

new south wales

B. Phillips and L. Burns

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

Australian Drug Trends Series No. 38

**NEW SOUTH WALES
DRUG TRENDS
2009**



**Findings from the
Illicit Drug Reporting System
(IDRS)**

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
BBVI	Blood-borne viral infections
BNX	Buprenorphine-naloxone (Suboxone)
BOCSAR	NSW Bureau of Crime Statistics and Research
BPAQ-SF	Buss-Perry Aggression Questionnaire – Short Form
BPN	Buprenorphine (Subutex)
CI	Confidence Interval
CNMP	Chronic non-malignant pain
DATS	Drug and Alcohol Treatment Services
EDRS	Ecstasy and Related Drugs Reporting System (formerly called the Party Drugs Initiative or PDI)
FDS	Family Drug Support
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Use
K10	10-item Kessler Psychological Distress Scale
KE	Key Expert(s)
MDMA	3,4-methylenedioxymethamphetamine
MDS	Minimum Data Set NSW
MERIT	Magistrates Early Referral Into Treatment
MMT	Methadone maintenance treatment
MSIC	Medically Supervised Injecting Centre
NA	Narcotics Anonymous
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program
NSW	New South Wales
NSW MDS DATS	New South Wales Minimum Data Set for Drug and Alcohol Treatment Services
OST	Opioid Substitution Treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PDI	Party Drugs Initiative (now called the Ecstasy and Related Drugs Reporting System, or EDRS)
PGSI	Problem Gambling Severity Index
PO	Pharmaceutical opioids
PWI	Personal Wellbeing Index
PWID	People Who Inject Drugs
RDT	Roadside Drug Testing
REPPWID	Research and Education Program for Injecting Drug Users

SD	Standard Deviation
SNRI	Serotonin-norepinephrine reuptake inhibitor
SSRI	Selective serotonin reuptake inhibitor
STP	Stimulant Treatment Program
THC	delta-9 tetrahydro-cannabinol

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Cook up	The use of heat to dissolve in the preparation for injection
Central Sydney	In PWID survey data refers to participants recruited in Kings Cross and Redfern; in KE survey data refers to participants referring to these and/or surrounding suburbs in the inner city, e.g. Surry Hills, Darlinghurst
Days of use/injection	180 days: daily use/injection over preceding 6 months 90 days: use/injection every 2 nd day over preceding 6 months 24 days: weekly use/injection over preceding 6 months 12 days: fortnightly use/injection over preceding 6 months
Diverted/Diversion	The selling, trading, giving or sharing of one's medication to another person, including through voluntary, involuntary and accidental means. (see notes on next page)
Eightball	3.5 grams
Extra-medical use	Use of a prescribed medication without prescription but not excluding the possibility that use may be driven by medical reasons
Fit	Slang derived from 'outfit' referring to a needle-syringe
Fitpack	A small package of needle syringes and related injecting equipment dispensed by Needle Syringe Programs, vending machines, pharmacy or via Outreach
Halfweight	0.5 gram
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 user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Point	0.1 gram, although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) 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
South-West Sydney	In PWID survey data refers to participants recruited in Liverpool and Canterbury; in KE survey data refers to participants referring to these and/or surrounding suburbs, e.g. Fairfield, Cabramatta.
Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Score	To purchase or obtain drugs
Sentinel surveillance	In the context of the IDRS, systematic, ongoing collection and analysis of data from sub-populations (PWID) considered to have the potential to provide an early indication of emerging trends in illicit drug use and associated harms

EXECUTIVE SUMMARY

Common terms used throughout the report	
People who inject drugs (PWID) regularly	A person or people who have injected a drug on six or more separate occasions in the previous six months
Recent use	Used at least once in the previous six months
Sentinel group	A surveillance group that point towards trends and harms
Median	The middle value of an ordered set of values
Mean	The average
Frequency	Number of occurrences within a given time period

Demographic characteristics of people who inject drugs (PWID)

In 2009, one hundred and fifty-two people participated in the IDRS survey. Sixty-five percent were male, eighty-six percent reported they were not currently working or were currently receiving income support (such as disability or sickness benefits or the New Start jobseeker's allowance) at the time of interview. The average age of respondents was 38 years (range 19-59 years). Twenty percent of the sample identified as Aboriginal and/or Torres Strait Islanders¹. Seventy-seven percent of the sample reported being born in Australia, with 90% identifying English as the main language spoken in the household. Seventy percent of the sample had completed year 10, and 22% had completed year 12 at high school. Thirty-six percent had obtained a trade or technical qualification and 7% had completed a university or college qualification such as a degree. Fifty-seven percent had not completed any further education after leaving school. The majority (65%) of participants reported previous prison history and the average age of first injection was 19 years (range 11-40).

Patterns of drug use among the PWID sample

Heroin

Following the trends of previous years, heroin was still the preferred drug of choice (72%), though in 2009 there was significant increase in people nominating it as their preferred drug (50% in 2008). Heroin was the drug most often injected in the month prior to interview (70%) and the drug people had injected most recently (64%). These figures were significantly higher than the levels reported in 2008 (46% and 49% respectively). Ninety-four percent of participants reported use on one or more occasions in the six months preceding interview (83% in 2008). The highest reported recent use in 5 years. The median days of recent heroin use also increased to 94 days i.e. every 2nd day (72 days in 2008). There was a significant increase in proportion of recent users reporting daily use (34% versus 24% in 2008), the first increase in daily users in 3 years and the highest proportion of daily users since 2005.

The median price for a gram (\$320) increased slightly in 2009 but the price for a cap of heroin (\$50) continued to remain stable. Prices remained higher than those reported prior to the heroin shortage in 2001. Heroin remained accessible in 2009, with 92% (85% in 2008) of those who commented reporting that it was either 'easy' or 'very easy' to obtain. The largest percentage of participants that commented (77%) on ease of availability reported it had remained stable

¹ Please note that Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who regularly inject drugs.

Participant reports (among those who commented) on heroin purity were again mixed this year. Forty-one percent of the participants that commented reported current purity as low, which remained stable, however, two-fifths (42%; 34% in 2008) reported purity as medium. One-third (33%; 27% in 2008) of those commenting considered purity levels to have remained stable over the preceding six months, while 30% commented it had decreased.

Methamphetamine

There was a decrease in the proportion reporting any recent methamphetamine use, with just over half (57%; 74% in 2008) of the sample using some form of methamphetamine (speed powder, base, ice or liquid^{2,3}) in the preceding six months. The most common form used once again was ice/crystal (46%; 69% in 2008), followed by base (36%; 33% in 2008) and then speed (33%; 38% in 2008). Prevalence of liquid methamphetamine remained stable and low (5%; 2% in 2008). Frequency of methamphetamine use (any form) also decreased to 24 days (approximately weekly use) from a median of 48 days (twice weekly use) in 2008. Only four percent of the sample reported daily use of any type of methamphetamine, a decrease from the 14% in 2008 and the lowest reported daily use since 2004.

A 'point' (0.1 of a gram) was the most popular purchase amount for all three main forms of methamphetamine, and the median price remained stable at \$50 for speed powder, base and ice/crystal. In 2009, there was an increase in the number reporting an increase in at least one purchase of a point of speed and a decrease in points of ice/crystal purchases. There were insufficient numbers of purchases of any form of methamphetamine, except for halfweights of ice/crystal which remained the same at \$200, to comment on price changes in amounts larger than points.

Speed and base forms of methamphetamine were typically reported by the majority of users as 'very easy' or 'easy' to obtain, as was ice/crystal. However, approximately two-fifths (39%) of those commenting on ice/crystal believed the current availability was *difficult* or *very difficult*. Availability for all forms was typically reported to have remained stable over the six months preceding interview, however, there was a noted increase in the portion (32%; 10% in 2008) reporting that ice/crystal had become more difficult.

As in previous years, users' reports indicated that ice/crystal was higher in purity than base and speed powder, however, for the first time current ice/crystal purity was equally reported as high and low, which may indicate purity has fluctuated.

Cocaine

Stability was observed in levels of recent cocaine use among PWID with 61% of the sample reporting recent use in 2009 and 58% reporting use in 2008. The median days of use among users, however, increased to 20 days (approximately weekly use) from the 12 days reported in

² 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.

³ 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.

2008. Daily cocaine use remained stable with 5% of users reporting daily use (3% in 2008). Reports of crack cocaine were once again almost non-existent among the PWID sample, a finding reflected in KE reports. Cocaine availability generally remained stable with the majority (85%; 82% in 2008) reporting it to be ‘easy’ or ‘very easy’. Availability was commonly perceived to have remained stable over the preceding six months.

The prices for all amounts of cocaine, apart from caps, increased as did the number purchasing them. While a cap of cocaine remained stable at \$50, halfweights increased to \$200 (\$180 in 2008) and grams increase to a median of \$350 (\$300 in 2008). The price of quarter grams also appeared to increase, but due to low numbers reporting purchases this should be interpreted with caution.

Two fifths (39%) of PWID reported cocaine purity as ‘medium’ (24% in 2008). This increase corresponded with a decrease in the proportion reporting current purity as ‘low’ (18% versus 36% in 2008). Purity was most often rated as having been ‘stable’ (28%; 34% in 2008) over the six months preceding interview, although almost one quarter (24%) thought that it was fluctuating (12% in 2008).

Cannabis

The cannabis market continues to remain relatively unchanged since the commencement of the NSW IDRS in 1996. The majority of participants (79%; 80% in 2008) in the 2009 participant sample reported having used cannabis in the six months prior to interview. The median frequency of use among PWID remained at 180 days (daily use), which has been stable for the past 7 years.

In line with previous years, a large proportion of participants reported use of both the hydroponic (‘hydro’) and outdoor-grown (‘bush’) forms of cannabis, with hydro appearing to dominate the market. The number of participants reporting purchase of resin (hashish) and oil (hash oil) continued to remain very rare and infrequent. The price of hydroponic cannabis remained stable at \$20 per gram (the most popular purchase amount), and the majority of recent users (95%; 94% in 2008) reported that it was readily available, i.e. ‘easy’ or ‘very easy’ to obtain. The price per gram of bush cannabis was also \$20, but, as in previous years, larger purchase quantities of bush were slightly cheaper than for the equivalent quantity of hydro. Bush continued to be reported as less easily available than hydro, with fewer participants able to complete survey items on bush market characteristics (price, potency and availability). Potency of hydroponic cannabis was reported to be ‘high’, and bush was reported to be ‘medium’.

Use of pharmaceuticals

The IDRS monitors the extra medical (non-prescribed; illicit) use patterns and market characteristics of opioid pharmaceutical medications including both those prescribed for opioid substitution treatment (OST; i.e. methadone, buprenorphine, buprenorphine-naloxone); and those prescribed for pain relief (i.e. morphine and oxycodone).

Illicit methadone

Over one-third (36%) of participants reported use of illicitly obtained methadone syrup in the six months preceding interview, an increase from 2008 (24%), use, however, remained relatively infrequent (approximately monthly). Approximately one-quarter (23%) of participants reported injecting illicit methadone syrup in the preceding six months (18% in 2008), the frequency (median days) of injection also remained stable. Reports on illicit methadone availability varied, with two fifths (39%) of the sample reporting that it was 'easy' and approximately one-third reporting (30%) it was 'difficult'. The median price of 50 cents per ml remained stable.

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

Illicit buprenorphine and buprenorphine-naloxone

An increase was observed in the reported use of illicit buprenorphine in the preceding six months, from 7% in 2008 to 18% in 2009. There was a corresponding increase in the reported prevalence of illicit buprenorphine injection during the six months prior to interview from 6% in 2008 to 13% in 2009; frequency of injection over this period continued to remain low and stable.

Buprenorphine-naloxone (Suboxone) has been investigated by the IDRS since its listing on the Pharmaceutical Benefits Scheme in April 2006. Six percent of the sample reported illicit buprenorphine-naloxone use in 2009 and only 2% reported recent injection.

Morphine

An increase in prevalence of any recent morphine use among the NSW IDRS PWID sample has been observed since 2001; however, in 2009 it tapered and was comparable with last year (31% versus 37% in 2008). Recent use of illicit morphine also remains stable (28% versus 31% in 2008) as does injection (27% versus 26% in 2008). There was a slight decrease in the median days illicit morphine was injected in 2009 (6 days versus 11 days in 2008) but an increase in the frequency of any morphine (prescribed and illicitly sourced) injection from 12 days in 2008 (fortnightly use) to 30 days in 2009 (approximately weekly use).

MS Contin remained the most common brand of morphine used, with one-fifth (20%) of participants reporting a recent purchase and 82% of recent purchases being 100mg tablets ('grey nurses') costing a reported median price of \$30 which remained stable compared with prices reported in 2008. Twenty-five percent of the sample (28% in 2008) felt confident to comment on the price and/or availability of illicit morphine. These participants typically reported that it was 'easy'. Availability was generally considered to have remained stable.

Oxycodone

Since 2005, a distinction has been made between licit and illicit oxycodone and other opioids in an effort to monitor the illicit use of, and problems associated with, the diversion of oxycodone. Until 2005, oxycodone was included under 'other opioids'.

Twenty-eight percent of participants reported use of any (prescribed or illicitly sourced) oxycodone in the six months preceding interview (31% in 2008) on a median of 6 days (i.e. monthly), a decrease from 12 days reported in 2008. Over one quarter (27%) of the sample reported injecting it in this time on a median of seven days, which remained stable compared with 2008.

Again in 2009 one quarter (24%) of the sample felt confident to comment on the price and/or availability of illicit oxycodone. The most common purchase amounts were 80mg OxyContin tablets, bought for a median price of \$30 each, which is stable with 2008. The majority (64%; 72% in 2008) of participants commenting reported that availability was considered 'easy' or 'very easy', with availability generally considered to have remained stable.

Other opioids and over the counter codeine

Reported use of other opioids not specified elsewhere (whether licitly or illicitly obtained) decreased with only 4% (33% in 2008) reporting recent use. This decrease could be attributed to changes in the 2009 survey whereby specific questions were asked about over the counter (OTC) codeine use and it was subsequently removed from the 'other opioids' classification. Half (51%) of the sample reported recent use of OTC codeine, on a median of 10 days, but no participants reported recent injection. Recent injection of other opioids also remained infrequent (1%, on a median of 1 day).

Benzodiazepines

Since 2007, a distinction has been made between licit and illicit benzodiazepines due to concerns that illicit use of, and problems associated with diversion may be increasing.

Prevalence of benzodiazepine use remained relatively stable with two thirds (66%; 73% in 2008) reporting use in the six months preceding interview, the frequency of use increased slightly to a median of 57 days from the 50 days in 2008. The proportion reporting daily use remained stable and the injection of benzodiazepines remained low and stable with only 3% (4% in 2008) reporting any injection in the past six months. In general, injection of benzodiazepines had remained substantially lower since the removal of benzodiazepine gelatine capsules (e.g. Normison, Euhypnos) from the market in 2004. Frequency of use patterns between licitly and illicitly obtained benzodiazepines differed, with the frequency of use of prescribed being much higher than if they were obtained illicitly (60 days versus 20 days). Half (51%) of all participants reported use of illicitly obtained benzodiazepines in the last six months, which remained stable compared with 2008. Diazepam (Valium, Antenex and generic) remained the most common form used.

Other drugs

Hallucinogens, ecstasy and inhalant use were relatively low within this sample. Hallucinogen use in the six months preceding interview was reported by only 2% of the sample on a median of one day (13 days in 2008), similarly there were no reports of recent injection.

Although approximately two-thirds (63%) of the sample had tried ecstasy, recent use was reported by only 13% of the sample on a median of 3 days. Five percent reported injecting it in the preceding six months on a median of two days. Prevalence of recent inhalant use (e.g. nitrous oxide, amyl nitrite) remained low at 1%.

Sixty five percent of participants had consumed alcohol in the preceding six months (54% in 2008) on a median of 24 days, i.e. approximately once per week. While there was an increase in the proportion reporting recent use the frequency of use remains stable. Eighteen percent of participants reported daily alcohol use, which was consistent with figures over the past 2 years.

Tobacco remained the most commonly used substance investigated by the IDRS, with virtually all participants (95%) reporting smoking tobacco in the six months preceding interview on a median of 180 days (i.e. daily); a finding that has remained consistent since 1996 when the project commenced.

Health-related trends associated with drug use

Reported non-fatal heroin overdose in the year prior to interview (12%) remained low and stable. There were three reports of non-fatal heroin overdose in the month prior to interview (none in 2008). Those reporting lifetime overdose was the lowest recorded since the IDRS began.

Survey data suggested that the proportions of PWID participants reporting lending of needles and other injecting equipment had increased compared to 2008.

The most commonly reported location for last injection remained a private home. There had been an increase in the proportion of people reporting a private home for location of last injection.

In 2009, participants were asked the site on their body for their last injection. The majority (70%) reported their arm and only small proportions reported neck, groin, leg or foot.

Thirty percent of participants who had injected in the last month reported at least one injection-related problem during this time (33% in 2008), and 40% percent reported two or more problems during this time (31% in 2008). As per 2008, the most commonly reported problems were prominent scarring/bruising of injection sites (53%; 44% in 2008) and difficulty injecting (45%; 40% in 2008).

Two-fifths (39%) of the sample reported experiencing a mental health problem, other than drug dependence, in the preceding six months (42% in 2008) and 24% (28 in 2008)% of this group reported seeking advice from a mental health professional during this time. Depression continued to be the most commonly reported mental health problem (30%; 28% in 2008)

Following on from last year the 10-item Kessler Psychological Distress Scale (K10) was administered. The K10 assesses recent levels of psychological distress (anxiety and depressive symptomatology). Again in 2009, the majority of participants were found to be in the 'very high distress' level of psychological distress category, at a proportion higher than the Australian normative value.

Eight percent (7% in 2008) of the entire sample reported driving under the influence of alcohol in the six months preceding interview. Four percent of the sample self-reported they had driven

over the legal limit on a median of four occasions in the last 6 months. Thirty percent (26% in 2008) reported driving under the influence of an illicit drug in this time, most commonly heroin, followed by cannabis. The median time these participants waited after taking drugs and driving was 30 minutes (also 30 minutes in 2008). Five participants reported being tested by roadside drug driving testing, and one participant had been tested on more than one occasion. No participants tested positive to the roadside test.

In 2009, questions regarding dental health were added to the PWID survey. Over half (54%) of all participants reported that they had needed to go to the dentist in the previous 12 months but did not. The median number of visits to a dentist in the preceding 12 months was one (range 0-12). The main reasons reported for the last visit to the dentist were an extraction (37%), fillings (26%), and a check up (25%) or for relief of pain (10%) and participants had lost a median of five teeth.

Law enforcement-related trends associated with drug use

The proportion of PWID participants that reported being arrested in the previous 12 months remained relatively stable at 42% of the entire sample (36% in 2008). Similarly the proportion reporting involvement in any criminal activity in the month preceding interview also remained relatively stable at 51% (45% in 2008). Trends continued to follow those reported in previous years with the two most commonly reported crimes being drug dealing (34%; 33% in 2008) and property crime (29%; 23% in 2008). Incidents of drug possession/use by geographic area suggested a state wide increase for heroin and a decrease for amphetamine. The daily expenditure on illicit drugs and alcohol (excluding tobacco) remained stable at a median of \$56 per participant.

Implications

The findings of the 2009 NSW IDRS indicate that further attention is required in the following areas.

- Given the increase in the proportion of recent heroin use, daily users and frequency of use, continued monitoring of Sydney's heroin market and harms associated with increased availability is necessary. While the prevalence of heroin is still below pre-shortage levels there remains considerable potential for an increase in associated harms, including blood borne viral infections (BBVI) and non-fatal overdose, should heroin availability continue to increase without a corresponding increase in harm reduction efforts targeting people who inject heroin.
- Continued monitoring of the current low prevalence of alkaline heroin, homebake heroin and their associated harms is necessary. Should their use become more widespread, the flexibility in harm reduction efforts (such as information on safer methods of use and provision of the necessary equipment i.e. citric acid) demonstrated by health services in Inner Sydney, will be required more broadly.

- Two-fifths (42%) of people who recently injected non-prescribed (illicit) morphine were motivated by substitution of heroin/other opioids and a further 39% reported self-treatment. This suggests there may be the need for examination of this and self treatment.
- Chronic pain is a critical issue for this group. In 2009, thirty-seven percent of participants had a lifetime diagnosis for back or neck pain and 6% reported being prescribed pharmaceutical opioids for acute or chronic non-malignant pain (CNMP). While continued careful monitoring is required by medical practitioners of the diversion of pharmaceutical opioids it must not be at the cost of genuine clinical need. Both of the above issues will be explored in greater detail in the 2010 IDRS.
- Rates of lending needle syringes and other equipment has increased in 2009, suggest a review of NSP initiatives and an further examination of the social context in which individual risk behaviour occurs.
- Given that half of participants didn't go to the dentist when they needed to, improved access to dental care services (with focus on long term methadone users and methamphetamine users) is an area in need of attention.
- The need for this group to be able to better obtain stable and affordable housing/accommodation was a recurring theme amongst KE. Stable accommodation is stated as a crucial factor in the successful recovery and treatment for this population. An exploration of current problematic issues of long waiting lists, user status, difficulty obtaining references, and finance issues is warranted. This is an issue that will be explored in greater depth in the 2010 IDRS.
- Mental health problems were high among the sample. Increased/continued awareness of the need for treatment of the comorbid mental health and polydrug use problems that many people in this population may be experiencing, and promotion of available services to people who inject drugs are warranted. In addition, exploration of barriers to mental health services encountered by this group, and identification of where improvements may be made (where possible), would be of continuing benefit.
- Following the introduction of drug driving testing in NSW, and the high rate of drug driving reported by this population sample, dissemination of the legislation and penalties to users appears warranted. This is as well as the continued investigation into driving under the influence of drugs, (e.g. the frequency and circumstances under which it occurs).

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is Australia's federally funded national 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 opiates, cocaine, methamphetamine and cannabis. The IDRS is intended to act as a strategic early warning system, identifying emerging drug problems of national concern. 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 emerging trends in illicit drug markets.

One component of the IDRS involves interviews with people who injecting drugs (PWID) to obtain information on use patterns and drug markets. PWID participants are recruited as a sentinel group that are active in illicit drug markets. The information from the IDRS survey is, therefore, 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 2009. 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 website <http://ndarc.med.unsw.edu.au> (under 'Drug Trends'). Quarterly bulletins are also produced on IDRS and related data (also available on the NDARC website), 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 NDARC website.

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. Findings are reported elsewhere (Dunn, Degenhardt et al. 2006; Stafford, Degenhardt et al. 2006). Copies of these reports may also be downloaded from the NDARC website: <http://ndarc.med.unsw.edu.au/> (under 'Drug Trends').

1.1 Study aims

As in previous years, the specific aims of the 2009 NSW IDRS were:

Aims of NSW IDRS

- 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 require further investigation.

2 METHOD

The IDRS considers three main sources of information when documenting drug trends:

Main sources informing the NSW IDRS

- a quantitative survey of people who inject drugs (PWID) participants;
- a semi-structured interview with key experts (KE), who are professionals working in the illicit drug field, and have regular contact with and/or specialised knowledge of people who inject drugs, dealers or manufacture; and
- a collation of existing indicator data on drug-related issues.

Previous IDRS research has demonstrated that PWID participants located within main drug market areas are an appropriate sentinel group for detecting illicit drug trends and related issues, due to their high exposure to many types of illicit drugs. PWID participants also have first-hand knowledge of the price, purity and availability of the illicit drug classes considered. KE interviews are used to provide contextual information about drug use patterns and health-related issues, such as treatment presentations, and can provide a broader context against which the participant data may be compared. The collation of indicator data provides a precise and reliable measure of drug trends, often at a community level, which may have been detected by the participant and KE surveys.

Data from these three sources are triangulated against each other to determine the convergent validity of trends detected. The data sources complement each other in the nature of the information they provide. Data from the 2009 IDRS were also compared with IDRS findings from previous years to determine changes in drug trends and related issues over time.

2.1 Survey of people who inject drugs (PWID) regularly

In the 2009 NSW IDRS, the PWID survey consisted of face-to-face interviews with 152 PWID, conducted in Sydney during June 2009. Slightly over half (51%) of the sample was recruited from the inner city (Kings Cross and Redfern), and the remainder from Sydney's South-West (Liverpool, Canterbury). In previous years, interviews were conducted at Cabramatta rather than Liverpool; closure of the service at Cabramatta in mid-2003 resulted in the requirement to find a new interview site from 2004 onwards. As with the other locations where recruitment is conducted, Liverpool was selected 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. Again in 2009, measures were taken to limit the proportion of participants engaged in pharmacotherapy treatment; nonetheless, this should be taken into consideration when interpreting our findings.

Participants were recruited from various sites offering Needle and Syringe Program facilities. Potential participants were screened for eligibility i.e. criteria for entry to the study were: (i) at least monthly injection of any drug in the six months preceding the interview; and (ii) resident in Sydney for the preceding twelve 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, purity and availability of illicit drugs, the colour of heroin, criminal activity, injection risk-taking behaviour, driving risk behaviour, experiences with drug detection dogs, health (mental and drug-related) and general drug trends. Participants were interviewed within the agencies that assisted with recruitment and were interviewed, where possible, at coffee shops and fast-food outlets close by. Interviews took about 30-40 minutes to conduct, were interviewer-administered and participants were reimbursed \$40 for their time and travel expenses. Descriptive analyses of the quantitative data derived from the PWID survey were conducted using SPSS for Windows, Release 17.0 (SPSS inc 2008).

2.2 Survey of key experts (KE)

Twenty-four KE who had regular contact with, and/or specialist knowledge of, people using illicit drugs⁴, dealers or drug manufacture, were interviewed in October 2009. To be eligible, participants must have had at least weekly contact with people using or supplying illicit drugs, and/or contact with a minimum of ten different people using or supplying illicit drugs in the six months preceding the interview. As broad a range of KE as possible were interviewed in 2009 including drug treatment workers, therapeutic community and residential detoxification workers, law enforcement, registered nurses, emergency department clinical nurse consultants and user group representatives. KE are recruited from a range of geographical areas across Sydney, both within and outside the drug market areas in which PWID participants are recruited. KE selection is based upon a desire to interview persons who have contact with a broader group of people who use drugs, including people who inject drugs, and who have knowledge of drug markets that is broader than the information that we obtain from our participants, and can give some indication of trends across Sydney and NSW.

The KE interview schedule was a semi-structured instrument, based on previous years of the IDRS, and covered similar topic areas to the PWID interview. The interview included sections on drug use patterns, drug price, purity and availability, criminal activity, and health and treatment issues. Interviews took approximately 45 to 60 minutes to conduct, and were conducted over the telephone with the exception of four that were conducted face-to-face. Notes were taken during the interview and content analysis conducted to identify recurring themes and patterns in the data.

2.3 Other indicators

To complement and validate data collected from the participant user and KE surveys, a range of secondary data sources were examined. These included health, survey and law enforcement data. The pilot study for the IDRS recommended that such data should be available at least annually, include 50 or more cases, be brief, be collected in the main study site (i.e. Sydney, New South Wales, for the present study), and cover the four main illicit drugs, i.e. heroin, methamphetamine, cocaine and cannabis.

⁴ The people who use illicit drugs to whom KE refer are typically, but not exclusively, injecting drug users.

Data sources that have been included in this report are:

Other indicators informing the NSW IDRS

- Alcohol and Drug Information Service – calls received regarding problematic drug use;
- Family Drug Support – telephone support service for family members affected by problematic drug use, and for people who use drugs themselves;
- Australian Bureau of Statistics – overdose data;
- Australian Crime Commission – purity data from police seizures;
- Australian Government Department of Health and Ageing, National Notifiable Diseases Surveillance System – notifications of hepatitis C and hepatitis B;
- Sydney Medically Supervised Injecting Centre – data on drugs injected at the centre;
- Kirketon Road Centre; Needle and Syringe Program data on last drug injected;
- National Centre in HIV Epidemiology and Clinical Research (NCHECR) – human immunodeficiency virus (HIV) and hepatitis C virus (HCV) seroprevalence data from the annual Needle and Syringe Program (NSP) Survey;
- NSW Bureau of Crime Statistics and Research – incidents recorded for possession/use;
- NSW Department of Health – drug-related visits to emergency departments, NSW ambulance callouts to overdoses, numbers registering for opioid pharmacotherapy treatment, number of units dispensed from public NSP and pharmacies, number of treatment episodes by drug type, drug-related inpatient hospital admissions and toxicology data from suspected drug users in which drugs were detected;
- NSW Police – number of clandestine methamphetamine and 3,4-methylenedioxymethamphetamine (MDMA) laboratory detections.

3 RESULTS

3.1 Overview of people who inject drugs (PWID) regularly

The demographic characteristics of the 152 PWID participants who took part in the interview in 2009 are presented below (Table 1). The mean age of the sample was 38 years (range 19-52), 65% were male and one in five (20%) identified themselves as Aboriginal and/or Torres Strait Islander⁵. The vast majority identified as heterosexual (88%) and a further (90%) reported that English was the main language they spoke at home. The educational status of the sample varied from the completion of year 5 (1%) through to completion of year 12 (22%). More than half (55%) had completed year 10 or higher. Just over one-third (36%) had obtained a trade or technical qualification and 7% had completed a university or college qualification such as a degree. Forty-three percent had not completed any further education after leaving school. The majority of the sample (86%) reported that they were currently unemployed or receiving government benefits. Seventy-nine percent of the sample reported that their main source of income over the preceding month had been a pension or government benefit, while 7% reported a wage or salary, 9% nominated criminal activity and 3% reported sex work. The majority (52%) of participants reported being single, while one-fifth (21%) reported being married or de facto and one-sixth (16%) had a current partner. Smaller proportions reported being separated (7%) divorced (2%) or widowed/widower (1%).

⁵ Please note that Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who regularly inject drugs.

Table 1: Demographic characteristics of PWID participants, 2007-2009

Characteristic	2007 N=153	2008 N=151	2009 N=152
Age (mean years, range)	36.9 (18-60 years)	37.1 (19-57 years)	38.2 (19-52)
Sex (% male)	71	63	65
Employment (%):			
Not employed/on a pension	81	79	86
Full time	5	6	2
Part-time/casual	9	7	9
Home duties	3	5	3
Student	1	1	0
Received income from sex work last month	8	4	3
Aboriginal and/or Torres Strait Islander* (%)	24	19	20
Heterosexual (%)	84	86	88
Bisexual (%)	9	9	8
Gay or lesbian (%)	4	3	3
Other (%)	2	2	1
School education (mean no. years, range)	9.8 (0-12 years)	10 (1-12 years)	10 (5-12)
Tertiary education (%):			
None	61	48	57
Trade/technical	33	47	36
University/college	5	5	7
Currently in drug treatment^ (%)	53	50	47
Prison history (%)	63	62	65
Current relationship status (%):			
Married/de facto		37	21
Regular partner		19	16
Single		39	52
Separated/divorced		4	9
Widowed/widower		1	1

Source: IDRS PWID interviews

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

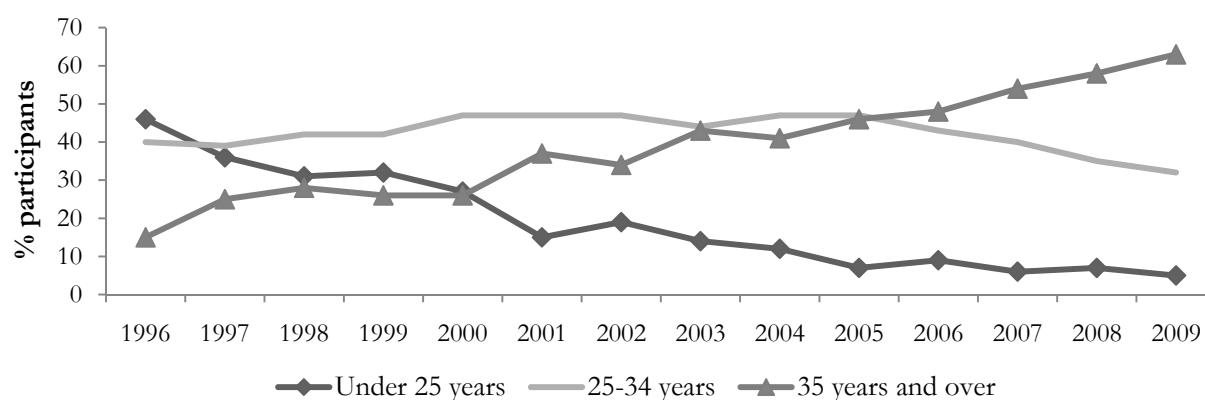
* Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who regularly inject drugs

3.1.1 Age of the PWID sample over time

The mean age (38.2) of the sample has increased overtime. The 35 and over age group, representing more than half (63%) of the sample has continued to increase over time. Correspondingly since 1996 the proportion of younger users interviewed generally decreased over time (see Figure 1) and in the last 4 years plateaued. There are several reasons that could contribute to this. First, it may be that fewer younger users are accessing NSPs (where recruitment is conducted) in recent years, or are less willing to take part in research conducted at NSPs. Second, in recent years, younger PWID are more likely to be using methamphetamine than their older counterparts (Deganhardt, Kinner et al. 2008), and some research has shown that methamphetamine users may be less likely to access health services such as NSP (Kelly, McKetin et al. 2005). Finally, there may simply be fewer young people beginning regular drug injection; some evidence has suggested that there have been lower numbers of hepatitis C infections

among younger age groups in recent years, which would be consistent with this possibility (Day, Degenhardt et al. 2005). Further research is required to investigate these possibilities in greater detail.

Figure 1: Age distribution of PWID in the NSW (Sydney) IDRS samples, 1996-2009



Source: IDRS PWID interviews

3.1.2 Recruitment

Participants were asked if they had taken part in the IDRS or the EDRS in previous years, as shown in Table 1A. Only a tiny minority (1%) reported having been interviewed for the Ecstasy and related drugs reporting system (EDRS) previously. Just over one-fifth of participants in 2009 reported having taken part in the IDRS survey previously (between 1996 and 2008). The majority of participants had been recruited by way of advertisements placed in NSPs, followed by word of mouth (Table 1A).

Table 1A: Previous participation in the IDRS and EDRS and source of participant recruitment, 2008-2009

	2008 N=151	2009 N=152
Participated in IDRS in previous years (%)	12	22
Where found out about IDRS survey recruitment (%)		
Needle and Syringe Program (NSP)	62	60
Treatment provider	8	7
Advert in street press	1	1
Word of mouth	29	33
Participated in EDRS in previous years (%)	1	1

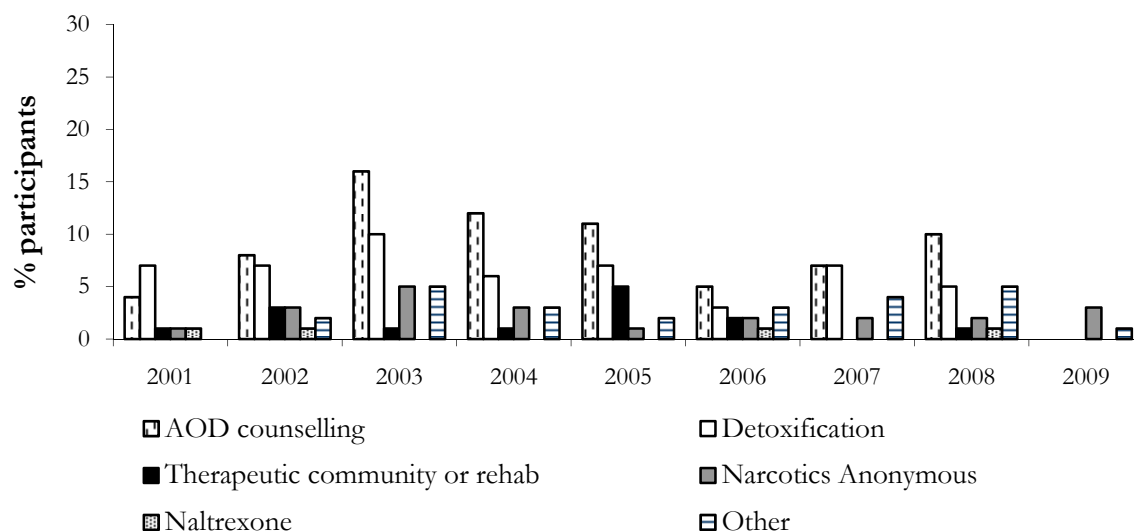
Source: IDRS PWID interviews

3.1.3 Current and previous drug treatment

Forty-seven percent of participants reported that they were currently in drug treatment. Of those participants currently engaged in treatment, 72% (34% of the entire sample) reported methadone/buprenorphine as their main form of treatment, and six participants (4% of the sample) reported buprenorphine and nine (6% of entire sample) reported they were on buprenorphine-naloxone (Suboxone). Four participants reported Narcotics Anonymous (3% of entire sample) and there were no reports of drug counselling, naltrexone treatment, therapeutic community or detoxification (Figure 2). However, as participants were asked about the 'main' type of treatment they were currently receiving, it is important to note that participants who cited pharmacotherapy

as their main form of drug treatment may also have been engaged in a number of treatments (e.g. counselling, detoxification, case management, etc.). Participants were also asked if they had been in treatment at any stage over the past six months; 53% reported ‘not’ having been in any form of drug treatment over this time.

Figure 2: Proportion of participants reporting treatments other than opioid replacement pharmacotherapy in past six months, 2001-2009



Source: IDRS PWID interviews

NB: Multiple responses could be selected. Survey item was first included in 2001

3.2 Drug use history and current drug use

The mean age of first injection was 18.8 years (SD 5.4, range 11-40) (Table 2). Similar to previous years, heroin was the first drug injected by the majority of participants (58%), followed by methamphetamine (34%), cocaine (5%) and cannabis (3%). Heroin remains the most commonly reported drug of choice (72%), increasing noticeably since 2008 (50%). A corresponding increase was observed in the proportion nominating heroin as their drug of choice (72%) compared to 2008 (50%).

Table 2: Injection history, drug preferences and polydrug use of PWID participants, 2006-2009

Variable	2007 N=153	2008 N=151	2009 N=152
Age first injection (mean years)	19.6	19.9	18.8
First drug injected (%)			
Heroin	61	54	58
Meth/amphetamines	33	37	34
Cocaine	5	5	5
Morphine	1	1	0
Drug of choice (%)			
Heroin	67	50	72
Cocaine	11	10	10
Methamphetamine (any form)	17	30	13
<i>Speed</i>	5	5	5
<i>Base</i>	3	1	1
<i>Crystal methamphetamine (ice)</i>	10	24	7
Benzodiazepines	1	1	1
Cannabis	2	3	3
Drug injected most often in last month (%)			
<i>Not injected in last month</i>	1	1	0
Heroin	57	46	70
Cocaine	16	11	11
Methamphetamine (any form)	19	33	15
<i>Speed</i>	4	6	5
<i>Base</i>	3	1	1
<i>Crystal methamphetamine (ice)</i>	12	26	9
Benzodiazepines	1	0	0
Morphine	4	3	3
Most recent drug injected (%)			
Heroin	56	49	64
Cocaine	15	13	13
Methamphetamine (any form)	22	30	14
<i>Speed</i>	3	6	5
<i>Base</i>	4	1	3
<i>Crystal (ice)</i>	15	23	6
Benzodiazepines	0	0	1
Morphine	3	1	4
Frequency of injecting in last month (%)			
<i>Not injected in last month</i>	1	1	0
Weekly or less	10	13	15
More than weekly, but less than daily	29	34	33
Once per day	24	21	17
2-3 times a day	26	25	24
>3 times a day	9	7	11

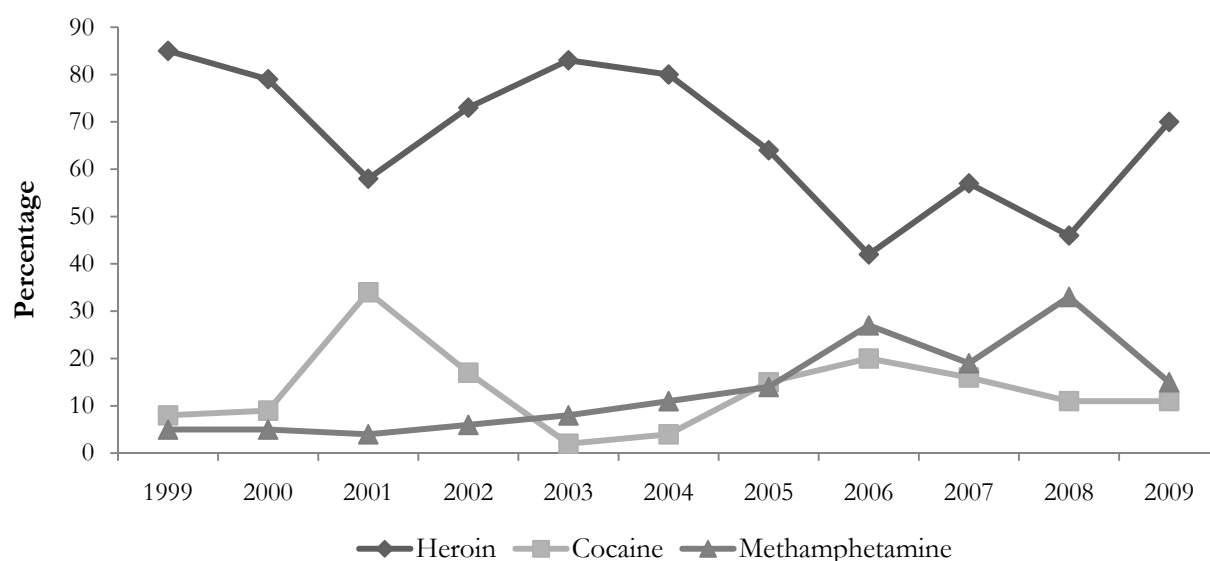
Source: IDRS PWID interviews

NB: Percentages do not equate to 100 as more than one response may have been selected

As in previous years, heroin remained the most commonly injected drug over the month preceding interview (70%), with a increase (see Figure 3) from that reported in 2008 (46%, 2008). In contrast, the proportion of respondents reporting methamphetamine as the most commonly

injected drug decreased from 33% in 2008 to 15% in 2009. The percentage of people reporting cocaine as the most recent drug injected (13%) and drug injected most in last month (11%) remained stable compared with 2008.

Figure 3: Drug injected most last month, 1999-2009



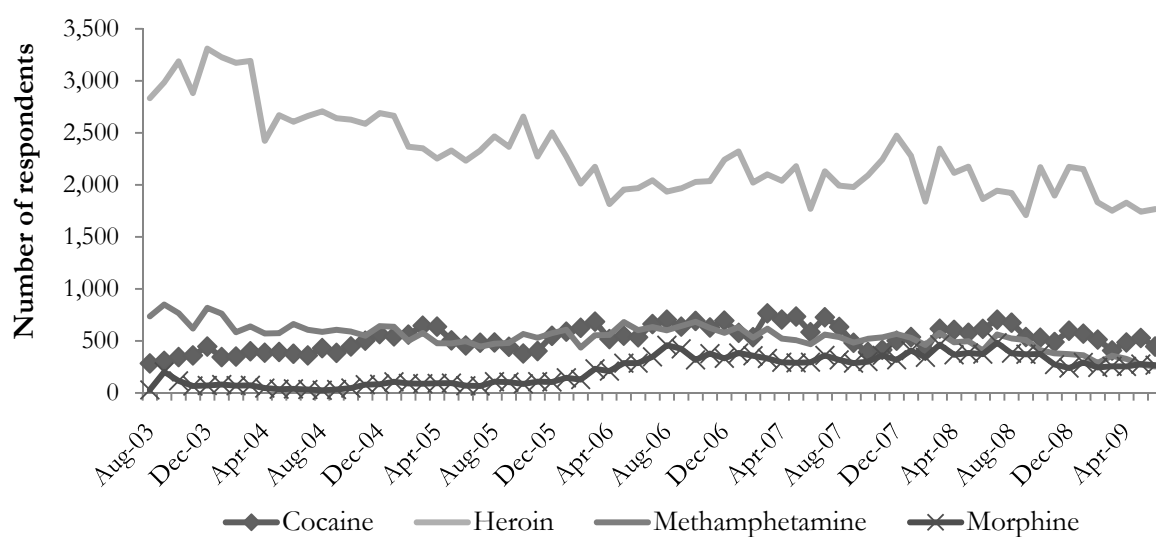
Source: IDRS PWID interviews

NB: Survey item was first included in 1999

Overall, proportions nominating other drugs as the most commonly injected remained low and generally stable. Consistent with previous years, the sample had engaged in polydrug use in the six months preceding interview. One-third of participants (32%) had used all four of the drugs investigated within the IDRS (heroin, methamphetamine, cocaine and cannabis) on at least one occasion over this time. This remained consistent with self-reported polydrug use in 2008, and as per recent years polydrug use appeared to be common practice among this sample, which was consistent with KE and participant reports.

Figure 4 (below) illustrates the most recent drug injected as reported by respondents attending three inner city NSPs. Heroin continues to be reported as the last drug injected consistently by the majority of respondents. Despite occasional fluctuations, there has been an overall decline, in the numbers reporting heroin throughout the reporting period. This decline has continued in the 12 months to June 2009, with the two lowest levels recorded since 2003, were reported in past 12 months (September 2008: 1,710 and May 2009: 1,743 respondents nominating heroin as the last drug injected). The numbers reporting methamphetamine over the past 12 months have also decreased, with the lowest levels also recorded since 2003 (256 respondents in June 2009). The number of people nominating cocaine in the 12 months to June 2009 had fluctuated from a high of 705 in July 2008 to a low of 409 in March 2009. The number of respondents nominating morphine had steadily increased since August 2004 (26 visits) and despite a period of stabilisation in 2007, the last 12 months saw nominations once again peaking at an all time high of 483 visits (July 2008) before dropping by half (240) in December 2008, the lowest number of nominations since early 2006.

