in NSW (n=92, Table 26). Many jurisdictions had few or no State Police seizures analysed. In 2004/05 most of the cocaine seizures analysed were from NSW, VIC, QLD and SA. The AFP generally seizes cocaine at the border, with higher purity (Table 26).

Table 26: Median purity of cocaine seizures, by jurisdiction, 1999/00-2004/05

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

Source: ABCI 2001, 2002; ACC, 2003, 2004 & 2005

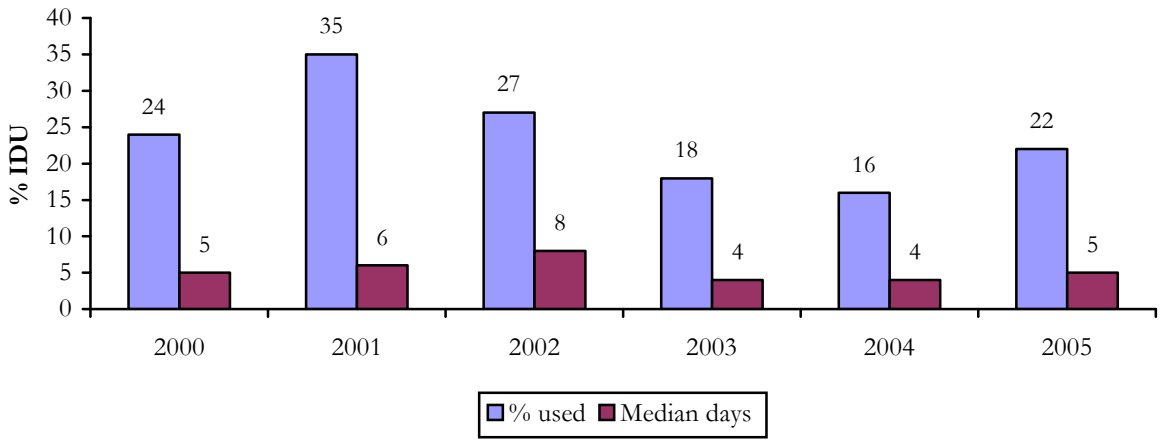
1. Seizures ≤2g and >2g combined Dashes represent no seizures analysed, ^ median purity based on one seizure. Due to industrial action no state police seizures were analysed in SA Jan-June 2001. 2001/02 state police data are not available for NSW. In 2003/04 and 2004/05 no cocaine seizures were analysed for the NT or TAS. Figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by state police in the relevant quarter. The period between the date of seizure by state 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.

6.4 Use

6.4.1 Powder cocaine

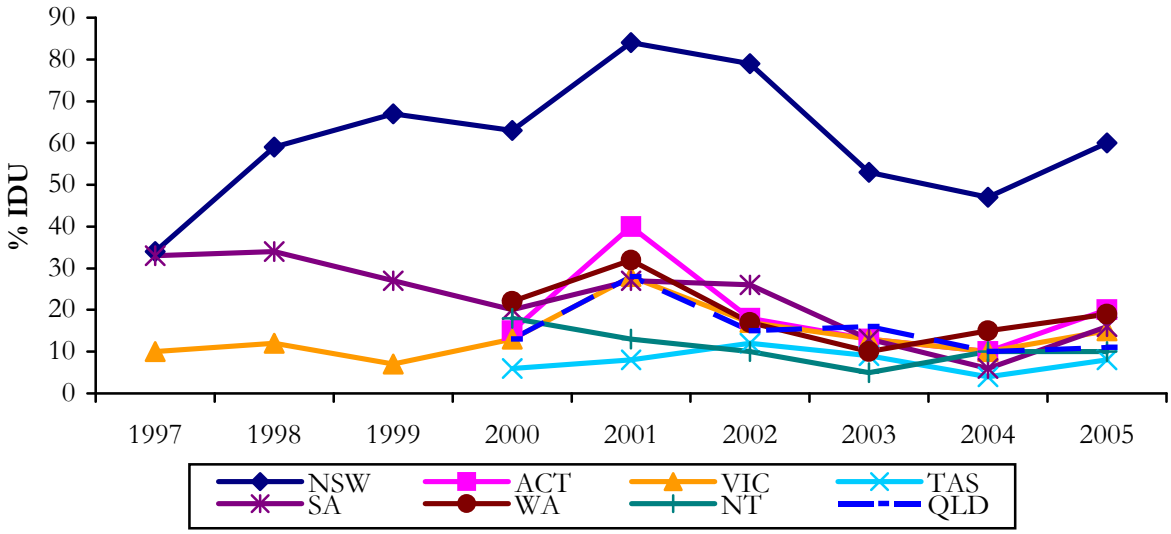
Twenty-two percent of the national sample reported recent use of cocaine, the majority (85%) of whom also reported injecting it in the last six months. The proportion of IDU that reported recent cocaine use steadily decreased in the overall national sample from 35% in 2001 to 16% in 2004; however, in 2005 recent use increased slightly (22%). The median frequency of use remained stable at five days (Figure 40). Recent use remained fairly stable in most jurisdictions. Most notable was an increase in recent use in NSW, VIC, SA and the ACT (Figure 41). For proportions of cocaine use by jurisdiction, see Appendix C, Table C2.

Figure 40: Proportion of IDU in national sample that reported recent cocaine use and median days they had used, 2000-2005



Source: IDRS IDU interviews

Figure 41: Proportion of IDU samples that reported using cocaine in preceding six months, by jurisdiction, 1997-2005

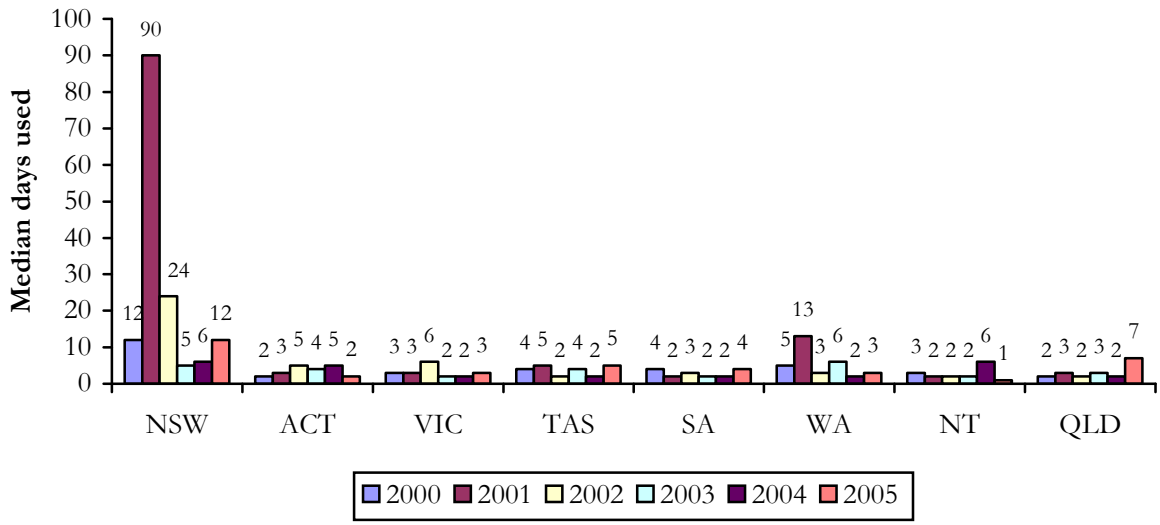


Source: IDRS IDU interviews See Appendix C, Table C2 for proportions

When examining patterns of cocaine use among IDU since 1997 in NSW, it is clear that the proportion of IDU in NSW that reported cocaine use in the preceding six months increased markedly in 1998, stabilised between 1999 and 2000, increased again in 2001 and then decreased. Reports of both IDU and KE in NSW strongly indicated that the increase in 2001 was associated with a change in drug use patterns in response to the reduced availability of heroin.

The frequency of recent cocaine use remained sporadic in all jurisdictions. In NSW since 2003 the median frequency of use has decreased from every second day in 2001 and once a week in 2002 to around once a month in 2004. In 2005, the frequency of use in NSW doubled, increasing from 6 days (approximately once a month) to 12 days (approximately fortnightly) and in QLD from 2 days to 7 days (Figure 42).

Figure 42: Frequency of cocaine use among IDU that reported using cocaine in six preceding months, by jurisdiction, 2000-2005



Source: IDRS IDU interviews

6.4.2 Crack cocaine

As in previous years, small proportions of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real "crack" (a form of freebase cocaine). Crack cocaine, a rocky crystalline substance created by heating cocaine hydrochloride to remove its hydrochloride base, is only bioavailable when smoked (Platt 1997) and, of the 22 participants in the national sample that reported using crack cocaine in the preceding six months, only eight of them (36%) reported smoking as a route of recent administration of the cocaine that they had used.

Given that the chemical process of deriving crack cocaine is relatively simple when there is a ready supply of quality cocaine hydrochloride (Platt 1997), it is possible that it could be available in Australia. Ongoing monitoring and investigation is required to be able to confidently comment on the availability and use of crack cocaine in Australia.

6.5 Cocaine-related harms

6.5.1 Law enforcement

The number of cocaine arrests are low compared to heroin and amphetamine type stimulant arrests. In 2004/05 the number of cocaine arrests increased from 328 in 2003/04 to 425 in 2004/05. The majority of these arrests (54%) 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 in 2004/05 was 229 (compared to 185 in 2003/04). In 2004/05 VIC reported 91 cocaine arrests (increased from 85 in 2003/04) while in QLD there were 65 reported arrests (35 in 2003/04).

6.5.2 Health

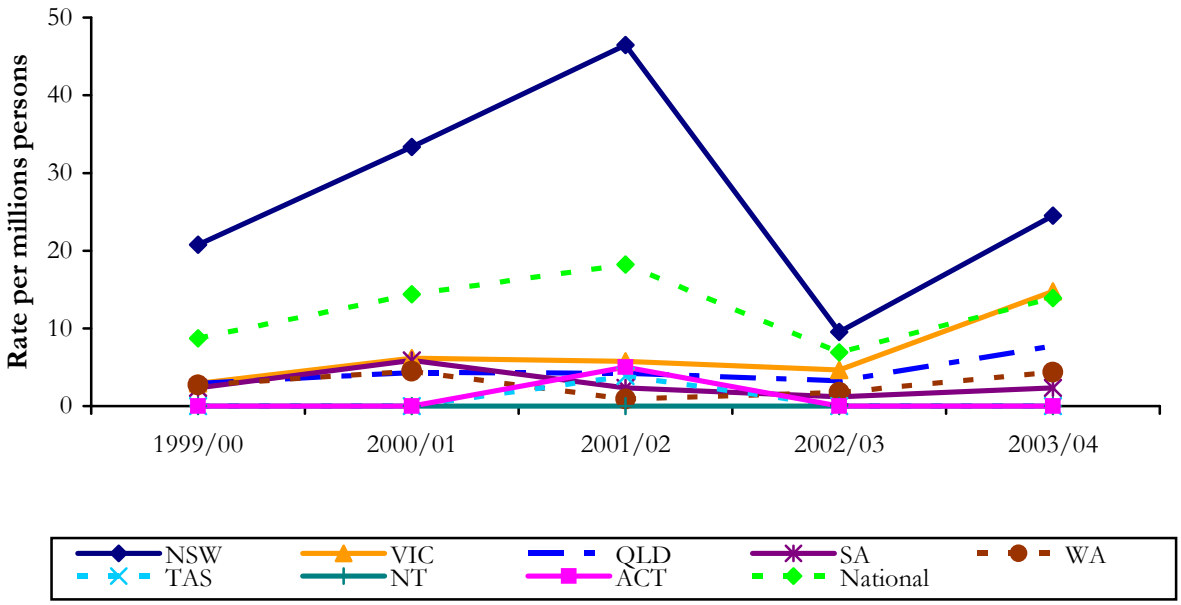
Overdose

Twenty drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2004 (Degenhardt, Roxburgh et al. 2006). Almost all of these deaths occurred in New South Wales (n=17). The remaining three deaths occurred in Victoria. Cocaine was determined to be the underlying cause of death in one-quarter (25%) of all cocaine related deaths in 2004 (n=5). The rate of death per million persons aged 15-54 years in Australia where cocaine was mentioned (1.7 per million persons) remained unchanged in 2004 compared to 2003 (where it was 1.3 per million persons).

Hospital admissions

Data from the NHMD, managed by the AIHW, shows a gradual increase in national inpatient hospital admissions for cocaine (where the principal diagnosis is coded as cocaine) until 2001/02, with a drop in the rate in 2002/03 and in increase in 2003/04 (Figure 43). Since 1999/00, NSW has consistently had the highest rate of inpatient hospital admissions, reaching a peak of 47 per million persons aged 15-54 in 2001/02 and continued to have the highest rate of inpatient hospital admissions for cocaine in 2003/04 (25 per million persons), followed by VIC (15 per million persons). This is consistent with IDU survey data, with IDU in NSW reporting the highest prevalence of recent cocaine use.

Figure 43: Rate of inpatient hospital admissions where cocaine was the principal diagnosis per million persons aged 15 -54 years, by jurisdiction, 1999/00-2003/04



Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments. *From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. Note: Diagnoses for the period 1998 to 2004 were coded using ICD-10-AM codes (First edition for 1998/99 and 1999/00, Second edition for 2000/01 and 2001/02, and Third edition for 2002/03 and 2003/04), and prior to this, ICD-9-CM was used to code hospital separations.

Treatment

A small proportion of closed treatment episodes in Australia are primarily attributed to cocaine use. Of the 129,331 closed treatment episodes in Australia in 2003-04, 0.2% nominated cocaine as their principle drug of concern (Australian Institute of Health and Welfare 2005). This excludes clients that are seeking advice for other drugs, but who might also mention cocaine as a drug of secondary concern.

6.6 Jurisdictional trends for cocaine

6.6.1 NSW

A moderate increase in cocaine use was observed in 2005, although this did not approach the high levels reported in 2001 during the peak of the heroin shortage. The price per cap of cocaine remained stable at $50 and caps remained the most common purchase amount. An increase was observed in the number of participants who reported purchasing cocaine in the six months preceding interview, with 61 reporting buying a cap during this time (this figure was 34 in 2004). Slight fluctuations in price were reported in the prices for other common purchase amounts as compared with 2004.

Reports of availability remained relatively stable, with 69% of those completing survey items on cocaine price, purity and availability reporting it to be either 'easy' or 'very easy' to obtain, as compared with 66% in 2004. However, a notable increase was observed among those reporting cocaine as 'very easy' to obtain, rising to 48% (32% of all respondents) from 32% (15% of all respondents) in 2004. Again, availability was commonly perceived to be stable.

NSW has the largest proportion of IDU that report recent use of cocaine. Sixty percent of participants reported cocaine use in the preceding six months (as compared with 47% in 2004) and, although the frequency of use remained sporadic, the median number of days use doubled from approximately once per month to twice per month. Eleven percent of the sample reported daily cocaine use, again representing an increase from 2004 (3%).

Similar to previous years, only a small number of KE commented on cocaine, as many reported that they had not had contact with cocaine users. However, in central Sydney it was reported to have remained readily available. A greater number of regular (e.g. daily) cocaine users in this area were reported to have been seeking treatment services, although use patterns had remained stable. Some indicator data also suggested that there had been a slight increase in cocaine use and related data, e.g. arrest data, although rates had remained relatively low among the broader community.

6.6.2 The ACT

Cocaine was used by 20% of the IDU sample in the six months preceding the interview, a significant increase from the 10% of IDU who reported recent cocaine use in the previous year. Among those who had recently used cocaine in the ACT, the frequency of cocaine use was low, with a median of two days of use in the six months prior to the interview. Among the IDU who reported recent cocaine use, the most common form of administration was injection. There was an increase in the proportion of IDU who reported recent cocaine injection from 8% in 2004 to 17% in 2005.

A small number of IDU commented on the price, purity and availability of cocaine in the ACT in 2005, with the majority of the IDU sample reporting that cocaine is 'difficult' (29%) to 'very difficult' (29%) to obtain in the ACT. The median price for cocaine in 2005 was reported to be $250 for a gram and $50 for a cap. IDU perceived cocaine to be currently difficult (29%) to very difficult (29%) to obtain in the ACT. Purity of cocaine in the ACT was perceived by IDU to be medium (43%) to high (36%).

6.6.3 VIC

Although close to two-thirds of respondents of the 2005 IDU survey reported lifetime use of cocaine (62%, n=93), only three participants (2%) identified cocaine as their main drug of choice.

Fifteen percent of the IDU surveyed reported having used cocaine in the previous six months, with the reported principal routes of administration being injecting (11%, n=16), and snorting (8%, n=12). Among those who reported using cocaine in the past six months, frequency of use was very low (median 3 days), suggesting irregular, opportunistic use patterns.

In 2005, three participants commented on the current price for the last purchase of a gram of cocaine, reporting that this quantity currently costs $350, and one participant reported that a cap of cocaine currently costs $50. The majority of respondents who commented on cocaine purity reported that it was low (42%, n=5) to medium (33%, n=4) at present.

Twelve participants in the VIC study commented on the availability of cocaine, with over half (66%, n=8) reporting that cocaine was currently difficult or very difficult to access. Most (64%, n=7) reported that cocaine availability had been stable during the previous 12 months, or had become more difficult to access (27%, n=3). Respondents most commonly reported obtaining cocaine from a dealer's home or mobile dealer.

Whilst the prevalence of recent cocaine use increased slightly in 2005 (15% compared to 10% in 2004), and nine key experts reported occasional use of cocaine by 'a few' of their client base, the use of cocaine among the IDU sample in VIC still remains low and infrequent. As indicated in previous years of the IDRS study in Melbourne, cocaine may be seen as desirable, but too expensive for the majority of primary heroin users in Melbourne.

6.6.4 TAS

It appears that the availability and use of cocaine in Hobart continues to be very low, at least within the populations surveyed in the current study or accessing government services, with use of the drug amongst clients of the state's Needle Availability Program virtually non-existent. Only a very small proportion of the IDRS IDU participants reported recent use of the drug (8%), which was exclusively in powder form. By the very few consumers that could comment on trends in availability, cocaine was considered very difficult to access, a situation that was considered stable in the preceding six month period. The cocaine that is used by Tasmanian IDU appears generally to be directly imported by consumers from dealers or contacts in other jurisdictions. Tasmania police have made no seizures of cocaine in the past four financial years. These patterns of low levels of availability and use in these cohorts appear to have remained reasonable stable over the past few years. However, it is noteworthy that around half of the Tasmanian IDRS IDU sample has reported lifetime use of cocaine, an increase from patterns seen in earlier studies. Similarly, there has been an increase in the level of use of the drug in different local consumer populations (Matthews & Bruno, 2006) which may provide early indications of emerging changes in local markers for the drug.

6.6.5 SA

Similar to 2004, only a very small number of IDU were able to supply information regarding the price, purity or availability of cocaine, which was reflective of the relatively low numbers of IDU that had used cocaine in the last six months (a total of 16). In addition, although several KE were able to provide some information on cocaine, this was limited and none could nominate cocaine as their main area of expertise. Consequently, the data for price, purity and availability of cocaine in 2005 is again of limited value.

The small number of KE and IDU either using cocaine or able to provide information in itself indicates the lack of a sizeable and visible cocaine market in Adelaide, particularly amongst the IDU sampled by the IDRS. Indicator data, such as the number of cocaine possession and provision offences, calls to ADIS, DASSA treatment services data for cocaine, and SA hospital admissions data, also support this presumption. However, this does not exclude the possibility that a cocaine market exists beyond the scope of this survey, and readers are directed to the PDI SA findings (Weekley, Pointer et al. 2005), which show a higher level of use and availability of cocaine among a sample of regular ecstasy users in Adelaide.

6.6.6 WA

Recent use of cocaine remained relatively uncommon amongst the WA IDU sample, with just 19 respondents reporting having used the drug within the last six months. The very small number of purchases make it difficult to provide accurate information on the price of cocaine, although available data suggests a price range of $100-$250 for a half weight and $475 for a gram. Similarly, the small number of reports concerning purity and availability of the drug necessitate that this data be treated with caution. With regards to purity, three of the five IDU responding believed this to be 'high' and four of the five commenting on availability described this as being 'easy'. There were no individuals who had used cocaine for more than 15 days out of the last six months

and the median days of use was just three, indicating that regular use of cocaine amongst WA IDU to be extremely uncommon.

6.6.7 The NT

Only one IDU reported buying a gram of cocaine at $250 and three had purchased caps of cocaine in the six months before interview, paying a median of $100 (up from $60 last year). There were no purchases of cocaine in 2003. Of the few who could comment, most said cocaine price was stable. Availability reports were mixed, and with the small numbers commenting there is no clear trend. Purity was medium to high.

The proportion of the IDU sample reporting cocaine use within six months of interview has declined steadily over the four years since 2000 - 18% in 2000, 13% in 2001, 10% in 2002 and 5% in 2003 - however, in 2004 this proportion increased to 10% and remained at 10% in 2005. Recent injection of cocaine increased from 6% in 2004 to 8% in 2005. Only two percent of the IDU sample reported cocaine as their drug of choice and no one had used cocaine the day before the interview.

The number of treatment episodes in Northern Territory alcohol and other drug treatment services with cocaine as the principal or other drug of concern has risen slightly from 2002 to 2004.

6.6.8 QLD

Cocaine use among IDU in QLD remains minimal, with 11% of IDU (n=12) reporting recent cocaine use in 2005 (10% in 2004), half of those injecting in the last six months. Among those who had used cocaine recently, use was about once a month (median = 6.5 days out of 180).

The price of cocaine appears to be stable to increasing, with a median price of $300 a gram, although, with such small numbers reporting on the price of cocaine (n=4), it can only be concluded that the price varies between $200 and $300 per gram.

Few IDU were able to report on the current purity of cocaine, and there was little agreement among IDU with regard to either purity or changes in purity. Nevertheless, cocaine was considered 'very easy' or 'easy' to obtain by 50% of IDU who were able to comment (n=10) and the availability was reported as stable. It appears that in QLD, relatively few IDU have access to cocaine, but, for those who do have access, this access is reasonably consistent.

There was little change in patterns of cocaine use among IDU, with injection and snorting the most common routes of administration.

6.7 Summary of cocaine trends

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine.
- Cocaine was cheapest in the ACT and NT ($250 per gram) and highest in WA ($475 per gram). The majority reported the price of cocaine as 'stable' over the last six months.
- Cocaine was considered 'easy' or 'very easy' to obtain in NSW, although nearly one-fifth reported that it had become 'more difficult' to obtain in the preceding six months. Substantial proportions of the small numbers able to comment in the other jurisdictions reported it to be mainly 'difficult' or 'very difficult' to obtain.

- The purity of state police seizures analysed varied in each state in 2004/05, ranging from 30.7% in SA to 64.3% in NSW. Most of the cocaine seizures were analysed in NSW, VIC, QLD and SA in 2004/05.
- The recent use of cocaine remained fairly stable in most jurisdictions except NSW, VIC SA and the ACT, where it increased. However, the frequency of use remained sporadic. In NSW the frequency of use increased from 6 days to 12 days and in QLD from 2 days to 7 days.
- The limited IDU and KE data on cocaine suggests that there is a limited market for cocaine among the IDU accessed by the IDRS in most jurisdictions. The market for cocaine appears to be smaller and less visible than the methamphetamine and heroin markets.

7.0 CANNABIS

As in 2003 and 2004, the distinction was made between indoor-cultivated 'hydroponic' cannabis and outdoor cultivated 'bush' cannabis for price, purity and availability of cannabis in 2005. Seventy-five percent of the overall IDU sample was confident enough of their knowledge to comment on the price, potency and availability of hydroponic cannabis and 69% for bush cannabis (Table 27 & 28). The proportions across jurisdictions ranged from 61% in SA to 88% in TAS for hydroponic cannabis and 41% in VIC to 88% in TAS for bush cannabis. Comparable figures from 2004 are presented in Appendix D, Table D1 and D2.

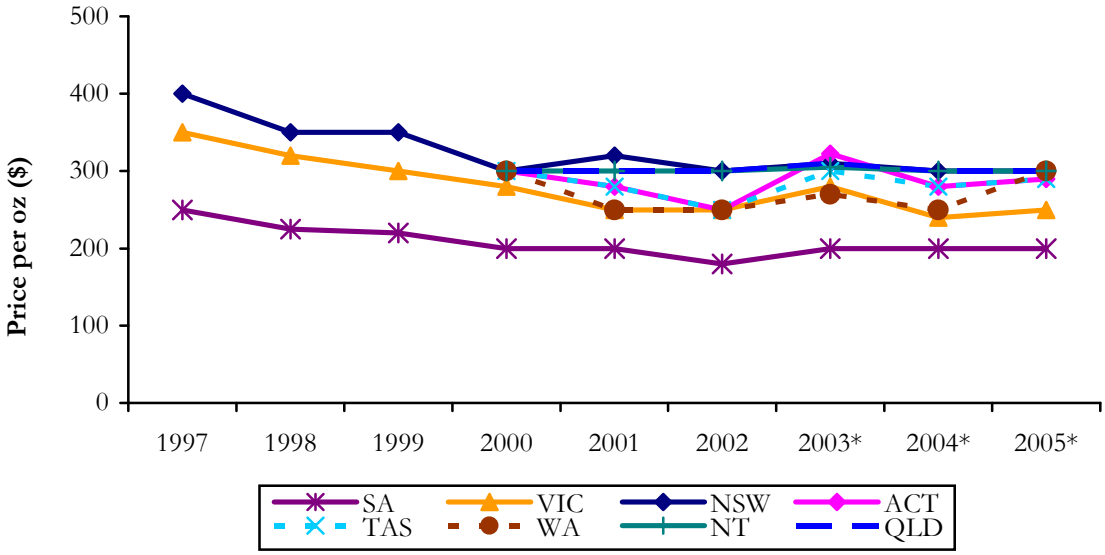
7.1 Price

Prices in Table 27 represent the median price of the last purchase made by IDU in the preceding six months. As in previous years, a differentiation was made between bush and hydroponic cannabis in 2005.

Gram prices for bush and hydroponic cannabis remained similar (Table 27); however, there was a distinction between the prices of larger quantities, with an ounce of hydroponic cannabis generally costing more than an ounce of bush. In 2005, an ounce of hydroponic cannabis cost between a median of $200 (SA) and $300 in NSW, WA, NT and QLD, and a gram cost $20 to $25, except in SA, where $25 buys two and a half grams.

