

J. Uporova

**NSW DRUG TRENDS 2017
Findings from the
Illicit Drug Reporting System (IDRS)
Australian Drug Trends Series No. 182**

NEW SOUTH WALES DRUG TRENDS 2017



Findings from the Illicit Drug Reporting System (IDRS)

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ABBREVIATIONS

ADHD	Attention deficit hyperactivity disorder
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
BBVI	Blood-borne viral infections
CPR	Cardiopulmonary resuscitation
DMT	Dimethyltryptamine
EDRS	Ecstasy and related Drugs Reporting System
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
K10	10-item Kessler Psychological Distress Scale
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NSP	Needle and Syringe Program
NSW	New South Wales
OST	Opioid substitution treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PDI	Party Drugs Initiative
SD	Standard deviation
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences

GLOSSARY OF TERMS

Cap	A small amount, typically enough for one injection
Extra-medical use	Use of a prescribed medication without prescription, or not 'as directed' by a doctor but not excluding the possibility that use may be driven by medical reasons
Half weight	0.5 grams
Illicit	Illicit obtainment refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner. 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
Licit	Licit obtainment of pharmaceuticals refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the consumer's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Point	0.1 grams, although may also be used as a general term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (intravenous) on at least one occasion in the last six months
Recent use	Use in the last six months via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Session	Period of continuous use

Guide to days of use/injection

180 days	Daily use/injection* over preceding six months
90 days	Use/injection* every second day
24 days	Weekly use/injection*
12 days	Fortnightly use/injection*
6 days	Monthly use/injection*

*As appropriate

EXECUTIVE SUMMARY

Demographic characteristics of people who inject drugs sample

- 151 participants were interviewed in the 2017 NSW IDRS (100 male and 51 female).
- The sample had a mean age of 43 years.
- Ninety-six percent of the sample identified English as the main language spoken at home.
- The majority were unemployed (91%), single (52%), heterosexual (76%), had a prison history (73%) and were receivers of government allowance/pension (97%).
- There were significantly more males than females whom reported imprisonment ($p<0.01$).
- The median number of years spent at school was 10, with 28% completing years 11 or 12.
- Fifty-three percent of the sample had no tertiary qualifications, 36% had a trade/technical qualification and 11% had a university education.
- Forty-four percent of the sample reported being in current drug treatment.
- Fifty-six percent of the sample lived in rental accommodation and 27% reported having no fixed address or were homeless.

Patterns of drug use among the NSW sample

- The median age of first injection was 18 years.
- Over half of the participants (53%) reported that heroin was the first drug injected.
- Heroin remained the preferred drug of choice for 62% of participants.
- Heroin was the drug injected most often in the last month and the most recent drug injected.
- Polydrug use remained widespread among the sample, with participants reporting that they had used a median of six drugs in the six months preceding interview.
Compared to 2016, there were a number of significant changes in the lifetime, recent use, lifetime injection and median days' use of certain drugs in 2017. These included:
 - Decreased lifetime use of (any route of administration):
 - licit buprenorphine (21%; 32% in 2016; $p<0.05$)
 - Illicit 'other' oxycodone (8%; 16% in 2016; $p<0.05$)
 - OTC codeine (25%; 35% in 2016; $p<0.05$)
 - Methamphetamine powder (70%; 83% in 2016; $p<0.01$)
 - 'Any' methamphetamine (89%; 97% in 2016; $p<0.05$)
 - Synthetic cannabis (9%; 27% in 2016; $p<0.01$)
 - Decreased last six months use of (any route of administration):
 - Synthetic cannabis use (3%; 11% in 2016; $p<0.01$)
 - Decreased lifetime injection of:
 - Illicit 'other' oxycodone (5%; 15% in 2016; $p<0.05$)
 - Methamphetamine powder (61%; 75% in 2016; $p<0.05$)
 - Methamphetamine base (42%; 55% in 2016; $p<0.05$)
 - 'Any' methamphetamine (87%; 95% in 2016; $p<0.05$)
 - Decreased median days of use in last six months:
 - Methamphetamine base (2 days; 5 days in 2016; $p<0.05$)
 - Licit alprazolam (40 days; 180 days in 2016; $p<0.05$)
 - Increased median days of use in the last six months:
 - Illicit 'other' oxycodone (12 days; 5.5 days in 2016; $p<0.05$)
 - OTC codeine (11 days; 4 days in 2016; $p<0.05$)
 - Decrease median days of injection in the last six months:
 - Methamphetamine base (2 days; 5 days in 2016; $p<0.05$)

Heroin

- Majority of the sample (80%) reported recent use of heroin.
- Heroin was used on a median of 140 days within the six months preceding interview. Two-fifths (42%) reported daily use of heroin.
- Significantly less participants reported white/off-white powder as the most form used over the preceding six months (31%; 44% in 2016; $p<0.05$).
- Eighty percent of recent heroin consumers reported injecting heroin on a median of 125 days.
- White/off-white powder or rock was the most commonly used form of heroin used by participants in 2017.
- On an average day, the median amount used was two points or 0.5 grams.

Drug Market: price, purity, availability and purchasing patterns (heroin)

- *Median price*: \$50 for a cap, \$200 for a half weight and \$350 for a gram, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived purity*: currently varied – 36% reported of 'medium' purity whereas 27% reported 'low' purity and 21% reported 'high' purity. Two-fifths (41%) reported that the purity had remained 'stable' over the last six months, followed by 23% reporting it to have 'decreased'.
- *Availability*: currently 'very easy' or 'easy' to obtain and has remained 'stable' in past six months.
- *Purchasing patterns*: mainly obtained from a 'known dealer', most commonly at an 'agreed public location'.

Methamphetamine

- Sixty-nine percent of participants had recently used 'any' form of methamphetamine (speed powder, base, crystal methamphetamine or liquid^{1,2}).
- The most commonly used form of methamphetamine was crystal methamphetamine with 69% of the sample reporting recent use. In contrast, ten percent of the sample reported recent use of speed, followed by base (8%).
- The median days of crystal methamphetamine use remained stable at 48 days.
- There was a significant decrease in median days of those who used base in the six months prior to interview (2 days vs. 5 days in 2016; $p<0.05$).
- Of the 102 participants who reported recently using some form of methamphetamine, 16% reported daily use during that period.
- All participants using any form of methamphetamine reported having done so by injection in the six months prior to interview.
- The median amount used on an average day in the last six months was one point for both speed and crystal methamphetamine. Of those who answered in grams, the median amount used was reported as 0.5 grams for crystal methamphetamine.

¹ Methamphetamine powder (referred to as 'speed' or 'speed powder') is typically a fine-grained powder, generally white or off-white in colour, but may range from white through to beige or pink due to differences in the chemicals used to produce it. Base (which can also be known as 'pure', 'wax' or 'point') is the paste methamphetamine that is 'moist', 'oily' or 'waxy' and is often brownish in colour. Ice comes in crystalline form, in either translucent or white crystals (sometimes with a pink, green or blue hue) that vary in size. A fourth form, liquid amphetamine or 'oxblood', has also been identified, and is typically red/brown in colour.

² In previous years, 'any form' of methamphetamine included pharmaceutical stimulants. In 2006 and 2007, they were considered separately from methamphetamine. Prevalence and frequency of pharmaceutical stimulant use have remained low and stable in NSW.

Drug Market: price, purity, availability and purchasing patterns (methamphetamine)

Methamphetamine crystal

- *Median price:* \$50 for a point, \$200 for a half weight and \$310 for a gram, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived purity:* currently of 'medium' purity and reported as 'decreasing' in the six months preceding interview. Significantly more participants reported that the purity had 'decreased' in 2017 (38%) compared to 2016 (23%; $p<0.05$).
- *Availability:* currently 'very easy' to 'easy' to obtain and has remained 'stable' in past six months.

Methamphetamine powder

- *Median price:* \$50 for a point, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived purity:* currently of 'medium' purity and reported as being either 'stable' or 'decreasing' in past six months.
- *Availability:* currently 'easy' to 'very easy' to obtain and has remained 'stable' in past six months.

Methamphetamine base

- Too small numbers ($n<10$) were able to comment on the price, purity and availability and is therefore is not presented in text.
- *Purchasing patterns:* the majority reported to obtain both crystal and powder forms of methamphetamine from a 'known dealer' or a 'friend'. The location of where methamphetamine was obtained varied.

Cocaine

- Twenty-one percent of participants reported cocaine use in the preceding six months on a median of 12 days.
- Eighty-four percent of recent cocaine consumers reported recently injecting cocaine.
- Of those that reported recent use, 88% had used powder, 38% had used rock and 19% had used crack.
- On an average day, the median amount of cocaine used was one point or 0.88 grams.

Drug Market: price, purity, availability and purchasing patterns (cocaine)

- *Median price:* Not reported due to small response numbers ($n<10$).
- *Perceived purity:* currently 'high' (46%), a significant increase from 13% in 2016 ($p<0.05$). Reported change in purity was varied, with majority reporting 'stable' (33%), followed by 'decreasing' (25%) and 'fluctuating' (25%).
- *Availability:* currently 'easy' to 'very easy' to obtain and stable.
- *Purchasing patterns:* mainly obtained from 'known dealers' or 'friends' most commonly at a 'friend's home' or an 'agreed public location'.

Cannabis

- The cannabis market continued to remain relatively unchanged since the commencement of the NSW IDRS in 1996.
- Both lifetime and recent use of cannabis remained high at 95% and 79%, respectively.
- Cannabis was used on a median of 98 days in the past six month period, with just under half (45%) reporting daily use.
- Of the participants who had used cannabis recently, 97% reported the use of hydro and 42% reported the use of bush.
- Eight participants reported use of 'hash' and five participants reported use of 'hash oil'.
- On an average day, the median amount of cannabis used was five cones, one joint or one gram.

Drug Market: price, purity, availability and purchasing patterns (cannabis)

From 2003, to ensure more detailed information was collected on the different forms of cannabis, the cannabis section was separated into hydro (hydroponically grown) and bush (grown outdoors).

Hydro:

- *Median price:* \$20 per gram, \$100 per quarter ounce and \$300 per ounce, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived potency:* currently 'high' and stable.
- *Availability:* currently 'very easy' to 'easy' to obtain and has remained 'stable' in past six months.

Bush:

- *Median price:* \$20 per gram, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived potency:* currently 'medium' and stable.
- *Availability:* currently 'difficult' and has remained 'stable' in past six months. There was a significant decrease of those reporting the availability as 'easy' or 'very easy' in 2017 (48%; 79% in 2016; $p<0.05$).

Hydro and Bush:

- *Purchasing pattern:* hydro and bush mainly obtained from 'friends', most often from a 'friend's home'.

Opioids

The IDRS monitors the use patterns and market characteristics of opioid pharmaceutical medications including both those prescribed for opioid substitution treatment (OST) (e.g. methadone, buprenorphine, buprenorphine-naloxone), and those prescribed for pain relief (e.g. morphine and oxycodone). In this report 'licit' refers to pharmaceuticals obtained by a prescription in the consumer's name and 'illicit' refers to pharmaceuticals obtained from a prescription in someone else's name or another illicit source.

In 2017, 57% of people who inject drugs reported recent use of some type of illicit opioid (excluding heroin) (47% in 2016).

- *Illicit methadone syrup*: 18% reported recent use on a median of six days. The average amount used per day in the last six months was a median of 40ml.
- *Illicit Physeptone® tablets*: three percent reported recent use on a median of two days. The average amount recently used per day was a median of 10mg.
- *Illicit buprenorphine*: 13% reported recent use on a median of 12 days. The average amount used per day was a median of 8mg.
- *Illicit buprenorphine-naloxone*: 14% reported recent use on a median of seven days. The average amount used per day in the last six months was a median of 5mg.
- *Illicit morphine*: 16% reported recent use on a median of 15 days. The average amount of illicit morphine used per day in the last six months was a median of 100mg.
- *Illicit generic oxycodone*: 23% reported recent use on a median of seven days. The average amount of illicit generic oxycodone used per day was a median of 80mg.
- *Illicit OP oxycodone*: 11% reported recent use on a median of three days. The average amount of illicit OP oxycodone used per day in the last six months was a median of 80mg.
- *Illicit other oxycodone*³: three percent reported recent use on a median of 12 days which had significantly increased compared to 2016 (5.5 days; $p<0.05$). The average amount of illicit other oxycodone used per day in the last six months was a median of 60mg.
- *Fentanyl (licit and illicit)*: 21% reported recent use on a median of five days. The average amount used per day was a median of 75mg or 100 ug/hr.
- *OTC codeine*: 11% reported recent use on a median of 11 days. The main brand of OTC codeine used by participants was Panadeine.
- *Other opioids (not elsewhere specified) (licit and illicit)*: 17% reported recent use on a median of 12 days. The majority of participants reported that Panadeine Forte® was the main brand used.

Drug Market: price, purity, availability and purchasing patterns (opioids)

Illicit methadone

- *Median price*: 50 cents per ml, with the price primarily reported as 'stable' over the preceding six months.
- *Availability*: currently 'easy' to obtain and stable.
- *Purchasing patterns*: most commonly obtained from 'friends' at a 'friend's home'.

Illicit morphine

- *Median price*: \$45 per 100mg MS Contin® tablet and stable.
- *Availability*: currently 'very easy' or 'easy' to obtain and has remained 'stable' in past six months.
- *Purchasing patterns*: most commonly obtained through 'known dealers' at a 'street market'.

Illicit 'generic or other' oxycodone

- *Median price*: not reported due to small numbers ($n<10$).
- *Availability*: currently 'very easy' or 'easy' to obtain and has remained 'stable' in past six months.
- *Purchasing patterns*: mainly obtained from a 'known dealer', most often at a 'street market'.

³ In April 2014 'Reformulated OxyContin®' (branded with an 'OP' on each tablet) was introduced designed to be tamper resistant. The 'original oxycodone' OxyContin® (branded with an 'OC') was withdrawn. In September 2014 generic 'non-tamper-resistant oxycodone' was made available in Australia.

Illicit 'OP' oxycodone

- *Median price:* not reported due to small numbers (n<10).
- *Availability:* currently 'easy' to obtain and has remained 'stable' in past six months.
- *Purchasing patterns:* mainly obtained from an 'unknown dealer', most often at a 'street market'.

Illicit Fentanyl

- *Median price:* not reported due to small numbers (n<10).
- *Availability:* currently 'easy' and had been 'stable' over the last six months.
- *Purchasing patterns:* most commonly obtained through 'friends' at 'home'.

Illicit buprenorphine (Subutex®)

- *Median price:* not reported due to small numbers (n<10).
- *Availability:* currently 'difficult' and had been 'stable' over the last six months.
- *Purchasing patterns:* most commonly obtained through 'friends' at an 'agreed public location', 'street market' or 'friend's home'

Illicit buprenorphine-naloxone (Suboxone®)

- *Median price:* not reported due to small numbers (n<10).
- *Availability:* currently 'easy' and had been 'stable' over the last six months.
- *Purchasing patterns:* most commonly obtained through 'friends' at an 'agreed public location' or 'street market'.

Other drugs

- *Illicit alprazolam:* 25% reported recent use on a median of eight days.
- *Illicit 'other' benzodiazepines:* 30% reported recent use on a median of ten days.
- Among participants who had recently used benzodiazepines, 23% reported using them on a daily basis.
- *Illicit pharmaceutical stimulants:* four percent reported recent use on a median of six days. The most common brand used was Dexamphetamine®.
- *Illicit Seroquel®:* 11% reported recent use on a median of five days.
- *Ecstasy and hallucinogens:* 13% reported recent use of ecstasy on a median of four days and five percent reported recent use of some type of hallucinogen on a median of two days.
- *Steroids:* two percent reported recent use on a median of six days.
- *NPS:* none of the participants reported recent use.
- *Synthetic cannabinoids:* lifetime use had significantly decrease between 2016 and 2017 (9% and 27%, respectively; $p<0.01$). Three percent of the sample reported recent use, and all reported to have used it once in the six months preceding interview.
- *Inhalants:* one participant reported recent use.
- *Alcohol:* 54% reported recent use on a median of 12 days and of these 13% reported daily use.
- *Tobacco:* 89% reported recent use on a median of 180 days and of these 95% reported daily use.
- *E-cigarettes:* 13% reported recent use on a median of six days.

Drug Market: price, purity, availability and purchasing patterns (other drugs)

Illicit benzodiazepines

- *Median price:* \$2 per diazepam pill, with the price primarily reported as 'stable' over the preceding six months.
- *Availability:* varied, with 37% reporting availability as 'easy' and 33% as 'difficult' to obtain. Regardless, over half of those who commented reported that the availability had been 'stable' over the last six months.
- *Purchasing patterns:* mainly obtained from 'friends', 'street dealers' or 'known dealers', most commonly at a 'street market'.

The number of participants who answered questions relating to ecstasy, hallucinogens, illicit antidepressants, illicit antipsychotics, illicit pharmaceutical stimulants, and steroids markets were low (n<10). Data from these sections will not be presented.

Health-related issues

Overdose

- Fifty-three percent of the 97% who reported a lifetime use of heroin, reported that they had overdosed on heroin at least once in their lifetime.
- Among participants who had ever overdosed on heroin (n=66), 14% had overdosed in the past 12 months and four participants had overdosed in the past month.
- Six participants had overdosed on any other drug (not including heroin, morphine, methadone or oxycodone) in the past 12 months, and one participant had overdosed in the last month.

Drug Treatment

- Forty-four percent of the sample reported being in drug treatment and they had been in treatment for a median of 24 months. The predominant form of treatment being received was maintenance pharmacotherapy treatment.
- Six percent of the sample reported hospital admission for methamphetamine psychosis on a median of one occasion in the past year, while four percent of the sample reported admission to hospital for other methamphetamine related issues on a median of one occasion in the past year.
- Nineteen percent of participants had tried to access treatment over the preceding six months but were unable to. Sixty-one percent had tried to access treatment for heroin use and 25% had tried to access treatment for methamphetamine use.

Opioid and Stimulant Dependence

- Of those who recently used an opioid drug and commented (n=129) the median SDS score was eight, with 74% scoring five or above, indicative of opioid dependence.
- Of those who recently used a stimulant drug and commented (n=103), the median SDS score was five, with 59% scoring four or above, indicative of stimulant dependence.

Mental Health

- Forty-two percent of all participants reported experiencing a mental health problem in the preceding six months. Among those who had suffered from a mental health problem, depression and anxiety continued to be the most commonly reported disorders.
- Among those who had recently experienced a mental health problem, 72% reported that they had attended a professional for such problems.

- Just under two-thirds of the IDRS sample (64%) was assessed as having 'high' to 'very high' levels of psychological distress. This was much higher than what has been reported among the general population (11%).

Alcohol Use Disorders Identification Test

- Thirty-six percent of males and 34% of females scored five or more on the AUDIT-C, indicating a serious need for further assessment.

Naloxone Program and Distribution

- Ninety-three percent of those who commented (n=131) had heard of naloxone.
- Sixty-three percent of those who commented (n=131) had heard of the take-home naloxone program.
- Twenty percent of those who commented (n=131) had completed training in naloxone administration. Of the 26 participants who had completed the course, 39% had used naloxone to resuscitate someone who had overdosed.
- Twenty-nine percent of those who commented (n=130) had heard about the rescheduling of naloxone.
- Sixty-two percent of those who commented (n=124) purchase naloxone OTC.

Injecting Risk Behaviours

Injecting Risk Behaviour

- Eleven percent reported sharing (borrowing) and 16% reported lending of needles/syringes.
- Forty-four percent of the sample reported re-using their own needles in the last month.
- Three-fifths of the participants (62%) reported that they had last injected in a private home.
- Ninety-one percent of those who commented reported to have shared spoons/mixing containers, a significant increase from 58% in 2016 ($p<0.01$). There was also a significant increase of those who reported sharing water (47%; 16% in 2016; $p<0.01$).
- Sixty-four percent of the sample reported experiencing an injection-related problem in the preceding month. The most common problems experienced were prominent scarring/bruising around the injection site and difficulty injecting.
- Thirty-one percent of the sample reported injecting either a partner or friend after injecting themselves with either a new or used needle in the last month.
- Fourteen percent reported that somebody else injected them after injecting themselves with either a new or used needle in the past month.

Driving

- Thirty-six participants had reported that they had driven a vehicle in the six months prior to interview. Among these participants, eight percent had driven while over the legal alcohol limit and 61% had driven within three hours of taking illicit or non-prescribed drug(s) in the previous six months.

Law Enforcement-Related Trends Associated with Drug Use

Criminal Activity among Participants

- Forty-two percent reported committing 'any crime', with drug dealing and property crime being the most commonly reported crime.
- Thirty-nine percent of the sample reported to have been arrested in the preceding 12 months.
- Seventy-three percent reported a lifetime prison history.

Expenditure on Illicit Drugs

- The median expenditure on illicit drugs the day before interview was \$50.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is Australia's national illicit drug monitoring system. The purpose of the IDRS is to provide a standardised, comparable approach to the monitoring of data relating to the use of heroin, cocaine, methamphetamine, cannabis and other drugs. The IDRS is a sensitive and timely indicator of drug trends both nationally and by jurisdiction. It is not intended to describe phenomena in detail, but rather, is designed to indicate the need for more detailed data collection by providing sensitive and timely data on trends in illicit drug markets. As well as drug trends, the findings highlight areas where further research is required, or where changes may need to be made in terms of education, health promotion, treatment services and policy.

One component of the IDRS involves interviews with people who inject drugs to obtain information on use patterns and drug markets. The participants are recruited as a sentinel group that are active in illicit drug markets. The information from the IDRS survey is not representative of illicit drug use in the general population, nor is it indicative of all illicit drug use or of all people who inject drugs, but identifies emerging trends that require further monitoring.

The IDRS has operated in NSW since 1996. The data described in this report represent a summary of drug trends detected by the NSW IDRS in 2017. Results are summarised by drug type to provide the reader with an abbreviated picture of illicit drug markets and recent trends. NSW drug trends from previous years can be found in the annual *NSW Drug Trends* reports. All IDRS reports from previous years (in NSW and for all other jurisdictions) may be downloaded in full from the NDARC <http://ndarc.med.unsw.edu.au> or Drug Trends websites <http://www.drugtrends.org.au/>. Quarterly bulletins are also produced on IDRS and related data and IDRS results are also disseminated in a range of forums including national and international conferences and at the annual Drug Trends Conference. Details of all of these may also be found on the above websites.

A separate study monitoring trends in ecstasy and related drug use (the Ecstasy and Related Drugs Reporting System, or EDRS, formerly known as the Party Drugs Initiative, or PDI) commenced in NSW in 2000 and has been conducted nationally since 2003. Copies of EDRS reports and bulletins may also be downloaded from the NDARC <http://ndarc.med.unsw.edu.au> or Drug Trends <http://www.drugtrends.org.au/> websites.

1.1 Study aims

As in previous years, the specific aims of the 2017 NSW IDRS were:

- To monitor the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine, cannabis and other drugs; and
- To identify emerging trends in NSW illicit drug markets that may require further investigation.

2 METHODS

The IDRS considers one main source of information when documenting drug trends:

- A quantitative survey of people who inject drugs.

Previous IDRS research has demonstrated that people who inject drugs located within known drug market areas are an appropriate sentinel group for detecting illicit drug trends and related issues, due to their high exposure to a variety of illicit drugs (Hando, Darke, O'Brien, Maher, and Hall (1998). People who inject drugs also have first-hand knowledge of the price, purity and availability of the illicit drug classes considered.

Data from the 2017 IDRS were also compared with IDRS findings from previous years to determine changes in drug trends and related issues over time. Note that this year the key expert data and indicator data is not reported in the jurisdictional reports, instead refer to the 2017 national report for an overview.

2.1 Survey of people who inject drugs

In the 2017 NSW IDRS, the survey consisted of face-to-face interviews with 151 participants, conducted in Sydney during the month of June 2017. Seventy-two percent of the sample was recruited from the inner city (Kings Cross and Redfern), and the remainder from Sydney's South-West (Liverpool, Canterbury). Prior to 2004, people who inject drugs were recruited from Cabramatta rather than Liverpool. Due to the closure of a service in Cabramatta in mid-2003, Liverpool was selected as a new interview site as it is a key illicit drug market area, and it is in these markets that trends in illicit drug use are likely to first emerge. It should be noted that a shift in the site to South-Western Sydney (in close proximity to a pharmacotherapy treatment service) since 2004 is likely to have contributed to a slight over-representation of methadone and buprenorphine clients within the sample and this should be taken into consideration when interpreting findings.

Participants were recruited from various sites offering NSP facilities. Potential participants were screened for eligibility— i.e. criteria for entry to the study were: (i) at least 17 years of age (ii) at least monthly injection of any drug in the six months preceding interview; and (iii) resident in Sydney for the preceding 12 months, with no significant periods of incarceration, residential rehabilitation, therapeutic community or other time away during that period. This ensures current knowledge of the drug market.

The interview schedule included sections on demographics; drug use history; the price, perceived purity and availability of illicit drugs; criminal activity; injection related behaviour; driving risk behaviour; health (mental and drug-related); and general drug trends. Participants were interviewed within the agencies that assisted with recruitment or at coffee shops and fast-food outlets close by. Interviews were administered by trained interviewers, took about 60 minutes to complete, and participants were reimbursed \$40 for their time and travel expenses. Descriptive analyses of the quantitative data derived from the NSW IDRS survey were conducted using SPSS Statistics for Windows, Release 23.0.

3 DEMOGRAPHICS

Key Findings

- 151 participants were interviewed in the 2017 NSW IDRS (100 male and 51 female).
- The sample had a mean age of 43 years.
- Twenty-eight percent of the sample identified as Aboriginal and/or Torres Strait Islanders.
- Ninety-six percent of the sample identified English as the main language spoken at home.
- The majority were unemployed (91%), single (52%), heterosexual (76%), had a prison history (73%) and were receivers of government allowance/pension (97%).
- There were significantly more males than females whom reported imprisonment ($p<0.01$).
- The median number of years spent at school was 10, with 28% completing years 11 and/or 12.
- Fifty-three percent of the sample had no tertiary qualifications, 36% had a trade/technical qualification and 11% had a university education.
- Forty-four percent of the sample reported being in current drug treatment.
- Fifty-six percent of the sample lived in rental accommodation and 27% reported having no fixed address or were homeless.