Figure 4: Number of respondents attending three inner city NSP reporting heroin, methamphetamine, cocaine and morphine as last drug injected, August 2003-June 2009



Source: Three inner city NSPs

The polydrug use histories of PWID participants, including routes of administration, are presented in Table 3. Prevalence of drug use in the six months preceding interview is also shown in Figure 5. Recent use of the four main drugs monitored by the IDRS remained common: heroin (94%), cannabis (79%), cocaine (61%) and methamphetamine (any form; 57%). Further discussion of the use of these drugs may be found under the relevant section headings elsewhere in the report

Table 3: Polydrug use history of the PWID sample, 2009

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Median days injected in last 6 months*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Median days in treatment* last 6 mths	Median days used^ in last 6 mths*
Heroin	98	98	94	96	63	13	25	2	34	7	94		96
Homebake heroin	36	32	15	7	3	1	0	0	4	1	15		7
<i>Any heroin (inc. homebake)</i>	98	98	94	97	64	14	25	2	35	8	94		
Methadone (prescribed)	68	36	9	5					66	36	38	180	180
Methadone (not prescribed)	63	45	23	5					41	21	36		5
Physeptone (prescribed)	8	3	0	0	0	0	0	0	5	1	1	20	20
Physeptone (not prescribed)	20	11	1	1	0	0	0	0	9	2	3		8
<i>Any methadone (inc. Physeptone)</i>	84	59	28	5					78	51	59		174
Buprenorphine (prescribed)	36	14	5	5	1	0	0	0	32	9	9	52	30
Buprenorphine (not prescribed)	35	26	13	4	4	2	0	0	13	7	18		4
<i>Any buprenorphine (exc. buprenorphine-naloxone)</i>	53	33	17	3	5	2	0	0	40	14	25		5
Buprenorphine-naloxone (prescribed)	13	3	1	5	1	0			13	7	7	180	90
Buprenorphine-naloxone (not prescribed)	9	3	2	7	0	0			7	5	6		6
<i>Any buprenorphine-naloxone</i>	20	5	2	7	1	0			17	11	12		42
Morphine (prescribed)	30	20	5	7	0	0	0	0	12	3	6		9
Morphine (not prescribed)	52	43	27	4	1	1	1	0	22	9	28		7
<i>Any morphine</i>	67	57	30	6	1	1	1	0	31	11	31		9
Oxycodone (prescribed)	13	9	3	20	0	0	1	0	8	3	3		21
Oxycodone (not prescribed)	47	39	25	5	0	0	1	0	20	9	27		5
<i>Any oxycodone</i>	51	39	26	7	0	0	1	0	25	11	28		6

Source: IDRS PWID 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)

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

Table 3: Polydrug use history of the PWID sample, 2009 (continued)

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Other opioids (not elsewhere classified)	13	7	1	1	3	0	0	0	3	2	4		2
OTC Codeine	73	3	0	0	1	1	1	0	71	50	51		10
Speed powder	87	79	35	7	12	3	41	3	43	7	33		13
Base/point/wax	66	62	36	11	10	5	6	1	20	7	36		12
Ice/shabu/crystal	79	67	45	12	42	17	1	0	10	3	46		12
Amphetamine liquid	37	28	5	7					10	1	5		7
<i>Any form methamphetamine#</i>	93	85	58	24	47	19	43	3	49	11	57		24
Pharmaceutical stimulants (prescribed)	7	1	0		0	0	0	0	6	1	1		2
Pharmaceutical stimulants (not prescribed)	15	10	2		0	0	1	0	12	1	2		1
<i>Any form pharmaceutical stimulants</i>	21	10	2	1	0	0	1	0	18	2	3		2
Cocaine	93	88	62	20	18	4	40	7	12	2	61		20
Hallucinogens	61	11	0	0	0	1	0	0	55	2	2		1
Ecstasy	63	25	5	2	2	0	7	1	56	9	13		3
Benzodiazepines (prescribed)	67	5	1	3	1	0	0	0	65	42	43		60
Benzodiazepines (not prescribed)	63	6	3	3	1	0	1	0	62	51	51		20
<i>Any form benzodiazepine</i>	84	9	3	3	1	0	1	0	82	66	66		57
Alcohol	97	8	0	0					97	65	65		24
Cannabis	97										79		180
Inhalants	21										1		3
Tobacco	99										95		180

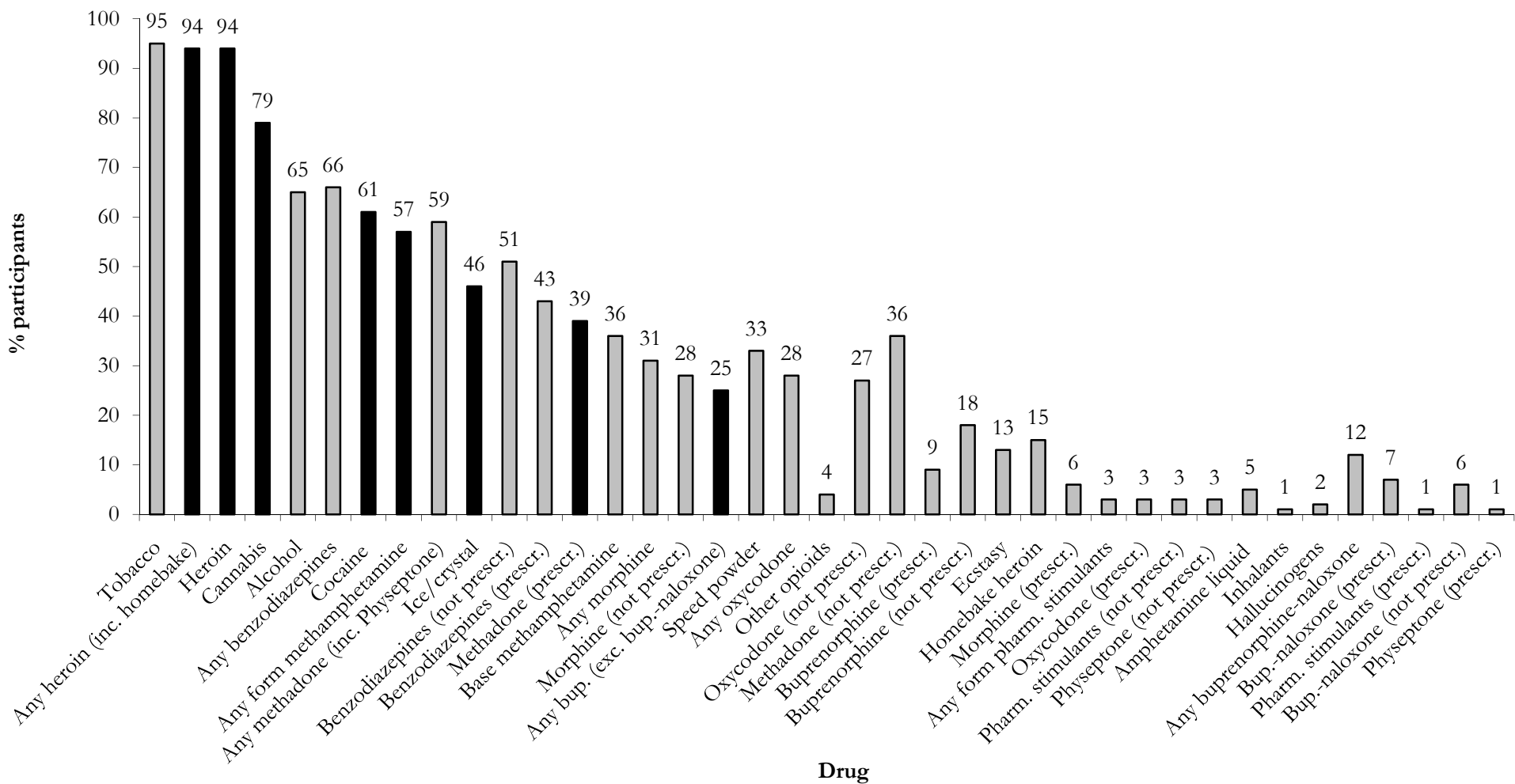
Source: IDRS PWID interviews

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

* Among those who had used/injected

Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood)

Figure 5: Prevalence of drug use in the six months preceding interview, NSW 2009*



Source: IDRS PWID interviews

* Key drugs investigated in the IDRS (i.e. heroin, methamphetamine, cocaine and cannabis) shown in black

NB: ‘Any heroin’ includes heroin and homebake heroin. ‘Any form methamphetamine’ includes speed powder, base, ice/crystal and liquid amphetamine. ‘Any methadone’ includes licit (prescr.) and illicit (not prescr.) methadone syrup and Physeptone. ‘Any morphine’, ‘any buprenorphine’, ‘any oxycodone’, ‘any form pharmaceutical stimulants’ and ‘any form bup.-naloxone’ include licit and illicit forms of the drug in any formulation unless otherwise specified. ‘Other opioids’ refers to opioids not elsewhere classified. ‘Use refers to any form of administration and does not necessarily imply injection-for further information on routes of administration, please refer to Table 3

4 HEROIN

When asked to comment on the price, purity and/or availability of heroin, 94% of the PWID sample felt confident to answer at least some of these survey items. The remaining 6% did not feel confident to answer any questions on the heroin market, and this is likely to reflect a proportion of people who inject drugs who do not use heroin, or come into contact with users, or dealers of, heroin regularly enough to be able to comment. Use of homebake heroin (a form of heroin made from pharmaceutical products, involving the extraction of diamorphine from pharmaceutical opioids such as codeine or morphine) is also discussed within this section; however, as its use remains uncommon, detailed market characteristics have not been obtained.

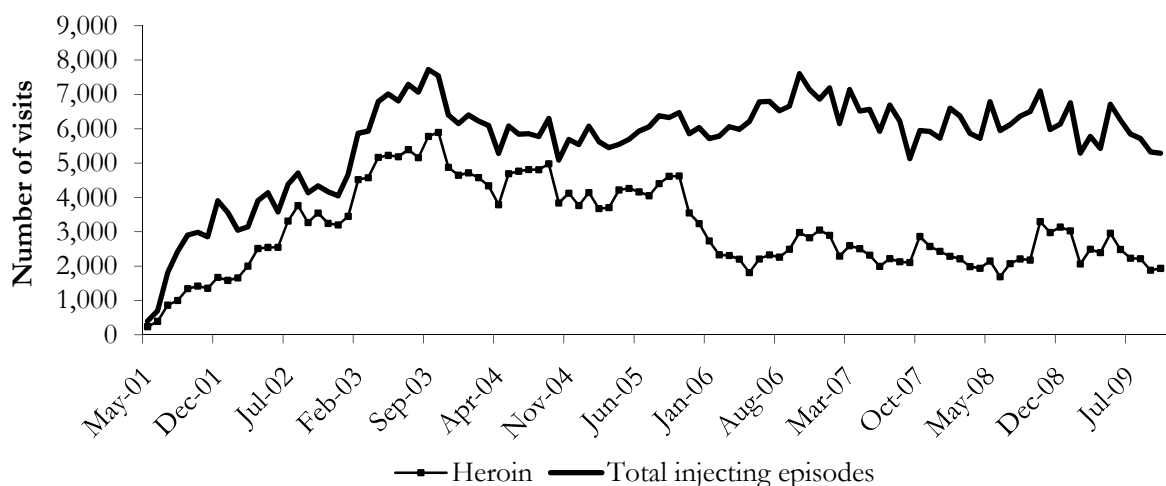
4.1 Use

4.1.1 Heroin use among PWID participants

The majority of participants (94%) had used heroin in the six months preceding interview, this increased from the 83% reported in 2008. Recent heroin use among the sample in 2009 is the highest reported in 5 years (95% in 2004) and there was a significant increase in the proportion of the sample who reported using heroin in the previous six months compared with 2008 (95% C.I.-0.04, -0.19). Heroin remained the drug of choice for over two-thirds (72%) of the sample (Table 2) significantly increasing (C.I.;-0.10, -0.32) from the 50% reported in 2008 and is comparable with levels reported in 2007 (67%). Although heroin remained the most commonly nominated for 'drug injected last' (64%) it increased significantly compared with 2008 (49%; C.I.;-0.04, -0.25). Similarly, while heroin continued to be the 'drug injected most often in the last month' (70%) it increased significantly from 2008 levels (46%; C.I.: -0.13,-0.34). In 2009, saw the highest proportion reporting heroin as 'drug injected last' and 'drug injected most often in the last month' since 2004 (both 80%).

Figure 6 shows the number of attendances to the Sydney MSIC in Kings Cross where heroin was the drug injected (based on client reports) between 2001 and 2009. The following caveats need to be considered when interpreting these data. First, the hours of operation changed over the first two years of operation (increasing from four hours to twelve hours per day) and second, the number of individuals attending increased continuously over this period, as people who inject drugs (PWID) became aware of this new service. Heroin had been the drug most commonly injected since the centre opened, with the exception of July 2001-January 2002 where cocaine was equally or more commonly injected, and until more recently when 'other opioids' (predominantly oxycodone and morphine) were equally or more commonly injected (see Section 8). While heroin has accounted for approximately 30-40% of all visits to Sydney MSIC since February 2006 there has been pronounced spikes in attendances since then. In the 12 months until October 2009 heroin a median of 42% (range 35-51%) attendances to MSIC were for heroin.

Figure 6: Number of attendances to Sydney MSIC where heroin was injected and total number of visits, May 2001-October 2009



Source: Sydney MSIC, Kings Cross

NB: Total visits refers to the total number of valid visits at which a response was given

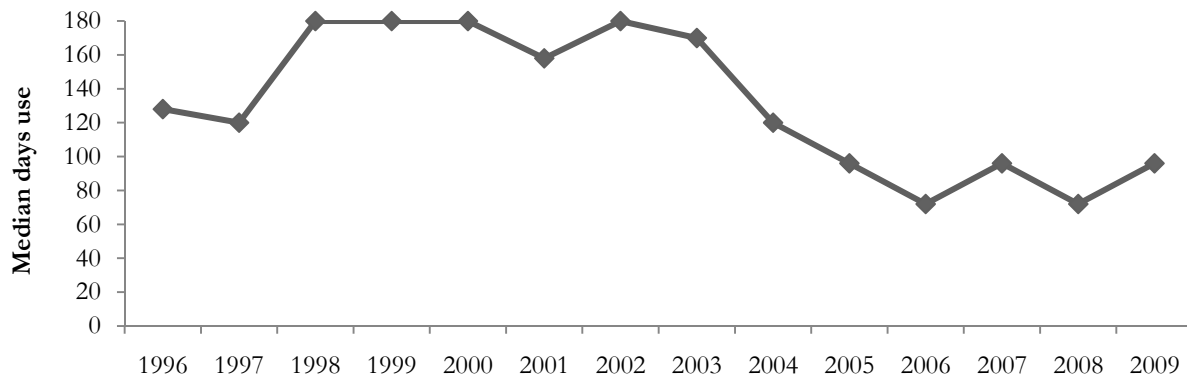
4.1.1.1 Homebake

Homebake use remained uncommon among the PWID sample of the NSW IDRS. Fifteen percent of the sample reported use in the last six months (Table 3), which is consistent with recent years. Fifteen percent also reported injection in the preceding six months, in line with 2007 and 2008 figures (12%, 11% respectively).

4.1.2 Current patterns of heroin use

The median number of days of heroin use in the six months preceding interview increased to 96, approximately every 2nd day, from 72 days (approximately 3 times a week) in 2008. This remains consistent with the frequency of use reported in 2007 (96 days). In comparison six years earlier (2003) the median days use was almost daily (170 days) (Figure7). Similarly the prevalence of recent use reported in 2009 has increased (94% versus 83% in 2008).

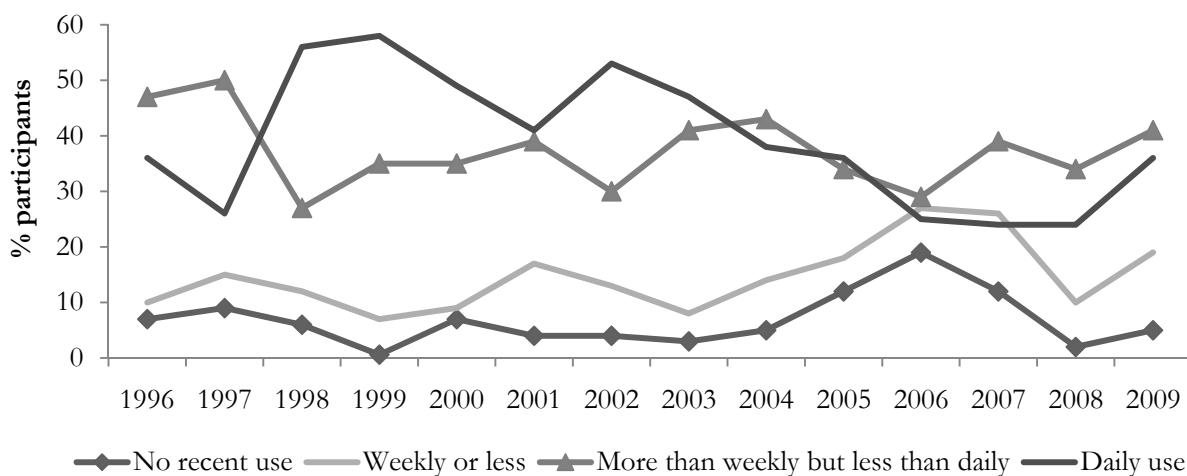
Figure 7: Median days of heroin use in the past six months, 1996-2009



Source: IDRS PWID interviews

The proportion of daily heroin users among the sample had significantly (C.I.;-0.01, -0.23) increased in 2009 to 36% of all participants, the first increase in three years and the highest proportion of daily users reported since 2005 (36%) (Figure 8). Similarly the proportion of participants who reported heroin use on the day prior to interview increased to by 22% with more than half (58%) reporting use in on the day prior. Proportions that have used heroin weekly or less, have also increased for the first time since 2006.

Figure 8: Patterns of heroin use, 1996-2009



Source: IDRS PWID interviews

4.2 Forms of heroin used

As in previous years, participants were asked about the forms of heroin they had used over the preceding six months. Recent use of white/off-white 'powder' or 'rock' remained the two most common forms (65% and 61% respectively) among those that could comment, however, use of heroin described as brown/beige 'powder' or 'rock' was also relatively substantial (55% and 38% respectively).

The form most used (over the preceding six months) was evidently white/off-white 'powder' or 'rock' (62% of those commenting) with more than one-third (35% of those commenting) nominating brown 'powder' or 'rock'. Comparable with previous years, a smaller proportion (16% of those commenting) reported use of homebake in the six months preceding interview, and only two participants reported homebake heroin as the form they had most used during that time.

4.2.1 Heroin forms and preparation

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 had an acidic (acetone/hydrochloride) base, was relatively easy to prepare for injection as it was 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 and, therefore, 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 route of administration.

More recently it has been demonstrated that heroin colour is not a reliable determinant of geographic origin (Zerell, Ahrens et al. 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 firmer conclusions can be drawn.

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

In 2009, participants were asked if they had used heat and/or citric/ascorbic/acetic acid to prepare heroin for injection on the last occasion of injection. Forty-six percent reported using heat on the last occasion, while only 14% reported using any form of citric/ascorbic/acetic acid.

Participants were also asked to identify the colour of the heroin on the last occasion of injection. Of those who report using acid or heat on the last occasion the majority (63%) of respondents described the colour of heroin as brown/beige and more than one-third (37%) described it as white/off-white in colour.

4.2.1.1 Homebake

The median number of days of homebake use in the preceding six months was seven (i.e. use approximately once per month, range 1-180 days) which remains stable with 2008 reports. The median number of days on which it had been injected by users in this time was also consistent to the last year at 7 days (range 1-180 days).

4.3 Price

The prices participants paid for heroin on the last occasion of purchase are shown in Table 4. In 2009, the median price reported for a cap of heroin remained unchanged compared with 2008 at \$50 and has remained unchanged since 2002. A gram of heroin, however, increased \$20 to \$320 the first change in price since 2002 (Table 4). These prices remain substantially higher than prices reported in 2000 (\$220 per gram; \$25 per cap), prior to the reported heroin shortage in 2001 (Figure 9).

A decrease was observed in the number of participants reporting purchases of the medium to larger quantities of heroin (quarter gram, half gram and gram) over the six months prior to interview compared with 2008 (Table 4). While the numbers purchasing a cap increased. Sixteen participants reported buying heroin in points, an amount more commonly used in previous years to refer to purchase amounts of methamphetamine and cocaine. A 'point' traditionally referred to 0.1 gram, although anecdotal evidence suggests that, similar to a 'cap' or a 'deal', the term may be used to refer to a quantity used for one injection rather than as a description of the weight.

As shown in Table 4, price ranges were extremely wide. This may reflect purity/availability within that particular person's network and the numbers reporting.

Table 4: Price of most recent heroin purchases by PWID participants, 2008-2009

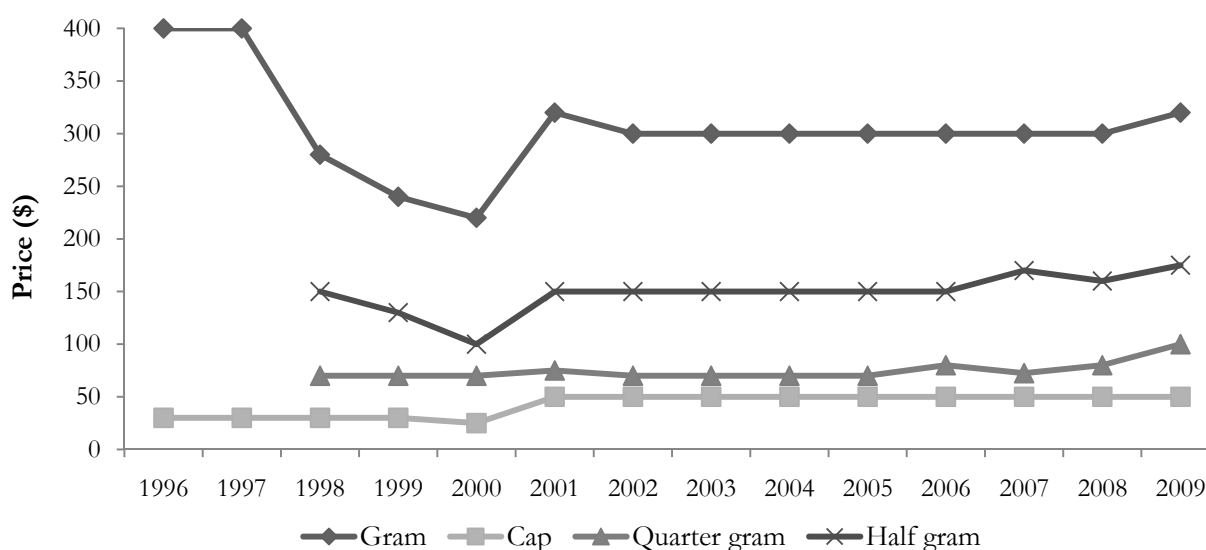
Amount	Median price* \$	Range \$	Number of purchasers*
Cap	50 (50)	30-100	111 (74)
Quarter gram	100 (80)	70-180	36 (59)
Half gram ('halfweight')	175 (160)	110-400	49 (73)
Gram	320 (300)	100-900	33 (65)

Source: IDRS PWID interviews

* 2008 data are presented in brackets

Heroin prices have remained relatively stable since 2002 (Figure 9). It should be noted that participants and KE sometimes report that the amount of a drug bought within a purchase amount (e.g. as a 'cap' or a 'fifty-dollar deal') has fluctuated or decreased over the past few years.

Figure 9: Median prices of heroin estimated from PWID purchases, 1996-2009



Source: IDRS PWID interviews

NB: Survey items relating to quarter and half grams were first included in 1998

In addition to survey items on last purchase price, participants were also asked whether they thought the price of heroin had changed over the last six months ('don't know', 'increasing', 'stable', 'decreasing' and 'fluctuating'). More than three-quarters of participants that commented (79%) reported price stability over the preceding six months. Fifteen percent of those who commented thought that price had increased over the preceding six months (stable compared with 16% in 2008), with smaller proportions nominating 'decreasing' (4%) or 'fluctuating' (3%).

4.4 Availability

Participants were asked about current heroin availability (whether it was 'very easy', 'easy', 'difficult' or 'very difficult') and whether this had changed in the last six months ('easier', 'stable', 'more difficult' or 'fluctuates'). In 2009, the majority of participants reported that heroin was 'very easy' (59%) or 'easy' (33%) to obtain (Table 5; Figure 10). Only eight percent reported that heroin was difficult to obtain (13% in 2008) and no participants claimed that heroin was 'very difficult' to obtain.

Over ninety percent (94%) of the sample were able to comment on heroin availability in the last 6 months, 77% reported that heroin availability over this time had remained stable. Smaller proportions of participants claimed that ease of access to heroin had become 'more difficult' (14%) or 'easier' 11% to obtain (Table 5).

Table 5: Participants' reports of heroin availability in the past six months, 2007-2008

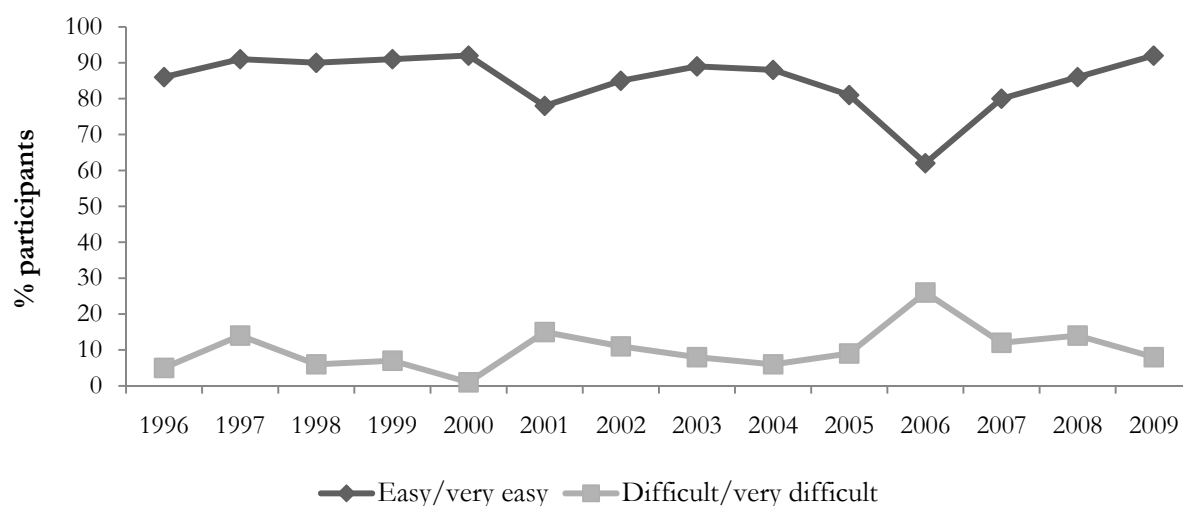
	2007 N=153	2008 N=151	2009 N=152
Current availability			
Did not respond* (%)	6	17	6
Did respond (%)	94	83	94
<i>Of those who responded:</i>			
Very easy (%)	43 (41% of entire sample)	39 (32% of entire sample)	59 (56% of entire sample)
Easy (%)	42 (39% of entire sample)	46 (38% of entire sample)	33 (31% of entire sample)
Difficult (%)	13 (12% of entire sample)	13 (11% of entire sample)	8 (7% of entire sample)
Very difficult (%)	0 (0% of entire sample)	1 (1% of entire sample)	0 (0% of entire sample)
Don't know^ (%)	2 (2% of entire sample)	1 (1% of entire sample)	0 (0% of entire sample)
Availability change over the last six months			
Did not respond* (%)	6	17	6
Did respond (%)	94	83	94
<i>Of those who responded:</i>			
More difficult (%)	15 (14% of entire sample)	17 (14% of entire sample)	14 (13% of entire sample)
Stable (%)	67 (63% of entire sample)	67 (56% of entire sample)	72 (68% of entire sample)
Easier (%)	8 (8% of entire sample)	10 (9% of entire sample)	11 (11% of entire sample)
Fluctuates (%)	6 (5% of entire sample)	2 (2% of entire sample)	3 (3% of entire sample)
Don't know^ (%)	4 (5% of entire sample)	3 (3% of entire sample)	2 (2% of entire sample)

Source: IDRS PWID interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of heroin but had not had enough contact with users/dealers to respond to items concerning availability

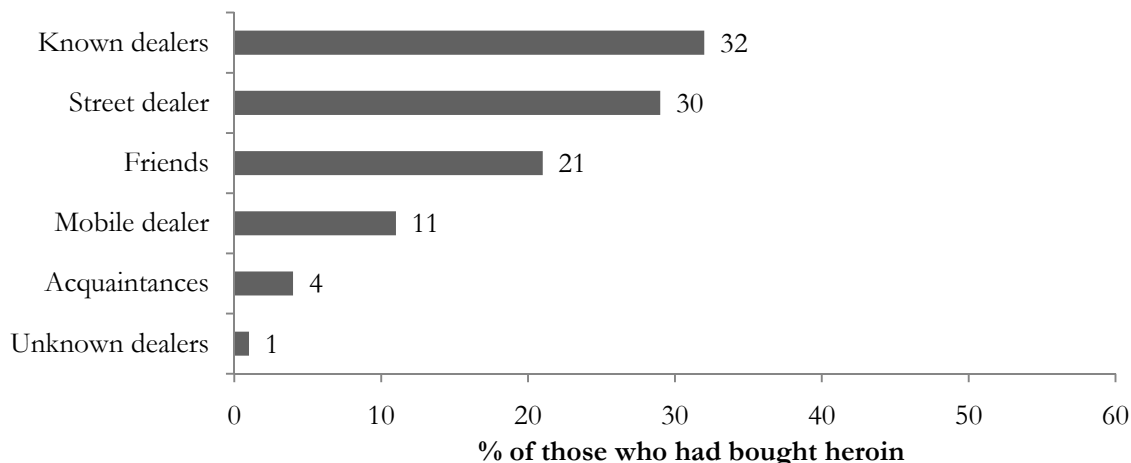
Figure 10: Participant reports of current heroin availability, 1996-2009



Source: IDRS PWID interviews

Of those participants that had purchased heroin in the last six months (94%), the most common sources of heroin were known dealers (32%), street dealers (30%) and friends (21%) (Figure 11). Participants reported scoring from a range of locations, both public (e.g. street market, agreed public location) and private (e.g. dealer's home, home delivery) (Figure 12).

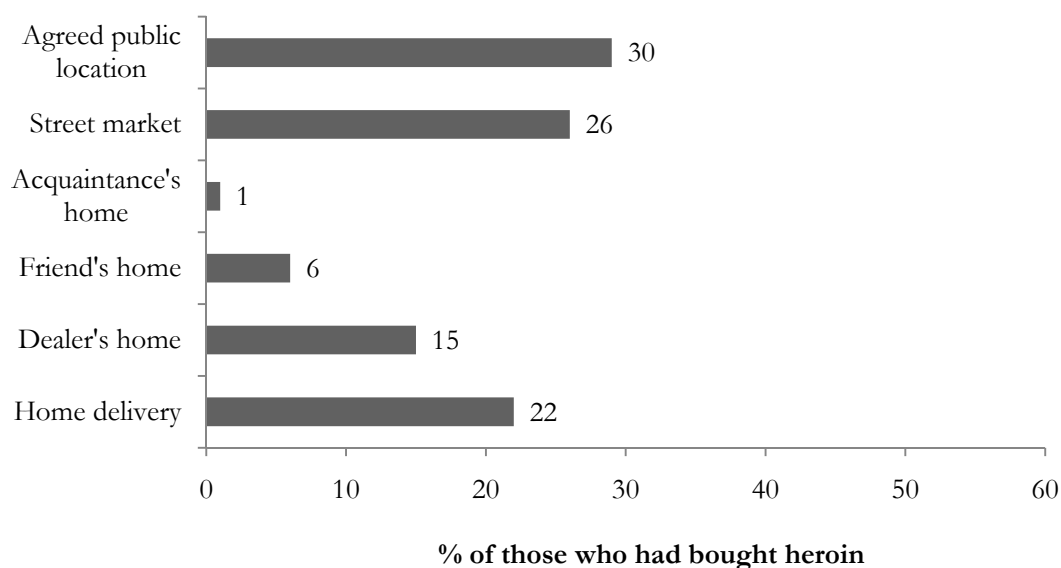
Figure 11: People from whom heroin was purchased in the preceding six months, 2009



Source: IDRS PWID interviews

NB: More than one response could be selected

Figure 12: Locations where heroin was purchased in the preceding six months, 2009



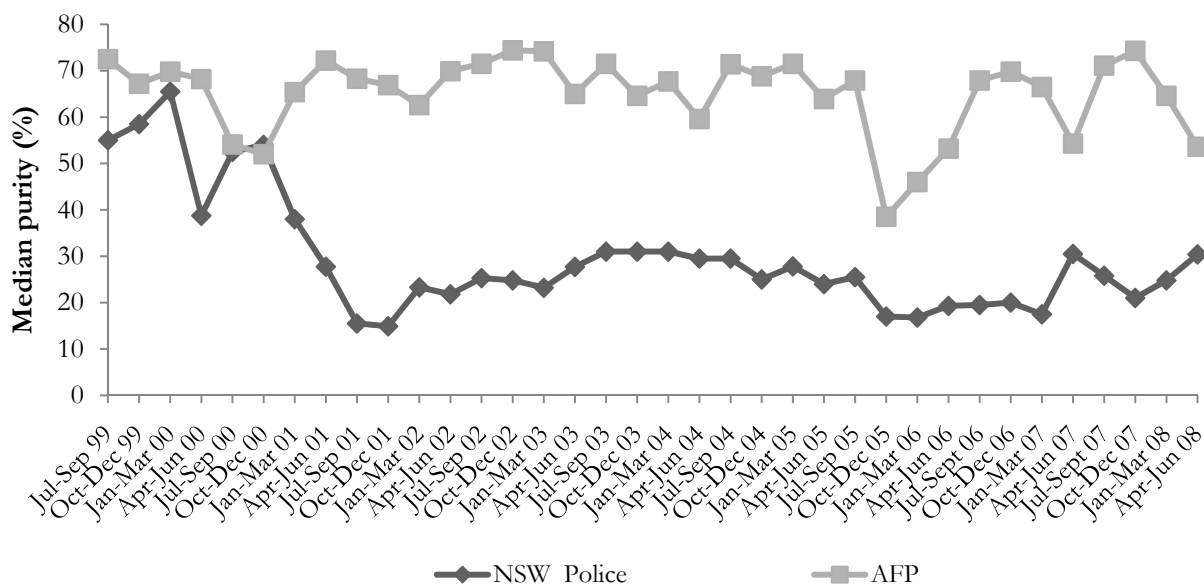
Source: IDRS PWID interviews

NB: More than one response could be selected

4.5 Purity

Figure 13 shows the analysed median purity of NSW Police heroin seizures during the 1999/00 to 2007/08 period. The overall median purity levels reported by NSW Police increased slightly again in 2007/08 to 25% (range 21-30%; 20% in 2006/07), with a noticeable increase in the last quarter (April-June 2008) to 31%. The purity of Australian Federal Police (AFP) heroin seizures that were analysed during 2007/08 overall remained stable median of 66.2% in the 12 months to June 2008 (67% in 2007), despite decreases across the 6 months to June 2008.

Figure 13: Purity of heroin seizures analysed in NSW, by quarter, 1999/00-2007/08

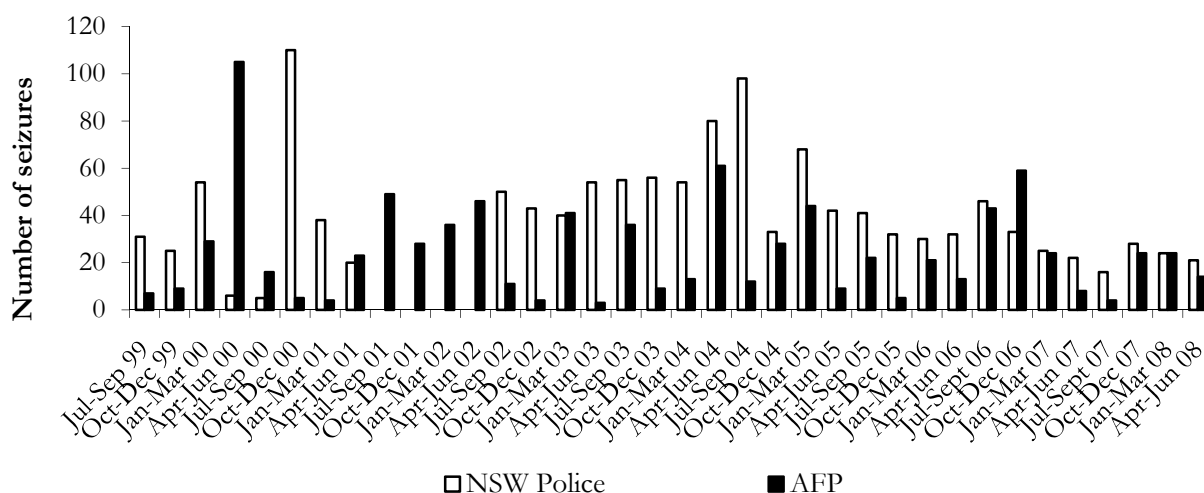


Source: Australian Bureau of Criminal Intelligence 2001, 2002; Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008

NB: Data were unavailable for 2008/09 at time of publication

Figure 14 shows the number of heroin seizures upon which the above purity figures were based. It should be noted that not every seizure is analysed. In addition, the period between the date of seizure by police and the date of receipt at the laboratory can vary greatly, and no adjustment has been made to account for double-counting that may occur in joint operations between the AFP and NSW Police. There was a decrease in the total number of seizures analysed by both NSW and the AFP and during 2007/08 (Figure 14). The total number of heroin seizures analysed by NSW Police was down from 126 in 2006/07 to 89 cases in 2007/08. Similarly the total number of heroin seizures analysed by the AFP was down from 134 to 66 cases in the same period.

Figure 14: Number of heroin seizures analysed in NSW, by quarter, 1999/00-2007/08



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

NB: NSW Police data for numbers of seizures for 2001/02 were unavailable. Data were unavailable for 2008/09 at time of publication

Participants were also asked to comment on their perception of the current purity of heroin and it was equally reported to be low (40%) as it was medium (39%) purity (Table 6). Six percent reported that purity was ‘high,’ which remained stable compared with 2008. Thirteen percent thought the purity of heroin had fluctuated (Table 6). Since the commencement of the IDRS in 1996, only small proportions of participants have reported purity to be high, instead selecting ‘medium’ or ‘low’ most frequently (Figure 17). While this may reflect a change in purity, it may also reflect individual levels of tolerance to heroin.

Participant perceptions of purity change over the last six months varied, 33% reported that it had remained stable (27% in 2008) while comparable proportions (30%) reported it had decreased (37% in 2008). There was an increase to 18% (10% in 2008), of those reporting fluctuations in purity in the 6 months prior to interview (Table 6).

Table 6: Participants’ perceptions of heroin purity in the past six months, 2007-2009

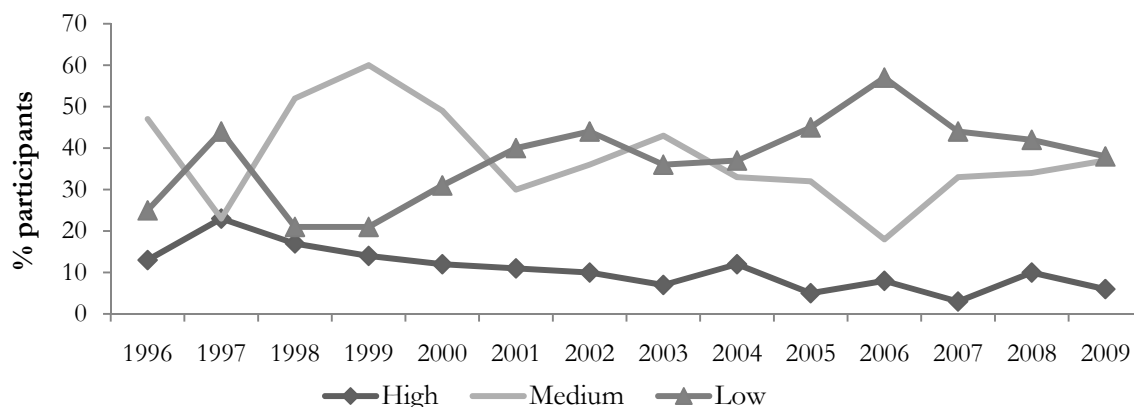
	2007 N=153	2008 N=151	2009 N=152
Current purity			
Did not respond* (%)	6	17	6
Did respond (%)	94	83	94
<i>Of those who responded:</i>			
High (%)	4 (3% of entire sample)	10 (8% of entire sample)	6 (6% of entire sample)
Medium (%)	35 (33% of entire sample)	34 (28% of entire sample)	39 (37% of entire sample)
Low (%)	47 (44% of entire sample)	42 (34% of entire sample)	40 (34% of entire sample)
Fluctuates (%)	11 (11% of entire sample)	8 (7% of entire sample)	13 (12% of entire sample)
Don’t know^ (%)	4 (3% of entire sample)	7 (6% of entire sample)	2 (2% of entire sample)
Purity change over the last six months			
Did not respond* (%)	5	17	6
Did respond (%)	96	83	94
<i>Of those who responded:</i>			
Increasing (%)	13 (12% of entire sample)	18 (15% of entire sample)	16 (15% of entire sample)
Stable (%)	38 (35% of entire sample)	27 (23% of entire sample)	33 (31% of entire sample)
Decreasing (%)	22 (20% of entire sample)	37 (31% of entire sample)	30 (28% of entire sample)
Fluctuating (%)	19 (18% of entire sample)	10 (9% of entire sample)	18 (16% of entire sample)
Don’t know^ (%)	9 (9% of entire sample)	8 (7% of entire sample)	4 (3% of entire sample)

Source: IDRS PWID interviews

* ‘Did not respond’ refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or availability of heroin, but had not had enough contact with users/dealers, or had not used a sufficient number of times to feel confident responding to items concerning purity

Figure 15: Proportion of PWID participants reporting current heroin purity as high, medium or low, 1996-2009



Source: IDRS PWID interviews

Among KE from the health sector who commented, many thought heroin purity was generally medium to low, based on client reports and/or observation of behaviour, overdoses etc. They also reported that it had been stable over the preceding six months with the exception of occasional reports of a higher quality or lower quality batch in circulation.

4.6 Trends in heroin use

As in previous years, the PWID survey contained a number of open-ended questions which asked participants about any general trends in drug use that they had noticed, for example in the number of users and the types of drugs used. As in previous years, comments on general trends in heroin use included several comments that there was an increasing number of younger people using heroin (this may be influenced, at least in part, by the participants themselves growing older) and that there was also an increase in the number of people regularly using. Another common theme was the increase in other drug use as an alternative to heroin (specifically morphine, cocaine, oxycodone, methamphetamines and benzodiazepines) due to its low purity and cost effectiveness.

4.7 Key expert comments

- The majority of KE that commented on heroin believed the current purity was low and despite occasional fluctuations the purity had decreased in the past 6 months.
- KE comments on patterns reflected findings in the PWID survey that the frequency of heroin use had increased over the last 6 months.
- The price of a cap of heroin was reported to be stable at \$50.
- KE commented that brown, alkaline heroin remained uncommon in Sydney but there had been occasional reports of it, and requests for citric acid at NSPs.

4.8 Summary of heroin trends

- Overall, there had been a reported increase in the proportion reporting recent heroin use, an increase in the frequency of use (96 days versus 72 days in 2008) and an increase in the proportion of daily users. Although, there was a noted increase in frequency of use and daily users in 2009, these figures both still remained lower than proportions noted in the early to mid 2000s.
- The proportion of participants who reported heroin use on the day prior to interview increased by 22% with more than half (58%) reporting use on the day prior.
- The price of a gram (\$320) of heroin increased for the first time since 2002, while the price of a cap (\$50) remained stable. Both these prices remained substantially higher than prices reported prior to the heroin shortage in 2001.
- The vast majority of people reported heroin was *easy* to *very easy* to access, and that this had been *stable* for the six months prior to interview.
- Heroin was considered to be of *low* to *medium* purity by the majority of participants. Purity was generally thought to have remained stable or decreased over the preceding six months.
- Just under half (46%) of recent heroin injectors reported using heat on the last occasion of injection, the majority (63%) of respondents described the colour of heroin as brown or beige. Only 14% reported using any form of citric/ascorbic/acetic acid on the last occasion of injection.
- The use of homebake has continued to remain minimal with only 15% reporting recent injection over a median of 7 days (approximately once a month).

5 METHAMPHETAMINE

In response to the increasing diversification of the methamphetamine markets in Australia identified by the 2001 IDRS (Topp, Degenhardt et al. 2002), data were collected for 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 also a generic term for methamphetamine; however, here it refers only to the powder form. It 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. Ice/crystal 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, people who regularly inject drugs (PWID) are not surveyed regarding its price, purity or availability. Previous research indicated that participants are able to differentiate between these forms when surveyed (Breen, Degenhardt et al. 2004; Roxburgh, Breen et al. 2004), and clarification is made with participants that they and the interviewer are referring to the same forms of methamphetamine.

Photographs most commonly identified by PWID participants as being of speed powder, base and ice, NSW

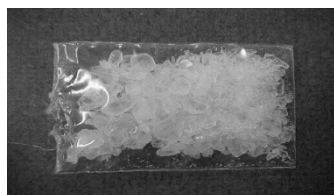
Speed powder



Base



Ice



NB: For further information specific to the Sydney methamphetamine market, including supply, use patterns and harms, see McKetin et al. (2005)

Participants were asked if they were able to comment on the price, purity and/or availability of speed powder, base and/or ice. In 2009, thirty-two percent of the PWID sample felt confident to answer at least some of the survey items regarding speed powder. Twenty-nine percent commented on base price, purity and/or availability, and 44% commented on ice/crystal. The remainder did not feel confident to answer any questions on one or more of these drug forms, and this is likely to reflect a proportion of users who do not use, or come into contact with, methamphetamine users or dealers regularly enough to be able to comment.

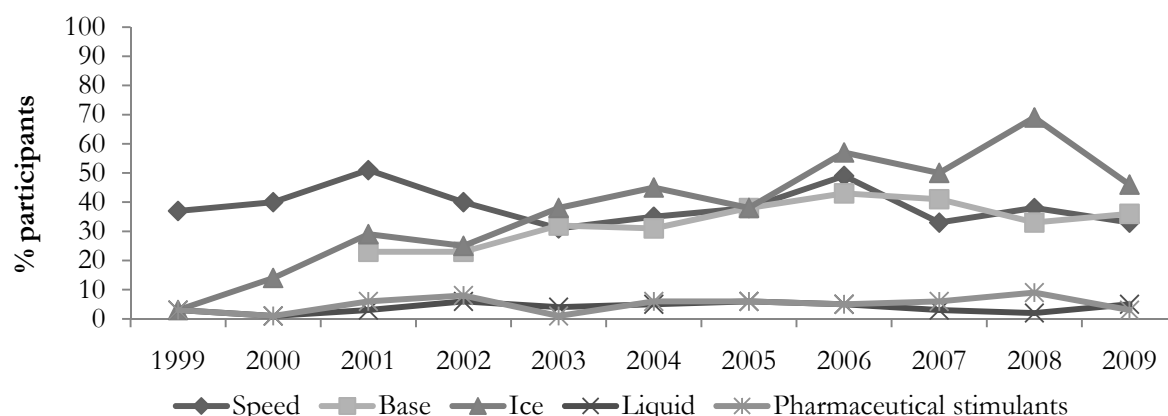
5.1 Use

5.1.1 Methamphetamine use among PWID participants

A significant (C.I.; 0.27, 0.62) decrease was observed from 2008 (74%) to 2009 (57%) in those reporting the use of any form of methamphetamine (speed, base, ice/crystal or liquid) in the six months preceding interview. This decrease was comparable with levels reported between 2003 and 2005. Considered separately, the most commonly used form was ice/crystal (46%; 69% in 2008), followed by base (36%; 33% in 2008) then speed (33%; 38% in 2008). Liquid amphetamine (also known as ‘oxblood’) remained considerably less common, with only 5% of participants reporting use in the last six months (Figure 16). These figures indicate a significant (C.I.: 0.33, 0.12) decrease in the proportion reporting recent crystal/ice use, while the recent use of base, speed and liquid remain relatively stable.

Again in 2009, a distinction was made between the licit versus illicit use of pharmaceutical stimulants (including prescription amphetamines). Again, only one percent of participants reported use of licitly obtained pharmaceutical stimulants in the six months preceding interview; while the use of illicitly obtained pharmaceutical stimulants in this time also remained low, with only 2% (7% in 2008) of participants reporting use. The recent use of any pharmaceutical stimulants by this group has remained at less than 10% since 1999 (Figure 16).

Figure 16: Proportion of PWID reporting methamphetamine and pharmaceutical stimulant use in the past six months, 1999-2009



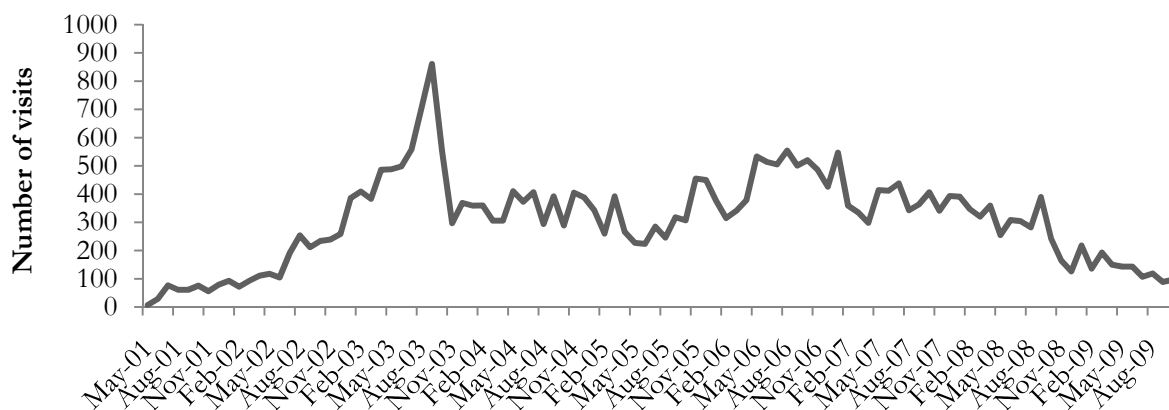
Source: IDRS PWID interviews

NB: Pharmaceutical stimulants include licit use of prescription amphetamines

Figure 17 shows the number of attendances to the Sydney Medically Supervised Injecting Centre (MSIC) where methamphetamine was the drug injected⁶. Numbers reporting methamphetamine increased gradually since 2001, reaching a peak in September 2003 (861 visits and accounting for 11% of all visits), followed by a steep decline in subsequent months (Figure 17). Figures remained relatively stable between December 2003 and June 2007, accounting for between 5-7% of visits, increasing slightly in April 2006 to January 2007. In the 12 months to October 2009 there was a decline in the number of methamphetamine injections at MSIC, with a low of 89 attendances in September 2009, the lowest recorded since early 2002.

⁶ The following caveats need to be considered when interpreting these data: 1) hours of operation changed over the first 2 years of operation (from four to up to twelve per day); and 2) the numbers of individuals attending increased continuously over the first 2 years of operation as PWID became aware of this new service.