Consistent with the results of the IDRS in previous years, hydroponic cannabis remained cheapest in SA ($200) and bush cannabis was cheapest in NSW, VIC, TAS, SA and the NT ($200, Figure 44). The price of an ounce of hydroponic cannabis has remained relatively stable (ranging from $200-$320) in all jurisdictions since data collection began in 2000. The majority of the national sample reported the price of hydroponic and bush cannabis as stable (73% and 54% respectively). Substantial minorities in the NT (16%), TAS (15%) and QLD (13%) reported that the price of hydroponic cannabis had increased recently.

Figure 44: Price of an ounce of cannabis (hydroponic from 2003-2005), by jurisdiction, 1997-2005



Source: IDRS IDU interviews
* 2003, 2004 and 2005 prices reflect prices for an ounce of hydroponic cannabis. Any increase may be due to this distinction

7.2 Potency

IDU were asked 'how strong would you say cannabis is at the moment?' and whether the strength of cannabis had changed in the last six months. More than half (57%) of IDU in all jurisdictions responded that hydroponic cannabis potency was high (ranging from 35% in the NT to 69% WA) and one-quarter (27%) described it as medium (ranging from 19% in WA to 43% in NT). By contrast, nearly two-fifths (37%) reported the potency of bush cannabis as medium (ranging from 27% in QLD to 56% in WA). The majority of IDU in all jurisdictions reported that the potency of hydroponic and bush cannabis had remained stable over the preceding six months (Table 27).

Table 27: Price and potency of cannabis, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Price ($) HYDRO									
Per ounce	-	300	290	250	290	200	300	300	300
Per gram	-	20	20	20	25	25*	25	25	25
Price ($) BUSH									
Per ounce	-	200	250	200	200	200	232.50	200	230
Per gram	-	20	20	20	22.50	25*	25	25	25
Price changes									
HYDRO									
Did not respond	25	17	22	31	12	39	30	22	28
Of those who responded (n)	(N=709)	(n=128)	(n=98)	(n=104)	(n=88)	(n=62)	(n=70)	(n=83)	(n=76)
(% of the entire sample)									
Don't know	9 (7)	9 (8)	4 (3)	4 (3)	14 (12)	3 (2)	6 (4)	15 (11)	16 (11)
Increased	10 (7)	8 (6)	9 (7)	4 (3)	15 (13)	8 (5)	6 (4)	16 (12)	13 (9)
Stable	73 (55)	73 (61)	78 (61)	77 (53)	61 (54)	77 (48)	86 (60)	68 (52)	61 (43)
Decreased	3 (5)	6 (5)	4 (3)	4 (3)	5 (4)	3 (2)	3 (2)	1 (1)	3 (2)
Fluctuated	3 (5)	4 (3)	5 (4)	5 (3)	6 (5)	0 (0)	0 (0)	1 (1)	8 (6)
BUSH									
Did not respond	31	17	22	59	12	48	30	23	30
Of those who responded (n)	(N=652)	(n=128)	(n=97)	(n=61)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
(% of the entire sample)									
Don't know	32 (22)	41 (34)	27 (21)	30 (12)	26 (23)	6 (3)	16 (11)	44 (34)	50 (35)
Increased	4 (3)	2 (2)	6 (5)	0 (0)	7 (6)	8 (4)	1 (1)	6 (5)	3 (2)
Stable	54 (37)	52 (43)	56 (43)	59 (24)	46 (40)	73 (38)	73 (51)	44 (34)	39 (27)
Decreased	6 (4)	4 (3)	6 (5)	8 (3)	13 (11)	4 (2)	7 (5)	5 (4)	5 (4)
Fluctuated	4 (3)	1 (1)	5 (4)	3 (1)	9 (8)	10 (5)	3 (2)	1 (1)	3 (2)
HYDRO Potency									
Did not respond	25	17	22	29	12	39	30	22	28
Of those who responded (n)	(N=711)	(n=128)	(n=98)	(n=106)	(n=88)	(n=62)	(n=70)	(n=83)	(n=76)
(% of the entire sample)									
High	57 (43)	57 (47)	59 (46)	68 (48)	51 (45)	57 (35)	69 (48)	35 (27)	63 (45)
Medium	27 (20)	29 (24)	27 (21)	25 (18)	21 (18)	29 (18)	19 (13)	43 (34)	21 (15)
Low	3 (2)	2 (1)	5 (4)	1 (1)	2 (2)	7 (4)	1 (1)	4 (3)	1 (1)
Potency changes									
Stable	57 (43)	58 (48)	61 (48)	66 (47)	44 (38)	50 (31)	73 (51)	58 (45)	42 (30)
BUSH Potency									
Did not respond	31	17	22	59	12	48	30	23	30
Of those who responded (n)	(N=653)	(n=128)	(n=97)	(n=62)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
(% of the entire sample)									
High	13 (9)	14 (12)	11 (9)	11 (5)	9 (8)	27 (14)	16 (11)	13 (10)	8 (6)
Medium	37 (26)	29 (24)	41 (32)	42 (17)	35 (31)	54 (28)	56 (39)	28 (21)	27 (19)
Low	12 (9)	12 (10)	17 (13)	10 (4)	17 (15)	6 (3)	4 (3)	15 (11)	15 (10)
Potency changes									
Stable	47 (33)	42 (35)	52 (40)	53 (22)	44 (39)	58 (30)	66 (46)	42 (32)	31 (22)

Source: IDRS IDU interviews

* a 'bag' of approximately 2.5 grams of cannabis

7.3 Availability

As in previous years, cannabis (hydroponic and bush) was described as 'very easy' or 'easy' to obtain by the vast majority of participants in all jurisdictions, and the majority of those IDU who commented perceived the availability of hydroponic and bush cannabis to be stable over the six months preceding the interview. Little difference was observed between jurisdictions (Table 28).

Most participants purchased hydroponic cannabis from a friend (46%) or at a dealer's home (29%). In NSW, one-quarter (27%) of participants had purchased hydroponic cannabis from a street dealer; 17% in the NT and 11% in WA also reported a street dealer as their last purchase source, indicating the presence of street-based cannabis markets. A dealer's home (29%) was the second most common way for participants to score their hydroponic cannabis in all jurisdictions except NSW where friends (35%) were the most popular source. Bush cannabis was mainly scored through friends (51%, ranging from 66% in WA to 39% in NSW and the ACT), followed by a dealer's home (23%, Table 29).

In 2005, 3% of IDU in the national sample (no participants in the NT and QLD to 7% in WA) reported growing their own hydroponic cannabis and 7% reported growing their own bush cannabis (ranging from no participants in VIC to 16% in SA, Table 29). Although the majority of IDU reported recent use of cannabis, very few considered cannabis their primary drug of choice, and this in itself may account for the low proportions that reported growing their own cannabis. It may be that among a population of primary cannabis users, a higher proportion would grow their own cannabis than was reported among the participants interviewed for the present study, for whom cannabis is one in a range of drugs used in conjunction with their primary drug(s) of choice.

IDU participants were also asked where they thought the cannabis they had last used was sourced (produced) from. In the overall national sample, 43% from the hydro group and 47% from the bush group reported that they did not know the original source for their cannabis, 28% from the hydro group and 34% from the bush group reported that the cannabis came from a small-time 'backyard' user/grower as opposed to a large-scale cultivator or supplier (26% hydro group and 13% bush group), such as a bikie gang or organised crime syndicate. Responses varied across the jurisdictions (Table 29).

Table 28: Availability of cannabis, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Availability									
***HYDRO* (%)**									
Did not respond	25	17	22	29	12	39	30	22	28
Of those who responded (n)	(N=711)	(n=128)	(n=98)	(n=106)	(n=88)	(n=62)	(n=70)	(n=83)	(n=76)
(% of the entire sample)									
Don't know	6 (4)	6 (5)	4 (3)	0 (0)	14 (12)	5 (3)	4 (3)	8 (7)	5 (4)
Very easy	56 (42)	70 (58)	54 (42)	71 (50)	60 (53)	45 (28)	56 (39)	25 (20)	49 (35)
Easy	33 (25)	22 918)	38 (30)	26 (19)	23 (20)	34 (21)	29 (20)	61 (48)	40 (28)
Difficult	6 (5)	2 92)	4 (3)	3 (2)	3 (3)	16 (10)	10 (7)	5 (4)	7 (15)
Very difficult	<1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)
***BUSH* (%)**									
Did not respond	31	17	22	59	12	49	30	23	30
Of those who responded (n)	(N=653)	(n=128)	(n=97)	(n=62)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
(% of the entire sample)									
Don't know	29 (20)	38 (31)	23 (18)	29 (12)	27 (24)	2 (1)	14 (10)	40 (31)	47 (33)
Very easy	31 (21)	26 (21)	32 (25)	34 (14)	48 (42)	40 (21)	30 (21)	18 (14)	22 (15)
Easy	25 (17)	17 (14)	27 (21)	19 (8)	24 (21)	21 (11)	37 (26)	37 (28)	18 (12)
Difficult	14 (9)	16 (13)	14 (11)	16 (7)	1 (1)	35 (18)	17 (12)	5 (4)	12 (8)
Very difficult	2 (1)	4 (3)	4 (3)	2 (1)	0 (0)	2 (1)	1 (1)	0 (0)	1 (1)
Availability changes									
***HYDRO* (%)**									
Did not respond	25	17	22	29	12	39	30	22	28
Of those who responded (n)	(N=711)	(n=128)	(n=98)	(n=106)	(n=88)	(n=62)	(n=70)	(n=83)	(n=76)
(% of the entire sample)									
Don't know	7 (5)	6 (5)	5 (4)	3 (2)	16 (14)	5 (3)	4 (3)	10 (7)	8 (6)
More difficult	7 (5)	7 (6)	3 (2)	5 (4)	5 (4)	15 (9)	6 (4)	12 (9)	8 (6)
Stable	75 (56)	82 (68)	78 (61)	84 (59)	65 (57)	61 (38)	80 (56)	66 (51)	74 (53)
Easier	7 (5)	4 (3)	6 (5)	7 (5)	11 (10)	11 (7)	4 (3)	7 (6)	9 (7)
Fluctuates	4 (3)	1 (1)	8 (6)	2 (1)	3 (3)	8 (5)	6 (4)	5 (4)	1 (1)
***BUSH* (%)**									
Did not respond	31	17	22	59	12	49	30	23	30
Of those who responded (n)	(N=653)	(n=128)	(n=97)	(n=62)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
(% of the entire sample)									
Don't know	30 (21)	38 (31)	23 (18)	34 (14)	27 (24)	2 (1)	16 (11)	40 (31)	50 (35)
More difficult	9 (6)	15 (12)	7 (6)	3 (1)	6 (5)	25 (13)	4 (3)	6 (5)	4 (3)
Stable	52 (36)	47 (39)	55 (42)	58 (24)	57 (50)	48 (25)	73 (51)	45 (35)	38 (26)
Easier	5 (3)	0 (0)	5 (4)	3 (1)	8 (7)	12 (6)	4 (3)	5 (4)	5 (4)
Fluctuates	4 (3)	1 (1)	10 (6)	2 (<1)	2 (2)	14 (7)	3 (2)	4 (3)	3 (2)

Source: IDRS IDU interviews

Table 29: Place usually score cannabis, by jurisdiction, 2005

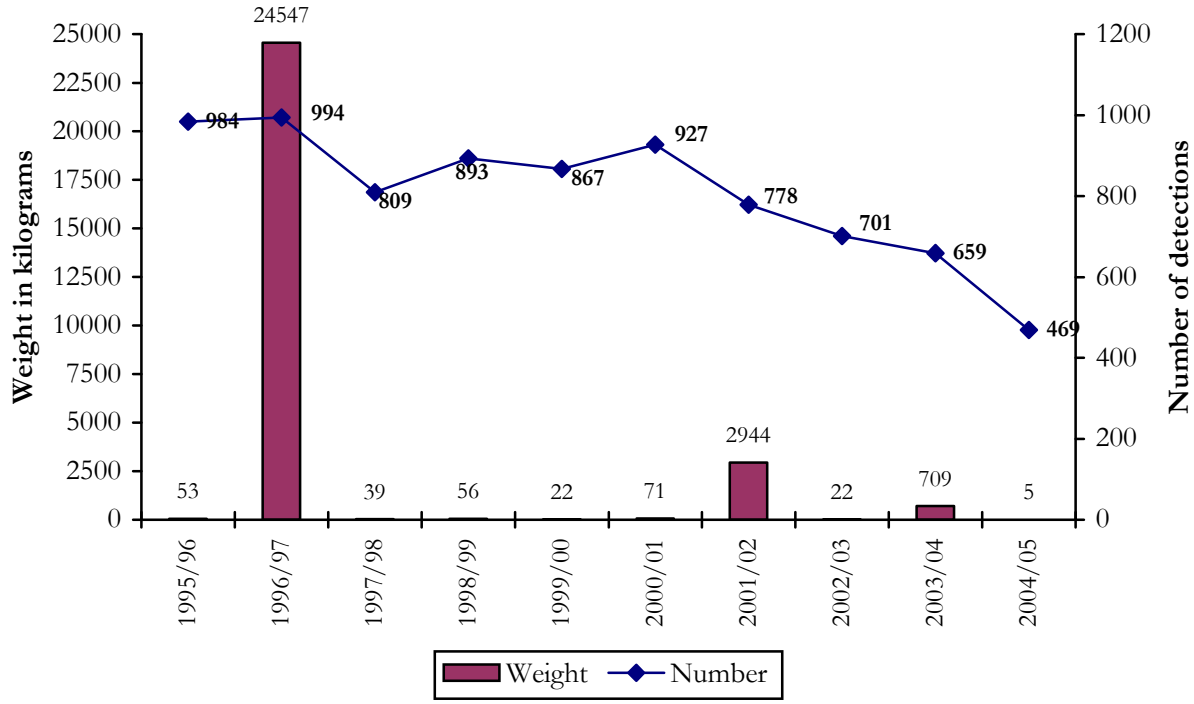
	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Place usually score									
HYDRO									
Did not respond	30	27	26	31	23	41	34	30	33
Of those who responded (n)	(N=658)	(n=113)	(n=92)	(n=104)	(n=77)	(n=60)	(n=66)	(n=75)	(n=71)
(% of the entire sample)									
Street dealer	12 (8)	27 (20)	9 (6)	6 (4)	4 (3)	3 (2)	11 (7)	17(12)	10 (7)
Dealer's home	29 (20)	20 (14)	39(29)	32 (22)	26(20)	32(19)	30(20)	28(20)	28(19)
Mobile dealer	7 (5)	10 (7)	4 (3)	8 (5)	9 (7)	5 (3)	2 (1)	8 (6)	4 (3)
Friend #	46 (32)	35 (26)	39(30)	48 (33)	55(42)	53(32)	52(34)	44(31)	51(34)
Other source	6 (5)	8 (6)	9 (5)	6 (5)	6 (5)	7 (4)	5 (4)	3(21)	7 (5)
BUSH									
Did not respond	53	51	41	79	36	50	44	54	64
Of those who responded (n)	(N=440)	(n=76)	(n=74)	(n=32)	(n=64)	(n=51)	(n=56)	(n=49)	(n=38)
(% of the entire sample)									
Street dealer	13 (6)	33(16)	14 (8)	9 (2)	5 (3)	4 (2)	4 (2)	16 (7)	11 (4)
Dealer's home	23 (11)	12 (6)	31(18)	34 (7)	22(14)	24(12)	25(14)	16 (7)	26 (9)
Mobile dealer	4 (2)	4 (2)	4 (2)	3 (<1)	8 (5)	2 (1)	0 (0)	4 (2)	3 (1)
Friend #	51 (24)	39(20)	39(22)	47 (10)	63(40)	55(28)	66(37)	57(26)	50(18)
Other source	9 (4)	12 (5)	12 (8)	7 (1)	2 (2)	15 (8)	5 (3)	9 (3)	10 (4)
Production source									
HYDRO									
Did not respond	27	19	26	30	17	39	31	29	30
Of those who responded (n)	(N=686)	(n=124)	(n=93)	(n=105)	(n=83)	(n=62)	(n=69)	(n=76)	(n=74)
(% of the entire sample)									
Don't know	43 (31)	52(42)	46(34)	27(19)	53(44)	27(17)	32(22)	59(42)	42(29)
Grew own	3 92)	2 (1)	3 (2)	5 (3)	2 (2)	5 (3)	7 (5)	0 (0)	0 (0)
Small-time/backyard	28 (21)	16(13)	28(21)	40(28)	28(23)	57(35)	30(21)	17(12)	20(14)
Large-scale cultivator	26 (19)	30(24)	30(24)	29(20)	17(14)	10 (6)	30(21)	24(17)	38(26)
BUSH									
Did not respond	41	25	32	60	30	50	32	52	49
Of those who responded (n)	(N=555)	(n=116)	(n=85)	(n=60)	(n=70)	(n=51)	(n=68)	(n=51)	(n=45)
(% of entire sample)									
Don't know	47 (27)	57(43)	44(30)	52(21)	50(35)	20(10)	40(27)	51(24)	48(25)
Grew own	7 (4)	7 (5)	9 (6)	0 (0)	1 (1)	16 (8)	7 (5)	6 (3)	6 (3)
Small-time/backyard	34 (20)	17(13)	35(24)	35(24)	33(23)	63(32)	32(22)	37(18)	33(17)
Large-scale cultivator	13 (8)	19(14)	12 (8)	12 (8)	16(11)	2 (1)	21(14)	6 (3)	13 (7)

Source: IDRS IDU interviews #includes gift from friend

7.3.1 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is probably locally produced. However, there are also numerous cannabis detections by Customs each year. The detections at the border are typically small amounts in parcels arriving by mail or found on passengers.

Figure 45: Weight and number of detections of cannabis made at the border by the Australian Customs Service, 1995/96-2004/05



Source: Australian Customs Service, 2005

In 2004/05 there was a smaller number of cannabis detections compared to previous years, reducing from 659 in 2003/04 to 469 in 2004/05. Weight was also low, reducing from 709kg in 2003/04 to only 5kg in 2004/05. Overall the total yearly weight of detections has been less than 75kg, with the exception of 1996/97, 2001/02 and 2003/04 when 24,547kg, 2,944kg and 709kg were detected, respectively. The majority of the weight in 2001/02 (2932kg) came from a single large detection from Afghanistan (Figure 45).

7.4 Use

7.4.1 Cannabis use among IDU

The majority of cannabis smoked among IDU is hydroponically grown 'head' (the flowering tops of *cannabis sativa*); cannabis leaf is available but it is not as sought after. In all jursidictions, hydroponic cannabis was reported by the majority of respondents as the form they had used most in the preceding six months (see Table 12 – Forms used most).

High rates of the use of outdoor crop cannabis (bush) were reported in all jurisdictions, with between 43% (VIC) and 71% (TAS) of IDU in all jurisdictions reporting the use of outdoor cannabis in the six months preceding the interview (see Table 12 - Forms most used).

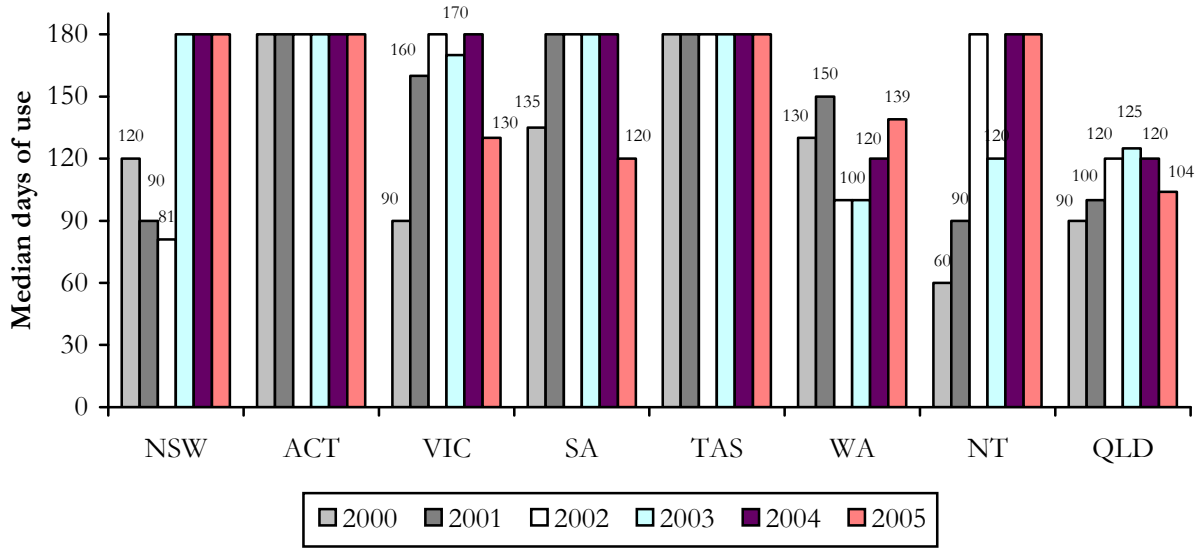
Small minoirties in all jurisdictions reported recent use of hashish and hash oil. The prevalence of recent hash use among IDU was highest in SA (24%) and lowest in NSW (5%). The proportion of IDU reporting recent use of hash oil was lowest in NSW and VIC (both 2%) and highest in SA (18%).

7.4.2 Current patterns of cannabis use

Eighty-two percent of the national sample reported they had used cannabis in the six months prior to interview (see Table 11 – Drug use history). The vast majority of IDU in all jurisdictions reported recent cannabis use, ranging from 76% in QLD to 89% in the ACT.

The median number of days that IDU reported using cannabis varied across jurisdictions and, in some cases, within jurisdictions, over time (Figure 46). The frequency of cannabis use was daily in all jurisdictions except WA (139 days), VIC (130 days), SA (120 days) and QLD (104 days). VIC and SA dropped from daily cannabis use to less than daily in 2005.

Figure 46: Frequency of recent cannabis use among IDU who reported cannabis use in the six months preceding interview, 2000-2005



Source: IDRS IDU interviews

Frequency of cannabis use among a population such as IDU, of whom few nominate cannabis as their drug of choice, may be related to the availability and cost of their drug(s) of choice, as much as the availability and cost of cannabis itself. Extrapolating from the patterns of use of cannabis among IDU to the entire population of cannabis smokers is problematic, and should not be considered a valid basis for policy decisions.

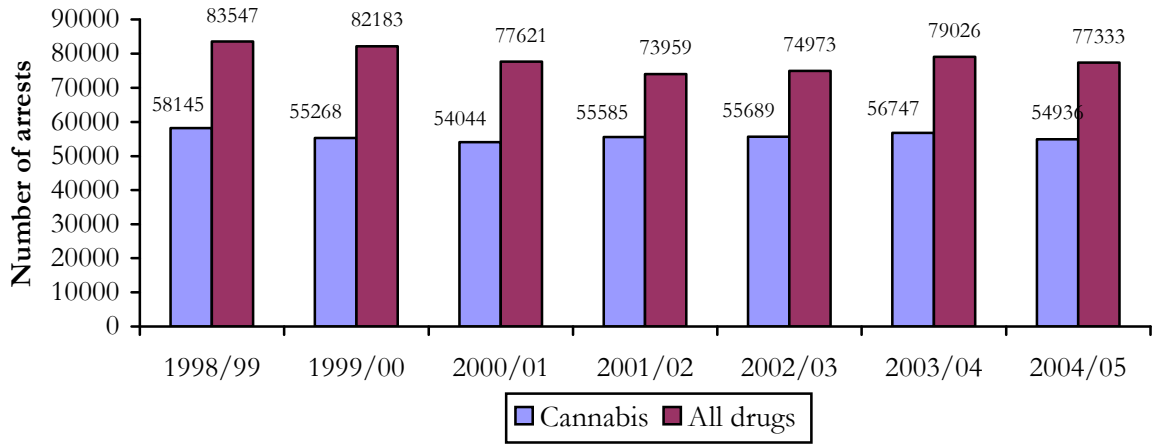
KE reported that cannabis was sometimes used to cope with drug withdrawal or to ease the comedown from a stimulant binge.

7.5 Cannabis-related harms

7.5.1 Law enforcement

Cannabis arrests make up the majority of consumer and provider arrests (Figure 47). In 2004/05, cannabis consumer and provider arrests accounted for 71% of all drug arrests (Australian Crime Commission 2006). QLD reported the largest number of cannabis arrests increasing from 22,065 in 2003/04 to 23,355 arrests in 2004/05. The figure decreased in NSW from 11,054 in 2003/04 to 6 583 and in VIC from 7,620 in 2003/04 to 7,221 in 2004/05.

Figure 47: Number of cannabis and all drug consumer and provider arrests, 1998/99-2004/05



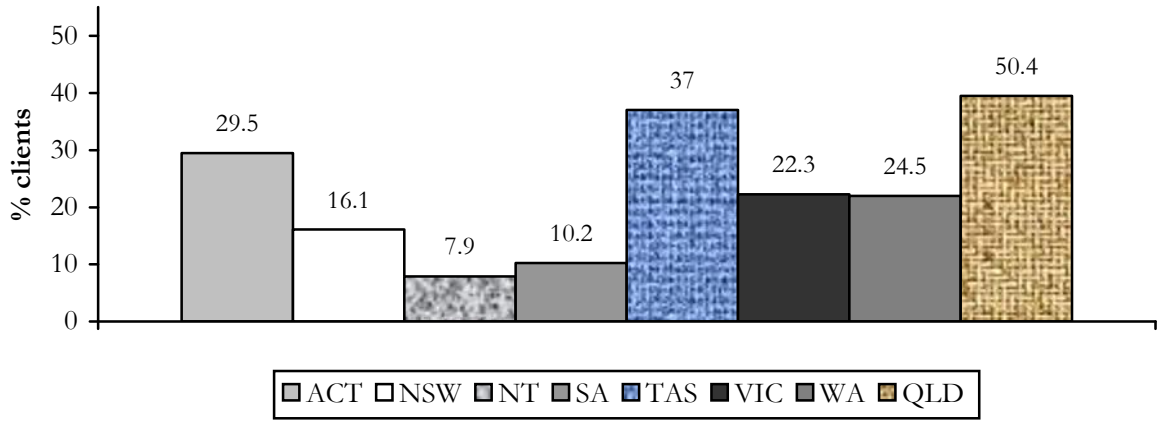
Source: ACC, 2003, 2004 & 2005

7.5.2 Health

Treatment

Data from the AODTS-NMDS indicate that in 2003/04 (excluding QLD*), TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principle drug of concern (37%) followed closely by NSW (30%, Figure 48, (Australian Institute of Health and Welfare 2005)).