3.1 Overview of people who inject drugs regularly

The demographic characteristics of the 151 participants interviewed in 2017 are summarised in Table 1.

The mean age of the sample remained stable in 2017 at 43 years (range: 21–68 years). Sixty-six percent of the sample were male and 28% identified as Aboriginal and/or Torres Strait Islander (24% in 2016). The majority (91%) were unemployed and three-quarters (73%) had a history of previous imprisonment. Of those reporting a prison history, there were significantly more males ($n=69$) than females ($n=33$) whom reported a history of imprisonment ($p<0.01$). The median number of years spent at school was ten years (range: 3–12 years), with one-quarter of the sample (28%) reporting completion of years 11 and/or 12. Fifty-three percent of the sample reported having no tertiary qualifications. Of those who did report having a tertiary qualification, most had completed a technical or trade qualification (36%) and 11% had completed a university qualification.

In regard to income, 97% of the sample reported receiving some form of government pension, allowance or benefit in the previous month. The mean income per week was reported as \$377. In 2017, the majority (93%) specified government allowance/pension or benefit as their main source of income.

Fifty-six percent of the participant sample resided in rental accommodation. Twenty-seven percent reported having no fixed address or were homeless, and seven percent reported residing in a boarding house or hostel. Five participants resided in their own house/flat, four participants lived at their family/parent's home, two participants in a shelter/refuge, and one participant did not specify place of residence.

Half of the sample (52%) were single at the time of interview and 13% were married or in a de facto relationship. A fifth of the sample (20%) had a regular partner, 11% were separated or divorced and a further four participants were widowed.

In 2017, 44% of the sample was in drug treatment at the time of the interview. Of those in treatment, the vast majority of participants (93%) reported being in maintenance pharmacotherapy treatment. More specifically, 70% reported being on a methadone program and 23% reported being on a buprenorphine program, including those receiving Suboxone® treatment. Four participants were receiving drug counselling at the time of interview and one participant was attending Smart Recovery meetings. There were no reports of participants receiving naltrexone treatment or participation in detoxification programs. The median amount of time spent in current treatment was 24 months (range: 1–300 months).

In summary, compared to 2016, the 2017 sample characteristics remained relatively stable.

Table 1: Demographic characteristics of IDRS sample, 2013–2017

	2013 N=151	2014 N=150	2015 N=150	2016 N=150	2017 N=151
Mean age (years) (range)	40.1 (23-63)	40.0 (19-64)	43 (19-71)	43 (19-72)	43 (21-68)
Sex (% male)	60	75	66	73	66
Aboriginal and/or Torres Strait Islander* (%)	27	37	39	24	28
School education (mean no. years, range)	10 (4-12)	9 (3-12)	9 (0-12)	10 (3-12)	10 (3-12)
Employment (%)					
Not employed/on a pension	95	93	94	89	91
Full time	1	3	2	1	1
Part-time/casual	4	1	3	5	5
Home duties	0	1	1	0	1
Student	1	1	0	0	2
Sexual identity (%)					
Heterosexual	85	91	86	87	76
Bisexual	11	7	11	9	13
Gay or lesbian	3	2	3	4	7
Other	1	0	1	0	3
Tertiary education (%)					
No qualification	44	43	45	44	53
Trade/tech	49	49	47	47	36
University/college	7	7	7	9	11
Current relationship status (%)					
Married/de facto	22	22	17	17	13
Regular partner	20	16	16	9	20
Single	45	55	61	66	52
Separated/divorced	10	6	4	8	11
Widowed/widower	3	1	1	0	3
Currently in drug treatment^ (%)	61	51	64	54	44
Prison history (%)	70	79	80	67	73

Source: IDRS participant interviews.

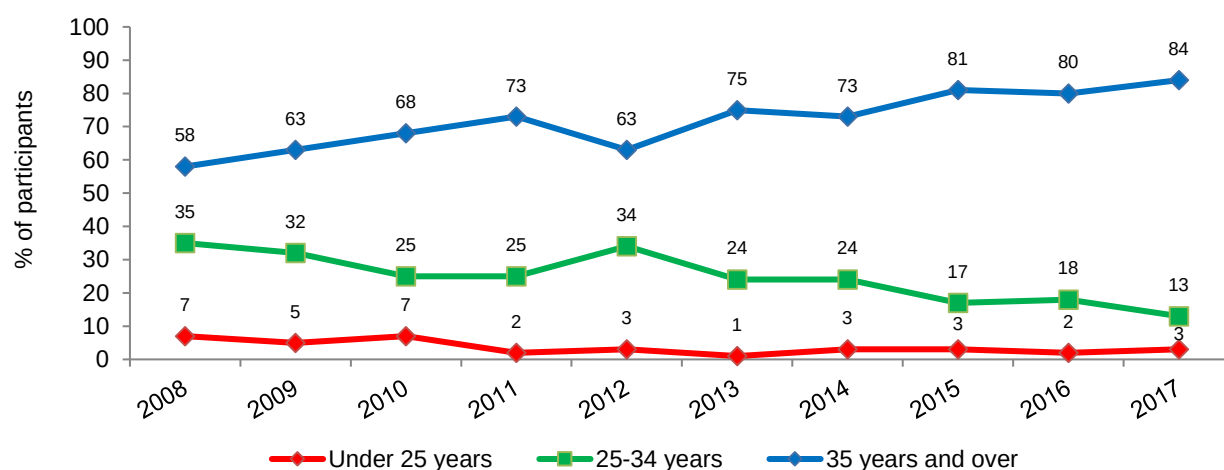
^ Refers to any form of drug treatment, including pharmacotherapies, counselling, detoxification, etc.

*Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who regularly inject drugs.

3.1.1 Age of the sample over time

The mean age (43 years) of the sample is in keeping with the gradual increase in age over time. The 35 years and over age group represents the majority (84%) of the sample (80% in 2016). The percentage of younger consumers interviewed generally has remained low and stable (Figure 1).

Figure 1: Age distribution of the participants in the NSW (Sydney) IDRS samples, 2008–2017



Source: IDRS participant interviews.

3.1.2 Recruitment

The majority of participants (48%) had been recruited by advertisements in NSPs and by word of mouth (40%) (Table 2).

Table 2: Source of participant recruitment, 2013–2017

	2013 N=151	2014 N=150	2015 N=150	2016 N=150	2017 N=151
IDRS survey recruitment (%)					
Needle and Syringe Program (NSP)	39	48	31	43	48
Treatment provider	13	5	10	4	2
Advert in street press	2	0	0	2	0
Word of mouth	33	39	48	43	40
Participated in IDRS in previous years (%)	3	2	2	1	5

Source: IDRS participant interviews.

4 CONSUMPTION PATTERNS

Key Findings

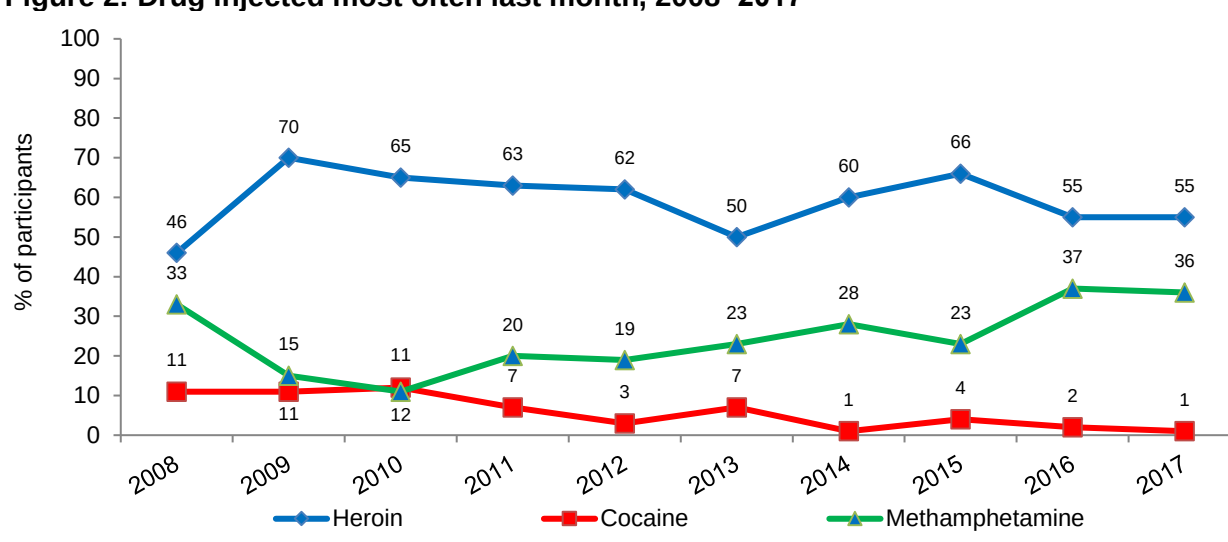
- The median age of first injection was 18 years.
- Over half of the participants (53%) reported that heroin was the first drug injected.
- Heroin remained the preferred drug of choice for 62% of participants.
- Heroin was the drug injected most often in the last month and the most recent drug injected.
- Polydrug use remained widespread among the sample, with participants reporting that they had used a median of six drugs in the six months preceding interview.
- In regard to recent use (past six month use):
- There was a significant decrease in the use of synthetic cannabis $p<0.01$.
- There was significant decrease in median days in use of licit alprazolam ($p<0.05$) and methamphetamine base ($p<0.05$) and a significant decrease in median days of injecting methamphetamine base ($p<0.05$).
- There was significant increase in median days in use of illicit 'other' oxycodone ($p<0.05$) and OTC codeine ($p<0.05$).

4.1 Lifetime and current drug use

The median age of first injection was 18 years (range: 7–52 years) (Table 3). Similar to previous years, heroin was the first drug injected by majority of participants (53%), followed by methamphetamine (41%) and cocaine (3%). Heroin remained the most commonly reported drug of choice (62%).

As previous years, heroin remained the drug injected most often in the month preceding interview (55%; Figure 2) and the most common drug last injected (53%) (Table 3). The second most common drug last injected was crystal methamphetamine (33%). Over half of the participants (56%) injected at least once a day in the preceding month. Eleven percent of participants reported injecting 'more than 3 times a day', 27% reported injecting '2 to 3 times per day', 17% reported 'once daily injection', 33% reported 'more than weekly, but less than daily' and ten percent reported injecting 'weekly or less'.

Figure 2: Drug injected most often last month, 2008–2017



Source: IDRS participant interviews.

Table 3: Injection history, drug preferences and polydrug use of participants, 2013–2017

	2013 N=151	2014 N=150	2015 N=150	2016 N=150	2017 N=151
Age first injection (median years)	18	18	17	18	18
First drug injected (%)					
Heroin	57	55	58	56	53
Methamphetamines	36	32	31	35	41
Cocaine	3	7	6	3	3
Morphine	0	1	1	1	0
Drug of choice (%)					
Heroin	62	66	72	60	62
Cocaine	9	4	3	4	1
Methamphetamine (any form)	17	17	17	24	27
<i>Speed</i>	1	3	4	1	1
<i>Base</i>	1	0	0	0	0
<i>Crystal methamphetamine</i>	15	13	13	23	26
Benzodiazepines	0	1	0	0	1
Cannabis	4	4	4	3	5
Drug injected most often in last month (%)					
Heroin	50	60	66	55	55
Cocaine	7	1	4	2	1
Methamphetamine (any form)	23	28	23	37	36
<i>Speed</i>	1	3	1	0	1
<i>Base</i>	1	0	0	0	0
<i>Crystal methamphetamine</i>	21	25	22	37	35
Benzodiazepines	0	1	0	0	0
Morphine	2	5	1	0	1
Oxycodone	11	2	3	1	1
Most recent drug injected (%)					
Heroin	50	59	60	55	53
Cocaine	7	2	5	2	1
Methamphetamine (any form)	24	25	24	36	35
<i>Speed</i>	2	1	1	0	2
<i>Base</i>	1	0	0	0	0
<i>Crystal methamphetamine</i>	21	24	23	36	33
Benzodiazepines	0	0	0	0	0
Morphine	3	4	1	1	1
Oxycodone	11	4	2	1	2
Frequency of injecting in last month (%)					
Not injected in last month	1	0	1	1	2
Weekly or less	13	11	21	12	10
More than weekly, but less than daily	35	29	19	33	33
Once per day	16	11	15	21	17
2–3 times a day	28	37	29	21	27
>3 times a day	7	11	15	11	11

Source: IDRS participant interviews.

Polydrug use was common among IDRS participants and this has remained consistent across the years. Participants were asked about their history of use of 28 separate substances. These substances consisted of; 'any' heroin, 'any' methadone, 'any' oxycodone, 'any' morphine, 'any' buprenorphine, 'any' buprenorphine-naloxone, 'any' benzodiazepine, 'any' pharmaceutical stimulants, 'any' benzodiazepines, 'any' methamphetamine (including powder, base, liquid and crystal forms), fentanyl, 'any' tapentadol, cannabis, cocaine, inhalants, hallucinogens, ecstasy, steroids, any new psychoactive stimulants, OTC codeine, 'other' opioids, any Seroquel®, alcohol, tobacco, e-cigarettes, synthetic cannabis, drugs that mimic ecstasy or psychedelic drugs and drugs that mimic opioids. Only illicit use of a drug was analysed. In 2017, participants reported use of a median of 14 (range: 2–28) drug types across their lifetime and a median of six (range: 1–18) drug types during the six months prior to interview (see Table 4).

Table 4: Number of drug classes used among the sample, 2016–2017

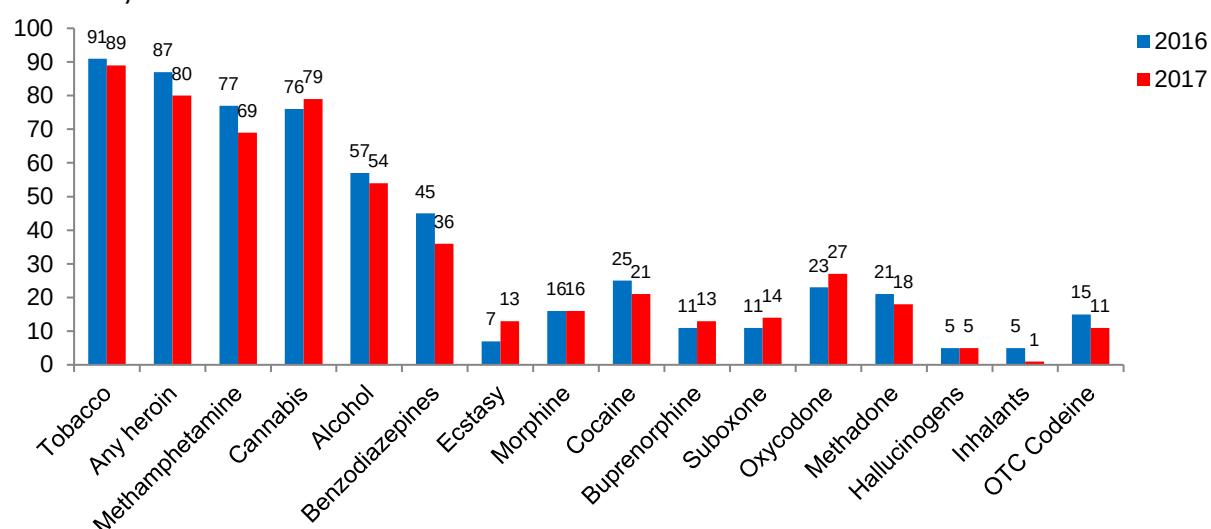
	2016	2017
Median number of drug classes ever used (range; n)	14 (5–23; 143)	14 (2–28; 150)
Median number of drug classes used in last 6 months (range; n)	10 (4–17; 143)	6 (1–18; 148)

Source: IDRS participant interviews.

The drugs most commonly used among the participants in the last six months were tobacco, 'any' heroin, 'any' methamphetamine, cannabis and alcohol (see

Figure 3). This remained stable from 2016. More detailed information on the use of these drugs can be found under the relevant section headings in the report.

Figure 3: Prevalence of drug use among the sample in the six months preceding interview, NSW 2017*



Source: IDRS participant interviews.

* Key drugs investigated in the IDRS (i.e. heroin, methamphetamine, cocaine and cannabis) shown in black; 'Any heroin' includes heroin and homebake heroin. 'Methamphetamine' includes speed, base, crystal and liquid amphetamine. 'Methadone' includes illicit (not prescr.) methadone liquid and Physeptone®. 'Morphine' 'buprenorphine', 'oxycodone', 'suboxone' and 'benzodiazepines' includes only illicit tablet and film forms of the drug in any formulation unless otherwise specified. 'Use' refers to any form of administration and does not necessarily imply injection; for further information on routes of administration, please refer to Table 5.

Compared to 2016, there were a number of significant changes in the lifetime, recent use, lifetime injection and median days use of certain drugs in 2017. These included:

- Decreased lifetime use of (any route of administration):
 - o licit buprenorphine (21%; 32% in 2016; $p<0.05$)
 - o Illicit 'other' oxycodone (8%; 16% in 2016; $p<0.05$)
 - o OTC codeine (25%; 35% in 2016; $p<0.05$)
 - o Methamphetamine powder (70%; 83% in 2016; $p<0.01$)
 - o 'Any' methamphetamine (89%; 97% in 2016; $p<0.05$)
 - o Synthetic cannabis (9%; 27% in 2016; $p<0.01$)
- Decreased last six months use of (any route of administration):
 - o Synthetic cannabis use (3%; 11% in 2016; $p<0.01$)
- Decreased lifetime injection of:
 - o Illicit 'other' oxycodone (5%; 15% in 2016; $p<0.05$)
 - o Methamphetamine powder (61%; 75% in 2016; $p<0.05$)
 - o Methamphetamine base (42%; 55% in 2016; $p<0.05$)
 - o 'Any' methamphetamine (87%; 95% in 2016; $p<0.05$)
- Decreased median days of use in last six months:
 - o Methamphetamine base (2 days; 5 days in 2016; $p<0.05$)
 - o Licit alprazolam (40 days; 180 days in 2016; $p<0.05$)
- Increased median days of use in the last six months:
 - o Illicit 'other' oxycodone (12 days; 5.5 days in 2016; $p<0.05$)
 - o OTC codeine (11 days; 4 days in 2016; $p<0.05$)
- Decrease median days of injection in the last six months:
 - o Methamphetamine base (2 days; 5 days in 2016; $p<0.05$)

A more detailed history of participants' drug use can be found in Table 5.

Table 5: Drug use history and routes of administration of the entire sample, 2017

Drug Class	Ever used %	Ever inject %	Use last 6 months %	Inject last 6 months %	Smoke last 6 months %	Snort last 6 months %	Swallow last 6 months %	Days used last 6 months ^{^*~}	Days inject last 6 months ^{*~}
Heroin	97	97	80	80	13	3	3	140	125
Homebake	29	25	6	6	0	0	0	3	3
Any Heroin	97	97	80	80	13	3	3	140	126
Methadone – licit	60	30	34	7			34	180	7
Methadone – illicit	45	37	18	15			7	6	5
Physeptone – licit	7	3	1	0	0	0	1	90	0
Physeptone – illicit	16	11	3	1	0	0	2	2	2
Any Methadone	79	55	47	19	0	0	39	90	6
Buprenorphine – licit	21	11	4	2	0	0	4	57	16
Buprenorphine – illicit	33	26	13	11	1	0	5	12	11
Any Buprenorphine	43	29	15	11	1	0	9	12	12
Buprenorphine Naloxone – licit	28	10	12	1	0	0	11	81	11
Buprenorphine Naloxone – illicit	25	19	14	12	1	0	11	7	8
Any Buprenorphine Naloxone	40	22	23	12	1	0	15	30	8
Generic Oxycodone – licit	11	9	5	4	0	0	2	14	6
Generic Oxycodone – illicit	44	37	23	21	0	0	5	7	6
OP Oxycodone – licit	4	3	2	1	0	0	1	40	40
OP Oxycodone – illicit	23	15	11	8	0	0	5	3	6
Other Oxycodone – licit	3	1	1	1	0	0	1	64	84
Other Oxycodone – illicit	8	5	3	1	0	0	2	12	13
Any Oxycodone	85	45	29	26	0	0	12	10	9
Morphine – licit	22	12	7	5	0	0	4	34	29
Morphine – illicit	49	44	16	15	0	0	1	15	14
Any Morphine	60	49	21	19	0	0	4	20	14
Other Opioids	42	3	17	1	0	0	17	12	11
OTC Codeine	25	4	11	0	0	0	11	11	0
Methamphetamine Powder	70	61	10	10	1	2	3	30	20
Methamphetamine Base	50	42	8	7	2	1	1	2	2
Methamphetamine Crystal	85	84	69	68	32	3	2	48	47
Any form Methamphetamine	89	87	69	68	32	5	5	50	48
Pharmaceutical Stimulants – licit	9	3	3	1	0	0	3	105	2
Pharmaceutical Stimulants – illicit	15	6	4	1	0	0	4	6	6

Source: IDRS participant interviews.

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

^{*} Among those who had used/injected.

⁺ Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone®).

[~] Refers to median days.

Note: Buprenorphine-naloxone was first listed on the Pharmaceutical Benefits Scheme (PBS) in April 2006

Table 5: Drug use history and routes of administration of the entire sample, 2017 (Continued)

Drug Class	Ever used %	Ever inject %	Use last 6 months %	Inject last 6 months %	Smoke last 6 months %	Snort last 6 months %	Swallow last 6 months %	Days used last 6 months ^{^*~}	Days inject last 6 months ^{*~}
Cocaine	76	69	21	18	4	5	1	12	16
Hallucinogens	44	9	5	1	1	0	4	2	3
Ecstasy	60	23	13	5	0	0	10	4	1
Alprazolam – licit	19	1	9	0	0	0	9	40	0
Alprazolam – illicit	43	5	25	1	0	0	25	8	1
Other Benzodiazepines – licit	38	3	24	0	0	0	24	81	0
Other Benzodiazepines – illicit	44	5	30	1	0	0	30	10	1
Any Benzodiazepines (including Alprazolam)	64	10	48	1	0	0	48	22	1
Seroquel – licit	24	1	10	1	0	0	9	30	6
Seroquel – illicit	31	1	11	1	0	0	11	5	40
Any Seroquel	48	2	19	1	0	0	18	11	23
Alcohol	91	2	54	0			53	12	0
Cannabis	95		79		79		3	98	
Tobacco	92		89					180	
E-Cigarettes	28		13					6	
Inhalants	17		1					12	
Steroids	8	7	2	2	0	0	0	6	6
Fentanyl	34	31	21	19	0	0	0	5	3
NPS	1	1	0	0	0	0	0	0	0
Synthetic Cannabis	9	0	3	0	3	0	0	1	0

Source: IDRS participant interviews.

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

[~] Refers to median days.

^{*} Among those who had used/injected.

4.2 Heroin

Key Findings

- Majority of the sample (80%) reported recent use of heroin.
- Heroin was used on a median of 140 days within the six months preceding interview. Two-fifths (42%) reported daily use of heroin.
- Significantly less participants reported white/off-white powder as the most form used over the preceding six months (31%; 44% in 2016; $p < 0.05$).
- Eighty percent of recent heroin consumers reported injecting heroin on a median of 125 days.
- White/off-white powder or rock was the most commonly used form of heroin used by participants in 2017.
- On an average day, the median amount used was two points or 0.5 grams.

4.2.1 Heroin use among the sample

The majority of participants (80%) had used heroin in the six months preceding interview (86% in 2016). Heroin remained the drug of choice for 62% of the sample, similar to 2016 (60%). Heroin was most commonly nominated as the most recent drug injected (53%; 55% in 2016). Additionally, heroin was nominated by 55% of the sample as the 'drug injected most often in the last month' (55% in 2016).

Heroin was used on a median of 140 days (range: 1–180 days) in the preceding six months, demonstrating a non-significant increase compared to 90 days in 2016. Nevertheless, over the last decade, the median days of use has remained fairly consistent (Figure 4). The vast majority of recent heroin consumers (80%) reported injecting heroin within the preceding six months on a median of 125 days (range: 1–180 days). Among those who reported recent use of heroin, two-fifths (42%) reported daily use in 2017 (35% in 2016).

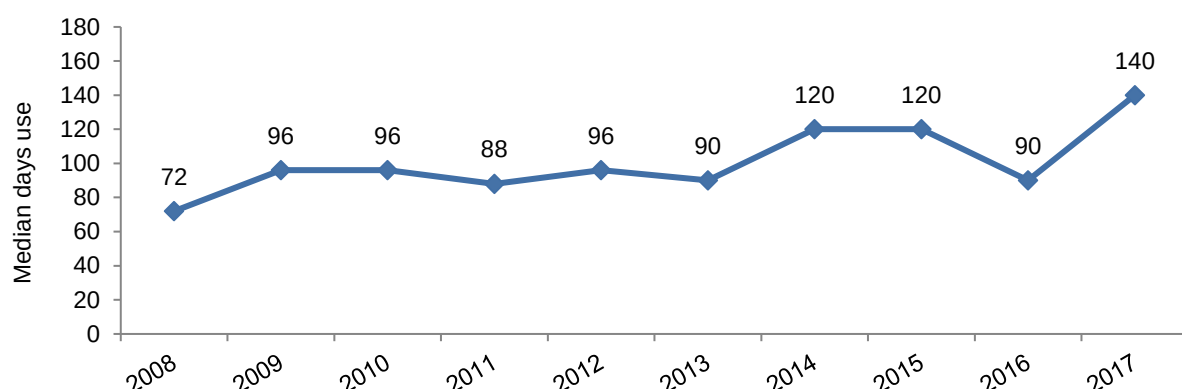
Table 6: Recent heroin use of IDRS participants, 2016–2017

	2016	2017
Recent use (%)	86	80
Median days of use*	90	140
Daily use * (%)	35	42

Source: IDRS participant interviews.

*Among those who had recently used. Maximum number of days, i.e. daily use, is 180. See page vii for guide to days of use/injection.

Figure 4: Median days of heroin use* in the past six months, 2008–2017



Source: IDRS participant interviews.

*Among those that reported recent heroin use.