Figure 17: Number of attendances to Sydney MSIC where methamphetamine was injected, May 2001-October 2009



Source: Sydney MSIC, Kings Cross

5.1.2 Current patterns of methamphetamine use

There was a decrease in the proportion (57% versus 74% in 2008) reporting any recent methamphetamine use (speed, base, ice/crystal, base) and corresponding decrease in the overall median days of use. Among those reporting any recent use (speed, base, ice, liquid) the median number of days of use was 24 days (weekly use); a decrease from 48 days (twice weekly use) in 2008. There was also a significant (C.I.; 0.22, 0.02) decrease in the proportion of methamphetamine users reporting daily use (7% versus 14% in 2008). The majority of users had used each form weekly or less over the six months preceding interview, followed by more than weekly, but less than daily (Table 7 and Figure 18). Overall, this represents little change from 2008, however, closer examination of various types of methamphetamine showed a significant decrease in recent ice/crystal use (46% versus 69% in 2008; Table 7). Prior to 2009 there had been a general upward trend in methamphetamine use since 2005, however, it should be noted that the proportion of people reporting daily use over the past four years remained low relative to the proportion of daily heroin users (see Sections 4.1.2 Current patterns of heroin use).

The median days of pharmaceutical stimulant use (whether licitly or illicitly obtained) decreased again in 2009. From 6 days (monthly) in 2008 to 2 days (approximately every third month) in 2009. Illicitly obtained pharmaceutical stimulants were used on a median of 1 day use in the past 6 months, a decrease from the 6 days reported in 2008. Recent use of licitly obtained pharmaceutical stimulants also decreased from daily use (180 days) in 2008, to weekly use (24 days) in 2009.

Table 7: Patterns of methamphetamine use in the last six months, by type, 2009

Form used	Among the entire sample		Among those who had used		
	% who had not used in the last 6 months	% who had used	% used weekly or less [^]	% used more than weekly, but less than daily	% used daily
Speed powder	67 [62]	33 [38]	66 [53] (22% of entire sample)	26 [8] (9% of entire sample)	8 (3% of entire sample)
Base	64 [67]	36 [33]	76 [25] (26% of entire sample)	24 [4] (9% of entire sample)	4 (2% of entire sample)
Ice/crystal	54 [31]	46 [69]	71 [33] (33% of entire sample)	24 [25] (11% of entire sample)	4 [11] (2% of entire sample)
Any form of methamphetamine*	43 [26]	57 [74]	53 [30] (30% of entire sample)	39 [28] (22% of entire sample)	7 [14] (4% of entire sample)

Source: IDRS PWID interviews

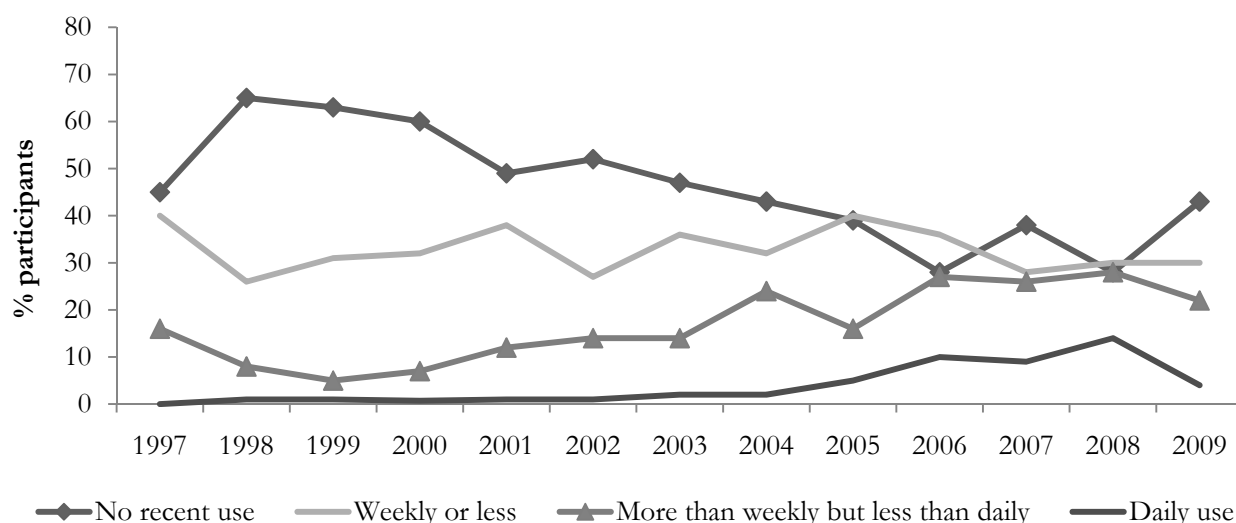
* Also includes liquid methamphetamine

[^] Excludes those who had not used

[] Indicates % used in previous year

NB: Prior to 2006, 'any form methamphetamine' also included pharmaceutical stimulants (excluded from 2006)

Figure 18: Patterns of methamphetamine use (any form) by PWID participants, 1997-2009



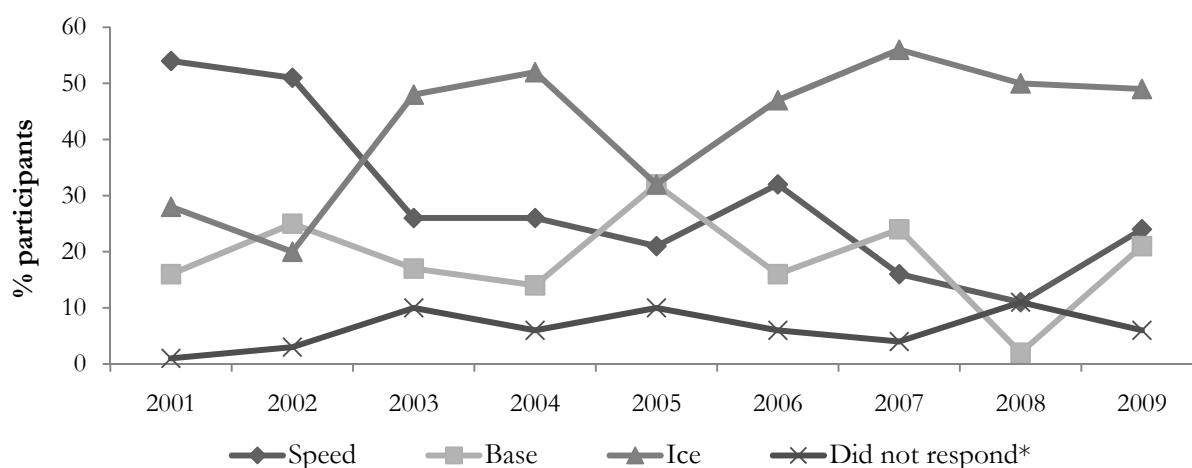
Source: IDRS PWID interviews

NB: 1996 data were unavailable

As in previous years, participants who had used methamphetamine were also asked which form they had used most often in the six months preceding interview. Approximately one half of recent users nominated ice/crystal (49%; this figure was 50% in 2008), 24% nominated speed powder (16% in 2008) and 21% nominated base (this figure was 2% in 2008). This represents

some change from 2008, with marginal increase in people nominating speed powder, and a significant (C.I.;-0.09, -0.30) increase in people nominating base, back to levels comparable with 2-3 years ago (Figure 19).

Figure 19: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2001-2009



Source: IDRS PWID interviews

* 'Did not respond' typically indicates respondents who were unable to nominate one form as the one most used, i.e. they used two or more forms equally as often

NB: Data collection on the form most used commenced in 2001. Pharmaceutical stimulants included in figures between 2001 and 2005; excluded in data from 2006-2009

5.2 Price

5.2.1 Speed powder

As per previous years, and other drug types, the smaller amounts of speed were the most popular (in this case, points) and prices have continued to remain stable. In 2009, there was a decrease in the number of people reporting purchases of grams, eightballs and halfweights and an increase in the number reporting points. Due to this shift, comparisons with 2008 for halfweights, grams and eightballs should be interpreted with caution due to the low number ($n < 10$). As shown in Table 8, price ranges were extremely wide. In most cases, this is likely to be a reflection of purity/availability within that particular person's network and various other circumstances which may influence the cost of a particular purchase. Overall prices for speed powder remained stable.

Table 8: Price of most recent methamphetamine purchases by PWID participants, 2008-2009

Amount	Median price* \$	Range \$	Number of purchasers*
<i>Speed powder</i>			
Point (0.1 gram)	50 (50)	10-50	32 (20)
'Halfweight' (0.5 grams)	113 (150)	70-350	2^ (11)
Gram	120 (200)	50-400	9^ (11)
'Eightball' (3.5 grams)	525 (355)	350-650	4^ (2^)
<i>Base</i>			
Point	50 (50)	15-60	23 (21)
'Halfweight' (0.5 grams)	150 (135)	50-250	11 (4^)
Gram	150 (200)	350-1300	2^ (5^)
'Eightball' (3.5 grams)	825 (450)	100-1300	6^ (3^)
<i>Ice/crystal meth</i>			
Point (0.1 gram)	50 (50)	5-50	51 (62)
'Halfweight' (0.5 grams)	200 (200)	100-300	12 (17)
Gram	350 (350)	50-600	6^ (19)
'Eightball' (3.5 grams)	1100 (450)	190-1400	3^ (8^)

Source: IDRS PWID interviews

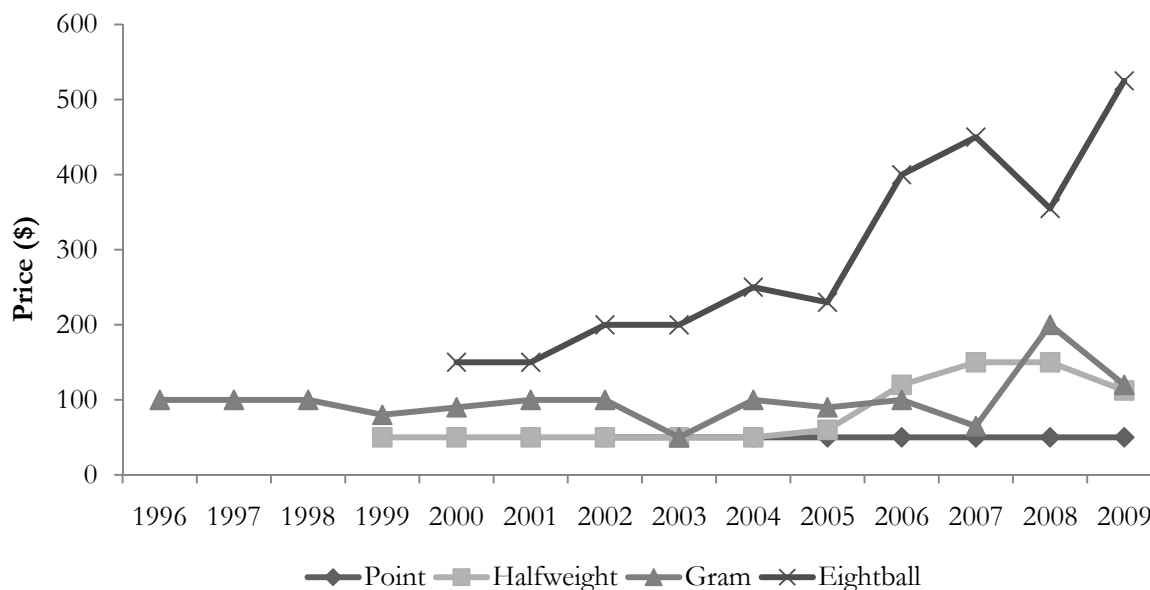
* 2008 data are presented in brackets

^ n=<10 results should be interpreted with caution

The median price per gram of speed powder appears to have decreased this year, however, at \$120 per gram it is still above its usual median price of \$90-\$100. Small fluctuations were also noted in 1999, 2003 and 2007. The median price per point has remained the same since data were first collected on this purchase amount in 2002 (\$50). It is important to note, however, that comparisons with the 2008 data should be interpreted with caution due to the low number of reported purchasers (n = 9) for this year.

Participants were also asked if the price of speed powder had changed in the last six months, and 74% of those who commented (22% of all participants) reported price stability over the last six months. This remained stable with comments from 2008. There was a decrease (15%; 5% of all participants) in the number of people reporting an increase in price. The number of people reporting a decrease remained stable at 2% (1% of all participants) as did the number of people reporting that the price had fluctuated (9%; 4% of all participants). Overall, this suggests prices have remained relatively stable over the period, however, for some amounts (such as eightballs; Figure 20) the price has increased. Due to small number of people reporting amounts larger than a point, these should be interpreted with caution.

Figure 20: Median prices of speed powder estimated from PWID purchases, 1996-2009



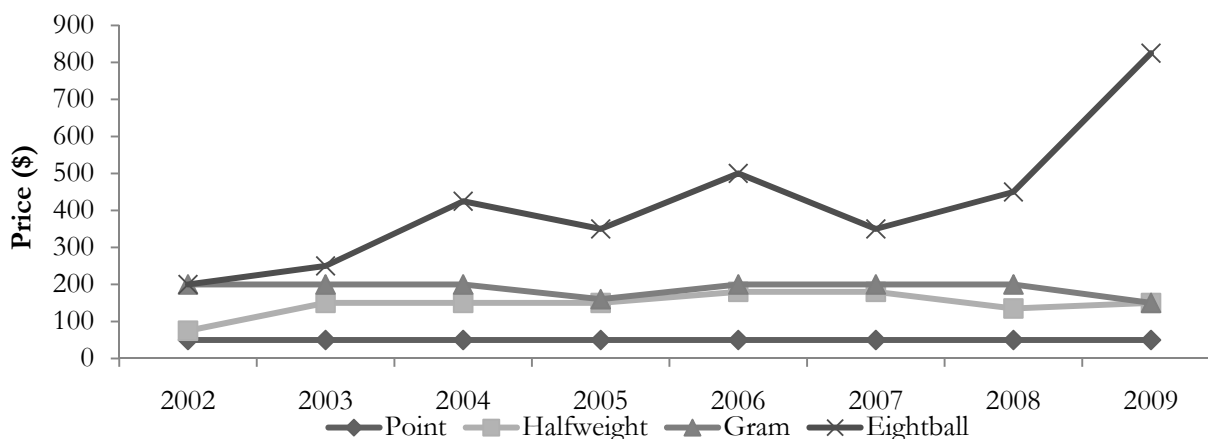
Source: IDRS PWID interviews

5.2.2 Base

The most popular purchase amount for base, as with all other forms of methamphetamine, continued to be a point, the smallest reported amount (Table 8). This has been a consistent finding over the preceding years of the IDRS in NSW. Fifteen percent of participants reported buying base in points in the preceding six months, making it the most popular purchase amount. Fewer participants ($n < 10$ for each amount) reported buying larger, more expensive amounts such as grams and eightballs.

The median price per point of base remained stable, while the median price for a halfweight and an eightball increased and a gram decreased. It is important to note that prices for larger amounts were based on small numbers (ten responses or less), and should be interpreted with caution, particularly as the price ranges were fairly wide. Prices have remained fairly stable since 2002, with the exception of the uncommon amount of an eightball (Figure 21).

Figure 21: Median prices of base estimated from PWID purchases, 2002-2009



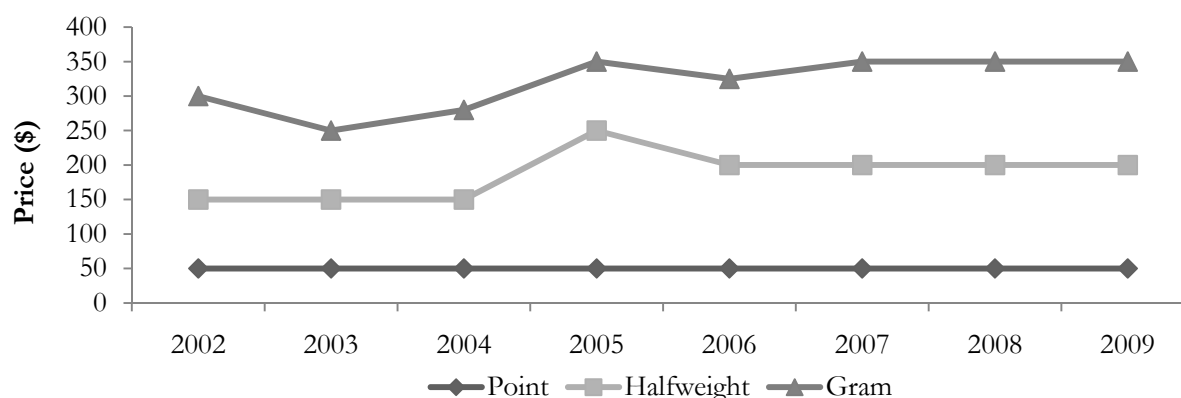
Source: IDRS PWID interviews

The majority of participants that commented on base generally thought that the price had remained stable over the preceding six months (67%, representing 17% of the entire sample). Nineteen percent reported that it had increased (8% of entire sample) and 5% (1% of entire sample) reported a decrease. Base prices, overall, remained stable from 2008.

5.2.3 Ice/crystal

Again, as with speed and base, the most commonly purchased amounts of ice were points (34% of participants reporting at least one purchase in the last 6 months) and halfweights (7% of participants reporting a purchase). In 2009, there was a decrease in the number reporting at least one purchase of a gram (4% of participants or 6 people reporting a purchase). Despite the decrease in the number of purchases in single gram quantities there was no change in ice/crystal prices. There was an increase reported in the price of an eightball (Table 8), however, as only small numbers reported buying eightball amounts in the last 3 years, results should be interpreted with caution.

Figure 22: Median prices of ice/crystal estimated from PWID purchases, 2002-2009



Source: IDRS PWID interviews

NB: Median price per eightball not shown due to small numbers reporting purchase

The majority of participants who commented on ice/crystal generally thought that the price had remained stable over the preceding six months (68%; representing 26% of the entire sample). Nineteen percent stated that it had increased (representing 7% of the entire sample), and 7% each (both 3% of the entire sample) reported it had either fluctuated or decreased in price. Overall, there was a rise in the number of people reporting any fluctuations in price, however, comparisons with median prices for ice/crystal (see Table 8 and Figure 22) remain the same for all amounts except halfweights which are relative uncommon ($n < 10$).

5.3 Availability

5.3.1 Speed powder

Participants were asked 'how easy is it to get speed [powder] at the moment?' The response options available were 'very easy', 'easy', 'difficult', 'very difficult' and 'don't know'. Availability was reported as 'very easy' (44%), 'easy' (42%) or 'difficult' (13%) to obtain (Table 9). Compared to 2008 (Table 9) there was an increase in the percentage reporting 'very easy' and a subsequent decrease in the number reporting 'difficult' or 'very difficult'.

The majority of the sample that commented reported availability in the preceding six months was stable (70%), as has been the case since 1996. In 2009, there was an increase in the number of participants reporting stability (57% in 2008), while a smaller proportion than in 2008 reported the availability of speed powder as being ‘more difficult’ (17% in 2009; 26% in 2008).

Thirty percent of participants reported purchasing speed powder in the six months preceding interview, most commonly from friends and known dealers (both 38%) and street dealers (13%) with only a small proportion reporting obtaining it from other sources (Figure 23). The locations at which participants had usually scored were varied, with the most common being a dealer’s home (29%), an agreed public location (20%) and equally a friend’s home or home delivered (18% each) (Figure 24).

5.3.2 Base

Base was also generally reported to be *easy* (41%) to obtain by the majority of participants. In 2009, there was a decrease in the number reporting availability as *easy* and *difficult* and a corresponding increase in the percentage of participants reporting *very easy* (Table 9). Fourteen percent of participants equally reported it as *very easy* or *difficult*. More than two-thirds (68%; or 20% of all participants) reported that availability over the past six months was *stable* an increase from 2008 (Table 9). Although *stable* has been the most commonly selected response option (excluding *don’t know* responses) since 2002 an increase in the number reporting *very easy* for current availability and a decrease in the number reporting *more difficult* in the 6 months prior to interview indicated base availability may have increased in 2009.

Over a quarter of the entire sample (28%, 23% in 2008) reported purchasing base in the six months preceding interview, most commonly from friends (51%), known dealers (28%) and street dealers and mobile dealers (both 7%) (Figure 23). Locations that base had most commonly been purchased from included dealer’s or friend’s homes (both 28%), home delivery (16%) and an agreed public location (14%) (Figure 24).

Table 9: Participants' reports of methamphetamine availability in the past six months, 2008-2009

	Powder		Base		Ice/Crystal	
	2008 (N=151)	2009 (N=152)	2008 (N=151)	2009 (N=152)	2008 (N=151)	2009 (N=152)
Current availability						
Did not respond* (%)	60	68	72	71	42	57
Did respond (%)	40	32	28	29	58	43
<i>Of those who responded:</i>						
Very easy (%)	28 (11% of entire sample)	44 (14% of entire sample)	21 (6% of entire sample)	34 (10% of entire sample)	48 (28% of entire sample)	39 (16% of entire sample)
Easy (%)	41 (17% of entire sample)	42 (13% of entire sample)	48 (13% of entire sample)	41 (12% of entire sample)	39 (23% of entire sample)	20 (9% of entire sample)
Difficult (%)	23 (9% of entire sample)	13 (4% of entire sample)	21 (6% of entire sample)	16 (5% of entire sample)	11 (7% of entire sample)	31 (13% of entire sample)
Very difficult (%)	7 (3% of entire sample)	2 (1% of entire sample)	5 (1% of entire sample)	7 (2% of entire sample)	1 (1% of entire sample)	6 (3% of entire sample)
Don't know^ (%)	2 (1% of entire sample)	0 (0% of entire sample)	5 (1% of entire sample)	2 (1% of entire sample)	1 (1% of entire sample)	5 (2% of entire sample)
Availability change over the last six months						
Did not respond* (%)	60	68	72	71	42	57
Did respond (%)	40	32	28	29	58	43
<i>Of those who responded:</i>						
More difficult (%)	26 (11% of entire sample)	17 (8% of entire sample)	24 (7% of entire sample)	14 (4% of entire sample)	10 (6% of entire sample)	32 (14% of entire sample)
Stable (%)	57 (23% of entire sample)	70 (22% of entire sample)	57 (16% of entire sample)	68 (20% of entire sample)	66 (38% of entire sample)	43 (18% of entire sample)
Easier (%)	10 (4% of entire sample)	13 (4% of entire sample)	14 (4% of entire sample)	14 (4% of entire sample)	18 (11% of entire sample)	12 (5% of entire sample)
Fluctuates (%)	2 (1% of entire sample)	0 (0% of entire sample)	0 (0% of entire sample)	2 (1% of entire sample)	1 (1% of entire sample)	3 (1% of entire sample)
Don't know^ (%)	5 (2% of entire sample)	2 (1% of entire sample)	5 (1% of entire sample)	2 (1% of entire sample)	5 (3% of entire sample)	9 (4% of entire sample)

Source: IDRS PWID interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

5.3.3 Ice/crystal

Thirty-nine percent of participants commenting on ice/crystal stated that it was *very easy* (representing 16% of all participants) or *easy* (20% or 9% of all participants) to obtain. This is a decrease from 2008 (Table 9). There was a corresponding increase in the proportion reporting it as *difficult* (31% in 2009; 11% in 2008) to obtain. Only five percent (2% of all participants) stated that they didn't know (Table 9). Overall, the current availability of ice/crystal appears to have decreased since 2008.

While the majority of participants (43%, or 18% of entire sample) reported that availability over the last six months had remained stable, approximately one-third (32% or 14% of entire sample) (Table 9) reported it had become more difficult to obtain. Only twelve percent of participants (5% of entire sample) reported that ice/crystal had become easier to obtain a decrease from 2008. Only nine percent (4% of entire sample) of those who provided information about market indicators for ice/crystal (i.e. price, purity and/or availability) reported that they did not know whether availability had changed from 2008 (5%). The nine percent who reported *don't know* reflected that they had not had enough contact with ice/crystal users or dealers, or had not used it frequently enough themselves, to be able to comment. Overall, the majority of participants each year have reported availability as stable, with the exception of 2003 where it was most commonly reported as easier to obtain.

Forty-one percent of all participants had purchased ice in the six months preceding interview. Among these, the most commonly reported sources (as with other forms of methamphetamine) were friends (38%), known dealers (30%), and street dealers (22%) (Figure 23). The most commonly reported locations of purchase were an agreed public location (24%), dealer's home (23%) and a friend's home (21%) (Figure 24).

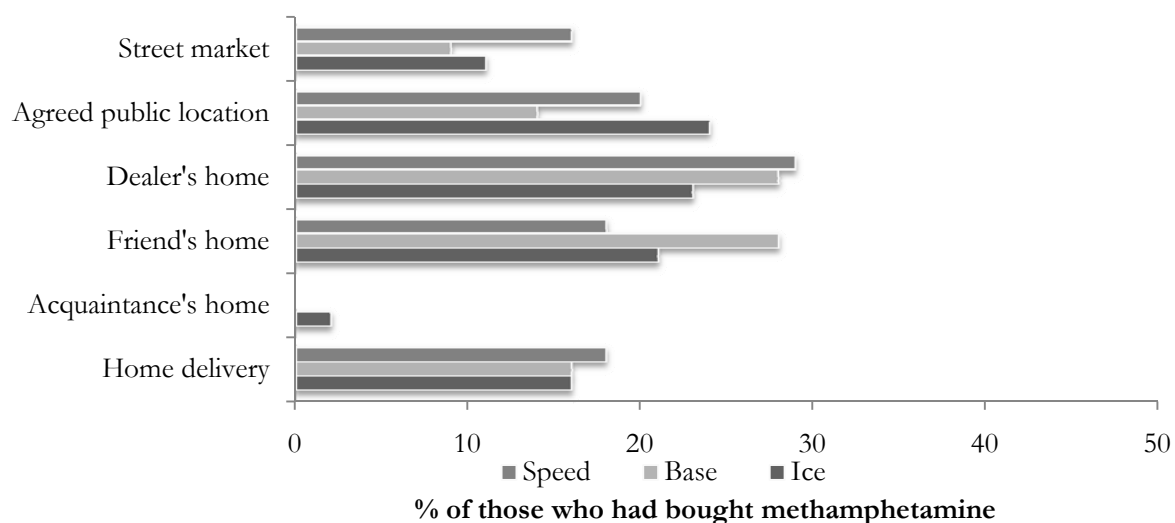
Figure 23: People from whom methamphetamine was purchased in the preceding six months, 2009



Source: IDRS PWID interviews

NB: More than one response could be selected

Figure 24: Locations where methamphetamine was scored in the preceding six months, 2009



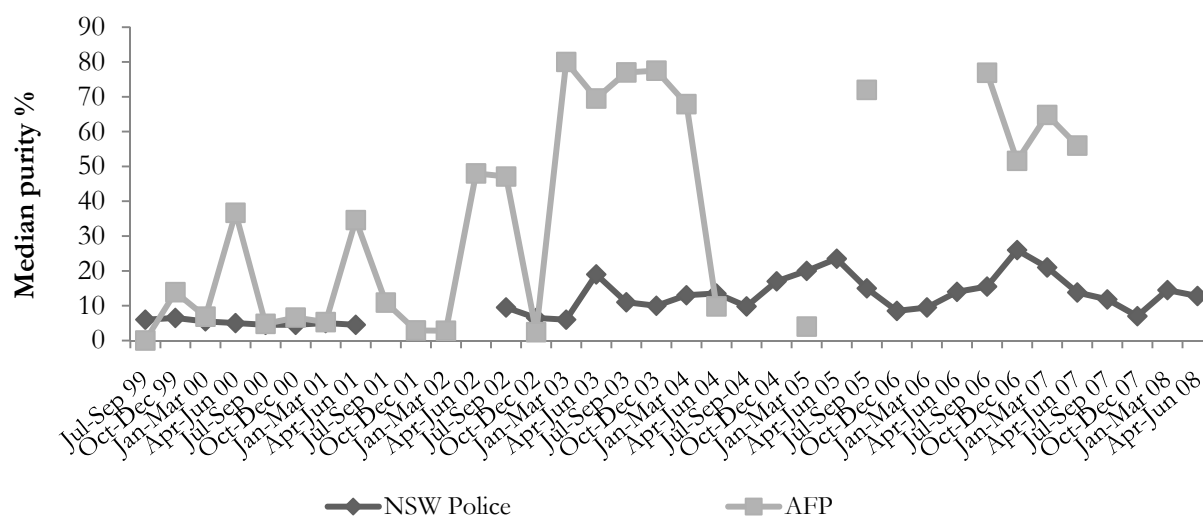
Source: IDRS PWID interviews

NB: More than one response could be selected

5.4 Purity

Figure 25 shows the median purity of methylamphetamine seizures analysed in NSW for the period 1999/00 to 2007/08. There were no seizures analysed by AFP in the 12 month period of 2007/08. As analysis by both NSW Police and the AFP has been sporadic since 2004 meaningful interpretation of methylamphetamine purity levels is difficult. The median purity of all seizures analysed by NSW Police decreased from 18% (range: 14-26%) in 2006/07 to 10% (range: 7-13%) in 2007/08. It should be noted that figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. In addition, the period between the date of seizure by police and the date of receipt at the laboratory can vary greatly, and no adjustment has been made to account for double-counting from joint operations between the AFP and NSW Police.

Figure 25: Purity of methylamphetamine seizures analysed in NSW, by quarter, 1999/00-2007/08

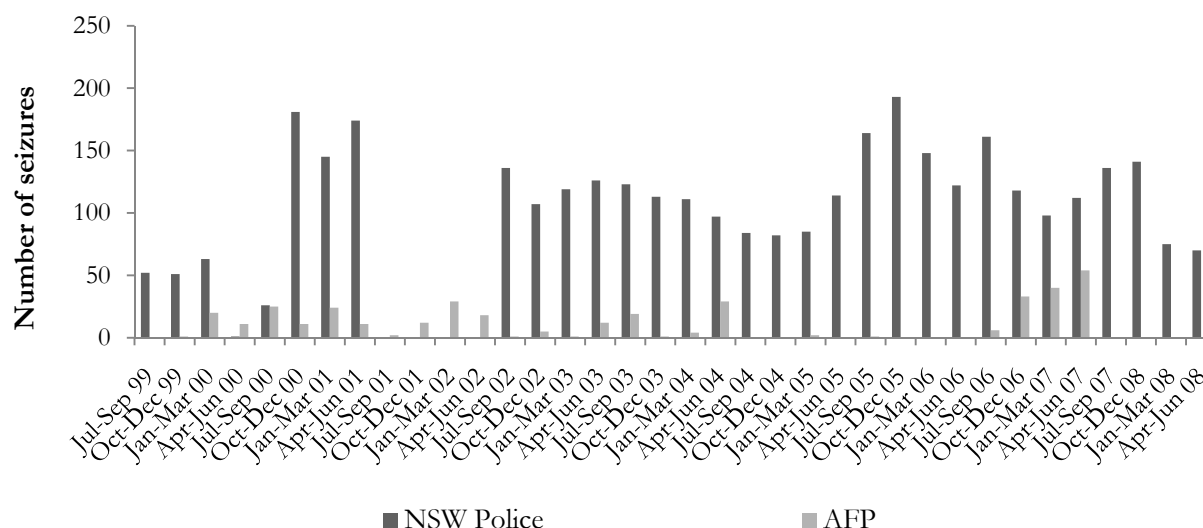


Source: Australian Bureau of Criminal Intelligence 2001, 2002; Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008

NB: NSW Police data for the financial year 2001/02 were unavailable. Data for 2008/09 were unavailable at time of publication

Figure 26 shows the number of methylamphetamine seizures upon which the above purity figures are based. As analysis of AFP seizures has been sporadic since 2004 and non-existent in the 12 months to June 2008, meaningful interpretation is difficult. The number of seizures analysed by NSW Police has decreased slightly in the 12 months to June 2008 (489 in 2006/07 versus 422 in 2007/8).

Figure 26: Number of methylamphetamine seizures analysed in NSW, by quarter, 1999/00-2007/08



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

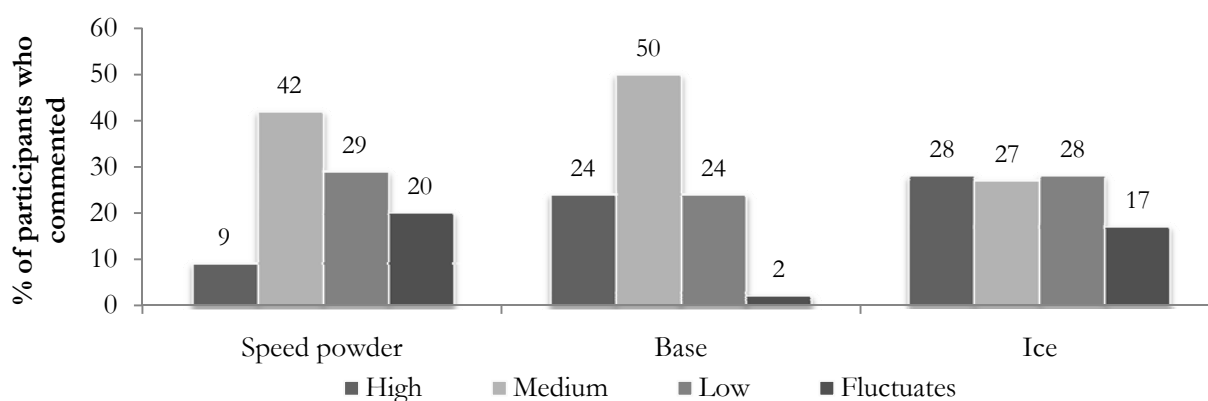
NB: NSW Police data for the financial year 2001/02 were unavailable. Data for 2008/09 were unavailable at time of publication

5.4.1 Speed powder

Thirty-two percent of the sample commented on the perceived current purity of speed powder. Of these the majority thought that it was of ‘medium’ (42%; 13% of entire sample) followed by ‘low’ purity (29%; 9% of entire sample). Only nine percent (3% of all participants) thought it was ‘high’ (16% in 2008) and 20% (6% of all participants) thought that it had fluctuated (Figure 27). Despite a slight increase in those reporting ‘medium’ the overall data suggested that reported purity had been generally stable since 2007.

When asked about changes in purity the majority of participants thought that speed purity had remained stable (33%; 10% of entire sample) over the preceding six months. Thirty percent reported it had decreased and 15% (5% of entire sample) thought that it had increased, and 8% (3% of entire sample) thought it had fluctuated. Overall, the number reporting a *decrease* in purity was lower in 2009 (2%; 1% of entire sample in 2009 versus 32%; 13% of entire sample in 2008) while those commenting that it had remained *stable* were higher representing an upward shift in reported purity in 2009.

Figure 27: Participant perceptions of methamphetamine purity (speed powder, base and ice), among those who commented, 2009



Source: IDRS PWID interviews

5.4.2 Base

One half of participants (50%; 14% of entire sample) commented that base was currently *medium* purity. Equal amounts (both 24%; 7% of entire sample) of participants that commented on base thought that it was currently *high* or *low* purity, while only 2% (1% of all participants) thought it *fluctuated* (Figure 27).

In reporting on changes in purity it was generally reported to have remained *stable* (35%; 9 of entire sample), or *decreased* (33%; 9% of entire sample) over the six months preceding interview. Smaller proportions reported that it had *fluctuated* (18%; 5% of the entire sample) and *increased* (14%; 4% of the entire sample). These changes may indicate that base purity was less stable than reported 2008.

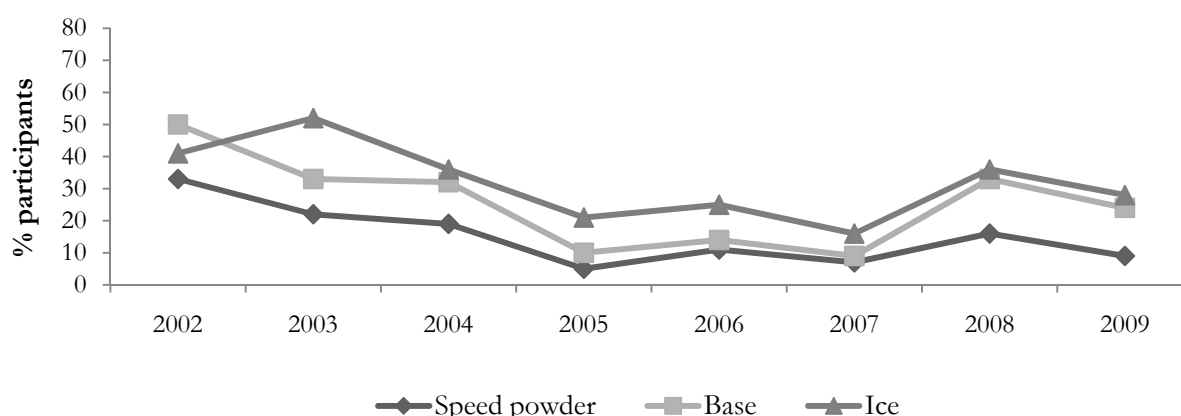
5.4.3 Ice/crystal

For the first time the purity of ice/crystal was reported as equally high and low (both 27%; 12% of participants) followed closely by 'medium' purity (26%; 11% of all participants). In 2009, there was an increase in the number reporting 'low' quality ice (14% in 2008) and 'medium' (13% in 2008). Seventeen percent of people reporting recent ice/crystal use commented it had fluctuated.

When asked about whether purity had changed over the last six months, one-third (33%) of those responding (13% of all participants) believed that it *decreased*. Twenty-eight percent (11% of entire sample) thought it had remained *stable*, 25% (10% of entire sample) commented it has fluctuated and 13% (5% of entire sample) believed it had increased. These changes may indicate that the purity of ice/crystal had fluctuated in purity since 2008.

Figure 28 shows the proportion of PWID participants reporting the purity of each form of methamphetamine as 'high'. Greater proportions of the PWID sample reported ice/crystal and base as being 'high' in purity compared with speed, and ratings of perceived purity of ice/crystal and base, and to a lesser extent speed, as 'high' have decreased since 2008.

Figure 28: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', 2002-2009



Source: IDRS PWID interviews

NB: Data on all three forms commenced in 2002

5.5 Key Expert comments

- The most reoccurring theme from KE who were able to comment on methamphetamine was the reduction in use of ice/crystal over the past 6 months.
- Contrary to findings in the PWID survey KE who could comment on all forms of methamphetamine believed that the availability and recent use of base had decreased.
- Law enforcement KE noted a decrease in precursor detections for methamphetamine production
- Both health and law KE noted a decline in the purity of ice/crystal in the past 6 months

5.6 Trends in methamphetamine use

All participants were asked at the end of the survey if they had observed any recent changes in drug use. A consistent theme was the decrease in the quality of ice/crystal. There were also several comments that suggested that more people were switching from ice/crystal use to heroin due to an increase in availability in heroin.

5.7 Summary of methamphetamine trends

- Over half (57%) of all participants reported the use of methamphetamine over the preceding six months, a decrease from the three-quarters (74%) of participants in 2008
- Considered separately, the most commonly used form was ice/crystal (46%; in 69% in 2008), followed by base (36%; 33% in 2008) then speed (33%; 38% in 2008). These figures indicated a decrease in the proportion reporting recent crystal/ice use, while the recent use of base, speed and liquid remained relatively stable.
- Prices for a 'point' of all three forms of methamphetamine continued to remain stable (\$50), and this remained the most common purchase amount.
- Ice remained the most commonly used form of methamphetamine in the preceding six months, followed by base and then speed.
- Recent use, median number of days used, recent injection and median days injected of ice/crystal all decreased in 2009.
- The availability of both base and speed appears to have increased in the 6 months prior to interview.
- There was fluctuation in price in the larger amounts of methamphetamine purchasing quantities. These results should be interpreted with caution due to small number of purchasers.
- The purity of ice/crystal appears to have fluctuated in 2009 with equal amounts reporting purity as currently 'low' and 'high' purity.
- The majority of PWID participants continued to report speed and base to be of *medium* purity. Speed was seen as *medium* to *low* purity by the majority of participants, and while half of recent base users reported *medium* purity a further one-fifth each equally reported *low* and *high* purity.

6 COCAINE

Fifty-six percent of participants reported that they were able to comment on the price, purity and/or availability of cocaine in 2009, a 10% increase from 2008 (70% in 2007 and 73% in 2006). The remainder did not feel confident to answer any questions on the cocaine market, and this is likely to reflect a proportion of users who do not use, or come into contact with users or dealers of, cocaine regularly enough to be able to comment.

As stated previously, and comparable to previous years, it was difficult to find cocaine KE this year. This suggests that cocaine use is not typically widespread among PWID outside the main drug market areas in which the IDRS survey is conducted. It also suggests there may be hidden groups of users who are neither coming to the attention of health services and/or law enforcement agencies in relation to their cocaine use.

6.1 Use

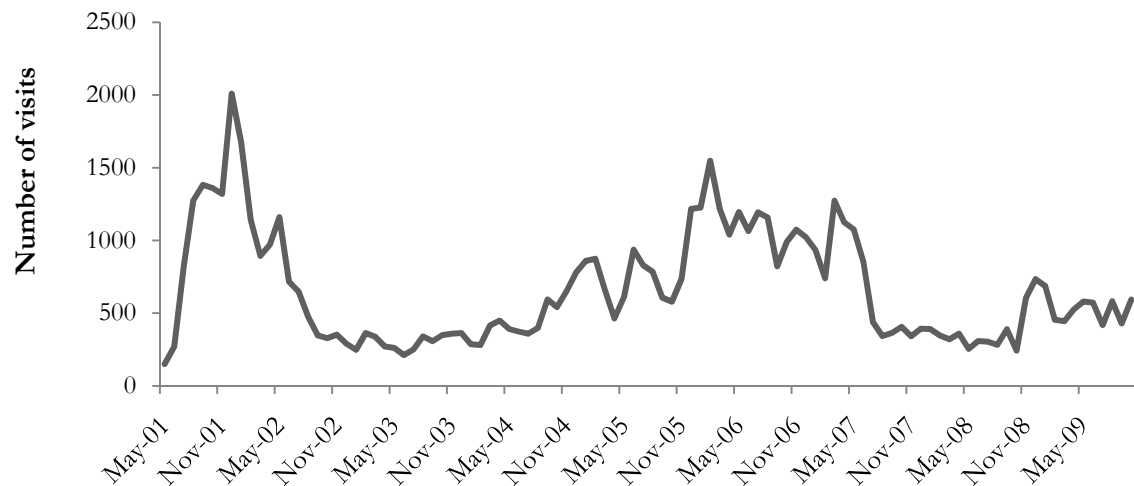
6.1.1 Cocaine use among PWID participants

Sixty-one percent of PWID participants in 2009 reported cocaine use in the preceding six months, remaining stable with reports from 2008 (58%). Fifteen percent of the sample reported use of cocaine on the day prior to interview, which is consistent with 2008.

Figure 29 below shows the number of attendances to the Sydney MSIC where cocaine was the drug injected⁷. Following a peak in use in December 2001 (2,010 visits), and a subsequent decline to less than 450 visits per month, numbers reporting cocaine use remained relatively stable until the third quarter of 2004. From this time, numbers fluctuated, varying between 464 visits in April 2005 and 937 visits in June 2005, reaching a peak of 1,549 in February 2006. The 12 months to October 2009 saw an increase in attendances from the previous year. The overall median monthly attendances in this period was 576 (range: 418-687; compared with 331 for the same period in 2008 and 894 for 2007).

⁷ The following caveats need to be considered when interpreting these data: 1) hours of operation changed over the first 2 years of operation (from four to up to twelve per day); and 2) the numbers of individuals attending increased continuously over the first 2 years of operation as PWID became aware of this new service.

Figure 29: Number of attendances to Sydney MSIC where cocaine was injected, May 2001-October 2009

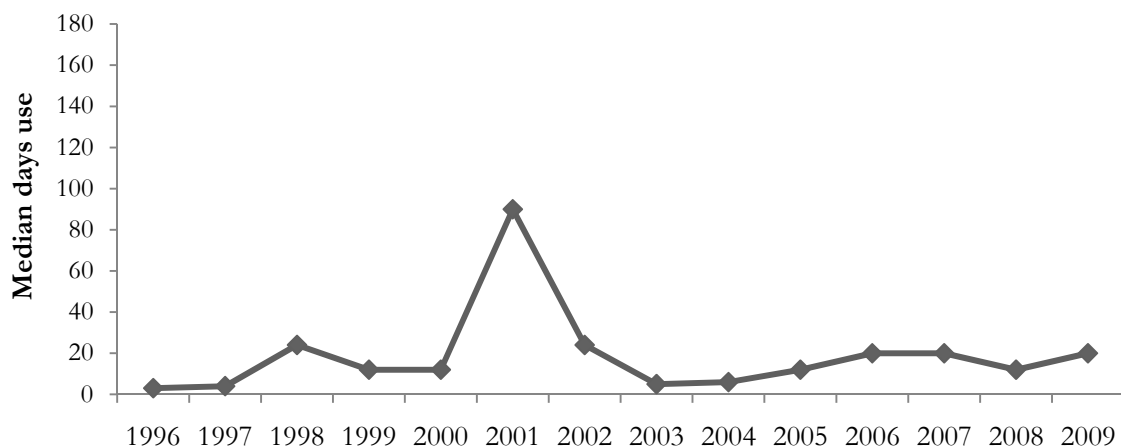


Source: Sydney MSIC, Kings Cross

6.1.2 Current patterns of cocaine use

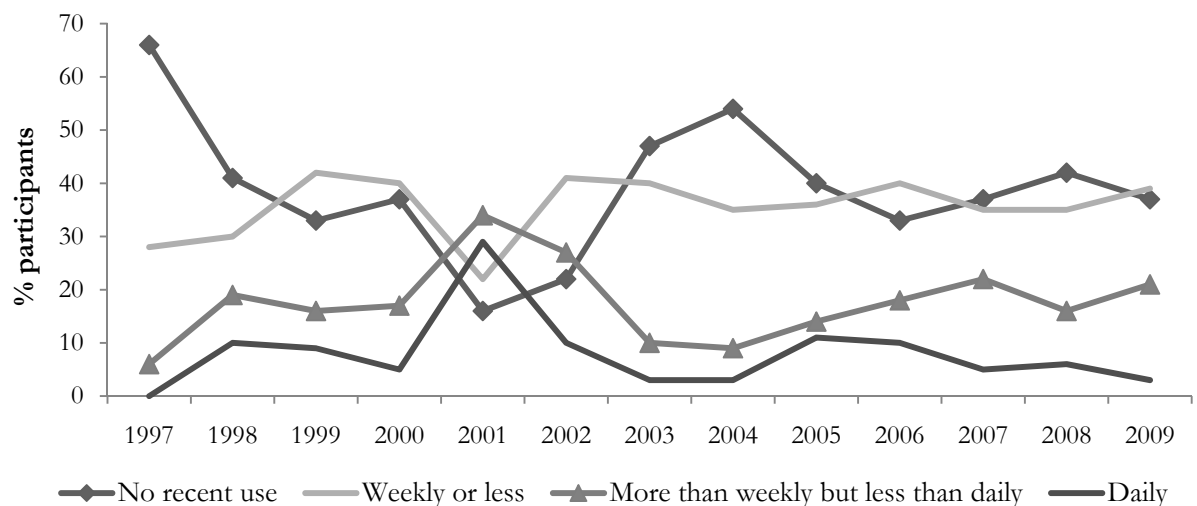
Frequency of cocaine use among the majority of PWID participants in the last six months had increased to 20 days (i.e. just under weekly use) in 2009 from 12 days (fortnightly use) in 2008 (Figures 30 and 31). This increase was comparable with the frequency of use reported in 2007. Daily cocaine use remained stable with 5% of users (3% of all participants) reporting daily use.

Figure 30: Median days of cocaine use in the past six months, 1996-2009



Source: IDRS PWID interviews

Figure 31: Patterns of cocaine use, 1997-2009



Source: IDRS PWID interviews

Participants were also asked which form of cocaine they had used most often over the last six months. Ninety percent of participants who had recently used cocaine reported that powder was the form they had used most often in the last 6 months, an increase from 2008 (77%). Ten percent of recent users reported rock cocaine as the form most used and there was no participants reporting using crack cocaine as the form most used. Only 5% of recent users reported having used any crack cocaine in the six months preceding interview. No KE reported hearing about the use of crack cocaine, indicating that, similar to previous years, its use remained rare.

6.2 Price

Prices paid for cocaine by PWID participants on the last occasion of purchase are presented in Table 10. While the median price for caps, the most popular purchase amount, remains stable the prices for larger amounts had increased. An increase was observed in the numbers of participants, who had recently purchased all amounts; caps, quarter grams, halfweights and grams. Quarter gram purchases continued to remain comparatively uncommon. The median price for a halfweight increased by \$20 in 2009 and a corresponding \$50 increase was noted in the median priced paid per gram of cocaine (Table 10).