Figure 48: Proportion of closed treatment episodes for clients who identified cannabis as their principle drug of concern (excluding pharmacotherapy) by jurisdiction, 2003/04*



Source: AODTS-NMDS (Australian Institute of Health and Welfare 2004)

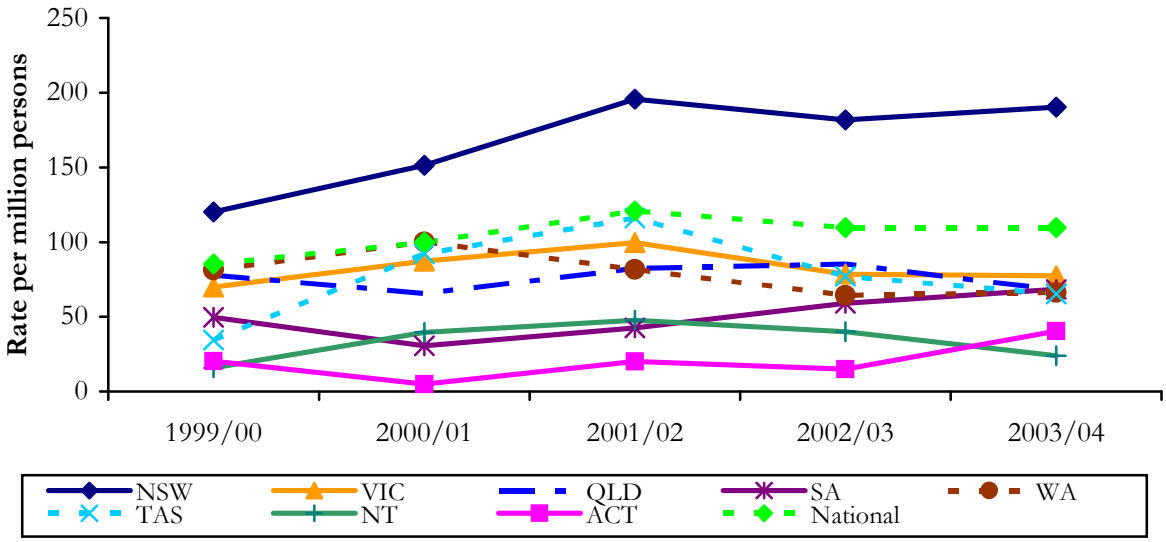
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

In QLD a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principle drug is not actually cannabis and it is expected that future modifications to data collection processes will enable this possibility to be reflected.

Hospital admissions

Data from the NHMD, managed by the AIHW, shows the rate of inpatient hospital admissions for cannabis (where the principal diagnosis is coded as cannabis) until 2003/04. The data show a relatively stable rate of inpatient hospital admissions where cannabis was the principal diagnosis, with the exception of NT, NSW and TAS, where the rate increased until 2001/02 and dropped or stabilised in 2002/03 (Figure 49). NSW reported the highest rate of inpatient hospital admission for cannabis in 2003/04 which is consistent with IDU survey data where NSW reported one of the highest rates of cannabis use.

Figure 49: Rate of inpatient hospital admissions where cannabis was the principal diagnosis per million persons aged 15 -54 years, by jurisdiction, 1999/00-2003/04



Source: Australian Institute of Health and Welfare (AIHW), ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments. *From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit. Note: Diagnoses for the period 1998 to 2004 were coded using ICD-10-AM codes (First edition for 1998/99 and 1999/00, Second edition for 2000/01 and 2001/02, and Third edition for 2002/03 and 2003/04), and, prior to this, ICD-9-CM was used to code hospital separations.

7.6 Jurisdictional trends for cannabis

7.6.1 NSW

The median price paid for a gram of indoor-cultivated cannabis (hydroponic or hydro) and a gram of outdoor-cultivated cannabis (bush) was $20, the same as in previous years. The median price reported for an ounce of hydroponic was $300, while for bush it was $200, a slight increase from 2004 ($175).

Hydroponic remained readily available, with the overwhelming majority (92%) reporting that it was 'easy' or 'very easy' to obtain, and 82% reporting that availability was stable. Reports on bush were more mixed, with 43% reporting that it was either 'easy' or 'very easy' to obtain, while 20% thought it was 'difficult' or 'very difficult' (the remainder reported that they did not know, which in itself is indicative of lower availability and/or use). Availability was generally reported to have remained stable.

As in 2004, potency of hydroponic cannabis was generally reported to be 'high' and bush was most commonly reported to be 'medium'. Consistent with previous years, the majority (80%) of IDU reported cannabis use over the preceding six months, with 47% of the IDU sample reporting daily use.

KE comments on the availability, price and use of cannabis were consistent with those of IDU, with the majority reporting that it was readily available.

7.6.2 The ACT

Cannabis use was widespread and frequent amongst the ACT IDU sample in 2005. The entire IDU sample had tried cannabis in their lifetime and 90% had used cannabis in the six months prior to the interview. The majority of the IDU sample used cannabis frequently in the six months preceding the interview with a median of 180 days of use (i.e. daily use). The median reported price of a gram of bush and hydroponic cannabis remained stable from 2004 to 2005 at $20. The median price of an ounce of bush cannabis in 2005 was reported by IDU to be $250, while the median price for an ounce of hydroponic cannabis was $290. The majority of IDU perceived both bush and hydroponic cannabis to be 'easy' to 'very easy' to obtain, and that availability had remained stable in the six months preceding the interview. IDU commenting on the potency of bush cannabis believed it to be low to medium and hydroponic cannabis to be medium to high. As has been the case in previous years, hydroponic cannabis remains the dominant form of cannabis on the market in the ACT.

7.6.3 VIC

Almost all 2005 IDRS respondents (99%) reported having used cannabis in their lifetime. In terms of prevalence of use in the last six months, cannabis remained the second most commonly used illicit drug by IDU survey respondents (86% in 2005, 80% in 2004, 88% in 2003), and the most frequently used illicit drug in terms of number of days (median 130 days).

Participants had used a variety of different forms of cannabis during the six months prior to interview, including: hydroponically grown cannabis (79%), bush/naturally grown cannabis (42%), hash (6%) and hash oil (2%). As in previous years, the type most commonly used was hydroponic (89%). In 2005, a gram of both hydroponic and bush cannabis remained stable at $20 in VIC, while the median price per ounce increased slightly (hydro $250; bush $200).

Hydroponic cannabis remained readily available and stable, with 97% reporting availability as easy or very easy. The majority (53%) also reported bush cannabis as easy or very easy to obtain at present; however, 16% reported that it was difficult, and 29% did not know. Cannabis was commonly accessed through social networks, with 48% (hydro) and 47% (bush) reporting that they usually sourced cannabis through a friend. The potency of hydroponic cannabis was described as high (68%) to medium (25%), while the potency of bush cannabis was generally rated at medium (42%).

Five key experts reported that cannabis was the primary drug of choice amongst the drug users with whom they had the most contact. In addition, many key experts (n=27) reported that cannabis use within their client groups was quite prevalent, with varied patterns of use. Cannabis was reported to be commonly used as a secondary drug in combination with heroin and/or methamphetamine use.

7.6.4 TAS

Consistent with prices reported in 2004, consumers reported purchasing a mode of 1g of indoor- or outdoor-cultivated cannabis in a traditional $25 'deal' of the drug. When accessing outdoor-cultivated cannabis, consumers typically purchased in quarter-ounce (median $70) or ounce (median $200) amounts. While prices for ounces were similar in 2004 and 2005, the median cost for a quarter-ounce had increased $10 between the studies, although consumers perceived no change, or even price decreases, in recent months. Prices for indoor-cultivated cannabis were higher, at a median of $80 per quarter-ounce and $290 per ounce, with the most common purchase prices reflecting increases in the cost for indoor-cultivated cannabis since those reported in the 2004 study. Consumer reports reflected this, suggesting stable to increasing prices in the preceding six months for indoor-cultivated cannabis.

Consumers reported that both indoor- and outdoor-cultivated cannabis was 'easy' or 'very easy' to obtain, with this situation remaining stable in recent months. However, there were indications of somewhat increased availability in comparison to the trends identified in the 2004 IDRS survey, following indications of relatively decreased availability between 2003 and 2004. Tasmania police report a slow shift back toward preferential outdoor cultivation of cannabis, also noting the use of imported seed or of multiple cannabis strains within single crops.

Similar to previous years, consumers described the subjective potency of outdoor-cultivated cannabis as 'medium' to 'low', with this level generally considered stable in the preceding six months. Indoor-cultivated cannabis was regarded as 'medium' to 'high' in subjective potency by consumers, with this level regarded as stable or increasing in recent months. Cannabis-consuming IDU interviewed generally reported using both indoor- and outdoor-cultivated cannabis in the preceding six months, although indoor-cultivated cannabis was the form most commonly smoked. While cannabis remains the most commonly used illicit drug, both in the IDU sample and in the state, there are indications of decreasing levels of use, both from the National Drug Strategy Household Survey (suggesting that use of cannabis in the previous year in local samples has declined from 15.8% in 1998, and 11.9% in 2001 to 10.9% of those aged 14 and over), and, from a slowly decreasing rate of use in the IDRS IDU samples, particularly in regard to the proportion of daily cannabis smokers.

7.6.5 SA

There had been little change in cannabis market indicators or parameters of use since 2004.

In 2005, the median price paid at last purchase for cannabis was $200 an ounce and $25 a 'bag' for either hydro or bush. With the exception of an increase in price of an ounce of bush (up from $180 in 2004), the price of these quantities has remained stable since 2004, with the majority of IDU reporting that the price of cannabis had remained stable in the past six months. Among the IDU able to comment, the majority (over 60%) perceived hydro or bush cannabis as 'very easy' or 'easy' to obtain, and around half reported that availability had been stable in the previous six months. The majority reported scoring the cannabis they had used last from a friend and that the source had been a small-time 'backyard' user/grower. Eighty-five percent or more also perceived the potency of either hydro or bush as high or medium, and half reported that the potency had been stable recently.

A continuing decline in the number of provision offences related to cannabis was recorded by the South Australian police in 2005, but possession offences remained the same as for 2004.

Cannabis, though generally not the drug of choice among the IDU sample, was used commonly, with all but one IDU reporting use of cannabis in their lifetime. The proportions of IDU who

had recently used cannabis has been stable across all the years the IDRS has been conducted. However, frequency of use of cannabis decreased markedly in 2005 (to a median 120 days), following four years of stability (at a median 180 days). Almost all cannabis users reported they had used hydroponically grown cannabis in the last six months, with a large majority reporting they mostly used hydro. KE generally reported no changes in any parameter of the cannabis market, or use of cannabis among IDU, in 2005 compared to 2004.

The number of calls to ADIS concerning cannabis remained stable, as did the total number of clients to DASSA treatment services; however, the number of clients attending inpatient detox services of DASSA continues to increase gradually. Cannabis-related hospital admissions in SA have increased for the past three years.

7.6.6 WA

Despite a significant decline in numbers reporting its use the previous year (from 84% to 76%), recent cannabis use remained extremely common amongst the WA IDU sample. Seventy-three percent of the WA IDU sample had used hydroponically grown cannabis and 70% had used bush cannabis. Among those who had recently used, 76% said that hydroponic was the form that they had used most. There was evidence that the price of cannabis had increased from the previous year with purchase data suggesting that an ounce of hydroponic cannabis cost a median of $300 and an ounce of bush cost $232.50, up from $250 and $200 respectively.

Most users continued to experience little difficulty in accessing cannabis, with the hydroponic variety described as 'easy' or 'very easy' to obtain by 84% of those responding and bush by 67%. A clear majority (69%) of those who commented viewed the potency of hydroponic cannabis as being 'high' while bush was mainly described as being of 'medium' strength.

The median number of days of use remained high at 139 days in the last six months. There were 31 IDU who reported using cannabis on a daily basis, representing 41% of all respondents who had recently consumed the drug.

7.6.7 The NT

Cannabis price, potency and availability have been stable-a gram of hydroponic cannabis costs $25 as does bush cannabis. An ounce of hydroponic cannabis was $300 and the cost of bush cannabis was $200. Both hydro and bush cannabis remain 'easy' to obtain with the median time to score both forms decreasing from 30 minutes to 20 minutes. The majority of IDU described the potency of hydro as high-medium and of bush as medium.

Until 2003 cannabis was consistently the illicit drug used by the greatest proportion of the IDU sample. In 2004 the proportion using cannabis dropped and morphine became the most reported recent use illicit drug. This is the same for 2005, although they are only separated by 2% for lifetime use and 1% for recent use.

Focusing on harms, the number and weight of cannabis seizures made by the NT police has increased over the last two financial years. The rate of hospital separations with cannabis as the primary diagnosis in the NT has fluctuated over the last 10 financial years; however, the number of episodes of treatment in AODTS where cannabis is the principal or other drug of concern has declined since 2001.

7.6.8 QLD

The cannabis market in QLD continued to be distinguished by its stability over time, with cannabis used by the vast majority of IDU. Nevertheless, over the past six years the proportion of IDU reporting recent cannabis use has dropped slightly (from 84% in 2000 to 76% in 2005), while, among those who have used recently, the median frequency of use continues to be below the national average at about 4 days a week on average. Ninety percent of IDU reported mainly using hydroponic cannabis, although the majority (56%) also reported using bush occasionally.

The price of all forms of cannabis was reported as stable, with the median price higher for hydroponic cannabis ($300/ounce) than for 'bush' cannabis ($230/ounce). Hydroponic cannabis was reported to be 'easy' (40%) or 'very easy' (49%) to obtain and the majority (74%) reported the availability as stable in the last six months. By comparison, and consistent with key expert reports, only 40% of IDU reported bush as 'easy' or 'very easy' to obtain.

Cannabis was typically sourced from a friend or a dealer's home and IDU distinguished between hydro and bush in terms of production source: 38% of IDU reported that the usual production source for hydro was a large-scale cultivator (vs. 13% for bush), whereas 20% believed that the original source of their hydro cannabis was a small time 'back yard' grower (vs. 33% for bush). Similarly, whereas 63% of IDU reported the potency of hydro as 'high', only 8% reported the potency of bush as 'high' (vs. 27% 'medium', 15% 'low').

Key experts reported an increasing incidence of mental health problems among cannabis users, particularly younger cannabis users, with many attributing this increase to the combination of heavier (i.e. more frequent) use, and the availability of more potent cannabis.

7.7 Summary of cannabis trends

- Hydroponic cannabis remained cheapest in SA and bush cannabis in NSW, VIC, TAS and the NT. The majority of IDU in all jurisdictions reported that the price had remained stable in the six months preceding interview.
- Hydroponic cannabis was generally more expensive than bush or outdoor cannabis.
- Hydroponic and bush cannabis was considered 'very easy' or 'easy' to obtain by the majority of IDU and the availability was stable.
- IDU in all jurisdictions perceived the potency of hydroponic cannabis as 'high' and bush cannabis as 'medium'. The potency for both forms remained stable over the last six months.
- The majority of IDU reported recent cannabis use. The frequency of cannabis use was high with daily use commonly reported.
- Hydroponic cannabis continued to dominate the market although the use of bush cannabis was also common.
- There have been relatively stable numbers of arrests and treatment episodes for cannabis dependence over time.

8.0 OPIOIDS

8.1 Use of illicit methadone

Methadone is prescribed for the treatment of opioid dependence. Methadone is usually prescribed as a syrup preparation and is often dosed under supervised conditions. Take away doses are obtained for some patients depending on various state regulations. Physeptone® tablets are less commonly prescribed in Australia, usually for people in methadone treatment that are travelling or in a minority of cases where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and Physeptone was defined as use of medication that was not obtained on a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance.

Twenty-four percent of the national sample reported the use of illicit methadone syrup in the six months preceding interview (see Table 11 – Drug use history). Illicit methadone syrup was the form of methadone most used by 26% (27% in 2004) of those that reported methadone use (ranging from 11% in NSW to 43% in QLD, see Table 12 – Forms most used).

Twelve percent of the national sample reported recent use of illicit Physeptone (see Table 11 – Drug use history). Licitly obtained Physeptone® tablets were reported as the form of methadone most used by 6% (7% in 2004 and 13% in 2003) of those that used Physeptone. There were substantial jurisdictional differences among those who reported illicitly obtained Physeptone® tablets as the forms used most (range from no reports in ACT, VIC and TAS to 32% in the NT; see Table 12 – Forms most used).

Thirty percent of the national sample were able to answer about the price or availability of illicit methadone syrup. Among those who commented on availability (n=284), 35% reported that it was 'easy' to obtain methadone and 21% reported that it was 'very easy'. About one-quarter reported it as 'difficult' (23%) or 'very difficult' (1%). More than half (59%) reported that availability had remained stable in the six months preceding interview, although 12% reported that it had become more difficult.

Of those that bought illicit methadone syrup, the majority 83% reported that the source was a take away dose (compared with 89% in 2004 and 77% in 2003). Three percent reported that it was a daily dose intended to be swallowed. Although only small numbers reported this practice, there are additional harms due to the methadone dose having been in someone's mouth, including the introduction of bacteria and the increased potential for infection.

One hundred and fifty-eight participants (17% of the national sample) commented on the price of a millilitre (1ml) of methadone. Of those that commented, the majority (88%) purchased it for $1 per ml of syrup.

Only small proportions (5%) were able to answer about the price or availability of illicit Physeptone® tablets. Ten mg tablets ranged from $5 to $20 (one reported paying $140) with twenty-eight participants reporting $10, sixteen reporting $15 and six participants reporting $5 per 10mg tablet.

8.1.1 Methadone injection

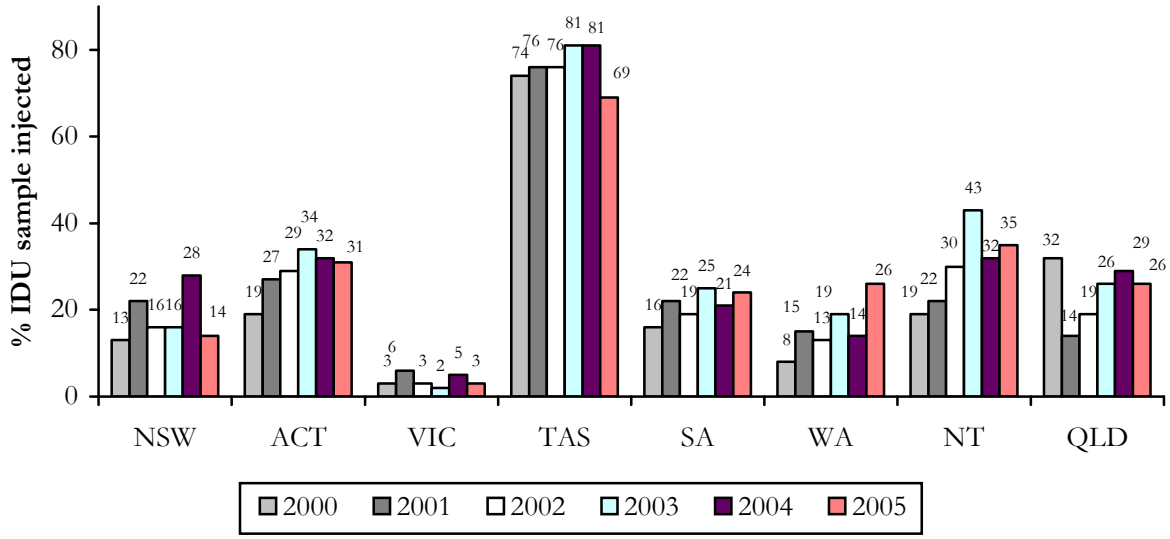
Half (52%) of the national sample reported recent use of methadone, and, of those that reported recent use, half (51%) reported recent injection. The proportions of the national sample who reported having injected methadone in the preceding six months continued to be lowest in VIC (3% in 2005, 5% in 2004 and 2% in 2003) and highest in TAS (69% in 2005, 81% in 2004 and 81% in 2003, Figure 50). While lower than previous years, the high rate of methadone injection reported in TAS, which is probably partly related to the difficulty in obtaining heroin in that jurisdiction, has consistently been reported. This is a cause for concern, given that the injection of methadone in either syrup or tablet form is associated with vascular damage and increased risk of overdose (Darke, Ross et al. 1996). The misuse of methadone is risky due to its unique pharmacological characteristics. It builds slowly to peak blood levels and has a long half-life, which leads to accumulation in the body that can result in toxic levels if not used and monitored appropriately.

IDU survey data suggests that there was significantly more recent methadone use in TAS (71% vs. 50%; OR 2.5; 95% CI 1.6, 3.9), ACT (66% vs. 50%, OR 2.0, 95% CI 1.4, 3.0) and NSW (64% vs. 49; OR 1.8, 95% CI 1.3, 2.6) samples than in other jurisdictions. VIC (34% vs. 55%), WA (40% vs. 53%) and QLD (43% vs. 53%) had fewer participants reporting the recent use of methadone.

NSW (51% vs. 26%; OR 2.9; 95% CI 2.1, 4.2), TAS (43% vs. 29%; OR 1.9; 95% CI 1.2, 2.8) and ACT (42% vs. 29%; OR 1.8; 95% CI 1.2, 2.6) had significantly more IDU participants who were currently in methadone treatment compared to the other jurisdictions. VIC (15% vs. 33%), WA (20% vs. 32%) and the NT (18% vs. 32%) had fewer participants in methadone treatment compared to the other jurisdictions.

Significantly higher proportions of IDU in TAS than in all other jurisdictions had injected methadone (syrup or tablets) in the preceding six months (69% vs. 21%; OR 8.2; 95% CI 5.2, 12.9) and more IDU in TAS nominated methadone as their drug of choice (7% in TAS compared to 2% or less in other jurisdictions). Higher proportions of participants in TAS reported methadone as the drug they had last injected (34% in TAS compared to 7% or less in other jurisdictions), and as the drug they had injected most often in the preceding month (34% in TAS compared to 6% or less in other jurisdictions, see Table 9 – Drug use patterns).

Figure 50: Proportion of IDU samples that reported injecting methadone in preceding six months, by jurisdiction, 2000-2005

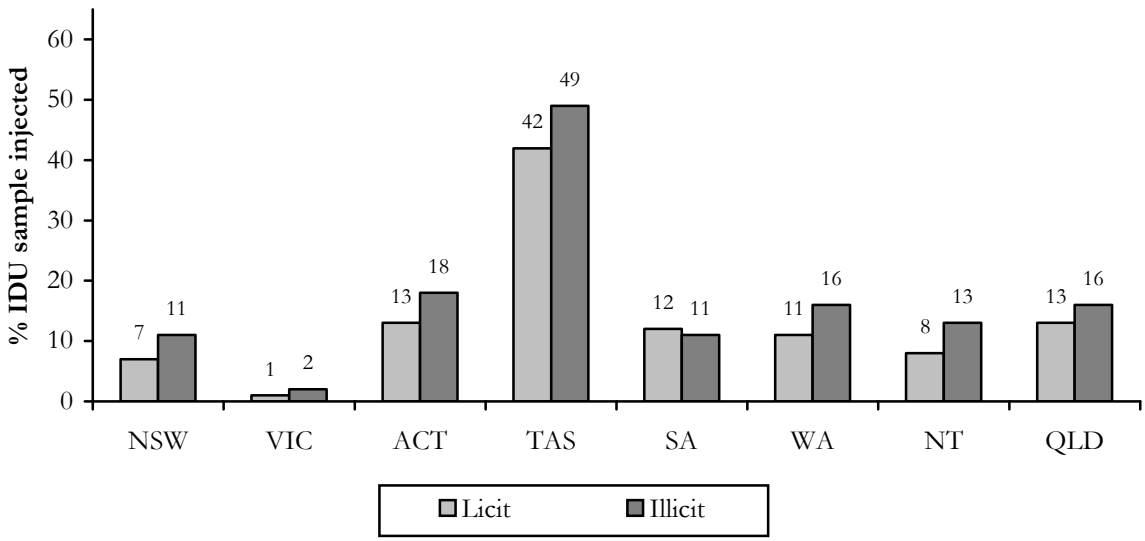


Source: IDRS IDU interviews * 2003 and 2004 includes licit and illicit methadone and Physeptone

In the NT, the other jurisdiction in which heroin is not widely used, the proportion of IDU that reported the recent injection of methadone gradually increased from 19% in 2000 to 43% in 2003, decreased to 32% in 2004 and remained fairly stable in 2005 (35%).

In 2005, data were collected on methods of administration and days used for both licit and illicit methadone syrup and licit and illicit Physeptone® tablets. SA was the only jurisdiction in which higher proportions of IDU reported the injection of licit methadone syrup, rather than illicitly obtained methadone; however, this was only a difference of 1% (Figure 51).

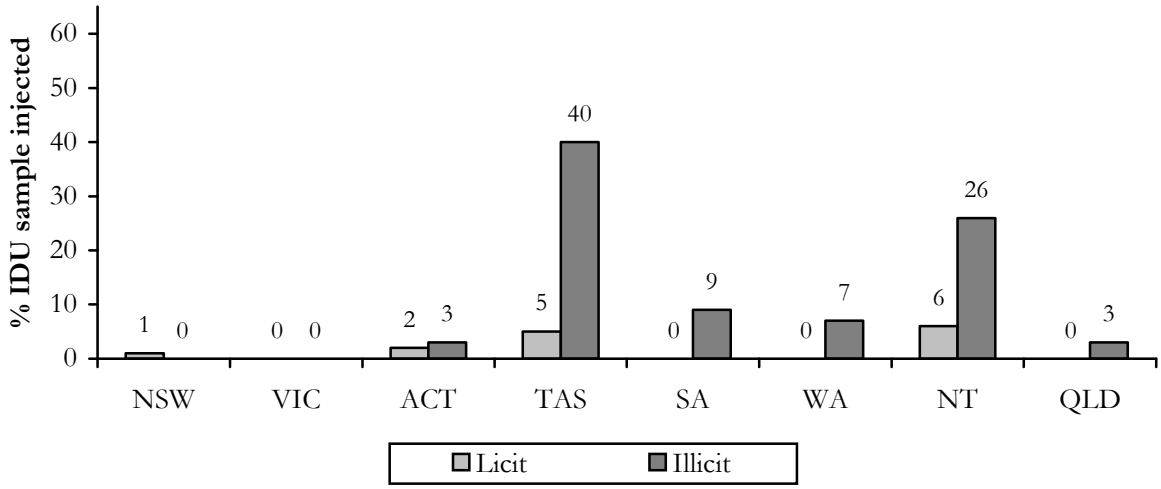
Figure 51: Proportion of IDU samples that reported injecting licit and illicit methadone syrup, by jurisdiction, 2005



Source: IDRS IDU interviews

Greater proportions in all jurisdictions (except NSW and VIC) reported injection of illicit Physeptone® (range from 40% in TAS to 0% in NSW and VIC), while 6% or less had injected licitly obtained Physeptone tablets (Figure 52).