4.2.2 Forms of heroin used

Traditionally, Australia's heroin has originated from the Golden Triangle (Myanmar, Laos PDR and Thailand) (Ciccarone, 2009; UNODC, 2009) and has been white or off-white in colour. This form of heroin has an acidic (acetone/hydrochloride) base and is relatively easy to prepare for injection as it is quite refined and water soluble. In contrast, heroin produced in the Golden Crescent region (Afghanistan and Pakistan) is rarely seen in Australia (Ciccarone, 2009), and is usually brown in colour and less refined. Typically, brown heroin is alkaline, requires heating and often citric or ascorbic acid to make it water soluble for injection. It is also considered more amenable to smoking as a ROA.

In the past decade it has been demonstrated that heroin colour is not a reliable determinant of geographic origin (Zerell, Ahrens, & Gerz, 2005). Therefore, while the following information provides an indication of the appearance of heroin used by participants of the IDRS, it is not possible to draw conclusions about its geographic origin, purity or the preparation method required for its injection based on these data alone. Further research into this area is required before firm conclusions can be drawn.

Brown heroin was first identified in NSW in 2006 and IDRS participants first commented on the presence of brown heroin in the same year. Since 2007, the issue was investigated by asking participants to describe the colour of the forms of heroin they had used over the last six months, in addition to the 'form most used'.

As in previous years, participants were asked about the forms of heroin they had used over the preceding six months. Of the 121 participants who had recently used heroin, 83% (n=100) reported use of a white/off white powder or rock form of heroin (90% in 2016), and 69% (n=84) reported using a brown powder or rock form of heroin (76% in 2016). The form most used over the preceding six months among those who could comment was white/off-white rock (31%; 22% in 2016) and white/off-white powder (31%), with the latter significantly different to 2016 (45%; $p<0.05$). The use of brown powder and rock was comparable with the 2016 report; 13% reported to have used brown powder the most (12% in 2016) and 20% reported using brown rock the most (21% in 2016).

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remained uncommon and infrequent among the NSW sample, with nine participants (6%) reporting recent use (6% in 2016) on a median of three days (range: 1–20 days). The same number of participants (n=9) reported injecting homebake in the preceding six months (n=6 in 2016), on a median of 3 days (range: 1-20 days).

Table 7: Reports of heroin forms used in the last six months among those who had recently used heroin, 2016–2017

	2016	2017
Used last 6 months (%)	(n=129)	(n=121)
White/off-white powder or rock	90	83
Brown powder or rock	76	69
Form most used last 6 months	(n=125)	(n=118)
White powder or rock	66	61
Brown powder or rock	33	33
Homebake	0	0
Other colour	2	6

Source: IDRS participant interviews.

4.2.3 Quantity of heroin use

Participants were asked about the quantity of heroin used on an average day in the six months prior to interview. Of those who commented, 69% (n=84) reported using points, 17% (n=21) reported using grams and 13% (n=16) reported using 'other'. Of those who reported in points, the median amount used was two points (range: 0.2–6 points) and of those who reported in grams, the median amount used was 0.5 grams (range: 0.08–2 grams).

4.3 Methamphetamine

Key Findings

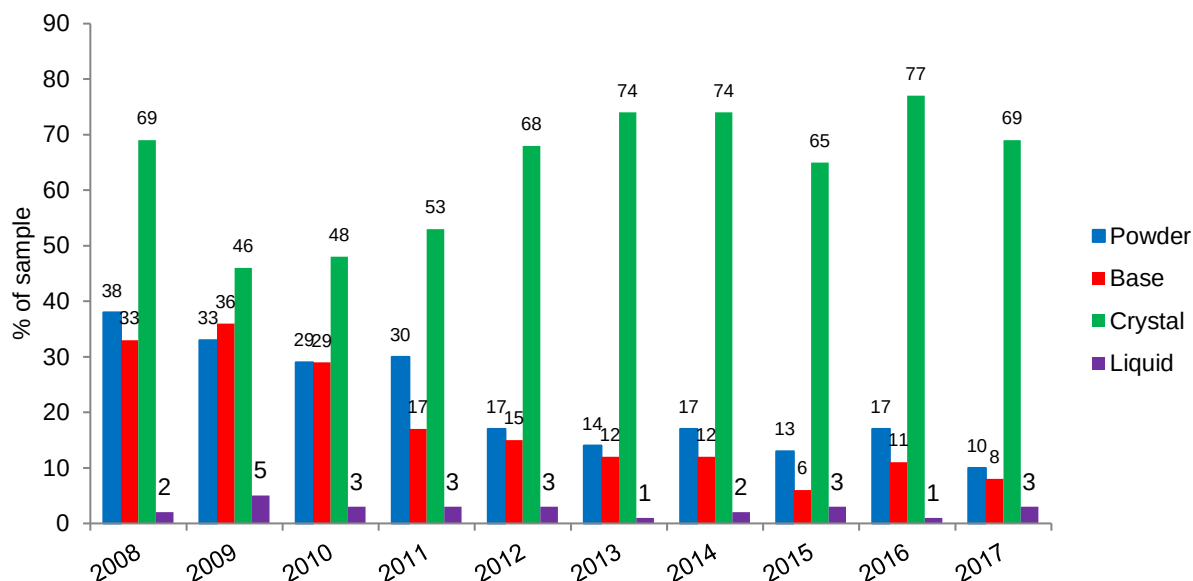
- Sixty-nine percent of the NSW sample had used 'any' form of methamphetamine in the six months preceding interview.
- The most commonly used form of methamphetamine was crystal methamphetamine with 69% of the sample reporting recent use. In contrast, ten percent of the sample reported recent use of speed, followed by base (8%).
- The median days of crystal methamphetamine use remained stable at 48 days.
- There was a significant decrease in median days of those who used base in the six months prior to interview (2 days vs. 5 days in 2016; $p < 0.05$)
- Of the 102 participants who reported recently using some form of methamphetamine, 16% reported daily use during that period.
- All participants using any form of methamphetamine reported having done so by injection in the six months prior to interview.
- The median amount used on an average day in the last six months was one point for both speed and crystal methamphetamine. Of those who answered in grams, the median amount used was reported as 0.5 grams for crystal methamphetamine.

From 2002, in response to the increasing diversification of the methamphetamine markets in Australia identified by the 2001 IDRS (Topp, Degenhardt, Kaye, & Darke, 2002), data has been collected on three different forms of methamphetamine: methamphetamine powder (referred to here as 'speed' or 'speed powder'); methamphetamine base ('base'); and crystal methamphetamine ('ice' or 'crystal'). 'Speed' is typically a fine-grained powder, generally white or off-white in colour, but may range from white through to beige or pink due to differences in the chemicals used to produce it. Base (which can also be known as 'pure', 'wax' or 'point') is the paste methamphetamine that is 'moist', 'oily' or 'waxy' and is often brownish in colour. It can be difficult to dissolve for injection due to its oily consistency. Crystal methamphetamine comes in crystalline form, in either translucent or white crystals (sometimes with a pink, green or blue hue) that vary in size. A fourth form, liquid amphetamine or 'oxblood', has also been identified, and is typically red/brown in colour. However, as it is used infrequently, participants are not surveyed regarding its price, purity or availability. Previous research indicated that participants were able to differentiate between these forms when surveyed (Breen et al., 2004; Roxburgh, Breen, & Degenhardt, 2004), and clarification was made to ensure participants and the interviewers were referring to the same forms of methamphetamine.

4.3.1 Use of methamphetamine

In 2017, 89% of participants reported a lifetime use of some form of methamphetamine and 69% reported use in the six months preceding interview (77% in 2016). Considered separately, the most commonly used form of methamphetamine was crystal methamphetamine (69%; 77% in 2016). This was followed by speed (10%; 17% in 2016), and base (8%; 11% in 2016). Liquid amphetamine remained considerably less common, with five participants (3%) reporting use in the last six months (one participant in 2016) (Figure 5).

Figure 5: Methamphetamine, percentage of participants that used in the last six months, 2008–2017



Source: IDRS participant interviews.

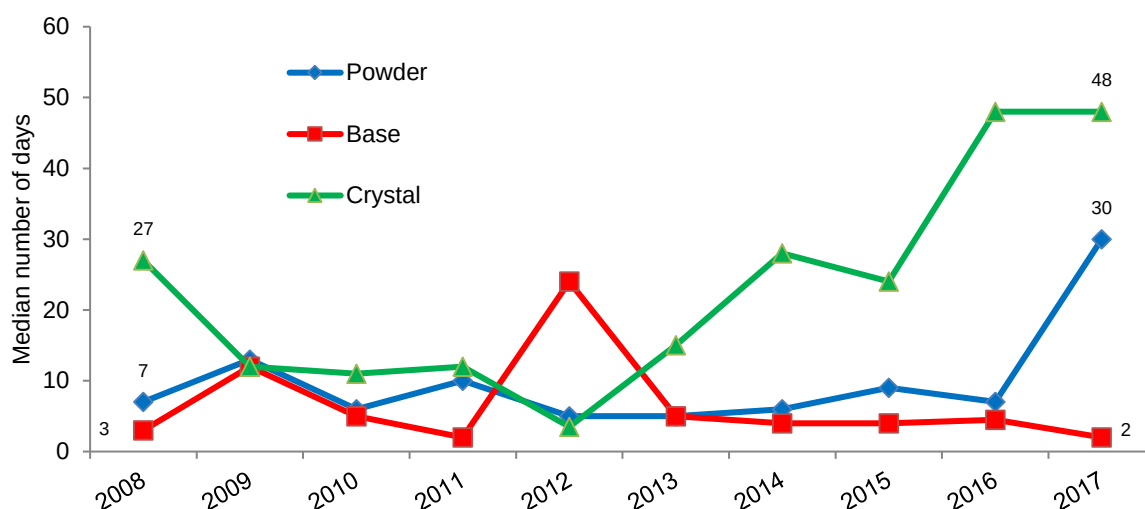
Note: Liquid methamphetamine $n \leq 10$ results should be interpreted with caution.

4.3.2 Methamphetamine frequency of use

As can be seen from

Figure 6, there have been changes in the median days of different forms of methamphetamine over time. The median days of base has fluctuated over the years, with a sharp rise in 2012 and a subsequent decline in 2013, which plateaued and remained stable. Participants reported using base on a median of two days (range: 1–10 days), a significant decrease from 2016 (5 days; $p < 0.05$). The median days of crystal methamphetamine remained stable at 48 days (range: 1–180 days) compared to last year (48 days in 2016). The frequency of use for powder methamphetamine (as measured by the median number of days used in the six months prior to interview) quadrupled to 30 days in 2017 (range: 1–180 days) compared to seven days in 2016.

Figure 6: Methamphetamine, median number of days used in the last six months, 2008–2017

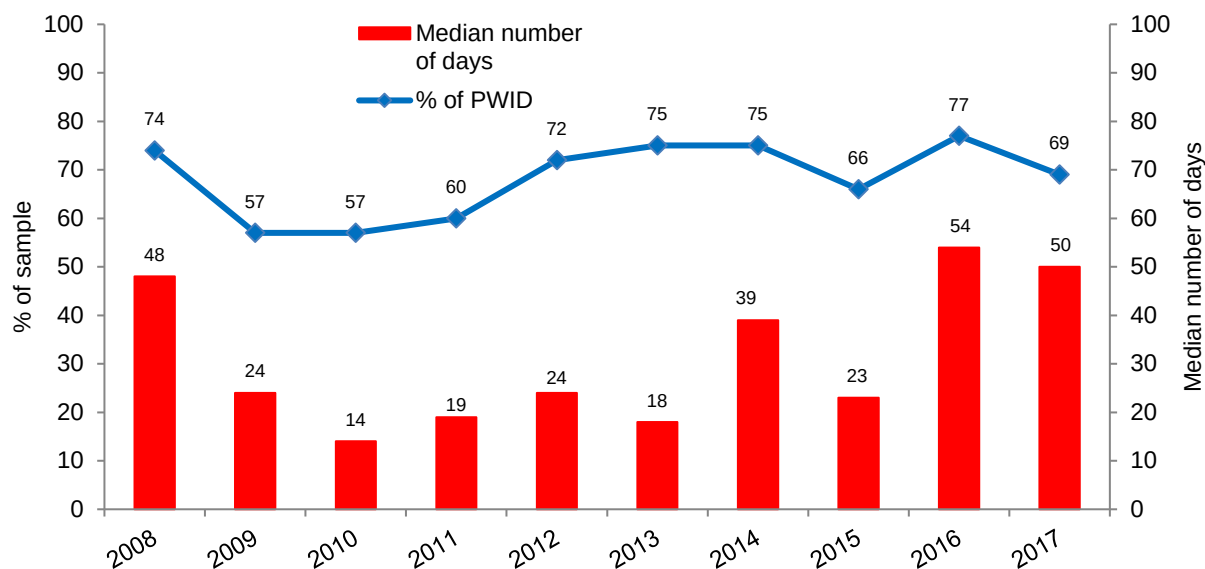


Source: IDRS participant interviews.

Note: Median number of days for liquid methamphetamine was not reported due to small numbers ($n < 10$).

The long-term trend in the use of any form of methamphetamine is depicted in Figure 7. Overall in 2017, 69% of participants had used some form of methamphetamine (powder, base, crystal and/or liquid) in the six months preceding interview (77% in 2016). Those who reported recent use of methamphetamine reported that they had used it on a median of 50 days (range: 1–180 days) in a six month period (54 days in 2016).

Figure 7: Recent use and median number of days used of any form of methamphetamine, 2008–2017

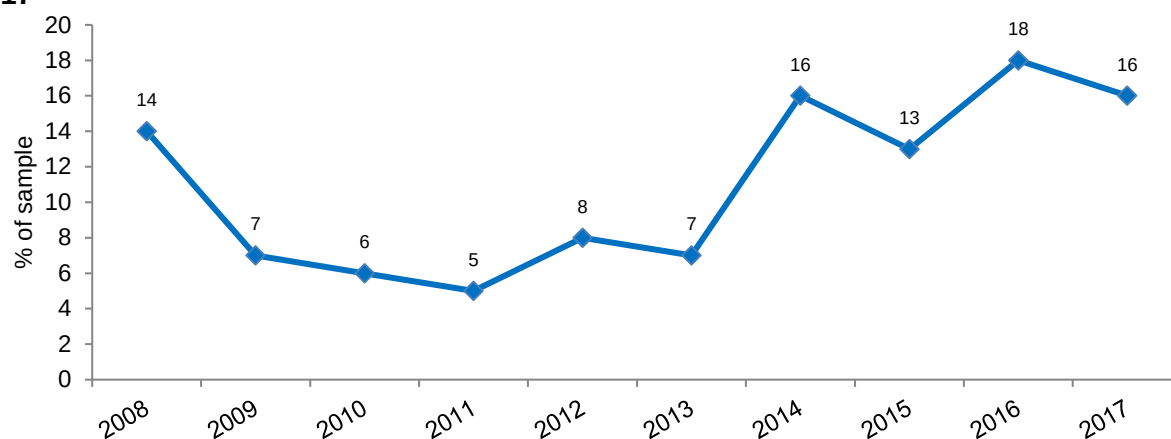


Source: IDRS participant interviews.

Note: Results of those reporting recent use in the previous six months.

Of the 102 participants who reported using some form of methamphetamine in the last six months, 68% reported ‘weekly or more’ use of methamphetamine (69% in 2016) and 16% reported daily use during that period (18% in 2016). The long-term trend for the percentage of participants using any form of methamphetamine on a daily basis is depicted in Figure 8. As shown, the prevalence of daily methamphetamine use has fluctuated over the past decade.

Figure 8: Methamphetamine, percentage that used daily in the last six months*, 2008–2017



Source: IDRS participant interviews.

All participants using any form of methamphetamine reported having done so by injecting in the six months prior to interview. With regard to speed powder, four participants reported swallowing, three participants reported snorting and one participant reported smoking in the preceding six months. With regard to base methamphetamine, three participants reported smoking, two participants had swallowed it and one participant reported snorting it in the preceding six months. Of those who reported recent use of methamphetamine 46% reported smoking crystal methamphetamine in the past six months (40% in 2016) and the numbers of participants who reported snorting and swallowing crystal remained low (n=4 and n=3, respectively). All results remained stable from 2016.

4.3.3 Quantity of methamphetamine use

Participants were asked about the quantity of the different forms of methamphetamine used in the last six months in an average day. The median quantities reported for speed, base and crystal are reported below.

4.3.3.1 Speed

Of those who used speed powder, 73% (n=11) reported using points, 20% (n=3) reported using grams and seven percent (n=1) reported using 'other'. Of those who reported in points, the median amount used on an average day in the last six months was one point (range: 0.2–20 points).

4.3.3.2 Base

Of those who used base, 58% (n=7) reported using points and 42% (n=5) reported using grams. As small numbers of participants were able to comment on the price of base the median amount used is not presented.

4.3.3.3. Crystal

Of those who used crystal methamphetamine, 86% (n=89) reported using points, 11% (n=11) reported using grams, and four percent (n=4) reported using 'other'. Among those who reported in points, the median amount of crystal used on an average day in the last six months was one point (range: 0.25–50 points) and among those who reported in grams, the median amount used was reported as 0.5 grams (range: 0.5–4 grams).

4.4 Cocaine

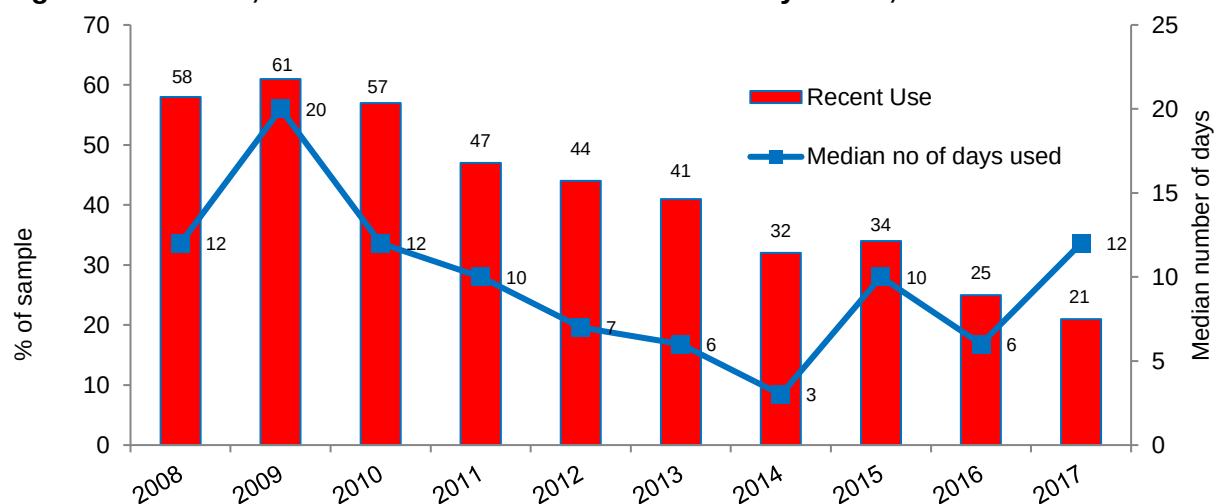
Key Findings

- Twenty-one percent of participants reported cocaine use in the preceding six months on a median of 12 days.
- Eighty-four percent of recent cocaine consumers reported recently injecting cocaine.
- Of those that reported recent use, 88% had used powder, 38% had used rock and 19% had used crack.
- On an average day, the median amount of cocaine used was one point or 0.88 grams.

4.4.1 Use of cocaine

In 2017, 21% percent of all participants reported cocaine use in the preceding six months (25% in 2016). Of these, 84% (n=27) reported injecting cocaine in the preceding six months. One participant reported cocaine as the drug last injected (n=3 in 2016). As one can see from Figure 9, numbers reporting recent cocaine use have steadily decreased over the past decade, from 58% in 2008 down to 21% in 2017, however, the median days of use has fluctuated.

Figure 9: Cocaine, recent use and median number of days used, 2008–2017



Source: IDRS participant interviews.

Note: Results from those reporting recent use in the previous six months.

4.4.2 Current patterns of cocaine use

Participants that had recently used cocaine reported use on a median of 12 days (range: 1–180 days) (six days in 2016) (Figure 9). Nine percent among recent cocaine consumers reported daily cocaine use (n=3) (8% in 2016).

4.4.3 Forms of cocaine used

Participants were also asked which forms of cocaine they had used over the last six months. Of those that reported recent use, 88% had used powder (81% in 2016) and 19% had used crack (19% in 2016). Over a third (38%) of those that recently used cocaine had used rock (47% in 2016).

4.4.4 Quantity of cocaine use

Participants were asked about the quantity of cocaine used on an average day in the six months prior to interview. Thirty-four percent (n=11) reported using points, 44% (n=14) reported using grams and 22% (n=7) reported using 'other'. Of those reporting in points, on an average day the median amount of cocaine used was one point (range: 0.50–5 points) and of those reporting in grams, the median amount used was 0.88 grams (range: 0.25–2 grams).

4.5 Cannabis

Key Findings

- Both lifetime and recent use of cannabis remained high at 95% and 79%, respectively.
- Cannabis was used on a median of 98 days in the past six month period, with just under half (45%) reporting daily use.
- Of the participants who had used cannabis recently, 97% reported the use of hydro and 42% reported the use of bush.
- Eight participants reported use of 'hash' and five participants reported use of 'hash oil'.
- On an average day, the median amount of cannabis used was five cones, one joint or one gram.

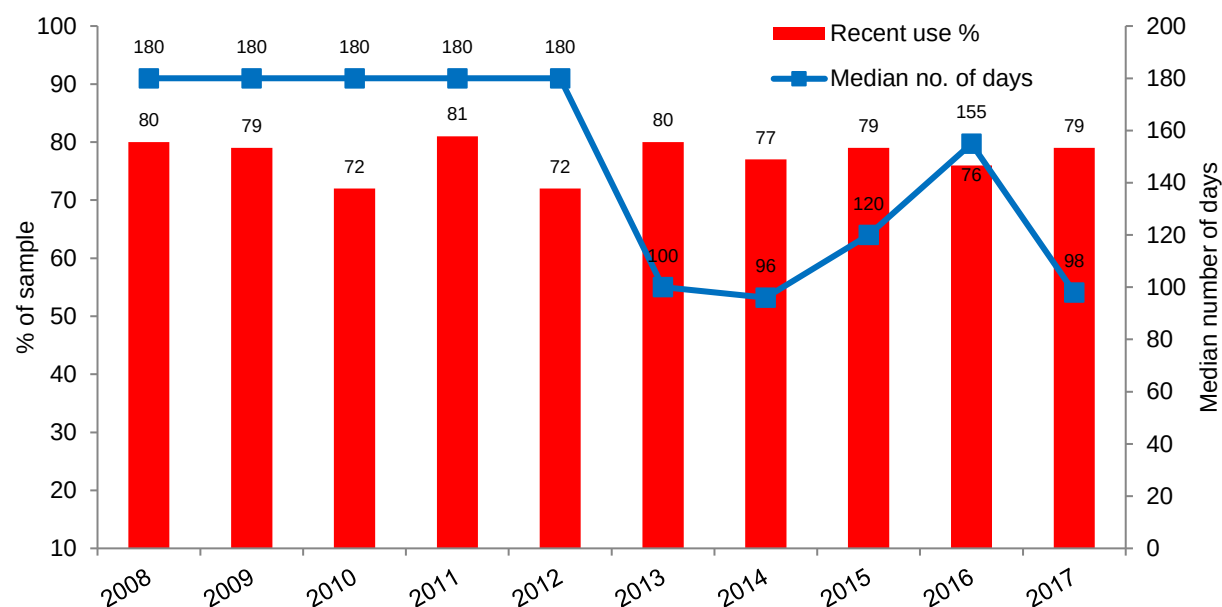
The IDRS has differentiated between hydro and bush prices since 2003, and since 2004 it has also collected information on the perceived potency and availability of the two main forms used in Australia. Information on hashish (hash) and hash oil prices are collected but, as its use is sporadic, information about potency and availability are not sought from the participants.

4.5.1 Current patterns of cannabis use

It is worth noting that participants were recruited on the basis of their injecting drug use (rather than use of illicit drugs overall), therefore the following data may not be representative of cannabis consumers in general. That is, the IDRS reports on cannabis use by a sample of people who inject drugs only.

In 2017, the percentage of participants who reported lifetime use of cannabis remained stable at 95% and recent use continued to remain high among participants. Of those who had ever used cannabis, 79% reported having used cannabis in the preceding six months (76% in 2016). This has generally remained stable for the last decade (see Figure 10). Cannabis was used on a median of 98 days (range: 1–180) a non-significant decrease since 2016 (155 days in 2016). Of those who had recently used cannabis, 45% reported daily use (47% in 2016).

Figure 10: Cannabis, recent use and median number of days used, 2008-2017



Source: IDRS participant interviews.

4.5.2 Forms of cannabis

Ninety-seven percent of respondents who had used cannabis reported using hydro in the preceding six months (94% in 2016), and 42% of participants who recently used cannabis reported using bush during this time (43% in 2016). Seven percent (n=8) of participants who recently used cannabis reported use of hashish (7% in 2016) and four percent (n=5; n=5 in 2016) had used hash oil. When asked which form of cannabis they had 'used most often' in the last six months, the vast majority (92%) reported hydro and seven percent (n=8) reported bush.

4.5.3 Quantity of cannabis use

Participants were asked about the quantity of cones and joints used on an average day in the six months prior to interview. Readers should note that the term 'cone' refers to the indentation in a pipe/bong or a pipe/bong attachment in which cannabis is inserted to be ignited. The term 'cones', in the context of the question, refers to the average number of times the 'cone' was filled and the contents smoked per day. A 'bong' is a water-pipe apparatus, which enables the filtering of cannabis smoke through a chamber. Thirty-two percent (n=37) reported using 'cones', 16% (n=18) reported using 'joints' and 49% (n=57) reported using 'grams'. On an average day, the median amount used among those who reported using cones, was five (range: 1–30 cones) and among those who reported using grams, the average amount used was one gram (range: 0.2-4 grams). Among those who reported using joints, the average amount used was one joint (range: 1-50 joints). Among daily consumers, the median number of cones smoked in the last six months was 15 (range: 2–30 cones) and the median numbers of grams smoked was one gram (range: 0.25-3.5 grams).