Table 10: Price of most recent cocaine purchases by PWID participants, 2007-2008

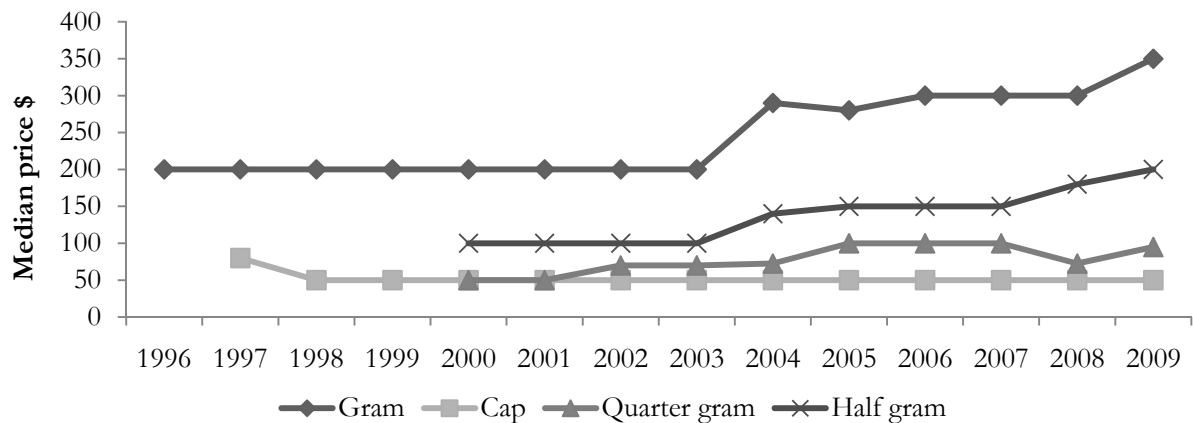
Amount	Median price*\$	Range (\$)	Number of purchasers*
Cap	50 (50)	30-100	51 (36)
Quarter gram	95 (72.5)	70-150	8^ (2^)
'Half weight'(0.5 grams)	200 (180)	150-500	23 (11)
Gram	350 (300)	250-1000	18 (12)

Source: IDRS PWID interviews

*2008 data are presented in brackets

^n=<10 results should be interpreted with caution.

Figure 32: Median price of a gram and cap of cocaine estimated from PWID participant purchases, 1996-2009



Source: IDRS PWID interviews

Price ranges for halfweights and grams were wide (Table 10), and this is likely in most cases to be a reflection of purity/availability within that particular person's network and various other circumstances which may influence the cost of a particular purchase. It has been noted anecdotally that, with drugs such as cocaine and heroin, it is sometimes possible to buy a \$50 cap or a \$100 cap, with the price determined by the amount (i.e. a \$100 cap contains more of the drug) and/or purity.

The majority of participants (86%; 45% of entire sample) that could comment on cocaine reported that the price had remained stable in the preceding six months. One-tenth (11%; 6% of entire sample) of those commenting reported that cocaine prices had increased while only three percent (1% of entire sample) reported a decrease in price.

6.3 Availability

Thirty-eight percent (21% of entire sample) of participants commenting on cocaine market characteristics (price, purity and/or availability) thought that it was *very easy* to obtain cocaine, representing an increase from 22% in 2008 (Table 11). Forty-seven percent of participants commenting rated it as *easy* (a decrease from 60% in 2008). Thirteen percent thought it was *difficult* and 2% of participants reported that it was *very difficult* to obtain (Table 11), which remained stable from 2008.

Sixty two percent of participants (34% of entire sample) commenting on cocaine reported that availability had remained *stable*, comparable to 64% (29% of the entire sample) in 2008 (Table 11). Seventeen percent (9% of the entire sample) reported that it had become more *difficult* to obtain over the last six months, and 17% (9% of the entire sample) thought it had become *easier*. Two percent (1% of the entire sample) thought that availability had *fluctuated* over this time period. Overall this represented little change from 2008 (Table 11).

Table 11: Participants' reports of cocaine availability in the past six months, 2007-2009

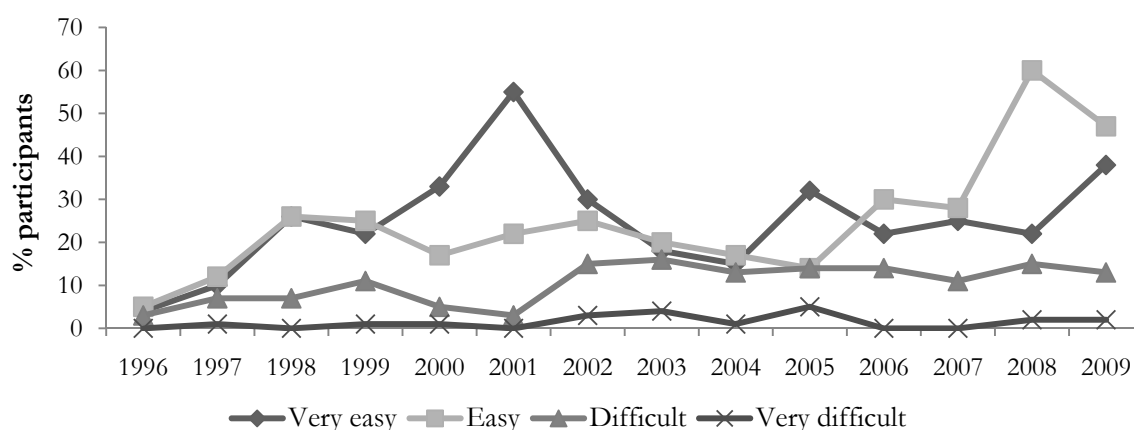
	2007 (N=153)	2008 (N=151)	2009 (N=152)
Current availability			
Did not respond* (%)	30	56	44
Did respond (%)	70	44	56
<i>Of those who responded:</i>			
Very easy (%)	36 (25% of entire sample)	22 (10% of entire sample)	38 (21% of entire sample)
Easy (%)	41 (28% of entire sample)	60 (27% of entire sample)	47 (26% of entire sample)
Difficult (%)	17 (11% of entire sample)	15 (7% of entire sample)	13 (7% of entire sample)
Very difficult (%)	0 (0% of entire sample)	2 (1% of entire sample)	2 (1% of entire sample)
Don't know^ (%)	7 (5% of entire sample)	1 (1% of entire sample)	0 (0% of entire sample)
Availability change over last six months			
Did not respond* (%)	30	56	44
Did respond (%)	70	44	56
<i>Of those who responded:</i>			
More difficult (%)	13 (9% of entire sample)	17 (9% of entire sample)	16 (9% of entire sample)
Stable (%)	68 (47% of entire sample)	64 (29% of entire sample)	62 (34% of entire sample)
Easier (%)	5 (3% of entire sample)	15 (7% of entire sample)	17 (9% of entire sample)
Fluctuates (%)	6 (4 % of entire sample)	3 (1 % of entire sample)	2 (1% of entire sample)
Don't know^ (%)	9 (6% of entire sample)	2 (1% of entire sample)	4 (2% of entire sample)

Source: IDRS PWID interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of cocaine, but had not had enough contact with users/dealers to respond to items concerning availability

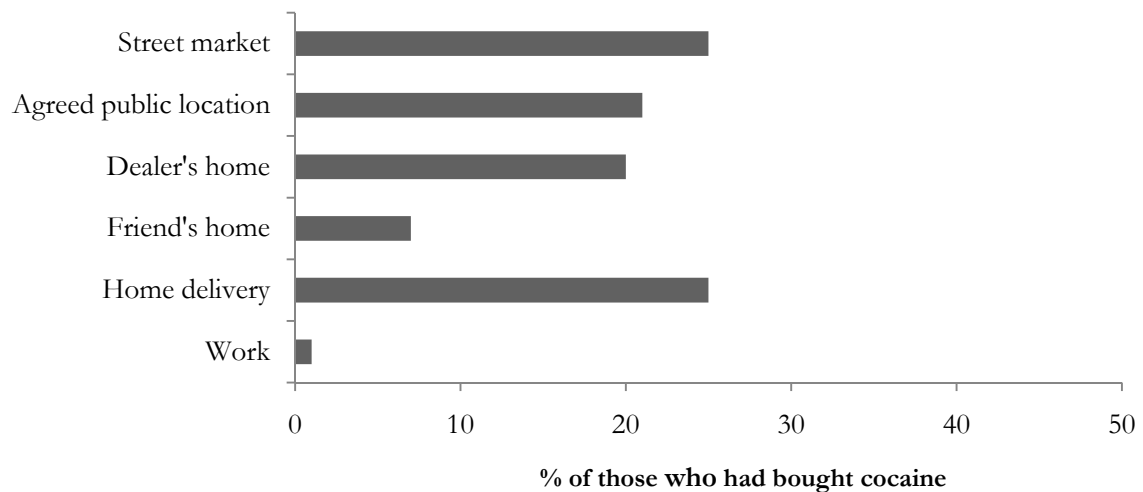
Figure 33: Participant reports of current cocaine availability, 1996-2009



Source: IDRS PWID interviews

The most common sources of purchasing cocaine over the preceding six months were friends (34%), known dealers (33%) and street dealers (23%). Locations where these purchases were most commonly made were varied, with the most common venues being home delivery and street market (both 25%), agreed public locations (21%) and dealer's home (20%) (Figure 34).

Figure 34: Locations where cocaine was scored in the preceding six months, 2009



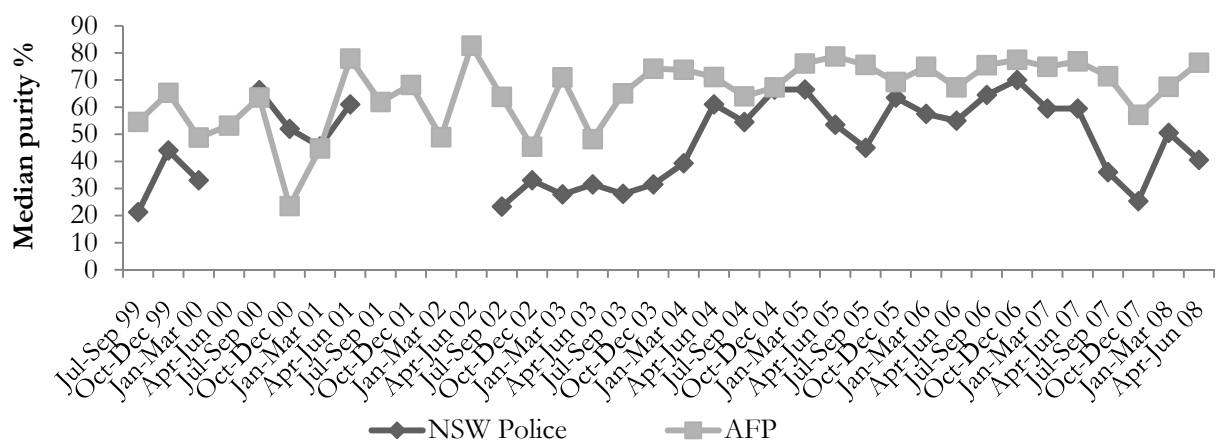
Source: IDRS PWID interviews

NB: More than one response could be selected

6.4 Purity

The median total purity of cocaine seizures analysed by the NSW Police had decreased in the 12 months to June 2008 despite a spike in purity in the first quarter of 2008. Overall, the total seizures analysed by the AFP remained relatively stable over the same period, despite the lowest dip in purity since 2002/03 being recorded in the last quarter of 2007 (Figure 35). The total median purity of cocaine analysed by NSW Police over the 12 month period was 37% (62% in 2006/07) and AFP was 72% (76% in 2006/07) (Figure 35). Purity figures, however, should be interpreted with caution, particularly where they are based on small numbers of seizures (refer to Figure 36). It should also be noted that figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double-counting from joint operations between the AFP and State/Territory Police.

Figure 35: Purity of cocaine seizures analysed in NSW, by quarter, 1999/00-2007/08

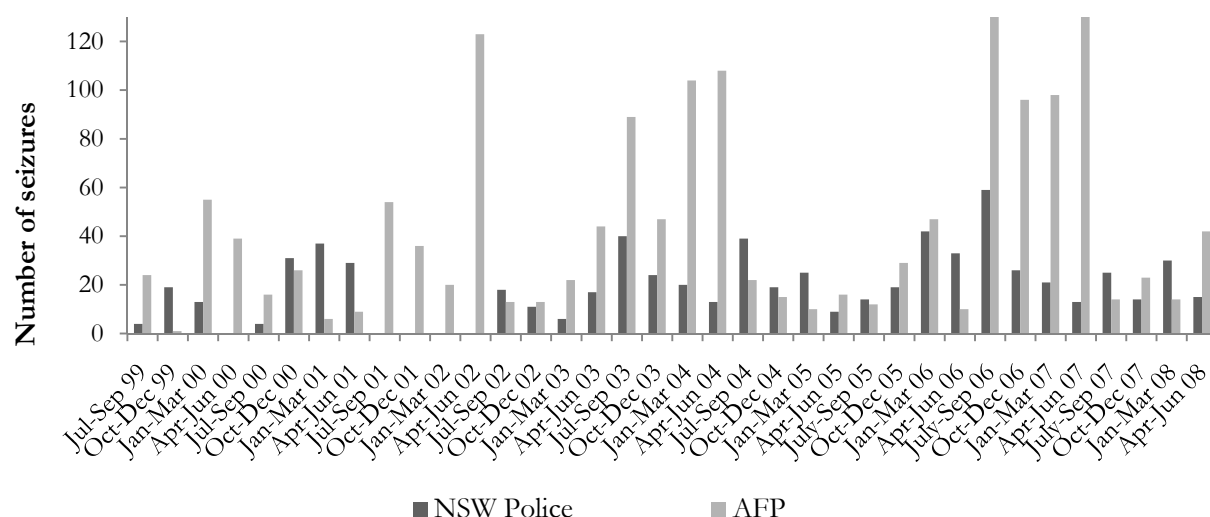


Source: Australian Bureau of Criminal Intelligence 2001, 2002; Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008

NB: NSW Police data for the financial year 2001/02 were unavailable. Data for 2008/09 were unavailable at time of publication

Figure 36 shows the number of seizures analysed in NSW between 1999/00 and 2007/08. The number of seizures analysed by both the NSW Police and the AFP decreased in the 12 month period until June 2008. In the case of the AFP the decrease was substantially larger than the previous years (491 cases in 2006/07 versus 93 cases in 2007/08), however it should be noted that 2006/07 had two highest number of seizures analysed quarterly since 1999. A drop in seizures analysed by NSW Police from 119 cases in 2006/07 to 84 cases in 2007/08 was also noted. Data for 2008/09 were unavailable at the time of publication.

Figure 36: Number of cocaine seizures analysed in NSW, by quarter, 1999/00-2007/08



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

NB: NSW Police data for the financial year 2001/02 were unavailable. Data for 2008/09 were unavailable at time of publication

The majority of participants reported cocaine to be either *medium* (39%; 22% of entire sample) or *high* (28%; 16% of entire sample). While the proportion reporting *high* purity remained stable compared with the figure reported in 2008, there was increase in the numbers reporting purity as *medium* (39% in 2009 versus 24% in 2008) (Table 12). Twelve percent commented that purity had *fluctuated* (6% in 2008) and 4% commented on other aspects of the cocaine market, but stated that they were unable to comment on purity.

Similar to previous years the majority (28%; 16% of the entire sample) of those commenting on cocaine purity thought that it had remained *stable* in the preceding six months. One fifth (19%; 11% of entire sample) believed purity had *increased*, one quarter (24%; 13% of entire sample) reported it had *fluctuated* and 18% (9% of entire sample) believed it had *decreased*. Although the reported percentage figures were generally comparable with 2008 data the total number of people reporting fluctuations in purity increased (12% in 2008) and there was a corresponding decrease in the number reporting it had *decreased* (30% in 2008) (Table 12).

Table 12: Participants' perceptions of cocaine purity in the past six months, 2007-2009

	2007 (N=153)	2008 (N=151)	2009 (N=152)
Current purity			
Did not respond* (%)	30	56	44
Did respond (%)	70	44	56
<i>Of those who responded:</i>			
High (%)	22 (15% of entire sample)	30 (13% of entire sample)	28 (16% of entire sample)
Medium (%)	40 (28% of entire sample)	24 (11% of entire sample)	39 (22% of entire sample)
Low (%)	21 (14% of entire sample)	36 (16% of entire sample)	18 (10% of entire sample)
Fluctuates (%)	8 (5% of entire sample)	6 (3% of entire sample)	12 (7% of entire sample)
Don't know^ (%)	9 (6% of entire sample)	5 (2% of entire sample)	4 (2% of entire sample)
Purity change over the last six months			
Did not respond* (%)	30	56	44
Did respond (%)	70	44	56
<i>Of those who responded:</i>			
Increasing (%)	13 (9% of entire sample)	18 (8% of entire sample)	19 (11% of entire sample)
Stable (%)	37 (25% of entire sample)	34 (15% of entire sample)	28 (16% of entire sample)
Decreasing (%)	21 (14% of entire sample)	30 (13% of entire sample)	18 (10% of entire sample)
Fluctuating (%)	14 (10% of entire sample)	12 (5% of entire sample)	24 (13% of entire sample)
Don't know^ (%)	14 (10% of entire sample)	6 (3% of entire sample)	12 (7% of entire sample)

Source: IDRS PWID interviews

*'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^'Don't know' refers to participants who responded to survey items on price and/or availability of cocaine, but had not had enough contact with users and/or dealers, or had not used often enough to feel able to respond to items concerning purity

6.5 Trends in cocaine use

In response to general, open-ended questions on changes in drug use, there were very few participants commenting on cocaine. The few that were able to comment suggested that there was an increase in cocaine use and that purity had increased.

6.6 Key expert comments

- As per previous years, and in comparison to the other 3 major drugs types (heroin, methamphetamine and cannabis), that the IDRS monitors, not many KE were able to comment on cocaine.
- Both law enforcement and health KE were in agreement that there had been an increase in cocaine availability over the past 6 months.
- Consensus among health KE was that there had been a slight increase in the frequency of cocaine use by the PWID they were coming in contact with.
- The final reoccurring theme among KE able to comment on cocaine was that prices had increased; however, no solid figures on current prices were given.

6.7 Summary of cocaine trends

- Recent cocaine use among the sample and use of cocaine on the day prior to interview remained stable comparable with 2008.
- The frequency of cocaine use increased to a median number of 20 days in 2009 (i.e. just under weekly use) from 12 days (i.e. fortnightly use) in 2008. This is comparable with the frequency of use reported in 2007.
- The median price of cocaine increased across all amounts except for cap, the most commonly reported amount purchased.
- While there was an increase in the proportion of participants reporting availability as *very easy*, changes in availability in the 6 months prior to interview remained consistent with those reported in 2008.
- There was evidence to suggest that cocaine purity may have increased with a rise in the proportion of participants reporting purity as *medium* and corresponding decrease the proportion reporting it as *low*. Cocaine purity in the 6 months prior to interview appeared to have fluctuated.

7 CANNABIS

Participants were asked if they were able to comment on the price, potency and/or availability of hydroponic ('hydro') and/or outdoor-grown ('bush') cannabis, and in 2009 seventy-four percent of the PWID sample felt confident to answer at least some of the survey items on hydro. By contrast, only 38% of participants were able to report on bush price, purity and/or availability, supporting previous years' findings that indicated hydro tends to dominate the Sydney market.

The IDRS has differentiated between hydro and bush prices since 2003, and since 2004 it has also differentiated between 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 remains sporadic, information about potency and availability are not sought from PWID participants. Since 2007 participants have been asked whether they were able to distinguish between hydro and bush cannabis forms.

7.1 Use

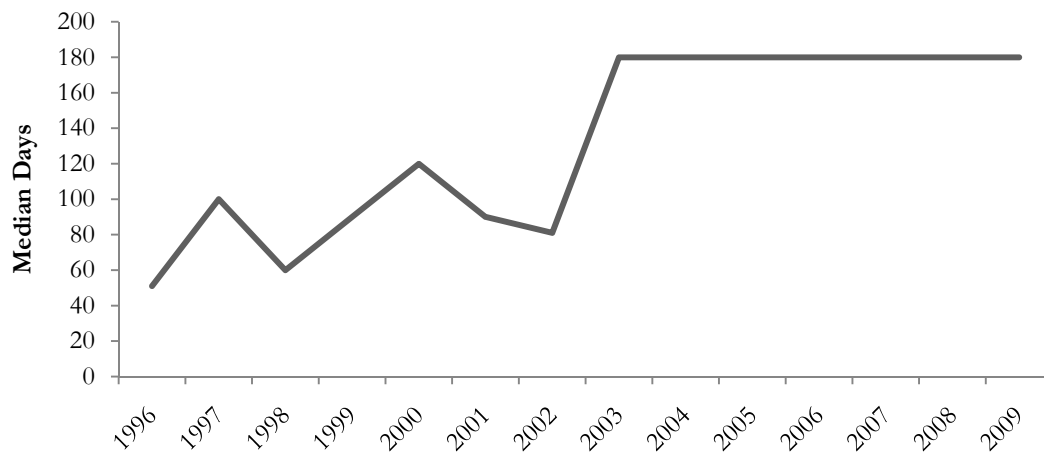
7.1.1 Cannabis use among PWID participants

As in previous years, cannabis use among participants remained stable. Seventy-nine percent had used cannabis in the preceding six months (80% in 2008), and just under half of the number of participants (45%, n=69) had used cannabis on the day prior to interview, both of which were stable from 2008.

7.1.2 Current patterns of cannabis use

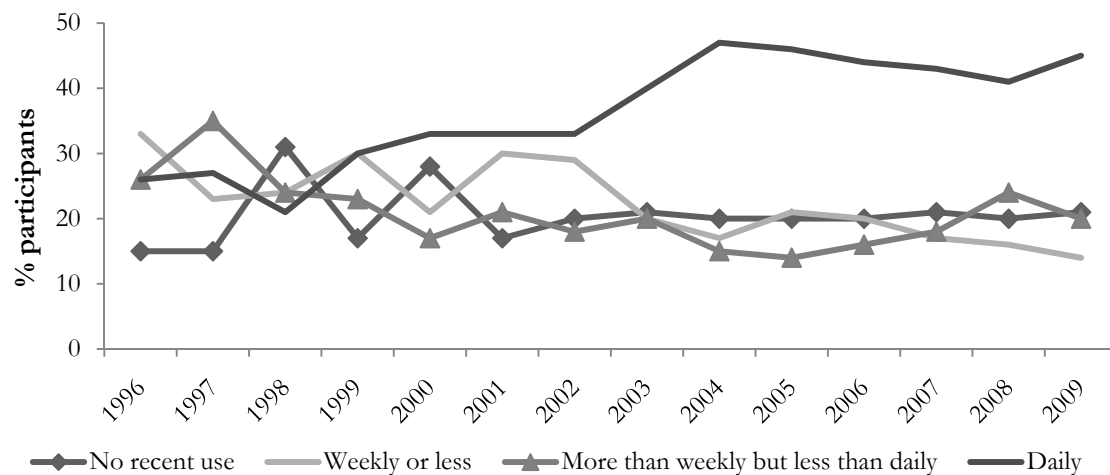
The median number of days of cannabis use, among those who used, was 180 in the preceding six months (i.e. daily). This has remained stable for the past seven years, with levels remaining substantially higher than pre-2002 inclusive (Figure 37). There was a slight, but insignificant, increase in the proportion reporting daily use from 41% in 2008 (40% of entire sample) to 57% of those commenting (45% of entire sample) in 2009 (Figure 38). Participants who had smoked cannabis in the last six months were asked the about quantity used and methods of cannabis use on the last occasion. The majority (90%) had smoked cones, rather than joints (6%) on last occasion of use, which remained consistent with previous years. A median of 4 cones (range 0.5-60) and a median of one joint (range 1-6) were reported. Twenty percent of participants had smoked more than 8 cones on the last occasion in which they used cannabis.

Figure 37: Median number of days of cannabis use among those who had used cannabis in the past six months, 1996-2009



Source: IDRS PWID interviews

Figure 38: Patterns of cannabis use, 1996-2009



Source: IDRS PWID interviews

Ninety-eight percent of respondents, who had used cannabis, reported using hydro in the preceding six months, and 60% of cannabis users reported using bush during this time. These figures were 98% and 76% in 2008, respectively. Only 5% of users reported use of hashish (also 5% in 2008) and only two participants (1%) had used hash oil, which is consistent with 2008. When asked which form of cannabis they had ‘used most often’ in the last six months, the vast majority (95% of users) reported hydro and 5% of cannabis users reported bush. No participants reported hash oil as the form most frequently used. These changes are insignificant when compared with to reports from 2008, when 89% of users reported using hydro most often, 10% used bush and only one participant had reported using hashish or hash oil most often.

7.2 Price

Prices paid for hydro and bush by PWID participants on the last occasion of purchase are presented in Table 13. As in previous years, hydro appeared to be the more popular form of cannabis with fewer participants reporting the purchase of bush. Purchase of the resin (hashish) and oil (hash oil) forms remain uncommon.

7.2.1 Hydro

Participants were surveyed concerning the price paid the last time they had bought hydro. The median price paid for a gram of hydro was \$20, the same as in previous years (Table 13). There was an increase in price paid for all other amounts. The median price of a quarter ounce of hydroponic cannabis increased by \$10 to \$100, a half ounce by \$5 to \$160 and an ounce increased by \$20 to \$320 (Table 13).

As in previous years, and comparable with other drugs surveyed (e.g. heroin, cocaine, methamphetamine), the most popular purchase amount of hydro was the smallest generally available, i.e. grams (n=55), followed by quarter ounces (n=48).

Participants were also asked whether they thought that prices had changed over the six months preceding interview. Though there was a noted increase in the median price of hydro for amounts larger than a gram, the majority of PWID participants who commented (77%; representing 56% of the entire sample) reported that the price was *stable*, with smaller proportions stating that it had *increased* (21%; 15% of the entire sample), or *fluctuated* (2%; 1% of the entire sample). No participants reported it had *decreased* in price. While the number reporting an increase rose slightly and there was a corresponding decrease in the numbers reporting a decrease the remaining figures were stable compared to those presented in 2008.

7.2.2 Bush

Median prices for bush (grams and ounces) also increased for all amounts larger than a gram (Table 13). The median price for a quarter ounce of bush cannabis increased by \$5 to \$80 and an ounce increased by \$29 to \$229. The price for a half ounce also appears to have increased, but as per 2008 the number of reported purchases was low (<10) so results should be interpreted with caution (Table 13).

The most popular purchase amount for bush remained at a gram (n=25), consistent with previous years, excluding 2006 when an ounce was reported as the most purchased amount. There was a tendency for larger quantities of bush to be slightly cheaper than for hydro, continuing a consistent pattern since 2003.

Inconsistent with reported prices for bush, the majority of participants who commented (86%; representing 29% of the entire sample) thought prices had remained *stable*, representing an increase from 2008 (71%; 21% of entire sample). Only 6% thought it had *increased* (comparable with 9% of those commenting in 2008), while 8% commented that it had *fluctuated*.

Again in 2009, price ranges for hydroponic and larger quantities of bush cannabis were wide (Table 13). This is likely to be a reflection of potency/availability within that particular person's network and various other circumstances which may influence the cost of a particular purchase.

Table 13: Price of most recent cannabis purchases by PWID participants, 2008-2009

Amount	Median price* \$	Range	Number of purchasers*
<i>Hydro</i>			
Gram	20 (20)	10-25	55 (61)
Quarter ounce	100 (90)	50-150	48 (50)
Half ounce	160(155)	120-240	19 (20)
Ounce	320 (300)	200-480	27 (25)
<i>Bush</i>			
Gram	20 (20)	10-20	25 (16)
Quarter ounce	80 (75)	25-100	12 (10)
Half ounce	130 (120)	100-180	4 (3)
Ounce	229 (200)	150-350	10 (9^)

Source: IDRS PWID interviews

*2008 median prices are in brackets

^n=<10 results should be interpreted with caution

7.2.3 Hash and Hash Oil

Only one participant reported buying a gram of hash in the six months preceding interview for the price of \$20. No one reported purchasing hash oil in last 6 months. This indicated that the use of these forms of cannabis remained sporadic.

7.3 Availability

7.3.1 Hydro

The majority of participants commenting on hydro availability thought it was 'very easy' (58%; representing 42% of all participants) or *easy* (37%; representing 27% of all participants) to obtain (Table 14). The majority (81%; representing 58% of all participants) reported availability as *stable* over the preceding six months. Despite an increase in the proportion reporting *very easy* and a corresponding decrease in those reporting *easy*, figures remained stable with those reported in 2008 (Table 14). Note that prior to 2004, no distinction was drawn between hydro and bush availability, with participants instead being surveyed about cannabis availability generally. From 2000 until 2004, approximately half of all respondents reported that cannabis was *very easy* to obtain (Table 14).

7.3.2 Bush

The majority of participants reported bush cannabis to be *very easy* (43%; 16% of entire sample) or *easy* (32%; 12% of entire sample) to obtain. While one fifth (20%; 7% of entire sample) reported it to be *difficult* to obtain (Table 14). More than three-quarters (79%; 30% of entire sample) reported that availability had remained *stable* in the six months preceding interview. It appeared that the availability of bush cannabis was easier to obtain than in 2008 and that this had remained stable for the past 6 months (Table 14; Figure 39).

Table 14: Participants' reports of cannabis availability in the past six months, 2008-2009

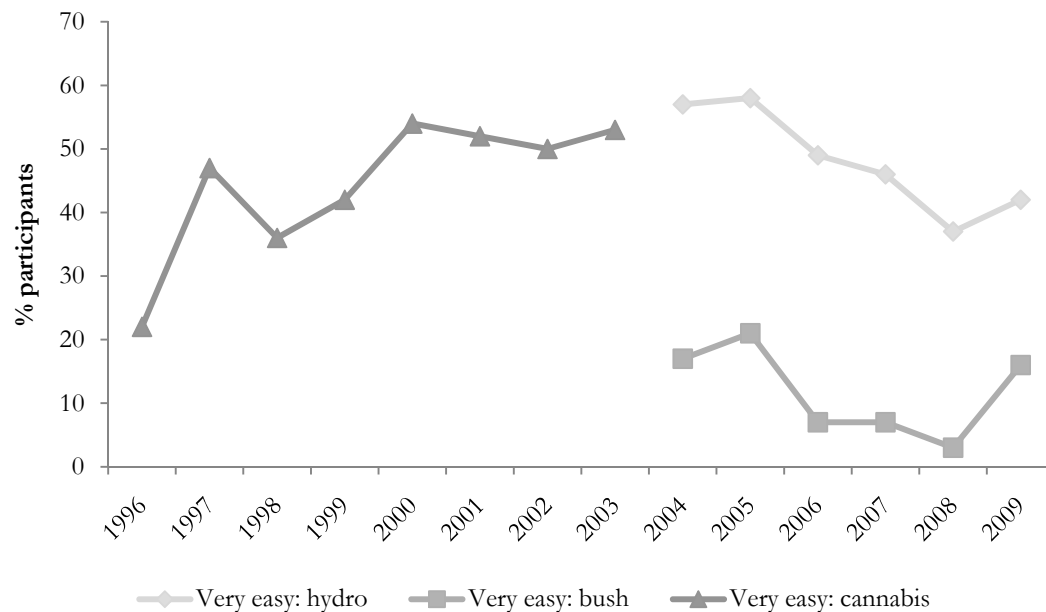
	Hydro		Bush	
	2008 (N=151)	2009 (N=152)	2008 (N=151)	2009 (N=152)
Current availability				
Did not respond* (%)	24	28	70	63
Did respond (%)	76	72	30	37
<i>Of those who responded:</i>				
Very easy (%)	49 (37% of entire sample)	58 (42% of entire sample)	9 (3% of entire sample)	43 (16% of entire sample)
Easy (%)	45 (34% of entire sample)	37 (27% of entire sample)	36 (11% of entire sample)	32 (12% of entire sample)
Difficult (%)	6 (4% of entire sample)	5 (3% of entire sample)	42 (13% of entire sample)	20 (7% of entire sample)
Very difficult (%)	1 (1% of entire sample)	---	9 (6% of entire sample)	5 (2% of entire sample)
Don't know^	---	---	4 (1% of entire sample)	----
Availability change over the last six months				
Did not respond* (%)	25	28	70	63
Did respond (%)	75	72	30	37
<i>Of those who responded:</i>				
More difficult (%)	9 (7% of entire sample)	9 (7% of entire sample)	29 (9% of entire sample)	11 (4% of entire sample)
Stable (%)	82 (62% of entire sample)	81 (58% of entire sample)	49 (15% of entire sample)	79 (30% of entire sample)
Easier (%)	7 (5% of entire sample)	6 (4% of entire sample)	9 (3% of entire sample)	5 (2% of entire sample)
Fluctuates (%)	3 (2% of entire sample)	5 (3% of entire sample)	2 (1% of entire sample)	5 (2% of entire sample)
Don't know^ (%)	---	---	11 (3% of entire sample)	---

Source: IDRS PWID interviews

*'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items. Changes were made to the administration of the cannabis section of the survey in 2006, resulting in differences between response rates

^'Don't know' refers to participants who were able to respond to survey items on price and/or potency, but had not had enough contact with users/dealers to respond to items concerning availability

Figure 39: Participant reports of current cannabis availability, 1996-2009

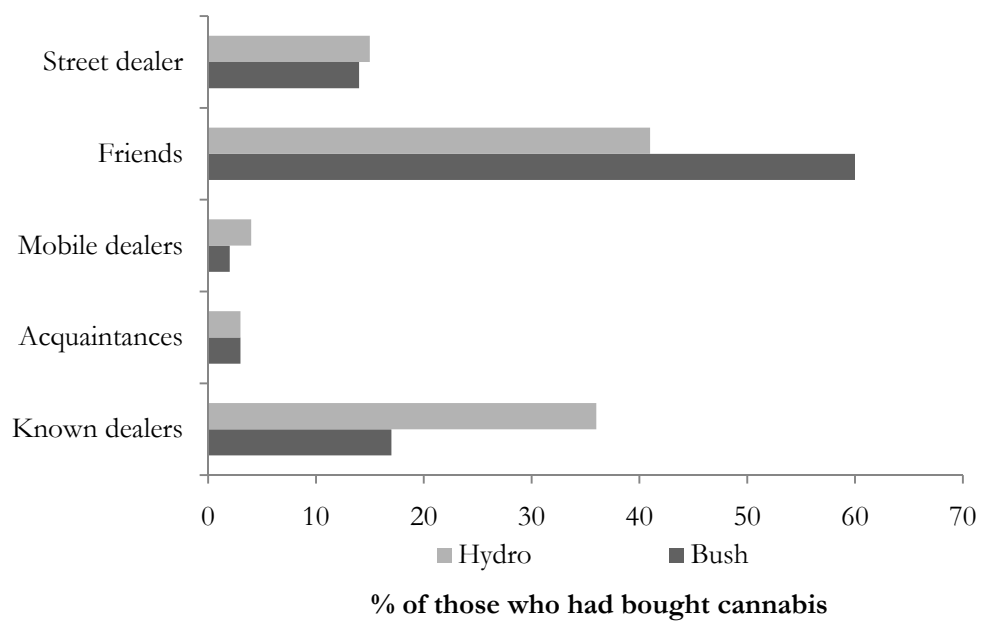


Source: IDRS PWID interviews

NB: A distinction between hydroponic and bush cannabis was introduced in 2004. Prior to this time survey items referred to any form of cannabis

Seventy-two percent of all participants had purchased hydro in the preceding six months and 37% of participants had purchased bush. Patterns of purchase of hydro and bush were similar, with those who had purchased in the last six months predominantly obtaining it through friends, from known dealers and/or from street dealers (Figure 40). Locations where cannabis was scored were varied, including public and private locations (Figure 41).

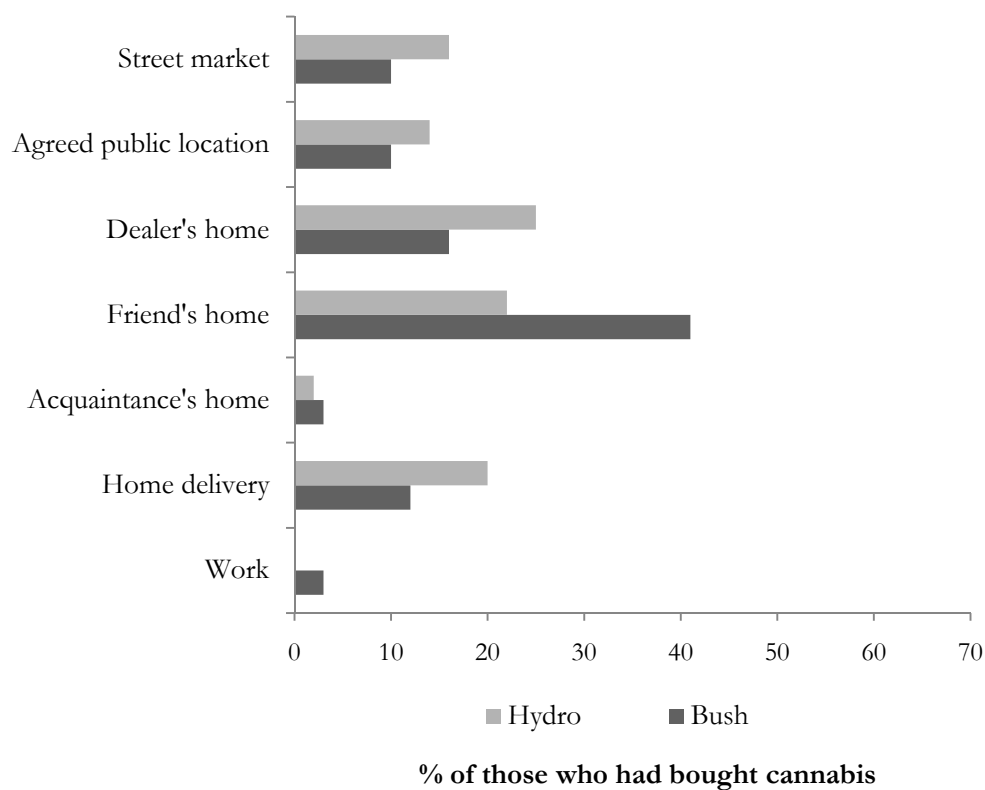
Figure 40: People from whom cannabis was purchased in the preceding six months, 2009



Source: IDRS PWID interviews

NB: More than one response could be selected.

Figure 41: Locations where cannabis was purchased in the preceding six months, 2009



Source: IDRS PWID interviews

NB: More than one response could be selected

7.4 Potency

Participants were questioned about their perceptions of current potency of hydro and bush (whether it was *low*, *medium*, *high*, *fluctuates* or that they *did not know*), and whether they thought that the potency had changed over the last six months (response options were *stable*, *increasing*, *decreasing*, *fluctuating* and *don't know*).

7.4.1 Hydro

The majority of participants commenting on hydro reported it as currently being of 'high' potency (61%; 45% of the entire sample), followed by 31% (representing 22% of the entire sample) who rated it as being of 'medium' potency. Only 3% (2% of the entire sample) thought that it was of 'low' potency, and 5% (4% of the entire sample) believed that it had fluctuated. The majority (62% of those commenting; 45% of the entire sample) believed that potency had remained stable in the preceding six months, with smaller proportions reporting that it had increased (9%; 7% of the entire sample) or decreased (11%; representing 8% of the entire sample) or fluctuated (18%; 13% of the entire sample). Overall, these figures followed the same pattern as in 2008.

7.4.2 Bush

Among those who commented, 59% (22% of all participants) thought bush was of medium potency, 26% (10% of all participants) thought it was of low potency, and 14% (5% of all participants) thought it was of high potency. Only 2% (1% of all participants) thought it fluctuated. When asked about whether potency had changed over the last six months, seventy one percent of the respondents that commented (27% of all participants) reported that potency had remained stable. Small proportions thought that it had increased (9%; 3% of all participants) or decreased or fluctuated (both 7% and 3 % of all participants).

Overall, these findings indicated that, according to PWID perceptions, hydroponic cannabis appeared to dominate the market, and was generally seen as being higher in potency than outdoor-grown 'bush' cannabis. Potency of both forms was generally perceived to have remained stable, despite an increasing number of participants reporting bush as *medium* purity, and a corresponding decrease in the proportion reporting purity as *high*.

No routine data are currently collected on cannabis potency in Australia. Therefore, KE were only able to comment based on perceptions and anecdotal reports.

7.5 Trends in cannabis use

As in previous years, there were minimal participant comments on open-ended survey items on general drug trends with reference to cannabis. This may in part be due to lack of noticeable changes occurring among this group.

7.6 Key expert comments

- In 2009, very few KE were able to comment on cannabis.
- The availability of bush cultivated cannabis was seen to be stable.
- The price per gram of both bush and hydroponic cannabis was seen to be stable at \$20.
- Law enforcement KE commented that the number of plants per seizure had increased, while the number of seizures had remained the same.

7.7 Summary of cannabis trends

- The prevalence of cannabis use remained stable in 2009 (79% versus 80% in 2008), however the proportion reporting daily use increased (57% versus 41% in 2008).
- Hydroponic cannabis remained the most commonly used form of cannabis compared to bush overall, although the number who had recently purchased hydro was stable compared with 2008.
- Hydroponic cannabis appeared to dominate the market, and was generally seen as being higher in potency than outdoor-grown ‘bush’ cannabis.
- There was a slight increase in the proportion reporting recent use of bush cannabis. Use of hash and hash oil remained uncommon.
- While prices for grams \$20 (both forms) have remained stable increases have been noted across the board for all other amounts of both hydro and bush cannabis.
- Bush cannabis continued to remain slightly cheaper than hydroponic cannabis for amounts larger than one gram.
- The majority of participants commenting reported that hydroponic and bush cannabis was ‘very easy’ to ‘easy’ to obtain. Availability of both forms was considered to have been stable over the preceding six months.
- The potency of hydroponic cannabis was perceived to be *high* and to have remained *stable* over the preceding six months. Bush cannabis was perceived to be of *medium* to *low* potency despite it being reported to have remained stable; there was a decrease in the proportions reporting purity as *high*.

8 OPIOIDS

The IDRS monitors the extra-medical use (non-prescribed; illicit) patterns and market characteristics of opioid pharmaceutical medications including both those prescribed for opioid substitution treatment (OST; i.e. methadone, buprenorphine, buprenorphine-naloxone), and those prescribed for pain relief (i.e. morphine and oxycodone) as these have been associated with a range of public health concerns, including toxicity, mortality, and where injected, injection-related problems such as vein damage and infections (O'Brien, Day et al. 2006). With regard to OST, it is imperative to consider that screening of participants ensured that those sampled had all been active in the illicit drug markets of the area, and thus that they were able to provide meaningful data on market indicators.

Therefore, while a proportion (44%) of those sampled in 2009 were engaged in OST at the time of interview, responses presented are not representative of all clients engaged in drug treatment services.

Table 15: Definitions used when discussing opioid use

Pharmaceutical Opioids (including OST)

Use of these substances is broadly split into the following categories (Black et al., 2008).

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

Injection

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

NB: See Glossary for further details. For information on data covering the use of licitly obtained methadone, buprenorphine and buprenorphine-naloxone, data on OST, please see also Section 10.3 Drug Treatment

8.1 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 depending on various state/territory regulations. Physeptone tablets are less common in Australia and are usually prescribed for people in methadone treatment who are travelling, or in a minority of cases, where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and Physeptone was defined as the use of medication not obtained with a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance. See also Section 10.3: Drug Treatment for information on the use of prescribed methadone.

As in previous years, detailed data were collected in 2009 regarding the purchase, frequency of use and injection of illicit methadone syrup and Physeptone tablets. This was to provide further

clarification regarding the use of methadone prescribed for treatment and the diversion of prescribed methadone. Information on prescribed (licit) methadone may be found in Section 10.3 Drug Treatment.

8.1.1 Use patterns

Over one third (36%) of all participants reported using illicit methadone syrup in the six months preceding interview a significant increase (C.I.; -0.01, -0.22) from 24% in 2008. The frequency of use among recent users was a median of five days (8 days in 2008). In response to the question ‘what were the main reasons you used illicit methadone in the last 6 months’ the majority of participants (63%) reported substitution for heroin or other opioids, while over one-third (37%) reported self treatment and smaller amounts reported intoxication (13%) and/or away from home (7%).

Twenty-three percent of participants reported injecting illicitly obtained methadone syrup in the preceding six months on a median of 5 days (i.e. approximately once a month). Seventeen percent of participants reported the injection of illicitly obtained methadone in 2007, on a median of 8 days. Twenty-eight percent of all participants reported injection of any form of methadone (i.e. syrup or Physeptone tablets; regardless of whether it was licitly or illicitly obtained) on a median of 5 days (approximately monthly use).

Thirty-eight percent of participants (42% in 2008) reporting recent methadone or physeptone use reported illicit methadone syrup as the form most often used in the preceding six months. Illicit Physeptone use remained uncommon, with 3% of participants reporting use in the preceding six months (also 3% in 2008) on a median of 8 days (compared with 4 days in 2008). Only 1% reported injecting Physeptone in the 6 months prior to interview.

Over a one-quarter (28%) of participants reported injecting methadone or Physeptone (whether licitly or illicitly obtained), on a median of 174 days (approximately daily) in the six months preceding interview.

8.1.2 Price, availability and market characteristics

As with other drug types, all participants were asked about the illicit methadone market. Thirty-six percent of the sample (40% in 2008), were able to comment on the price, purity and/or availability of illicit, or street, methadone. Among participants who had used any form of methadone in the preceding six months, the median price for methadone liquid was reported to be 50 cents per ml, which is stable with the data from previous years.

Only one participant was able to comment on the price of Physeptone tablets (\$10 for 10 milligram tablet).

In response to the question ‘has the price of illicit methadone changed in the past six months?’ the majority of those commenting (70%; 23% of the entire sample) reported that the price had remained *stable* during this time. One-quarter (24%; 8% of the entire sample) reported prices had *increased*. Smaller proportions of people stated that the price had *fluctuated* (6%; representing 2% of the entire sample) and no participants reported it had *decreased*. Overall, this pattern noted an increase in the proportion of participants reporting stability in illicit methadone prices.

With regard to current availability of street methadone, among those who commented, responses varied again in 2009. Forty-one percent of participants (14% of the entire sample) reported that it was *easy* to obtain, whilst 31% (11% of the entire sample) thought it was *difficult* to obtain with a further one-quarter (24%; 8% of the entire sample) reported it was *very easy*. Smaller proportions reported it was *very difficult* (4%; 1% of entire sample) to obtain. Overall, this represents little change from 2008.

When asked whether availability had changed over the preceding six months, the majority of those commenting (80%; 27% of the entire sample) reported that it had remained *stable*. Eighteen percent (6% of all participants) reported that it had become more *difficult* to obtain in the preceding six months and two percent (1% of entire sample) of participants reported that access to illicit methadone had *fluctuated*. No one reported that it had become easier.

Overall, the findings suggest that the illicit methadone market has remained relatively stable in terms of price and availability over the past few years. Approximately one third (36%) of participants reported buying illicit methadone in the past six months (this figure was 24% in 2008, and 18% in 2007). Of those that had bought methadone it was most commonly purchased from friends (70%), street dealers and/or acquaintances (both 14%), with small amounts (2%) purchasing it from 'known dealers'. The most commonly reported locations of purchase were an agreed public location (30%), a street market (28%), home delivery (21%) or at a friend's home (19%).

8.2 Use of illicit buprenorphine

8.2.1 Use patterns

Sixteen percent of participants were confident enough to answer questions on buprenorphine (Subutex). Eighteen percent of all participants (4% in 2008) reported the use of illicit buprenorphine in the preceding six months, a significant increase (C.I.;-0.04, -0.19) from four percent in 2008. The frequency of use in 2009 remained stable with use occurring on a median of four days (five in 2008). Thirteen percent of participants reported injecting illicit buprenorphine on a median of four days, an increase in prevalence, but not in frequency of use compared to 2008 (6%, on a median of three days).

Seventeen percent of participants reported injecting any form of buprenorphine in the preceding six months on a median of 3 days, an increase in prevalence but not in frequency, from 6% on a median of three days in 2008. Only one participant reported an injection-related problem ('dirty hit') associated with buprenorphine. The prevalence of buprenorphine injection had increased from 2008; however, the frequency of use remained stable.

8.2.2 Price, availability and market characteristics

Sixteen percent of participants (11% in 2007) commented on the price and/or availability of illicit (or 'street') buprenorphine, suggesting that while they may not have personally used it during this time, they were aware of some market characteristics. Buprenorphine (Subutex) is available in 0.4mg, 2mg and 8mg tablets (MIMS 2007).