Figure 52: Proportion of IDU samples that reported injecting licit and illicit Physeptone tablets, by jurisdiction, 2005



Source: IDRS IDU interviews

Among those that reported injecting recently, licit methadone was reported to be injected on a median of 26 days (48 days in 2004) and illicit methadone on a median of 9 days (Table 30). NSW reported an increase in the median number of days injected licit methadone syrup from 10 days in 2004 to 56 days in 2005. The NT reported a decrease in the median days injected from 96 days in 2004 to 24 days in 2005 (Table 30). The recent injection of illicit methadone increased in 2005 from 5 days in 2004 to 20 days in NSW and in SA from 3 days in 2004 to 12 days in 2005.

Licit Physeptone was injected on a median of 30 days (a decrease from 39 days in 2004), ranging from once to daily injection by three participants. Illicit Physeptone was injected on a median of 6.5 days, ranging from once to daily injection (four participants, Table 29). The NT reported the greatest increase in injecting licit Physeptone from 55 days in 2004 to 180 days in 2005 (however, only small numbers reported injecting).

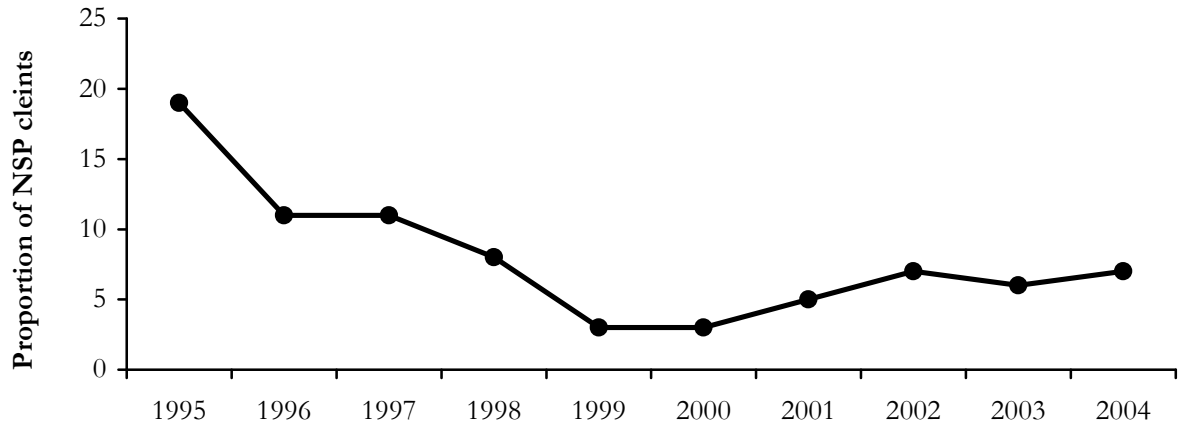
Table 30: Median days injected licit and illicit methadone and Physeptone, among those that injected, by jurisdiction, 2005

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licit methadone	26	56	22	3.5	54	81	24	24	24
Illicit methadone	9	20	2	5	12	12	8	9	2
Licit Physeptone	30	0	15.5*	0	12*	0	0	180*	0
Illicit Physeptone	6.5	1*	2*	0	10.5	3	5*	6.5	10*

Source: IDRS IDU interviews * only small numbers reported injecting

Despite the high rates of methadone injection in TAS and the NT, the Annual NSP Surveys have shown that, overall, methadone injection decreased markedly between 1995 and 2000 from 19% to 3% among clients of NSPs throughout Australia, with a slight increase since then (Figure 53) (National Centre in HIV Epidemiology and Clinical Research 2003; National Centre in HIV Epidemiology and Clinical Research 2004; National Centre in HIV Epidemiology and Clinical Research 2005). The decrease between 1995 to 2000 can be attributed mainly to decreases in the rates in NSW. The increase reported in the 2001 Annual NSP Survey was expected as there was an increase recorded by the IDRS in methadone injecting in NSW in 2001 (Topp, Kaye et al. 2002). There has also been a high concordance between the IDRS and the Annual NSP Surveys in the past (MacDonald, Robotin et al. 2001; MacDonald, Zhou et al. 2002; MacDonald, Zhou et al. 2003; National Centre in HIV Epidemiology and Clinical Research 2003; National Centre in HIV Epidemiology and Clinical Research 2004; National Centre in HIV Epidemiology and Clinical Research 2005). The TAS rates reported in the NSP survey have been consistently higher than the overall national figures, with 38% reporting methadone as the last drug injected in 2004, although it should be noted that the TAS sample size has been relatively small (n<30 in 2000 and 2001) with the largest sample surveyed in 2002 (n=151), 2003 (n=118) and in 2004 (n=107).

Figure 53: Methadone as last injection among clients of NSPs, Australia, 1995-2004

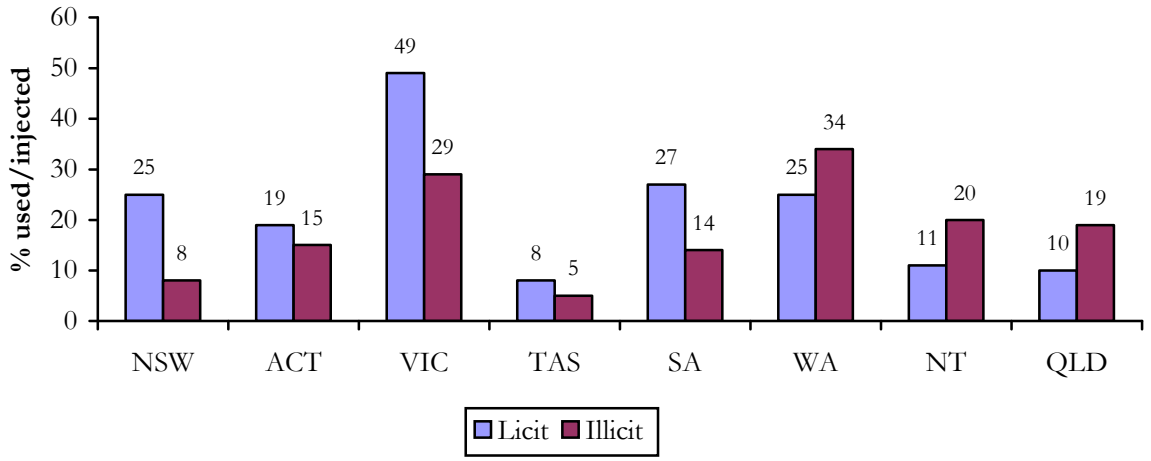


Source: Australian NSP Survey (NCHECR, 2005)

8.2 Use of illicit buprenorphine

Twenty-three percent of the national sample reported use of licit buprenorphine in the six months preceding interview. Eighteen percent reported use of illicit buprenorphine (see Table 11 – Drug use history). There is variation between jurisdictions in the proportion of IDU that reported recent use of buprenorphine, with the largest use of licit buprenorphine in VIC and illicit buprenorphine in WA (Figure 54).

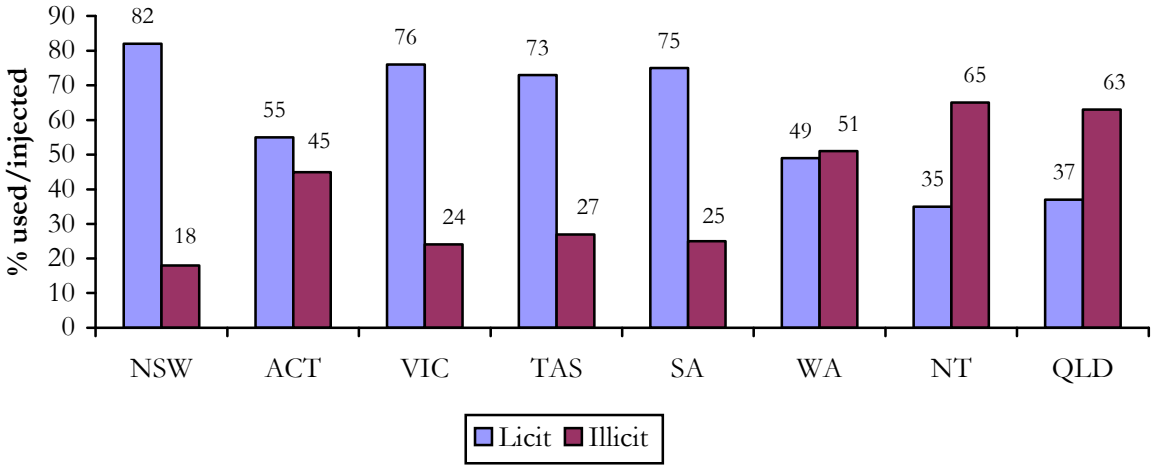
Figure 54: Proportion of IDU that reported recent use of licit and illicit buprenorphine, by jurisdiction, 2005



Source: IDRS IDU interviews

The majority (63%) reported licit buprenorphine as the form of buprenorphine they had used most recently, leaving over one-third who mostly used illicit buprenorphine. In QLD, the NT, and slightly in WA, illicit buprenorphine use was more commonly used than licitly obtained buprenorphine. The NT (65%) reported the greatest use of illicit buprenorphine and NSW (82%) reported the greatest use of licit buprenorphine as the form used most in the last six months (Figure 55).

Figure 55: Most used form of buprenorphine among those that reported recent buprenorphine use, by jurisdiction, 2005



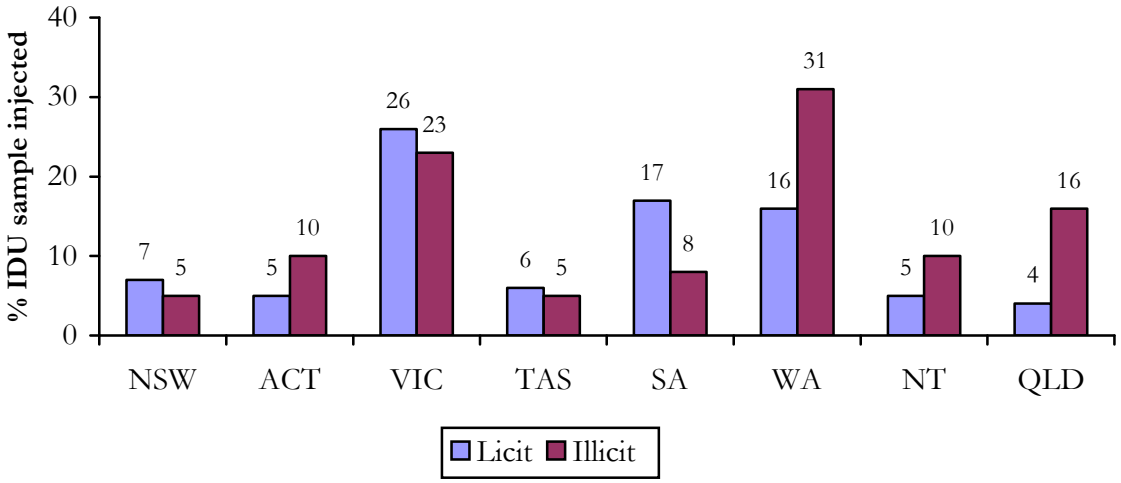
Source: IDRS IDU interviews

8.2.1 Buprenorphine injection

Eleven percent of the national sample reported recent injection of licit buprenorphine and 14% reported injection of illicit buprenorphine (see Table 11 – Drug use history). There was jurisdictional variation in the proportion of IDU that reported injection of licit and illicit buprenorphine, with substantial proportions in VIC injecting buprenorphine prescribed to

themselves (26%) or others (23%). WA also reported high levels of injecting illicit buprenorphine with 31% injecting in the last six months (Figure 56).

Figure 56: Proportion that reported recent injection of licit and illicit buprenorphine, 2005



Source: IDRS IDU interviews

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

Of those in the national sample that reported injecting licit buprenorphine, the median days on which they had injected was 24.5 days, ranging from having injected between 2 days (NSW) and 90 days (SA). One-third (32%) of those who reported injecting licit buprenorphine in the last six months reported injecting every second day to daily, and just under two-thirds had injected two days per week or less. Frequency of injection of licit buprenorphine was highest in SA and QLD (Table 31).

Among those who reported injecting illicit buprenorphine, the median days injected was five, ranging from two (NSW, ACT and SA) to ten days (VIC) in the last six months. Two-thirds of those who had injected illicit buprenorphine in the last six months reported injecting less than fortnightly. Although larger proportions reported injection of illicit buprenorphine, they were injecting less frequently than the smaller numbers that report injection of licitly obtained buprenorphine (Table 31).

Table 31: Median days injected licit and illicit buprenorphine, among those that injected, by jurisdiction, 2005

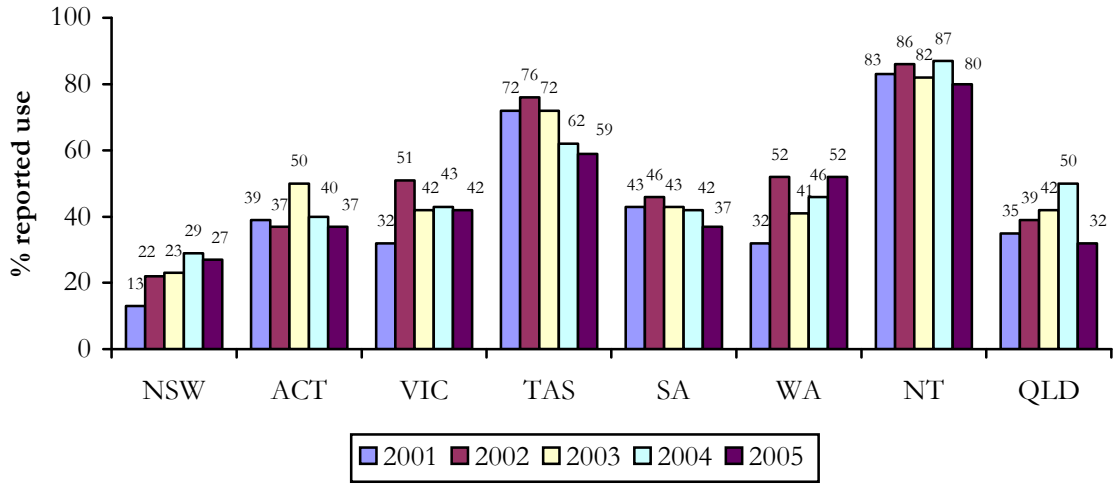
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licit buprenorphine	24.5	2	3*	26	8.5*	90	93	3*	64*
Illicit buprenorphine	5	2*	2	10	3*	2*	9	4	5

Source: IDRS IDU interviews * very small numbers n ≤ 10

8.3 Use of morphine

Forty-five percent of the national sample had used morphine in the last six months, ranging from 27% in NSW to 80% in the NT (Figure 57). Consistent with reports in previous years of the IDRS, the use of morphine was highest in the NT (80%) and TAS (59%), jurisdictions where heroin has traditionally not been freely available and where methadone and morphine have dominated the markets. In 2005, recent morphine use remained fairly stable in all jurisdictions except QLD where it decreased (50% in 2004 to 32% in 2005) and in the NT (87% in 2004 to 80% in 2005) (Figure 57).

Figure 57: Proportion of IDU that reported recent use of morphine, by jurisdiction, 2001-2005



Source: IDRS IDU interviews

As in previous years of the IDRS, in the NT the largest proportion of IDU reported that heroin was the preferred drug of choice (34%), but morphine was reported to be the last drug injected by 59% of IDU and the drug most often injected in the last month (60%, see Table 9 – Drug use patterns).

Relative to other jurisdictions, there was a significantly higher proportion reporting recent morphine use in the NT (80% vs. 40%; OR 6.2; 95% CI 3.8, 10.1) and TAS (59% vs. 43%; OR 1.9; 95% CI 1.3, 2.9). NSW (29% vs. 53%) and QLD (32% vs. 46%) reported less recent morphine use than the other jurisdictions. Forty-one percent of the national sample reported injecting morphine recently, ranging from 79% in the NT to 24% in NSW (Table 32).

The frequency of recent morphine use and injection among IDU in the NT (including WA) was also higher than in other jurisdictions (Table 33). In 2005 WA reported the greatest jump in the frequency of morphine use and injecting, increasing from 8 days to 43.5 days and from 6 days to 51 days respectively.

Table 32: Proportion of IDU that reported recent injection of morphine, by jurisdiction, 2001-2005

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	40	12	33	31	72	34	32	84	31
2002	46	18	34	47	73	44	49	85	32
2003	40	20	49	39	69	42	40	80	40
2004	46	24	40	41	60	40	43	86	45
2005	41	24	30	39	55	34	48	79	28

Source: IDRS IDU interviews

Table 33: Median days used and injected morphine, among those used/injected, by jurisdiction, 2005

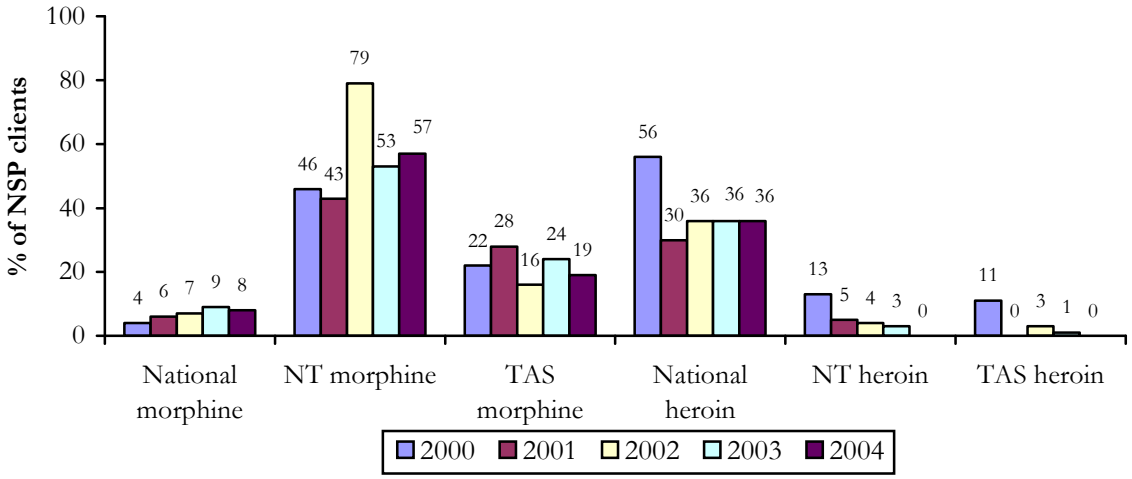
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used	12	4	5	5	12	8	43.5	140	10
Injected	12	4	5	5	12	6	51	120	10

Source: IDRS IDU interviews

The majority of participants who reported that they had used morphine stated that they had mainly used illicit morphine, ranging from 67% in the NT to 95% in TAS. Therefore, the majority of the morphine being used by this population appears to have been diverted rather than licitly obtained. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

A higher prevalence of morphine injection among IDU in the NT and TAS compared to those in other jurisdictions has also been documented by the Annual NSP Surveys (National Centre in HIV Epidemiology and Clinical Research 2003; National Centre in HIV Epidemiology and Clinical Research 2004; National Centre in HIV Epidemiology and Clinical Research 2005). The proportion of NSP clients surveyed that report morphine and heroin as the last drug injected in 2000 to 2004 (the most recent NSP Survey results available) are depicted in Figure 58. The figure shows that in the NT and TAS morphine was more commonly reported as the last drug injected compared to heroin.

Figure 58: Proportion of NSP clients in the NT, TAS and the national sample that reported heroin and morphine as the last drug injected in the Australia NSP Survey, 2000-2004



Source: Australian NSP survey (NCHECR, 2005)

8.4 Use of oxycodone and other opioids

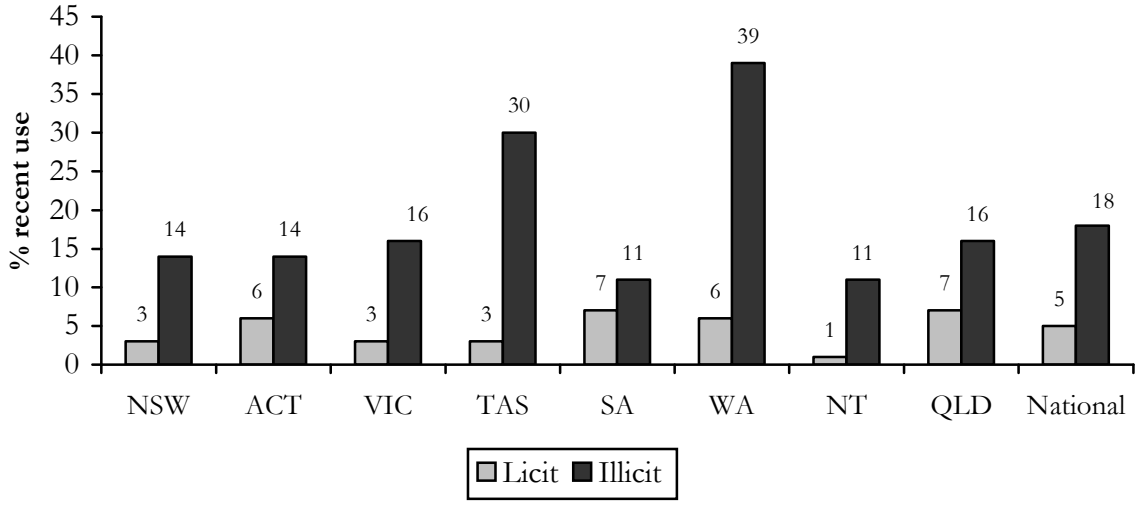
In 2005 a distinction was made between licit and illicit oxycodone (e.g. OxyContin, Endone) and other opioids, due to concerns that illicit use of, and problems associated with, diversion of oxycodone may be increasing. In previous years, oxycodone was included under 'other opioids'. Any discrepancies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

8.4.1 Oxycodone

For the first time in 2005 participants were asked about the use of oxycodone. Nationally, 11% of the sample had ever used licit oxycodone, 5% reporting recent licit oxycodone use. Thirty-five percent of the national sample had ever used illicit oxycodone, with 18% reporting such use in the last six months. WA (39%) followed by TAS (30%) reported the highest level of recent illicit oxycodone use. The use of licit oxycodone was no higher than 7% in all jurisdictions (Figure 59).

Of those who reported recent oxycodone use (n=191), the majority (87%) reported using illicit oxycodone, ranging from 65% in the ACT to 92% in the NT. The median frequency of use among those that had used illicit oxycodone was 3 days and for licit oxycodone 10 days. WA reported the highest number of median days used for both licit (10 days) and illicit (120 days) oxycodone.

Figure 59: Proportion of IDU that reported recent use of licit and illicit oxycodone, by jurisdiction, 2005

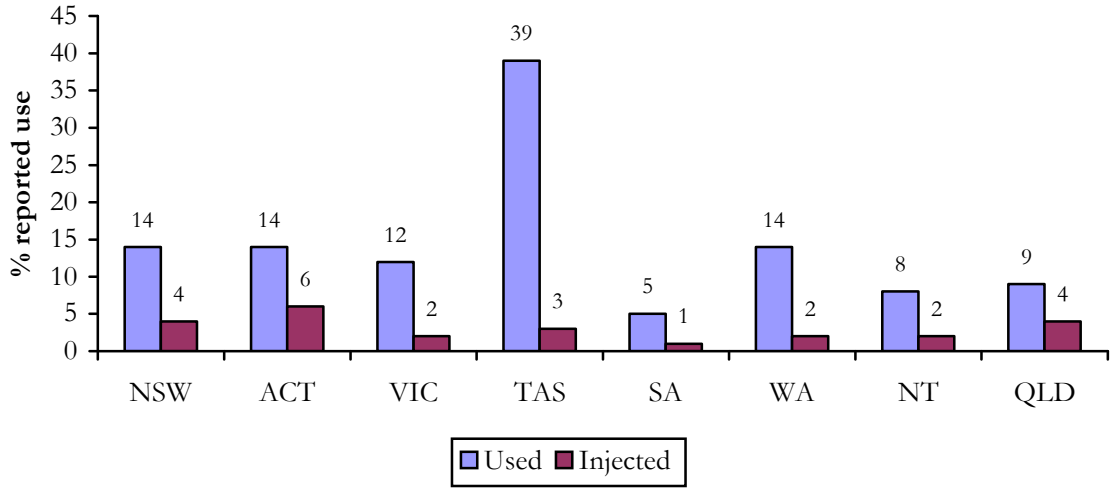


Source: IDRS IDU interviews

8.4.2 Other opioids

From 2001, IDU were asked about 'other opioids' separately from morphine, and from 2005 oxycodone was excluded from this category. Other opioids included codeine preparations, opium and pethidine. Fourteen percent (22% in 2004) of the national sample reported recent use of other opioids, with 12% reporting that they had swallowed them and 3% injecting them in the last six months. TAS (39%) reported the highest recent use of other opioids. The ACT reported the highest level of injecting (6%, Figure 60).

Figure 60: Proportion of IDU that reported recent use and injection of other opioids, by jurisdiction, 2005



Source: IDRS IDU interviews

Six percent of the national sample had used other licit opioids and 8% had used other opioids that were obtained illicitly. Of those that used other opioids, nearly half (46%) reported they had mostly used licit and 54% mostly used illicit.

Recent use of other opioids obtained illicitly was highest in TAS (28%) and lowest in the NT (2%). Again, most of those who had used illicitly obtained 'other opioids' reported that these were the main form they had used except in VIC, QLD and the NT. This suggests that there may be small numbers of IDU who obtain these drugs illicitly as their main source of an opioid drug, rather than there being a considerable number of IDU illicitly obtaining opioids.