4.6 Opioids

Key Findings

- Heroin was the most commonly used opioid in the six months prior to interview (80%), followed by licit or illicit methadone (47%).
- Excluding heroin, 57% of the sample had used some type of illicit opioid in the six months prior to interview.
- *Illicit methadone syrup*: 18% reported recent use on a median of six days. The average amount used per day in the last six months was a median of 40ml.
- *Illicit Physeptone® tablets*: three percent reported recent use on a median of two days. The average amount recently used per day was a median of 10mg.
- *Illicit buprenorphine*: 13% reported recent use on a median of 12 days. The average amount used per day was a median of 8mg.
- *Illicit buprenorphine-naloxone*: 14% reported recent use on a median of seven days. The average amount used per day in the last six months was a median of 5mg.
- *Illicit morphine*: 16% reported recent use on a median of 15 days. The average amount of illicit morphine used per day in the last six months was a median of 100mg.
- *Illicit generic oxycodone*: 23% reported recent use on a median of seven days. The average amount of illicit generic oxycodone used per day was a median of 80mg.
- *Illicit OP oxycodone*: 11% reported recent use on a median of three days. The average amount of illicit OP oxycodone used per day in the last six months was a median of 80mg.
- *Illicit other oxycodone*: three percent reported recent use on a median of 12 days which had significantly increased compared to 2016 (5.5 days; $p<0.05$). The average amount of illicit other oxycodone used per day in the last six months was a median of 60mg.
- *Fentanyl (licit and illicit)*: 21% reported recent use on a median of five days. The average amount used per day was a median of 75mg or 100 ug/hr.
- *OTC codeine*: 11% reported recent use on a median of 11 days. The main brand of OTC codeine used by participants was Panadeine.
- *Other opioids (not elsewhere specified) (licit and illicit)*: 17% reported recent use on a median of 12 days. The majority of participants reported that Panadeine Forte® was the main brand used.

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids including methadone, buprenorphine, buprenorphine-naloxone, morphine, oxycodone, fentanyl, over the counter codeine, and other opioids (not specified elsewhere). Use of these substances is broadly split into the following categories:

Use:

1. Use of licitly obtained opioids, i.e. use of opioids obtained by a prescription in the consumer's name, through any ROA (includes the use of these medications as prescribed).
2. Use of illicitly obtained opioids, i.e. those obtained from a prescription in someone else's name or through another source, includes any ROA ('illicit use').
3. Use of 'any' opioids, i.e. includes both licit and illicit obtained opioids.

Injection:

1. Injection of licitly obtained opioids.
2. Injection of illicitly obtained opioids.
3. Injection of 'any' opioids.

Note on interpretation: The IDRS documents the use of opioid medications, licitly obtained or otherwise, among a sentinel sample of people who inject drugs. These include opioids prescribed for opioid substitution treatment (OST) – i.e. methadone, buprenorphine and buprenorphine-naloxone maintenance treatments – in addition to opioids prescribed for pain relief (including morphine and oxycodone). It is important to note that while some of the 2017 sample were in treatment at the time of interview, responses are not representative of all clients engaged in drug treatment services.

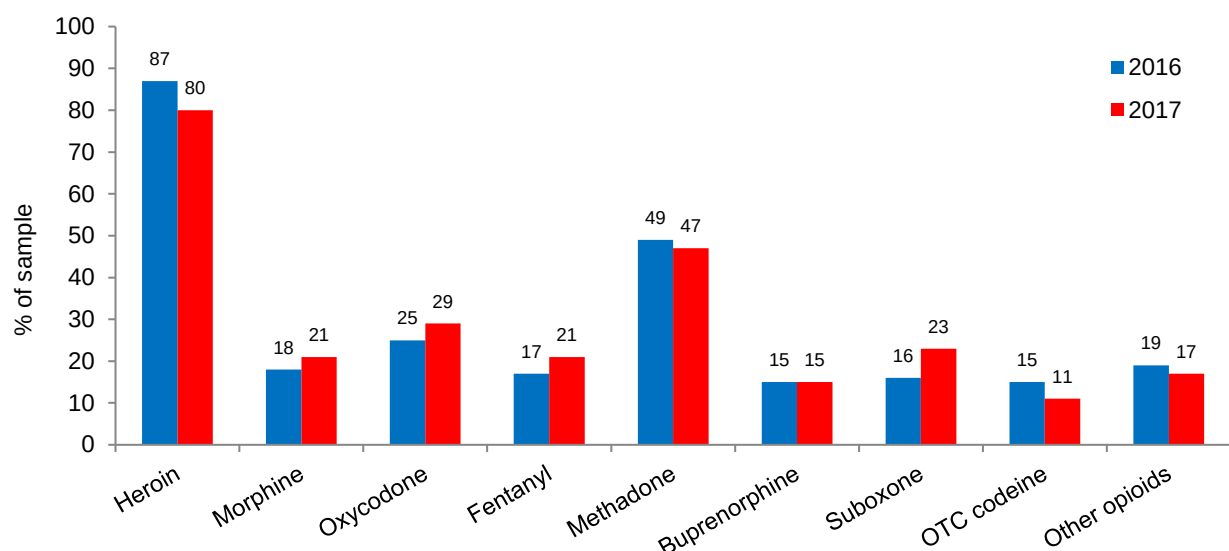
4.6.1 Overview of opioid use among participants

Table 5 provides data on the recent use and ROA of opioids for the 2017 participant sample. Heroin use among participants is described in detail in section 4.2, with the focus on the use of other opioids described in this section. Data is presented for illicit use only unless otherwise stated, except for fentanyl and ‘other’ opioids, which do not distinguish between licit and illicit use. It should be noted that some of the sample sizes for these sections were relatively small and should be interpreted with caution.

As can be seen in

Figure 11, heroin was the most commonly used opioid in the six months prior to interview (80%), followed by licit or illicit methadone (47%) use.

Figure 11: Recent use of opioids among NSW participants, 2016–2017



Source: IDRS participant interviews.

Note: these figures include licit and illicit use, except for heroin and OTC codeine, which include illicit/non-medicinal use only.

Note: Other opioids include opioids not specified elsewhere (e.g. Panadeine Forte®).

When all the opioid substance categories (excluding heroin) were collapsed (i.e. morphine, oxycodone, fentanyl, methadone, buprenorphine, buprenorphine-naloxone and OTC codeine), 57% of participants had used some type of illicit opioid substance in the six months prior to interview (47% in 2016).

4.6.2 Use of illicit Methadone

Methadone is prescribed for the treatment of opioid dependence. It is usually prescribed as a syrup preparation, and is often dosed under supervised conditions. Take-away doses are available for some patients in NSW. Physeptone tablets are less common and are usually prescribed for people in methadone treatment who are travelling, or in a minority of cases, where the methadone syrup is not tolerated.

Eighteen percent of all participants (18% in 2016) reported having used illicit methadone syrup on a median of six days (range: 1–84 days) in the last six months and the average amount used per day in the last six months was a median of 40ml (range: 1–250ml). Of those, 85% reported injecting illicit methadone syrup on a median of five days (range: 1–52 days).

Three percent (n=5) reported having used illicit Physeptone[®] tablets (n=7 in 2016) on a median of two days in the last six months (range: 1–4 days).

Of those who reported lifetime methadone use, the form most used was licit liquid methadone (60%).

4.6.3 Use of illicit Buprenorphine⁴

Thirteen percent of all participants (11% in 2016) reported having used illicit buprenorphine on a median of 12 days (range: 1–130 days) in the six months prior to interview. Of these, 84% reported injecting illicit buprenorphine and had done so on a median of 11 days (range: 1–130 days). The average amount used per day in the last six months was a median of 8mg (range: 1–50mg).

Of those who reported recent buprenorphine use, the form most used was illicit buprenorphine (83%).

4.6.4 Use of illicit Buprenorphine-naloxone

In 2017, participants were asked about the use of any form of buprenorphine-naloxone, which included either 'tablet' or 'film' forms. In previous years, participants were asked about buprenorphine-naloxone tablets and film separately. This year we only included buprenorphine-naloxone film.

Fourteen percent of all participants reported having used illicit buprenorphine-naloxone on a median of seven days (range: 1–180 days) in the six months prior to interview. Of these, 86% reported injecting illicit buprenorphine-naloxone and had done so on a median of eight days (range: 1–180 days). The average amount used per day in the last six months was a median of 5mg (range: 1.5–50mg).

Of the 34 participants that were able to comment, over half (56%; n=19) reported that the type they had used most during the last six months was illicit Suboxone[®] film. Fifteen participants reported using licit Suboxone[®] film.

4.6.5 Use of illicit Morphine

Sixteen percent of the sample reported they had used illicit morphine in the six months prior to interview (16% in 2016) on a median of 15 days (range: 1–96 days). Of these, 96% of participants reported injecting illicit morphine and had done so on a median of 14 days (range: 1–96 days). The average amount of illicit morphine used per day in the last six months was a median of 100mg (range: 0.3–200mg).

⁴ Buprenorphine has been available for opioid substitution therapy (OST) in Australia since 2001. Initially mono-buprenorphine sublingual tablets (marketed as Subutex[®]) were introduced, followed by buprenorphine-naloxone sublingual tablets (marketed as Suboxone[®]) from 2006, and buprenorphine-naloxone (Suboxone[®]) sublingual film from October 2011. There is jurisdictional variation in the policy regarding prescribing and uptake of the different forms (Larance et al., 2015).

Two-thirds of all participants who recently used morphine (68%, n=21) reported that the type they had used most during the last six months was illicit morphine. Of the 22 participants that were able to comment, the main brand of morphine used was MS Contin® (82%, n=15).

4.6.6 Use of illicit Oxycodone⁵

In the IDRS survey, oxycodone was divided into three different forms, consisting of 'generic oxycodone', 'OP oxycodone' and 'other oxycodone'.

Over half (53%) of the sample reported lifetime use of any form of illicit oxycodone (66% in 2016) and a quarter (27%) reported recent use (25% in 2016). Forty-four participants reported using any form of oxycodone on a median of ten days (range: 1–180 days) in the six months preceding interview (19 days in 2016). Thirty-six participants reported recent injection of any form of illicit oxycodone.

4.6.6.1 Generic Oxycodone

Twenty-three percent (n=34) reported recent use of illicit generic oxycodone on a median of seven days (range: 1–180 days). Of those, 91% reported injecting illicit generic oxycodone on a median of six days (range: 1–180 days) in the preceding six months. The average amount of illicit generic oxycodone used per day in the last six months was a median of 80mg (range: 4–160mg).

4.6.6.2 OP Oxycodone

Eleven percent (n=17) reported recent use of illicit OP oxycodone on a median of three days (range: 1–30 days). Of those, 71% reported injecting illicit OP oxycodone on a median of six days (range: 1–30 days) in the six months prior. The average amount of illicit OP oxycodone used per day in the last six months was a median of 80mg (range: 4–160mg).

4.6.6.3 Other Oxycodone

Three percent (n=5) reported recent use of illicit other oxycodone on a median of 12 days (range: 7–29 days) which was significantly more days than reported in 2016 (5.5 days; $p<0.05$). Of those, two participants reported injecting illicit other oxycodone in the six months preceding interview. The average amount of illicit other oxycodone used per day in the last six months was a median of 60mg (range: 20–100mg).

The form most used for all oxycodone consumers was illicit (n=30; 83%, for Generic Oxycodone; n=16; 84%, for OP Oxycodone; and n=5; 83%, for Other Oxycodone).

4.6.7 Use of Fentanyl (licit and illicit)

Twenty-one percent (n=32) reported using fentanyl (17% in 2016) on a median of five days (range: 1–180 days) in the six months preceding interview, and the average amount used per day was a median of 75mg (range: 25–125mg) or 100 ug/hr (range: 1–100ug/hr). Of those who had recently used fentanyl, 91% had done so by injection on a median of three days (range: 1–180 days). Ninety-one percent of participants (n=29) had used illicit fentanyl in the six months preceding interview compared to licit.

⁵ In April 2014 'Reformulated OxyContin®' (branded with an 'OP' on each tablet) was introduced designed to be tamper resistant. The 'original oxycodone' OxyContin® (branded with an 'OC') was withdrawn. In September 2014 generic 'non-tamper-resistant oxycodone' was made available in Australia.

4.6.8 Use of over the counter (OTC) codeine

Codeine is a mild opioid. In Australia, OTC codeine is readily available in pharmacies. It is mainly used for the relief of mild to moderate pain. OTC codeine medications vary in codeine quantity and are only available in combination (usually with analgesics or decongestants). There are associated health concerns with the prolonged use of OTC codeine, most notably the risk of liver damage. There are also health risks associated with the overdose of combination drugs such as paracetamol. For more information on the harms associated with OTC codeine use, see Dutch (2008) and Dyer, Martin, Mitchell, Sauven, and Gazzard (2004).

Since 2009, participants have been asked about their use of OTC codeine and from 2012 onwards participants were asked about non-medicinal use only. These questions were included to investigate the extra-medical use of OTC codeine, frequency of use, main brands used, and the number of tablets/capsules used per dose.

In 2017, 25% of participants reported ever using OTC codeine for non-medicinal purposes. Eleven percent reported use within the preceding six months (15% in 2016) on a median of 11 days (range: 2-180 days). No participants reported that they had injected OTC codeine in the six months preceding interview. The main brand of OTC codeine used by participants was Panadeine (29%; n=5).

4.6.9 Use of other opioids (not elsewhere specified) (licit and illicit)

Seventeen percent of participants (19% in 2016) reported that they had used other opiates in the six months preceding interview on a median of 12 days (range: 1–180 days). Two participants reported recent injection of other opiates on a median of 11 days.

Among those who recently used other opiates, the form most used was licit (69%; 31% illicit), and the majority of participants reported that Panadeine Forte® (n=18, 69%) was the main brand used.

4.7 Other drugs

Key Findings

- *Illicit alprazolam*: 25% reported recent use on a median of eight days.
- *Illicit 'other' benzodiazepines*: 30% reported recent use on a median of ten days.
- Among participants who had recently used benzodiazepines, 23% reported using them on a daily basis.
- *Illicit pharmaceutical stimulants*: four percent reported recent use on a median of six days. The most common brand used was Dexamphetamine®.
- *Illicit Seroquel®*: 11% reported recent use on a median of five days.
- *Ecstasy and hallucinogens*: 13% reported recent use of ecstasy on a median of four days and five percent reported recent use of some type of hallucinogen on a median of two days.
- *Steroids*: two percent reported recent use on a median of six days.
- *NPS*: none of the participants reported recent use.
- *Synthetic cannabinoids*: lifetime use had significantly decrease between 2016 and 2017 (9% and 27%, respectively; $p<0.01$). Three percent of the sample reported recent use, and all reported to have used it once in the six months preceding interview.
- *Inhalants*: one participant reported recent use.
- *Alcohol*: 54% reported recent use on a median of 12 days and of these 13% reported daily use.
- *Tobacco*: 89% reported recent use on a median of 180 days and of these 95% reported daily use.
- *E-cigarettes*: 13% reported recent use on a median of six days.

4.7.1 Illicit Benzodiazepines⁶

In 2017, participants were again asked to distinguish between their use of alprazolam (Xanax®) and 'other' benzodiazepines. Forty-three percent of participants reported lifetime-use of illicit alprazolam (53% in 2016) and 44% reported lifetime use of illicit 'other' benzodiazepines (51% in 2016). Twenty-five percent of participants reported recent illicit use of alprazolam (35% in 2016) on a median of eight days (range: 1–180 days); and 30% reported recent illicit use of 'other' benzodiazepines (31% in 2016) on a median of ten days (range: 1–180 days) within the preceding six months.

All participants who had used illicit alprazolam and 'other' illicit benzodiazepines reported use by swallowing.

Among those who recently used alprazolam and 'other' benzodiazepines, the form most used was illicit (76%; n=32 and 51%; n=33, respectively). Among participants who had recently used benzodiazepines, 23% reported using them on a daily basis (21% in 2016) and the main brand used was diazepam (Valium®) (56%; n=33) (37%; n=42 in 2016).

⁶ It was recognised that alprazolam was a benzodiazepine that was potent and may be prone to abuse. The IDRS research team decided to collect data separately for alprazolam from 2011. The abuse liability was recognised nationally with the rescheduling of alprazolam from Schedule 4 to Schedule 8 from February 1 2014 <http://www.tga.gov.au/book/part-scheduling-proposals-referred-march-2013-meeting-acms>

4.7.2 Illicit pharmaceutical stimulants

Since 2004, participants have been asked about their use of pharmaceutical stimulants. This includes drugs such as Dexamphetamine® and methylphenidate, which are medications most commonly prescribed for attention deficit hyperactivity disorder (ADHD). From 2006, the IDRS has asked about licit and illicit forms of pharmaceutical stimulants.

In 2017, 19% of the sample reported using illicit pharmaceutical stimulants at least once in their lifetime (15% in 2016). Six participants (4%) reported illicit use within the preceding six months (n=3 in 2016), and they reported using on a median of six days (range: 3–48 days). Recent injection of illicit pharmaceutical stimulants was reported by one participant. Among those who had used illicit pharmaceutical stimulants, most participants reported that the most common brand used was Dexamphetamine® (n=3).

4.7.3 Illicit Seroquel® (quetiapine)

In 2017, participants were asked about their use of Seroquel®; an antipsychotic which is used to treat major psychotic and depression disorders. Thirty-one percent of the sample reported lifetime use of illicit Seroquel®, whilst 11% reported recent use on a median of five days (range: 1–180 days) (11% in 2016). Swallowing was the main ROA for illicit Seroquel®, with one participant reporting injection within the preceding six months.

4.7.4 Ecstasy and Hallucinogens

Details regarding the use of ecstasy (3,4-methylenedioxymethamphetamine – MDMA), hallucinogens, lysergic acid diethylamide (LSD) or ‘trips’, and naturally occurring compounds such as magic mushrooms, are provided in Table 5.

Three-fifths of the sample reported that they had used ecstasy (60%; n=90) and two-fifths hallucinogens (44%; n=67) within their lifetime. Thirteen percent (n=19) reported recent use of ecstasy and five percent (n=8) reported recent hallucinogen use. Nineteen participants had used ecstasy on a median of four days (range: 1–20 days) and eight participants had used some type of hallucinogen on a median of two days (range: 1–5 days) in the six months prior to interview (n=11 and n=8 in 2016, respectively). Seven ecstasy consumers reported that they had injected ecstasy on a median of one day (range: 1–10 days) and two participants reported injecting hallucinogens on a median of three days (range: 1–5) during the past six months. The main forms of ecstasy used by participants were pills (n=8), followed by capsules (n=7) and powder (n=4). The main forms of hallucinogens used by participants were LSD (n=5), followed by ‘other’ (n=3).

Since 2000, the use of ecstasy and related drugs among a separate sample of primarily non-injecting drug consumers has been examined on an annual basis. This was initially done as a module of the IDRS, but from 2000 has been conducted as a separate study known as the Ecstasy and Related Drugs Reporting System (EDRS) – formerly the Party Drugs Initiative (PDI). State and national reports are produced annually: see <http://ndarc.med.unsw.edu.au/group/drug-trends>.

4.7.5 Steroids

Twelve participants reported lifetime use of steroids and three participants reported recent use on a median of six days (range: 1–10 days).

4.7.6 New psychoactive substances

Two participants reported lifetime use of new psychoactive substances (NPS) such as synthetic cathinones (e.g. mephedrone), tryptamines (e.g. dimethyltryptamine [DMT]) and phenethylamines (e.g. 2C-x class). None of the participants reported recent use of NPS (n=3 in 2016).

4.7.7 Synthetic cannabinoids

Nine percent of participants reported lifetime use of synthetic cannabinoids (e.g. K2, Spice), a significant decrease compared to 2016 (27%; $p<0.01$). Three percent ($n=4$) of participants reported recent use of synthetic cannabinoids (11% in 2016) and all reported to have used it once in the preceding six months. There were no reports of participants injecting synthetic cannabinoids in the six months preceding interview.

4.7.8 Inhalants

Seventeen percent of the sample reported lifetime use of inhaling dangerous substances, such as amyl nitrate, petrol, glue and/or lighter fluid (17% in 2016). One participant reported recent use in the preceding six months.

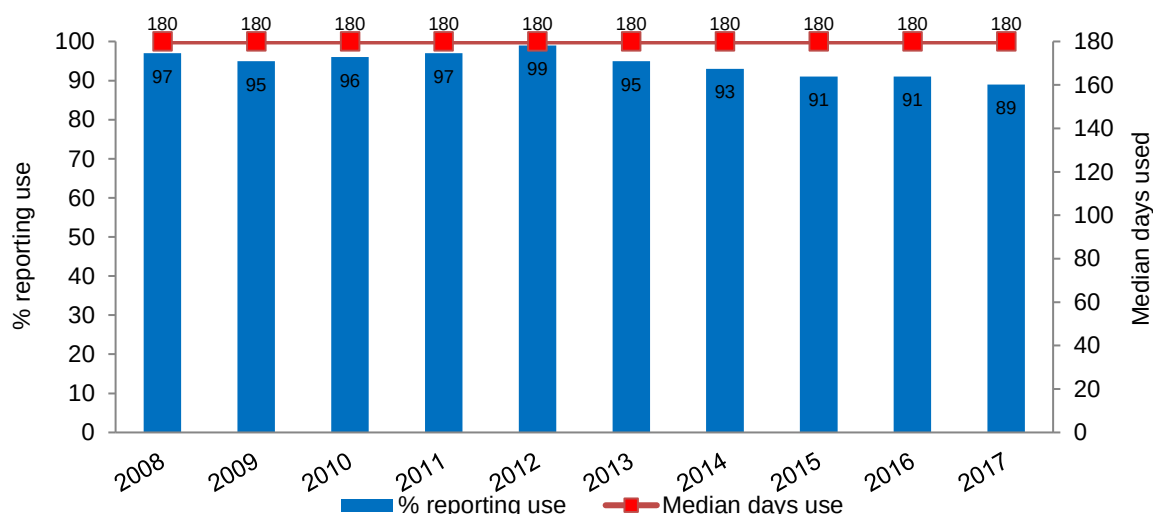
4.7.9 Alcohol

The majority of participants reported that they had consumed alcohol within their lifetime (91%) and 54% reported recent use on a median of 12 days (range: 1–180 days). Among participants who recently used alcohol, 11 participants (13%) reported daily use of alcohol ($n=10$ in 2016).

4.7.10 Tobacco

Tobacco continued to remain the most commonly used substance investigated by the IDRS. Ninety-two percent reported lifetime use of tobacco. The vast majority of participants (89%) reported smoking tobacco in the preceding six months, consistent with 2016 reports, on a median of 180 days, i.e. daily use (range: 30–180 days). Ninety-five percent of those who had smoked tobacco in the preceding six months were daily smokers. High prevalence and frequency of tobacco use has been reported among people who inject drugs (see Figure 12). The use of tobacco is the single most preventable cause of morbidity and mortality in Australia (Begg et al., 2007) and given the high prevalence of smoking among the sample targeted interventions to reduce smoking rates in this population are required.

Figure 12: Participant reports of tobacco use in the last six months, 2008–2017



Source: IDRS participant interviews.

4.7.11 E-cigarettes

Twenty-eight percent of the sample reported lifetime use of e-cigarettes, and 13% reported recent use (13% in 2016) on a median of six days (range: 1–180 days) in the six months preceding interview. Among participants who recently used e-cigarettes, 60% ($n=12$) reported using it as a smoking cessation tool. Four participants reported daily use. Nicotine was reported as being the main ingredient by 70% of recent consumers and ten percent reported to have used nicotine and cannabis as the main ingredient.

5 PRICE, PURITY AND AVAILABILITY

5.1 Heroin

Key Findings

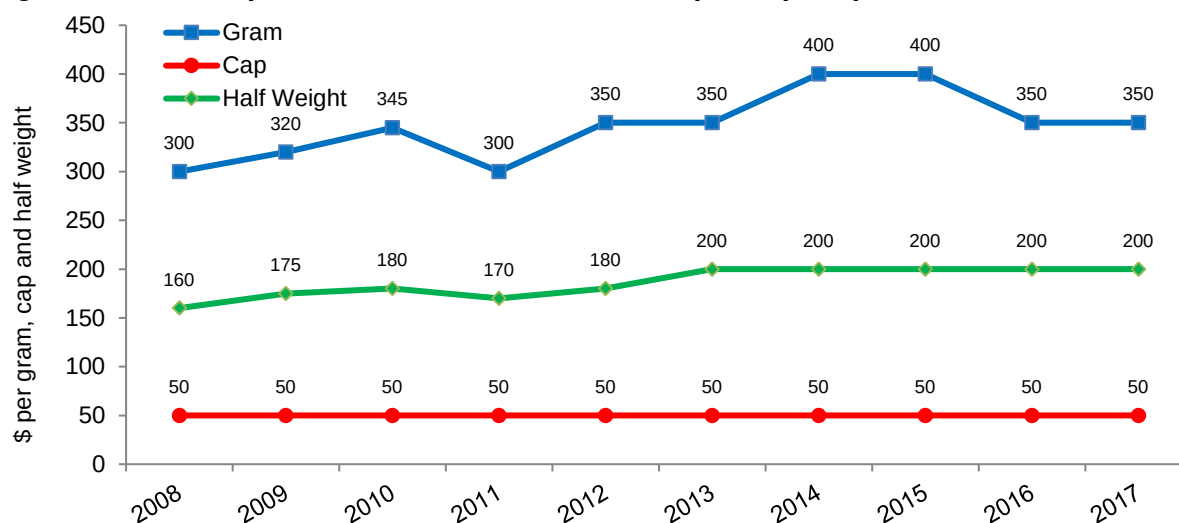
- *Median price*: \$50 for a cap, \$200 for a half weight and \$350 for a gram, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived purity*: currently varied – 36% reported of 'medium' purity whereas 27% reported 'low' purity and 21% reported 'high' purity. Two-fifths (41%) reported that the purity had remained 'stable' over the last six months, followed by 23% reporting it to have 'decreased'.
- *Availability*: currently 'very easy' or 'easy' to obtain and has remained 'stable' in past six months.
- *Purchasing patterns*: mainly obtained from a 'known dealer', most commonly at an 'agreed public location'.