Illicit buprenorphine was reportedly sold for a median price of \$20 per 8mg tablet (\$32.50 in 2008) (range \$10-30) and \$7.50 for a 2mg tablet (range \$5-10), although, as there was less than 10 people commenting on 2mg tablets this price should be interpreted with caution. More than half (56%; 9% of entire sample) of those commented reported current availability was *easy* and

24% (4% of entire sample) claimed it was *difficult*, only 16% (3% of entire sample) reported it as *very easy*. The vast majority (91%; 13% of entire sample) commented that availability of buprenorphine had remained *stable* over the preceding 6 months, while the remaining 9% believed it had become *easier*. Overall, these findings suggested that while there was a market for illicit buprenorphine, it was less available than illicit methadone in NSW.

A question was added in 2007 that asked participants about the last occasion on which they used illicit buprenorphine, and what their main reasons for doing so were. The main responses being self treatment (48%), away from home (29%) and to substitute for heroin/other opioids (14%).

8.2.3 Buprenorphine-naloxone (Suboxone)

Questions on buprenorphine-naloxone (Suboxone) have also been included in the PWID survey since 2006 when it was first listed on the Pharmaceutical Benefits Scheme. In 2009, seven percent (5% in 2008) of people interviewed reported being on Suboxone treatment at some stage in the last 6 months. As per 2008, the injection of Suboxone was extremely low. Only two percent reported injecting Suboxone that wasn't prescribed to them in the last 6 months (median 7 days) and only six percent had reported other routes of administration of Suboxone that wasn't directly prescribed to them on a median of 6 days (i.e. once a month).

8.3 Morphine

It should be noted that, in some cases, 'morphine' appears to be a generic term used by people who use or inject drugs to refer to opioid pills, a finding reported by KE and also reflected in PWID participant interviews, with some interviewers reporting initial participant confusion between drugs such as MS Contin (morphine) and OxyContin (oxycodone). However, in the majority of cases it was confirmed that participants were correctly referring to morphine rather than oxycodone.

In January 2006, changes were made to the legislation governing the prescription of morphine and a number of other opioids such as oxycodone (Pharmaceutical Services Branch, NSW Health, personal communication, January 2007). Previously, doctors could prescribe such drugs for up to two months, after which time they were required to obtain an authority to continue. Following the amendment, the two month requirement was removed with the exception of people determined to be drug dependent⁸, where the requirement still remained.

8.3.1 Price, availability and market characteristics

Twenty-five percent of participants felt confident enough to respond to survey items concerning price and/or availability of illicit morphine, (28% in 2008). MS Contin continued to remain the most common brand of morphine used, with 82% of recent purchases being of 100mg tablets ('grey nurses').

One-fifth (20%) of all PWID participants (in line with 23% in 2008) reported having recently bought 100mg MS Contin tablets at a median price of \$30 each (range \$1-70) in the six months preceding interview. This price remained stable. Only one participant was able to comment on Kapanol prices and less than 10 participants each were able to comment on 30mg MS Contin

⁸ 'Drug dependent' is defined as 'a person who has acquired, as a result of repeated administration: (a) a drug of addiction, or (b) a prohibited drug within the meaning of the *Drug Misuse and Trafficking Act 1985*, an overpowering desire for the continued administration of such a drug'. See the *Poisons and Therapeutic Goods Act 1966 No 31* for details.

(\$7.50; range \$5-30) and 60mg MS Contin (\$20; range \$10-35), therefore, these prices should be interpreted with caution.

Over half (53%; 12% of entire sample) of those commenting on the illicit morphine market reported that the price had remained *stable* over the preceding six months (66% in 2008). Over one-third (35%; 8% of entire sample) of these participants believed that it had *increased* (an increase from the 14% who reported an increase in 2008) and 6% equally reported that it had either *decreased* or *fluctuated* (both 1% of entire sample). Overall, these figures represented an increase in the participants reporting an increase in prices and a subsequent decrease in who reported it had remained stable compared to 2008.

Illicit morphine was generally considered to be *easy* (47%; 39% in 2008) or *very easy* to obtain (26%; an increase from 16% in 2008). There was a slight decrease in the proportion (21%) reporting availability as *difficult* (27% in 2008) while the 5% that reported it as *very difficult* remained stable with 2008. More than half (57%; comparable with 53% in 2008) of those commenting stated that availability had remained *stable* over the preceding six months.

Again in 2009 morphine was most commonly purchased from friends (44% of those commenting), street dealers (33%), known dealers (11%) and acquaintances (6%). These figures remained stable compared with reports from 2008. The most commonly reported locations of purchase were from an agreed public location (33%), street market and/or a friend's home (both 25%), home delivery (8%) and/or a dealer's home (6%).

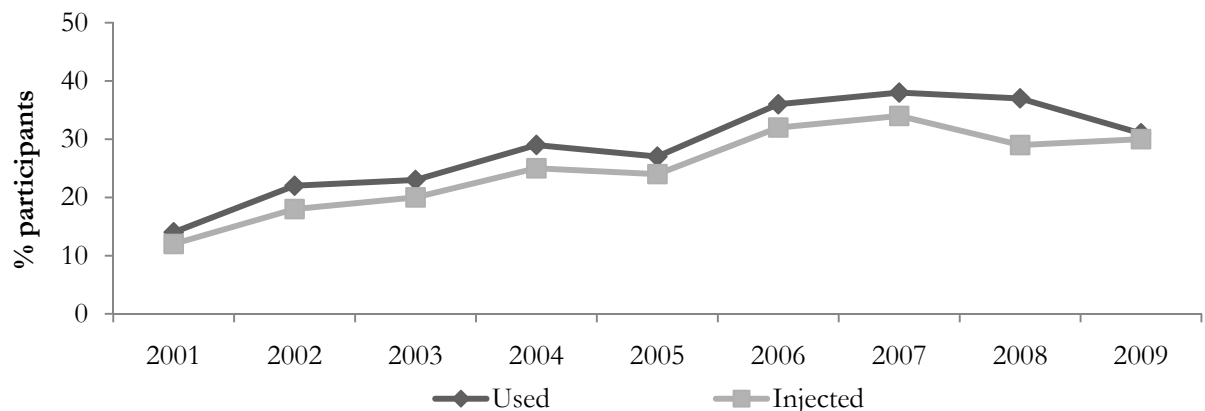
8.3.2 Use patterns

Since 2006, a distinction has been drawn between use of licitly obtained (prescribed) and illicitly obtained morphine (Table 3). Over one-quarter (27%; 31% in 2008) reported use of illicit morphine on a median of seven days (also 7 days in 2008), i.e. monthly, in the past six months, with 27% (29% in 2008) having injected morphine on a median of six days (12 days in 2008) in this time. While the prevalence of morphine use and injection had remained stable since 2008 the frequency of injection has decreased from fortnightly use in 2008 to monthly use in 2009. In response to the question 'what were your main motivations for illicit morphine use' the majority (42%) of recent users reported substitution for heroin and/or other opioids, 39% reported self treatment and 14% reported intoxication.

Use of licitly obtained morphine was noticeably less prevalent (6% had used in the last 6 months; 4% had injected it in the same period) but use had decreased since 2008 (13% used, 8% injected). Frequency of use had also decreased to a median of 9 days (35 days in 2008) as did injection which occurred on a median of 7 days (25 days; i.e. weekly use in 2008) in the six months preceding interview.

To enable comparison with previous years, the following information refers to 'any' form of morphine, i.e. no distinction has been made between licitly and illicitly sourced morphine. In 2009, approximately one-third (31%; 37% in 2008) of participants reported using any morphine in the preceding six months on a median of six days (12 days in 2008). In terms of injection, 30% of PWID participants reported injecting any morphine (again, comparable with 29% in 2008) on a median of six days (12 days in 2008). The prevalence of morphine use and injection has gradually increased from 2001, however in 2009, the frequency of use had decreased slightly while injection remained stable (Figure 42).

Figure 42: Proportion of PWID reporting morphine use and injection in the past six months 2001-2009



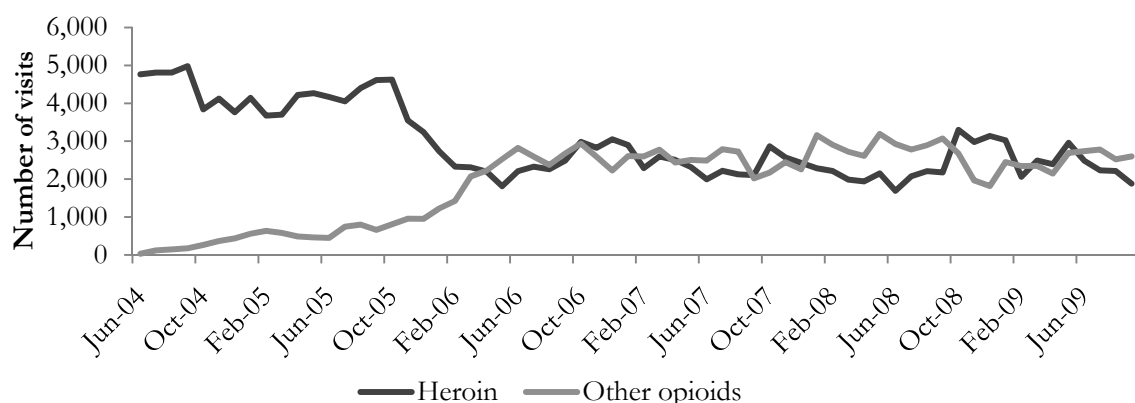
Source: IDRS PWID interviews

NB: Prior to 2001, morphine was included under 'other opioids'

Five percent of recent users (1% of entire sample) reported daily morphine use, although the majority (80%; 23% of entire sample) reported using weekly or less often. Only two participants (1% of entire sample) reported experiencing problems that they attributed to morphine injection. Both reported a 'dirty hit'.

The number of visits to Sydney MSIC where other opioids were injected is presented in Figure 43. The figures include morphine, oxycodone and other pharmaceutical opioids; however, it was primarily morphine and oxycodone being injected (Sydney MSIC, personal communication, October 2009). The number of attendances where other opioids were injected had increased since 2004, and, for the first time in May and June of 2006, other opioids accounted for a greater proportion of injections than heroin. From October 2006 to January 2007, heroin returned to accounting for the greater proportions of injections over other opioids. Figures then became relatively equal before other opioids again, accounted for the greater proportion of injections from May 2007 to September 2008 and again from May to October 2009 (Figure 43).

Figure 43: Number of attendances to Sydney MSIC where other opioids (including morphine)* and heroin were injected, June 2004-October 2009



Source: Sydney MSIC, Kings Cross

* Excludes heroin and methadone, and includes morphine, oxycodone, Palfium and pethidine

8.4 Oxycodone

For information on changes to oxycodone prescribing legislation that became effective from January 2006, please see Section 8.3 Morphine.

8.4.1 Use patterns

This was the third year, in which a distinction was made between licit and illicit oxycodone (e.g. OxyContin, Endone) and other opioids due to concerns that illicit use of, and problems associated with, diversion of oxycodone may be increasing. In previous years, oxycodone was included under ‘other opioids’.

Half (51%) of participants reported having used oxycodone (whether licitly or illicitly obtained) at some stage in their lifetime, and 39% reported having ever injected it (Table 3). Twenty-eight percent of participants reported using either licit or illicit oxycodone in the six months preceding interview on a median of six days (i.e. monthly use), representing a decrease from a median of 12 days (i.e. fortnightly) in 2008. The prevalence of oxycodone injection (27%) in the six months prior to interview remained stable.

With regard to illicit oxycodone use, twenty-seven percent of participants reported use in the preceding six months, on a median of five days (also 27%, on a median of 6 days, in 2008). There were no reports of daily illicit oxycodone use, the majority (71%; 19% of entire sample) of people reporting use in the last 6 months were using weekly or less often. Injection in the last six months was reported by 26% of the sample on a median of 5 days (once per month) (23% on a median of 6 days in 2008). Overall, these figures suggest that prevalence of illicit oxycodone use had remained stable, although patterns of use were typically sporadic.

In response to the question ‘what were your main motivations for illicit oxycodone use?’ the majority (56%) of recent users reported substitution for heroin and/or other opioids, one third (33%) reported self treatment and 22% reported intoxication.

With regard to licit oxycodone, only three percent of participants reported use in the preceding six months, on a median of 21 days (31 days in 2008). Injection in the last six months was reported by 3% of the sample on a median of 20 days (35 days in 2008). These reports indicate that while use of prescribed oxycodone remains stable, the frequency of use and injection has declined.

Of those reporting recent oxycodone use, the vast majority (92%; 24% of entire sample) used illicit oxycodone rather than prescribed oxycodone, an issue which will be explored in Section 8.5 Pharmaceutical opioids. The most common brand used was OxyContin (89%; 21% of entire sample). There were only small numbers reporting Endone (6%; 1% of entire sample) as the brand most commonly used and an equal proportion (also 6%; 1% of entire sample) did not know what brand they predominately used.

8.4.2 Price, availability and market characteristics

Again in 2009, twenty-four percent of participants were confident enough to complete survey items concerning the market for illicit oxycodone. As per previous years the most commonly purchased amounts were 80mg tablets (OxyContin), bought for a median of \$30 each (range

\$20-50) which was stable compared with 2008. There were insufficient purchases of Endone to report on prices. The overall price for oxycodone was reported as having been *stable* over the past six months (74% of those commenting), with 19% stating that it had *increased*, and a further 7% reporting that it had *fluctuated*. This represented little or no change compared with 2008.

Reports of current Oxycodone availability varied among the participants that commented. Forty-two percent thought that availability was currently *easy* and 22% thought it *very easy*, while approximately one third (31%) thought it *difficult* and while 6% reported it was *very difficult*. Availability was reported by the majority of those commenting (61%) to have remained *stable* over the preceding six months, while one-quarter (27%) reported it had become *more difficult*. Equally amounts reported it had *fluctuated* and become *easier* (both 6%).

Oxycodone remained most commonly purchased from friends (53%), street dealers (33%), with small proportions reporting known dealers (8%) and acquaintances (6%). The most commonly cited locations for purchase were an agreed public location (42%), street market (28%) or a friend's home (25%).

8.5 Pharmaceutical Opioids

8.5.1 Chronic pain

In 2009, the NSW IDRS included questions enquiring about any associated health problems, and pharmaceutical opioids use. Only 10% of the PWID sample reported receiving a prescription for pharmaceutical opioids (other than OST) in the past 12 months. Of those prescribed non-OST pharmaceutical opioids, all but one participant, (7%; <1% of entire sample) was prescribed them for pain. Half (50%; 5% of entire sample) reported being prescribed pharmaceutical opioids for acute pain, approximately one-third (36%; 3% of entire sample) for chronic malignant pain and 14% (1% of entire sample) for chronic non-malignant pain.

Further investigation of the demographic differences, drug use, or risk behaviours between those reporting chronic pain and all others PWID in the sample found the only significant difference between the two groups was that those prescribed pharmaceutical opioids for chronic pain were a mean of 10 years older ($p < 0.05$)

8.5.2 Injection

Of the participants who had been prescribed pharmaceutical opioids the most common brands were equally MS Contin and Endone (both 35%). Of those who had been prescribed pharmaceutical opioids, less than half (44%) reported that they had shared, sold or traded their prescription. Just under one half (47%) of participants that had been prescribed pharmaceutical opioids reported that they had suffered from an injection related health problem from injecting them, such as difficulty injecting and/or finding veins (27%) a 'dirty hit' (20%), abscesses/infections from injecting (20%), overdose (7%).

Sixty-four percent (23% of entire sample) of recent pharmaceutical opioid injectors (both prescribed and illicit use) reported using a filter last time they injected any pharmaceutical opioids.

8.6 Over the counter codeine

In 2009, the IDRS survey included questions on the use of over the counter (OTC) codeine. Seventy three percent of participants reported that they had ever used OTC codeine. Half (51%) of all participants reported that they had used OTC codeine in the six months prior to interview on a median of 10 days (between weekly and fortnightly). All recent OTC codeine users had swallowed it and one participant reported that they had recently smoked OTC codeine, however there were no reports of recent injection. The brands most commonly reported as being used were Panadeine, reported by 45% of recent users and Nurofen Plus by 40%. The most common motivations (47%) for use were non-specific pain (when asked to specify the type of pain toothache and back pain were the two most common responses). This was followed closely by forty-three percent of recent users reporting that they had used OTC codeine for a headache.

8.7 Other opioids

Thirteen percent of participants reported that they had ever used opioids other than those listed above at least once in their lifetime, and 7% had ever injected them. In the six months prior to interview, 4% of participants reported the use of other opioids on a median of 2 days. Comparisons with 2008 should be interpreted with caution as in 2009 OTC codeine was included in its own section (See section 8.5) and was no longer included under the category of other opioids. It should be also noted that 'other opioids' does not include homebake.

8.8 Key expert comments

- The majority of health KE were able to comment on pharmaceutical opioids.
- Consistent with the PWID survey 80 mg OxyContin 'grey nurses' were \$30 each and were the most frequently injected amount.
- Poor quality heroin, regular dosage and price (cheaper than a cap of heroin) were all identified as reasons for the popularity of pharmaceutical opioids (PO) among PWID.
- Health KE typically commented on the prohibitive costs to their service of purchasing pill filters.

8.9 Summary of opioids

- There was a 12% increase in proportion of people reporting recent use of illicit methadone. The majority of participants (63%) reported substitution for heroin or other opioids, while over one-third (37%) reported self treatment as the primarily motivation for use.
- The prevalence of recent morphine use and injection remained stable compared to 2008; however, the frequency of injection has decreased from fortnightly use to monthly use.
- One-fifth (20%) of all participants reported having recently bought 100mg MS Contin tablets at a median price of \$30 each. This remained stable compared with 2008.

- As per previous years the most commonly purchased amounts of oxycodone were 80mg tablets (OxyContin), bought for a median of \$30 each. This price remains stable.
- Of those who had been prescribed pharmaceutical opioids (excluding methadone, physeptone, buprenorphine and buprenorphine-naloxone), less than half (44%) reported that they had shared, sold or traded their prescription.
- Half of all participants reported that they recently used OTC codeine on a median of 10 days (between weekly and fortnightly).

9 OTHER DRUGS

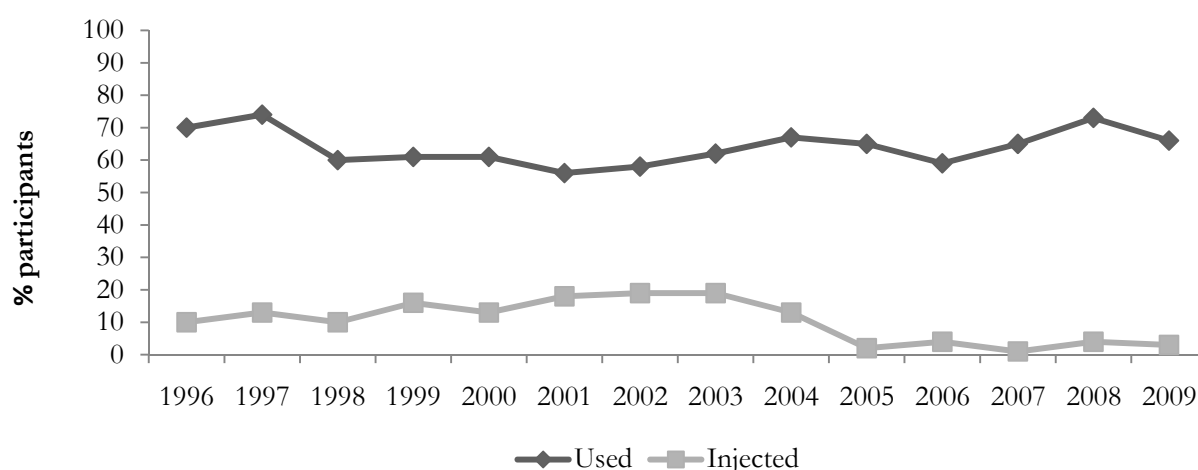
9.1 Benzodiazepines

9.1.1 Frequency of use

Two-thirds (66%) of the sample (73% in 2008) reported use of benzodiazepines in the six months preceding interview on a median of 50 days, i.e. approximately twice a week (Table 3; Figures 44 and 45).

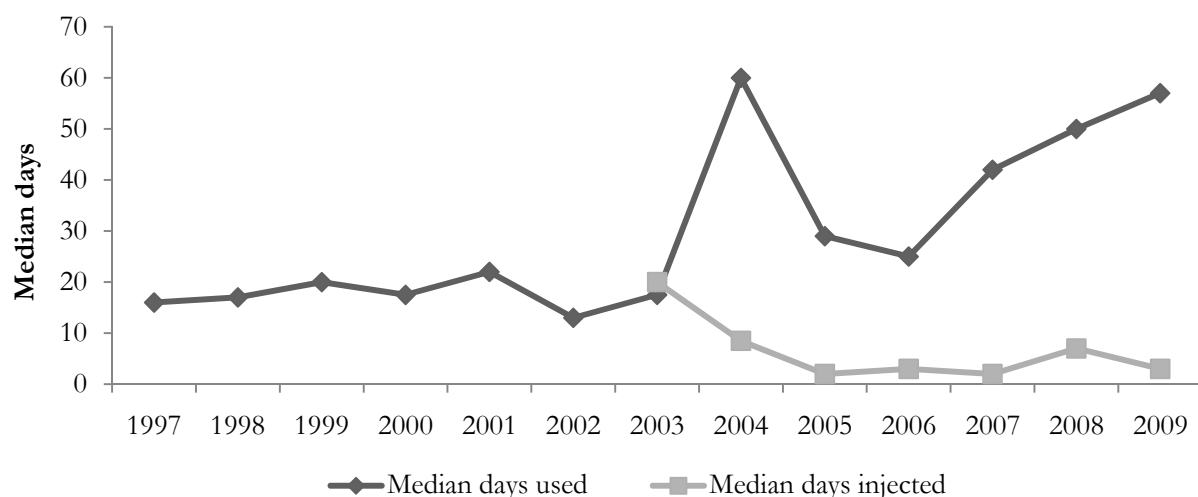
In 2009, the proportion reporting daily use was approximately one third (37%) of all recent users, this was comparable to 2008. However, the proportion reporting recent licit use decreased (43% versus 54% in 2008) while the proportion reporting recent illicit use (51% versus 49% in 2008) remained stable. The frequency of use of illicit benzodiazepines increased from a median of 15 days to 20 days in 2009, while the median days of use for licit use decreased from 75 days to 60 days in 2009.

Figure 44: Proportion of PWID participants reporting (licit and illicit) benzodiazepine use and injection in the preceding six months, 1996-2009



Source: IDRS PWID interviews

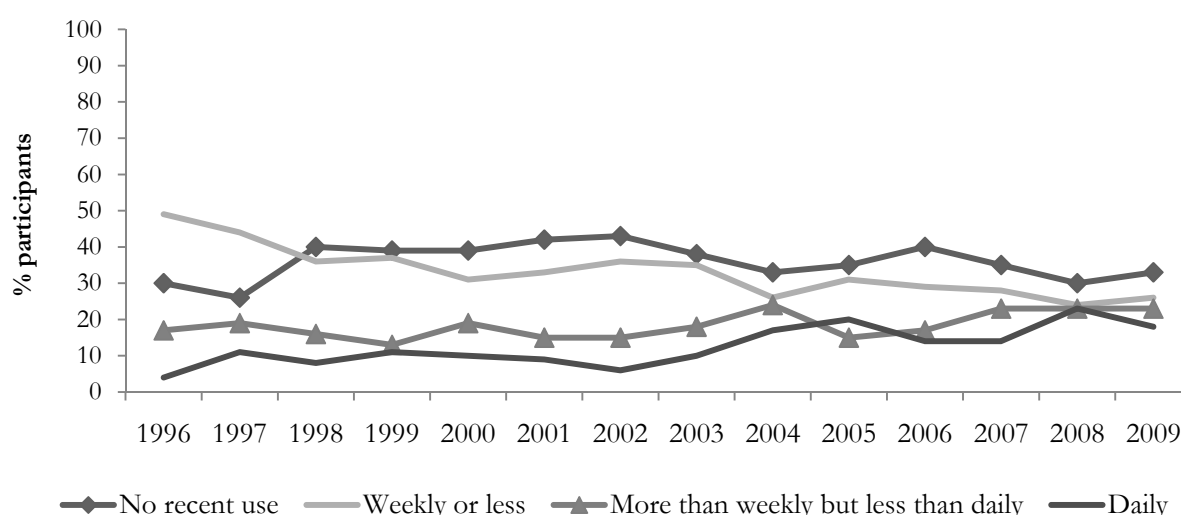
Figure 45: Median days use and injection of (licit and illicit) benzodiazepines in the past six months, 1997-2009



Source: IDRS PWID interviews

NB: Collection of data on the number of days injected commenced in 2003

Figure 46: Patterns of (licit and illicit) benzodiazepine use, 1996-2009



Source: IDRS PWID interviews

In 2009, the proportion of participants reporting recent use of illicitly obtained benzodiazepines (51%) was greater than those using licitly obtained benzodiazepines (43%; Table 3). However, when asked the form 'most used' the difference was less pronounced, with 52% reporting illicit and 48% reporting licit use. The most commonly used brand of benzodiazepine remained diazepam (including generic diazepam, Valium, Antenex), which was specified by 53% of users, followed by 22% reporting alprazolam (Xanax) and 16% specifying oxazepam (Serepax). Only 2 participants reported temazepam as the main brand used, consistent with the restriction and withdrawal of this medication over the past five years. The proportion of participants reporting benzodiazepine use on the day prior to interview decreased to 18% (33% in 2008).

9.1.2 Benzodiazepine injection

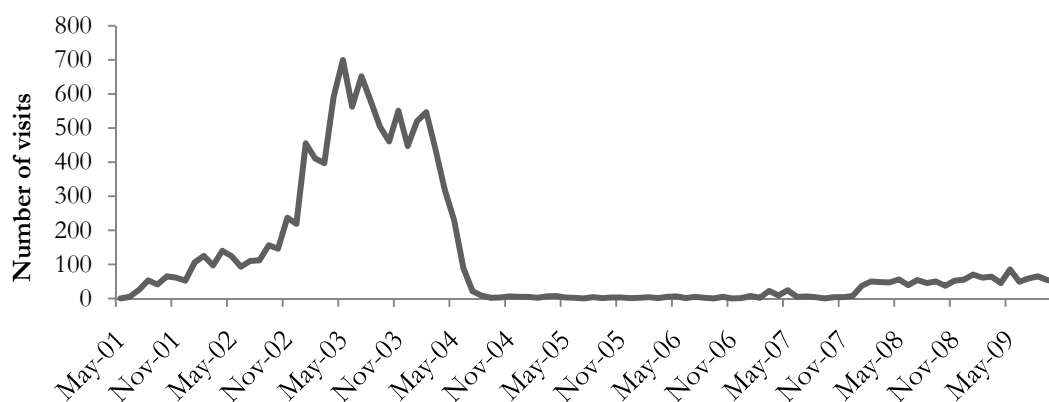
Three percent of people reported the injection of any form of benzodiazepines in the last 6 months on a median of 3 days (less than once a month). While the proportion of recent injectors remained stable compared with 2008, the frequency of use had decreased (7 days in 2008; Figure 45).

In previous years there had been concern relating to the injection of, and injection-related problems associated with, benzodiazepines, particularly temazepam gel caps (Euhypnos, Nocturne, Normison and Temaze). These gel cap formulations were restricted on 1 May 2002, and subsequently removed completely from the pharmaceutical market at the end of March 2004. This year, 2009, the prevalence of benzodiazepine injection remained stable (3% versus 4% in 2008). Overall, the prevalence of benzodiazepine use among participants had decrease slightly, while the rates of injection had remained stable.

Data from the Sydney MSIC show that the number of clients who injected benzodiazepines had risen slightly in 2009. The median number of benzodiazepine injections for the 12 month period to October 2009 was 57 (compared to 46 for the same period in 2008). However, recent levels were still less than those reported from 2003 until the withdrawal of temazepam gelatine caps from the market at the end of March 2004. The most commonly injected benzodiazepines at

MSIC were temazepam gel caps, and the withdrawal of these from the Australian pharmaceutical market at the end of March 2004 resulted in the dramatic decline observed⁹.

Figure 47: Number of attendances to Sydney MSIC where benzodiazepines were injected, May 2001-October 2009



Source:

Sydney MSIC, Kings Cross

For further discussion of benzodiazepine injection and related problems in Australia, including those associated with temazepam gelatine capsules use, see Breen et al. (2003) and (Wilce 2004).

9.2 Hallucinogens

The majority (61%) of PWID participants reported having used hallucinogens at some stage in their lifetime but recent use remained minimal, with only 2% reporting use in the six months preceding interview (Table 3). While percentage reporting recent use (2%) remained stable, the frequency of use has continued trends from previous years and declined to a median of one day (13 days in 2008; 30 days in 2007). LSD was reported as the form most used, and in 2009 there were no recent reports of mushrooms. Eleven percent of the sample had injected hallucinogens at some stage in the past and no participants reported having injected them in the last six months. Apart from the reduction in the median number of days use these figures, overall, represent stability in the use of hallucinogens when compared with 2008.

9.3 Ecstasy

Ecstasy use within this sample of participants in NSW remained at relatively low levels. Sixty-one percent of participants reported use of ecstasy in their lifetime, and 13% reported having used it within the six months prior to interview. One quarter (25%) of participants had reported ever injecting ecstasy, 5% reported having injected ecstasy within the six months preceding interview on a median of 2 days (see Table 3). The form most used was pills (tablets) (11%).

A separate monitoring system investigating trends in ecstasy and related drug use and related issues had been conducted in New South Wales since 2000 and across all Australian jurisdictions

⁹ The following caveats need to be considered when interpreting these data: 1) hours of operation changed over the first 2 years of operation (from four to up to twelve per day); and 2) the numbers of individuals attending increased continuously over the first 2 years of operation as PWID became aware of this new service

since 2003. This is called the Ecstasy and related drugs reporting system (EDRS; formerly known as the Party Drugs Initiative, or PDI). Information, reports and bulletins from this study are available from the NDARC website <http://ndarc.med.unsw.edu.au/> (under 'Drug Trends').

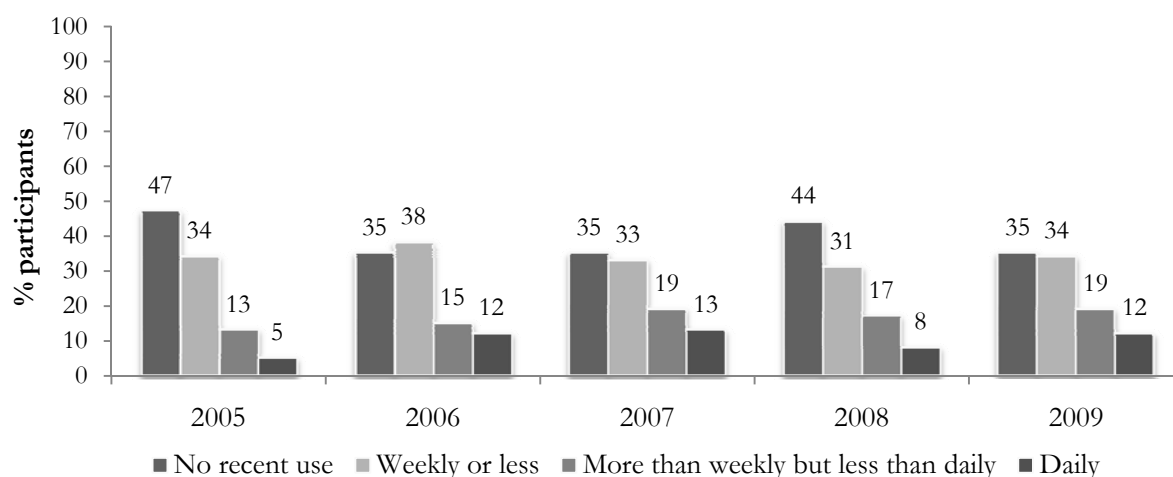
9.4 Inhalants

While there was an observed increase in the percentage of participants who reported ever having inhaled volatile substances such as amyl nitrite, petrol, glue and/or lighter fluid (butane), from 16% in 2008 to 21% in 2009 (Table 3). Recent use (1%) and the frequency of use remained low and stable with the median number of days reported as 3 (2 in 2008). The only two forms of inhalant reported being recently used by participants were amyl nitrite and spray paint. There were no KE reports regarding clients/users of inhalants.

9.5 Alcohol and tobacco

Approximately one third (65%) of the participants in the sample had consumed alcohol in the six months prior to interview on a median of 24 days (i.e. once per week; range 1-180). While the proportion of recent users has increased (54% in 2008) the frequency of use remained the same compared with 2008. Eighteen percent (12% of the entire sample) reported daily use of alcohol. These figures were generally consistent with levels reported over the last 2 years. The majority (53%; or 34% of all participants) drank weekly or less often (Figure 48). Rates of daily use (12%) were comparable with the general population aged 14 and over (9%), while rates of drinking weekly were lower than the general population (41%; Australian Institute of Health and Welfare 2005, p. 25).

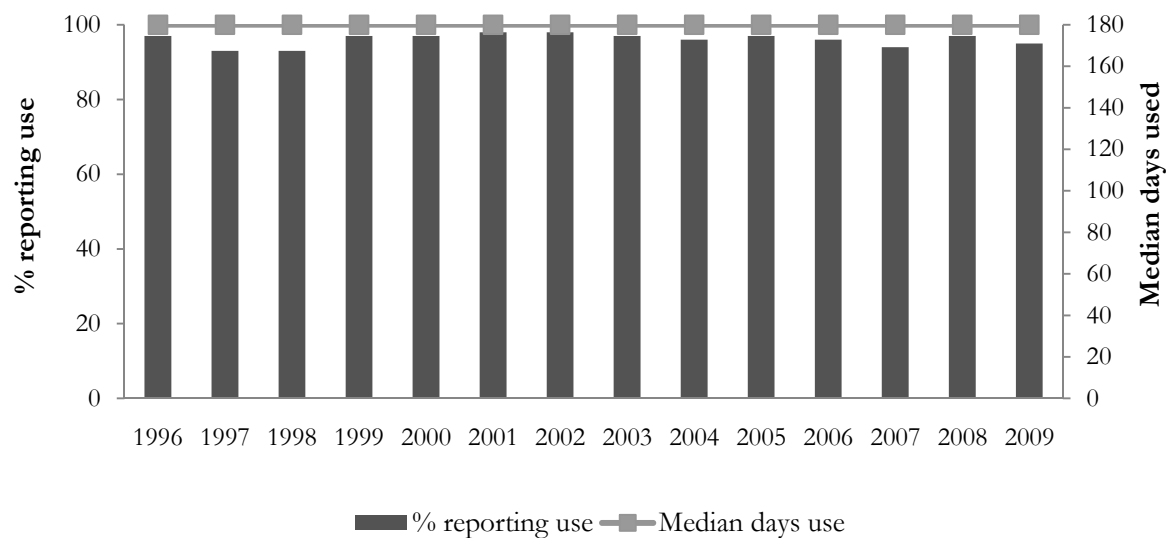
Figure 48: Patterns of alcohol use, 2005-2009



Source: IDRS PWID interviews

Tobacco remained the most commonly used substance investigated by the IDRS. The vast majority of participants (95%) reported smoking tobacco in the last six months on a median of 180 days (Table 3), i.e. daily use (range 18-180). Eighty-nine percent of the sample who had smoked tobacco in the preceding six months were daily smokers. High prevalence and frequency of tobacco use has been reported since 1996 (Figure 49). This figure continues to be substantially higher than among the general Australian population, 17% of whom are daily smokers (Australian Institute of Health and Welfare 2005, p.19).

Figure 49: Participant reports of tobacco use in the last six months, 1996-2009



Source: IDRS PWID interviews

9.6 Key expert comments

- Reflecting findings from the PWID survey KE comments suggested the use of benzodiazepines continued to be a major concern among PWID. Though injection was uncommon, there was a high prevalence of oral use and frequency of use remained high. The associated harms of poly heroin/other opioids and benzodiazepine use were noted by several KE.
- Several KE noted that alcohol continued to be consumed at-risk levels.

9.7 Summary of other drug trends

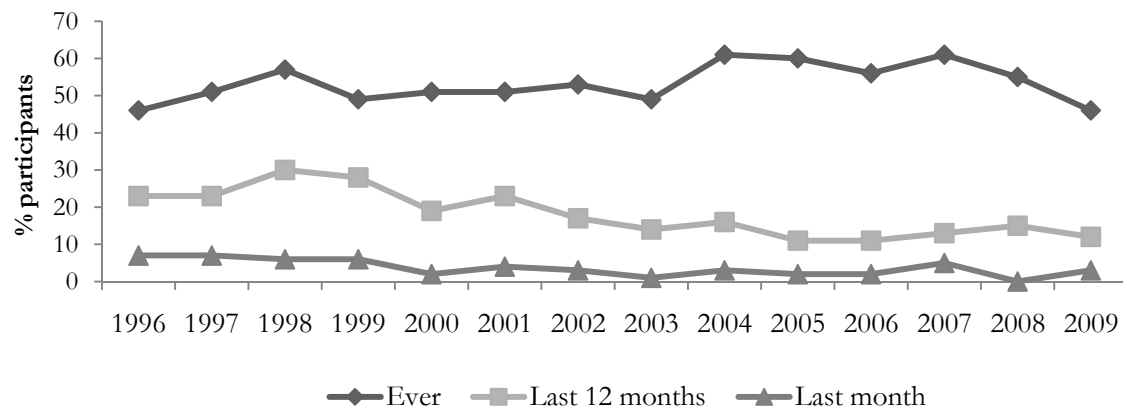
- While the proportion reporting recent benzodiazepine injection remained stable, the frequency of use had decreased.
- The proportion of PWID reporting recent licit benzodiazepines use decreased in 2008), however, the proportion reporting recent illicit use remained stable.
- The frequency of use of illicit benzodiazepines increased, and there was a subsequent decrease in the frequency of licit use in 2009.
- Sixty-five percent of participants had consumed alcohol in the preceding six months, an 11% increase from 2008.
- The frequency of alcohol use remains stable (median 24 days, i.e. approximately once per week).
- Tobacco remained the most commonly used substance investigated by the IDRS, with the vast majority of participants (95%) reporting smoking tobacco in the six months preceding interview on a median of 180 days (i.e. daily).
- Hallucinogen, ecstasy and inhalant use continued to remain relatively low.
- The frequency of use of hallucinogens has continued to decline (median of one day in 2009).

10 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

10.1 Overdose and drug-related fatalities

Twelve percent of participants reported overdosing on heroin in the last twelve months and there were three reports of overdose in the last month. There was a decrease in those that reported having ever overdosed on heroin (Figure 50).

Figure 50: Proportion of PWID participants who had ever overdosed, overdosed in the past 12 months, and the past month, on heroin 1996-2009

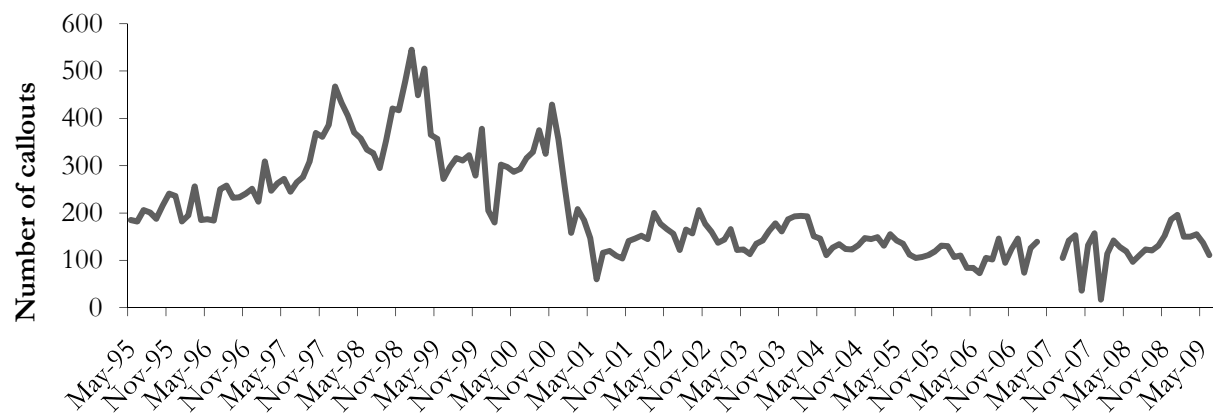


Source: IDRS PWID interviews

Eighteen percent of participants (29% in 2008) reported that they had accidentally overdosed on other drugs excluding heroin and morphine an average of once (range 1-10) in their lifetime. Of those who had overdosed, equal amounts (both 11%) reported overdosing on benzodiazepines or cocaine, equal proportions reported overdosing on morphine or alcohol (both 7%). No participants reported overdosing on oxycodone, homebake, LSD, inhalants or any form of methamphetamine.

NSW ambulance callouts to overdoses have increased in the 12 months to June 2009. December 2008 saw the highest number of calls (186) in a single month since February 2004. The number of calls decreased dramatically in late 2000, and had not returned to levels recorded prior to 2000 (Figure 51). For further information on ambulance callouts in Inner Sydney see National Centre in HIV Epidemiology and Clinical Research (2007).

Figure 51: Number of ambulance callouts to overdoses May 1995-June 2009

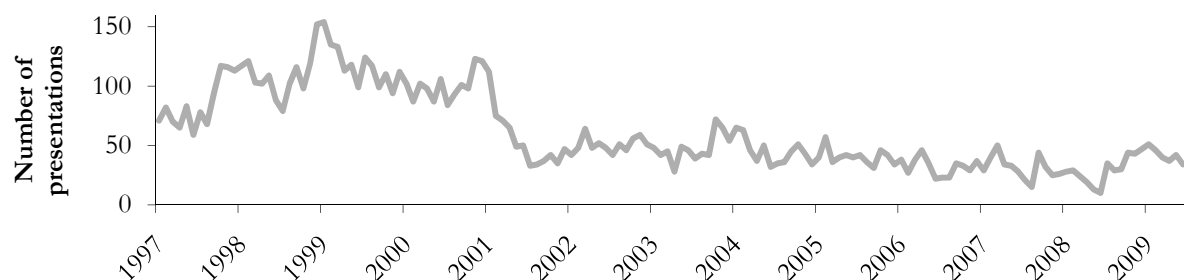


Source: Ambulance Service of NSW case sheet database

10.1.1 Heroin

Heroin overdose presentations to NSW emergency departments were recorded at 50 per month or under since March 2005. Figures have remained low following a decrease in heroin overdose presentations in 2001 (Figure 52).

Figure 52: Heroin overdose presentations to NSW emergency departments, January 1997-June 2009



Source: Emergency Department Information System, NSW Department of Health

NB: Figures refer to overdose only and do not include presentations for use disorders

10.1.1.1 Fatal Overdose

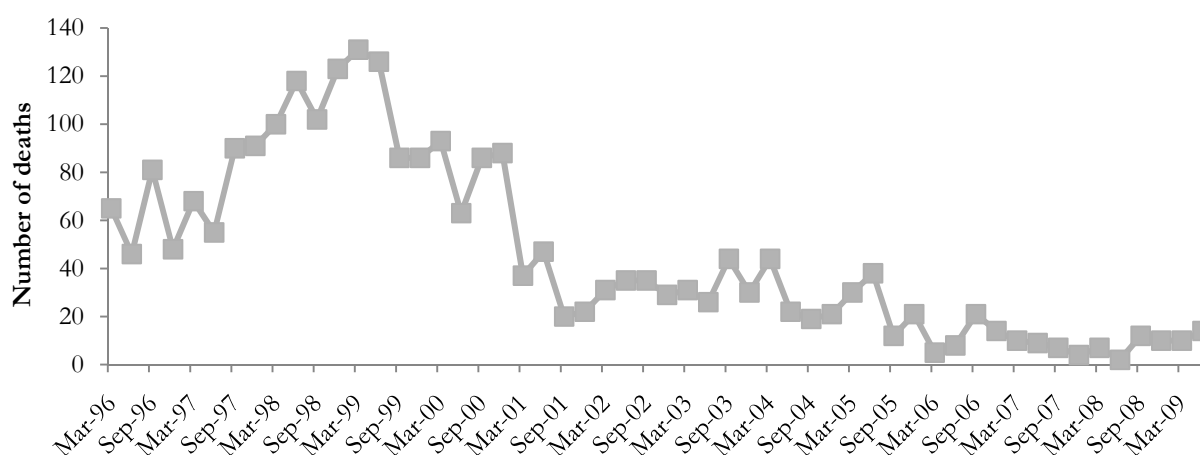
The Australian Bureau of Statistics (ABS) has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre (Degenhardt and Roxburgh 2007; Degenhardt and Roxburgh 2007) difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006, that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. In addition, a number of jurisdictions, notably NSW and QLD, reported backlogs in cases that had been finalised by the coroner (i.e. cases where the coroner had determined the cause of death), but not yet loaded onto NCIS. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005¹⁰. Accordingly, drug-related deaths have not been reported here. The

¹⁰ Excerpt taken from: Roxburgh, A. and L. Burns (in press). Drug-related hospital stays in Australia, 1993-2008. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

following findings relate to numbers of drug-related deaths recorded **at the time of closure** of the 2007 ABS deaths data file. These figures **may not be complete** due to changes in methodology.

During the period 2008/09, there were relatively few deaths of people suspected of drug use (as determined by police or pathologists) in which morphine was detected (Figure 53). The highest number recorded was in the March and June quarters of 1999. Figures reached a peak in the late 1990s and have gradually decreased since 2000/01. As noted by other data sources, morphine-related deaths decreased dramatically in early 2001.

Figure 53: Number of suspected drug-related deaths in which morphine was detected post-mortem, by quarter, 1996-2009



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

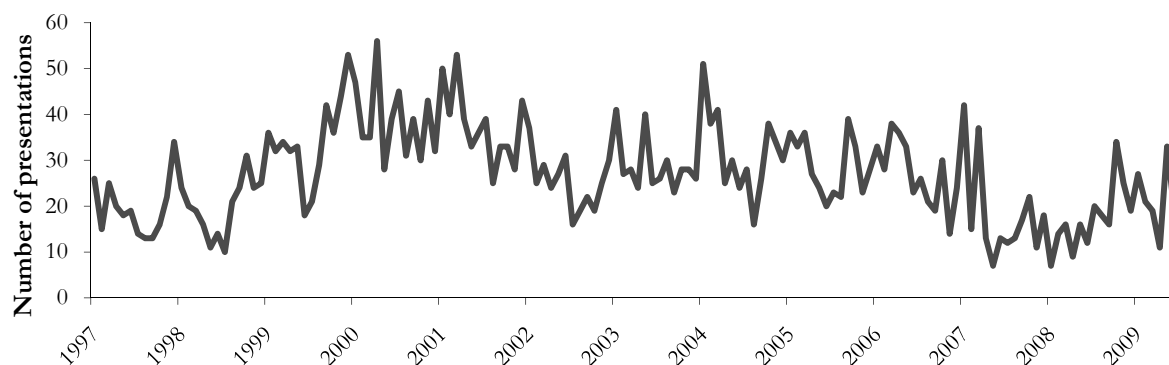
NB: These numbers relate to deaths in which morphine (a metabolite of heroin) was detected; however, there may have also been other drugs present

10.1.2 Methamphetamine

10.1.2.1 Non-fatal Overdose

The total number of amphetamine overdose presentations to NSW emergency departments fluctuated again in 2009, accounting for between 34 (October 2008) and 11 (April 2009) presentations in each month (Figure 54). The low recorded in April 2009 was only slightly higher than the 7 presentations recorded in May 2007 the lowest recorded number of overdose amphetamine presentations in NSW since 1997.

Figure 54: Amphetamine overdose presentations to NSW emergency departments, January 1997-June 2009



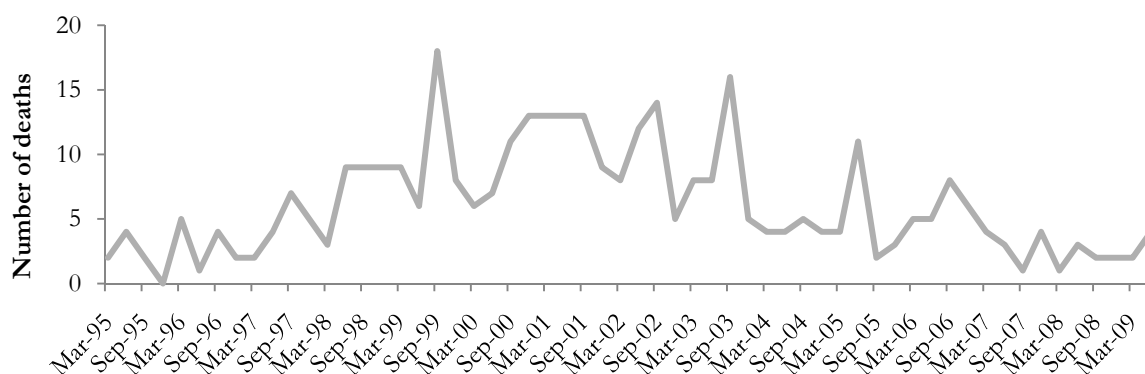
Source: Emergency Department Information System, NSW Department of Health.