It should be noted that, due to the introduction of questions relating to oxycodone, the figures for 'other opioids' will differ from previous years. The most commonly used 'other opioids' reported in 2005 were Panadeine Forte® (25%), opium (21%), codeine (15%) and Tramal® (12%).

8.4.3 Homebake

Homebake is a form of heroin made from pharmaceutical products. It involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remains uncommon among the national IDU sample of the IDRS. In 2005, a quarter of the sample reporting using homebake at some stage in their lives, and 24% reported even injecting it (see Table 11 – Drug use history). Seven percent of the national sample reported use in the last six months on a median of six days and 7% reported injecting homebake recently.

8.5 Jurisdictional trends for opioids

8.5.1 NSW

Seventeen percent of IDU reported using illicit methadone in the six months preceding interview on a median of four days. Eleven percent of IDU reported injecting illicit methadone syrup in the preceding six months on a median of twenty days (i.e. less than weekly injection), although the modal response was one day during this period. Eleven percent of IDU reported illicit methadone syrup as the form most often used in the preceding six months (rather than licit methadone syrup, illicit or licit physeptone), representing a decrease from 21% in 2004.

Just under one-fifth (19%) of participants reported buying illicit methadone in the past six months (25% in 2004), primarily from street dealers and friends. Of those who purchased illicit methadone, 90% reported that the source was a take away dose, while the remainder did not know.

Three percent of IDU reported using illicit Physeptone® tablets in the preceding six months.

Eight percent of IDU reported the use of illicit buprenorphine in the preceding six months on a median of two days. Five percent reported injecting illicit buprenorphine on a median of two days. One participant reported mainly using illicit (rather than licit, or equal use of both forms) buprenorphine in the past six months.

Twenty-seven percent of IDU reported using morphine in the preceding six months on a median of four days (comparable to 29% who used on a median of five days in 2004). A large majority (81% compared to 78% in 2004) of recent morphine users reported that they had predominantly used illicit morphine (as opposed to licit morphine or equal use of both forms) during this period. Twenty-four percent of IDU reported injecting morphine on a median of four days. MS Contin was the most common brand of morphine used. Overall this represents little change in morphine use as compared to 2004, with the exception of a slight increase in the street price for 100mg MS Contin from $20 in 2004 to $25 in 2005. A key expert in central Sydney had observed an increase in morphine use and injection.

Sixteen percent of participants reported use of oxycodone in the six months preceding interview and 11% of the sample reported injecting it in this time. Frequency of use was low at a median of one day. Seventy percent of those who had used oxycodone reported that they had usually obtained it through illicit sources.

Fourteen percent of IDU reported using other opioids not elsewhere specified, such as Panadeine Forte®, pethidine and codeine the preceding six months on a median of 8 days. Four percent reported injecting other opioids in the six months preceding interview on a median of ten days. Panadeine Forte continued to be the main form used and approximately half (47%) of those reporting other opioid use had obtained them illicitly.

8.5.2 The ACT

Almost two-thirds (62%) of the IDU sample reported ever having tried illicitly obtained methadone and approximately one-third (30%) reported the use of illicit methadone in the six months preceding the interview. Among those who had recently used illicit methadone in the ACT, the frequency of illicit methadone use was low with a median of two days of use in the previous six months. Injecting (18%) followed by swallowing (16%) were the most common routes of illicit methadone administration among the IDU sample in the ACT in 2005.

There was an increase in the proportion of IDU reporting that they had ever used illicit buprenorphine, from 9% in 2004 to 23% in 2005. There was also a corresponding increase in the proportion of IDU who had used illicit buprenorphine in the six months prior to the interview, from 5% in 2004 to 15% in 2005. The majority of IDU used illicit buprenorphine infrequently with a median of two days of use in the six months prior to the interview. Among those IDU who had recently used illicitly obtained buprenorphine, injection (10%) followed by swallowing (6%) were the most common routes of administration.

Over three-quarters of the IDU sample (79%) reported having ever tried morphine and approximately one-third (37%) reported the recent use of morphine. The majority of recent morphine users, used morphine infrequently in the six months preceding the interview, with a median of 5 days of use during this period. Among those who had recently used morphine, the main form of administration was injection, with 30% of the IDU sample reporting recent morphine injection. The majority of recent morphine users, used illicitly obtained morphine.

The use of 'other opioids' such as codeine by IDU in the ACT remained relatively stable from 2004 to 2005. Over one-third (41%) of the IDU sample reported the lifetime use of 'other opioids' and fourteen percent reported the recent use 'other opioids'. IDU used 'other opioids' infrequently with a median of five days of use in the six months preceding the interview. Swallowing, followed by injecting were the most common modes of 'other opioid' administration.

8.5.3 VIC

Reported methadone use and injection remained relatively stable in VIC in 2005. Thirty-four percent (n=51) of the sample reported use of methadone in the six months prior to interview, with few respondents (3%, n=4) reporting injection of methadone during that time. In the six months prior to interview, licit methadone syrup was reported to have been used by 27% of the sample, and illicit methadone syrup by 10%.

In 2005, most (85%, n=128) IDRS participants reported lifetime use of buprenorphine (licit or illicit), and 63% (n=94) reported using this drug in the last six months. Of the sample of 150

respondents, 79% had swallowed buprenorphine ever and 53% had done so recently (in the last 6 months). Close to two-thirds (63%) of the respondents also reported injecting buprenorphine in their lifetime, and 39% reported doing so in the last six months. The median numbers of days of buprenorphine use in the last six months was 90 days (or every two days).

Consolidating the trend identified in both the 2003 and 2004 IDRS reports, many key experts reported that the balance between enrolment in methadone and buprenorphine programs was becoming relatively equal, though several services continued to report an increase in requests for buprenorphine, with one KE commenting that most new clients to their service requested it.

Over three-quarters (78%) of the IDU surveyed reported lifetime use of morphine, and 42% reported using it in the last six months. The preferred method of use of morphine amongst the 2005 IDRS sample was injecting, with 75% reporting lifetime injection and 39% reporting injecting it in the last six months. Reported prevalence of use and injection of morphine in the last six months has remained stable for the past three years. The types of morphine most commonly used by IDRS respondents were MS Contin (55%), and Kapanol (27%). Frequency of morphine use in the last six months has remained low and stable since 2003, with a median of 5 days or around 'once a month' reported (6 days in 2004, 7 days in 2003). As reported in the 2004 IDRS study, key experts noted that morphine use is generally sporadic and opportunistic, rather than habitual.

Twelve percent of the IDU interviewed (n=18) reported the use of other opiates in the preceding six months (27% in 2004). The main type of other opiate used by these respondents was Panadeine Forte (91%), with some reporting Tramal (9%) as the main form they use. Over half (56%, n=9) of the respondents mostly used licit opiates in the last six months, and, as reported in past years, overall frequency of use of other opiates during the last six months was low, with a median of 4 days reported (or less than once a month).

8.5.4 TAS

Morphine was reported to cost $70 per 100mg, or $50 per 60mg, consistent with prices identified in the 2004 survey, and considered by respondents as being stable in recent months. Morphine was considered 'easy' to 'very easy' to obtain by consumers, and reported as remaining stable or increasing in availability in recent months. Over half the sample (59%) had used morphine in recent months, with all but four injecting the drug in this time. MS Contin remains the predominant preparation used by this group, used by 53% of the sample as a whole, and was the form used predominantly by three-quarters of those reporting recent morphine use, with Kapanol the next commonest preparation (used by one-third of the sample), and smaller proportions reporting using Anamorph® or MS Mono® in the preceding six months. The median frequency of use of morphine amongst local IDRS IDU cohorts, and in recent years the proportion of consumers reporting recent use, has steadily declined over time: falling from 77% of the 2000 IDRS sample using at a median frequency of 52 of the last 180 days to 58% of the 2005 sample using at a median frequency of 11 days in the preceding six months. Similar trends are also apparent in data from the state's Needle Availability Program. There are continuing reports, both from consumers and key experts, that morphine is being increasingly rejected by users in favour of methamphetamine and other pharmaceutical opioids.

Diverted methadone syrup was reported to cost a median of approximately $0.80 per milligram in 2005, a price lower than that to the 2004 participants ($1 per mg) but considered as stable in recent months by the consumers. A steadily declining proportion of consumers have found the drug easily accessed in recent years (82% in 2003, 74% in 2004 and 56% in 2005), with consumers reporting stable or decreasing availability of this drug in the preceding six months.

Both IDU consumers and key experts note that the drug is generally only available where there is a standing arrangement with a person on the program, and is almost uniformly reported as being obtained from friends (82%). Moreover, the majority of the use of diverted methadone syrup comes from individuals themselves receiving methadone maintenance, with key experts noting clients purchasing small amounts of the drug to avoid physical withdrawal if they had precipitously used their take away doses, or traded it due to, or to avoid, 'standover' threats and aggression from others. However, there have been increasing reports of consumers injecting combinations of alprazolam and methadone syrup in the past three IDRS studies, a practice that carries an increased risk of overdose, injection-related harms, and adverse social or legal consequences because of the particular disinhibitive effects of this combination, which both consumers and key experts noted as concerns in regard to this trend.

Diverted Physeptone tablets of methadone were regarded as costing a mode of $10 per 10mg (as has been reported in the past five years of the IDRS), with prices regarded by consumers considered stable or increasing in recent months. Physeptone was regarded as difficult to access, with the level of availability remaining stable or declining somewhat in the preceding six months. Consistent with this, the proportion of the consumer sample reporting recent Physeptone use has continued to decline in local IDRS studies, falling from 64% in 2003, to 52% in 2004 and 41% in 2005.

Oxycodone use among local IDU samples appears to have risen in recent years, with one-third of the current cohort reporting use of the drug, predominantly Oxycontin® tablets, in the preceding six months. Despite their higher relative potency than morphine tablets, these drugs are sold locally at lower comparative prices ($0.50 per milligram for 40mg and 80mg oxycodone tablets), with consumers reporting stable prices in recent months. While the drug remains predominantly 'difficult' for consumers to access currently (a situation regarded as stable by IDU), there are indications that oxycodone use may expand within the local market, which, given the high relative potency of oxycodone and its possible synergistic effects with other opiates, is an issue that merits continued careful monitoring.

It is important to note also that the opioids used by this group are not coming from direct doctor-shopping by IDU, as the vast majority report obtaining them 'illicitly', i.e. not on a prescription in their name. Similarly, thefts from doctors' surgeries or pharmacies remain extremely low.

8.5.5 SA

As in recent years, in 2005 the use of other opioid substances by IDU was common, with 83% reporting recent use of some type of opioid substance, excluding heroin. There were some changes, however, in the use of other opioids by IDU in the 2005 sample. Specifically, although the proportion of IDU reporting recent use of morphine remained relatively stable, there was a continued decrease in the frequency of use of morphine, for the second year in a row. The price and availability of morphine was unchanged compared to 2004. As in previous years, the majority of morphine users reported use by injecting, and mainly used illicit supplies of Kapanol and MS Contin.

In addition, in 2005 there was an increase in the proportion of IDU that reported recent use of illicit methadone syrup, while the proportion reporting use of illicit buprenorphine remained stable. However, frequency of illicit use of both pharmacotherapy medications remained stable and low in 2005. The percentage of IDU reporting injecting of either licit or illicit methadone or buprenorphine remained stable compared to 2004, at approximately a quarter of recent users of these substances. While there was no change in the proportion of IDU reporting mainly using an

illicit supply of buprenorphine (25%), there was a small increase in the proportion of IDU reporting mainly using an illicit supply of methadone (38%). It is worth noting; however, that the majority still report mainly licit use of these substances.

For the first time in 2005, IDU were asked about use of oxycodone specifically, and 11% of the SA sample reported illicit use of oxycodone at very low frequency (median one day in six months).

KE reports of opioid use were primarily within the context of heroin-using IDU, and supported the perception that users were continuing to use other opioids to substitute or supplement their heroin use.

8.5.6 WA

Use of illicit opioids other than heroin has substantially increased in recent years. In 2005 this class of drugs was that most commonly injected in the month prior to interview by 27% of the IDU sample. Further, amongst IDU whose drug of choice was heroin, other opioids were the drug most injected by 21%. Some 61% of the entire IDU sample reported the recent injection of some form of opioids other than heroin.

Prime amongst these other opiates was morphine, recently consumed by 52% of the IDU sample. Other substances included use of oxycodone by 39%, buprenorphine by 34%, homebake heroin by 34%, methadone by 24% and Physeptone by 8%. Use of miscellaneous other opiates (primarily codeine-based preparations) was reported by 14% of the sample.

Amongst the illicit opioids other than heroin, morphine was the highest in terms of days used with a mean of 63 days in the last six months and ten IDU reporting morphine use on a daily basis. As in previous years, the most common purchase of morphine was 100mg tablets of MS Contin for a mean price of $50. The most common view of the availability of illicit morphine was that it was 'easy' to obtain. With regards to illicit methadone, of the sixteen IDU responding, half reported access to be 'very easy'. Prices per mg/ml of methadone varied from 25 cents up to a dollar with a dollar per mg/ml being the most commonly mentioned price.

8.5.7 The NT

Diverted MS Contin continues to be the primary injected opiate in Darwin, evidenced by the consistent proportion of IDU samples over the last five years reporting its recent use and by similarly consistent key expert reports. The use of licit morphine, i.e. morphine prescribed in the user's name, appears to have remained reasonably consistent in the last three years. However, illicit morphine has fluctuated since 2003 and is currently 10% lower than 2004.

The median price of the most common dose of morphine in use, MS Contin 100mg, remains unchanged from 2003 and 2004 at $60, and 100mg tablets of Kapanol has increased by $10 to $60.

IDU participants continue to report that morphine is 'easily' and readily available for illicit use, with that availability being 'stable' over time. However, almost one-quarter said this had become more difficult in the prior six months. Friends remain the main source to score morphine.

In 2004 one KE suggested that local prescribing may no longer be the primary source of illicit morphine, although at the time there was no corroboration of this view. This year one KE who commented on morphine advised that there was less opportunity because fewer doctors were

prescribing morphine; however, it was noted that there were better organised criminal types who brought morphine in from southern states.

The changes in methadone use since 2003 include an increase in recent use of illicit methadone syrup, a decrease in the recent use of licit Physeptone and fluctuation in the recent use of illicit Physeptone over the last three years. The median number of days on which IDU report using illicit methadone and Physeptone remain low and slightly fluctuating.

The price of methadone has decreased from $1 per ml in 2004 to $0.65 per ml in 2005. The price of 10mg of Kapanol has also increased by $5.

While the proportion of the IDU reporting recent licit buprenorphine use fluctuated somewhat, recent illicit use has increased over the last three years. However, frequency of illicit use remains low.

Overall use of other opiates in the IDU sample had declined from 2002 to 2005 but the frequency of use remains stable.

8.5.8 QLD

Use of opioids other than heroin was commonly reported by IDU participants, with 62% of the sample reporting use of at least one opioid other than heroin in the last six months. Use of other opioids among IDU rose significantly in the context of the heroin shortage in 2001, and has continued to be a feature of injecting drug markets in QLD since this time.

Licit (26%) and illicit (21%) methadone were used by more than one in five participants - a slight decrease compared with 2004 (licit methadone 28%, illicit methadone 26%). IDU reported that the price for methadone remained stable (44%) and the majority of respondents stated that methadone was easy (52%) or very easy (13%) to obtain. Availability of methadone was stable in 2005, continuing the trend seen in previous years.

The proportion of IDU reporting recent use (20%) and injection (17%) of buprenorphine was similar to that reported in 2004 (19% and 16% respectively). Among those who had used buprenorphine recently in 2005, two-thirds (63% vs. 44% in 2004) reported that they had mostly used 'illicit' buprenorphine (i.e., buprenorphine not prescribed to them).

Use of morphine among IDU increased consistently from the heroin shortage in 2001, until 2004; however, in 2005 the proportion of IDU reporting recent morphine use dropped, from 50% in 2004 to 32% in 2005. Compared with 2004, there was an increase in the median price of morphine-$20 to $25 for MS Contin 60mg, $40 to $50 for MS Contin 100mg, and $40 to $50 for Kapanol 100mg. However, most IDU respondents (64%) reported that the price of morphine had remained stable in the preceding six months. Availability of morphine was perceived as easy or very easy by 82% of respondents, with availability remaining stable.

IDU in 2005 also reported on the use and injection of illicit oxycodone. Sixteen percent of IDU reported recent use of illicit oxycodone, and 14% reported recent injection. The most popular brand among IDU was Oxycontin, which was the main brand used by 84% of those who had used recently.

8.6 Summary of opioids

- Twenty-four percent of the national sample reported the use of illicit methadone syrup in the six months preceding interview and 12% of the national sample reported recent use of illicit Physeptone.
- One-third reported that it was 'easy' to obtain methadone and this remained stable in the six months preceding interview.
- Of those that bought illicit methadone syrup, the majority reported that the source was a take away dose.
- Methadone was most commonly purchased for $1 per ml of syrup.
- Half of the national sample reported recent injection of methadone, half reporting recent injection. TAS reported the highest rate of recent methadone injection. Illicit methadone was injected on a median of 9 days compared to 26 days for licit methadone.
- Illicit Physeptone was injected on a median of 6.5 days and licit Physeptone on a median of 30 days.
- Twenty-three percent of the national sample reported use of licit buprenorphine in the six months preceding interview and eighteen percent reported use of illicit buprenorphine.
- Eleven percent of the national sample reported recent injection of licit buprenorphine on a median of 24.5 days and 14% reported injection of illicit buprenorphine on a median of five days.
- Thirty percent or more of IDU in all jurisdictions but NSW (24%) and QLD (28%) had recently injected morphine.
- The use of morphine was highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available and methadone and morphine have dominated the markets.
- Five percent of the national sample reported the recent use of licit oxycodone and 18% reported the recent use of illicit oxycodone.
- Fourteen percent of the national sample reported recent use of other opioids, with 12% reporting that they had swallowed them and 3% injecting them.
- Six percent of the national sample had used other licit opioids and 8% had used other opioids that were obtained illicitly.
- The most commonly used 'other opioids' reported were Panadeine Forte, opium, codeine and Tramal.

9.0 OTHER DRUGS

9.1 Ecstasy and related drugs

Twenty-six percent of the national IDU had used ecstasy in the six months preceding interview on a median of three days (see Table 11 – Drug use history). The IDRS is not designed to monitor trends in ecstasy and related drug use as the frequency and prevalence of use among IDU is low.

The use of ecstasy and related drugs was monitored as part of a trial to determine the feasibility of monitoring ecstasy and related drugs using a similar methodology to the IDRS. In 2000-2001 ecstasy and related drugs were monitored in SA, QLD, NSW and in SA and NSW in 2002. Findings are reported elsewhere (Longo, Humeniuk et al. 2002; Rose and Najman 2002; Topp, Breen et al. 2002; Breen, Degenhardt et al. 2003; White, Breen et al. 2003; White, Breen et al. 2004). Since 2003, the PDI has monitored ecstasy and related drug markets in every state and territory of Australia (Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005). Detailed reports with the results are available as NDARC technical reports.

9.2 Hallucinogens

While fairly large proportions of IDU participants reported having used hallucinogens at some stage in their lifetimes (e.g. 72% of participants in 2005), recent use remained fairly low, with only 9% of participants reporting use in the six months preceding interview (see Table 11 – Drug use history). Frequency of use was also low, with those who had used reporting doing so on a median frequency of two days during the last six months. The main type of hallucinogen used in the last six months was LSD (80% of hallucinogen users, or 7% of the entire sample), followed by magic mushrooms (20% of users, representing 2% of the entire sample). Sixteen percent of the sample had injected hallucinogens ever, and 1% had injected them in the last six months.

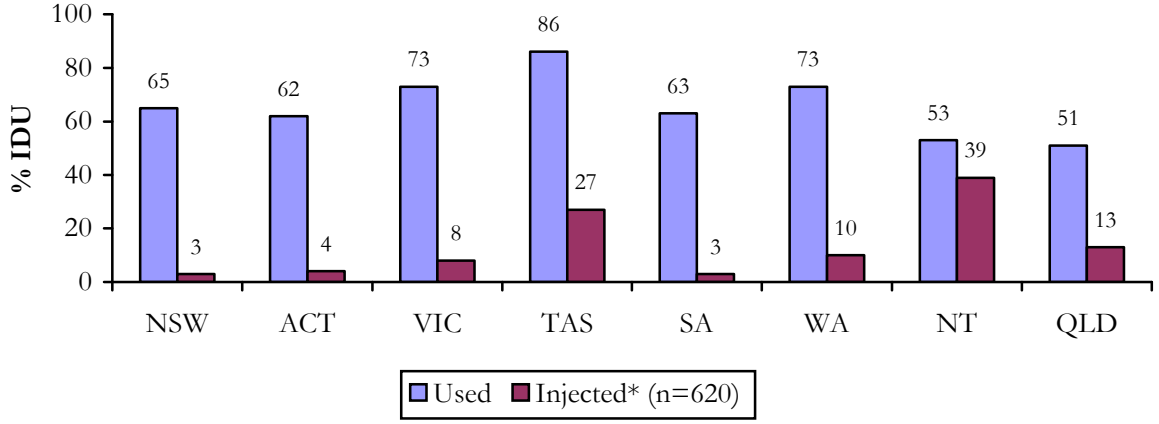
9.3 Benzodiazepines

Benzodiazepine use is common among IDU and the misuse of benzodiazepines is well documented (Iguchi, Handelsman et al. 1993; Darke 1994; Strang 1994; Dupont 1998; Fry and Bruno 2002; Breen, Degenhardt et al. 2004). As in previous years of the IDRS, two-thirds (66%) of the national sample had recently used benzodiazepines on a median of 30 days in the six months preceding interview (see Table 11- Drug use history).

Sixty-five percent reported swallowing benzodiazepines and 8% (14% in 2004) reported injecting them in the six months preceding interview. IDU that reported injecting benzodiazepines had done so on a median of five days (see Table 11 – Drug use history), ranging from once to daily injection.

In 2005, TAS (86%) had the highest proportion of IDU who reported benzodiazepine use in the preceding six months, with variation reported between jurisdictions, ranging from 51% in QLD to 86% in TAS. Rates of recent injection among those who had recently used benzodiazepines also varied widely and was lowest in NSW and SA (each 3%) and highest in TAS (27%) and the NT (39%, Figure 61). The majority (86%) of those that reported injecting benzodiazepines recently had also used them orally.

Figure 61: Proportion of IDU that reported recent use and injection* of benzodiazepines, by jurisdiction, 2005



Source: IDRS IDU interviews
* among those who reported recent use (n=620)

Health professionals are particularly concerned about the injection of benzodiazepines, as it is associated with high levels of injection-related health problems including significant scarring, bruising of injection sites and difficulty injecting (indicative of vascular damage). Continued benzodiazepine injection can also lead to more serious health issues including gangrene and sometimes amputation.

Due to increasing concern over adverse health effects associated with the injection of temazepam capsules in particular, the 10mg capsule formulation (Euhypnos, Nocturne, Normison, & Temaze) required an Authority prescription (i.e. prior approval from the Health Insurance Commission) from May 1st 2002. Temazepam 10mg tablets remained an unrestricted PBS benefit and temazepam 20mg capsules remained available without authority as a non-PBS item (i.e. they could still be prescribed by any doctor and purchased without subsidy). The impact of this restriction was assessed by the 2002 IDRS in NSW, NT, QLD, TAS and VIC (Breen, Degenhardt et al. 2003; Breen, Degenhardt et al. 2004). In response to continued concerns, gel caps were subsequently removed completely from the pharmaceutical market at the end of March 2004.

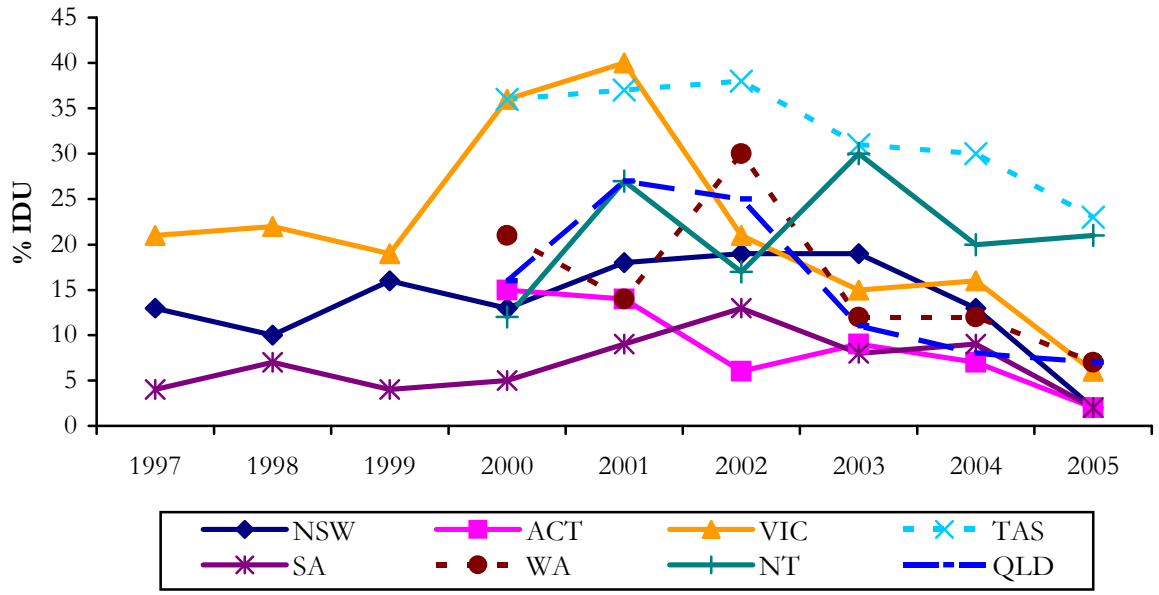
In 2005, there was a reduction in the number of IDU reporting the recent injection of benzodiazepines in all jurisdictions except the NT. NSW reported the greatest drop, from 13% in 2004 to 2% in 2005. It should be noted that there were substantial decreases in VIC since 2001, which had the highest proportion injecting in 2001 (40%) to 6% in 2005. Public health measures (the Temazepam Injection Prevention Initiative) were implemented in Victoria in October 2001, targeting doctors, pharmacists, health workers and IDU regarding the harms associated with injection of benzodiazepines. The restriction in prescription and subsequent removal of gel cap preparations has also contributed to this decrease. However, the injection of benzodiazepines is still an issue of concern, particularly in the NT and TAS, where 21% and 23% respectively of the national sample had recently injected benzodiazepines (Table 34 and Figure 62).