In 2017, 80% of the sample was confident enough to complete survey items relating to the heroin market characteristics including price, perceived purity and availability.

5.1.1 Price of Heroin

Among those who could comment on the price of heroin (80%; n=120), the majority of participants reported price per cap/point, per half weight or per gram. The median price at last purchase for a cap of heroin was \$50 (range: \$1–\$150; n=104) and the last purchase price for a half weight of heroin was \$200 (range: \$130–\$550; n=57). The median price for a gram of heroin was \$350 (range: \$35–\$700; n=39). The price of a cap and half weight has generally remained stable since 2008, though the price of a gram has fluctuated over the years (Figure 13).

Figure 13: Median prices of heroin estimated from participant purchases, 2008–2017



Source: IDRS participant interviews.

Of those participants who reported on the current price of heroin (n=115), the majority (77%) reported the price as being 'stable' over the last six months. Eighteen percent of those who commented reported that the price had 'increased' over the preceding six months, four percent reported heroin prices had 'fluctuated' and a smaller percentage (2%) reported that price had 'decreased' in the previous six months (see Table 8).

Table 8: Change in price of heroin over last six months, 2016–2017

Reported price status	2016 (n=123)	2017 (n=115)
	% able to answer	
Increasing	15	18
Stable	75	77
Decreasing	4	2
Fluctuating	6	4

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

5.1.2 Availability of heroin

Table 9 and Table 10 summarise the current availability of heroin and changes in heroin availability over the last six months, as perceived by participants. Of those who were able to answer questions regarding the availability of heroin (n=119), the majority reported it was either 'easy' or 'very easy' to obtain heroin (89%), with only 11% reporting that it was 'difficult' or 'very difficult' to obtain. The majority (78%) of those able to answer (n=119) perceived that heroin availability had remained 'stable' in the six months preceding interview. There were no significant differences between 2016 and 2017 reports regarding availability of heroin.

Table 9: Availability of heroin currently, 2016–2017

How easy is it to get heroin at the moment?	2016 (n=126)	2017 (n=119)
	% able to answer	
Very easy	52	51
Easy	40	38
Difficult	8	10
Very difficult	0	1

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

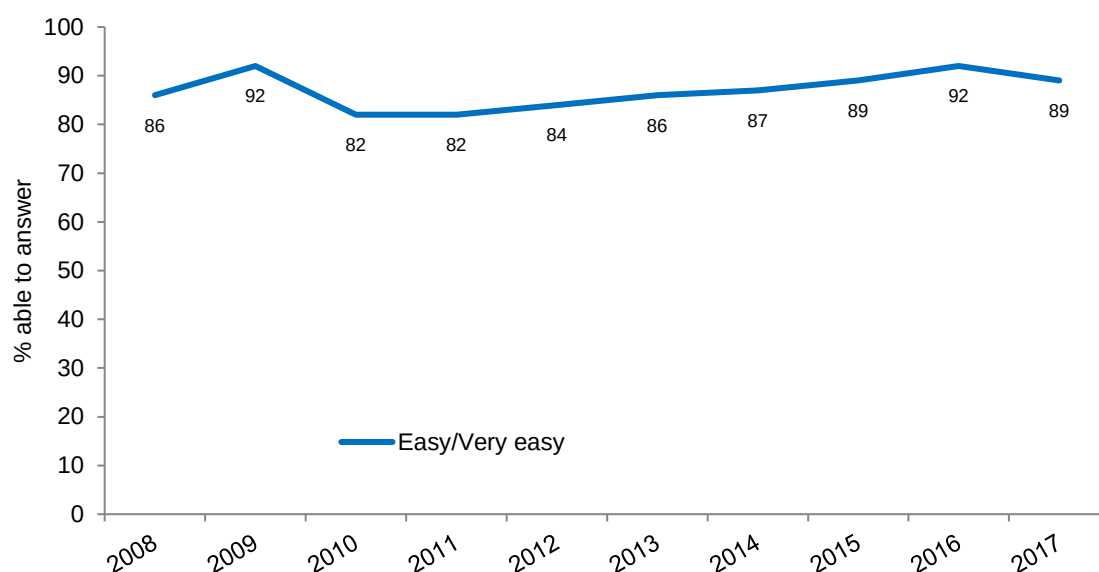
Table 10: Change in availability of heroin over the last six months, 2016–2017

Has availability changed in the last six months?	2016 (n=123)	2017 (n=119)
	% able to answer	
More difficult	9	10
Stable	79	78
Easier	9	8
Fluctuates	3	3

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

Long-term trend data for the availability of heroin are presented in Figure 14. As can be seen, the percentage of participants who reported that heroin was 'very easy' or 'easy' to obtain in the six months prior to interview has remained relatively high yet stable over the past decade. In 2017, 89% of participants able to answer reported that heroin was 'easy' or 'very easy' to obtain (92% in 2016).

Figure 14: Availability of heroin as easy or very easy in the last six months, 2008–2017



Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

5.1.3 Perceived purity of heroin – participant reports

Table 11 and Table 12 summarises the current perceived purity of heroin and the changes in heroin purity over the last six months, as reported by participants. Among those able to comment (n=113), 36% reported that the purity was 'medium', 27% reported that the current purity of heroin was 'low' and 21% reported that the purity was 'high'. Of those able to answer (n=114), 41% reported that the purity of heroin had remained 'stable' over the preceding six months, with 23% reporting that it had 'decreased' and 19% reporting that it had 'fluctuated' in the last six months. About one-fifth of participants (17%) reported that purity had 'increased' in the six months prior to interview. These results are comparable with 2016.

Table 11: Current purity/strength of heroin, 2016–2017

How pure would you say heroin is at the moment?	2016 (n=124)	2017 (n=113)
	% able to answer	
High	23	21
Medium	29	36
Low	36	27
Fluctuates	13	16

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

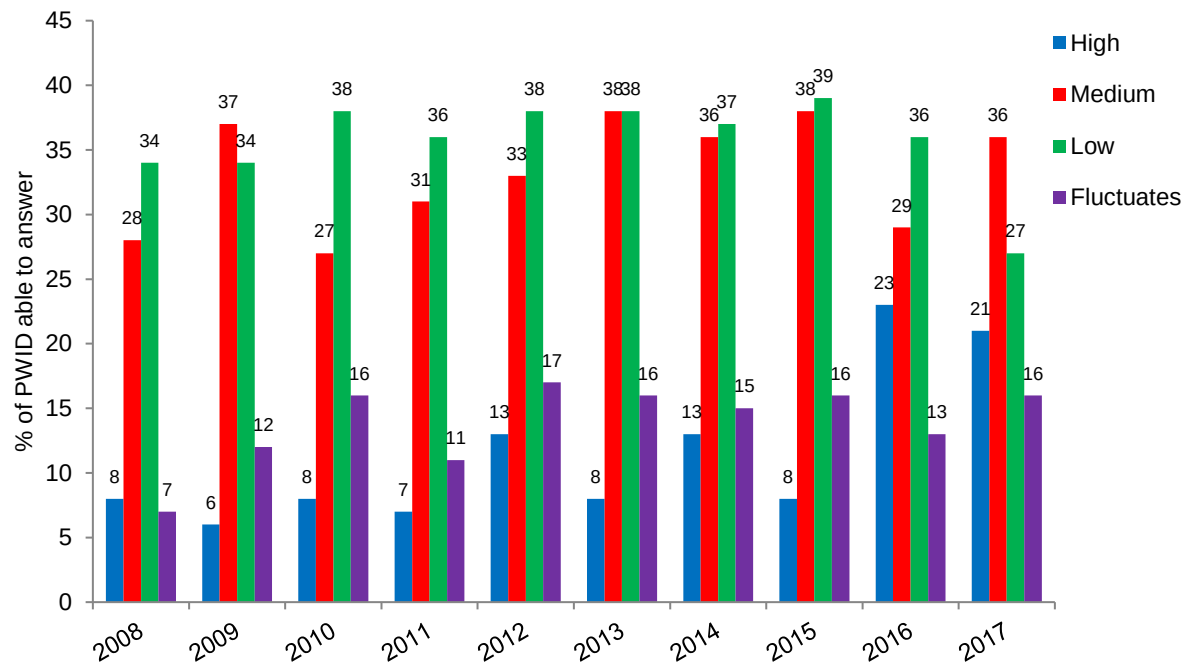
Table 12: Change in purity/strength of heroin in the last six months, 2016–2017

Has the purity of heroin changed in the last six months?	2016 (n=123)	2017 (n=114)
	% able to answer	
Increasing	21	17
Stable	38	41
Decreasing	25	23
Fluctuating	15	19

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

Figure 15 shows the trend in purity of heroin, as perceived by participants from 2008 onwards. Despite various fluctuations over the years, it can be seen that purity has generally been reported as being low to medium. In 2017 a shift can be observed with more participants perceiving the purity as 'medium' compared to 'low'.

Figure 15: Perception of current purity of heroin, 2008–2017



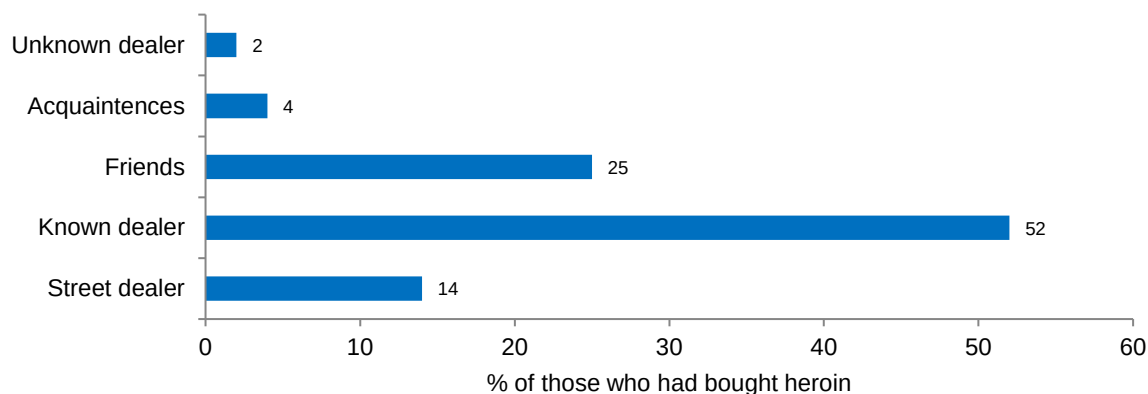
Source: IDRS participant interviews.

Note: 'Don't know' was excluded from 2009 onwards.

5.1.5 Purchasing patterns of heroin

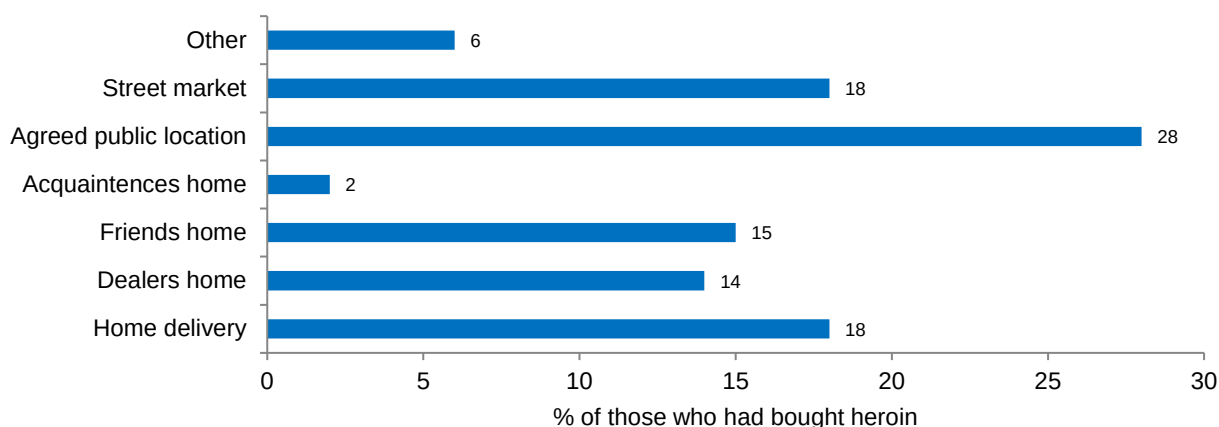
Participants were also asked about the person from whom, and the location from where, they had last obtained heroin (see Figure 16 and Figure 17). Among those able to comment (n=118), 52% (38% in 2016) of participants reported they usually obtained heroin from a 'known dealer' and 25% (36% in 2016) of the sample obtained heroin from a 'friends' in 2017. An 'agreed public location' was the most commonly reported last purchase venue (28%), followed by 'street market' and 'home delivery' (18% and 18%, respectively). In 2016, 'street market' (30% in 2016) was the most commonly reported last purchase venue.

Figure 16: People from whom heroin was purchased on the last occasion, 2017



Source: IDRS participant interviews.
Note: Only one response could be selected.

Figure 17: Locations where heroin was purchased on the last occasion, 2017



Source: IDRS participant interviews.
Note: Only one response could be selected.

5.2 Methamphetamine

Key Findings

Methamphetamine crystal:

- *Median price*: \$50 for a point, \$200 for a half weight and \$310 for a gram, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived purity*: currently of 'medium' purity and reported as 'decreasing' in the six months preceding interview. Significantly more participants reported that the purity had 'decreased' in 2017 (38%) compared to 2016 (23%; $p<0.05$).
- *Availability*: currently 'very easy' to 'easy' to obtain and has remained 'stable' in past six months.

Methamphetamine powder:

- *Median price*: \$50 for a point, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived purity*: currently of 'medium' purity and reported as being either 'stable' or 'decreasing' in past six months.
- *Availability*: currently 'easy' to 'very easy' to obtain and has remained 'stable' in past six months.

Methamphetamine base:

- Too small numbers ($n<10$) were able to comment on the price, purity and availability and is therefore is not presented in text.
- *Purchasing patterns*: the majority reported to obtain both crystal and powder forms of methamphetamine from a 'known dealer' or a 'friend'. The location of where methamphetamine was obtained varied.

In 2017, 62% of the sample completed survey items relating to market characteristics for crystal methamphetamine; 13% for methamphetamine powder and six percent methamphetamine base.

5.2.1 Price of methamphetamine

5.2.1.1 Methamphetamine – powder

Sixteen participants were able to comment on the price for methamphetamine powder and the last reported price paid for a point of powder was a median of \$50 (range: \$30-\$100).

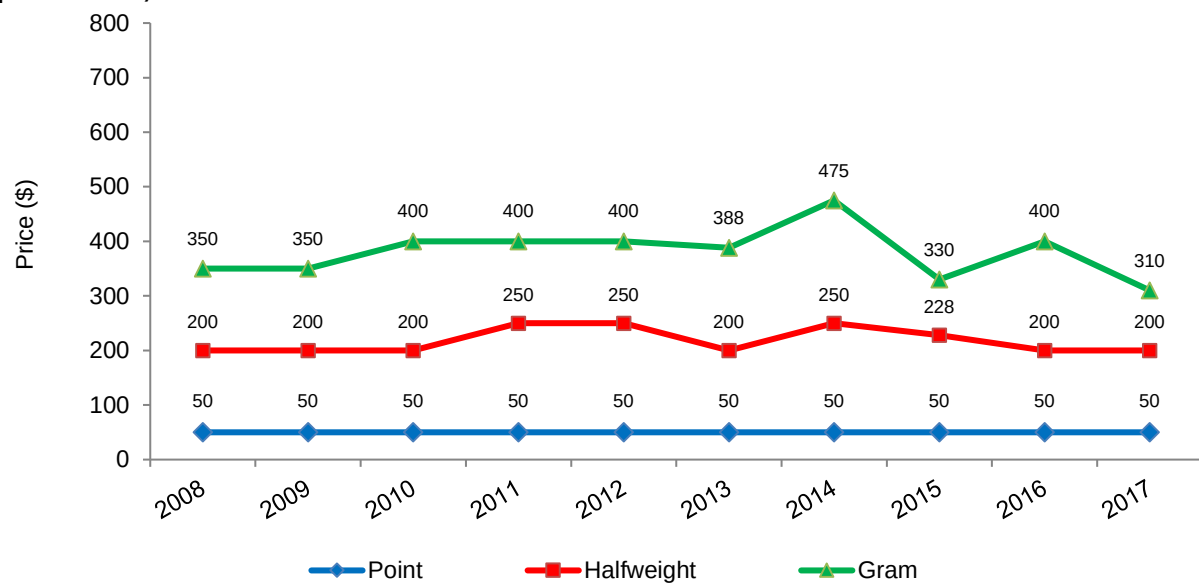
5.2.1.2 Methamphetamine – base

A small number of participants ($n<10$) were able to comment on the price for methamphetamine base and therefore median price data is not presented.

5.2.1.3 Methamphetamine – crystal

For methamphetamine in crystal form, last reported price paid for a point was a median of \$50 (range: \$30–\$100; $n=75$), \$200 for a half weight (range: \$50–\$1200; $n=28$) and \$310 for a gram (range: \$50–\$800; $n=26$) (see Figure 18).

Figure 18: Median prices of crystal methamphetamine estimated from participant purchases, 2008–2017



Source: IDRS participant interviews.

It is important to note that changes in the last purchase price for the different forms of methamphetamine are difficult to gauge due to the fact that few participants have been able to comment, except for crystal methamphetamine.

Table 13 summarises participant reports of recent changes in the price of the three forms of methamphetamine. The majority of participants answering this section reported the price of powder, base and crystal methamphetamine to have remained 'stable'.

Table 13: Change in price of methamphetamine over last six months, 2016–2017

Reported price status	Powder		Base [^]		Crystal	
	2016 (n=16)	2017 (n=20)	2016 (n=10)	2017 (n=9)	2016 (n=102)	2017 (n=89)
	% able to answer					
Increasing	6	10	10	0	11	19
Stable	81	75	70	89	74	66
Decreasing	13	15	20	11	13	8
Fluctuating	0	0	0	0	3	7

Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

[^] Interpret with caution as number is low (n<10).

5.2.2 Perceived purity of methamphetamine – participant reports

Table 14 and Table 15 summarise the current purity of the three forms of methamphetamine and the changes in methamphetamine purity over the last six months. In regard to methamphetamine powder, the largest percentage of participants perceived current purity as 'medium' (45%), comparable to 2016 report (39%). Regarding crystal methamphetamine, similarly to 2016 report, the highest percentage of participants perceived current purity as 'medium' (36%; 29% in 2016). These figures do not represent any significant differences.

Table 14: Purity/strength of methamphetamine currently, 2016–2017

How pure would you say powder/base/crystal is at the moment?	Powder		Base [^]		Crystal	
	2016 (n=13)	2017 (n=20)	2016 (n=9)	2017 (n=8)	2016 (n=103)	2017 (n=90)
	% able to answer					
High	15	25	56	50	26	24
Medium	39	45	44	13	29	36
Low	15	20	0	38	22	16
Fluctuates	31	10	0	0	22	24

Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

[^] Interpret with caution as number is low (n<10).

For crystal methamphetamine, the largest percentage of participants (38%) that commented reported that purity had 'decreased' in the six months preceding interview, as can be seen from Table 15. This was also significant different compared to 2016 with 23% reporting that purity had decreased ($p<0.05$). Methamphetamine powder was judged as 'stable' by 44% of participants and 'decreased' by 39% of those who were able to comment.

Note that the information provided on methamphetamine base should be interpreted with caution due to small numbers (n<10).

Table 15: Change in purity/strength of methamphetamine in last six months, 2016–2017

Has the purity of powder/base/crystal changed in the last 6 months?	Powder		Base [^]		Crystal	
	2016 (n=13)	2017 (n=18)	2016 (n=9)	2017 (n=8)	2016 (n=101)	2017 (n=88)
	% able to answer					
Increasing	15	17	0	25	9	14
Stable	54	44	100	25	40	34
Decreasing	15	39	0	38	23	38*
Fluctuating	15	0	0	13	29	15

Source: IDRS participant interviews.

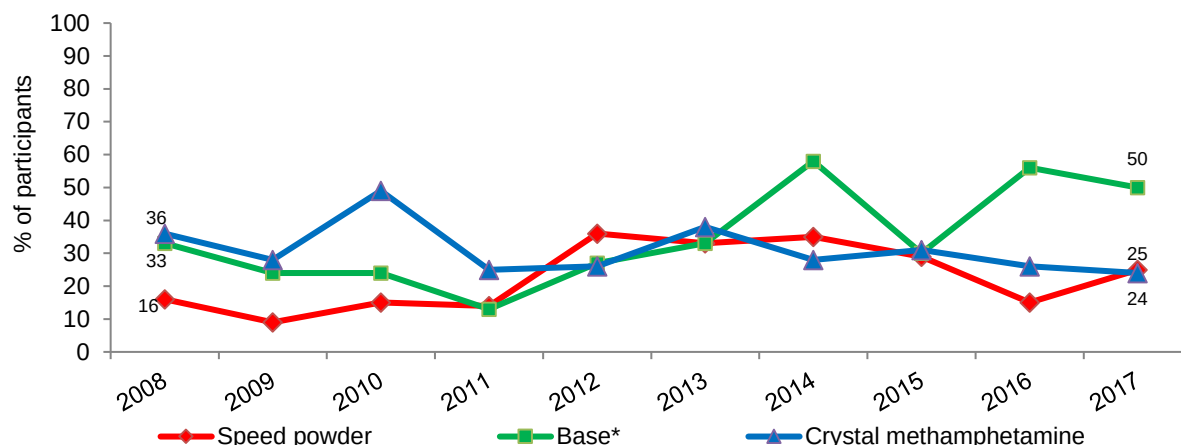
Note: 'Don't know' was excluded.

* $p<0.05$

[^] Interpret with caution as number is low (n<10).

Figure 19 illustrates the percentage of participants reporting the purity of each form of methamphetamine as 'high'.

Figure 19: Percentage of participants* reporting speed powder, base and crystal methamphetamine purity as 'high', 2008–2017



Source: IDRS participant interviews.

* Numbers for base are ≤ 10 , therefore interpret with caution.

5.2.4 Availability of methamphetamine

Table 16 and Table 17 summarise the current availability of the three main forms of methamphetamine and the changes in availability over the last six months, as reported by participants. Note that the information provided on methamphetamine base should be interpreted with caution due to small numbers ($n < 10$). In 2017, the largest numbers were able to comment on crystal methamphetamine which was largely perceived as 'very easy' (57%) or 'easy' (37%) to obtain. Methamphetamine powder was also mostly reported as being 'easy' (35%) or 'very easy' 30%) to obtain.

The majority of those able to comment reported that the availability of methamphetamine powder and crystal had remained 'stable' over the preceding six months. There were no significant differences between 2016 and 2017 reports regarding availability of methamphetamine.

Table 16: Availability of methamphetamine currently, 2016–2017

How easy is it to get powder/base/crystal at the moment?	Powder		Base^		Crystal	
	2016 (n=16)	2017 (n=20)	2016 (n=10)	2017 (n=9)	2016 (n=104)	2017 (n=92)
	% able to answer					
Very easy	25	30	30	11	61	57
Easy	25	35	20	44	36	37
Difficult	31	25	30	33	4	7
Very difficult	19	10	20	11	0	0

Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

^ Interpret with caution as number is low ($n < 10$).

Table 17: Change in availability of methamphetamine over the last six months, 2016–2017

Has availability changed in the last 6 months?	Powder		Base [^]		Crystal	
	2016 (n=15)	2017 (n=19)	2016 (n=10)	2017 (n=9)	2016 (n=104)	2017 (n=91)
	% able to answer					
More difficult	13	32	20	44	5	8
Stable	67	58	80	44	71	73
Easier	13	11	0	11	19	15
Fluctuates	7	0	0	0	5	4

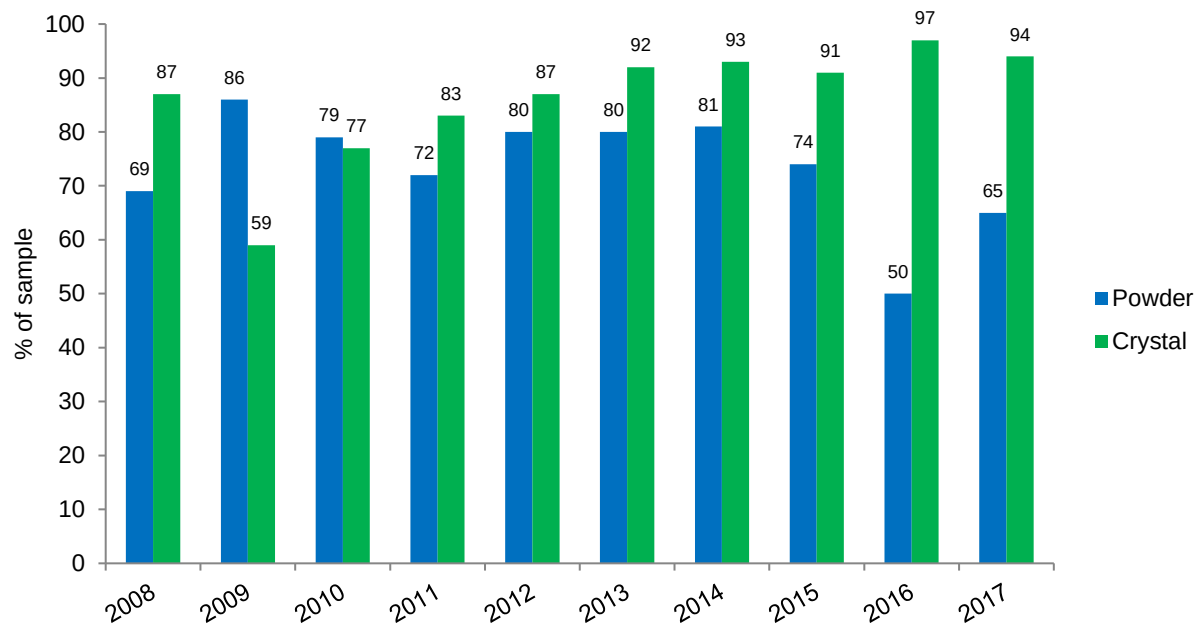
Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

[^] Interpret with caution as number is low (n<10).