NB: Figures refer to overdose only and do not include presentations for use disorders

10.1.2.2 Fatal Overdose

The number of deaths of individuals suspected of drug use where amphetamines were detected post mortem in NSW remained stable in 2008/09 but has generally declined over time (Figure 55). It is important to note that these figures do not include methylenedioxymethamphetamine, methylenedioxyamphetamine, or p-methoxyamphetamine. Pseudoephedrine and ephedrine are also excluded as only deaths related to illicit amphetamines are presented.

Figure 55: Number of deaths of individuals suspected of drug use, in which illicit amphetamines were detected post-mortem, NSW, by quarter, 1995-2009



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

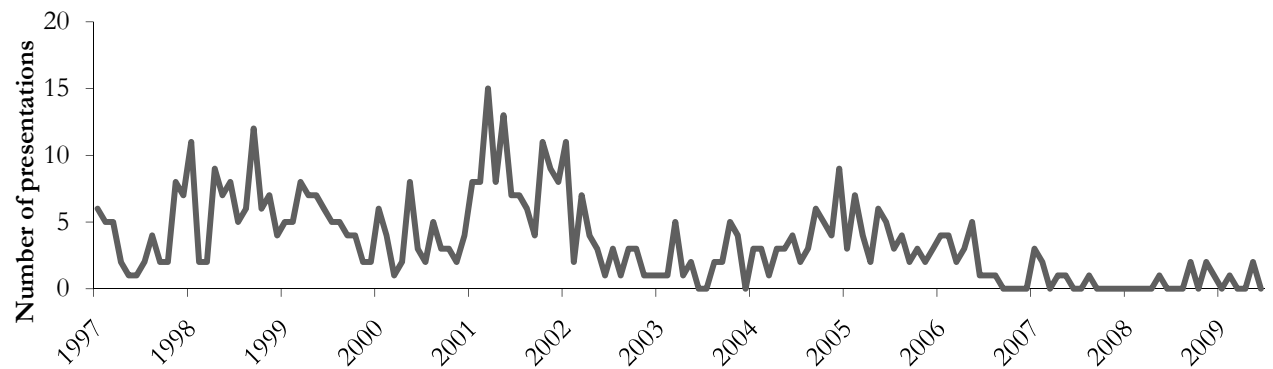
NB: These numbers relate to deaths in which amphetamines, including methamphetamine, were detected; however, there may have also been other drugs present

10.1.3 Cocaine

10.1.3.1 Non-fatal Overdose

The number of cocaine overdose presentations to NSW emergency departments has remained at less than ten per month since February 2002 (Figure 56). In the 12 months to June 2009 there were only 7 recorded presentations.

Figure 56: Cocaine overdose presentations to NSW emergency departments, January 1997-June 2009



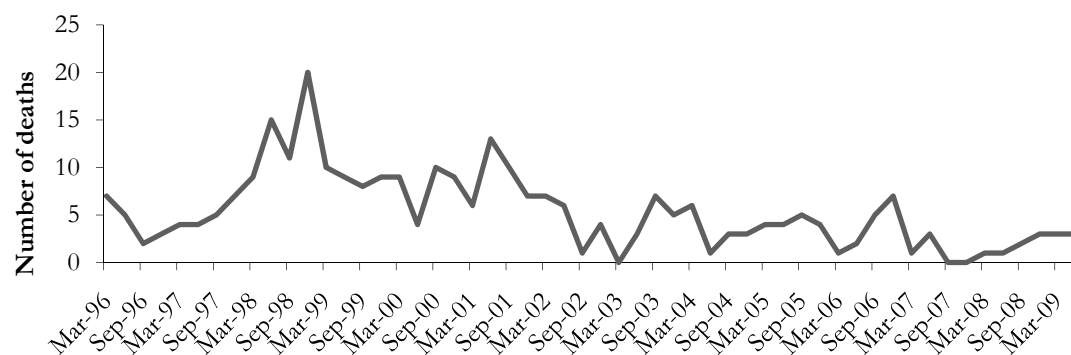
Source: Emergency Department Information System, NSW Department of Health

NB: Figures refer to overdose only and do not include presentations for use disorders

10.1.3.2 Fatal Overdose

The number of drug-related deaths in which cocaine was detected post-mortem has remained low over the last twelve months (Figure 58), following a peak in the late 1990s. These deaths have not exceeded 20 in any given quarter over the past 11 years and have remained less than five per quarter since 2007.

Figure 57: Number of deaths of individuals suspected of drug use, in which cocaine was detected post-mortem, NSW, by quarter, 1996-2009



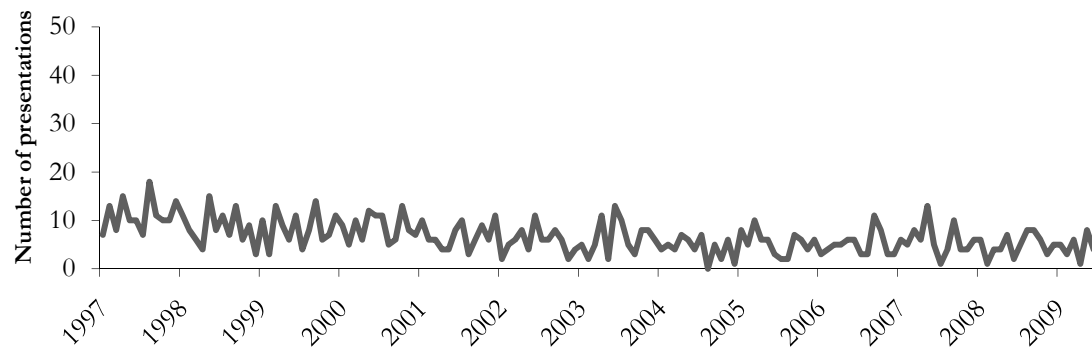
Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

NB: These numbers relate to deaths in which cocaine was detected; however, there may have also been other drugs present

10.1.4 Cannabis

The number of cannabis toxicity presentations to emergency departments has remained at less than twenty per month since 1997, see Figure 58.

Figure 58: Cannabis toxicity presentations to NSW emergency departments, January 1997-June 2009



Source: Emergency Department Information System, NSW Department of Health

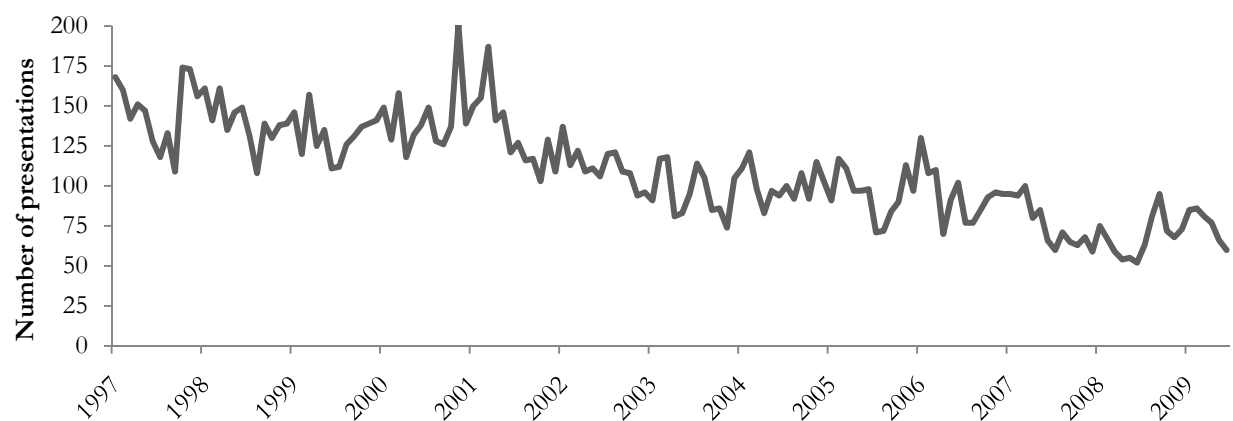
NB: Figures refer to overdose only and do not include presentations for use disorders

10.1.5 Benzodiazepines

10.1.5.1 Non-fatal Overdose

The number of benzodiazepine overdose presentations to NSW emergency departments has decreased over the past twelve months from a high of 76 presentations (August 2008) to 39 presentations (May 2009), the lowest number of presentations recorded since 1997 (Figure 60). It is important to note, however, that the majority of overdose presentations occurred among older women and people who may have intentionally overdosed; it is likely that people who use/inject drugs form only a minority of suspected overdoses at emergency departments.

Figure 59: Benzodiazepine overdose presentations to NSW emergency departments, January 1997-June 2009



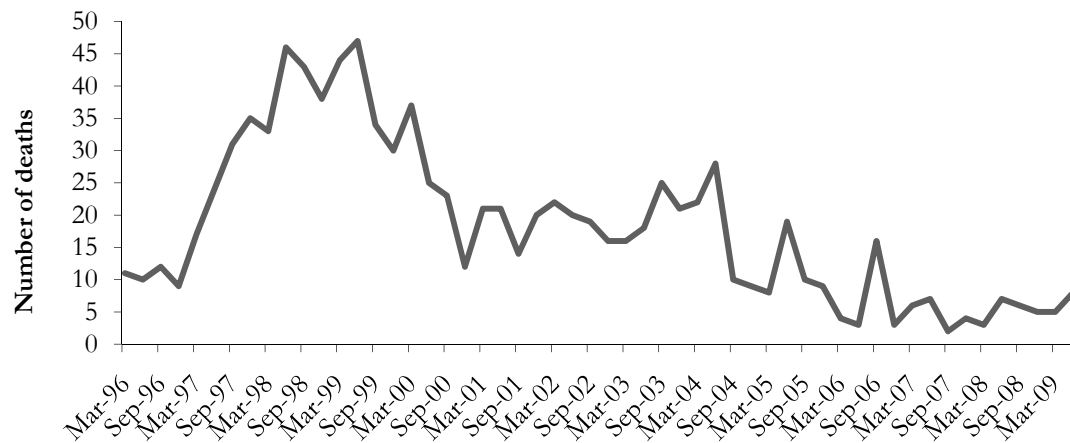
Source: Emergency Department Information System, NSW Department of Health

NB: Figures refer to overdose only and do not include presentations for use disorders

10.1.5.2 Fatal Overdose

The number of deaths of suspected people who use drugs in which benzodiazepines were detected post-mortem has fluctuated over the last 12 years (Figure 61); however, there has been a decline in numbers since early 2000. During 2008/09, figures peaked at 8 in the June 2008 quarter.

Figure 60: Number of deaths of individuals suspected of drug use, in which benzodiazepines were detected post-mortem, NSW, by quarter, 1996-2009



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

NB: These numbers relate to deaths in which benzodiazepines were detected; however, there may have also been other drugs present

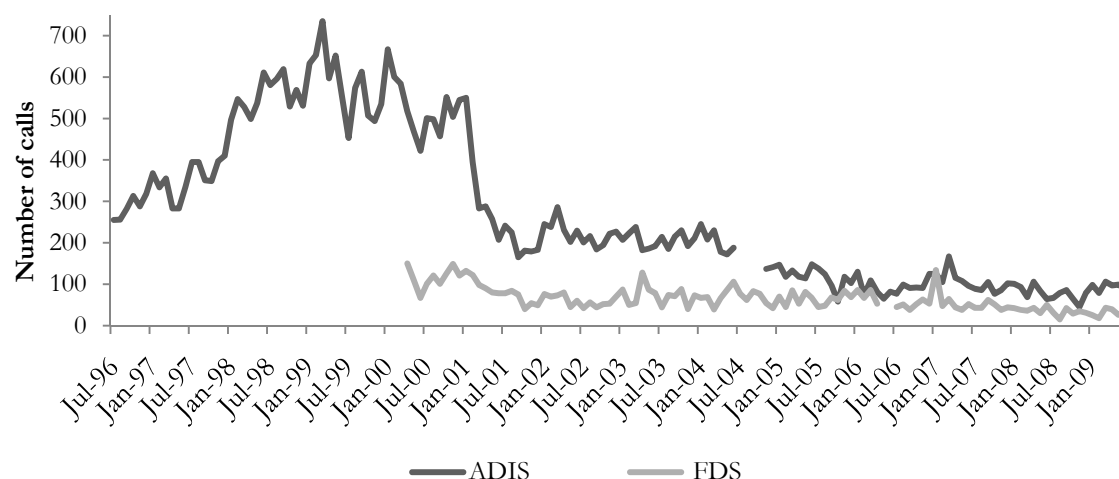
10.2 Calls to telephone helplines

10.2.1 Heroin

10.2.1.1 Calls to telephone helplines

Figure 61 shows the number of calls to the Alcohol and Drug Information Service (ADIS) where heroin was mentioned as any drug of concern, and to the Family Drug Support (FDS) line regarding heroin as the primary drug of concern. The number of enquiries to FDS regarding heroin were lower than numbers received at ADIS until recently, reflecting the different sizes and target groups of these services. The number of calls to ADIS regarding heroin in 12 months to June 2009 remained stable, ranging between 45 and 106 calls a month. Overall, there was a slight decrease in the calls to FDS ranging between 15-42 calls per month for the year ending June 2009.

Figure 61: Number of enquiries to ADIS and FDS regarding heroin, July 1996-June 2009



Source: ADIS and FDS

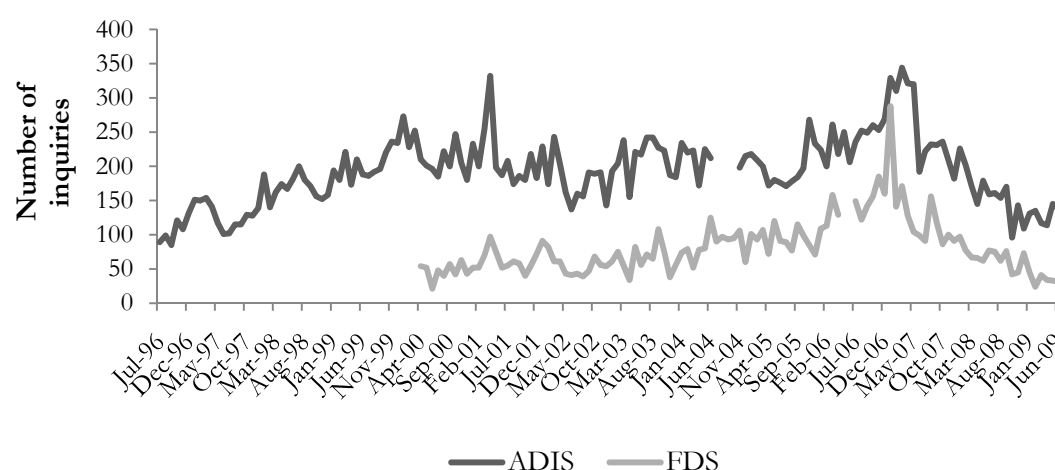
NB: FDS data were only available on a monthly basis from April 2000 and refer to calls where any mention of heroin was made. FDS is based in NSW but data may include some calls from interstate. ADIS data refer to the number of calls where heroin was mentioned as any drug of concern. ADIS data were unavailable for the period July-October 2004 and FDS data were unavailable for the period May-June 2006

10.2.2 Methamphetamine

10.2.2.1 Calls to telephone helplines

Figure 62 shows the number of calls to the ADIS and FDS lines regarding meth/amphetamines. The number of enquiries to FDS regarding amphetamines was much lower than numbers received at ADIS during the period 2000 to 2006. Calls to both services regarding methamphetamines have decreased over the past 12 months with ADIS calls peaking at 170 for the month of September 2008. A decrease was also noted in calls to FDS for amphetamines with a low of 24 calls in February 2009, the lowest number since June 2000.

Figure 62: Number of inquiries to ADIS and FDS regarding methamphetamines and 'crystal/ice', July 1996-June 2009



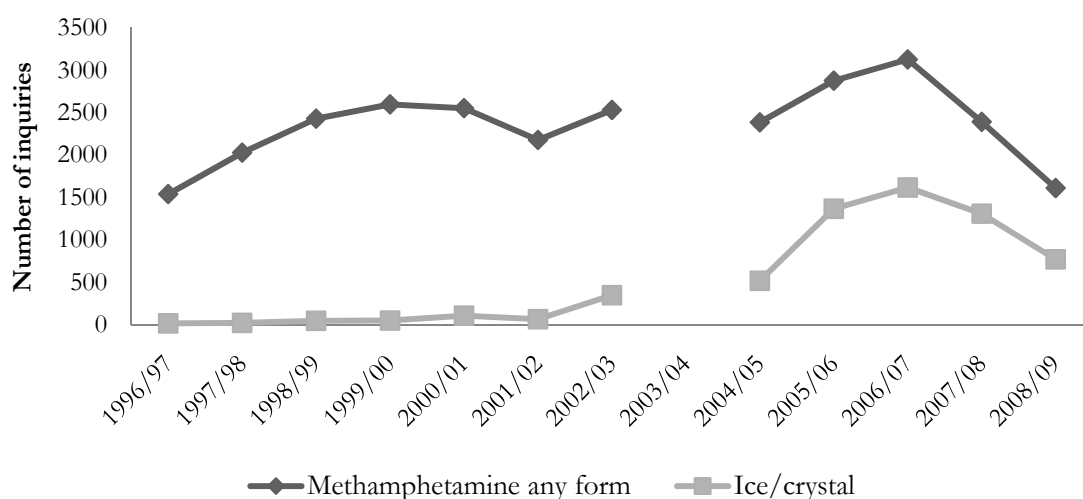
Source:

NSW ADIS and FDS

NB: Family Drug Support data were only available from April 2000 and refer to calls where any mention of amphetamines was made. ADIS data refer to the number of calls where amphetamines were mentioned as any drug of concern. ADIS data were unavailable for the period July-October 2004 and FDS data were unavailable for the period May-June 2006

Figure 63 shows the number of calls to the ADIS lines regarding amphetamines for the period 1996/97 to 2008/09. In the 12 months to June 2009 there has been a decrease in both the number of calls regarding methamphetamines and ice/crystal. Comparatively the number of enquiries to FDS (Figure 64) regarding methamphetamines has also decreased over the past few years, with occasional fluctuations evident over the last two years.

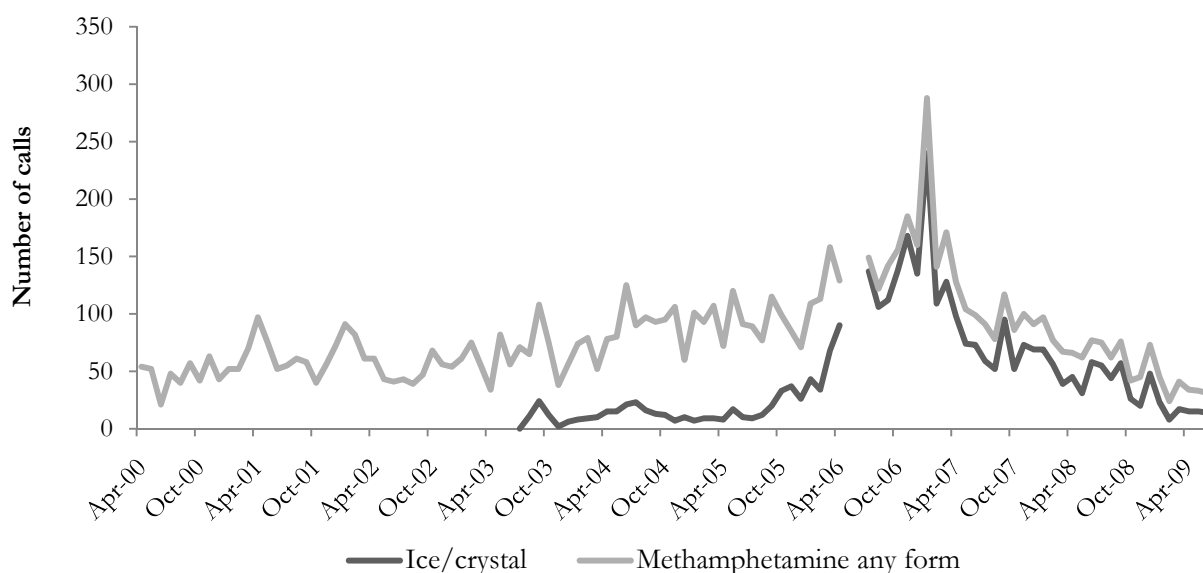
Figure 63: Number of enquiries to ADIS regarding methamphetamines, including ice/crystal, 1996/97-2008/09



Source: ADIS

NB: ADIS data refer to the number of calls where amphetamines (including ice/crystal) were mentioned as any drug of concern. Data are not shown for 2003/04 as data were unavailable for the full calendar year

Figure 64: Number of enquiries to FDS regarding amphetamines, including ice/crystal, April 2000-June 2009



Source: FDS

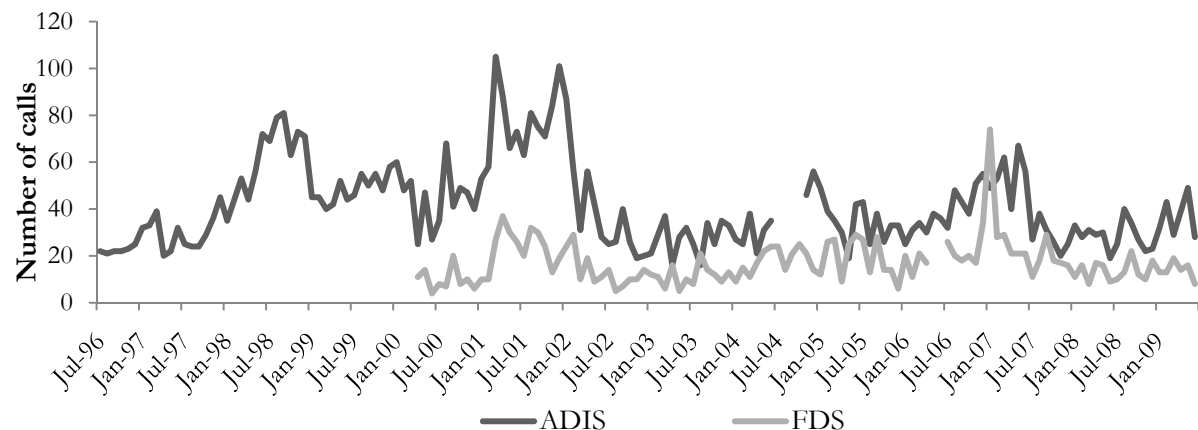
NB: Data were unavailable for the period May-June 2006

10.2.3 Cocaine

10.2.3.1 Calls to telephone helplines

Figure 65 shows the number of calls to the ADIS and FDS lines regarding cocaine. Figures for calls to ADIS have fluctuated (22-49) calls over the 12 months to June 2009. FDS calls for cocaine have remained relatively stable for the same 12 month period.

Figure 65: Number of enquiries to ADIS and FDS regarding cocaine, January 1996-June 2009



Source: NSW ADIS and FDS

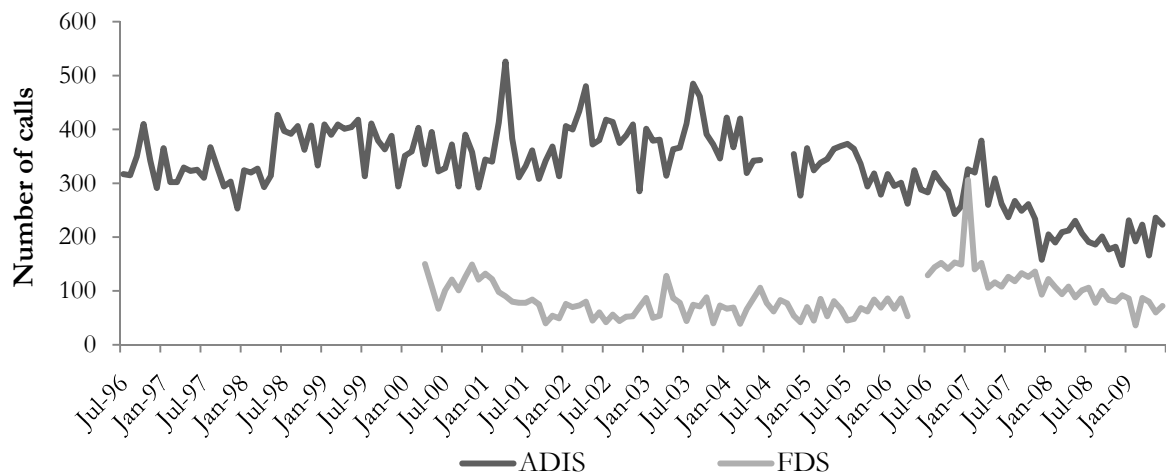
NB: FDS data were only available on a monthly basis from April 2000 and refer to calls where any mention of cocaine was made. FDS is based in NSW but data may include some calls from interstate. ADIS data include calls made in NSW and the Australian Capital Territory (ACT) and refer to the number of calls where cocaine was mentioned as any drug of concern. ADIS data were unavailable for the period July to October 2004 and FDS data were unavailable for the period May-June 2006

10.2.4 Cannabis

10.2.4.1 Calls to telephone helplines

The number of calls to ADIS regarding cannabis has decreased over the last year, with a range between 166-236 calls per month and a median number of 191 for the 12 month period (2007/08: range 158-267, median 221). The number of calls to FDS relating to cannabis appears to have also decreased in the past year ranging between 36-106 calls per month for the 12 months to June 2009 (Figure 66).

Figure 66: Number of enquiries to ADIS and FDS regarding cannabis, July 1996-June 2009



Source: ADIS and FDS

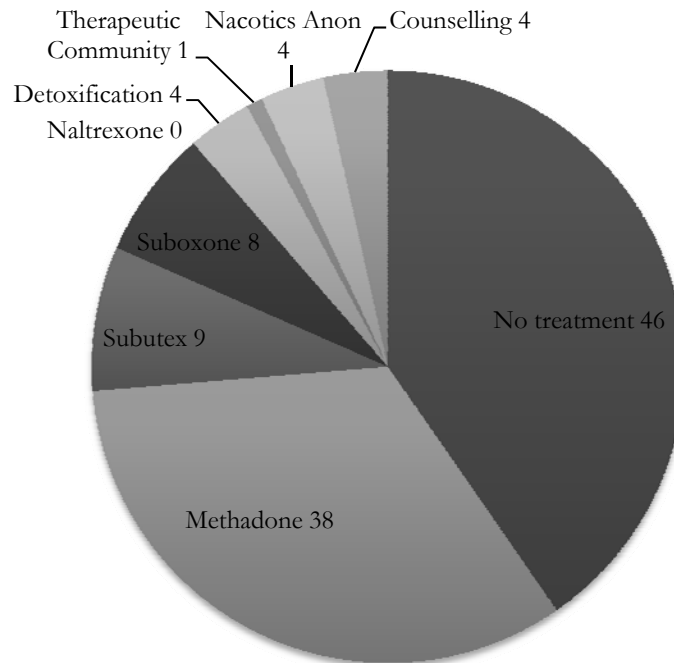
NB: FDS data were only available on a monthly basis from April 2000 and refer to calls where any mention of cannabis was made. FDS is based in NSW but data may include some calls from interstate. ADIS data refer to the number of calls where cannabis was mentioned as any drug of concern. ADIS data were unavailable for the period July-October 2004 and FDS data were unavailable for the period May-June 2006.

10.3 Drug treatment

10.3.1 Forms of treatment

Just under half (47%) of all PWID participants were currently in some form of treatment at the time of interview. Of those currently in drug treatment 72% reported being on methadone maintenance treatment (MMT), 13% on buprenorphine-naloxone (BNX) (Suboxone), 8% on buprenorphine (BPN) and 6% in Narcotics Anonymous (NA). All participants were asked what treatment they had been in over the previous six months. Forty-six percent of all participants had not been in any drug treatment recently. Eighty-four percent (38% on entire sample) of those who had recently been in treatment had been on MMT, with a further 21% (9% of entire sample) on BPN and 18% (8% of entire sample) on BNX. Other treatments accessed recently were detoxification treatment, drug counselling and NA (all 9%; 4% of entire sample) and only 1% reported therapeutic community (Figure 67).

Figure 67: Proportion of participants reporting any form of drug treatment in last 6 months, 2009



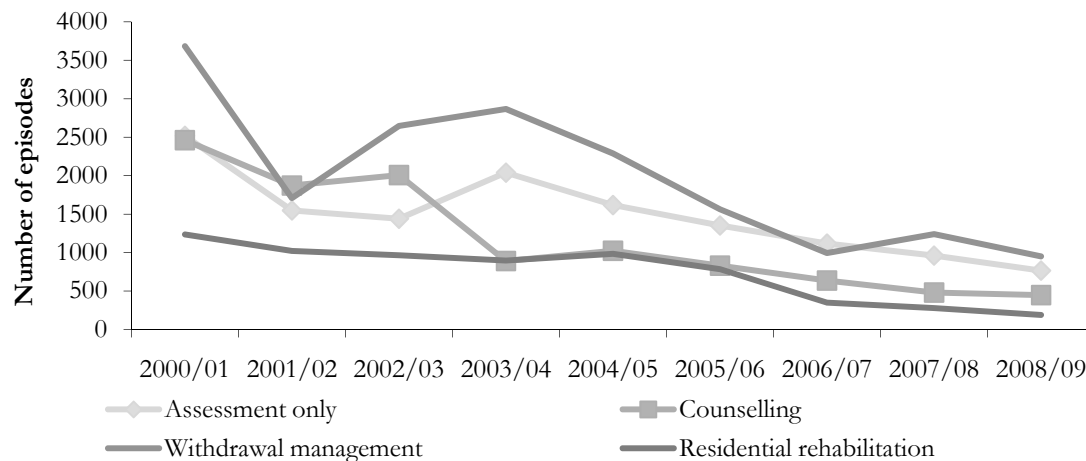
NB: More than one form of treatment could be nominated

10.3.2 Heroin

10.3.2.1 Treatment

Figure 68 shows the number of closed treatment episodes based on the date of commencement by treatment type where the principal drug of concern was heroin. Numbers entering for 'assessment only' have fluctuated over the past few years, with a decrease during 2000/2001-2001/2002, a subsequent increase in 2003/04 and a low, but steady decrease over the last five years. Numbers entering residential rehabilitation have also gradually declined from 1,237 in 2000/2001 to 191 in 2008/2009. Numbers entering counselling continued to decline, and have remained lower over the past four years than previously. It is important to interpret this data with caution as this is based on closed episodes and episodes maybe excluded if not completed in the period.

Figure 68: Number of heroin treatment episodes by treatment type, NSW 2000/2001-2008/2009

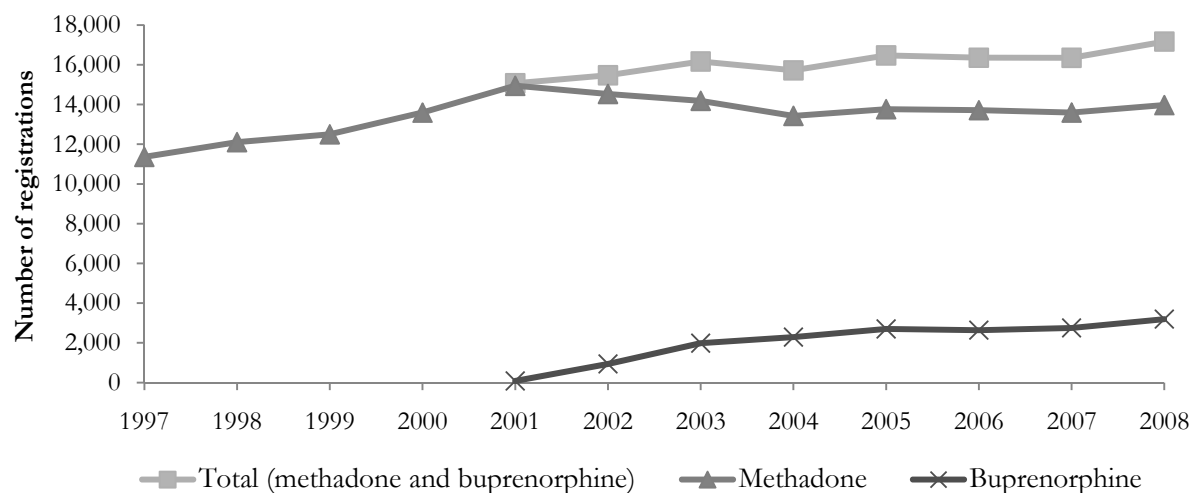


Source: NSW Minimum Data Set (NSW MDS) for Drug and Alcohol Treatment Services (DATS), NSW Department of Health

NB: The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Numbers are based on the date of commencement.

Figure 69 shows that the number of people receiving all forms opioid substitution treatment increased from 11,365 on the 30th June 1997 to 17,168 on the 30th June 2008. Overall, in 12 months to the end of June 2008 there was a slight increase in the total numbers registered. The vast majority of opioid pharmacotherapy clients received methadone. The number of people receiving buprenorphine has generally increased since its introduction in 2000. As of June 2008 thirty-two percent of Australia's 2,208 pharmacotherapy sites were located in NSW and were dosing 13,973 clients. The vast majority of sites (558) were pharmacies, with smaller amounts of public clinics (37), private clinics (12) or correctional settings (2). Sixty percent of opioid pharmacotherapy clients obtained their treatment through a private provider, 27% received it through a public prescriber, 11% were in correctional facilities and less than 3% obtained their treatment through a public/private prescriber (i.e. a prescriber in a private clinic which receives some public funding). Data for 2009 was not available at the time of publication (Australian Institute of Health and Welfare 2009).

Figure 69: Number of registrations for opioid substitution treatment on the 30th June each year, NSW, 1997-2008



Source: (Australian Institute of Health and Welfare 2008)

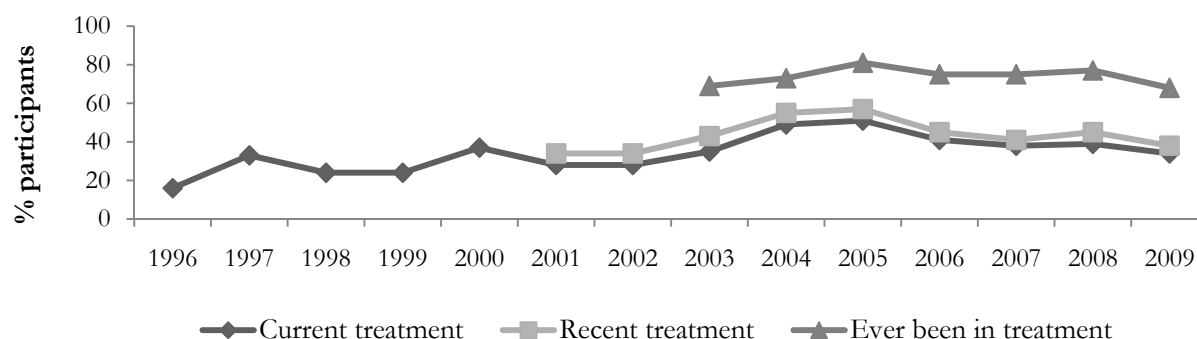
NB: Buprenorphine pharmacotherapy was introduced in NSW in 2000. Data for 2009 were unavailable at the time of publication. In NSW, unlike all other jurisdictions, clients prescribed buprenorphine/naloxone (Suboxone) are counted under buprenorphine.

10.3.2.2 Methadone treatment

A distinction was made between the use of prescribed (licit; where the prescription was in the participant's name) and non-prescribed (illicit; where the prescription was in someone else's name) methadone and Physeptone (a tablet form of methadone). This section discusses the use of prescribed methadone and Physeptone only. The use of illicit (or non-prescribed) methadone and Physeptone has been discussed under Section 8 Opioids.

Thirty-eight percent of participants had used methadone that had been prescribed for them in the preceding six months (46% reported any use of licit methadone during this period in 2008), and 9% reported injecting prescribed methadone during this time. Only one percent of participants reported recent use of prescribed Physeptone tablets, with no reports of injecting the prescription at any stage in past 6 months. Overall, there has been a steady increase in the proportion of PWID participants reporting current engagement in a methadone maintenance program, from 16% in 1996 to 51% in 2005, although the figure decreased to 39% in 2009 (46% in 2008). This may be partially attributable to efforts made to recruit fewer treatment clients in the most recent years of the IDRS (Figure 70). Thirty eight percent of PWID reported receiving methadone treatment at some point in the preceding six months (compared to 45% in 2008). As in previous years, methadone syrup was the predominant form used (as opposed to Physeptone).

Figure 70: Proportion of participants reporting methadone treatment, 1996-2009



Source: IDRS PWID interviews

Amongst those who had been on a methadone program in the six months preceding interview, the median number of days of use in the preceding six months was 180 days, i.e. daily use (the same as 2008). Sixty eight percent of methadone users reported daily use, a slight increase compared to 2008 (62%).

Overall, PWID participants indicated little change from last year in terms of the prevalence of methadone use although there was a slight increase in the frequency of use. However, it should be noted that the IDRS deliberately recruits a 'sentinel' population of people who inject drugs and are current and active participants in illicit drug markets. As a consequence, those in the PWID samples who report being in treatment may not be representative of treatment populations more generally, particularly those who withdraw from injecting drug use and/or illicit drug market activity once engaged in treatment. Similarly, as regular injecting drug use is a requirement for participation in the IDRS survey, participants who are also engaged in

methadone treatment – of whom there is a substantial proportion in the 2009 IDRS – may not be representative of methadone clients generally.

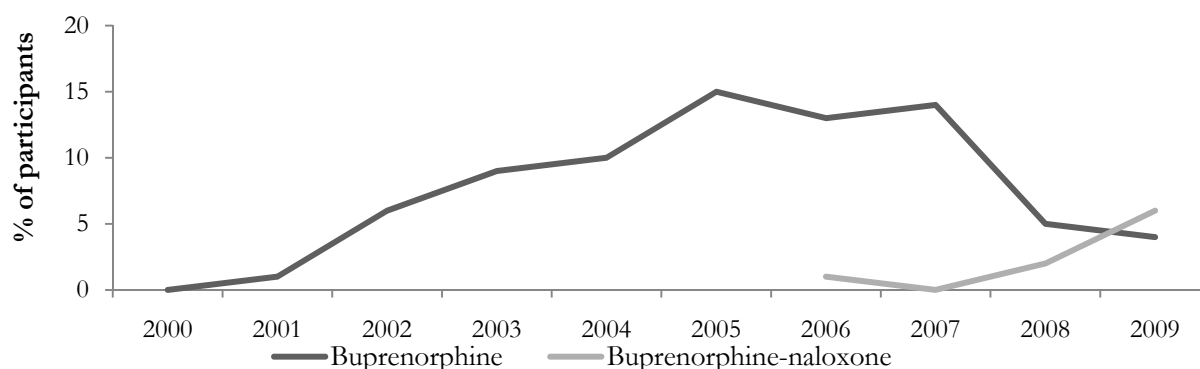
For information on diverted (illicit) methadone, please see Section 8 Opioids

10.3.2.3 Buprenorphine treatment (including buprenorphine-naloxone)

As with methadone, a distinction was made between the use of prescribed and non-prescribed buprenorphine. Following the listing of buprenorphine-naloxone (Suboxone) on the Pharmaceutical Benefits Scheme in April 2006, questions were also included on this drug. Use of illicit (or non-prescribed) buprenorphine (including buprenorphine-naloxone) is discussed under Section 8 Opioids.

Thirty-six percent of the sample reported ever having been prescribed buprenorphine (Subutex) which is comparable with 40% reported in 2008. Nine percent of participants reported using it in the preceding six months which is a decrease from the 19% reported in 2008. Four percent stated they were currently participating in buprenorphine treatment (5% in 2008; Figure 71). Among those who used licit buprenorphine, the median number of days of use in the last six months was 30 days (i.e. approximately weekly), representing a decrease from 60 in 2008. Among those who had used it, none reported that they had done so daily. When used as a maintenance treatment, buprenorphine can be dosed daily or every two days. The median days in treatment decreased to 52 days (i.e. approximately twice weekly) in 2009. Please note that buprenorphine may also be prescribed during opioid detoxification.

Figure 71: Proportion of participants reporting current buprenorphine treatment, 2000-2009



Source: IDRS PWID interviews

NB: Buprenorphine-naloxone (Suboxone) item first included in 2006

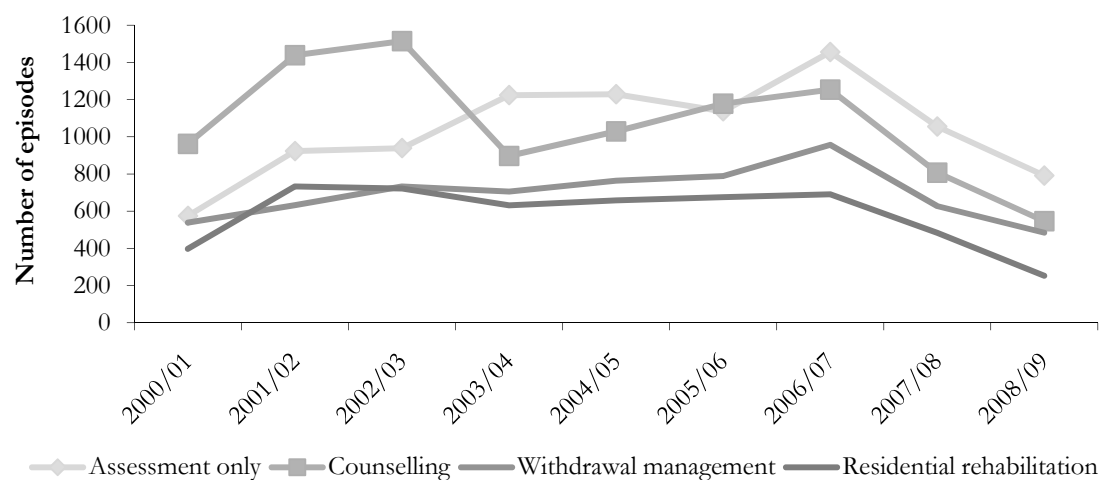
Thirteen percent of participants reported ever being prescribed buprenorphine-naloxone (Suboxone) with 7% reporting a prescription in the last 6 months. Six percent of participants had a prescription at the time of interview. The median number of days of use in the last six months was 90 (i.e. every 2nd day; 48 days in 2008) while the median number of days in treatment were 180 (daily). Only one participant reported injecting prescribed Suboxone, in the preceding six months on a median of 5 days (i.e. approximately once a month).

For information on illicit buprenorphine (including buprenorphine-naloxone) please see Section 8 Opioids.

10.3.3 Methamphetamine

The number of closed treatment episodes, based on the date of commencement where the principal drug of concern was amphetamines, decreased slightly over the past twelve months for all four of the main forms of treatment (Figure 72). It is important to interpret this data with caution as this is based on closed episodes and episodes may be excluded if not completed in the period. Prior to this, there was a steady increase in numbers receiving 'assessment only' and 'withdrawal management'. There was a steady increase in 'counselling', after a marked decline in 2003/2004. The numbers engaged in 'residential rehabilitation' have remained relatively stable since 2002/2003 until a slight decline was recorded in the last 2 years, as noted above this decline should be interpreted with caution.

Figure 72: Number of amphetamine treatment episodes by treatment type, NSW, 2000/2001-2008/2009



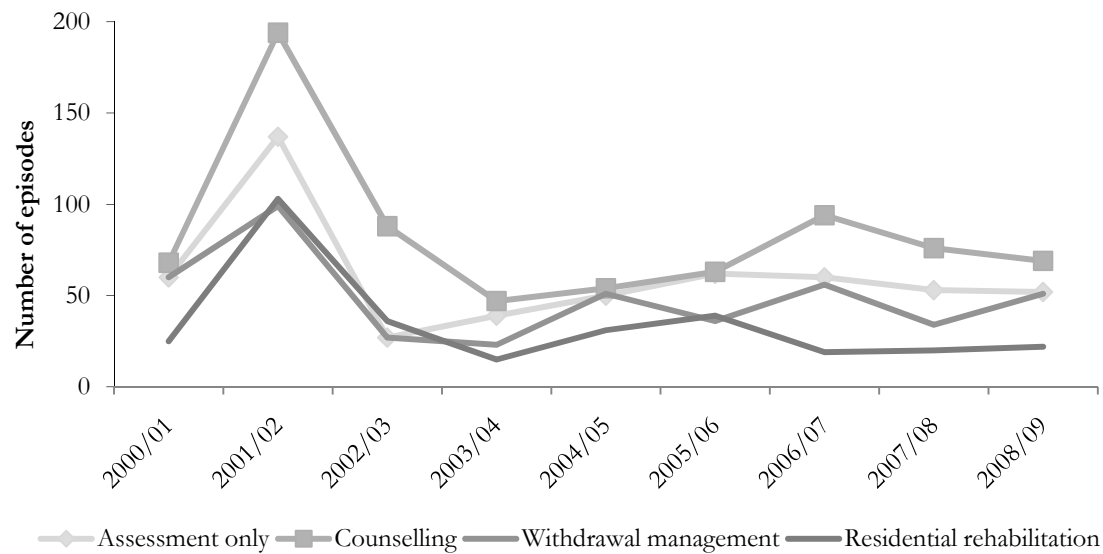
Source: NSW MDS AODTS, NSW Department of Health

NB: The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Numbers are based on the date of commencement

10.3.4 Cocaine

The number of closed treatment episodes based on the date of commencement where the principal drug of concern was cocaine has remained at less than 100 per treatment type since 2002/03. A peak in treatment episodes occurred across all four main treatment types: assessment only; counselling; withdrawal management; and residential rehabilitation in 2001/02 (Figure 73).

Figure 73: Number of cocaine treatment episodes by treatment type, NSW, 2000/2001-2008/2009



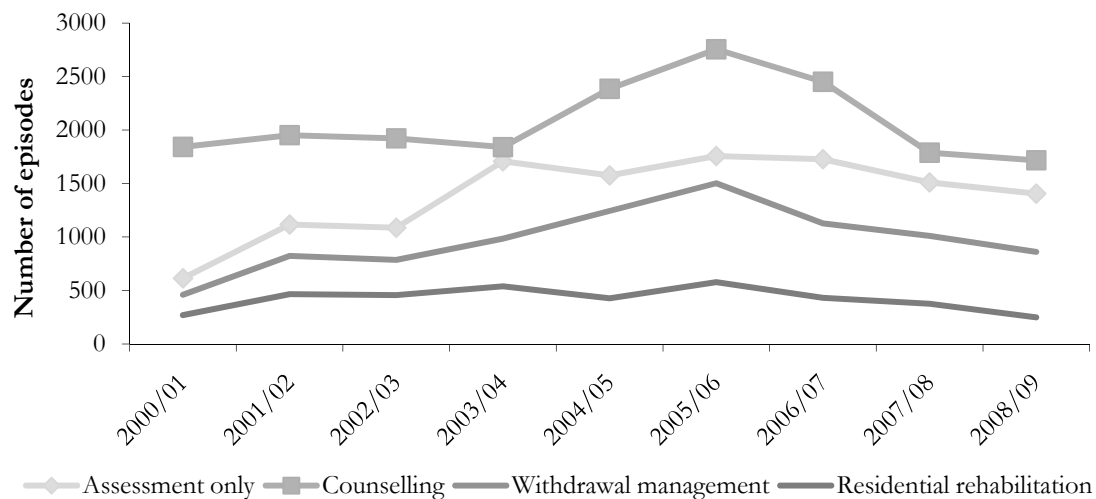
Source: NSW MDS AODTS, NSW Department of Health

NB: The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Numbers are based on the date of commencement

10.3.5 Cannabis

Figure 74 shows the number of closed treatment episodes based on the date of commencement where the principal drug of concern was cannabis, by treatment type. Numbers entering for 'assessment only' have remained relatively stable over the past few years. A decrease in the numbers entering 'counselling' has been noted since the peak in 2005/2006 (2,755 episodes). Similarly, numbers entering 'withdrawal management' have increased since 2000/2001, peaking in 2005/2006 (1,502 episodes) and subsequently decreasing slightly in the past 3 years. As noted above it is important to interpret this data with caution as this is based on closed episodes and episodes maybe excluded if not completed in the period. Numbers commencing 'residential rehabilitation' have remained relatively stable since 2001/2002 at 400 or more per year (this figure was 270 in 2000/2001), however, a decline has been noted in the last 12 months where the numbers commencing dropped to a low of 249.