Table 34: Proportion of IDU sample that reported recent injection of benzodiazepines, by jurisdiction, 2000-2005

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	**21**	13	15	36	36	5	21	12	16
2001	**24**	18	14	40	37	9	14	27	27
2002	**21**	19	6	21	38	13	30	17	25
2003	**17**	20	9	15	31	8	12	30	11
2004	**14**	13	7	16	30	9	12	20	8
2005	**8**	2	2	6	23	2	7	21	7

Source: IDRS IDU interviews

Figure 62: Proportion of IDU that reported recent injection of benzodiazepines, by jurisdiction, 1997-2005



Source: IDRS IDU interviews

Forty-three percent of the national sample reported having used licit benzodiazepines and 40% had used illicit benzodiazepines in the six months preceding interview. Between one-quarter and two-thirds of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months, ranging from 28% in SA to 66% in TAS. In all jurisdictions except NT, the majority of IDU reported licit benzodiazepine use as the main form they had used in the preceding six months. Many of those who obtain benzodiazepines illicitly; however, also obtain them licitly. Rates of recent use of licit benzodiazepines were high in all jurisdictions, ranging from 27% in NT to 55% in TAS (see Table 12 – Forms most used).

Nationally, more than half (59%) reported that licit benzodiazepines were the form they had most used in the preceding six months; however, illicit benzodiazepines were the form most used by over half of the NT (51%) sample (see Table 12 - Forms most used).

IDU that had used benzodiazepines were asked the main brand that they had used. Data presented in Table 35 suggest that, although temazepam capsules have been restricted, it appears that there is still a very small number of IDU who prefer this type of benzodiazepine to inject. Of those that only reported oral use of benzodiazepines, the majority (66%) reported diazepam (Valium®, Antenex® etc) as the main type of benzodiazepine used and only 4% reported temazepam. In 2004 temazepam was used by 28% of those who had injected in the last six months; however, this reduced to 4% in 2005 and the used, of diazepam and alprazolam increased compared to 2004. It is not known if those who injected temazepam used a tablet or gel capsule as it is not specified; however, previous research suggests capsules are the preferred form for injection (Breen, Degenhardt et al. 2003). As mentioned previously, the majority of those that inject benzodiazepines also report taking them orally and the reported 'main brand' may be taken orally. The IDRS survey does not determine whether the main brand was injected or swallowed.

Table 35: Main benzodiazepine type used by oral only users and those that injected in the six months preceding interview, 2005

	Recent oral use (not injected) n=543	Recent injectors* n=76
Diazepam	66	49 (44% in 2004)
Oxazepam	11	9 (8% in 2004)
Temazepam	4	4 (28% in 2004)
Alprazolam	5	25 (16% in 2004)
Nitrazepam	1	0 (0% in 2004)
Clonazepam	2	0 (1% in 2004)
Flunitrazepam	1	5 (3% in 2004)

Source: IDRS IDU interviews

*86% of injectors also reported oral use, therefore we cannot make the assumption that the main brand reported is being injected.

The frequency of benzodiazepine use was high among participants. IDU in all jurisdictions reported modal use of 180 days (daily use). In 2005, the median days used benzodiazepines decreased dramatically in NSW from 60 days in 2004 to 29 days in 2005. The median days injected in NSW also decreased from 8.5 days in 2004 to 2 days in 2005. Use and injection of benzodiazepines varied in the other jurisdictions. TAS reported an increase in the median days used (50 days in 2004 to 72 days in 2005) and injected (5.5 days in 2004 to 12 days in 2005). The ACT also reported an increased median days of use (13 days in 2004 to 31 days in 2005) and injected (4 days in 2004 to 20 days in 2005). In comparison, VIC and SA reported a decrease in the median days used and an increase in the median days injected in 2005 (Table 36).

Table 36: Median days used and injected benzodiazepines in the last six months, among those used/injected, by jurisdiction, 2003-2005

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used									
2003	24	18	14	25	48	30	48	14	16
2004	30	60	13	30	50	48	40	11	25
2005	30	29	31	24	72	24	70	13	21
Injected									
2003	6	20	3	5	5	4.5	5.5	12	15
2004	6	8.5	4	2.5	5.5	6	5.5	14	2
2005	5	2	20	7	12	7	3	4	7

Source: IDRS IDU interviews

9.4 Anti-depressants

Twenty-five percent of the national sample reported use of anti-depressants in the six months preceding interview, on a median of 180 days (55% reported daily use, which may be indicative of therapeutic use). Very few IDU reported either ever injecting anti-depressants (2%) or injecting them in the last six months (less than 1%), across all jurisdictions (See Table 11 – Drug use history). This suggests that anti-depressants do not appear to be drugs that are commonly misused among this population.

The proportion of IDU that reported recent anti-depressant use varied among the jurisdictions, increasing slightly in NSW and WA, decreasing in the ACT, TAS, and the NT, and has steadily increased in SA since 2000 and remained relatively stable within jurisdictions since 2001. However, in 2005, use remained fairly stable among the jurisdictions, decreasing in TAS, QLD and the NT (Table 37). There was less jurisdictional variation in the use of anti-depressants among IDU than in the use of methadone, buprenorphine and benzodiazepines, again suggesting that the use of these drugs is largely for therapeutic purposes (which IDU are relatively equally likely to receive across the country).

Table 37: Proportion of IDU samples reporting anti-depressant use in preceding six months, by jurisdiction, 2000-2005

	2000	2001	2002	2003	2004	2005
NSW	17	10	16	17	22	24
ACT	26	16	15	16	25	22
VIC	27	28	31	28	31	30
TAS	22	25	28	22	41	31
SA	11	15	20	22	21	22
WA	32	28	33	30	21	26
NT	24	27	21	21	29	23
QLD	51	28	28	28	27	18

Source: IDRS IDU interviews

9.5 Pharmaceutical stimulants

Since 2003, IDU have also been asked about their use of pharmaceutical stimulants including dexamphetamine and methylphenidate. These are drugs in medications commonly used for cold and flu symptoms and are prescribed for Attention Deficit Hyperactivity Disorder (ADHD). The proportions that reported recent use varied across jurisdictions. Use of these medications in the last six months was particularly high in TAS (43%) and in WA (47%). Of those that had used pharmaceutical stimulants recently, 81% (35% of the entire sample) in TAS, 70% (13% of the entire sample) in the NT and 60% (28% of the entire sample) in WA had injected them. The frequency of use was low at less than once a month for all jurisdictions (Table 38).

Table 38: Patterns of use of pharmaceutical stimulants in the preceding six months, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Used (%)	20	6	22	9	43	12	47	19	12
Injected* (%)	60	56	61	39	81	25	60	70	15
Median days used*	4	27	5	4	6	3.5	6	3	3

Source: IDRS IDU interviews
* among those that reported recent use (n=185)

The majority of those that reported recent use of prescription amphetamines reported illicit use. This indicates that access to pharmaceutical stimulants is primarily not via doctor-shopping by participants interviewed, as the majority reported using medication from a prescription in another person's name. Further research into the harms associated with the use of these medications as well as research into how users are accessing them is required.

9.6 Inhalants

Just over one-quarter of participants (26%) reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid (see Table 11 – Drug use history). Two percent of participants reported use in the six months preceding interview on a median of two days.

9.7 Alcohol and tobacco

Sixty-seven percent of the national sample reported recently using alcohol. The median days of use was 20 days (12 days in 2004), indicating that frequency of use was weekly or less for half the sample (see Table 11 – Drug use history).

The vast majority of the national sample (94%) reported recent tobacco use (see Table 11 – Drug use history). The majority of tobacco smokers (91%) were daily smokers. The median days used in all jurisdictions was 180 days (i.e. daily use).

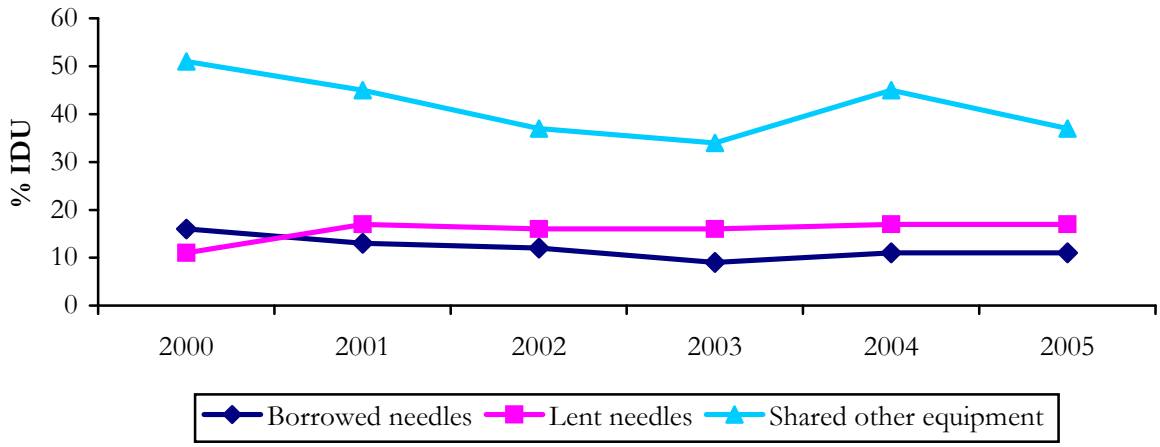
10.0 ASSOCIATED HARMS

10.1 Sharing of injecting equipment among IDU

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood-borne viral infections (BBVI). Eleven percent of the national IDU sample reported they had used a needle after someone else ('borrowed') and 17% reported someone had used a needle after them ('lent') in the month preceding interview. Proportions reporting they had 'lent' a needle have remained stable since 2000. There was slight decline in 2003 in the proportions reporting they had 'borrowed' a needle in the last month; however, in 2004 this increased slightly and has remained stable in 2005. 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 63).

From 2000 to 2003 there has been a decreasing trend in the proportion of IDU reporting sharing other injecting equipment (not including needles), including spoons/mixing containers, filters, tourniquets and water. However, in 2004, the proportion that reported sharing other injecting equipment increased to the same proportion reported in 2000 (45%); however, this figure reduced to 37% in 2005 (Figure 63).

Figure 63: Proportion of IDU that report borrowing or lending a needle, and sharing injecting equipment in the month prior to interview, 2000-2005



Source: IDRS IDU interviews

The highest rate of borrowing needles or syringes was recorded in VIC and QLD (both 16%), followed by TAS (15%) and NSW (14%, Table 39). Borrowing needles after somebody else varied among the jurisdictions over time. In 2005, borrowing needles increased in VIC and QLD and decreased in the ACT, TAS and SA (Figure 64). The highest rates of lending used needles or syringes were recorded in VIC (25%) followed by QLD (21%) and ACT (19%, Table 39). The lending of needles has varied over time, with the rates increasing in VIC and QLD and decreasing in NSW and WA (Figure 65).

Nearly two-thirds (62%) of the national IDU sample reported that they had not shared any injecting equipment in the last month. Again, there were jurisdictional differences with QLD having the largest proportion reporting not sharing any equipment (74%) and TAS and NSW

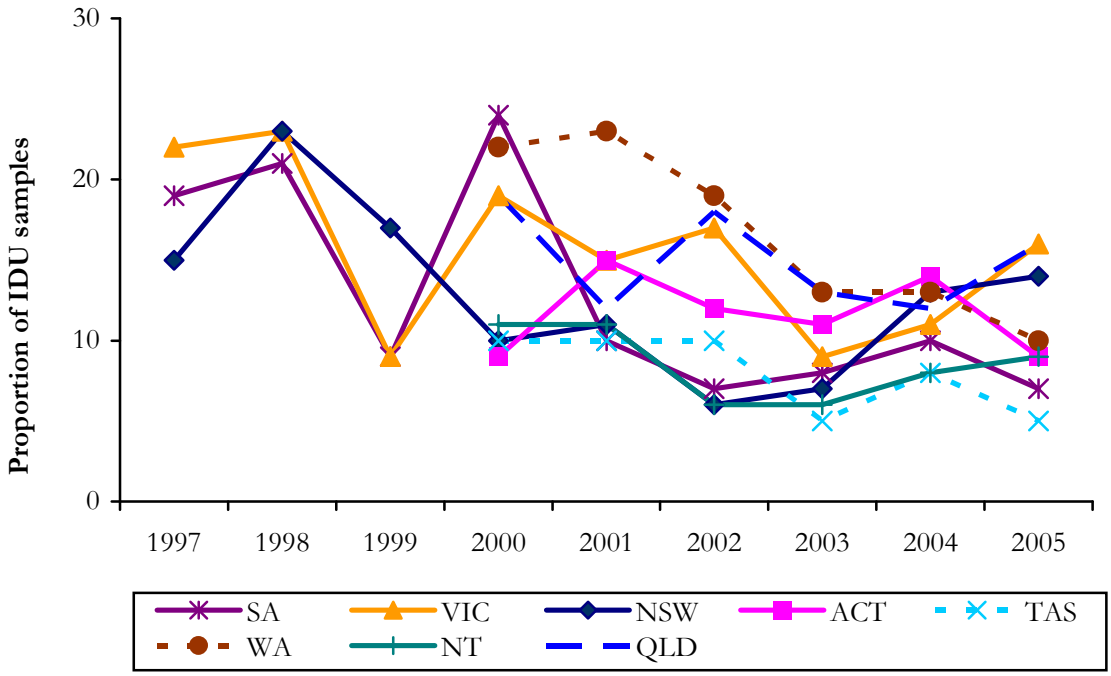
reporting the lowest (59% and 56% respectively). Spoons or mixing containers (30%), followed by water (20%) were the most commonly reported equipment to be shared (Table 39).

Table 39: Sharing needles and injecting equipment in last month among IDU, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Needle sharing (%)									
Borrowed	11	14	9	16	15	7	10	7	16
Lent	17	16	19	25	14	11	15	15	21
Other injecting equipment sharing (%)									
Shared no equipment	62	56	62	49	59	61	71	72	74
Spoon/mixing container	30	39	31	46	26	23	21	22	17
Filter	15	22	15	27	4	18	9	7	7
Tourniquet	11	10	8	11	15	17	12	9	10
Water	20	27	14	33	27	22	14	8	7

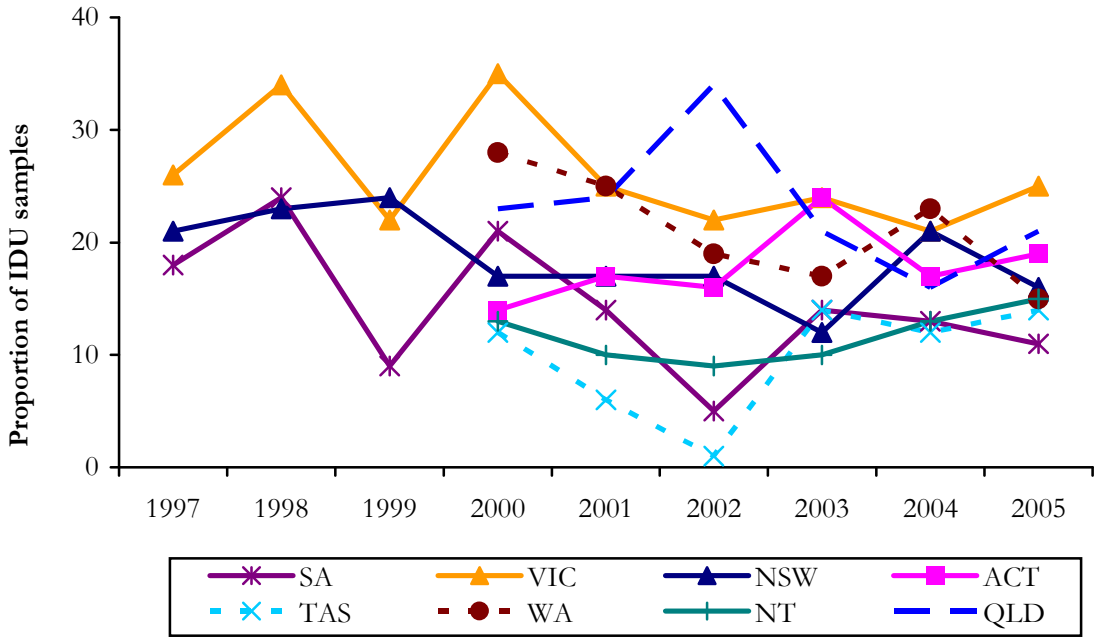
Source: IDRS IDU interviews

Figure 64: Self-reported borrowing of used needles and/or syringes in preceding month by IDU, by jurisdiction, 1997-2005



Source: IDRS IDU interviews

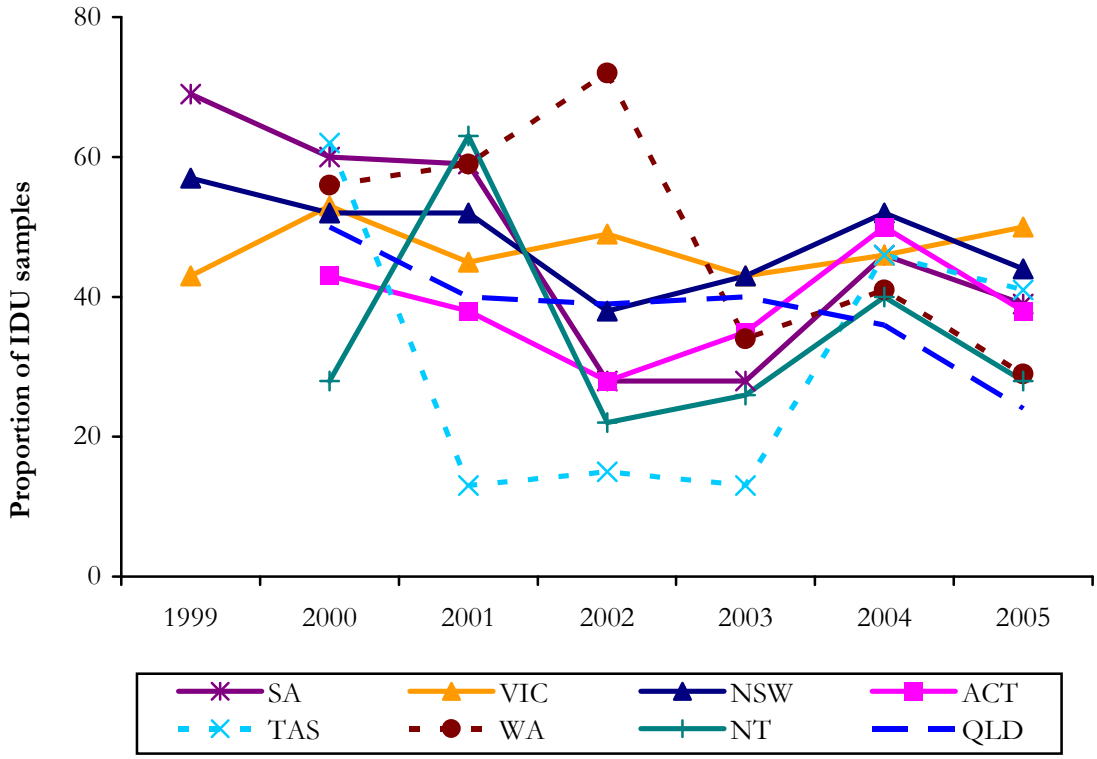
Figure 65: Self-reported lending of used needles and/or syringes in preceding month, by jurisdiction, 1997-2005



Source: IDRS IDU interviews

The sharing of injecting equipment other than needles and syringes also carries the risk of BBVI transmission. In 2005 most jurisdictions reported sharing other equipment other than needles and syringes. In 2005, the sharing of injecting equipment decreased in all jurisdictions except in VIC where it increased slightly. The greatest drop (12%) was observed in the ACT, WA, NT and QLD (Figure 66).

Figure 66: Self-reported sharing of used injecting equipment other than needles/syringes in preceding month, by jurisdiction, 1999-2005



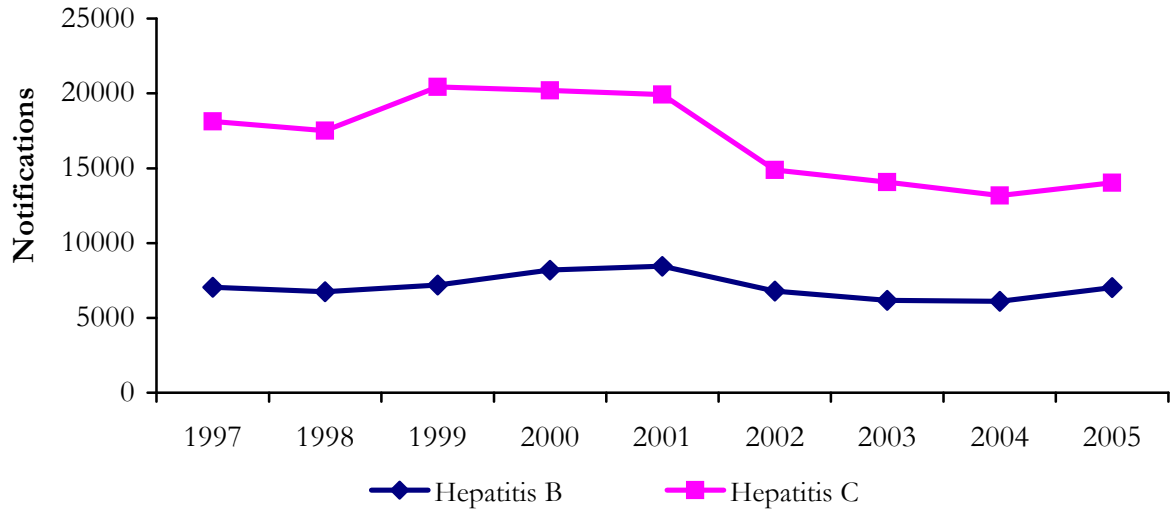
Source: IDRS IDU interviews

10.2 Blood-borne viral infections

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

Figure 67 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network–National Notifiable Diseases Surveillance System. Incident or newly acquired infections and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with a gradual decreasing trend in notifications of HCV since 2001. HBV notifications have increased slightly from 6,098 in 2004 to 7,028 in 2005 but remain lower than levels reported in 2001.

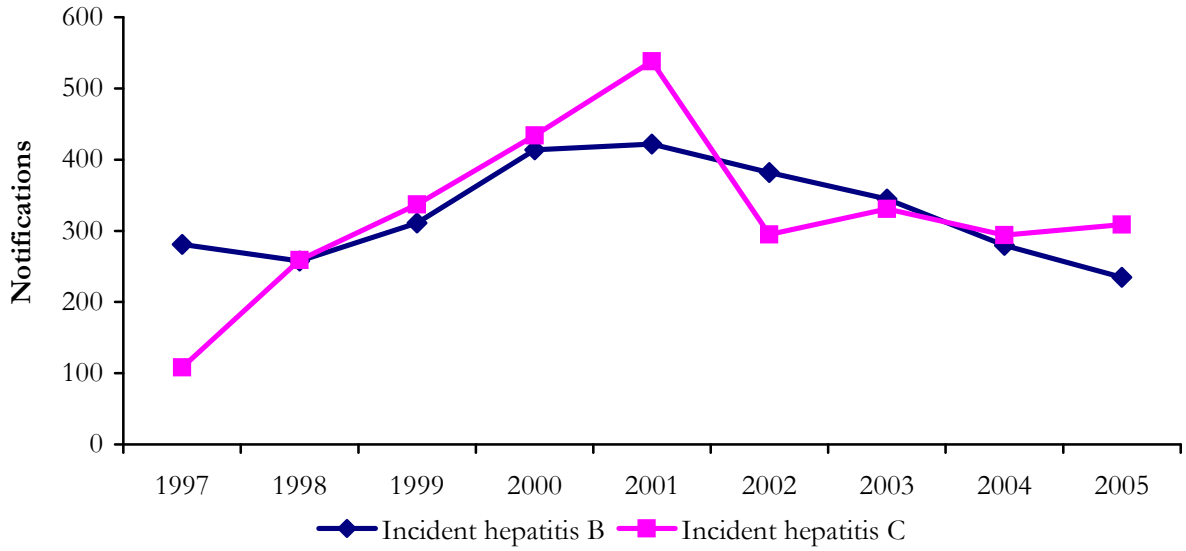
Figure 67: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997- 2005



Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System[2]

Trends in the number of incident notifications for HBV and HCV in NSW are shown in Figure 68. HBV incident reporting has decreased slightly over the past few years, from 422 in 2001 to 235 in 2005, returning to similar levels reported in 1997. The number of HCV incident notifications decreased more markedly from a high of 538 in 2001 to 309 in 2005.

Figure 68: Total notifications for HBV and HCV incident* infections, Australia, 1997-2005



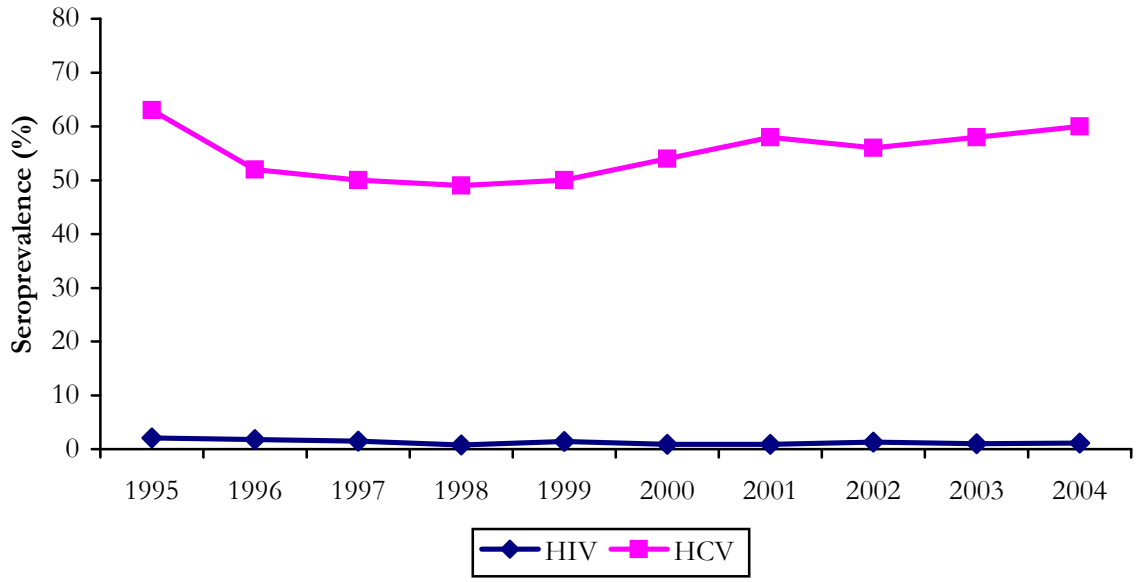
Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System
* NT and QLD reported as Hep C (unspecified)

[2] ***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 (NNDSS Annual Report, 2000).