Long-term trend data depicting the availability of methamphetamine powder and methamphetamine crystal from 2008 onwards, as reported by participants, are presented in Figure 20. As shown, methamphetamine has generally been considered 'easy' or 'very easy' to obtain across all years and for all forms.

Figure 20: Availability of methamphetamine in the last six months, easy or very easy, 2008–2017



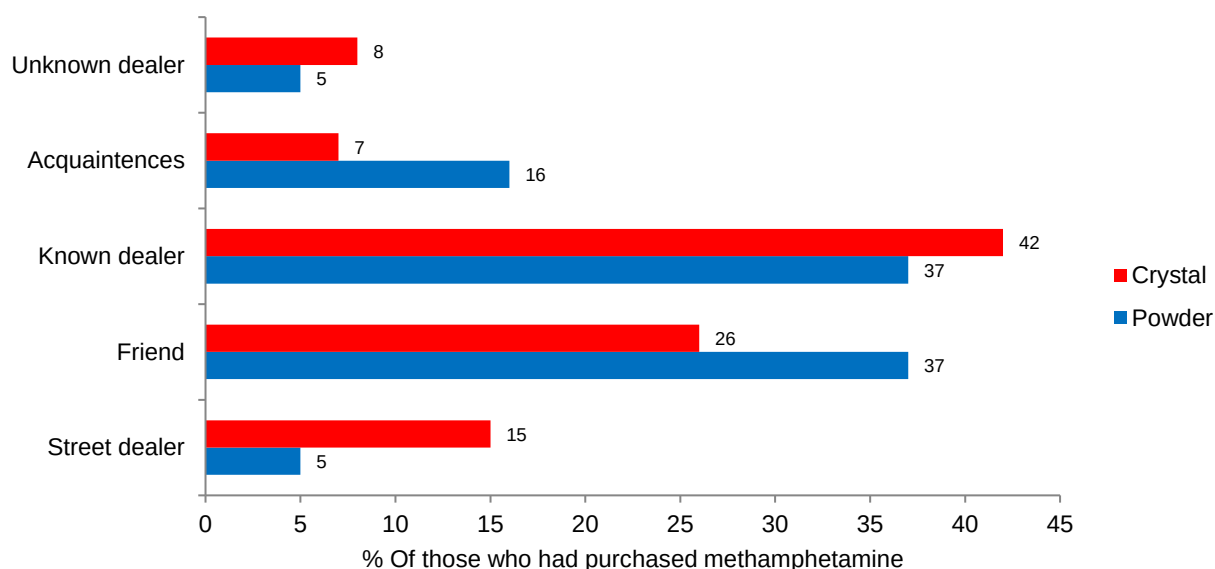
Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

5.2.5 Purchasing patterns of methamphetamine

Participants were asked about both the source and location from which they had last obtained methamphetamine powder and crystal. Figure 21 demonstrates that the majority of methamphetamine consumers who were able to answer obtained both crystal and powder forms of methamphetamine from a 'known dealer' or a 'friend'.

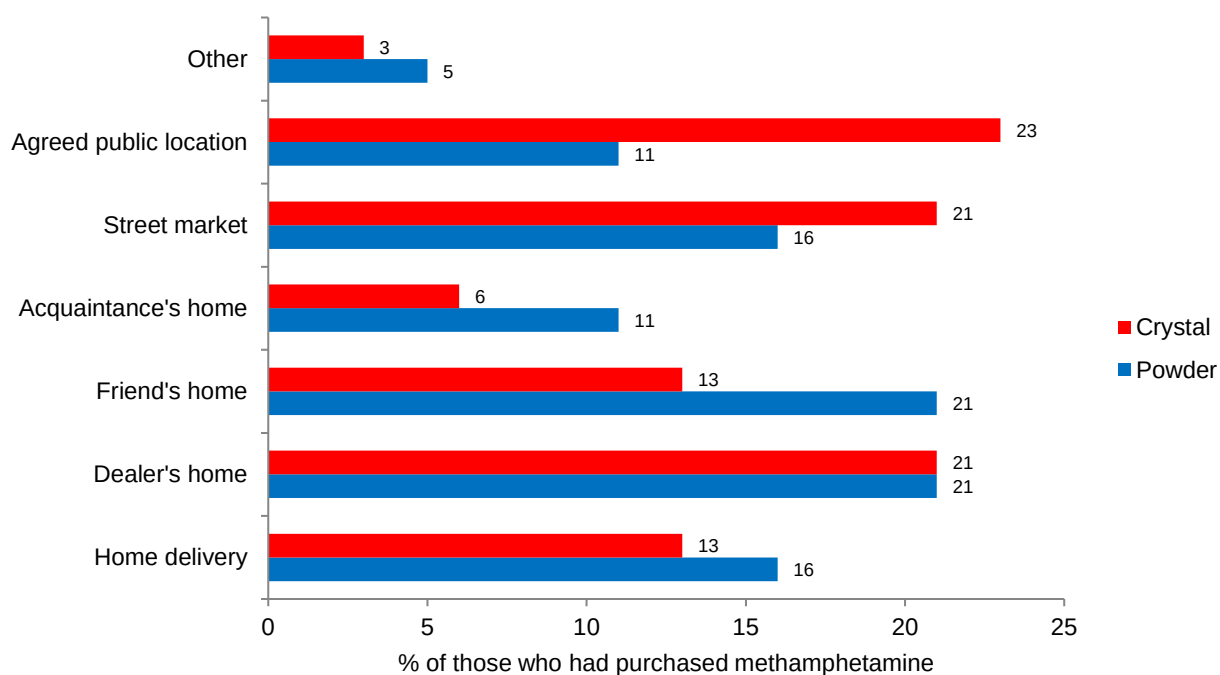
Figure 21: People from whom methamphetamine forms were purchased in the preceding six months, 2017



Source: IDRS participant interviews.
Note: only one response allowed.

Figure 22 reveals that there was high variation in the location/venue from which participants most commonly obtained crystal or powder methamphetamine.

Figure 22: Locations where methamphetamine was obtained in the preceding six months, 2017



Source: IDRS participant interviews.
Note: only one response allowed.

5.3 Cocaine

Key Findings

- *Median price*: Not reported due to small response numbers ($n < 10$).
- *Perceived purity*: currently 'high' (46%), a significant increase from 13% in 2016 ($p < 0.05$). Reported change in purity was varied, with majority reporting 'stable' (33%), followed by 'decreasing' (25%) and 'fluctuating' (25%).
- *Availability*: currently 'easy' to 'very easy' to obtain and stable.
- *Purchasing patterns*: mainly obtained from 'known dealers' or 'friends' most commonly at a 'friend's home' or an 'agreed public location'.

Sixteen percent of participants reported that they were able to comment on the price, purity and/or availability of cocaine in 2017.

5.3.1 Price of cocaine

A small number of participants ($n < 10$) were able to comment on the price for cocaine and therefore median price data is not presented.

5.3.2 Perceived purity of cocaine – participant reports

Table 18 and Table 19 summarise the current perceived purity of cocaine and the changes in cocaine purity over the last six months, as reported by participants. In 2017, the largest number of those able to answer reported that the current perceived purity of cocaine was 'high' (46%), significantly different from 2016 (13%; $p < 0.05$). Twenty-five percent reported that the purity was 'low', 17% reported that it was 'medium', and 13% reported that purity had 'fluctuated'. Of those able to answer ($n = 24$), 33% of participants reported that the purity of cocaine had remained 'stable', with equal percentages stating that purity had 'decreased' and purity had 'fluctuated', (25%, respectively). Seventeen percent of the participants reported that the perceived purity of cocaine had 'increased'.

Table 18: Current purity/strength of cocaine, 2016–2017

How pure would you say cocaine is at the moment?	2016 ($n = 24$)	2017 ($n = 24$)
	% able to answer	
High	13	46*
Medium	42	17
Low	29	25
Fluctuates	17	13

Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

* $p < 0.05$

Table 19: Change in purity/strength of cocaine in last six months, 2016–2017

Has the purity of cocaine changed in the last 6 months?	2016 ($n = 24$)	2017 ($n = 24$)
	% able to answer	
Increasing	4	17
Stable	29	33
Decreasing	38	25
Fluctuating	29	25

Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

5.3.4 Availability of cocaine

Table 20 and Table 21 summarise the current availability of cocaine and changes in cocaine availability over the last six months, as perceived by participants. Of those participants in the IDRS sample who were able to comment (n=24), over one-third reported that it was 'easy' or 'very easy' to obtain (38% and 38%, respectively), one-quarter (25%) of participants commented that that it was 'difficult' to obtain, and no one reported it to be 'very difficult' to obtain.

Table 20: Availability of cocaine currently, 2016–2017

How easy is it to get cocaine at the moment?	2016 (n=24)	2017 (n=24)
	% able to answer	
Very easy	25	38
Easy	33	38
Difficult	38	25
Very difficult	4	0

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

Two-thirds (67%) of those able to answer reported that cocaine availability had remained 'stable' in the six months preceding interview, though more than one-quarter (29%) stated it to be 'easier' to obtain. In 2017 no recent users reported the perceived availability of cocaine as 'more difficult' compared to 25% reporting this in 2016. In addition, 29% of those who reported on change in availability of cocaine reported that it has become 'easier' to obtain compared to zero participants in 2016 (Table 21).

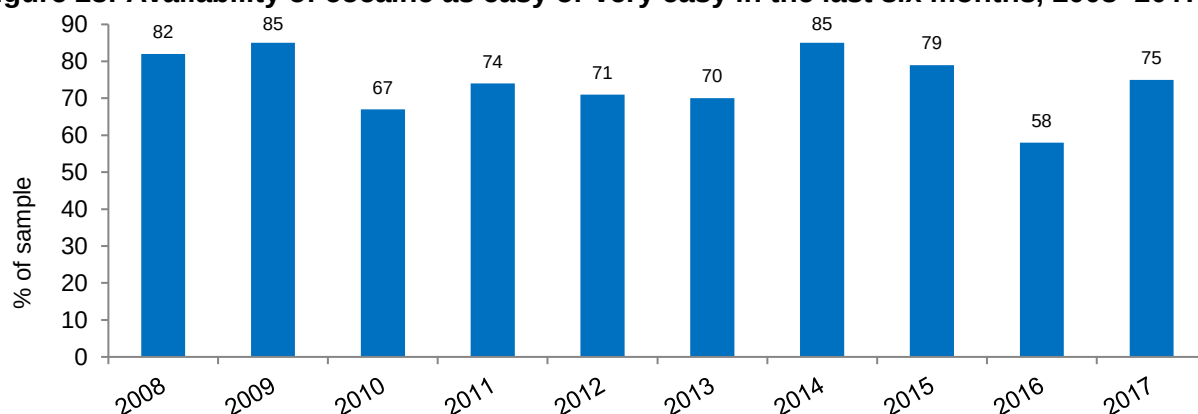
Table 21: Change in availability of cocaine over the last six months, 2016–2017

Has availability changed in the last 6 months?	2016 (n=24)	2017 (n=24)
	% able to answer	
More difficult	25	0
Stable	67	67
Easier	0	29
Fluctuates	8	4

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

Figure 23 shows the long-term trend data in the percentage of participants reporting availability of cocaine as 'easy' or 'very easy', from 2008 onwards. As can be seen, the reported ease of availability has fluctuated over the years.

Figure 23: Availability of cocaine as easy or very easy in the last six months, 2008–2017

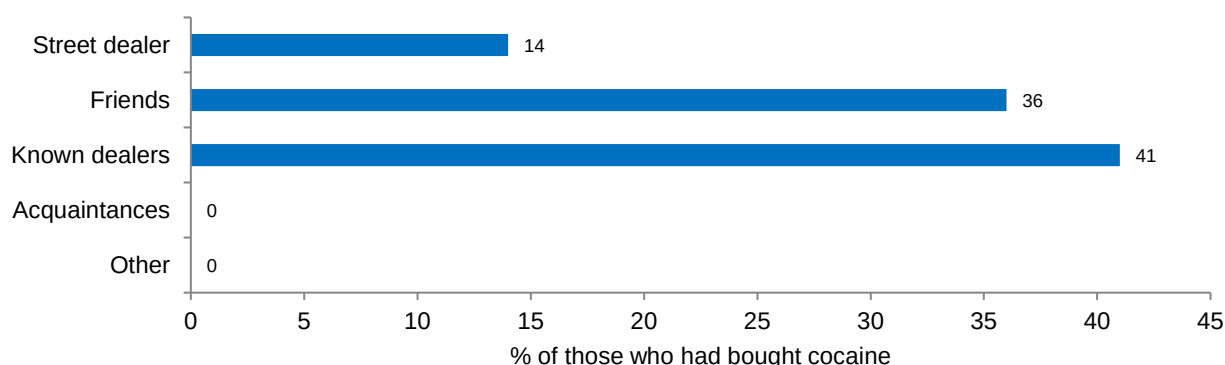


Source: IDRS participant interviews.

5.3.5 Purchasing patterns of cocaine

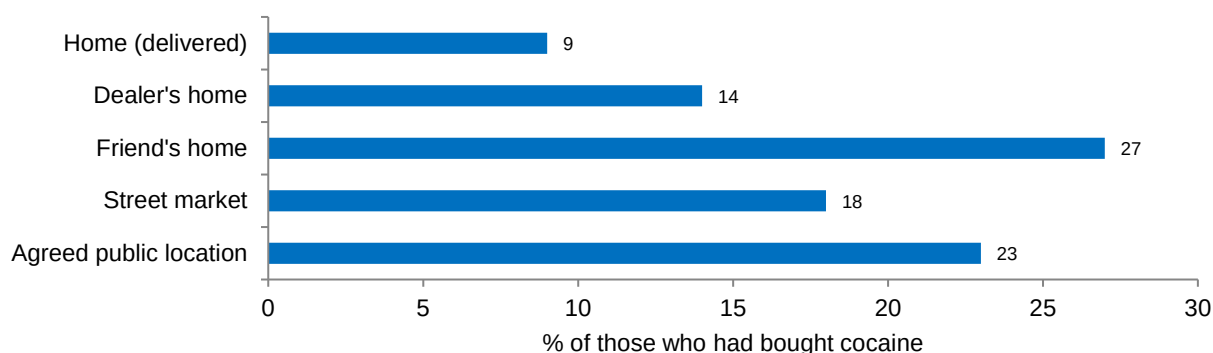
Participants were asked about both the source and location from which they had last obtained cocaine. Figure 24 shows that the majority of cocaine consumers who were able to answer reported obtaining cocaine from 'known dealers' (41%; n=9), followed by 'friends' (36%; n=8). The location from which participants most commonly obtained cocaine was 'friend's home' (27%; n=6), followed by an 'agreed public location' (23%; n=5) (Figure 25).

Figure 24: People from whom cocaine was purchased in the preceding six months, 2017



Source: IDRS participant interviews.
Note: Only one response could be selected.

Figure 25: Locations where cocaine was scored in the preceding six months, 2017



Source: IDRS participant interviews.
Note: Only one response could be selected.

5.4 Cannabis

Key Findings

Hydro:

- *Median price*: \$20 per gram, \$100 per quarter ounce and \$300 per ounce, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived potency*: currently 'high' and stable.
- *Availability*: currently 'very easy' to 'easy' to obtain and has remained 'stable' in past six months.

Bush:

- *Median price*: \$20 per gram, with the price primarily reported as 'stable' over the preceding six months.
- *Perceived potency*: currently 'medium' and stable.
- *Availability*: currently 'difficult' and has remained 'stable' in past six months. There was a significant decrease of those reporting the availability as 'easy' or 'very easy' in 2017 (48%; 79% in 2016; $p<0.05$).

Hydro and Bush:

- *Purchasing pattern*: mainly obtained from 'friends', most often from a 'friend's home'.

From 2003, to ensure more detailed information was collected on the different forms of cannabis, the cannabis section was separated into hydro (hydroponically grown) and bush (grown outdoors).

In 2017, 65% of the sample was confident enough to complete survey items relating to hydro, and 18% of the sample was confident enough to complete survey items relating to bush.

5.4.1 Price of Hydroponic cannabis

As in previous years, hydro appeared to be the more popular form of cannabis with fewer participants reporting the purchase of bush. Participants were surveyed concerning the price paid the last time they had bought hydro (Table 22). The median price paid for a gram of hydro was \$20 (range: \$10–\$100), similar to previous years. In 2017, the median price for a quarter ounce and ounce of hydroponic cannabis remained stable at \$100 (range: \$75–\$110) and \$300 (range: \$120–\$380) respectively. The median price for half an ounce was \$160 in (\$165 in 2016). The most popular purchase amount of hydro was grams ($n=74$), followed by three grams ($n=44$) (Table 22).

5.4.2 Price of Bush cannabis

Participants were surveyed concerning the price paid the last time they had bought bush. In 2017, the median price for a gram of bush cannabis remained stable at \$20. The most popular purchase amount for bush remained to be a gram ($n=13$), consistent with previous years (excluding 2006 when an ounce was reported as the most purchased amount). The number of reported purchases for all other amounts was low (<10), thus results are not presented.

Table 22: Price of last cannabis purchased, 2016–2017

	2016	2017
Price (\$) HYDRO		
Per gram	20	20
Per quarter ounce	90	100
Per ounce	300	300
Per bag	50	50
Price (\$) BUSH		
Per gram	20	20

Source: IDRS participant interviews.

Table 23 summarises participant reports of recent changes in the price of cannabis. The price of both hydro and bush cannabis was generally reported as remaining 'stable' over the last six months, consistent with 2016.

Table 23: Change in price of cannabis over the last six months, 2016–2017

Reported price status	Hydro		Bush	
	2016 (n=88)	2017 (n=95)	2016 (n=22)	2017 (n=23)
	% able to answer			
Increasing	6	7	5	0
Stable	92	82	86	83
Decreasing	1	2	5	9
Fluctuating	1	8	5	9

Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

5.4.3 Perceived potency of cannabis

Table 24 and Table 25 summarise the current perceived potency of cannabis and the changes in cannabis potency over the last six months, according to participant reports. In 2017, the strength of hydro was reported as 'high' by the majority of participants, unchanged from 2016. Over half of participants (56%) reported bush cannabis to be of 'medium' potency, unlike 2016 reports where about half (54%) reported it to be of 'high' potency. The majority of participants reported that the potency of both hydro and bush cannabis (68% and 60%, respectively) had remained 'stable' over the last six months, consistent with 2016 reports. No significant changes were observed regarding perceived potency of cannabis between 2016 and 2017.

Table 24: Current potency/strength of cannabis, 2016–2017

How strong would you say cannabis is at the moment?	Hydro		Bush	
	2016 (n=88)	2017 (n=98)	2016 (n=24)	2017 (n=27)
	% able to answer			
High	56	54	46	30
Medium	28	32	38	56
Low	8	7	8	11
Fluctuates	8	7	8	4

Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

Table 25: Change in potency/strength of cannabis in last six months, 2016–2017

How the strength of cannabis changed in the last 6 months?	Hydro		Bush	
	2016 (n=88)	2017 (n=96)	2016 (n=24)	2017 (n=25)
	% able to answer			
Increasing	17	9	8	24
Stable	64	68	67	60
Decreasing	6	9	4	4
Fluctuating	14	14	21	12

Source: IDRS participant interviews.

Note: 'Don't know' was excluded.

5.4.4 Availability of cannabis

Table 26 and Table 27 summarise the current availability of cannabis and the changes in cannabis availability over the last six months, according to participant reports. In 2017, the majority of participants reported hydro cannabis as 'easy' or 'very easy' to obtain (96%). Nearly half of the participants reported bush cannabis as 'difficult' to obtain (44%), a non-significant increase compared to 21% in 2016. The majority of participants reported that the availability of hydro and bush cannabis had remained 'stable' (84% and 62%, respectively) in the six months preceding interview

Table 26: Availability of cannabis currently, 2016-2017

How easy is it to get cannabis at the moment?	Hydro		Bush	
	2016 (n=88)	2017 (n=97)	2016 (n=24)	2017 (n=25)
	% able to answer			
Very easy	57	58	33	32
Easy	36	38	46	16
Difficult	7	3	21	44
Very difficult	0	1	0	8

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

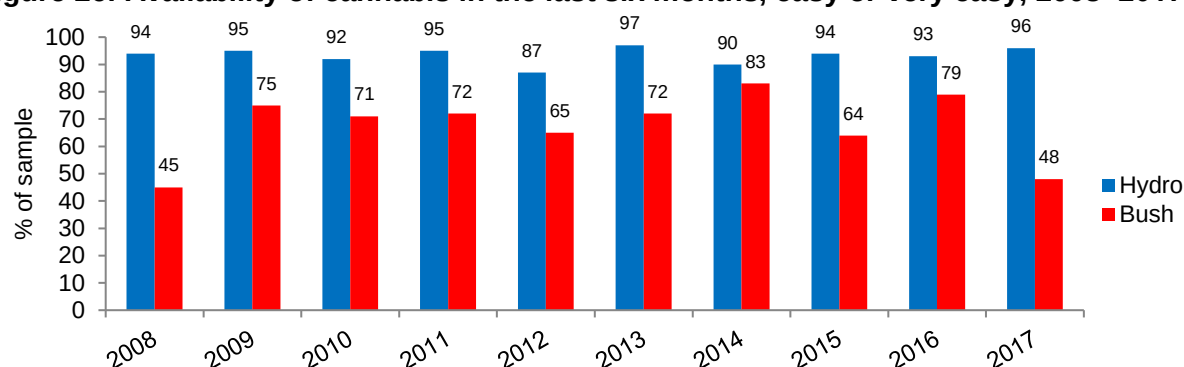
Table 27: Change in availability of cannabis over the last six months, 2016-2017

Has availability changed in the last 6 months?	Hydro		Bush	
	2016 (n=88)	2017 (n=97)	2016 (n=24)	2017 (n=26)
	% able to answer			
More difficult	10	7	17	27
Stable	75	84	79	62
Easier	11	5	0	13
Fluctuates	3	4	4	0

Source: IDRS participant interviews.
Note: 'Don't know' was excluded.

Figure 26 shows the long-term trend in the percentage of participants reporting availability of cannabis as 'easy' or 'very easy', from 2008. The reported ease of availability has fluctuated little over the years, and generally remained readily available. In 2017, the majority of the sample (96%) reported that hydro cannabis was 'easy' or 'very easy' to obtain. Under half of the participants (48%) reported that the availability of bush cannabis was 'easy' or 'very easy'. There was a significant decrease of those reporting the availability of bush cannabis as 'easy' or 'very easy' in 2017 (48% vs. 79% in 2016; $p < 0.05$).

Figure 26: Availability of cannabis in the last six months, easy or very easy, 2008-2017

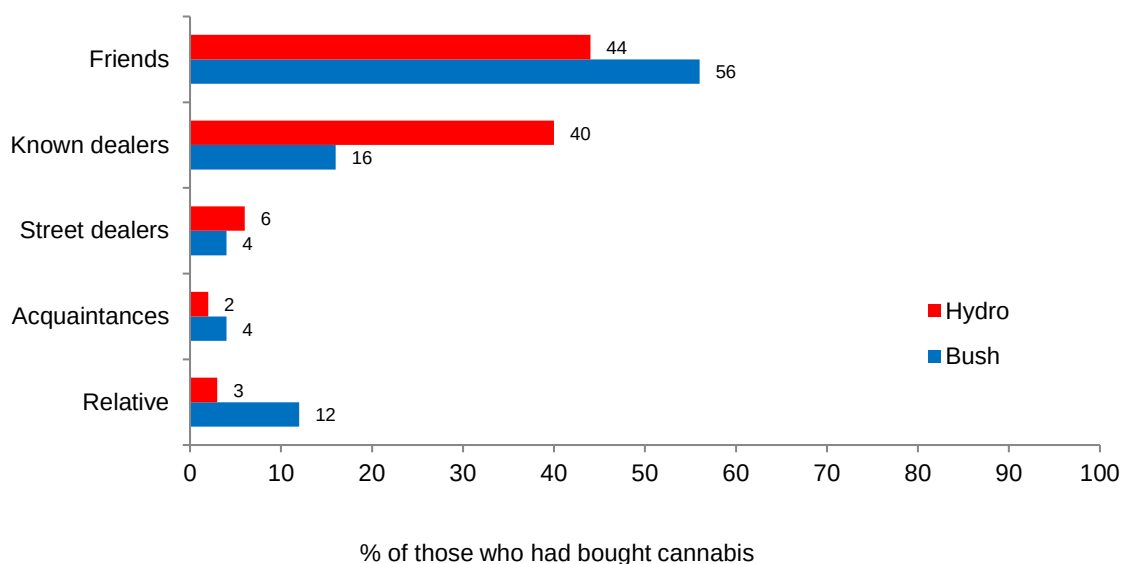


Source: IDRS participant interviews.
Note: 'Don't know' was excluded from 2009 onwards.

5.4.5 Purchasing patterns of cannabis

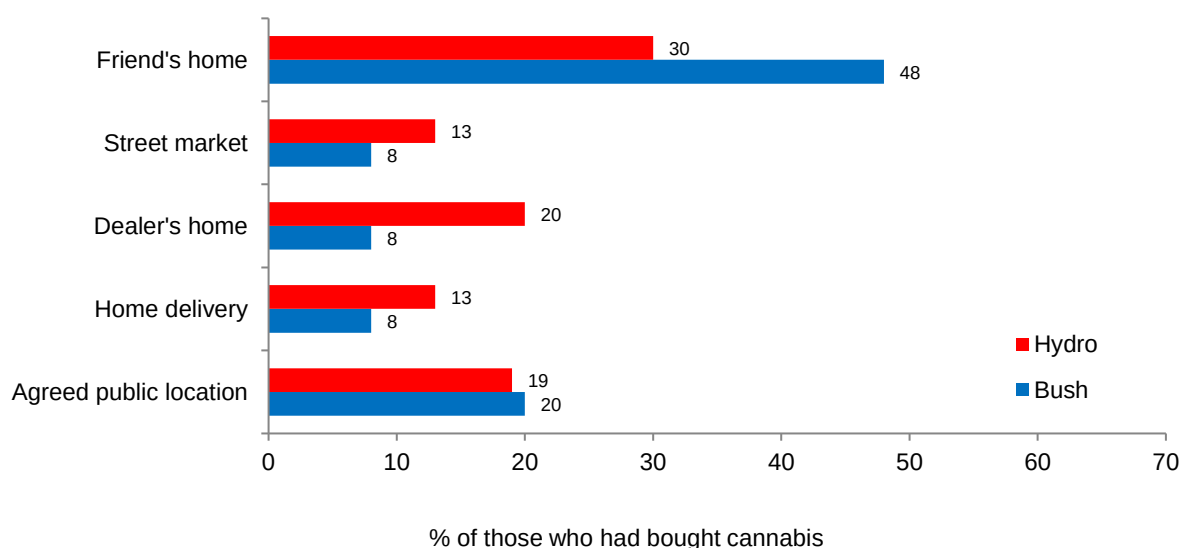
Figure 27 and Figure 28 presents information collected from participants on the source (both person and venue) from which participants had last obtained cannabis in 2017. Purchase patterns of hydro and bush were fairly similar, with those who had purchased in the last six months predominantly obtaining it through 'friends' and 'known dealers'. Locations where cannabis was obtained were also fairly similar; predominant locations for collection was a 'friend's home'.