Figure 74: Number of cannabis treatment episodes by treatment type, NSW, 2000/2001-2008/2009



Source: NSW MDS AODTS, NSW Department of Health

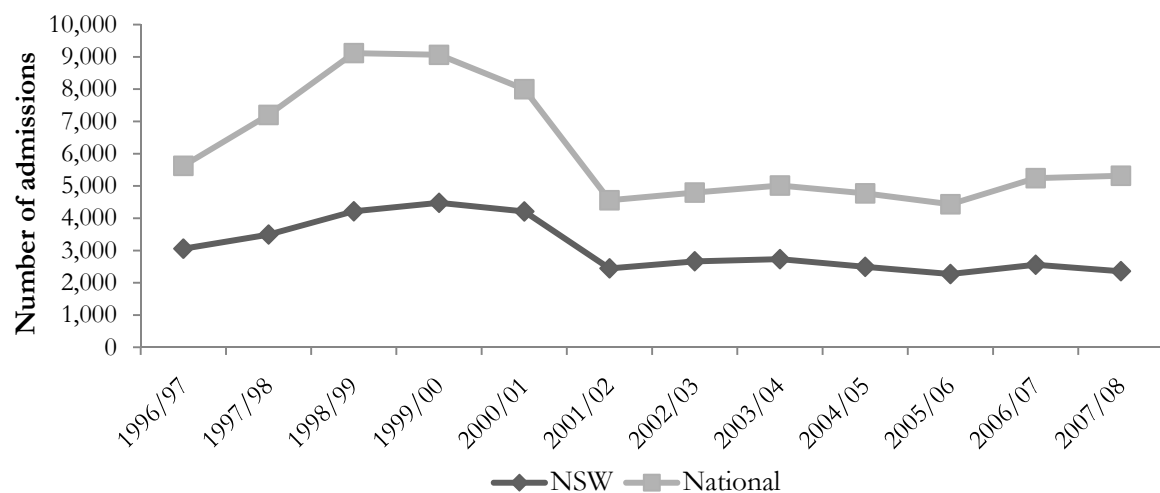
NB: The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Numbers are based on the date of commencement

10.4 Hospital admissions

10.4.1 Heroin

The number of hospital separations among persons aged 15-54 years in which the principal diagnosis was opioid-related is shown in Figure 75. A principal diagnosis that is opioid-related is recorded where opioids are established (after discharge) to be chiefly responsible for occasioning the patient's episode of care. Figures decreased around 2001/02, coinciding with a reduction in the availability of heroin, and since this time have remained low and relatively stable.

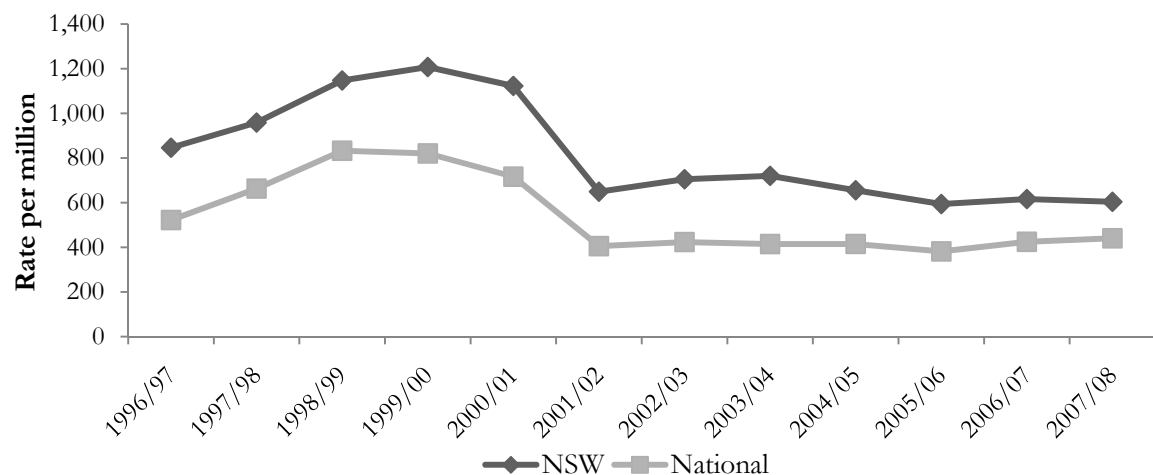
Figure 75: Number of principal opioid-related hospital admissions among people aged 15-54, NSW and Australia, 1996/97-2007/08



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

Figure 76 shows the number per million persons aged 15-54 years of opioid-related hospital admissions. Numbers have remained relatively stable over the past twelve months, following a slight increase between 2001/02 and 2003/04 in NSW. New South Wales figures have consistently remained higher than the national figures. The number of admissions per million persons in both NSW and nationally remain substantially lower than in previous years and NSW continued to account for approximately half of all opioid-related hospital admissions in Australia.

Figure 76: Number per million persons of principal opioid-related hospital admissions among people aged 15-54 years, NSW and nationally, 1996/97-2007/08



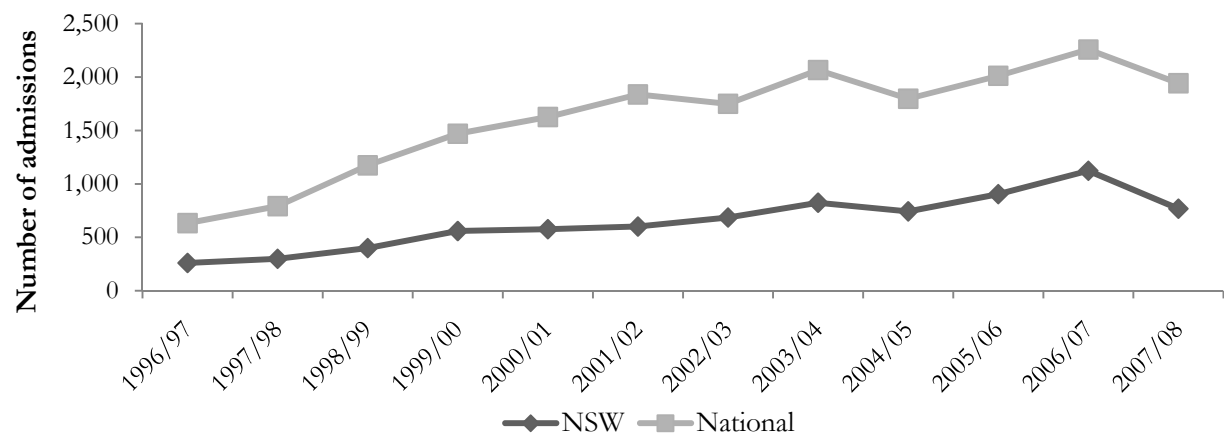
Source: NHMD, AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments and (Roxburgh and Burns in press)

10.4.2 Methamphetamine

10.4.2.1 Hospital admissions

The number of inpatient hospital admissions among persons aged 15-54 years in which the principal diagnosis was amphetamine-related is shown in Figure 77. Despite minor fluctuations figures have steadily increased across time, both in NSW and nationally. In 2007/08, the most recent data available at the time of publication, the NSW (768) and the national figures (1,943) both decreased.

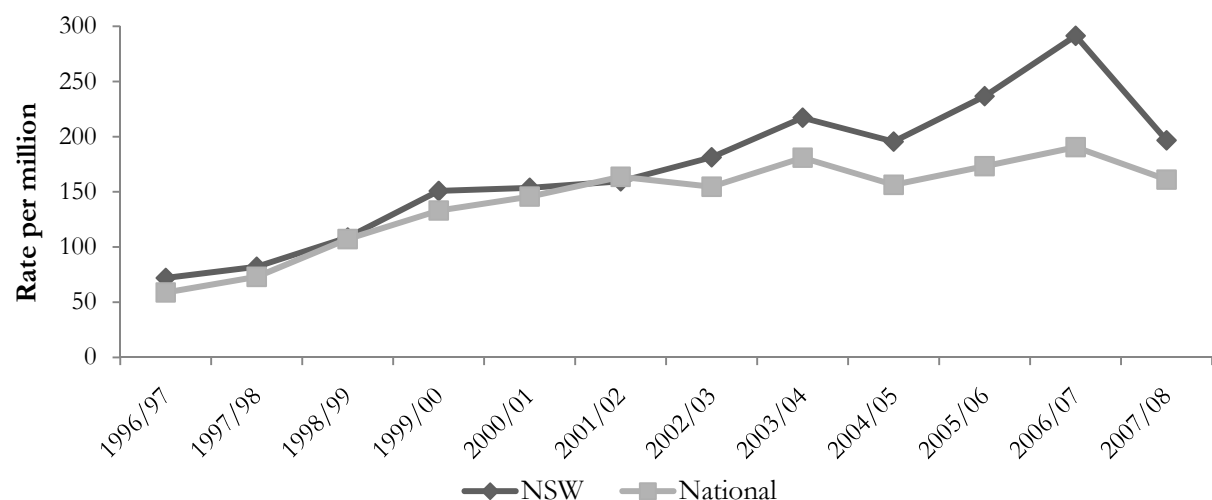
Figure 77: Number of principal amphetamine-related hospital admissions among persons aged 15-54, NSW and nationally, 1996/97-2007/08



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

Figure 78 shows the number per million persons of hospital admissions in which the principal diagnosis was amphetamine-related. Numbers in both NSW and nationally have increased over time; however, in 2007/08 there was a decrease in both NSW and National admissions. Both NSW and National figures in 2007/08 dropped from record highs in 2006/07 to admissions comparable with 2004/05.

Figure 78: Number per million persons of principal amphetamine-related hospital admissions among people aged 15-54 years, NSW and nationally, 1996/97-2007/08



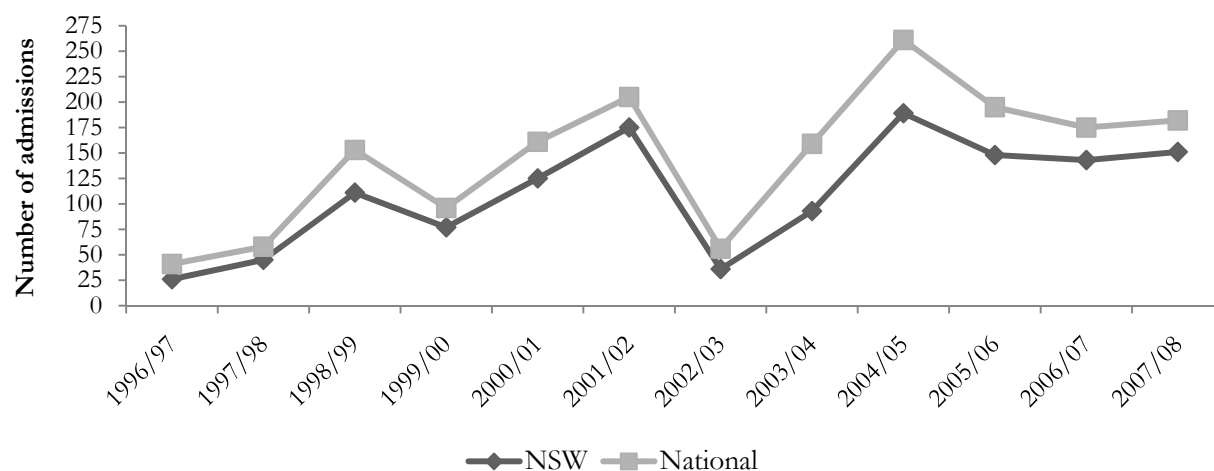
Source: NHMD, AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments and (Roxburgh and Burns in press)

10.4.3 Cocaine

10.4.3.1 Hospital Admissions

The numbers of inpatient hospital separations in which the principal diagnosis was cocaine-related are shown in Figure 79. Figures increased both in NSW and nationally from 2002/2003 to 2004/2005; however, these figures have decreased from 2004/2005 to 2006/07 and for the last year (2007/08) they have remained stable.

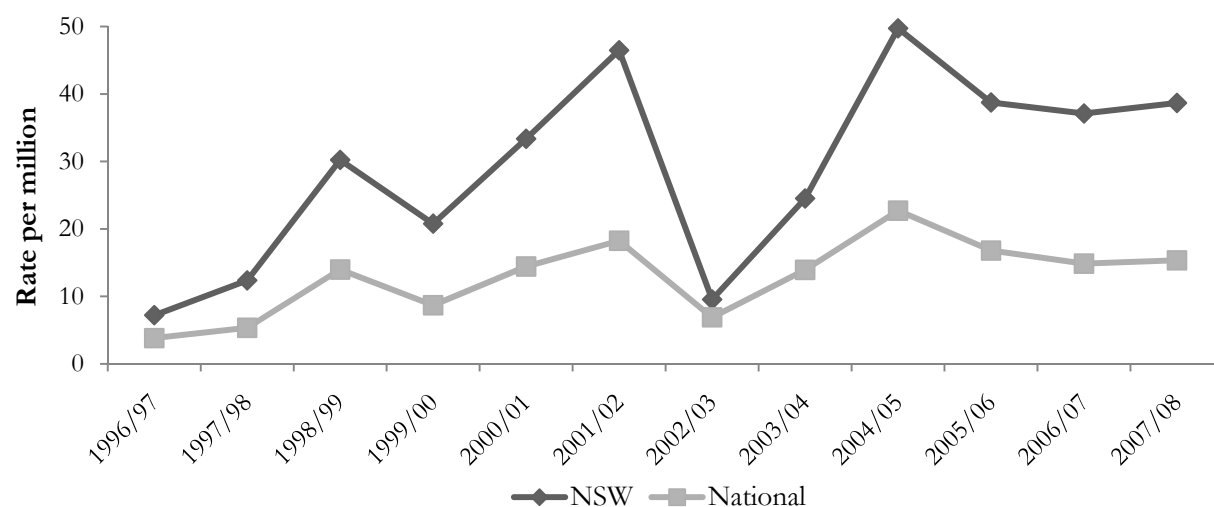
Figure 79: Number of principal cocaine-related hospital admissions among persons aged 15-54, NSW and nationally, 1996/97-2007/08



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

The number per million persons of cocaine-related hospital admissions are shown in Figure 80. Numbers in NSW have fluctuated across time; numbers peaked in 2001/02, decreased quite markedly between 2001/02 and 2002/03, and increased again to the highest recorded within the study period in 2004/05 (49.73 in NSW and 22.71 nationally). A decrease was observed in 2005/06 and figures have remained relatively stable in the 2 years to 2007/08, both nationally and in NSW.

Figure 80: Number per million persons of principal cocaine-related hospital admissions among people aged 15-54 years, NSW and nationally, 1996/97-2007/08



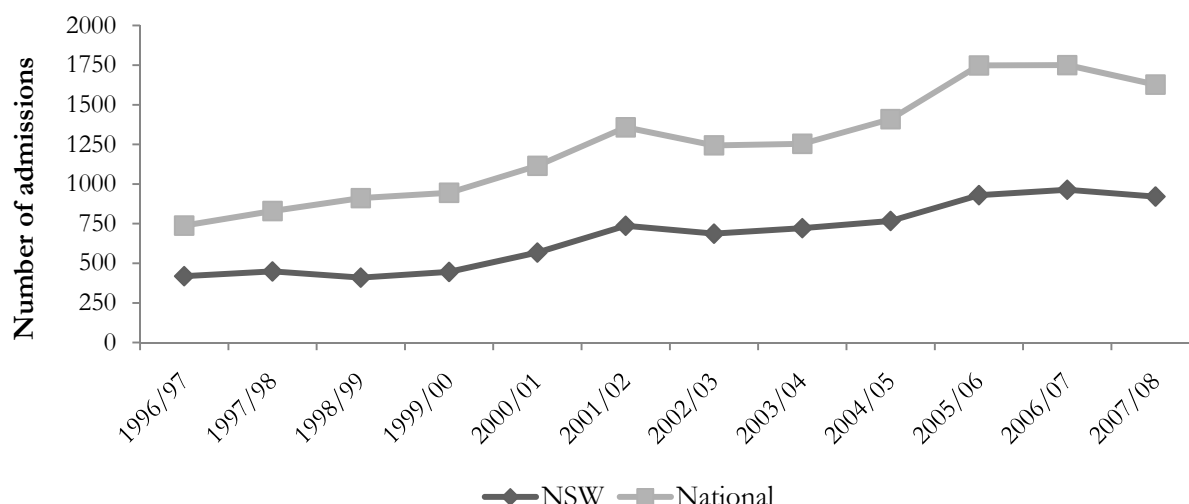
Source: NHMD, AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments and (Roxburgh and Burns in press)

10.4.4 Cannabis

10.4.4.1 Hospital admissions

The number of hospital admissions in which the principal diagnosis was cannabis-related is shown in Figure 81. Across time, figures have gradually increased both in NSW and nationally. Figures observed in NSW in 2007/08 remained relatively stable, with National figures, dropping slightly from those recorded in 2006/07, the highest observed in the study period.

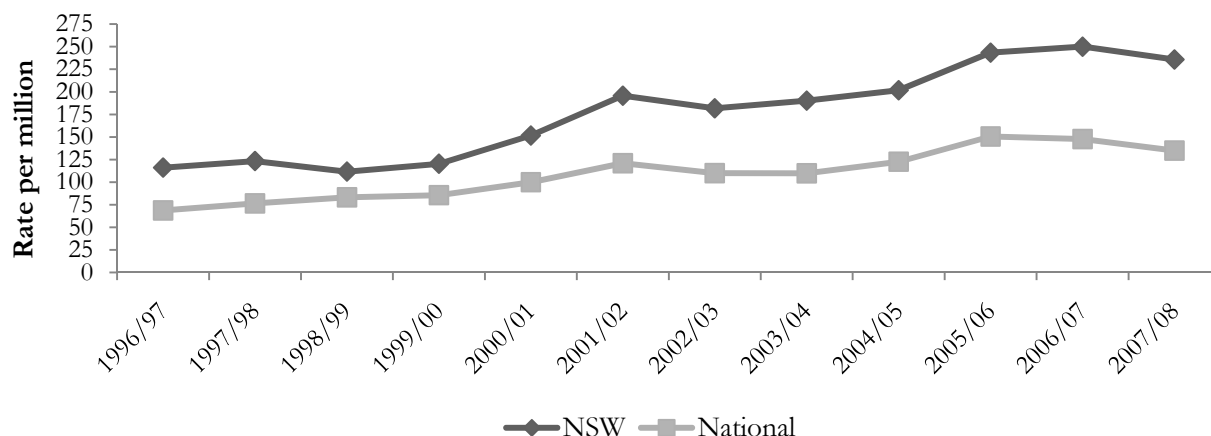
Figure 81: Number of principal cannabis-related hospital admissions among persons aged 15-54, NSW and nationally, 1996/97-2007/08



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

Figure 82 shows the number per million persons of cannabis-related hospital admissions among people aged 15-54 years. Both nationally and in NSW, numbers increased during 1996/97 and 2001/02, and remained relatively stable during 2001/02 and 2002/03. Since this time, numbers have increased. In the twelve months of 2007/08, admissions decreased slightly in both NSW and nationally from the highs observed over the two years prior (2005/06-2006/07).

Figure 82: Number per million persons of principal cannabis-related hospital admissions among people aged 15-54 years, 1996/97-2007/08



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

10.5 Injecting risk behaviours

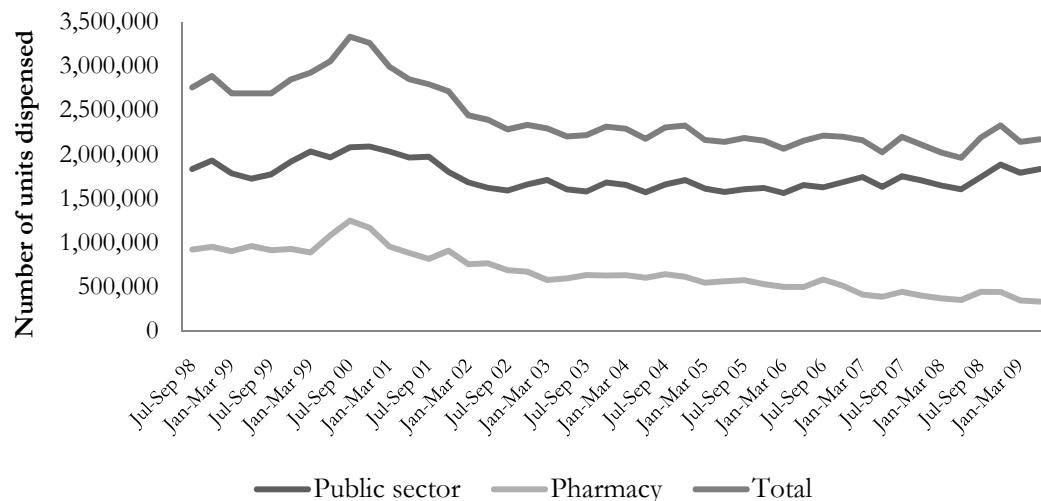
10.5.1 Sharing of injecting equipment by PWID participants

10.5.5.1 Needle syringe programs

There are approximately 30 primary NSP outlets across the state, which typically provide PWID with a range of injecting equipment including needles and syringes, advice on safer injecting, and referral to other services such as drug treatment programs. Primary outlets also undertake a range of other activities such as community liaison and education. There are also over 300 secondary outlets, e.g. in hospital emergency departments and community health centres, which also provide injecting equipment and educational material. Primary and secondary outlets also provide condoms on request. Equipment obtained through secondary outlets is typically in the form of a Fitpack containing needles/syringes, swabs, sterile water, spoon, information on safer injecting and referral. The Fitpack also functions as a safe disposal container. There are over 100 NSP-maintained Fitpack vending machines across New South Wales which provide greater availability (typically 24-hour access) to a broad range of people across a range of locations. A large number of pharmacies (around 300) are also involved in providing NSP services, further expanding availability across a broader range of people and locations. Pharmacies currently distribute less than 15% of equipment across the state, down from a peak of 35% in 2000/01. The number of needles and syringes dispensed in New South Wales by NSPs has remained relatively stable over the past six years, following a peak in distribution in 2000 (Figure 83). The number of needle and syringes dispensed by pharmacies over the same period has decreased and most of the equipment provided through the NSW NSP is dispensed from public NSP. (HIV/AIDS and Infectious Diseases Branch; NSW Department of Health 2009).

In 2009, participants in the IDRS were asked from what sources they obtained their needle and syringes over the last 6 months. Results showed the majority of participants (92%, n=140) obtained needles and/or syringes from the NSP (public sector). It is important to note that this number may also be high due to the method of recruitment involved in advertisements at NSP sites. Approximately one-third of all participants reported they obtained needles and/or syringes from a chemist/pharmacy (31%, n =47). The third most popular source was NSP vending machines (18%, n=27). Other sources reported were friends (15%, n=23), outreach/peer worker (9%, n=15), hospital and dealer's (both 7%, n=10).

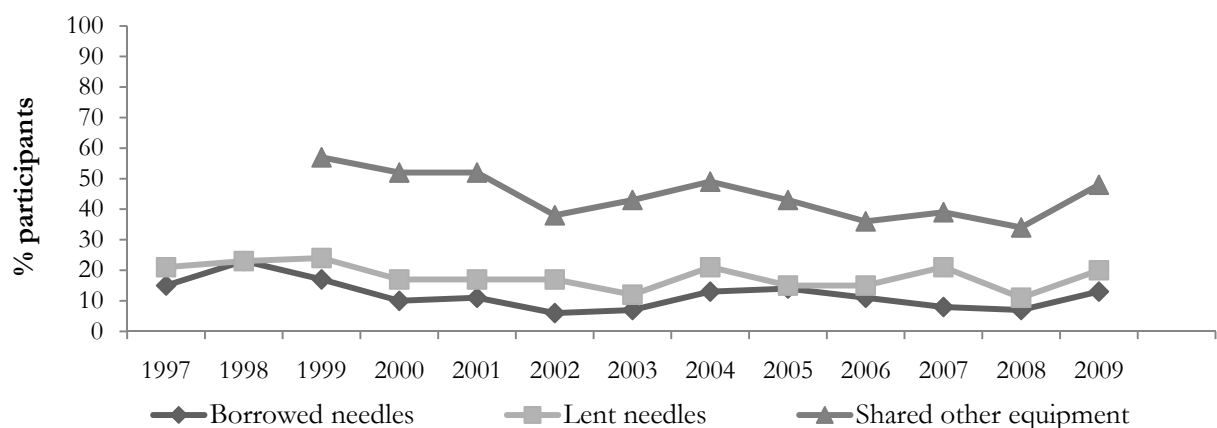
Figure 83: Number of units dispensed from public NSPs and pharmacies, NSW, July 1998-June 2009



Source: NSW Department of Health; HIV/AIDS and Infectious Diseases Branch

In line with previous data, 100% of participants reported that they had injected on at least one occasion in the month preceding interview. Thirteen percent of these participants reported using a needle that had already been used by someone else ('borrowed needle'). This was an insignificant increase from 7% in 2008 (Figure 84). Four percent had borrowed a needle on one occasion, 1% reported borrowing a needle on between two and five occasions, and another 1% reported borrowing a needle on more than 6 occasions. Among those who reported borrowing a needle, sharing had taken place with a close friend (7% of entire sample) or a regular sex partner (3% of the entire sample). Twenty percent of those who had injected in the last month reported passing needles on to other PWID ('lent needle') in 2009, representing a significant (C.I.;-0.03, -0.17) increase from 11% in 2008. Of those who had lent a needle, 11% of the entire sample reported that this had happened on one occasion; a further 3% of all participants lent on between two and five occasions, and only one participant reported lending on greater than 5 occasions in the preceding month.

Figure 84: Proportion of PWID reporting sharing injecting equipment in the month preceding interview, 1997-2009

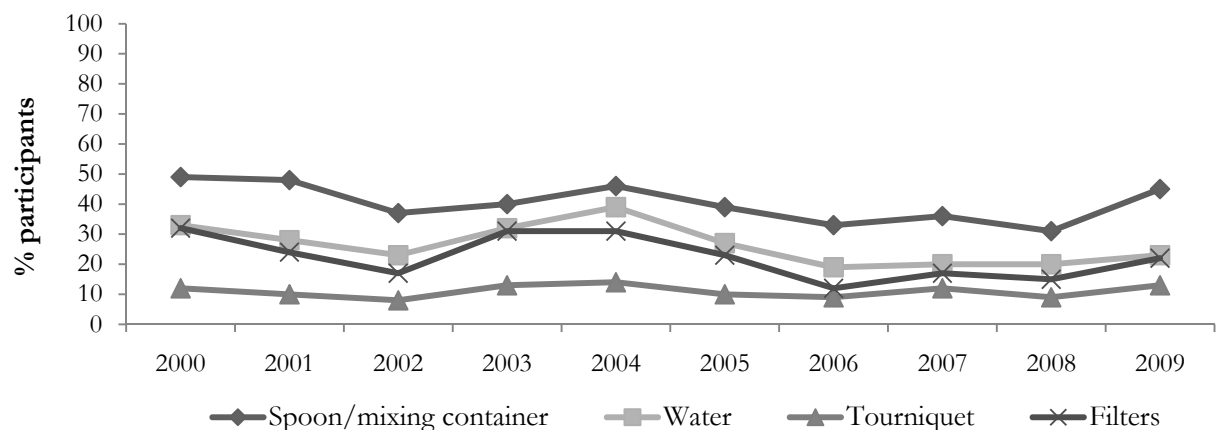


Source: IDRS PWID interviews

NB: Survey items on other injecting equipment (including spoons, water, filters and tourniquets) were first included in 1999. Figure excludes participants who had not injected in the last month (in 2003 n=1; 2004 n=1; 2005 n=4; 2006 n=1; 2007 n=2; 2008 n=2 were excluded. In 2009 all 152 participants reported injection in month prior to interview)

As in previous years, sharing of injecting equipment was more common than sharing of needles and syringes, with 48% reporting sharing a filter, spoon, water, tourniquet and/or other item of injecting paraphernalia in the month preceding interview. Figure 84 shows that participant reports of borrowing and lending of needles and syringes had increased slightly in 2009. There was a slight, although insignificant, increase in the proportion of participants reporting having shared other injecting equipment, with the highest amount of people (48%) reporting sharing since 2004. Figure 85 shows a breakdown of the types of injecting equipment PWID participants reported sharing. Spoons/mixing containers remained the most commonly shared item (45%), followed by water (23%), filters (22%) and tourniquets (13%). While this data indicated that the rates of sharing any equipment had increased over the past year, the overall increase wasn't significant (C.I.: 0.19, -0.07).

Figure 85: Proportion of PWID participants reporting sharing other injecting equipment by type, 2000-2009



Source: IDRS PWID interviews

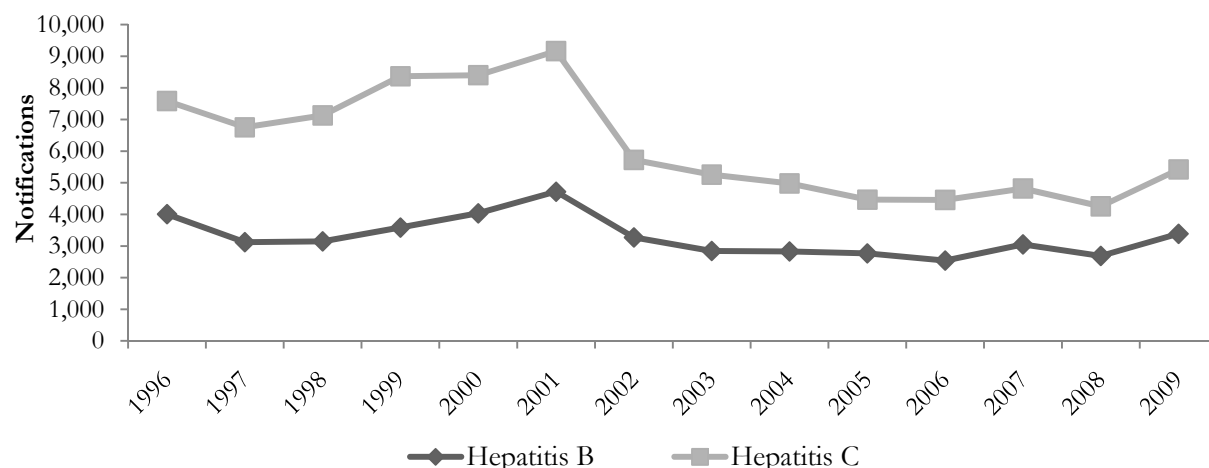
NB: Figure excludes participants who had not injected in the last month (in 2003 n=1; 2004 n=1; 2005 n=4; 2006 n=1; 2007 n=2; 2008 n=2 were excluded. In 2009 all 152 participants reported injection in month prior to interview)

10.5.2 Blood-borne viral infections

People who inject drugs are at greater risk of acquiring blood-borne viral infections (BBVI) such as hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV) than the general population through the sharing of needles, syringes and other equipment. For more detailed information on BBVI, please see the Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research 2008)

Figure 86 shows the total number of notifications for HBV and HCV in NSW. Incident (newly acquired) infections and unspecified infections (i.e. notifications where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with the number of notifications remaining relatively stable with a slight downward trend from 2002 (5,723 notifications). There was an increase observed in the 12 months to 2009 (5,421 notifications), the highest number of notifications since 2002. HBV notifications have remained relatively stable since 2003 (2,844 notifications) with a small increase noted in 2009 (3,388 notifications). Notifications for both HCV and HBV still remained lower than levels reported in 2001.

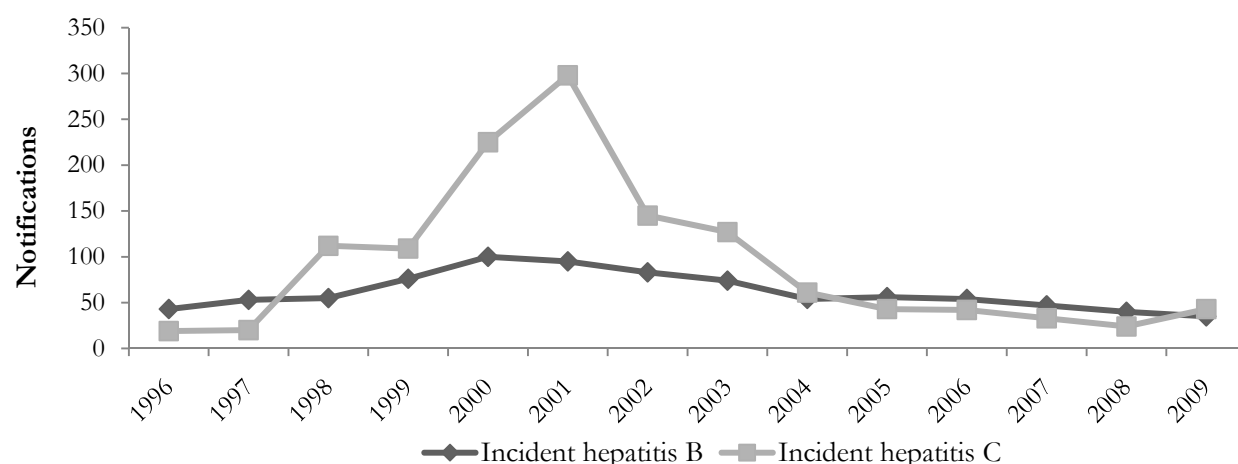
Figure 86: Total notifications for (unspecified and incident) HBV and HCV infections, NSW, 1996-2009



Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System (NNDSS)¹¹

Trends in the number of incident notifications for HBV and HCV in NSW are shown in Figure 87. HBV incident reporting had remained stable and low; recorded as 40 in 2008 and 43 in 2009. A steady decline had been observed in the number of HCV incident notifications, from 298 in 2001 to 24 in 2008, however, there was a noted increase in the 12 months to 2009 (43).

Figure 87: Total notifications for incident HBV and HCV infection, 1996-2009

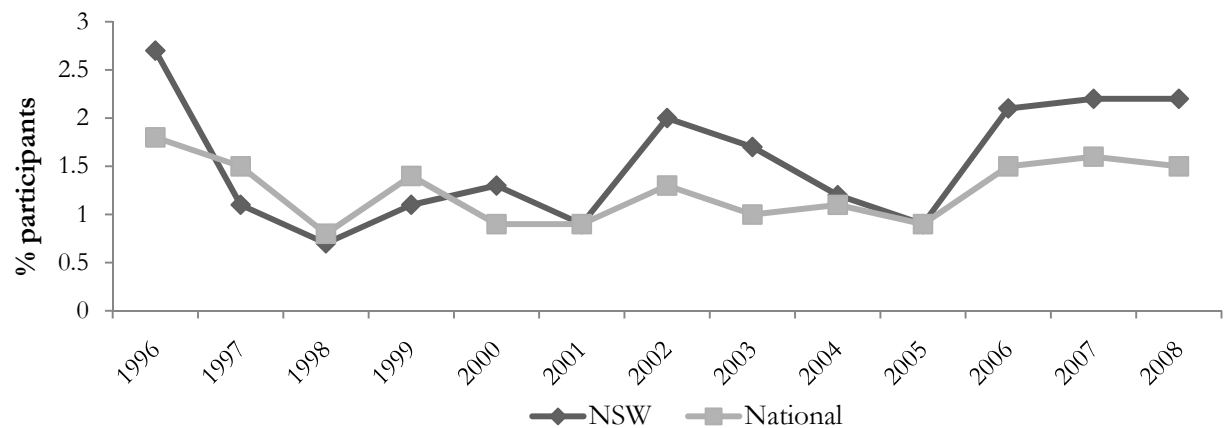


Source: Communicable Diseases Network – Australia – NNDSS¹⁰

In 2008, both NSW (2.2%) and national level (1.5%) HIV antibody prevalence among NSP participants remained stable. Although these figures are higher than reported between 2003 and 2005 (Figure 89) they still remain below the highest recorded figures in 1996 of NSW (2.7%) and nationally (1.8%).

¹¹ There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to represent only a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

Figure 88: Prevalence of HIV antibody among NSP survey participants, 1996-2008

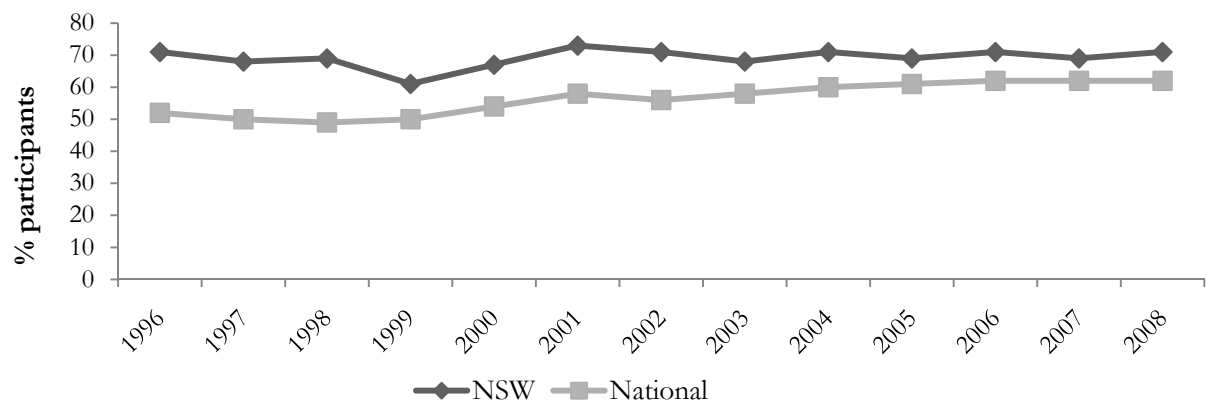


Source: NCHECR

NB: Data for 2009 was unavailable at the time of publication

Detection of Hepatitis C (HCV) antibody in capillary blood tests (finger-prick samples) conducted on NSW participants remained high, but stable at 71% in 2008, and higher than the national figure (62%) (Figure 89).

Figure 89: Prevalence of HCV antibody among NSP survey participants, 1996-2008



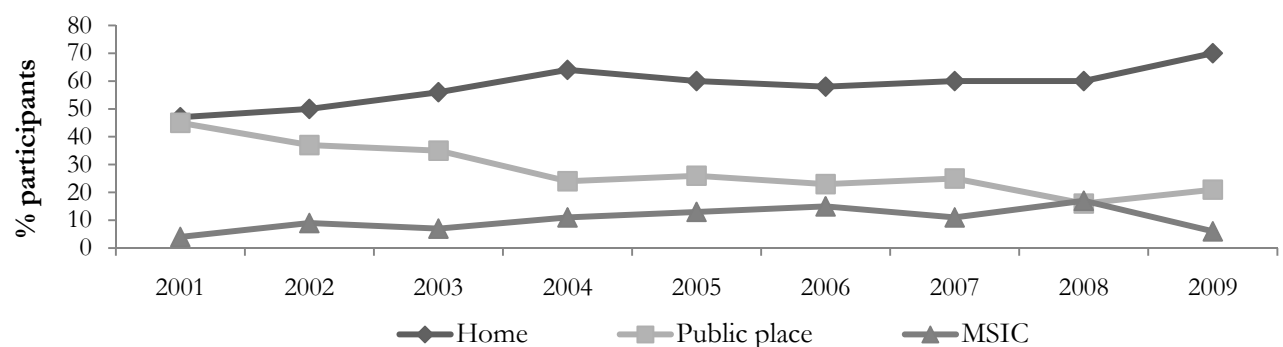
Source: NCHECR

NB: Data for 2009 were unavailable at the time of publication

10.5.3 Location of injections

The most commonly reported location for last injection remained at a private home (70%; 60% in 2008). Twenty-one percent (16% in 2008) reported that a public place was the location of their most recent injection, 6% reported Sydney MSIC and 2% a shooting gallery. In 2009, there was an increase in those reporting a private home for their last injection and a decrease in those reporting Sydney MSIC (Figure 90).

Figure 90: Last location for injection, 2001-2009



Source: IDRS PWID interviews

NB: Excludes those who had not injected in the last month (in 2003 n=1; 2004 n=1; 2005 n=4; 2006 n=1; 2007 n=2; and 2008 n=2 were excluded. In 2009 all 152 participants reported injection on at least one occasion in month prior to interview)

10.5.4 Injection sites

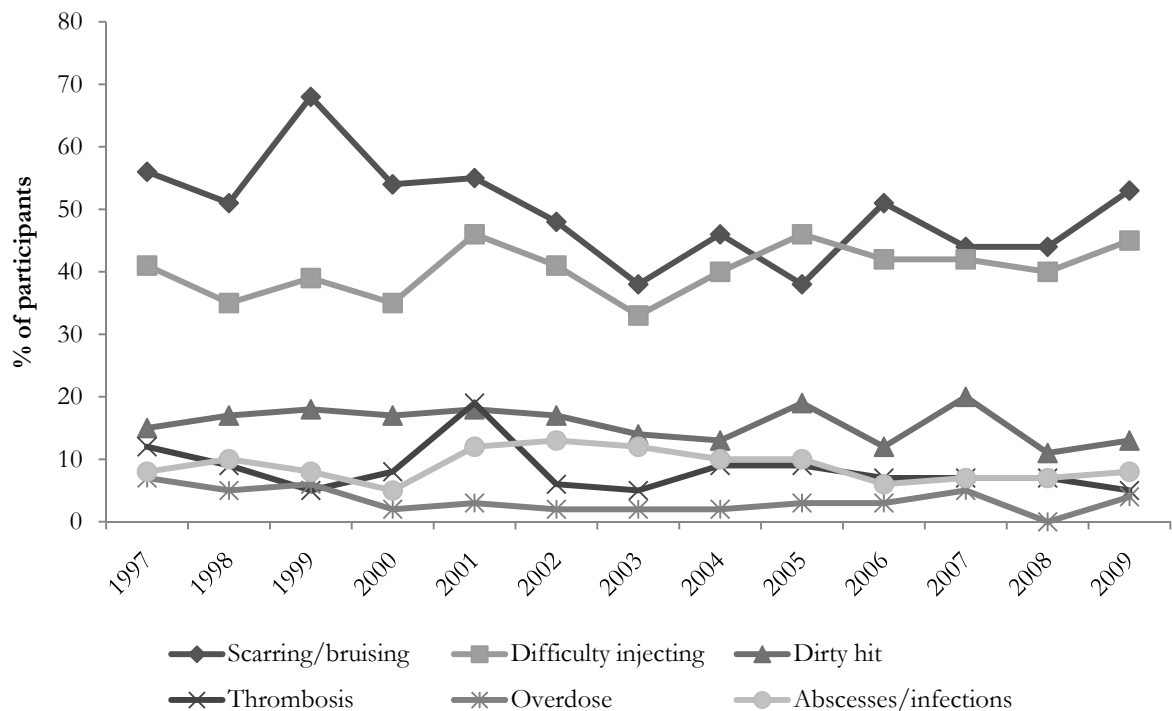
Participants in the 2009 IDRS were also asked questions about the site on their body where they had last injected. Seventy-five percent of participants reported that they last injected in their arm. Eleven percent of participants reported last injecting in their hand or wrist, 7% reported their neck, 3% equally reported last injecting in their groin or leg and 2% in their foot.

10.5.5 Injection-related health problems

Participants were asked whether they had experienced any of the following injection-related problems in the month before interview: overdose; a dirty hit; prominent scarring and/or bruising; thrombosis/blood clots; difficulty injecting; and/or abscesses or infections. Thirty percent of PWID participants who had injected in the last month reported at least one injection-related problem during this time (stable compared with 33% in 2008), and 40% reported two or more problems during this time, an increase from 2008 (31%). As in previous years, the most commonly reported problems were prominent scarring/bruising of injection sites (53%) and difficulty injecting (45%). Thirteen percent reported experiencing a 'dirty hit' that made them feel sick, smaller proportions, in line with previous years, reported problems of abscesses or infections associated with injecting (8%), thrombosis (5%) and overdose (3%).

Figure 91 shows that while the proportion 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. The injection-related issue of a 'dirty hit' remains comparable with 2008, the lowest level to date. Reports of thrombosis and abscesses/infections have continued to remain relatively stable. Similarly, there were no reports for overdose in 2008, the first time no cases were reported since records started in 1997. For the past 10 years overdose has remained the least commonly reported injection-related problem. For further information on overdose, see also Section 10.1 Overdose and drug-related fatalities.

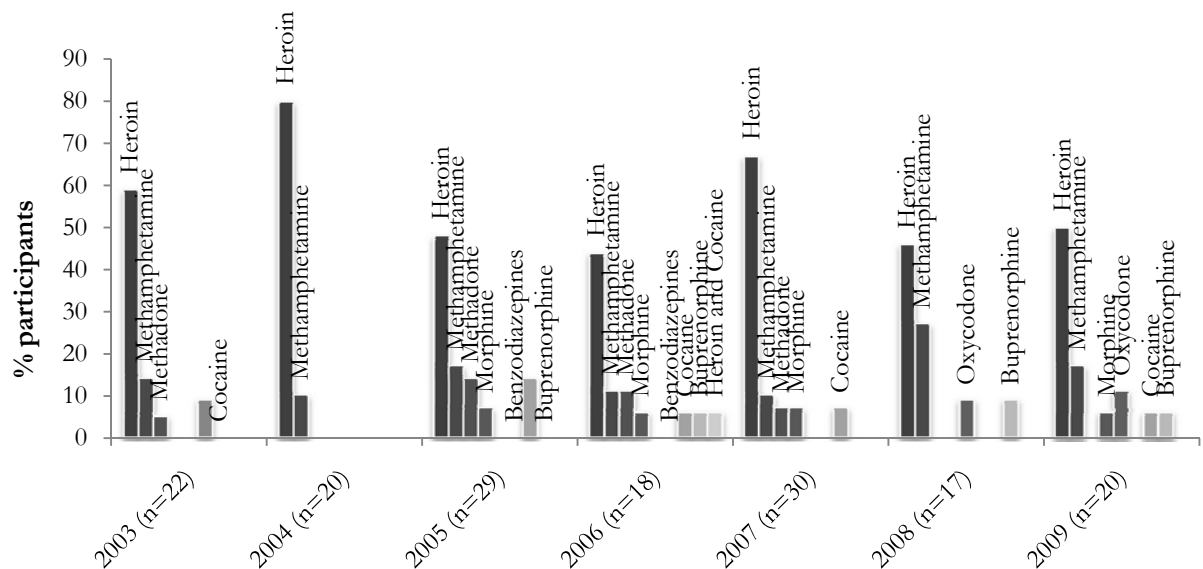
Figure 91: Proportion of PWID reporting injection-related problems in past month, by problem type, 1997-2009



Source: IDRS PWID interviews

NB: Includes all participants

Figure 92: Main drug causing dirty hit in last month, 2003-2009



Source: IDRS PWID interviews

As with overdose, participants, who had experienced a 'dirty hit' in the last month, were asked what they considered to have been the main drug they would attribute it to, and whether they had been using any other drugs at the time (polydrug use). The majority of participants who had experienced a dirty hit (n=20) continued to attribute it to heroin (50%; representing 6% of the entire sample). The number of participants that reported experiencing a 'dirty hit' in the past month had remained relatively stable (n=20 versus n=17 in 2008) as has the proportion reporting heroin (50% versus 46% in 2008) as the drug attributed to the dirty hit. There was a

decrease, however, in the proportion that attributed methamphetamine (all types) to a dirty hit in 2009 (17% versus 27% in 2008). The remaining drugs remained stable at less than 10% each (see Figure 92). Oxycodone was reported for the first time in 2008.

10.6 Mental and physical health problems and psychological distress

Thirty-nine percent of all participants reported experiencing a mental health problem other than drug dependence in the preceding six months (42% in 2008). As in previous years, the most commonly reported problem was depression (76%; 30% of all participants). Of those reporting a mental health problem 34% (13% of entire sample) reported anxiety, 17% (7% of entire sample) reported paranoia, equal amounts reported panic and schizophrenia (both 12%; 5% of entire sample) and equal amounts drug induced psychosis or manic-depression/bipolar disorder (9%; 3% of entire sample).

Twenty-four percent of the sample had attended a health professional for a mental health problem during this time, which remained stable from 2008. This represented 63% of those reporting a mental health problem in the preceding six months, a decrease compared to 2008 (71%). Of those that reported a mental health problem in the six months prior to interview, 79% (14% of all participants) reported receiving prescribed antidepressant medication for treatment of that condition. Among the most commonly prescribed antidepressant medication for treatment were Avanza (mirtazapine), followed by Prozac (fluoxetine) and then equal reports of Zoloft (sertraline), Efexor (venlafaxine), Lovan (fluoxetine), Lexapro (escitalopram), Celapram (citalopram), Deptran (doxepin), Luvox (fluvoxamine), Mirtazon (mirtazapine) and Zoloft (sertraline). Thirty seven percent (7% of all participants) reported receiving prescribed antipsychotic medications for treatment of their mental health issue (65% or 9% of all participants in 2008). The most commonly reported antipsychotic medications for treatment were Zyprexa (olanzapine), Seroquel (quetiapine), Risperdal (risperidone), risperidone (generic), Epilium (sodium valproate) and Abilify (aripiprazole).