Consistent with previous IDRS data, the Annual NSP Survey has documented a general decrease in recent years in the sharing of needles and syringes, which has contributed to Australia's consistently low prevalence of HIV among IDU (HIV antibody seroprevalence decreased from 2.1% in 1995 to 1.1% in 2004 (National Centre in HIV Epidemiology and Clinical Research 2005).

The higher rates of sharing of other injecting equipment such as spoons, filters, water and tourniquets may explain, at least in part, Australia's consistently high prevalence of HCV among IDU, which decreased from 63% in 1995 to 49% in 1998 and then gradually increased to 58% in 2001, 56% in 2002, 58% in 2003 and 60% in 2004 (National Centre in HIV Epidemiology and Clinical Research 2005).

Figure 69: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2004



Source: Australian NSP survey (NCHECR 2005)

10.3 Location of injections

Consistent with previous years, the majority of IDU (72%) in the national sample reported that they had last injected at home. There were jurisdictional differences with regards to the location of the last injection. VIC reported the lowest proportion (56%), followed by NSW (60%) and WA (61%) of IDU that injected at a private home (their own or someone else's), while two-thirds or more in all other jurisdictions reported they had last injected at home. NT had the largest proportion (90%) of IDU that injected at a private home. Substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Rates of public injecting were highest in VIC (42%) and QLD (30%) and lowest in the NT (8%, Table 40).

Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

In NSW 13% of the sample reported they had last injected at the Sydney Medically Supervised Injecting Centre. Only a few participants in NSW and WA reported that they had last injected in

a 'shooting room' (i.e. a commercial premises rented for a short time often for the purpose of injecting).

Table 40: IDU reports of location of last injection, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Last injection (%)									
Home	72	60	69	56	83	78	61	90	68
Street/park	8	18	7	15	2	2	3	4	6
Car	9	3	8	16	7	14	12	0	11
Public toilet	7	3	10	11	8	6	3	4	13
Shooting room	<1	1	0	0	0	0	1	0	0

Source: IDRS IDU interviews

Participants were also asked the location of usual injection, which followed the same patterns as location of last injection-home (81%), car (6%), street/park (5%) and public toilet (4%).

10.4 Injection-related health problems

The majority (65%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview. As in previous years, two-fifths (43%) of the national sample reported significant scarring/bruising, and 40% reported difficulty injecting (indicating poor vascular health, Table 41).

Seventeen percent reported they had a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview.

One percent of the national sample reported overdose in the month preceding interview, with the highest rates reported in NSW and QLD (each 3%, Table 41). The main drug used at the time of overdose was heroin (71%, n=10). Two participants reported the main drug as methamphetamines, one participant as buprenorphine and another participant as Cipramil® and Olanzapine®. Participants also reported that there were other drugs involved, most commonly benzodiazepines, methadone, alcohol or morphine.

Table 41: Injection-related issues in last month among IDU, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Injection problems (%)									
Infection/abscess	8	10	8	7	14	4	9	8	5
'Dirty hit'	17	19	10	19	19	14	22	17	14
Scarring/bruising	43	38	48	48	31	51	48	43	36
Difficulty injecting	40	46	30	46	47	42	36	40	31
Thrombosis	7	9	4	7	12	6	6	6	7
Overdose	1	3	2	1	1	1	1	0	3

Source: IDRS IDU interviews

There was some jurisdictional variation in problems reported. In TAS the majority of IDU (70%) reported less than daily injection (see Table 9 – Drug use patterns); however, TAS recorded the highest rate of 'difficulty injecting', infection/abscess, thrombosis and a 'dirty hit'. It has been proposed that the relatively high rates of these problems among TAS IDU may be related to the high proportion of the TAS sample that reported having recently injected pharmaceutical preparations that are not designed for injection.

Previous clinical experience and research suggests that the injection of pharmaceuticals designed for oral administration results in injection related health problems (Klee 1990; Darke 1994; Strang 1994; Darke 1995; Ross 1996; Ross 1997; Ross 2000; Darke, Topp et al. 2002; Fry and Bruno 2002). Since 2003 participants have been asked about injection related problems specifically associated with the injection of benzodiazepines, methadone, buprenorphine and morphine.

10.4.1 Benzodiazepines

Five percent of the 2005 national IDRS sample reported injecting benzodiazepines in the month preceding interview. There was some jurisdictional variation (ranging from no reports in SA to 12% in the NT and 15% in TAS) in the proportion that had injected benzodiazepines in the month prior to interview.

Thirty-one percent of those that had injected benzodiazepines in the month preceding interview reported they did not have any injection-related problems in relation to benzodiazepine injection. However, over one-third (36%) reported difficulty injecting, which was the most common problem associated with benzodiazepine injection (Table 42).

10.4.2 Methadone

Nineteen percent reported injecting methadone in the month preceding interview. There was substantial variation across jurisdictions, with the highest proportion in TAS 63%, followed by 25% in the NT, 19% in WA, 18% in QLD and SA, 14% in the ACT, 8% in NSW and 1% in VIC.

Difficulty injecting (30%), followed by methadone dependence (28%), were the most commonly reported problems associated with the injection of methadone (Table 42).

10.4.3 Buprenorphine

Fifteen percent of the national sample injected buprenorphine in the month prior to interview. While methadone injection in VIC does not appear to be a problem, the injection of buprenorphine in the last month was highest in VIC (32%), followed by 29% in WA and 20% in SA. Difficulty injecting (33%), followed by buprenorphine dependence (27%), and scarring or bruising (26%), were the most commonly reported problems among IDU (Table 42).

10.4.4 Morphine

Twenty-eight percent of the national sample had injected morphine in the month prior to interview. Again, injection patterns differed by jurisdiction, with morphine injection highest in the NT (73%), followed by 44% in TAS, 29% in WA, 25% in QLD, 21% in SA, 19% in VIC, 14% in NSW and 13% in the ACT. Morphine dependence (30%) was the most commonly reported problem among IDU (Table 42).

Table 42: Injection-related issues related to benzodiazepine, methadone, buprenorphine, and morphine in last month among IDU, 2005

Injection problems (%)	Benzodiazepines n=45	Methadone n=178	Buprenorphine n=139	Morphine n=261
No problems	31	39	42	37
Difficulty injecting	36	30	33	26
Scarring/bruising	29	22	26	26
Dependence	11	28	27	30
Infection/abscess	13	6	5	2
'Dirty hit'	13	15	13	7
Swelling of the arm	20	14	16	16
Swelling of hand	16	7	11	10
Swelling of feet	9	3	3	3
Swelling of leg	13	3	1	3
Hospitalisation	0	1	0	<1
Contact with ambulance	0	1	0	<1
Contact with police	0	1	1	1
Skin ulcers	7	1	1	2
Thrombosis	7	4	7	4

Source: IDRS IDU interviews

10.5 Expenditure on illicit drugs

Two-fifths (41%) of the national sample reported they had not spent any money on illicit drugs on the day prior to interview (Table 43). There was a wide range in the amount participants reported spending on illicit drugs the previous day ($1-$1400). Half (50%) of those that had spent money on drugs the previous day spent between $50 and $199. Twenty-five percent of the overall IDU sample had spent $100 or more. There was a significant correlation between involvement in criminal activity and expenditure on illicit drugs on the day preceding interview (Pearson's r=0.66, p<0.05).

There was jurisdictional variation in the amount spent on illicit drugs on the day preceding the interview. As in previous years, NSW had the lowest proportion (27%) that reported not spending any money the day prior to interview and one of the highest median expenditures among IDU that had spent money ($90, Table 43). The expenditure in NSW was significantly higher than the other jurisdictions (mean $127 vs. $102, t_{549}=-2.01; p<0.05). Given that NSW has the highest proportion of IDU that reported using heroin and cocaine recently, and the highest frequency of use of these drugs, this finding is not surprising. QLD also reported a significantly higher expenditure compared to the other jurisdictions (mean $140 vs. $103, t_{549}=-2.24; p<0.05). WA (mean $76 vs. $111) and the NT (mean $76 vs. $111) reported significantly lower levels of expenditure.

Table 43: Expenditure on illicit drugs on the day preceding the interview, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
% nothing	41	27	32	40	55	59	41	42	35
% less than $20	6	7	10	7	2	1	15	3	2
% $20 - $49	11	10	10	12	15	5	15	14	11
% $50 - $99	16	20	22	15	14	9	9	24	13
% $100 - $199	15	18	19	13	8	15	12	14	15
% $200 - $399	8	14	2	8	4	9	7	3	13
% $400 or more	2	3	1	4	2	2	0	0	1
Median expenditure* ($)	70	90	70	70	60	100	35	60	100

Source: IDRS IDU interviews
* of those that reported spending money on illicit drugs

10.6 Mental health problems

Of the national sample, 43% reported that they had experienced a mental health problem. Due to a change in the questioning in 2004 there was a dramatic increase in the proportion of the national sample who reported attending a health professional for a mental health problem other than drug dependence in the preceding six months; this remained stable in 2005 (75% in 2005 and 71% in 2004). As in previous years, the most commonly reported mental health problems among the IDU sample were depression (31%), followed by anxiety (16%). Drug-induced psychosis, schizophrenia, panic, manic depression, paranoia and phobia were each reported by

5% or less of the national sample. Among those that had attended a health professional, the most common health professionals consulted were general practitioners (64%), psychiatrists (29%), counsellors (20%), psychologists (18%), social workers (11%) and mental health nurses (6%). The main reasons for attending a health professional were for depression (68%), anxiety (38%), panic (10%), schizophrenia (9%), manic depression (8%), paranoia (7%) and drug induced psychosis (5%).

10.7 Substance-related aggression

In 2005 the questions relating to aggression were changed. The questions asked were: 'In the last six months have *you* become verbally aggressive (threatening, shouting, abusive) following use of alcohol and/or other drugs?' The same questions were asked about physical aggression, which included shoving, hitting and fighting.

Of the national sample, 28% (ranging from 20% in the NT to 39% in TAS) reported that they had become verbally aggressive following the use of alcohol and/or drugs (Table 45). Of those who became verbally aggressive, the main drugs reported were alcohol (34%), heroin (25%), speed (21%), benzodiazepines (17%), ice (16%) and base (12%, Figure 70).

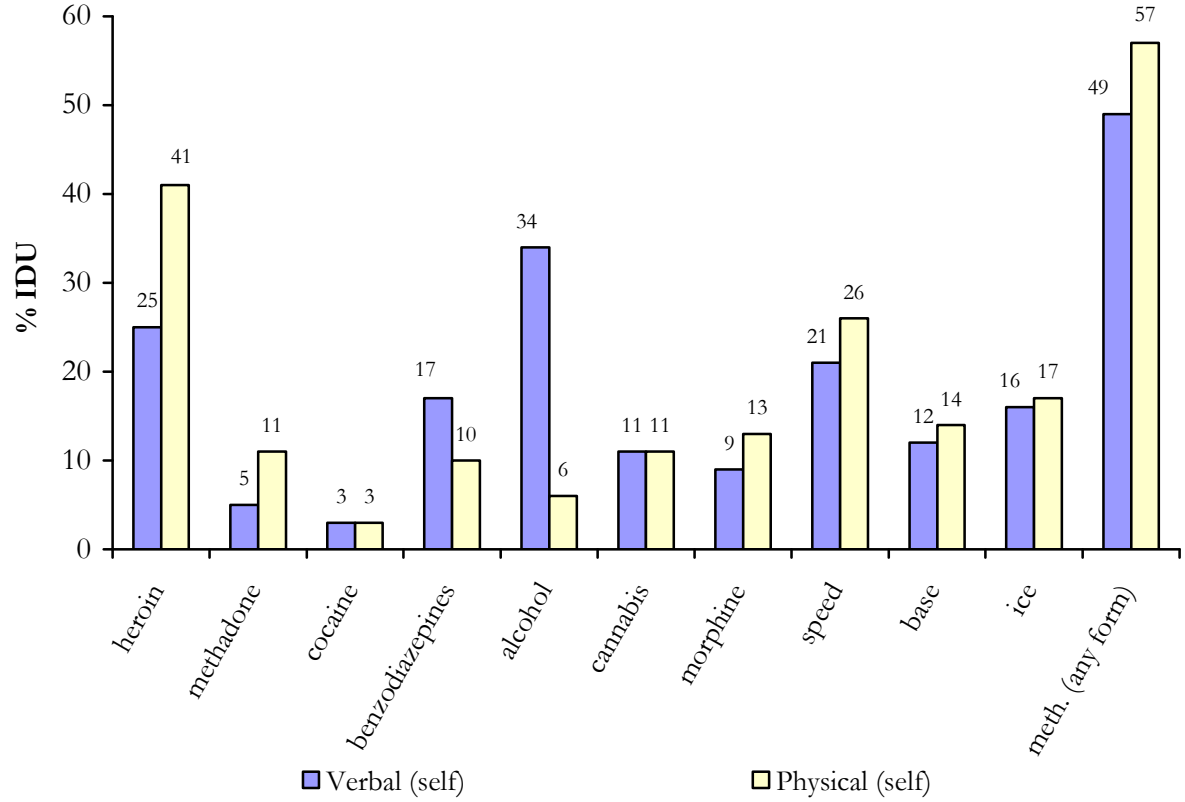
Physical aggression following drug use was reported by 35% (29% in NT to 43% in WA, Table 44). Of those that became physically aggressive, the main drug used was heroin (41%), followed by speed (26%), ice (17%), base (14%), morphine (13%), methadone and cannabis (both 11%) and benzodiazepines (10%) (Figure 70).

Table 44: Substance-related aggression among IDU in the month preceding the interview, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Verbal aggression (%)	28	27	30	31	39	24	30	20	25
Physical aggression (%)	35	38	38	33	31	33	43	29	32

Source: IDRS IDU interviews

Figure 70: Proportions of IDU reporting aggression (verbal and physical) following use of a drug, 2005



Source: IDRS IDU interviews

10.8 Driving risk behaviour

For the first time in 2005, participants were asked about driving risk behaviours. Participants were asked: 'Have you driven soon after (with in one hour of) taking any illicit drugs in the past six months?' and 'After which illicit drug(s) have you driven soon after taking in the last six months?' (Table 45).

Of the national sample, 72% had driven a car in the last six months. WA reported the greatest proportion (99%), whereas NSW reported the least (41%, Table 45).

Of those that had driven recently (n=679), 62% had driven soon after (within one hour) of taking an illicit drug, ranging from 77% in TAS to 43% in NSW. Of those that had driven soon after taking an illicit drug (n=420), the drug most commonly reported was heroin (52%) followed by cannabis (51%) and methamphetamine (speed 33%, base 19% and crystal 15%) (Table 45).

Table 45: Driving after taking illicit drugs in last six months among IDU, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Driven in the last 6 months (%)	72	41	81	63	69	77	99	82	81
Driven soon after* taking a drug# (%)	N=679 62	n=63 43	n=101 48	n=95 75	n=69 77	n=78 76	n=99 71	n=88 50	n=86 56
Drug taken (%):**	N=420	n=27	n=48	n=71	n=53	n=59	n=70	n=44	n=48
Heroin	52	82	79	80	2	49	61	9	48
Cannabis	51	33	48	49	62	54	53	50	52
Morphine	20	4	10	7	25	19	20	71	13
Benzodiazepines	20	15	23	10	30	15	29	14	21
Speed	33	11	29	29	49	24	31	43	44
Base	19	7	13	1	43	39	24	0	15
Methadone	18	22	25	1	38	20	16	11	15
Ice	15	7	27	4	6	22	41	0	4
Buprenorphine	10	0	8	13	0	9	24	7	8
Ecstasy	6	7	4	6	4	3	13	2	6
Cocaine	5	33	6	0	2	3	0	5	6
LSD	1	0	0	0	0	2	3	2	0

Source: IDRS IDU interviews ** among those who had driven soon after taking a drug
* within one hour to taking an illicit drug# among those who had driven a car in the last 6 months

10.9 Criminal and police activity

IDU were asked about the types of crime they had committed in the month preceding interview. Table 46 shows self-reported criminal activity among IDU during this period, by jurisdiction. As in previous years, less than half (46%) of the overall national sample had engaged in at least one criminal activity in the preceding month, most often drug dealing (30%) and property crime (21%). Recent self- reported property crime rates were lowest in WA (8%) and the NT (10%), and were comparable elsewhere. Figure 71 shows self-reported criminal activity among IDU in the preceding month, over time.

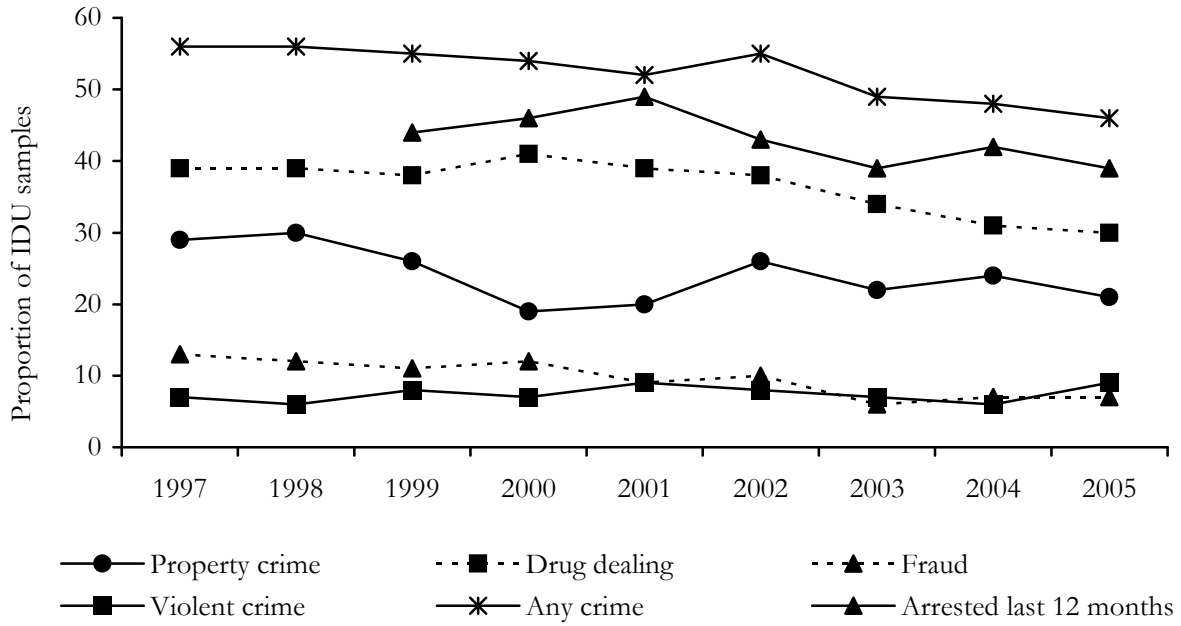
Thirty-nine percent of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences, reflecting the crimes they also most commonly reported having committed (Table 46).

Table 46: Proportion of self-reported criminal activity among IDU in the month preceding the interview, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Property crime	21	27	16	26	21	19	8	10	23
Drug dealing	30	27	27	25	33	33	28	21	34
Fraud	7	5	4	4	6	5	9	5	9
Violent	9	10	9	7	10	4	4	6	8
Any crime	46	49	41	48	53	52	35	31	43
Arrested last 12 months (%)	39	44	36	53	47	46	30	18	37

Source: IDRS IDU interviews

Figure 71: Self-reported criminal activity among IDU in month preceding interview, 1997-2005



Source: IDRS IDU interviews

11.0 SUMMARY

11.1 Demographic characteristics of the national IDU sample

Nine hundred and forty-three IDU participated in the 2005 IDRS, with a minimum of 100 in each jurisdiction. The mean age of the national sample was 34.1 years and 64% were male. The vast majority of the sample spoke English as their main language at home, and 12% identified as being of Aboriginal and/or Torres Strait Islander (A&TSI) descent. About two-thirds of the sample currently resided in their own house or flat (including renting). The sample had completed a mean of 9.9 years of schooling and about half had completed courses after school. About three-quarters of the sample were unemployed. Three percent of the sample reported that they were currently involved in sex work.

Nearly half of the participants were currently in any form of drug treatment, predominantly in methadone or buprenorphine maintenance. Almost half of the national sample reported that they had previously been imprisoned.

11.2 Patterns of drug use among IDU

The mean age of first injection was 19.2 years. Of the national sample, 48% reported that amphetamine was the first drug injected, whereas 43% had first injected heroin and 4% morphine.

Heroin was nominated by over half (57%) of the national sample as the drug of choice, followed by methamphetamine (21%), cannabis (6%) and morphine (5%). Heroin (41%) was the last drug injected by the largest proportion of IDU, followed by methamphetamine (30%), morphine (12%), and then methadone (7%). Over half of the participants in NSW, VIC and the ACT reported heroin as the last drug they had injected. Substantial proportions of IDU in WA, QLD, TAS and SA had last injected methamphetamine. In the NT, the drug most likely to have last been injected was morphine (59%), followed by methamphetamine (27%). TAS remained the only jurisdiction where substantial proportions of IDU had last injected methadone (34%).

The drug injected most often in the last month followed the same pattern. Forty-three percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine (29%). Substantial proportions in all jurisdictions, except NSW, VIC and the ACT, reported having injected methamphetamine most often in the preceding month. TAS reported the highest proportion that injected methadone (34%) most often in the preceding month. In the NT, morphine was injected most often in the preceding month by less than two-thirds (60%) of IDU.

More than two-fifths (43%) of the 2005 national sample reported injecting daily in the month preceding interview, with frequency of injection highest in NSW. As in previous years of the IDRS, the IDU were polydrug users. There was little difference in the extent of polydrug use across jurisdictions.

11.3 Heroin

In 2005, there appears to be a continual trend towards the stabilisation of the heroin market. Purity and availability and levels of use did not return to the levels reported prior to the heroin shortage. Indicator data reflected the IDU data, indicating stabilisation of the heroin market. Purity of analysed heroin seizures decreased markedly from 1999 and appears to have stabilised in the last financial year. Overdose deaths have shown a similar pattern, stabilising in 2003 after declining from 1999. The available data on heroin or other opioid arrests indicated that arrests remained fairly stable in 2004/05 and have not returned to the higher levels experienced prior to the shortage.

The price of heroin remained fairly stable in most jurisdictions except SA, WA and the NT where it increased by $50 or more. Heroin was cheapest in NSW and the ACT ($300 per gram) and was most expensive per gram in WA ($550 per gram). IDU reported heroin purity as low to medium. The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Larger proportions in 2005 reported that the availability had remained stable in the six months preceding interview.

Prevalence of heroin use has stabilised in most jurisdictions, while the frequency of use decreased or remained stable in most jurisdictions except WA and QLD where it increased. The median days of heroin use has not returned to the levels reported prior to the heroin shortage of 2001.

11.4 Methamphetamine

Since 2002, the IDRS has distinguished between methamphetamine powder (speed), methamphetamine base (base) and crystal methamphetamine (ice). Methamphetamine prices varied among the jurisdictions. The majority reported the price of all forms of methamphetamine as stable.

There is no clear trend in purity of methamphetamine, with variation in purity across jurisdictions, although median purity of state police seizures remains below 32%. There is no clear trend in purity of methamphetamines, with variations in purity across the jurisdictions; however, nationally speed purity was reported as 'low', base as 'medium' and crystal as 'high'.

The majority of respondents in all jurisdictions reported that speed and base were 'easy' or 'very easy' to obtain, whereas crystal was 'easy'. All forms of methamphetamine availability were considered as stable.

The proportion of IDU reporting use of speed in the six months preceding interview increased slightly in all jurisdictions except in SA where it decreased slightly and in WA where it remained stable. Recent base use increased in NSW, TAS, SA and WA, reduced in the NT and remained stable in VIC and the ACT. Recent ice use decreased in all jurisdictions except TAS and SA where it remained stable.

11.5 Cocaine

Cocaine price, purity and availability were reported by small numbers of respondents in all jurisdictions except NSW were larger numbers commented. This in itself is an indication of limited cocaine use in the samples surveyed by the IDRS and may reflect smaller or more hidden markets.

With the exception of NSW, only small numbers (n<10) of IDU in all jurisdictions reported purchasing cocaine. Cocaine was cheapest in the ACT and NT at $250 a gram (NSW was $280) and $475 in WA. A cap of cocaine remained stable at a median price of $50 in NSW.

The purity of state police seizures analysed varied in each state in 2004/05, ranging from 30.7% in SA to 64.3% in NSW. Many jurisdictions had few or no state police seizures analysed. In 2004/05 most of the cocaine seizures analysed were from NSW, VIC, QLD and SA. The AFP generally seizes cocaine at the border, with higher purity. Of those IDU able to comment, there were mixed reports of purity, with nearly one-quarter (23%) reporting the purity as low, 37% as medium and 26% as high.

Cocaine was considered 'easy' or 'very easy' to obtain in NSW although 21% reported that it had become more difficult in the preceding six months. Substantial proportions in other jurisdictions reported it was 'difficult' or 'very difficult'.

The proportion of IDU reporting recent cocaine use remained fairly stable in most jurisdictions. Most notable was an increase in recent use in NSW (47% in 2004 to 60% in 2005), VIC (10% in 2004 to 15% in 2005), the ACT (10% in 2004 to 20% in 2005) and SA (6% in 2004 to 16% in 2005). The frequency of use was sporadic in all jurisdictions. In NSW, the frequency of use increased from 6 days to 12 days and in QLD from 2 days to 7 days.

11.6 Cannabis

The price of an ounce of cannabis remained cheapest in SA ($200) and bush cannabis was cheapest in NSW, VIC, TAS and the NT ($200). The majority of IDU in all jurisdictions that commented on the price of hydro and bush cannabis reported that the price had remained stable in the preceding six months.