Figure 27: People from whom cannabis was purchased in the preceding six months, 2017



Source: IDRS participant interviews.
Note: Only one response could be selected.

Figure 28: Locations where cannabis was purchased in the preceding six months, 2017



Source: IDRS participant interviews.
Note: Only one response could be selected.

5.5 Methadone

Key Findings

- *Median price*: 50 cents per ml, with the price primarily reported as 'stable' over the preceding six months.
- *Availability*: currently 'easy' to obtain and stable.
- *Purchasing patterns*: most commonly obtained from 'friends' at a 'friend's home'.

As with other drug types, all participants were asked about the price and availability of illicit methadone and 19% of the sample (n=29) were able to report on the price and/or availability of illicit methadone.

5.5.1 Price of illicit methadone

Among participants who had commented and used 'any' form of illicit methadone (n=18) in the preceding six months, the median price for methadone liquid was reported to be 50 cents per ml (n=18; range: 13 cents–\$10.00) (92 cents per ml in 2016).

Of the 28 participants who were able to comment on whether the price of illicit methadone had changed in the six months preceding interview, the majority reported that the price had remained stable (86%). Three participants reported that the price had increased, and one participant stated that the price had fluctuated. No participants reported a decrease in price. There were no significant changes observed regarding price changes between 2016 and 2017.

5.5.2 Availability of illicit methadone

Fifty percent of those that could comment (n=28) reported that the availability of illicit methadone was 'easy' to obtain (n=14). Eleven participants found it 'very easy' to obtain, and a further three participants found it 'difficult' to obtain. When asked whether availability had changed over the preceding six months, the majority of those commenting (86%; n=24) reported that it had remained 'stable'. Three participants reported that it had become 'easier' in the preceding six months, and the remaining participant reported that the availability change was 'fluctuating' (n=1). There were no significant differences between 2016 and 2017 reports regarding availability of illicit methadone.

5.5.3 Purchasing patterns of illicit methadone

Of those that had obtained illicit methadone, it was most commonly acquired from 'friends' (60%; n=15), with smaller numbers obtaining it from a 'known dealer' (n=5), 'acquaintances' (n=3) and 'street dealers' (n=2). The most commonly reported location of purchase was from a 'friend's home' (n=9), followed by an 'agreed public location' (n=5), 'street market' (n=5), 'home delivery' (n=5) and 'dealer's home' (n=1).

5.6 Morphine

Key Findings

- *Median price:* \$45 per 100mg MS Contin® tablet and stable.
- *Availability:* currently 'very easy' or 'easy' to obtain and has remained 'stable' in past six months.
- *Purchasing patterns:* most commonly obtained through 'known dealers' at a 'street market'.

Thirteen percent of participants (n=19) felt confident enough to respond to survey items concerning price and/or availability of illicit morphine. MS Contin® continued to remain the most common brand of morphine used.

5.6.1 Price of illicit morphine

The median price for 100mg MS Contin® tablets remained stable at \$45 per tablet (range \$40–\$50). Few participants (n<10) commented on 30mg and 60mg MS Contin® and no participant purchases of 5mg or 10mg tablets. One participant was able to comment on the price of 50mg and 100mg Kapanol®.

Sixty-one percent (n=11) of those commenting for illicit morphine (n=18) reported that the price had remained 'stable' over the preceding six months. Five participants believed that the price had 'increased' (28%). The remaining participants believed that the price had 'decreased' (n=1) and 'fluctuated' (n=1). No significant changes were observed regarding price changes between 2016 and 2017.

5.6.2 Availability of illicit morphine

Of those able to comment (n=17), the majority of participants reported that illicit morphine was 'very easy' (41%) or 'easy' (35%) to obtain. Three participants believed it to be 'very difficult' to obtain and one participant reported 'difficult'. Sixty-five percent (n=11) of those commenting stated that availability had remained 'stable' over the preceding six months, and four participants reported the change in availability of morphine as being 'more difficult'. Two participants commented that the change in recent availability of morphine was 'fluctuating'. There were no significant differences between 2016 and 2017 reports regarding availability of illicit morphine.

5.6.3 Purchasing patterns of illicit morphine

In 2017, morphine was most commonly purchased from a 'known dealer' (50%, n=8), 'street dealers' (n=3), 'acquaintances' (n=3), 'relative' and 'friends' (n=1, respectively). The most commonly reported locations of purchase from those who commented were from a 'street market' (44%, n=7) followed by 'agreed public location' (n=4), 'dealer's home' (n=2) and 'friend's home' (n=1). One participant reported obtaining morphine from an 'other' location.

5.7 Oxycodone

Key Findings

Illicit 'generic or other' oxycodone:

- *Median price*: not reported due to small numbers (n<10).
- *Availability*: currently 'very easy' or 'easy' to obtain and has remained 'stable' in past six months.
- *Purchasing patterns*: mainly obtained from a 'known dealer', most often at a 'street market'.

Illicit 'OP' oxycodone:

- *Median price*: not reported due to small numbers (n<10).
- *Availability*: currently 'easy' to obtain and has remained 'stable' in past six months.
- *Purchasing patterns*: mainly obtained from an 'unknown dealer', most often at a 'street market'.

In 2017, oxycodone was divided into two separate groups for price and availability. These groups included 'generic or other' oxycodone and 'OP' oxycodone⁷. Fifteen percent of participants (n=23) felt confident enough to respond to survey items concerning price and/or availability of illicit 'generic or other' oxycodone, and seven percent of participants (n=10) were able to comment on 'OP' oxycodone.

5.7.1 Price of illicit oxycodone

A small number of participants (n<10) were able to comment on prices for specific formulations of 'generic or other' oxycodone and 'OP' oxycodone and therefore median price data is not presented.

Thirty-two participants were able to comment on the price changes in the preceding six months for 'generic or other' oxycodone and 'OP' oxycodone. Of those who were able to answer questions regarding the price of illicit 'generic and other' oxycodone, 73% (n=16) reported it to be 'stable' in the preceding six months. Three participants reported that the price had 'increased' and a further three participants reported that the price had 'decreased' over the preceding six months. The majority of participants commented that illicit 'OP' oxycodone had remained stable (50%, n=5) over the preceding six months. No significant changes were observed regarding price changes between 2016 and 2017.

5.7.2 Availability of illicit oxycodone

Of those participants in the IDRS sample who were able to comment (n=23), 65% reported the availability of illicit 'generic or other' oxycodone as being 'easy' or 'very easy' (76% in 2016), 30% (n=7) reported availability as 'difficult' and four percent (n=1) as 'very difficult' to obtain. Of those able to comment, 50% (n=5) reported the availability of oxycodone 'OP' as 'easy', 20% (n=2) as 'very easy' and a further 30% (n=3) as 'difficult' to obtain. The majority reported the availability of 'generic or other' oxycodone and oxycodone 'OP' as stable over the last six months (64% and 80% respectively). There was no significant change between 2016 and 2017.

5.7.3 Purchasing patterns of illicit oxycodone

Of those who had bought illicit 'generic or other' (n=21) the most common source was through a 'known dealer' (38%). Of those who had bought illicit 'OP' oxycodone (n=9), the most common source was through an 'unknown dealer' (33%). The most common place of purchase for illicit 'generic or other' oxycodone and 'OP' oxycodone, was 'street market' (29% and 56%, respectively).

⁷ In April 2014 'Reformulated OxyContin®' (branded with an 'OP' on each tablet) was introduced designed to be tamper resistant. The 'original oxycodone' OxyContin® (branded with an 'OC') was withdrawn. In September 2014 generic 'non-tamper-resistant oxycodone' was made available in Australia.

5.8 Benzodiazepines

Key Findings

- *Median price*: \$2 per diazepam pill, with the price primarily reported as 'stable' over the preceding six months.
- *Availability*: varied, with 37% reporting availability as 'easy' and 33% as 'difficult' to obtain. Regardless, over half of those who commented reported that the availability had been 'stable' over the last six months.
- *Purchasing patterns*: mainly obtained from 'friends', 'street dealers' or 'known dealers', most commonly at a 'street market'.

In 2017, participants were asked about the price, availability and purchasing patterns of benzodiazepines in the last six months. Eighteen percent of participants were able to comment (n=27). Among those who commented, the most common brand of benzodiazepines reported were diazepam (Valium) (n=12).

5.8.1 Price of illicit benzodiazepines

The median price for an illicit diazepam pill was \$2 (n=11; range: \$1–\$50). Small numbers of participants were able to answer on the price of an illicit alprazolam pill (n<10). Of those participants in the IDRS sample who were able to comment (n=39), the majority (65%) reported the price of illicit benzodiazepines had remained 'stable' over the last six months. No significant changes were observed regarding price changes between 2016 and 2017.

5.8.2 Availability of illicit benzodiazepines

Of those participants in the IDRS sample who were able to comment (n=27), 37% reported the availability of illicit benzodiazepines as 'easy' (26% in 2016) and 33% reported the availability as 'difficult' to obtain. Over half of the participants who commented (58%) reported that over the last six months the availability had remained 'stable'.

5.8.3 Purchasing patterns of illicit benzodiazepines

Of those who had bought illicit benzodiazepines, the most common sources were 'street dealers', 'friends' or 'known dealers' (each 22%). The most common venue where illicit benzodiazepine was obtained was at a 'street market' (37%).

5.9 Fentanyl

Key Findings

- *Median price*: not reported due to small numbers (n<10).
- *Availability*: currently 'easy' and had been 'stable' over the last six months.
- *Purchasing patterns*: most commonly obtained through 'friends' at 'home'.

In 2017, ten participants felt confident enough to respond to questions concerning price, availability and purchasing patterns of illicit fentanyl. Out of those who recently used illicit fentanyl, Duragesic patches were the most commonly form used (80%). The results cannot be compared to 2016 data as not enough participants responded and was therefore not reported.

5.9.1 Price of illicit fentanyl

A small number of participants (n<10) were able to comment on prices for fentanyl and therefore median price data is not presented.

5.9.2 Availability of illicit fentanyl

Of those participants in the IDRS sample who were able to comment (n=10), half (50%) reported the availability of illicit fentanyl as 'easy' and three-fifths (60%) of those who commented reported that the availability had remained 'stable' over the last six months.

5.9.3 Purchasing patterns of fentanyl

Of those who had bought illicit fentanyl, the most common source was through 'friends' (50%) and the most common venue where fentanyl was last obtained was at 'home (delivered)' (30%).

5.10 Buprenorphine (Subutex®)

Key Findings

- *Median price*: not reported due to small numbers ($n < 10$).
- *Availability*: currently 'difficult' and had been 'stable' over the last six months.
- *Purchasing patterns*: most commonly obtained through 'friends' at an 'agreed public location', 'street market' or 'friend's home'

In 2017, participants were asked about the price, availability and purchasing patterns of buprenorphine (Subutex®) in the last six months. Twelve participants were able to comment. The results cannot be compared to 2016 data as not enough participants responded and was therefore not reported.

5.10.1 Price of illicit buprenorphine (Subutex®)

A small number of participants ($n < 10$) were able to comment on prices for buprenorphine (Subutex®) and therefore median price data is not presented.

5.10.2 Availability of illicit buprenorphine (Subutex®)

Of those who could comment ($n = 12$), 58% reported illicit buprenorphine (Subutex®) to be 'difficult' to obtain. Seventy-five percent reported that the availability had remained 'stable' over the preceding six months.

5.10.3 Purchasing patterns of buprenorphine (Subutex®)

Of those who had bought buprenorphine (Subutex®), the most common source was through 'friends' (33%) and the most common venues were an 'agreed public location', 'street market' or 'friend's home' (all 22%).

5.11 Buprenorphine-naloxone (Suboxone®)

Key Findings

- *Median price*: not reported due to small numbers ($n < 10$).
- *Availability*: currently 'easy' and had been 'stable' over the last six months.
- *Purchasing patterns*: most commonly obtained through 'friends' at an 'agreed public location' or 'street market'.

Twelve participants felt confident enough to respond to questions concerning price, purity and availability of illicit buprenorphine-naloxone (Suboxone®). The results cannot be compared to 2016 data as not enough participants responded and was therefore not reported.

5.11.1 Price of illicit buprenorphine-naloxone (Suboxone®)

A small number of participants ($n < 10$) were able to comment on prices for buprenorphine-naloxone (Suboxone®), and therefore median price data is not presented.

5.11.2 Availability of illicit buprenorphine-naloxone (Suboxone®)

Of those participants in the IDRS sample who were able to comment ($n = 12$), over half (58%) reported the availability of buprenorphine-naloxone (Suboxone®) as 'easy' and the same percentage (58%) reported availability as 'stable' over the last six months.

5.11.3 Purchasing patterns of buprenorphine-naloxone (Suboxone®)

Of those who had bought buprenorphine-naloxone (Suboxone®) the most common source was 'friends' (40%) and the most common venue were an 'agreed public location' or 'street market' (all 30%).

5.12 Other drugs

The number of participants who answered questions relating to ecstasy, hallucinogens, illicit antidepressants, illicit antipsychotics, illicit pharmaceutical stimulants, and steroids markets were low ($n < 10$). Data from these sections will not be presented.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Findings

Overdose

- Fifty-three percent of the 97% who reported a lifetime use of heroin, reported that they had overdosed on heroin at least once in their lifetime.
- Among participants who had ever overdosed on heroin (n=66), 14% had overdosed in the past 12 months and four participants had overdosed in the past month.
- Six participants had overdosed on any other drug (not including heroin, morphine, methadone or oxycodone) in the past 12 months, and one participant had overdosed in the last month.

Drug Treatment

- Forty-four percent of the sample reported being in drug treatment and they had been in treatment for a median of 24 months. The predominant form of treatment being received was maintenance pharmacotherapy treatment.
- Six percent of the sample reported hospital admission for methamphetamine psychosis on a median of one occasion in the past year, while four percent of the sample reported admission to hospital for other methamphetamine related issues on a median of one occasion in the past year.
- Nineteen percent of participants had tried to access treatment over the preceding six months but were unable to. Sixty-one percent had tried to access treatment for heroin use and 25% had tried to access treatment for methamphetamine use.

Opioid and Stimulant Dependence

- Of those who recently used an opioid drug and commented (n=129) the median SDS score was eight, with 74% scoring five or above, indicative of opioid dependence.
- Of those who recently used a stimulant drug and commented (n=103), the median SDS score was five, with 59% scoring four or above, indicative of stimulant dependence.

Mental Health

- Forty-two percent of all participants reported experiencing a mental health problem in the preceding six months. Among those who had suffered from a mental health problem, depression and anxiety continued to be the most commonly reported disorders.
- Among those who had recently experienced a mental health problem, 72% reported that they had attended a professional for such problems.
- Just under two-thirds of the IDRS sample (64%) was assessed as having 'high' to 'very high' levels of psychological distress. This was much higher than what has been reported among the general population (11%).

Alcohol Use Disorders Identification Test

- Thirty-six percent of males and 34% of females scored five or more on the AUDIT-C, indicating a serious need for further assessment.

Naloxone Program and Distribution

- Ninety-three percent of those who commented (n=131) had heard of naloxone.
- Sixty-three percent of those who commented (n=131) had heard of the take-home naloxone program.
- Twenty percent of those who commented (n=131) had completed training in naloxone administration. Of the 26 participants who had completed the course, 39% had used naloxone to resuscitate someone who had overdosed.
- Twenty-nine percent of those who commented (n=130) had heard about the rescheduling of naloxone.
- Sixty-two percent of those who commented (n=124) purchase naloxone OTC.

6.1 Overdose

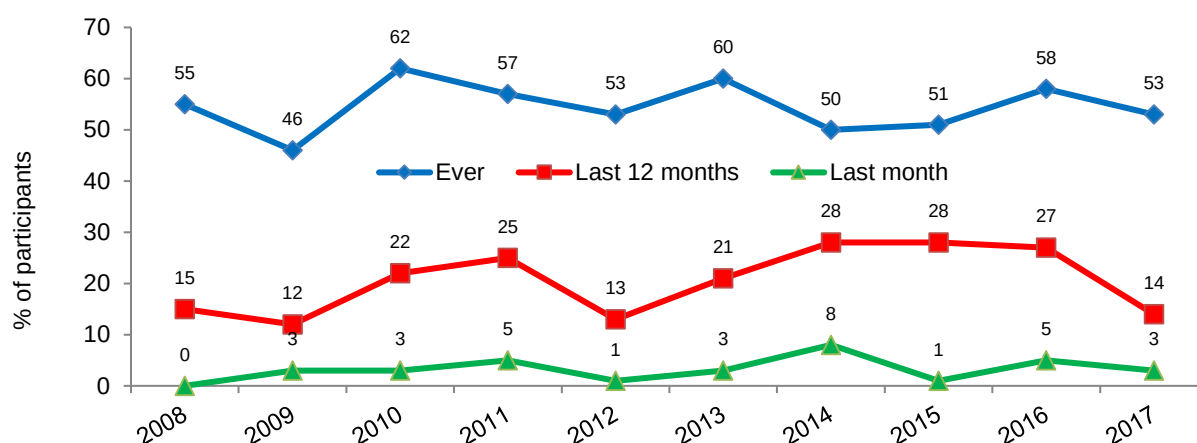
6.1.1 Heroin

6.1.1.1 Non-fatal opioid overdose

One hundred and forty-seven participants reported lifetime use of heroin (97%) and out of those who commented (n=124) 53% of participants reported that they had overdosed on heroin on a median of three occasions (range: 1–100 occasions). Of these, 79% (n=52) had overdosed six times or less, with the majority reporting that they had overdosed once in their lifetime (n=21; 32%).

Among participants who had ever overdosed on heroin, 14% (n=18) had done so in the past 12 months and four participants (3%) had overdosed in the past month (see Figure 29).

Figure 29: Percentage of participants who had ever overdosed, overdosed in the past 12 months, and the past month, on heroin 2008-2017



Source: IDRS participant interviews.

Participants were also asked about the treatment they received following a heroin overdose in the past year. Of the 18 participants who commented, 67% received Narcan®, 22% had an ambulance attendance, 17% received oxygen, two participants attended the hospital emergency and one participant received CPR from another person.

Participants were also asked about the treatment or information they received following their most recent heroin overdose. Of those who commented (n=10), 56% did not receive any information or treatment after the recent overdose, two participants received information from a generalist health service, one participant received information from a counsellor and another one from a drug health service.

6.1.2 Other Drugs

6.1.2.1 Non-fatal overdose

Participants were asked to specify how many times they had accidentally overdosed on any other drug (not including heroin, morphine, methadone or oxycodone), how long since that had happened, and which drugs were involved. Of those who commented, 15% (n=19) reported that they had accidentally overdosed on another drug within their lifetime, and they had done so on a median of two occasions (range: 1–10 occasions). Of these, six participants had overdosed in the past 12 months, and one participant had overdosed in the last month.

6.2 Drug treatment

6.2.1 IDRS participant survey

Less than half (44%) of the NSW IDRS sample was in drug treatment at the time of the interview, with the majority of participants in maintenance pharmacotherapy treatment. Participants who were currently in treatment (n=67) were asked a number of questions about their treatment. Participants reported a median of 24 months (range: one month–25 years) in any current treatment. Among those in treatment, 70% of participants were in current methadone treatment and reported being in treatment for a median of 36 months (range: one month–25 years). Nineteen percent of the sample reported current buprenorphine-naloxone treatment, six percent reported drug counselling, three percent reported buprenorphine treatment, and two percent reported 'other'.

Participants were asked 'What forms of treatment have you been in over the last six months?' and of those participants who commented (n=61); 39 participants reported previous methadone treatment; ten participants reported buprenorphine-naloxone treatment; nine participants reported drug counselling; eight participants reported subutex/buprenorphine treatment; five participants reported Narcotics Anonymous treatment; four participants reported detoxification; four participants reported therapeutic community; and six participants reported 'other' treatment.

In 2017, participants were specifically asked about opioid and methamphetamine treatment in the past year. Less than half of the IDRS sample had been on opioid substitution treatment for their opioid use in the past year (44%). The median number of times this group had started opioid treatment in the past year was one (range: 1–20 times).

Among those who commented (n=19), the median number of times methamphetamine treatment was started at a drug treatment centre in the past year was one (range: 1–5 times). Six percent of the sample (n=9) reported a hospital admission for methamphetamine psychosis on a median of one occasion (range: 1–5 times) in the past year, and four percent of the sample (n=6) reported admission to hospital for other methamphetamine related issues on a median of one occasion in the past year.

In 2017, 19% of participants had tried to access treatment over the preceding six months but were unable to. Of these, 59% (n=17) had tried to access treatment for heroin use and 24% (n=7) had tried to access treatment for methamphetamine use. Participants attempted to access a range of services including: rehab/therapeutic community (n=10), detoxification (n=9), opioid substitution prescribing doctor and counsellor (both n=7), opioid substitution program and psychiatrist (both n=6), a general practitioner (GP) (n=4), psychologist (n=3), ATOD worker (n=2) and 'other' (n=1).

There were mixed reports regarding the availability of treatment with 38% of the participants (n=57) reported that it was 'easy' to get into treatment at the moment and 27% reported that it was 'difficult' to get into treatment. Thirteen percent reported it to be 'very easy', 11% reported 'very difficult' and another 11% reported that they did not know.

6.3 Opioid and stimulant dependence

In 2017, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids. Understanding whether participants are drug dependent is an important predictor of harm, and provides information to complement quantity and frequency of use measures.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe, Loxton, Hides, Kavanagh, & Mattick, 2002).

Previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine consumers (Topp & Mattick, 1997) and a cut-off value of three for cocaine (Kaye & Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five as indicative of dependence.

Of those who had recently used an opioid and commented (n=129), the median SDS score was eight (mean 7.6; range: 0–15), with 74% scoring five or above. Scores were not significantly different for males and females. Of those who scored five or above (n=96), 77% reported specifically attributing responses to heroin, 13% to methadone, three percent to morphine, three percent to buprenorphine and one percent to oxycodone.

Of those who had recently used a stimulant and commented (n=103), the median SDS score was five (mean 5; range: 0–15), with 59% scoring four or above which is indicative of stimulant dependence. There were no significant differences regarding gender and those scoring four or above. Of those who scored four or above (n=61), 90% reported specifically attributing responses to methamphetamine, 12% to cocaine, and one participant reported attributing their response to pharmaceutical stimulants.

6.4 Mental and physical health problems and psychological distress

Forty-two percent of all participants reported experiencing a mental health problem other than drug dependence in the preceding six months (35% in 2016). As in previous years, among those with a mental health problem, the most commonly reported problems were depression (75%; 60% in 2016) and anxiety (53%; 48% in 2016). Nineteen percent reported post-traumatic stress disorder and 17% reported schizophrenia. Fewer participants (n<10) reported manic-depression/bipolar, panic, OCD, paranoia, phobia, mania, personality disorder and psychosis.

Among those who had experienced a mental health problem in the preceding six months, 72% (n=34) reported that they had attended a professional for such problems. Of those who reported attending a mental health professional, 42% reported visiting a psychiatrist, 39% visited a GP, 33% visited a psychologist, 18% visited a counsellor, 15% visited a community health nurse. Fewer participants (n<10) reported visiting a mental health nurse, hospital emergency department, psychiatric ward and a social worker.

Sixty-two participants reported that they had been prescribed medication for their mental health disorder in the preceding six months (38% in 2016); predominantly antidepressants (n=18), followed by antipsychotics (n=12), benzodiazepines (n=12) and mood stabilizer (n=1)

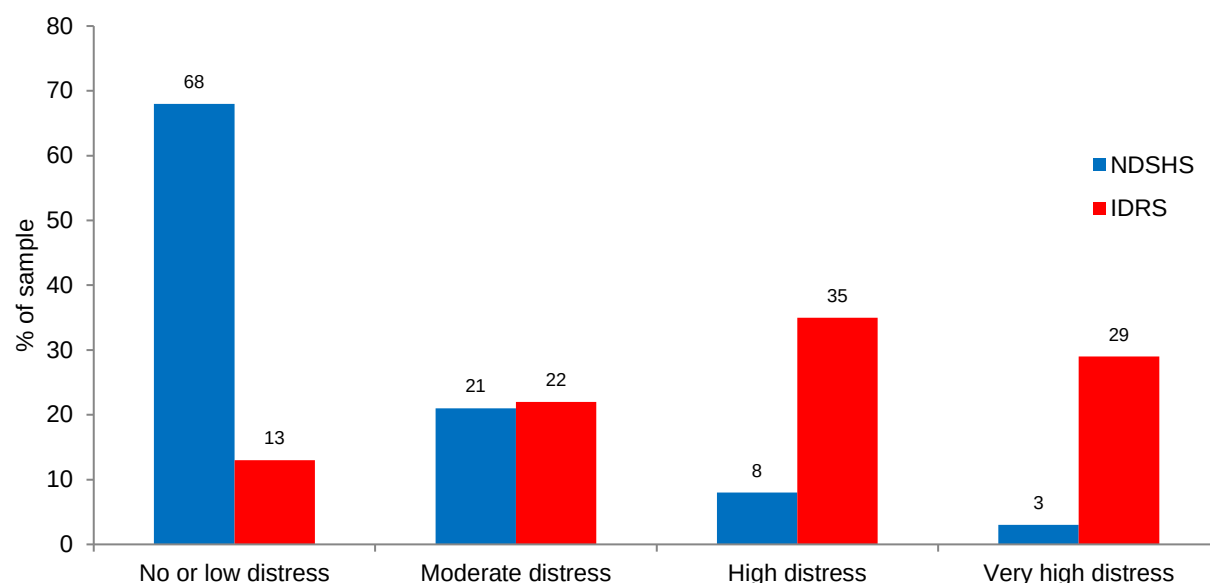
6.4.1 Psychological distress measure

The Kessler Psychological Distress Scale (K10) was also administered to participants in order to obtain a measure of psychological distress. The K10 is a 10-item standardised measure with good psychometric properties that identifies clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) and the Structured Clinical Interview for DSM disorders (SCID) (Andrews & Slade, 2001; Kessler et al., 2002). The K10 asks about the level of anxiety and depressive symptoms that a person may have experienced in the preceding four week period (Australian Institute of Health and Welfare, 2017). It should be noted that the K10 does not require that individuals give reasons for the psychological distress reported in the previous month, nor whether this was an unusual or normal month for the individual.