10.6.1 Psychological Distress measure

The 10-item Kessler Psychological Distress Scale (K10) (Kessler, Andrews et al. 2002) was first included in the IDRS in 2007. The K10 is a questionnaire designed to yield a global measure of 'psychological distress' based on questions about the level of anxiety and depressive symptoms experienced in the most recent 4-week period. The normative values for the Australian population, in conjunction with the scoring categories for distress, were available from the 2007 National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2008). K10 scores were classified in accordance with the following 10 to 15 'low' levels of psychological distress, 16 to 21 as 'moderate' levels of psychological distress, 22 to 29 as 'high' levels of psychological distress, and 30 to 50 as 'very high' levels of psychological distress.

Of those that answered this section (n=149), the mean score was 26.1 (median 26; SD 9.37; range 10-49). As is evident below, IDRS participant scores vastly differed from those reported among the Australian general population, with a larger proportion reporting 'high' and 'very high' distress (Table 16). However, it should be noted that these categories were developed from studies of the general population and the extent to which they would apply to the IDRS sample has not been established.

Table 16: Kessler 10 scores in the 2007 National Drug Strategy Household Survey and NSW PWID participant sample 2008-2009

K10 category	National Drug Strategy Household Survey 2007	IDRS 2008 N = 149	IDRS 2009 N=149
% reporting no or low distress	69	13	13
% reporting moderate distress	21	26	22
% reporting high distress	8	27	32
% reporting very high distress	2	34	34

Source: PWID participant interviews; (Australian Institute of Health and Welfare 2008)

10.7 Driving risk behaviour

Since 2005, participants have been surveyed on drug driving risk and additional questions were added on driving under the influence (i.e. over the limit) of alcohol in 2006. In 2007, further questions were added relating to the last occasion in which drug driving occurred, specifically, the drug that was taken, along with the waiting time before driving, as well as perceived driving ability while under the influence of illicit drugs. A question was also added in 2007, in light of legislation in NSW that allows NSW Police to conduct random roadside tests for driving under the influence of illicit drugs.

10.7.1 Driving and Alcohol

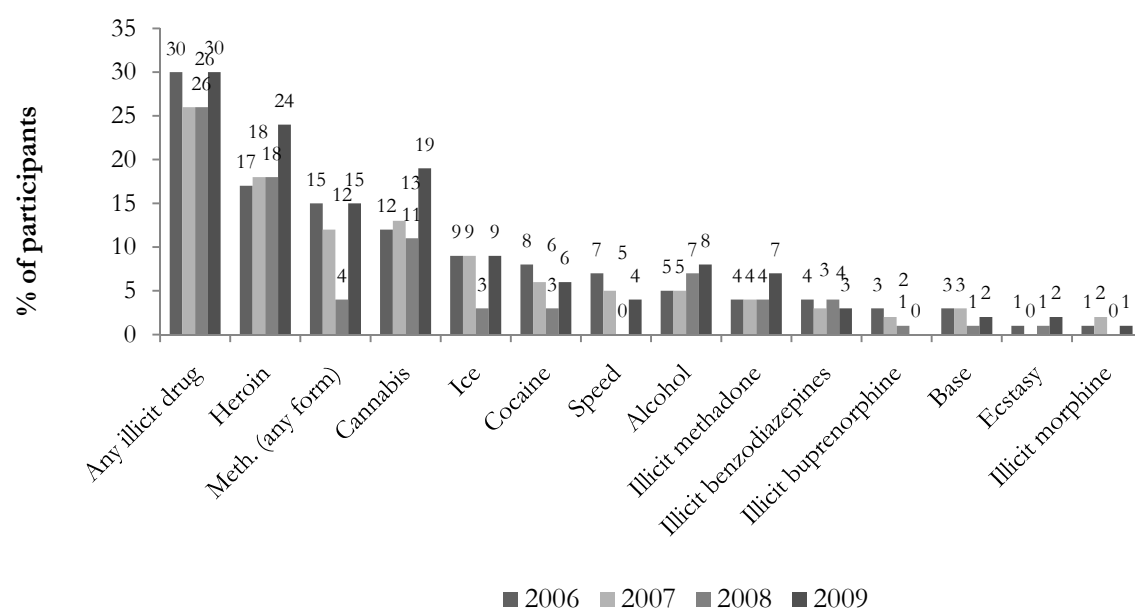
Thirty-six percent of the sample (n=55) had driven a motor vehicle in the six months preceding interview, and, of these, 22% (8% of the entire sample, n=12) had driven under the influence of alcohol. This remained stable with reports from 2008. Of those reporting driving under the influence 50% (4% of entire sample) reported that they believed they had driven while they were over the legal limit¹² of alcohol on a median of four occasions (range 1-72 times).

10.7.2 Driving and illicit drugs

Of those who had driven a car in the past six months, 82% (n =45, 30% of the entire sample) had driven 'soon' after taking (an) illicit drug(s). As shown in Figure 93, figures remain relatively comparable to 2008. Heroin remained the drug nominated most by participants (82% of those who had driven under the influence of illicit drugs, 24% of the entire sample); followed by cannabis (64%, 19% of entire sample), and any form of methamphetamine (51%, or 15% of the entire sample).

¹² Note that these figures are based on self-report, and should be interpreted with caution.

Figure 93: Driving under the influence by PWID participants, by drug type, 2006-2009

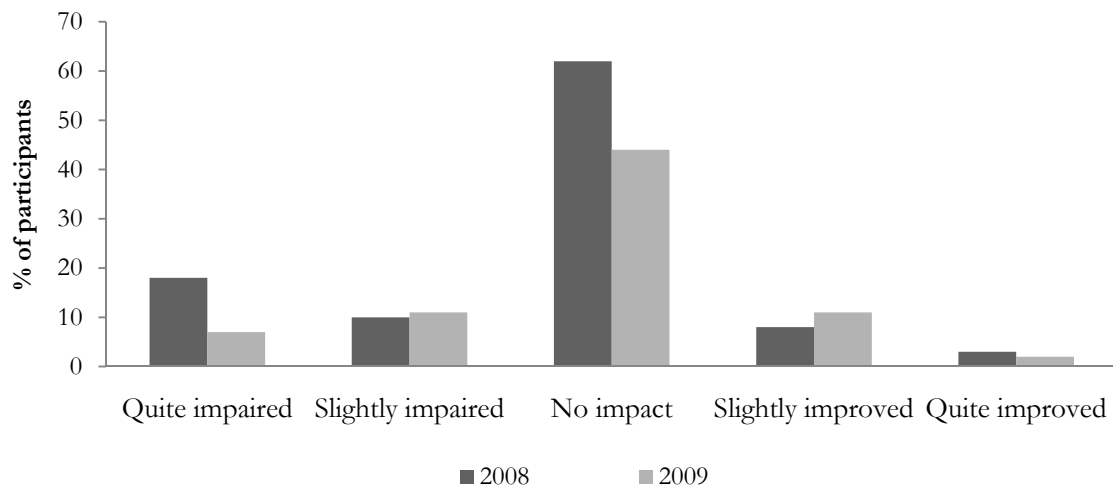


Source: IDRS PWID interviews

Again in 2009, participants that reported driving while under the influence of illicit drugs, were also asked about the last occasion on which that occurred, what specific drug had they taken, and on average how much time they left between taking the drug(s) and driving. Results of the 'last drug taken' closely resembled trends observed in Figure 93, heroin was the drug reported by the majority of participants (82%; 24% of all participants) who had driven under the influence of illicit drug(s) in the six months prior to interview. Heroin was followed by cannabis (64%; 19% of all participants), methamphetamines (all types: 36%; 11% of all participants) methadone (22%; 7% of all participants), cocaine (20%; 6% of all participants) and benzodiazepines, (11%; 3% of all participants). Participants waited an average of 30 minutes after taking drug(s) and then driving, this remained stable compared with 2008. Twenty-seven percent (7% of the entire sample) of participants responded that they usually waited less than 5 minutes after taking illicit drug(s) and driving a motor vehicle.

Perceived driving ability (i.e. level of impairment) was asked about on the last occasion in which driving under the influence of illicit drug(s) had occurred. The majority of participants reported that they perceived there was no impact from the drug(s) on their driving (44% of those who drove under the influence of illicit drugs, 13% of all participants); 36% percent (11% of all participants) reported that they believed their driving was 'slightly impaired', seven percent (2% of all participants) reported that their driving ability was 'quite impaired'. Eleven percent (3% of all participants) reported that their driving was 'slightly improved' see Figure (94).

Figure 94: Perceived driving ability (i.e. level of impairment) of PWID participants under the influence, 2008-2009



Source: IDRS PWID interviews

December 2006, saw the introduction of legislation that allowed NSW Police the power to conduct roadside drug (driving) testing (RDT). The drugs that can be detected by the saliva sample include Delta-9-tetrahydro-cannabinol (THC), the active component of cannabis, methamphetamine ('ice', 'speed', 'crystal meth' 'base' etc) and Methylene-dioxymethylamphetamine (MDMA or 'ecstasy'). It is also considered an offence to drive with the presence of cocaine or morphine (heroin) in blood or urine (unless prescribed). Penalties for positive results of driving under the influence of these illicit drugs include gaol sentences of up to nine months, unlimited licence suspensions and fines of \$2,200.

Participants were asked if they had been roadside drug tested, and of the result. Thirty percent of the sample reported driving under the influence of illicit drugs (n=45) in the past 6 months. Twelve percent (3% of entire sample) reported being tested in random roadside tests (saliva sample test), of which one participant reported being tested on more than one occasion. No participants claimed the result was positive.

10.8 Dental health

In 2009, participants in the IDRS were asked questions regarding their dental health. Over half (53%) of all participants reported that they had needed to go to the dentist in the previous 12 months but did not go. The median number of visits to a dentist in the preceding 12 months amongst NSW sample was one (range 0-12). The main reasons reported for the last visit to the dentist were an extraction (41%), fillings (27%), a check up (23%) or for relief of pain (6%). One fifth (19%) of participants reported that the last time they had been to the dentist they had paid for their visit. Participants had lost a median of five teeth (range 0-28).

10.9 Chronic physical conditions

In 2009, participants in the IDRS were asked whether they had ever been diagnosed with a range of physical conditions, how old they were when diagnosed and if they had received treatment in the previous twelve months. One-third (34%) of participants had ever been diagnosed with asthma, 14% with heart or circulatory conditions, 13% with gout, rheumatism or arthritis 7% with cancer, 3% with stroke and 2% with diabetes/high blood sugar level. Table 17

shows the age of first diagnosis as well as the proportions of PWID who had recently (in the last 12 months) received treatment for these chronic conditions.

Table 17: PWID Lifetime diagnosis, age and recent treatment of chronic conditions 2009

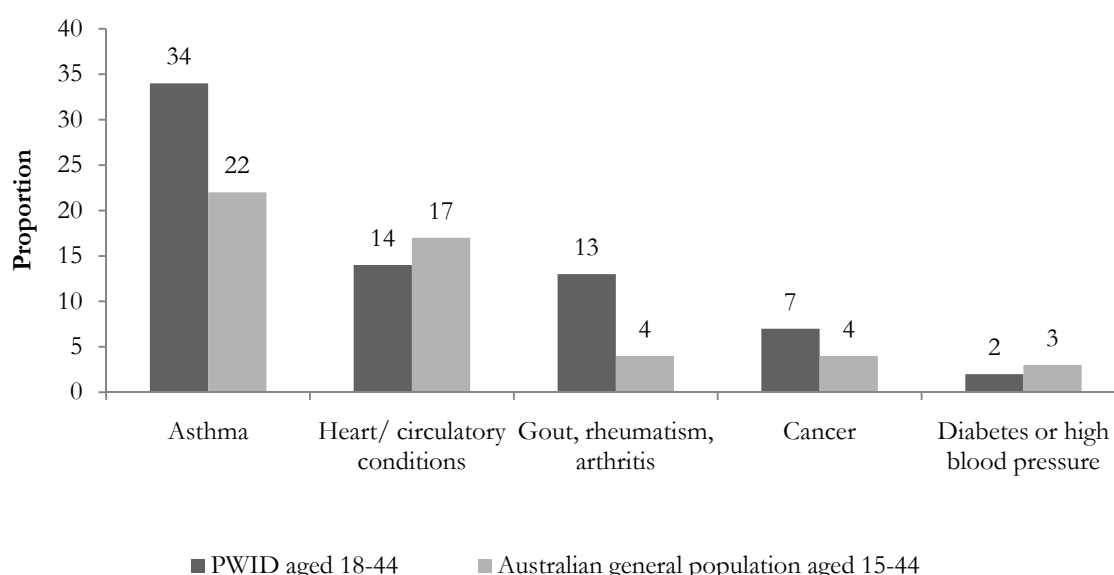
Condition	Ever diagnosed (%)	Mean age first diagnosed (years)	Received treatment last 12 months* (%)
Asthma	34	10	67
Heart/circulatory conditions	14	21	24
Gout, rheumatism or arthritis	13	24	40
Cancer	7	24	55
Stroke	3	25	40
Diabetes or high blood sugar levels	2	29	67

Source: IDRS PWID interviews 2009

*of those who had ever been diagnosed

Figure 95 shows the proportion of PWID aged 18-44 (78% of entire sample) reporting lifetime diagnosis of some chronic conditions compared to the Australian general population aged 15-44. Higher proportions of PWID report having been diagnosed with asthma (34% versus 22% in the general population) (Australian Bureau of Statistics 2009). There were also more reports from PWID of having ever been diagnosed with gout, rheumatism or arthritis (13%, 4% in the general population) (Australian Bureau of Statistics 2009). Less PWID reported being diagnosed with heart or circulatory conditions or cancer. And similar levels reported having ever been diagnosed with diabetes or high blood sugar levels (2%, versus 3% in the general population) (Australian Bureau of Statistics 2009).

Figure 95: Prevalence of chronic conditions amongst PWID and Australian general population aged 15-44, 2009



Source: IDRS PWID interviews 2009; ABS 2009

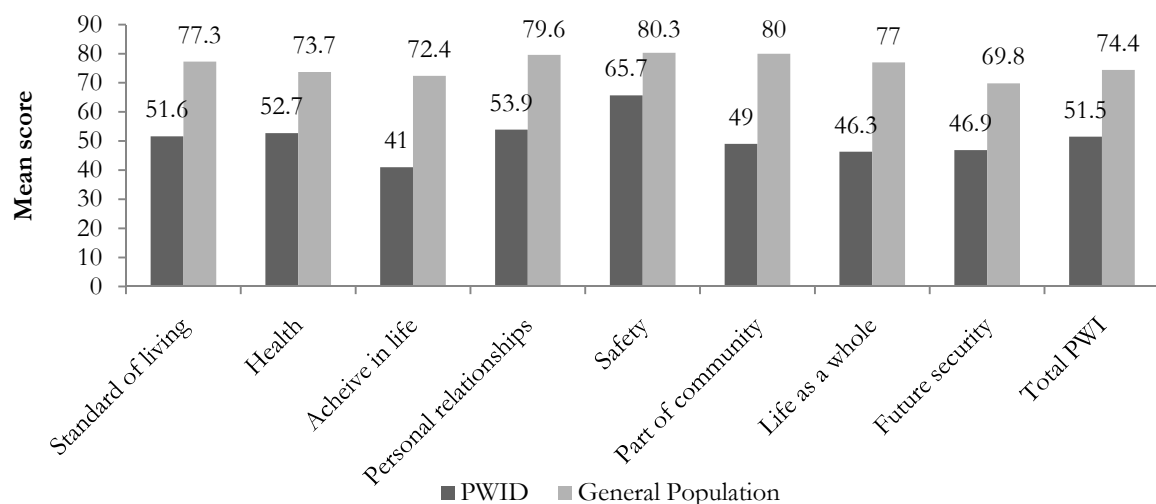
Eighty-seven percent of PWID also reported having been diagnosed with other chronic conditions. The most commonly reported chronic conditions were liver disease (46%), back or neck problems (42%), vision problems (31%), migraine (28%), skin problems (23%), bronchitis (20%), and joint, muscular or skeletal conditions (13%).

10.10 Personal Wellbeing Index (PWI)

In 2009, the PWI was entered into the IDRS survey. Questions asked how satisfied participants were with various aspects of their life. These included standard of living, health, personal achievement, personal relationships, and personal safety, feeling a part of the community, future security and life as a whole. PWID were asked to respond on a scale of 0-10 where 0 was *very unsatisfied* and 10 was *very satisfied*. Figure 96 shows the mean PWID scores compared to the Australian general population (Cummins, Woerner et al. 2007).

PWID scored lower than the general population on each factor of personal wellbeing. However, for the five measures other than ‘achievement in life’, ‘part of the community’ and ‘future security’ participants were within the expected range of wellbeing scores. Cummins et al. (2007) reported that at normal levels of wellbeing (average scores lies between 70-80 points) people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. In comparison individuals with scores below 50 points are at a higher risk of depression. The PWID scores are low and show that general wellbeing of PWID may contribute to this group experiencing a higher risk of depression.

Figure 96: Mean PWID and Australian general population scores on the Personal Wellbeing Index



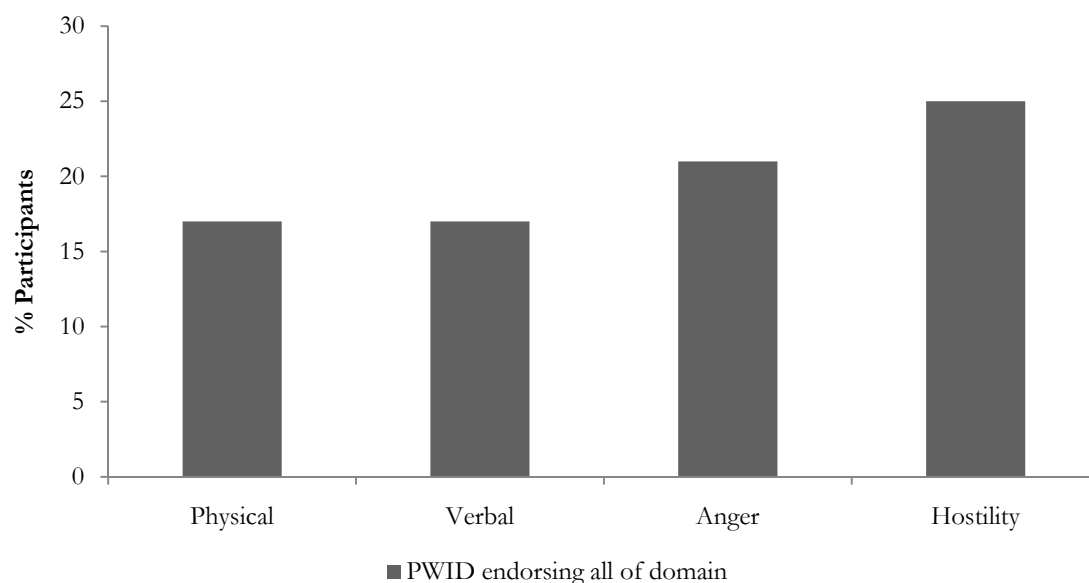
Source: IDRS PWID surveys 2009; Cummins et al., 2007

10.11 Aggression

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

Figure 97 shows the proportion of participants who answered each of the three questions related to a component of aggression as characteristic of them. Hostility was endorsed by the highest proportion of PWID with 25% endorsing all three hostile items on the scale. The second most endorsed aggression domain was anger (21%). Verbal and physical aggression were equally endorsed by one-sixth (17%) of participants.

Figure 97: PWID endorsing aggression domains, 2009



Source: IDRS PWID interviews 2009

10.12 Gambling

In 2009, PWID were asked questions about their gambling behaviour. Over one-third (36%) of participants had gambled in the previous month. Of those who had gambled, 83% usually gambled on poker machines followed by equal amounts on horse/dog racing and/or other forms such as Keno, sports betting or the lottery (both 19%). The median number of days gambled in the previous month was four (1-20) with a median of \$45 being spent on the last occasion. Approximately two fifths (38%) were under the influence of alcohol last time they gambled and 83% were under the influence of illicit drugs (see Table 18).

Table 18: Gambling behaviour, NSW, 2009

	2009 (N=151)
Gambled last 30 days (%)	36
Usual form of gambling (%)^{*^}	
Poker machines	83 (n=45)
Casino	4 (n=2)
Horse/dog racing	19 (n=10)
Other (e.g. keno, sports)	19 (n=10)
Last form of gambling (%)[*]	
Poker machines	78 (n=42)
Casino	0 (n=0)
Horse/dog racing	9 (n=5)
Other (e.g. keno, sports)	13 (n=7)
Median days gambled last month [*]	4
Under the influence of alcohol last time gambled [*]	38 (n=20)
Under the influence of illicit drugs last time gambled [*]	83 (n=44)
Median amount spent on last occasion	\$45

Source: IDRS IDU interviews 2009

^{*} Of those who had gambled in the last 30 days

[^] Multiple responses allowed

Participants who had gambled four or more days in the previous month were administered the Problem Gambling Severity Index (PGSI). The measure is made up of nine items and

participants answer on a five point Likert scale (1= never and 5= always) (Holtgraves 2009). Categories are then formed from the total PGSI score to make categories of recreational gambling, low risk, moderate risk and problem gambling. Twenty percent of PWID in NSW reported gambling four or more days in the previous month and, therefore, completed the PGSI. Of these, 47% scored in the problem gambling section, equal amounts scored in the moderate or recreational gambling category (both 20%), and 13% percent scored in the 'low risk' category.

10.13 Key expert comments

The most reoccurring themes in relation to health-related trends among KEs were:

- an improvement in vein care and wounds associated with regular injection over the past 6 months;
- non-fatal overdoses remained low and stable;
- mental health issues among PWID remain stable and ongoing; and
- younger PWID seem to be engaging in more risky behaviours and chaotic use, particularly of ice/crystal.

10.14 Summary of Health-related trends associated with drug use

- Heroin overdose in the IDRS sample in 2009 continued to remain low and stable with 12% reporting an overdose in the period. Those reporting lifetime overdose declined to the lowest recorded since IDRS began.
- The proportion reporting lifetime overdose of other drugs (excluding heroin and morphine) also declined in 2009.
- NSW Ambulance callouts to overdoses increased in the 12 months to June 2009, with December 2008 recording the highest number of callouts in a single month since February 2004. Differences in overdose callout data and self reported overdoses among PWID participants could possibly be explained by the IDRS recruiting older, more experienced users (See section 3.1.1 Age of the PWID sample over time)
- The number of registrations for opioid pharmacotherapy treatment for the 2007/08 period increased slightly to
- The most recent data (2007/08) on the number per million of amphetamine-related hospital admissions saw a drop from the record highs recorded in 2006/07 to levels comparable with rates from 2004/05.
- Following trends from last year a further decrease was recorded in telephone calls to helplines for methamphetamine in the 2008/09 period.
- The number of benzodiazepine overdose presentations to NSW emergency departments has decreased over the past 12 months.
- There was an increase in the numbers reporting lending needle syringes and sharing other injecting equipment, particularly spoons and mixing containers and filters in the past year.
- While there has been a steady decline in the number of HCV notifications since 2001, there was a noted increase in notifications in 2009.
- Locations for last place of injection remained a private home in 2009; however, there was an increase in the proportion reporting it as the location.

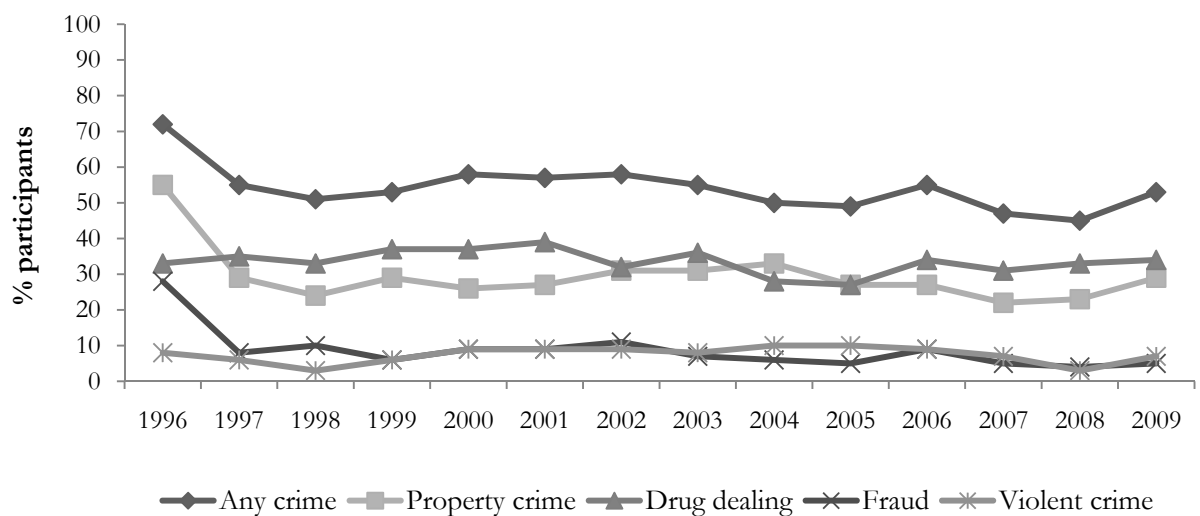
- In 2009, PWID were asked about the site on their body for the last injection. The majority (70%) reported arm, and only small number reported neck, groin leg or foot.
- The proportion of people experiencing an injection-related health problem in 2009 remains stable. As per previous years prominent scarring and bruising of injection sites and difficulty injecting were the most common problems reported.
- Thirty nine percent of the sample reported experiencing a recent mental health problem. This remains stable. The majority of participants again in 2009 obtained Kessler Psychological Distress (K10) scores in the 'very high' level of distress category.
- Heroin, followed by cannabis, methamphetamine and methadone appeared to be the drugs that PWID participants most commonly reported having taken prior to driving.
- Over half of all participants reported that they had needed to go to the dentist in the previous 12 months but did not go.
- Personal Wellbeing Index scores are low and show that general wellbeing of PWID may contribute to this group experiencing a higher risk of depression.
- Higher proportions of PWID reported having been diagnosed with asthma, gout, rheumatism or arthritis than the Australian general population.
- Approximately one tenth (9%) of the sample fell in to the 'problem gambling' category in the Problem Gambling Severity Index (PGSI).

11 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

11.1 Reports of criminal activity among PWID

Fifty-three percent of participants reported engaging in any form of crime in the month prior to interview. The proportion reporting any crime in the month prior to interview has remained between 45-50% since 2003 (Figure 98). Trends continued to follow those reported in previous years with the two most commonly reported crimes being drug dealing (34%) and property crime (29%) (31% and 23% in 2008, respectively). Seven percent of PWID participants reported engaging in violent crime (3% in 2008) and 5% reported fraud (4% in 2008).

Figure 98: Proportion of participants reporting engagement in criminal activity in the last month by offence type, 1996-2009



Source: IDRS PWID interviews

The percentage of PWID participants that reported being arrested in the previous twelve months remained relatively stable at 42% of the entire sample (36% in 2008) (Table 19). The most commonly cited reasons for arrest were possession/use of a prohibited drug (16%; 13% in 2008), property crime (15%; also 15% in 2008). Reported arrests for reasons pertaining to violent crime (includes assault, violence in a robbery, armed robbery, sexual assault) remain relatively stable (6%; 3% in 2008). Small proportions reported having been arrested for a driving offence (3%), drug dealing/trafficking (3%), fraud or use/possession of weapons, or breaking an apprehended violence order (all 2%).

Table 19: Criminal activity as reported by PWID participants, 2005-2009

Criminal and police activity	2005 N=154	2006 N=152	2007 N=153	2008 N=151	2009 N=152
<i>Criminal activity in last month (%):</i>					
Dealing	27	34	31	33	34
Property crime	27	27	22	23	29
Fraud	5	9	5	4	5
Violent crime	10	9	7	3	7
Any crime	49	55	46	45	53
Arrested in last 12 months (%)	44	39	41	36	42

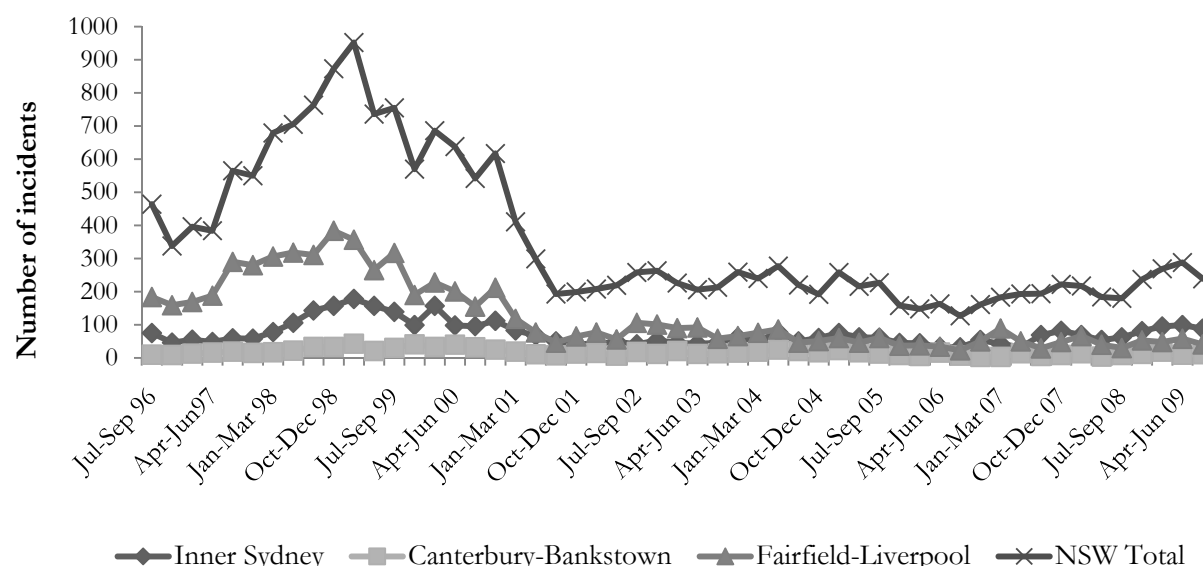
Source: IDRS PWID interviews

11.2 Arrests

11.2.1 Heroin

Figure 99 illustrates the number of police recorded criminal incidents for narcotic (heroin, methadone and opium) possession/use by quarter in the Inner Sydney area, the Fairfield-Liverpool area, the Canterbury-Bankstown area, and NSW as a whole from July 1996-September 2009¹³. As can be seen below, the numbers of incidents declined throughout 2001 and have remained relatively stable at lower levels since that time. Since the April-June quarter 2008, there had been an increase in the number of incidents for NSW as a whole.

Figure 99: Recorded incidents of narcotic possession/use by geographic area per quarter, July 1996-September 2009



Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://bocd.lawlink.nsw.gov.au/bocd/cmd/crimetrends/Init> January 2010) accessed 19th February 2010

NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

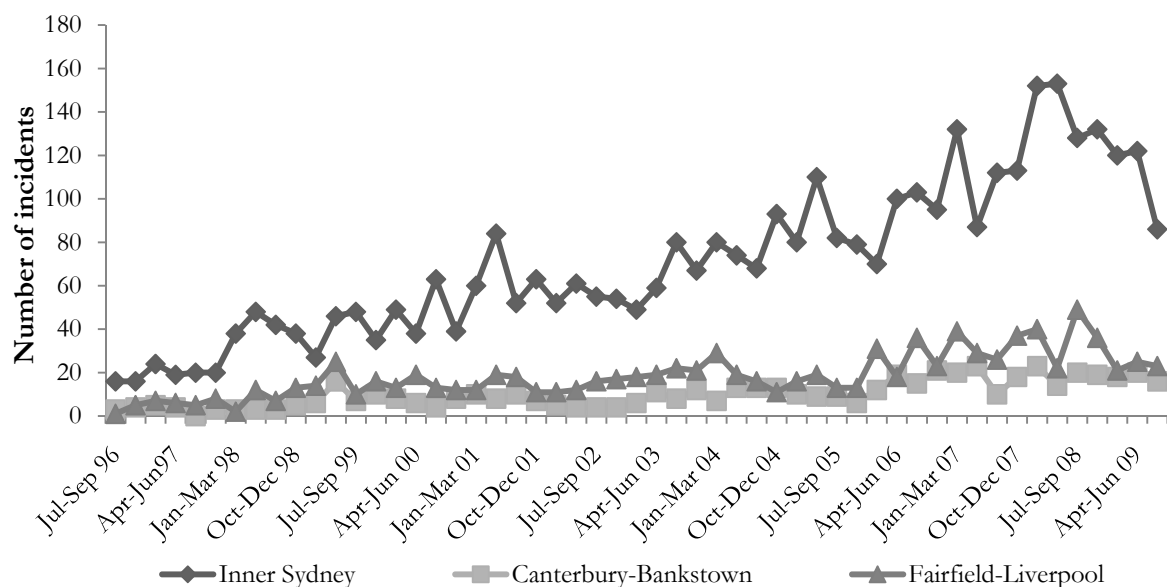
11.2.2 Methamphetamine

Figure 100 shows the number of criminal incidents per quarter for amphetamine possession/use across Sydney. Recorded incidents in both the Canterbury-Bankstown and Fairfield-Liverpool areas remained relatively stable overall in the 12 months to June 2008; however, in the 12

¹³ The regions Inner Sydney, Fairfield-Liverpool and Canterbury-Bankstown refer to ABS Statistical Subdivisions.

months to September 2009 there was a notable decrease in incidents in Inner Sydney and Fairfield-Liverpool.

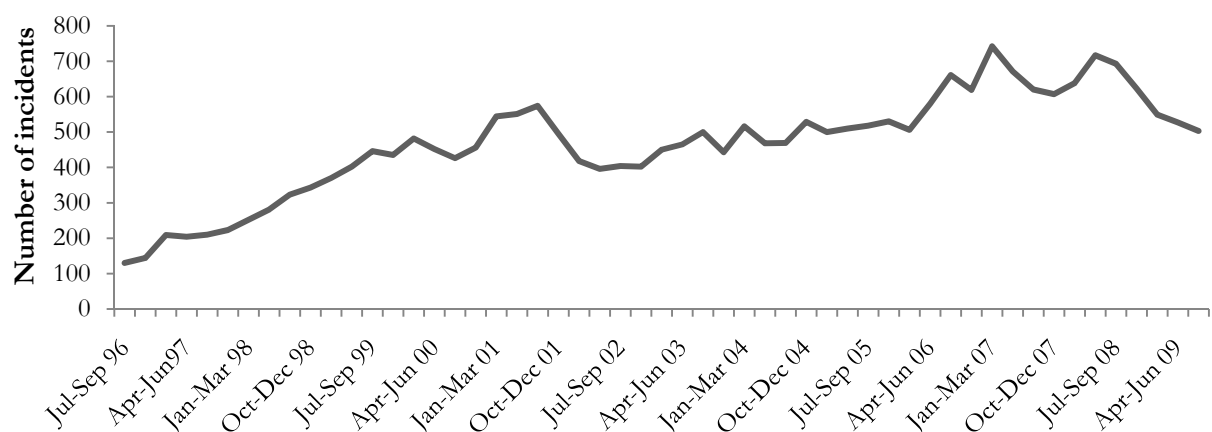
Figure 100: Recorded incidents of amphetamine possession/use by geographic area per quarter, July 1996-September 2009



Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://boecd.lawlink.nsw.gov.au/boecd/cmd/crimetrends/Init>) accessed 19th February 2010 **NB:** Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

State-wide there has been an overall gradual increase in incidents since 1996 with peaks in third quarter of 2006/07 and fourth quarter of 2007/08 for amphetamine possession/use, both surpassing the highest level reported to date, post-heroin shortage in 2001 (Figure 101). However, since April-June 2008 the number of incidents per quarter has declined to the lowest level recorded since January-March 2006.

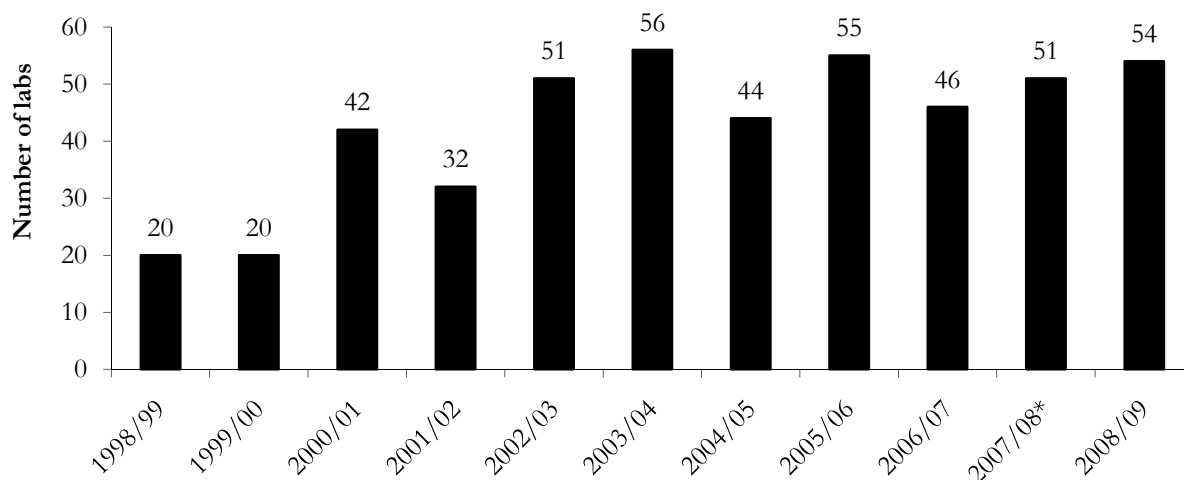
Figure 101: Recorded incidents of amphetamine possession/use (whole of NSW) per quarter, July 1996-September 2009



Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://boecd.lawlink.nsw.gov.au/boecd/cmd/crimetrends/Init>) accessed 19th February 2010 **NB:** Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

The number of clandestine laboratories detected in NSW has remained relatively stable, despite minor fluctuations since 2002/03. In 2008/09, there were 54 detections, though it was uncertain how many of these were active, non-active, and historical or storage sites (Figure 102).

Figure 102: Number of clandestine methamphetamine and MDMA laboratories detected by NSW Police 1998/99-2008/09



Source: NSW Police

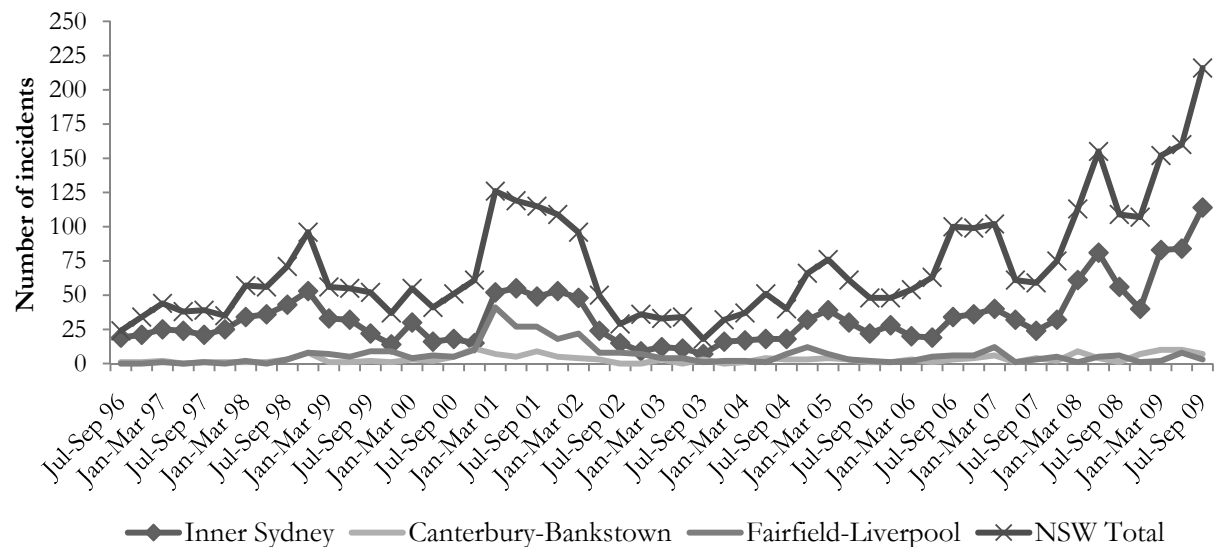
NB: data may include active, non-active and historical laboratories as well as storage sites.

* includes 2 PMA laboratories

11.2.3 Cocaine

Figure 103 shows the number of police recorded criminal incidents for cocaine possession/use in Inner Sydney, Fairfield-Liverpool and Canterbury-Bankstown. Incidents of cocaine possession/use recorded in the Inner Sydney area peaked in 1998, 2001 and 2008. Levels have remained higher in Inner Sydney than in the South-West areas of Fairfield-Liverpool and Canterbury-Bankstown. The fourth quarter of 2008/09 had the highest number of incidents recorded in Inner Sydney and NSW as a whole since data started being collected in 1996/97.

Figure 103: Recorded incidents of cocaine possession/use by geographic area per quarter, July 1996-September 2009

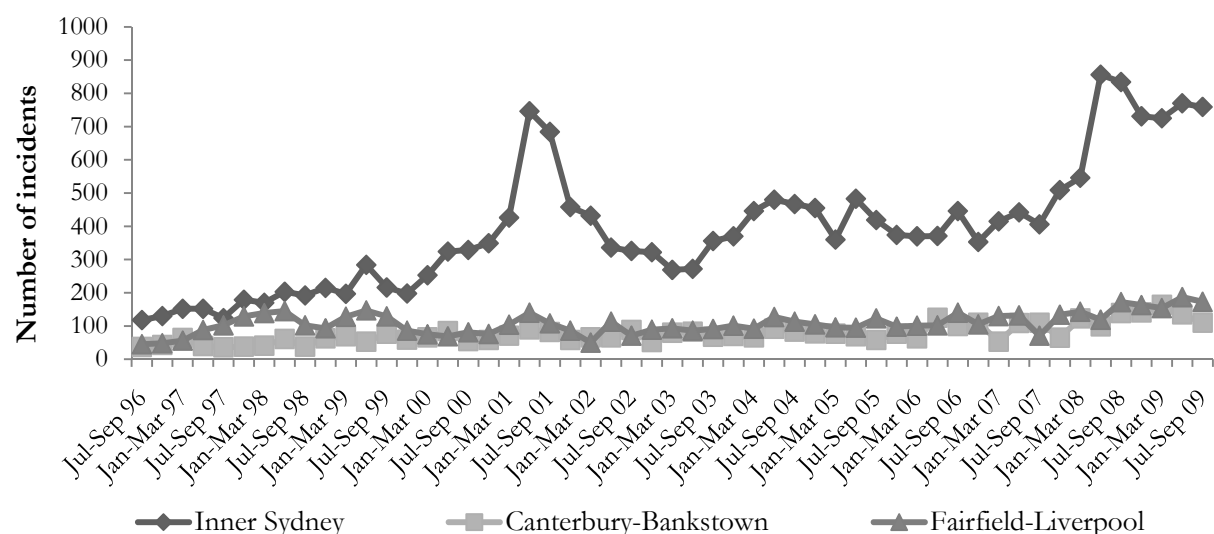


Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://boecd.lawlink.nsw.gov.au/boecd/cmd/crimetrends/Init>) accessed 19th February 2010 **NB:** Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

11.2.4 Cannabis

Figure 104 shows the number of police recorded criminal incidents of cannabis possession/use per quarter in the Inner Sydney area, Fairfield-Liverpool and Canterbury-Bankstown. The Inner Sydney area had an increase over the 12 months to April-June 2008, recording the highest number (856) of incidents, following this peak there has been a decline, however, incidents are still some of the highest recorded (range 725-770) in the 12 months to September 2009. The numbers of incidents recorded in the Fairfield-Liverpool and Canterbury-Bankstown areas are lower than inner city figures, and have remained relatively stable over time.

Figure 104: Recorded incidents of cannabis possession/use by geographic area per quarter, July 1996-September 2009

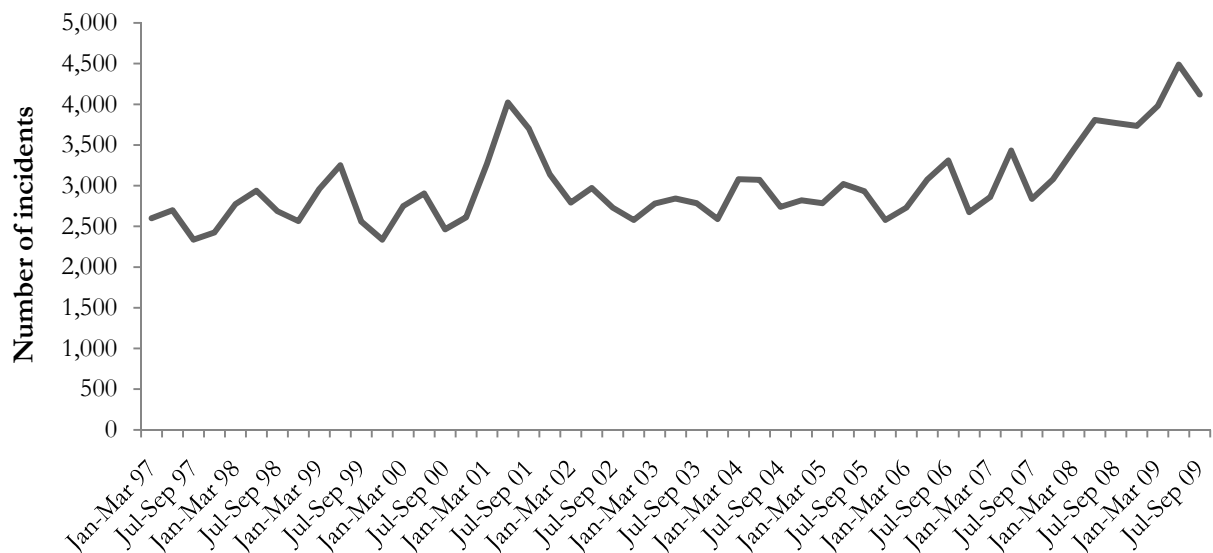


Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://boecd.lawlink.nsw.gov.au/boecd/cmd/crimetrends/Init>) accessed 19th February 2010

NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both.

Recorded incidents of cannabis possession/use per quarter across NSW have remained relatively stable with a slight increasing trend over time (Figure 105). Similar to increases noted in Inner Sydney, a substantial peak occurred in the second quarter of 2001 (April-June; 4,110 incidents) and data from the 12 months to September 2009 had increased to record number of incidents (4,487 April-June 2009).

Figure 105: Recorded incidents of cannabis possession/use (whole of NSW) per quarter, January 1997-September 2009



Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://bocd.lawlink.nsw.gov.au/bocd/cmd/crimetrends/Init> January 2010) accessed 19th February 2010
NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

11.3 Expenditure on illicit drugs

Approximately three-quarters of participants (74%) reported purchasing drugs on the day prior to interview, spending a median of \$85 (range \$3-800). This is a decrease from 2008 when a median of \$100 was reported by 79% of participants. Among participants who had bought drugs on the day before interview, the majority (63%) had spent \$150 or less (61% in 2008), with a further 20% having spent between \$150-300. Three percent (n=4) of participants reported spending more than \$300 on drug purchases on the day prior to interview.

11.4 Key expert comments

The most reoccurring themes in relation to health-related trends among KEs were:

- an increase in the mean age of suppliers of both heroin and cannabis;
- increase in the number of detections of cannabis possessions, which was regarded as directly attributable to an increase in drug detection dogs;
- an increase in the detections of smaller clandestine laboratories;
- decrease in the number of methamphetamine precursor border detections as well as a decrease in ice/crystal boarder detections; and
- South-east Asia continues to be the major source of heroin border detections via the postal system. There has been a decrease in the number of heroin boarder detections via the post originating from India.

11.5 Summary of Law enforcement-related trends associated with drug use

- Participant reports of recent involvement in criminal activity, despite minor fluctuations, have remained relatively stable.
- Trends continue to follow those reported in previous years with the two most commonly reported crimes on the self report measure being drug dealing and property crime.
- State-wide there has been an increase in recorded number of incidents for narcotic use/possession in 2009.
- There has been a decrease in the number of recorded incidents for amphetamine use/possession, to the lowest level since early 2006.
- The number of clandestine laboratories detected in NSW had remained relatively stable, despite minor fluctuations since 2002/03.
- Daily median spending on illicit drugs and alcohol (excludes tobacco) decreased in 2009 to \$85 (range \$3-800) per participant.

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