As in previous years, the IDU in all jurisdictions perceived potency of hydro cannabis as 'high', and bush cannabis as 'medium'. The potency for both forms was reported as stable for both forms. Hydro and bush cannabis were considered 'very easy' or 'easy' to obtain by the majority of IDU in all jurisdictions, and availability was described as stable.

As in all previous years of the IDRS, cannabis use was common, and hydroponic cannabis continued to dominate the market with the majority in all jurisdictions reporting it as the form most used. The use of outdoor crop, or bush, cannabis in the six months preceding interview was reported in all jurisdictions by nearly half or more of respondents (43% in VIC to 71% in the ACT). The use of hash (ranging from 5% in NSW to 24% in SA) and hash oil (ranging from 2% in NSW and VIC to 18% in SA) in the preceding six months was also reported in all jurisdictions.

11.7 Other opioids/drugs

Twenty-four percent of the national sample reported the use of illicit methadone syrup and 12% reported illicit Physeptone® tablets in the six months preceding interview. Of those that reported recent methadone use, 26% reported that illicit methadone was the form of methadone used most. The injection of illicit methadone syrup (49%) and illicit Physeptone (40%) was highest in TAS.

Of the national sample, 23% had recently used licit buprenorphine and 18% illicit buprenorphine. Thirty-one percent of IDU in WA reported the injection of illicit buprenorphine followed by 23% in VIC, 16% in QLD, 10% in the ACT and NT and less than 10% in the other jurisdictions. VIC reported the highest level of injecting licit buprenorphine (26%).

Substantial proportions of IDU reported recent injection of morphine. Morphine injection remained highest in the NT and TAS. The majority of participants that reported they had used morphine reported they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

Nationally, 5% of the sample had recently used licit oxycodone and 18% illicit oxycodone. WA (39%) followed by TAS (30%) reported the highest level of recent illicit oxycodone use.

Sixty-six percent of the national sample had recently use benzodiazepines. Among those who had recently used benzodiazepine, 8% had recently injected, with sizeable minorities injecting in TAS (27%) and the NT (39%).

More than two-fifths (43%) of the TAS sample and 47% of IDU in WA reported the recent use of pharmaceutical stimulants in the six months preceding interview. Of those that had recently used, 60% had recently injected, ranging from 15% in QLD to 81% in TAS.

Overall, the injection of these oral preparations is a concern due to the risk of vein damage.

11.8 Associated harms

The proportion of IDRS IDU samples that report lending or borrowing needles has remained stable in 2005; however, the proportion of the sample that reported sharing some form of injecting equipment reduced slightly from 45% in 2004 to 37% in 2005. This percent is still of concern due to the risk of transmission of BBVI, in particular HCV, which is prevalent in the IDU population.

Consistent with previous years, the majority of IDU (72%) in the national sample reported that they had last injected at home. However, substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

The majority (65%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview. Significant scarring/bruising (43%) and difficulty injecting (indicating poor vascular health, 40%) were commonly reported.
The proportion of the national IDU sample reporting having attended a health professional for a mental health problem other than drug use in the preceding six months remained stable at 75%

(71% in 2004). Depression (31%) was the most commonly reported mental health problem among the IDU sample, followed by anxiety (16%).

Nearly three-quarters (72%) of the national sample had driven a car in the preceding six months. Of those who had driven recently, almost two-thirds (62%) had driven while under the influence of an illicit drug, mainly heroin, cannabis or methamphetamines.

As in previous years, about half (46%) of the overall national sample had engaged in at least one criminal activity in the preceding month, most often drug dealing (30%) and property crime (21%). Thirty-nine percent of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences, reflecting the crimes that IDU most commonly reported committing in the past month.

12.0 IMPLICATIONS

Australian Drug Trends 2005 presents the findings of the sixth year in which the full IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time of standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Data from recent years have highlighted the dynamic nature of drug markets and the need to monitor fluctuations to provide information on the way they impact other drug markets. The IDRS provides an opportunity to examine trends between and within jurisdictions, with the aim to inform further research and policy decisions. The continued monitoring of illicit drug markets across Australia will add to our understanding of the markets, and improve our ability to inform strategic policies to limit harms.

As in previous years of the IDRS, the 2005 findings indicate that, although there are some commonalities in drug trends across the country, there is also substantial variation. For example, the diversion and misuse of specific pharmaceutical drugs raise issues to consider in different jurisdictions. Harm reduction strategies need to be individually tailored to the particular types of substances used and the problems associated with them within each state and territory.

The 2005 IDRS data suggest that the heroin market has remained stable: the price of heroin remained fairly stable; and availability and use were stable, although the frequency of use reduced in most jurisdictions. Use among the regular IDU interviewed for the IDRS has not returned to the levels reported prior to the heroin shortage in most jurisdictions, nor have harms increased to levels seen prior to 2001. Continued monitoring of the heroin market needs to track any future increases in availability, use and harm. If heroin becomes increasingly available, it is reasonable to expect that there may be a concomitant increase in the harms associated with heroin use, as well as the demand for treatment.

As there have been substantial changes in the methamphetamine market in recent years, continued monitoring of market fluctuation and patterns of use is required. A recently completed NDLERF-funded project, conducted by NDARC, the Australian Customs Service and the NSW Police focused on developing our understanding of these markets (McKetin, McLaren et al. 2005). Although the use of crystal methamphetamine appeared to reduce slightly in 2005, the use and availability of all forms of methamphetamine raises issues for health and law enforcement professionals. Reports by KE suggest that there is continued concern among health and law enforcement professionals about how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt and Topp 2003), and health and law enforcement professionals who work with drug-using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information on the use of crystal should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

Customs continue to seize cocaine at the Australian border, indicating that there is an ongoing cocaine market in Australia. The 2005 IDRS suggested that the use of cocaine, frequency of use, and availability increased slightly in NSW, while use remained sporadic in other jurisdictions. Given the sporadic nature of cocaine use among IDU in Australia, it is likely that many cocaine users may be from different populations; partly for this reason, the Party Drugs Initiative (PDI) has monitored cocaine use among regular ecstasy users since 2003 across Australia. The PDI provides information on cocaine use among regular ecstasy user populations across the country

(Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005). NDLERF has funded a collaborative project between NDARC and Turning Point Alcohol and Drug Centre to examine the characteristics and dynamics of cocaine supply and demand. This project investigated use among high socio-economic status users, recreational polydrug users and IDU in Sydney and Melbourne in an attempt to provide more detailed information (Shearer, Johnston et al. 2005).

The frequency of cannabis use among IDU samples was stable in all jurisdictions in 2005. Although IDU interviewed for the IDRS often report very frequent cannabis use, it is not the case that these groups form the majority of the cannabis, using population in Australia. General population rates in Australia suggest that lifetime use is reported by at least one in three people aged 14 years and over (Australian Institute of Health and Welfare 2005), and cannabis use remains an entrenched behaviour among the broader community in this country. Given that many IDU reported cannabis potency as high, and that much of the cannabis used was hydroponically grown, future work could be conducted to examine the characteristics and potency of street samples of cannabis to validate these reports.

Data from recent years of the IDRS have pointed to the misuse of a growing number of pharmaceutical preparations. Research into factors that would reduce the harms associated with the injection of morphine, methadone, buprenorphine, benzodiazepines and pharmaceutical stimulants is needed. The dissemination of this information needs to occur through health professionals and peer groups. Continued education in this area is required.

As the IDU mainly reported using 'illicitly' sourced pharmaceuticals, further investigation into the sources is required. Turning Point Alcohol and Drug Centre Inc examined buprenorphine diversion and injection among IDU in Melbourne, and identified it as an issue that requires attention (Jenkinson, Clark et al. 2005). Careful monitoring is warranted as the buprenorphine program continues to expand across Australia.

Rates of sharing of injecting equipment (not including needles) decreased slightly in 2005; however, the rates remain relatively high (37% of the national sample). Consequently, continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment by IDU is required. In addition, as injection-related problems continue to be reported, attempts should be made to minimise the harms associated with poor injecting practice through improving awareness and adoption of safe injection techniques and vein care by IDU.

For the first time, in 2005, the IDRS explored driving risk behaviours among IDU. The reports of users driving under the influence of illicit drugs is a concerning finding in this year's IDRS. Further investigation, for example the frequency and circumstances under which it occurs, is already an area of considerable research effort (Kelly, Darke et al. 2002). The 2006 IDRS will include questions to explore some of these concerns further.

It is also important to disseminate information to users about the effects of different drug types upon driving ability, and, indeed, of the negative effects of polydrug use on such abilities. Recent discussions have suggested that NSW will be introducing random roadside drug testing in early 2006, as has recently been introduced in Victoria in late 2004. Some other jurisdictions are also considering introducing random roadside drug testing.

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among regular IDU, it cannot provide information on drug use and harms among all groups. The PDI, which has been funded in every jurisdiction in Australia from 2003-

2005, has documented patterns and trends in use among regular ecstasy users (Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005). The information provided by the PDI is an important addition to Australia's monitoring of drug use and harms. Given that the use of new drugs and diversion of pharmaceutical drugs appears to be increasing, future research might include examination of groups who report using these drug types, to investigate the patterns and circumstances of the use of newer drug types. Examination of trends in rural areas in Australia may also provide information about the patterns of use and harm among groups outside the major metropolitan centres of the country.

Methodological considerations

As previously mentioned, the IDRS is not designed to provide information regarding illicit drug use in the general population, nor does it provide information that is representative of all illicit drug users. However, the IDRS does provide directly comparable data relating to illicit drug use and markets, collected in every Australian jurisdiction on a sentinel group of IDU in an attempt to detect emerging trends in illicit drug markets. The IDU survey is a key component of the IDRS, providing the most accurate data available on drug prices and availability, data that cannot be collected as efficiently in any other way. The inclusion of the IDU survey in all Australian jurisdictions since 2000, and the examination of comparable data over time, represent continued progress in the monitoring of illicit drug trends.

The IDRS is designed to detect emerging trends and inform future research; it therefore cannot and does not intend to answer detailed research questions such as the harms associated with a particular drug or the extent of diversion of pharmaceutical supplies. However, the IDRS can provide background information issues related to illicit drug markets, such as levels of use of a certain drug among a group of IDU and changes over time.

As there are differences between jurisdictions in the availability and patterns of use of various drugs, detailed jurisdictional findings of the IDRS and discussion of their implications are available in the jurisdictional Drug Trends 2005 reports, available via the NDARC website.

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APPENDICES

Appendix A

Table A1: Price, purity and availability of heroin, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Median Price ($)*									
Per gram	-	300	300	300	350*	320*	500	400*	380
Per cap	-	50	50	40	50*	50	50*	53	50
Price changes									
(% who commented)	N=640	n=148	n=91	n=129	n=16	n=62	n= 69	n=27	n=98
Don't know	7	2	4	2	31	8	7	33	11
Increased	10	14	6	9	6	13	12	15	9
Stable	65	78	64	59	19	68	71	44	60
Decreased	11	4	19	21	19	7	6	4	10
Fluctuated	7	3	8	9	25	5	4	4	9
Median purity (%) ^	-	30.5	32.2	25.7	^	25.0	25.0	^	28.0
Availability									
(% who commented)	N=640	n=148	n=91	n=129	n=16	n=62	n=69	n=27	n=98
Don't know	2	0	0	1	25	0	3	15	2
Very easy	52	56	53	60	0	55	46	0	61
Easy	34	37	39	31	25	34	32	26	32
Difficult	11	7	8	8	19	11	15	59	5
Very difficult	1	0	1	0	31	0	4	0	0
Availability changes									
(% who commented)	N=640	n=148	n=91	n=129	n=16	n=62	n=69	n=27	n=98
Don't know	5	1	4	3	25	3	6	19	6
More difficult	13	18	20	10	13	13	17	4	6
Stable	62	66	54	72	38	57	57	48	67
Easier	15	10	17	9	13	24	17	26	16
Fluctuates	5	6	6	5	13	3	3	4	4
Place usually score	N=634	n=147	n=89	n=128	n=16	n=62	n=69	n=25	n=98
Don't use	4	0	2	2	13	7	9	24	2
Street dealer	17	27	16	20	6	11	7	12	13
Dealer's home	22	12	24	24	13	40	30	8	18
Mobile dealer	32	46	33	38	13	13	16	8	35
Friend#	18	9	12	13	44	13	29	48	27

Source: IDRS IDU interviews *Small numbers reported TAS, NT (n ≤ 10)

^Purity data are provided by the ACC and reflect analysed seizures by state police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 1. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2003/04. # includes gift from friend

Appendix B

Table B1: Price, purity and availability of methamphetamine powder, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Price ($) per gram	-	n=3	n=9	n=24	n=10	n=11	n=18	n=20	n=25
		100	200	180	290	50	260	200	200
Price ($) per point	-	n=13	n=27	n=38	n=34	n=10	n=32	n=39	n=26
		50	50	40	50	27.50	50	50	50
Price ($) per ½ gram	-	n=10	n=6	n=27	n=16	n=7	n=29	n=9	n=37
		50	125	100	160	100	150	150	100
Price changes									
(% who commented)	N=459	n=57	n=39	n=79	n=59	n=38	n=55	n=62	n=70
Don't know	10	7	5	9	12	21	7	16	7
Increased	10	12	10	13	5	0	20	8	7
Stable	69	75	80	61	71	63	60	71	71
Decreased	5	4	3	11	5	11	6	0	1
Fluctuated	6	2	3	6	7	5	7	5	13
Median purity*	-	11.0	n/a	23.5	16.9	19.8	32	n/a	16.9
Availability									
(% who commented)	N=458	n=57	n=39	n=79	n=59	n=38	n=55	n=61	n=70
Don't know	4	0	0	0	7	8	4	7	3
Very easy	38	40	31	34	46	50	46	26	36
Easy	43	39	44	51	42	29	38	46	50
Difficult	14	18	23	13	5	13	13	18	10
Very difficult	2	2	3	2	0	0	0	3	1
Availability changes									
(% who commented)	N=459	n=57	n=38	n=79	n=59	n=38	n=55	n=62	n=71
Don't know	7	9	3	1	7	16	4	11	7
More difficult	14	7	26	20	7	13	13	11	17
Stable	61	68	55	65	61	58	62	61	56
Easier	11	14	8	6	20	5	16	8	9
Fluctuates	7	2	8	8	5	8	6	8	11
Place usually score	N=456	n=56	n=38	n=79	n=59	n=37	n=54	n=62	n=71
Don't use	9	29	11	1	7	14	11	8	3
Street dealer	14	21	24	11	7	11	9	11	18
Dealer's home	20	13	37	18	34	19	15	19	16
Mobile dealer	17	9	5	25	15	14	19	13	27
Friend*	34	25	21	39	34	35	41	42	30

Source: IDRS IDU interviews *includes gift from friend

Source of purity data: ABCI, 2001, 2002. ACC 2003, 2004. Purity data reflect analysed seizures by state police in each jurisdiction; AFP purity figures by jurisdiction are reported in Table 3. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2003/04. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice.

Table B2: Price and availability of methamphetamine base, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Price ($) per 'point'		n=22	n=9	n=2	n=45	n=21	n=19	n=20	n=26
	-	50	50	35	50	25	50	50	50
Price ($) per ½ gram		n=11	n=6	-	n=21	n=11	n=18	n=5	n=35
	-	150	150		200	100	162.50	150	100
Price ($) per gram		n=5	n=5	n=2	n=7	n=9	n=15	n=16	n=26
	-	200	220	125	300	180	250	300	200
Price changes									
(% who commented)	N=305	n=41	n=18	n=4	n=69	n=40	n=36	n=29	n=68
Don't know	8	5	6	25	12	8	6	10	7
Increased	10	15	17	25	1	5	14	10	12
Stable	73	73	67	50	80	75	69	66	75
Decreased	3	5	0	0	1	8	6	3	2
Fluctuated	6	2	11	0	6	5	6	10	4
Availability									
(% who commented)	N=304	n=40	n=18	n=4	n=69	n=40	n=36	n=29	n=68
Don't know	3	0	11	0	4	0	6	3	3
Very easy	43	35	28	50	51	63	53	21	35
Easy	39	43	28	50	36	33	22	62	46
Difficult	14	23	28	0	7	5	19	14	13
Very difficult	1	0	6	0	1	0	0	0	3
Availability changes									
(% who commented)	N=305	n=41	n=18	n=4	n=69	n=40	n=36	n=29	n=68
Don't know	5	2	6	0	6	3	6	3	7
More difficult	14	7	22	0	7	8	19	17	25
Stable	59	63	61	100	64	58	56	66	50
Easier	16	15	0	0	23	28	19	7	12
Fluctuates	5	12	11	0	0	5	0	7	6
Place usually score	N=304	n=40	n=18	n=4	n=69	n=40	n=36	n=29	n=68
Don't use	6	18	0	25	4	3	14	3	2
Street dealer	11	28	22	0	3	8	3	7	16
Dealer's home	24	13	67	0	35	30	11	17	18
Mobile dealer	20	30	0	25	17	13	14	14	32
Friend*	31	10	0	50	32	38	47	48	28

Source: IDRS IDU interviews *includes gift from friend

Table B3: Price and availability of crystal methamphetamine, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Price ($) per 'point'	-	n=28 50	n=46 50	n=19 50	n=34 50	n=13 30	n=45 50	n=19 50	n=26 50
Price ($) per ½ gram	-	n=13 150	n=19 180	n=5 100	n=6 200	n=8 100	n=49 200	n=3 175	n=19 120
Price ($) per gram	-	n=9 280	n=12 300	n=14 200	n=7 400	n=10 190	n=27 350	n=11 300	n=15 250
Price changes (% who commented)	N=424	n=59	n=66	n=31	n=55	n=41	n=79	n=33	n=60
Don't know	14	10	9	16	22	27	6	9	23
Increased	17	15	3	28	15	5	24	33	20
Stable	37	56	65	53	60	61	62	52	40
Decreased	17	12	15	3	2	7	1	3	5
Fluctuated	16	7	8	0	2	0	6	3	12
Availability (% who commented)	N=423	n=58	n=66	n=31	n=55	n=41	n=79	n=33	n=60
Don't know	5	5	0	6	16	12	0	6	0
Very easy	31	36	32	23	18	32	52	15	20
Easy	42	43	44	42	44	39	42	33	43
Difficult	19	16	20	26	18	12	6	36	30
Very difficult	4	0	5	3	4	5	0	9	7
Availability changes (% who commented)	N=423	n=59	n=66	n=31	n=55	n=41	n=79	n=33	n=59
Don't know	9	9	3	10	16	22	4	9	9
More difficult	18	15	17	23	22	15	11	9	29
Stable	50	58	55	52	38	42	57	67	37
Easier	17	10	17	13	18	20	23	15	17
Fluctuates	6	9	9	3	6	2	5	0	9
Place usually score	N=420	n=58	n=64	n=31	n=55	n=41	n=79	n=33	n=59
Don't use	6	12	2	0	15	7	6	6	2
Street dealer	15	28	22	19	6	2	8	6	24
Dealer's home	20	10	39	13	26	20	15	18	17
Mobile dealer	16	24	8	23	13	15	14	9	27
Friend*	35	21	25	42	36	37	47	52	27

Source: IDRS IDU interviews *includes gift from friend

Appendix C

Table C1: Price, purity and availability of cocaine, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
% used last 6 months	16	47	10	10	4	6	15	10	10
Median price ($) per gram	-	n=6 290	n=3 350	n=2 200	n=2 325	n=2 190	-	n=2 250	n=1 200
Median price ($) per cap		n=34 50	-	-	-	n=1 50	-	n=4 60	n=1 150
Price changes (% who commented)	N=117	n=76	n=6	n=2	n=3	n=5	n=7	n=10	n=8
Don't know	21	13	33	0	67	20	57	30	25
Increased	13	16	0	50	0	0	0	10	13
Stable	61	70	33	50	33	80	14	50	50
Decreased	3	1	0	0	0	0	29	10	0
Fluctuated	3	0	33	0	0	0	0	0	13
Availability (% who commented)	N=117	n=76	n=6	n=2	n=3	n=5	n=7	n=10	n=8
Don't know	9	5	17	0	0	20	29	20	13
Very easy	24	32	17	0	0	20	0	20	0
Easy	30	34	0	50	33	40	29	20	13
Difficult	27	28	50	0	0	20	14	30	38
Very difficult	9	1	17	50	67	0	29	10	38
Availability changes (% who commented)	N=118	n=76	n=6	n=2	n=3	n=5	n=7	n=11	n=8
Don't know	16	13	17	0	0	20	29	36	13
More difficult	18	20	17	50	0	0	14	0	38
Stable	54	55	67	50	100	80	29	36	50
Easier	10	11	0	0	0	0	14	27	0
Fluctuates	2	1	0	0	0	0	14	0	0
Place usually score	N=116	n=76	n=5	n=2	n=3	n=5	n=7	n=10	n=8
Don't use	23	25	0	0	0	20	43	20	25
Street dealer	25	30	40	0	33	0	0	20	13
Dealer's home	6	5	0	0	33	0	14	0	13
Mobile dealer	17	24	0	0	0	0	0	10	13
Friend*	26	13	60	50	33	80	43	50	38

Source: IDRS IDU interviews
*includes gift from friend

Table C2: Proportion of IDU samples that reported using cocaine in preceding six months, by jurisdiction, 1997-2005

	1997	1998	1999	2000	2001	2002	2003	2004	2005
	33	10	34	63	84	79	53	47	**60**
ACT	-	-	-	15	40	18	13	10	**20**
VIC	10	12	7	13	28	17	13	10	**15**
TAS	-	-	-	6	8	12	9	4	**8**
SA	33	34	27	20	27	26	13	6	**16**
WA	-	-	-	22	32	17	10	15	**19**
NT	-	-	-	18	13	13	5	10	**10**
QLD	-	-	-	13	28	15	16	10	**11**

Source: IDRS IDU interviews

* Data not collected in all jurisdictions until 2000

Appendix D

Table D1: Price and potency of cannabis, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Price ($) HYDRO									
Per ounce	-	300	280	240	280	200	250	300	300
Per gram	-	20	20	20	25	25*	25	25	25
Price ($) BUSH									
Per ounce	-	175	200	180	180	180	200	200	200
Per gram	-	20	20	20	25	25*	25	23	20
Price changes HYDRO									
(% who commented)	N=744	n=132	n=74	n=117	n=86	n=79	n=78	n=83	n=95
Don't know	6	5	1	7	9	13	5	6	4
Increased	9	5	7	3	9	15	13	16	11
Stable	72	80	76	74	69	62	69	71	73
Decreased	7	7	8	9	7	5	10	1	8
Fluctuated	5	2	8	6	6	5	3	6	4
BUSH									
(% who commented)	N=534	n=89	n=56	n=63	n=74	n=69	n=64	n=52	n=67
Don't know	20	25	7	32	7	23	23	19	18
Increased	5	0	7	2	1	15	2	2	10
Stable	61	67	70	49	69	58	58	64	52
Decreased	9	5	7	11	18	1	13	4	13
Fluctuated	6	3	9	6	5	3	5	12	6
HYDRO potency									
(% who commented)	N=743	n=131	n=74	n=117	n=86	n=79	n=78	n=83	n=95
High	60	62	60	60	59	51	69	45	73
Medium	26	26	30	28	21	27	18	37	21
Low	3	3	4	2	5	6	1	2	1
Potency changes									
Stable	62	68	62	62	45	63	64	63	67
BUSH potency									
(% who commented)	N=534	n=89	n=56	n=63	n=74	n=69	n=64	n=52	n=67
High	19	20	21	13	3	44	22	15	16
Medium	45	43	57	44	45	33	45	50	46
Low	15	17	13	11	24	6	9	17	18
Potency changes									
Stable	55	54	61	52	47	65	47	64	55

Source: IDRS IDU interviews

* a 'bag' of approximately 2.5 grams of cannabis

Table D2: Availability of cannabis, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Availability									
HYDRO									
(% who commented)	N=744	n=132	n=74	n=117	n=86	n=79	n=78	n=83	n=95
Don't know	3	2	0	2	4	8	5	2	1
Very easy	55	67	55	56	61	43	55	51	46
Easy	34	28	39	34	29	34	32	40	41
Difficult	8	3	5	8	7	13	8	7	12
Very difficult	1	0	0	0	0	3	0	0	0
BUSH									
(% who commented)	N=534	n=89	n=56	n=63	n=74	n=69	n=64	n=52	n=67
Don't know	14	20	5	30	4	13	22	6	10
Very easy	30	30	30	21	54	32	28	19	18
Easy	37	24	41	27	35	36	36	64	46
Difficult	17	25	23	17	7	15	11	12	21
Very difficult	2	1	0	5	0	4	3	0	5
Availability changes									
HYDRO									
(% who commented)	N=744	n=132	n=74	n=117	n=86	n=79	n=78	n=83	n=95
Don't know	4	4	0	3	5	8	5	5	1
More difficult	9	2	10	9	6	15	10	11	14
Stable	74	91	76	81	61	61	69	74	67
Easier	9	2	11	6	22	9	6	6	14
Fluctuates	4	1	4	1	7	8	9	5	4
BUSH									
(% who commented)	N=533	n=88	n=56	n=63	n=74	n=69	n=64	n=52	n=67
Don't know	16	23	4	32	5	16	23	12	12
More difficult	12	14	14	13	7	16	9	4	19
Stable	60	63	82	52	61	57	50	71	52
Easier	7	0	0	3	20	4	6	8	13
Fluctuates	4	1	0	0	7	7	11	6	3
Place usually score									
HYDRO	N=737	n=130	n=73	n=117	n=86	n=76	n=78	n=82	n=95
Don't use	4	12	3	3	2	1	5	4	0
Street dealer	12	30	11	10	1	4	9	9	13
Dealer's home	30	15	52	25	41	18	21	34	40
Friend #	39	20	29	43	51	54	54	38	33
BUSH	N=527	n=90	n=54	n=62	n=76	n=63	n=64	n=52	n=66
Don't use	12	27	0	29	4	3	14	2	6
Street dealer	11	26	19	7	1	6	6	6	15
Dealer's home	17	4	32	8	30	14	13	19	23
Friend #	46	21	37	42	54	57	58	65	44
Production source	N=641	n=115	n=57	n=100	n=84	n=69	n=68	n=72	n=76
Don't know	28	49	26	23	14	26	10	38	30
Small-time/backyard	43	26	49	40	49	48	56	54	37
Large-scale cultivator	22	22	18	33	27	10	28	6	28

Source: IDRS IDU interviews
#includes gift from friend