The minimum score that can be obtained is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress) (Andrews & Slade, 2001). The 2016 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2017) provided the most recent Australian population norms available for the K10, and used four categories to describe degrees of distress: scores from 10–15 were considered to be low, 16–21 as moderate, 22–29 as high and 30–50 as very high. Using these categories, IDRS participants reported greater levels of high and very high distress compared to the general population (see Figure 30).

Of those that answered this section (n=130), the mean score was 25.1 (median 24; SD 8.79; range: 10–49). Thirteen percent of the IDRS sample had scores between 10 and 15 on the K10 (low risk), 22% scored between 16 and 21 (moderate distress), 35% scored from 22 to 29 (high distress), and 29% scored from 30–50 (very high distress).

Figure 30: K10 scores in the NDSHS (2016) and the NSW IDRS Interviews (2017)



Source: IDRS participant interviews; (Australian Institute of Health and Welfare, 2017).

Note: The extent to which cut-offs derived from population samples can be applied to the IDRS population is yet to be established and, therefore, these findings should be taken as a guide only. NDSHS findings refer to participants aged 18 and older.

When asked to rate their health, of those who commented, five percent reported that their health was 'excellent', 14% reported that it was 'very good', 38% reported it as 'good', 28% said it was 'fair' and 15% reported that it was 'poor'.

6.5 Alcohol Use Disorders Identification Test-Consumption

The information on alcohol consumption available from the IDRS includes the prevalence of lifetime and recent use, and number of days of use over the preceding six months. Ninety-one percent of the sample had used alcohol in their lifetime, and 54% had used alcohol in the six months preceding interview, on a median of 12 days (range: 1–180 days). Participants of the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush, Kivlahan, McDonnell, Fihn, & Bradley, 2005). The AUDIT-C is a three-item measure, derived from the first three consumption questions in the AUDIT. Dawson, Grant, Stinson, and Zhou (2005) reported on the validity of the AUDIT-C, finding that it was a good indicator of alcohol dependence, alcohol use disorder and risky drinking.

In 2017, the overall mean score on the AUDIT-C was 4.0 (SD=3.4, range: 0–12) (Table 28). There was no significant difference between male and female scores. A cut-off score of five or more indicates the need for further assessment (Dawson et al. (2005); (Haber, Lintzeris, Proude, & Lopatko, 2009) and 35% of the sample scored five or more on the AUDIT-C (41% in 2016).

Table 28: AUDIT-C among the sample, 2016–2017

	2016 (n=100)	2017 (n=102)
Mean AUDIT-C score* (SD; range)	4.7 (3.5; 1–12)	4.0 (3.4; 0–12)
Score of 5 or more* (%)	41	35
Males	45	36
Females	30	34

Source: IDRS participant interviews.

*Amongst participants who had consumed alcohol in the past 12 months.

6.6 Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids, particularly in the case of overdose. In Australia, naloxone has largely only been available for use by medical doctors (or those auspiced by medical doctors such as nurses and paramedics) for overdose response. In 2012, a take-home naloxone program commenced in the ACT through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose as part of a comprehensive overdose response package. This program was shortly followed by similar programs in NSW, VIC, and WA. In early 2016, the Australian Therapeutic Goods Administration (TGA) effectively placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription (Lenton, Dietze, & Jauncey, 2016) but dual listing means it is still available at a reduced cost via prescription.

Since 2013, the IDRS has included a series of questions about take-home naloxone and naloxone more broadly. Of the participants who commented in 2017 (n=131), 93% had heard of naloxone. Less than half (45%) of those who had heard of naloxone and commented (n=116) reported that naloxone was used to 'reverse heroin', while 44% reported the use of naloxone to 're-establish consciousness'. Fourteen percent said naloxone was used to 'help someone start breathing' and 28% gave 'other' reasons.

Participants were then asked if they had heard about take-home naloxone programs. Among those who commented (n=131), 63% reported that they had heard of take-home naloxone programs, while 37% had not. Fourteen participants reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program. Of those who commented (n=131), 20% reported that they had completed training in naloxone administration and had received a prescription for naloxone. Of those who had completed the course (n=26), 39% had used the naloxone to resuscitate someone who had overdosed. The median number of people who had been resuscitated was two.

In 2017, participants were asked if they had heard about the rescheduling of naloxone (which is now available OTC without a prescription). Of those who commented (n=130), 29% reported that they had heard about the rescheduling of naloxone. Participants were then asked if they had been resuscitated with naloxone by someone who obtained naloxone OTC from a pharmacy. No participants reported that they had been resuscitated with naloxone, which was obtained OTC at a pharmacy and two participants reported that they were unsure. Four participants reported that they had themselves obtained naloxone OTC without a prescription from a pharmacy.

Of those who had obtained naloxone OTC from a pharmacy (n=4), one participant reported that they had resuscitated someone who had overdosed. The median number of people attempted to resuscitate by injecting them with naloxone purchased from OTC was two.

Participants who had not obtained naloxone OTC without a prescription from a pharmacy were asked: 'now that naloxone is available OTC would you purchase it from a pharmacy?' Of those who commented (n=124), 62% reported that they would purchase naloxone OTC. Participants were asked if they would (a) carry naloxone on your person? (b) administer naloxone after witnessing someone overdose? and (c) stay with someone after giving them naloxone? 60% of those who commented (n=40) reported that they would carry the naloxone on their person, 92% reported that they would administer naloxone after witnessing someone overdose and 92% reported that they would stay with someone after giving them naloxone.

7 INJECTING RISK BEHAVIOURS

Key Findings

Injecting Risk Behaviour

- Eleven percent reported sharing (borrowing) and 16% reported lending of needles/syringes.
- Forty-four percent of the sample reported re-using their own needles in the last month.
- Three-fifths of the participants (62%) reported that they had last injected in a private home.
- Ninety-one percent of those who commented reported to have shared spoons/mixing containers, a significant increase from 58% in 2016 ($p<0.01$). There was also a significant increase of those who reported sharing water (47%; 16% in 2016; $p<0.01$).
- Sixty-four percent of the sample reported experiencing an injection-related problem in the preceding month. The most common problems experienced were prominent scarring/bruising around the injection site and difficulty injecting.
- Thirty-one percent of the sample reported injecting either a partner or friend after injecting themselves with either a new or used needle in the last month.
- Fourteen percent reported that somebody else injected them after injecting themselves with either a new or used needle in the past month.

Driving

- Thirty-six participants had reported that they had driven a vehicle in the six months prior to interview. Among these participants, eight percent had driven while over the legal alcohol limit and 61% had driven within three hours of taking illicit or non-prescribed drug(s) in the previous six months.

7.1 Injecting risk behaviour

7.1.1 Access to needles and syringes

Participants reported that they had obtained needles and syringes on a median of four occasions in the month preceding interview (range: 0–90 occasions; $n=136$). In addition, the median number of new needles and syringes obtained within the preceding month was 60 (range: 0–900; $n=126$), with participants reporting that they had given away or sold a median of five needles or syringes (range: 0–450; $n=129$). The median number of needles and syringes collected for oneself the last time they were obtained was 20 (range: 0–900; $n=134$) and the median number of needles and syringes that participants had stored away was 10 (range: 0–200; $n=135$). Seven percent reported that they had experienced difficulty in obtaining needles/syringes in the preceding month. Participants had injected on a median of 30 days in the preceding month (range: 0–270 days; $n=139$).

In 2017, participants were also asked if they were able to access filters from the same place from which they obtained their needles and syringes. The vast majority (93%) of those who answered reported that they were able to obtain filters if they wanted them. The main filters comprised of cotton filters (76%), followed by wheel filters (25%) and cigarette filters (19%). Five participants did not know what filters they were able to access. NSPs were by far the most common source of needles and syringes in the preceding six months (87%), followed by NSP vending machines (46%) and a chemist (22%). There was a range of other sources also used, as can be seen in Table 29.

Table 29: Main sources of needles and syringes in the preceding six months, 2017

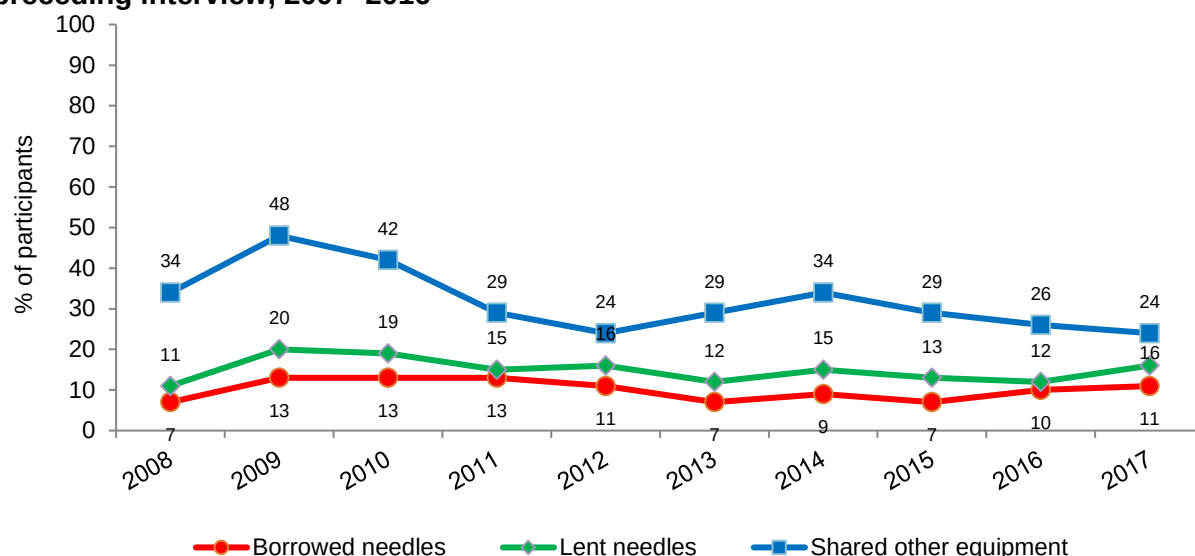
Accessing from (%)	2017 (n=142)
NSP	87
NSP vending machine	46
Chemist	22
Partner	4
Friend	20
Dealer	8
Hospital	16
Outreach/peer worker	2

Source: IDRS participant interviews.
Note: Multiple responses allowed.

7.1.2 Sharing of injecting equipment

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood-borne viral infections (BBVI) such as HIV and HCV. Of those who could comment, 11% of participants (n=15) reported that they had used a needle *after* someone else ('borrowed'). This was stable from 2016 (10%). In comparison, 16% of those who commented (n=22) reported that they had used a needle *before* someone else in the month prior to interview ('lent'). This was stable from 2016 (18%) (see Figure 31). Participants who had used a needle after someone else in the last month (n=13) had typically used after a regular partner (n=7), a close friend (n=3) or 'other' (n=3).

Thirty-one percent of the sample reported injecting either a partner or friend after injecting themselves with either a new or used needle in the last month. Fourteen percent reported that somebody else injected them after injecting themselves with either a new or used needle in the last month.

Figure 31: Sharing of needles and injecting equipment by participants in the month preceding interview, 2007–2016

Source: IDRS participant interviews.

One-quarter of the sample (24%) reported that they had shared injecting equipment other than needles and syringes in the preceding month (26% in 2016). The sharing of used needles remained low, yet relatively stable in 2017, as did the sharing of other equipment during the last year (Figure 31). In 2017, there were significant increases of sharing of injecting equipment (other than needles) among those who had shared equipment in the month preceding the interview. Specifically, there was a significant increase from 58% in 2016 to 91% in 2017 ($p<0.01$) of those who reported sharing spoons/mixing containers. There was also a significant increase of those who reported sharing water (47%; 16% in 2016; $p<0.01$; Table 30).

Table 30: Sharing of injecting equipment (other than needles) among participants who shared equipment in the month preceding interview, 2016–2017

Injecting equipment (%)	2016 (n=38)	2017 (n=34)
Spoons/mixing container	58	91**
Filters	13	35
Tourniquet	21	29
Water	16	47**
Swabs	5	12
Wheel filter	0	6

Source: IDRS participant interviews.

Note: Multiple responses allowed.

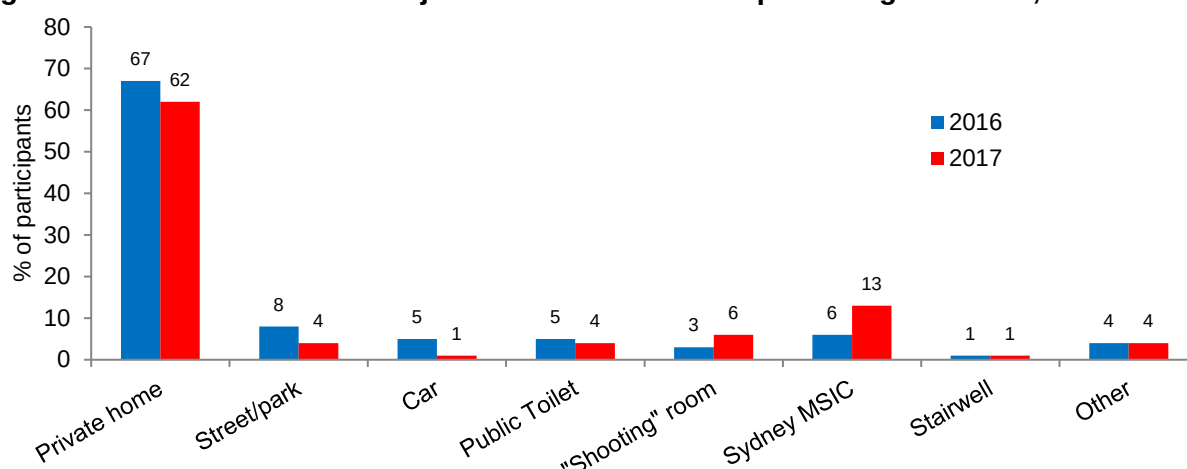
** $p<0.01$

Forty-four percent of the sample had re-used their own needle in 2017 (54% in 2016). Among those who re-used their own needles, 12% had re-used their needle once, 15% had re-used their own needle twice, nine percent had re-used 3–5 times, six percent had re-used their own needles 6–10 times and six participants had reused their own needles more than 10 times. The most common syringe size which was used in the last month was 1ml (87%; $n=122$), which was also the most common syringe size re-used in the last month (40%; $n=56$).

7.1.3 Location of injection

In 2017, the majority of participants reported that the last location in which they had injected drugs was a private home (62%), with very small percentages reporting use in public locations (see Figure 32). The last location of injecting was unchanged compared to 2016.

Figure 32: Location when last injected in the last month preceding interview, 2016–2017



Source: IDRS participant interviews.

7.1.4 Injection site

Participants were asked questions about the site on their body where they had last injected. The majority of participants reported that their last injection 'site' was their arm (63%) (69% in 2016), followed by their hand/wrist (19%), their neck (7%), their leg (6%), their groin (3%), their foot (1%) and 'other' (1%).

7.1.5 Self-reported injecting-related health problems

Participants were asked if they had experienced any of six different injecting-related health problems in the last month (as listed in Table 31). In 2017, 64% of the sample reported experiencing at least one type of injection-related health problem in the month prior to interview (70% in 2016). The most commonly experienced problems were prominent scarring or bruising around the injection site (49%) and difficulty injecting (42%); consistent with the 2016 report.

Table 31: Injection-related health problems experienced in the month preceding interview, 2016–2017

Reported injection related health problems (%)	2016 (n=150)	2017 (n=144)
Overdose	4	3
Dirty hit	9	6
Abscesses/infections	11	6
Prominent scarring/bruising	49	49
Difficulty injecting	39	42
Thrombosis	4	7
Any problems (%)	70	64

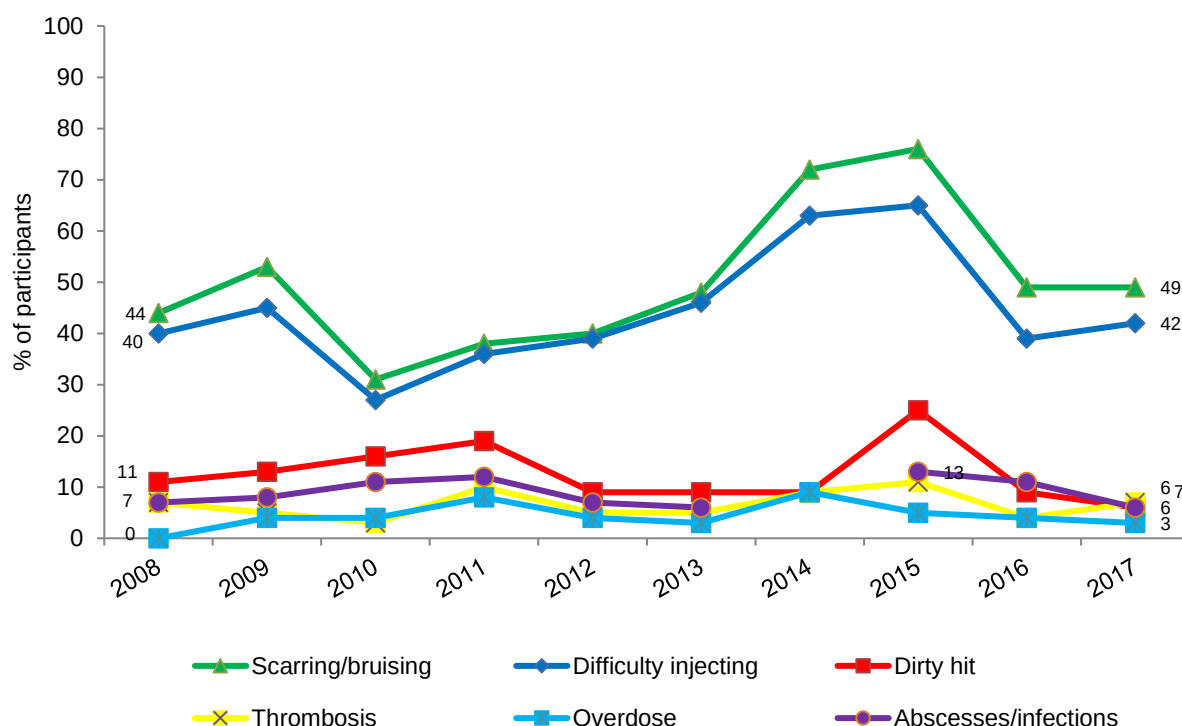
Source: IDRS participant interviews.

Among those who had experienced an overdose in the last month (n=5), four participants had overdosed on heroin and one participant had overdosed on antidepressants.

Among those who had experienced a 'dirty' hit in the last month (n=7), six participants attributed it to heroin and one participant credited it to methamphetamine.

Figure 33 depicts the long-term trends for experience of injection-related problems from 2008 onwards. While the percentage reporting prominent 'scarring or bruising' has remained the most commonly reported injection-related problem since 1997 (with the exception of 2005), since 2007 the issue of having 'difficulty injecting' has risen to almost equal levels in proportion of prevalence reported. Reports of abscesses/infections have continued to remain low and relatively stable. For the past 12 years overdose has remained the least commonly reported injection-related problem, along with thrombosis. For further information on overdose, see also section 6.1 'Overdose and drug-related fatalities'.

Figure 33: Percentage of the sample reporting injection-related problems in past month, by problem type, 2008–2017



Source: IDRS participant interviews.

7.2 Driving

7.2.1 Self-reported driving under the influence of alcohol and illicit drugs

Random breath testing assesses blood alcohol content, whilst roadside saliva drug testing looks for the presence of cannabis, methamphetamine and MDMA. Drivers undergo confirmatory laboratory testing if found to be positive. Random breath testing (RBT) for alcohol has been widely implemented in Australia for some time and saliva drug testing is becoming more common.

Thirty-six participants reported that they had driven a vehicle in the six months prior to interview. Among these participants, three participants (8%) had driven while over the legal alcohol limit and 22 participants (61%) had driven within three hours of taking illicit or non-prescribed drug(s) in the previous six months.

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Findings

Criminal Activity among Participants

- Forty-two percent reported committing 'any crime', with drug dealing and property crime being the most commonly reported crime.
- Thirty-nine percent of the sample reported to have been arrested in the preceding 12 months.
- Seventy-three percent reported a lifetime prison history.

Expenditure on illicit drugs

- The median expenditure on illicit drugs the day before interview was \$50.

8.1 Reports of criminal activity among participants

In 2017, 42% reported involvement in any type of crime during the last month (41% in 2016). The most commonly reported types of crime remained relatively stable from 2016, with participants primarily reporting involvement in drug dealing (23%), property crime (23%), and smaller numbers reporting violent crime (7%) and fraud (4%). The number of participants who reported having ever been in prison was 73% (67% in 2016). Eighteen participants reported recently being a victim of violent crime.

The percentage of participants who reported being arrested in the 12 months prior to interview showed a non-significant increase from 33% in 2016 to 39% in 2017 (see Table 32). Among the participants who had been arrested in the preceding 12 months (n=55), 17 participants were arrested for use/possession of drugs, 16 participants were arrested for property crime and nine participants were arrested for violent crime. Smaller numbers reported being arrested for driving offence (n=4), use/possession of weapons (n=4), dealing/trafficking (n=3), breaching an apprehended violence order (AVO) (n=2), fraud (n=1) and alcohol and driving (n=1). Ten participants reported being arrested for 'other reasons'.

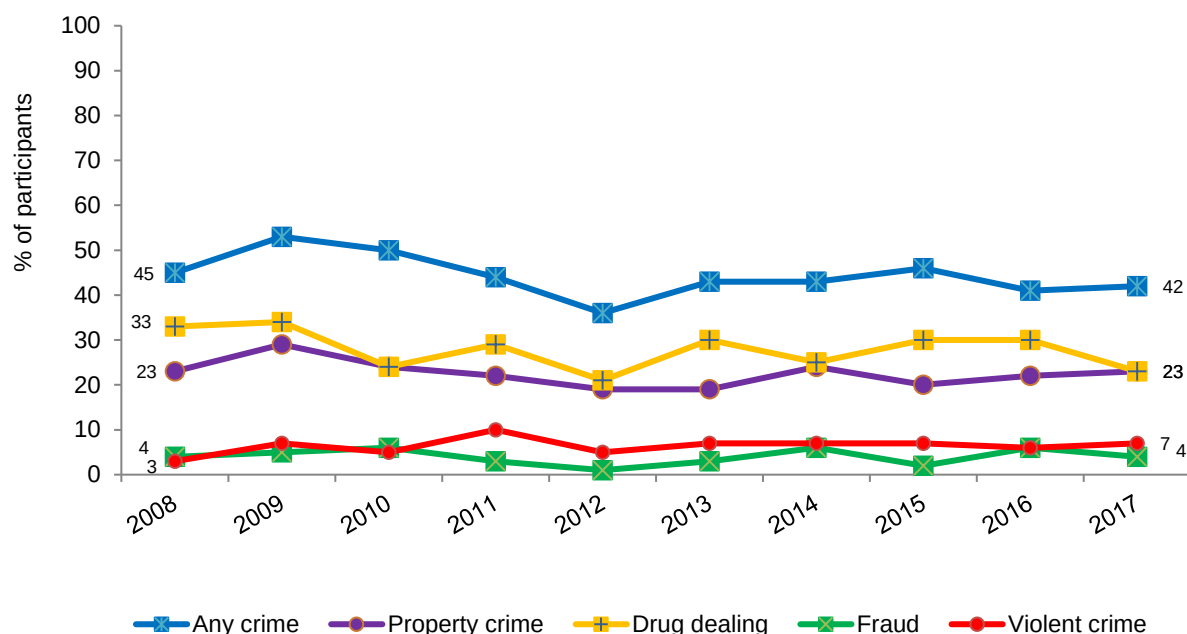
Table 32: Criminal activity in the month prior to interview, as reported by participants, 2016–2017

Criminal behaviour (%)	2016 (n=149)	2017 (n=140)
Criminal activity in last month		
Property crime	22	23
Drug dealing	30	23
Fraud	6	4
Violent crime	6	7
<i>Any crime</i>	41	42
Arrested in last 12 months	33	39
Ever in prison	67	73

Source: IDRS participant interviews.

Figure 34 shows the long-term trends in criminal activity, by offence type, from 2007 onwards. Fraud and violent crime remained consistently low, and property crime and drug dealing have remained consistent across the years, without much variation.

Figure 34: Self-reported involvement in crime, by offence type, in the month prior to interview, 2008–2017



Source: IDRS participant interviews.

8.2 Expenditure on illicit drugs

Most of the participants had purchased illicit drugs on the day prior to interview. Among all participants, the median amount spent on illicit drugs was \$50 (range; \$0–\$6000). Table 33 presents the breakdown of the amounts spent on illicit drugs (i.e. excluding alcohol, tobacco and licit supplies of prescription medications) by the whole sample on the day before interview.

Table 33: Expenditure on illicit drugs on the day preceding interview, 2016-2017

Expenditure (%)	2016 (n=150)	2017 (N=151)
Nothing	29	33
Less than \$20	6	3
\$20–\$49	9	9
\$50–\$99	25	21
\$100–\$199	17	20
\$200–\$399	9	9
\$400 or more	5	6
Median expenditure* (\$)	70	50

Source: IDRS participant interviews.

*Among those who had spent money on drugs.

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